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VOLUNTEERING IN AGED CARE SETTINGS IN WESTERN AUSTRALIA

Good Practice During COVID-19 and Beyond
Research Report and Compendium of Guides

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Layout of this report and compendium of guides

This document is set up so that users can extract what they need for use in their own context.

PART ONE: PROJECT REPORT

The first part of the document reports on our project and highlights key findings. Analysis of the data will continue, and the authors will continue to publish out of this project.

PART TWO: GOOD PRACTICE GUIDES

The latter part is a set of Good Practice Guides developed for use by managers of volunteers. The first guide is for volunteer managers themselves. Within each of the guides, managers may also simply want to extract the KEY COVID-19 TAKEAWAYS where their needs are focussed on our findings in relation to COVID-19 changes. The document is designed this way to enable greatest flexibility in use.

What this does mean, however, is that there are sections which are repeated, albeit in different forms, so that an extract aimed at a selected audience includes key information.

Acknowledgements

We would like to extend our thanks to the many participants who have contributed to this project, some of you in numerous ways. Your generosity in offering your ideas, opinions and experiences in a frank and open manner has allowed us to have an insight into the world of volunteering in aged care settings.

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EXECUTIVE SUMMARY

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

Dr Megan Paull and Dr Sally Paulin

JANUARY 2022

While the COVID-19 pandemic in Australia has influenced all our daily lives with health issues, restrictions, and lockdowns, one of the most highly impacted sectors has been aged care due to the need to promptly step up and address urgent health, safety and infection control requirements for clients and staff. The response to the pandemic occurred alongside the reporting of the findings of the Royal Commission on Aged Care Quality and Safety (CoA, 2021). The Royal Commission made many recommendations to improve aged care provision in Australia including recognising the importance of the contribution of volunteers in addressing social isolation and assistance with client activities.

This report outlines a project involving a series of research workshops (held in person and online) over several months in 2021 by Dr Megan Paull and Dr Sally Paulin from Murdoch University. The project was designed to facilitate knowledge sharing from those actively involved in volunteering and volunteer management in aged care settings in Western Australia during this COVID-19 period, with a particular focus on residential aged care (RAC) and the Community Visitors Scheme (CVS).

The outcomes of this research are set out in the following report, along with a Compendium of Good Practice Guides which, informed by the feedback from participants, were written to address the needs of various perspectives to understand and manage volunteers in aged care settings more fully.

One key finding which has influenced the form and content of this report is that the arrival of the pandemic highlighted other issues in need of attention. Against the backdrop of the Royal Commission findings, volunteer management, communication, diversity and inclusion, and recognition of volunteers and volunteer managers have emerged as important.

KEY FINDINGS

Key findings in relation to managing volunteering in aged care settings during COVID-19 and beyond in Western Australia are as follows:

- **Communications:** Explicit mention of volunteers, volunteer programs and arrangements for

volunteers assist them in understanding their role, and the actions they need to take, but also increase or retain their engagement with the organisations in which they volunteer. Volunteers particularly need to know that they have been considered in planning, in risk management and in plans for such things as infection control and outbreak management. Volunteers look out for information such as who to contact in the event of an out of hours issue with a client, or if they are required to self-isolate and cannot attend a rostered activity. Examples of good practice which were evident included personal contact from volunteer managers, as well as volunteer newsletters or emails.

- **Health advice and policy:** The volume of health advice and policy changes over the course of the pandemic has meant that it is at times difficult for individuals to keep up with the requirements that apply to them. Volunteers are required to keep up and comply with all health advice and policy relating to their volunteer activities, and compliance is easier if these are provided to them by the organisation, including in the form of reminders. An example here is policy relating to volunteers who visit multiple aged care facilities or sites.
- **Diversity and inclusion:** The need for increased diversity amongst volunteers, including different age groups, was accompanied by specific intentional actions to ensure that diverse individuals are valued and respected. Diversity amongst clients, staff and volunteers may mean that there are tailored measures needed to ensure organisational goals are met.
- **Organisational policies:** Differences between organisations about their expectation of volunteers, including, for example, levels of access to information about a client's health status, increase the need for explicit policy, and explicit communication of that policy, to clients, staff and volunteers. Organisational boundaries about what volunteers can and cannot do in their volunteer role is one example here. Another is how an organisation will implement the recent change to

the essential visitor policy where volunteers may be nominated by clients in this role. The need for organisations to be able to change the way they operate in relation to the changing health advice and policy, as well as other contingencies links back to the need to clearly communicate with volunteers when things change.

The COVID-19 pandemic exposed vulnerabilities and strengths in volunteering in the aged care sector in Western Australia and highlighted the role of the volunteer managers and onsite co-ordinators. Key findings relate to funding, the workload of the volunteer manager and the way organisations value their volunteer programs. Importantly, many volunteer managers regularly put in additional time and effort to ensure their programs run well, and this carried over into pandemic responses. The need to value volunteer managers as part of valuing volunteer programs emerged as a topic for discussion, with stark differences emerging between organisations. Issues to be considered include: hours of work, workload, onsite supervision where this is separate to the volunteer manager role, reporting, staff help and co-operation, and staff interactions with volunteers.

Lockdowns, and other measures introduced as a response to COVID-19 have led to changes in volunteering in aged care settings. The COVID-19 disruptions included moving many activities to be online, and other processes to be re-examined. New forms of volunteering emerged to enable volunteers to keep in touch with clients, and new volunteers were recruited. Some of those recruited to help during lockdown did not continue when lockdown ended. Those volunteers who

did return came back to a changed environment but were glad to continue in their roles. At time of publishing, Western Australia has so far avoided the lengthy lockdowns in other locations and many aged care volunteer programs have been able to operate in almost “business as usual” arrangements, but volunteers have identified that they too feel vulnerable to the pandemic, and while they appreciate being able to continue to contribute, they need to be aware of the potential risks. Volunteer managers are acutely aware of the need to encourage volunteer self-care, including the need to look out for those who are experiencing the cumulative effect of grieving which is a part of volunteering in aged care.

This short-term project has highlighted a range of issues in volunteering in aged care settings as a result of the COVID-19 pandemic in Western Australia. Areas which have emerged as potential opportunities for future research include seeking client views to understand the social and mental health impact of receiving support from volunteers, particularly during the pandemic; exploring the more specialised forms of volunteering such as dementia care volunteering and advocacy volunteering; and looking at the other settings where volunteers add value to the lives of older Australians such as in recreation centres and in health and hospital services.

The Good Practice Guides included in this Compendium seek to address the issues raised in this research from the perspectives of a range of stakeholders: volunteer managers; current and returning volunteers; potential volunteers; onsite volunteer supervisors and co-ordinators; staff who work alongside volunteers; senior managers and boards; and policy makers and peaks.





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PROJECT OVERVIEW

OBJECTIVE OF THE PROJECT

Volunteering in aged care settings has changed significantly during the time of COVID-19 and initial indications are that some of the changes which have occurred are likely to remain, changing the volunteering landscape for volunteers, managers of volunteers and organisations.

The objective of this project was to facilitate knowledge sharing about what had changed in the initial stages of COVID-19 that were likely to remain and to assist organisations to include this in their management, briefing and recruiting of volunteers, reskilling of existing volunteers, and planning for the future.

Project - Reference Group

A reference group was formed to provide support and feedback to the research team and to ensure the project was keeping in touch with the brief. The reference group was convened by Volunteering WA working in partnership with the Aged Care Volunteer Co-ordinators Network and Murdoch University and was comprised of representatives from the sector. The following organisations were included on the reference group with a representative from these organisations attending at least one reference group meeting: Advocare, Amana Living, Juniper, Mercycare, Melville Cares, and Umbrella.

The reference group met to provide initial contributions to the project, participated in the workshops, and provided feedback on the draft guides. Some organisations did not have the capacity to contribute a member to the reference group but helped promote the project. The draft version of the report and compendium of guides was provided to the reference group for feedback just prior to finalisation.

Research Approach

Ethics approval: Human Research Ethics approval was sought to ensure all participant rights are protected, and that the research met Australian Standards for the Conduct of Ethical Research. (Murdoch University Human Research Ethics Committee approval number 2021/038.)

Literature: Prior to commencing the data gathering process a rapid review of the literature was undertaken to inform the project team of other relevant work on volunteering during the time of COVID-19, particularly in the aged care sector, but also more generally. A more detailed literature review was undertaken as the project progressed, with particular attention paid to ensuring literature relating to emerging findings were explored. This included grey literature, academic publications, and important documents such as Royal Commission reports.

The full literature review has not been included here.

Earlier projects: This project builds on The Jacaranda Project - a pilot project conducted before the pandemic (Paull & Paulin, 2019), and on early survey findings on the impact of COVID-19 on volunteering in aged care collected in June, July, and August of 2020 (Mapping changes in volunteering in the aged care sector in a 'Rona' World). Both of those projects influenced data collection and analysis of this project.

Data collection: Two rounds of online and face to face workshops were conducted with volunteers and managers of volunteers enabling higher participation. This approach ensured that conversations were facilitated between organisations and volunteers to ensure that organisational learning was taking place as part of the project. COVID-19 lockdowns interfered with face-to-face workshops early in the project, but in keeping with an emergent research approach, individuals who had expressed an interest in a face-to-face workshop, but were unable to attend, and preferred not to attend an online workshop, were offered the opportunity to be interviewed so that their views could be included. Additional workshops scheduled to be held in outer metropolitan Perth were unable to go ahead due to other unforeseen circumstances, and the short timeline. In all, the project saw 36 attendances at round one and two online and face-to-face workshops and interviews.

Draft guides and feedback: A series of draft good practice guides were developed, and a further round of workshops conducted to hear from volunteers, managers of volunteers and other stakeholders about what was included. The workshops included people who had participated in round one and two workshops as well as new participants. A specific online workshop was conducted with managers in the Community Visitors Scheme (CVS) as this emerged as an area of difference in the data. Sixteen (n=16) attendances were recorded in draft guide feedback workshops online and face-to-face. Following the face-to-face and online round three workshops, an online survey was conducted to receive feedback from a wider range of stakeholders. Thirty seven people provided feedback via the online survey. In the feedback workshops and the online survey, participants were asked to comment on the following in relation to each of six draft guides developed for a different audience:

What is missing? Is anything misleading or distorted? What is helpful or useful? Is the tone or pitch right for the audience? Is the level of detail right for the audience?



Participants were also invited to provide additional comments or observations. Of the 37 individuals who responded to the online feedback survey, 15 of those indicated that they had participated in the workshops and 21 indicated that they had not. One respondent did not provide an indication on this.

The reference group was provided a draft of the final report and asked to provide feedback and identify any major errors or omissions.

Limitations

This project has not sought input from clients and individual beneficiaries of volunteer efforts – they are important but are beyond the scope of the funding for this project.

There are specialist volunteers who are involved in Dementia care support volunteering; palliative and end of life care volunteering; advocacy volunteering; faith focussed volunteering; board membership; supported volunteering; and other specialised roles – such as hospital liaison or residents' association committee. While the project outcomes and guides include them, there their roles have not been explored in depth.

Invitations were extended to private aged care providers who involve volunteers but managers of volunteers in those organisations are not known to be represented in this sample. Volunteers, however, indicated involvement across organisational types.

The number of participants was limited by the scope of the project, and by interruptions to data collection. The inclusion of the online feedback step at the end of the guide drafting process allowed for a wider group to contribute.

This research was undertaken in Western Australia, which, at the time of writing this document, had been largely protected from extended COVID-19 lockdowns including in aged care settings. In Western Australia there was, as of January 2022, no reported outbreak in a residential aged care setting, nor any identified as exposure sites. There have, however, been ongoing and changing government requirements associated with lockdowns, setting up outbreak response plans, increased training on infection control and mandatory vaccination policies. Many organisations have carried out drills to refine responses to an outbreak including how and when to notify and limit the role of volunteers, ensuring compliance with Government parameters and directives. In the lead up to plans for state borders to reopen in 2022, the WA State Government and aged care and volunteer involving organisations were revisiting their plans as this report was being finalised.

Report and Compendium Content and Format

One of the outputs for this project was a series of 'good practice guides' that would relate to a range

of stakeholders involved with volunteering in aged care settings. Thus, this compendium contains seven 'guides', each one relevant to a particular stakeholder and written in a way which would speak to their different interests and responsibilities. Some of the information in these guides is common to all stakeholders and there is deliberate repetition. This means that readers can access the guide that relates best to their interests/ position/responsibilities. The targeted individual guidance is included for managers of volunteers to provide to: volunteers; potential volunteers; onsite co-ordinators and frontline managers of volunteers; staff working alongside volunteers; senior staff, managers, and board members; policy makers and peaks, as well as the one targeted to them as managers of volunteers.

CONTEXT

This project was undertaken during 2021 against the backdrop of not only the pandemic, but also a range of other contextual influences including: *The Royal Commission into Aged Care Quality and Safety* (final report tabled March 2021 -CoA 2021); *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (established April 2019 (ongoing in November 2021 -CoA, n.d.); Changes to the *Aged Care Quality Standards* in effect from January 2020 and ongoing.

In addition, as part of the pandemic context there was ongoing navigation of changing government policy, including health advice related to the pandemic, and the impact of COVID-19 visible in other states in Australia and around the world.

The influence of context was apparent in some of the feedback received from participants.

LITERATURE

The pandemic saw an explosion in academic and grey literature, and in the media, related to volunteering including in aged care settings. A total of 76 academic articles were included in a review of the literature, with approximately two thirds having been published since 2019. Evidence in the academic literature, ranging from Australian research about dementia care volunteering through to research from the UK about community helping during the COVID-19 crisis, contributed to understanding some of the narratives about the COVID-19 experience of volunteers and volunteer managers in aged care settings in Western Australia. There was very limited published academic material relating specifically to aged care in Western Australia.

Grey literature on COVID-19 related volunteering included:

- Material produced by Volunteering Queensland in collaboration with all volunteering peak bodies in Australia and adapted for use in Western Australia in the form of a guide for volunteer



involving organisations *Responding to a Pandemic* (Volunteering WA, 2020); and for volunteers: *Volunteering in response to a pandemic: A practical guide for volunteers* (Volunteering WA, n.d.);

- COVID-19 Position Paper No.1: Volunteering and National Policy Settings (Volunteering Australia and State/Territory peak bodies, 2020a);
- COVID-19 Position Paper No.2: Safeguarding Volunteers and Volunteering Involving Organisations (Volunteering Australia and State/Territory peak bodies, 2020b);
- COVID-19 Position Paper No.3 COVID-19 Position Paper No.3: Volunteering, Vaccinations and Being COVIDSafe (Volunteering Australia and State/Territory peak bodies, 2021)
- *Re-engaging volunteers and COVID-19* produced by Volunteering Australia in February 2021 to report on findings from a survey to stakeholders in April 2020 and then a survey of about 600 people conducted at the end of 2020 (Volunteering Australia, 2021);
- *Continuity and change – volunteering during the COVID-19 pandemic*, policy paper written by Jack McDermott, policy officer at Volunteering Australia in December 2021 (McDermott, 2021).

NOTE: For a full list of COVID-19 pandemic related documents please visit the Volunteering WA website at www.volunteeringwa.org.au and click through to www.volunteeringwa.org.au/resources/covid-19

These documents did not specifically focus on volunteering in aged care.

Grey literature consulted on aged care included submissions to the Aged Care Royal Commission through to government (including from Volunteering

Australia) and industry reports and notifications such as the **Protecting Older Australians** COVID-19 email updates from the Federal Government (DoH, Various) and *Ageing in Multicultural Western Australia Longitudinal Study of Diversity Trends, Challenges and Policy Imperatives* a report published by the WA Government's Office of Multicultural Interests in June 2020. Many of these publications had limited reference to volunteers and volunteering.

The Royal Commission into Aged Care Quality and Safety (final report tabled: CoA March 2021) brought aged care into the spotlight and saw discussion of issues such as the marketisation of aged care, care as a commodity, and the shift to the individual. Much of the focus was on paid workers in the aged care workforce, with very limited attention to volunteers. The final report of the Royal Commission did, however, acknowledge the contribution of volunteers separately from informal carers, referring to volunteers as an integral part of the system (CoA 2021 p. 104). The Commission recognised the importance of social support, help with household activities and transport, as well as in providing connection for CALD and LGBTI community members (Final report CoA 2021 p. 104/5). Counsel assisting the Commission (Gray & Rozen, 2020) highlighted the importance of volunteers in their final submission, indicating “alongside informal carers, they are an integral part of the aged care system” (Gray & Rozen, 2020, p. 230) and included recommendations for extending volunteer programs which provide support for those at risk of social isolation, and promoting and building the scheme to increase the volunteer base (Gray & Rozen, 2020, p. 234).



Recommendation 44 of the Royal Commission final report relates to volunteers, including in the CVS scheme (CoA, 2021 p. 238/9):

RECOMMENDATION 44:

Volunteers and Aged Care Volunteer Visitors Scheme

From 1 July 2021, the Australian Government should promote volunteers and volunteering in aged care to support older people to live a meaningful and dignified life and supplement the support and care provided to them through the aged care system, whether in their own home or in a residential care home, by:

- a. increasing the funding to the Volunteer Grants under the Families and Communities Program – Volunteer Grants Activity in 2021–22 to support organisations and community groups to recruit, train and support volunteers who provide assistance to older people
- b. requiring, as a condition of approval and continuing approval of all approved providers, that all aged care services which use volunteers to deliver in-house coordinated and supervised volunteer programs must:
 - i. assign the role of volunteer coordination to a designated staff member, provide induction training to volunteers and regular ongoing training to volunteers in caring for and supporting older people, complaints management and the reporting of reasonably suspected abuse or neglect
 - ii. retain evidence of provision of such training
- c. providing additional funding and expanding the Community Visitors Scheme and changing its name to the Aged Care Volunteer Visitors Scheme, to provide extended support for older people receiving aged care who are at risk of social isolation.

The Australian Government response to the recommendations of the Royal Commission (DoH, 2021a) highlighted the funding already provided to volunteering via its Volunteer Grants program, committed to consider funding to the CVS program as part of its review of a “new support at home program” (p. 33) and pointed to the introduction of the new Volunteer Management Activity (VMA) funding commencing on July 1, 2021, which replaces prior funding arrangements to support volunteering. In January of 2022 the Australian Government Department of Health released an overview of the proposed redesign of home-based aged care due

to commence in 2023 - *Support at home* (DoH, 2022).

At the time of finalising this report there was limited information on the impact of the Government response on aged care. The Australian Government Department of Social Services and funded volunteering state and territory peak organisations are in the first year of the new VMA scheme implementation with an objective “to develop and implement strategies to build the capacity of Volunteer Involving Organisations, primarily through online volunteer management services, and breaking down barriers to volunteering for identified priority groups” (DoH, 2021a, p. 33). The priority groups identified under the new VMA funding are “People with Disability; First Nation Peoples; Newly Arrived Migrants” (DSS website, 2021). The new VMA funding is more specific and peak bodies funded under the program are required to focus on **online** capacity building for volunteer involving organisations. It is not yet clear how this funding links to volunteering in aged care settings.

The only other elements of the response which make particular reference to volunteers is the specific inclusion of whistleblower volunteers who provide care or services via an approved provider as protected under the new *Aged Care Legislation Amendment (Serious Incident Response Scheme and Other Measures) Act 2021* (p. 63). (See also ACQSC, 2021 re SIRS; OPAN 2021).

The grey literature provided contextual information and allowed researchers to conduct informed discussions with participants. As the project progressed the research team also attended forums, webinars and workshops associated with discussion of the findings of the Royal Commission.

Media coverage of volunteering in aged care was tracked across the duration of the project, with key themes and stories retained to compare with stories provided by participants, as well as stories which were promoting reports and research pointing towards other work being done in the field.

A final source of information which informed the research was the information available on websites related to the aged care settings in which volunteers were involved, and on GoVolunteer/Seek Volunteer where calls for volunteers were posted. These sites were informative both from the perspective of the opportunities and roles for volunteers, and, also, for what they did or did not say about processes within the organisations, particularly those relating to COVID-19. Organisational websites sometimes, but not always, had a separate section or page on volunteering in their organisation. Some contained little or no information relating to the pandemic, while others included information which was somewhat confusing or contradicted reported experiences of volunteers who participated in our project.

1. p 24 of the DoH report incorrectly indicates a 33% decline in the summary (DoH 2021b)



Examples included sites which contained information about visitor access to sites but no specific mention of volunteers, sites which replicated the revised industry code in one location but did not change information in another, and sites which were set up to sell home care or other packages and required identifying information to be put into a website before any detailed information was available – even for a potential volunteer. This is in contrast with other sites where volunteers are specifically mentioned and searching brought up answers to questions including that only a nominated representative could be provided with information about a client during an outbreak. These sites are not referenced here as these examples are for illustrative purposes only.

NOTE: Statistics about volunteering in aged care.

The 2016 National Aged Care Workforce Census and Survey (Mavromaras et al., 2017) data indicated 68,416 volunteers as participating in aged care (23,537 in residential aged care and 44,879 in home care and home support). The census report (Mavromaras et al. 2017) had a primary focus on direct care and on employed staff in residential aged care, home care and home support. This number is often quoted and was included in the report of *The Royal Commission into Aged Care Quality and Safety* (CoA 2021).

In 2021, data reported from the *2020 National Aged Care Workforce Census and Survey* (DoH 2021b) indicated a significant drop in volunteers in residential aged care facilities (RAC), with decreased volunteer numbers also recorded for home care volunteers in the Home Care Packages Program (HCCP) and Commonwealth Home Support Program (CHSP) programs. These figures need to be used with caution as they only refer to data from in scope active registered providers of direct care who responded to the survey. Collection of data was at provider level and was therefore likely to double count individuals who volunteer at more than one site or organisation. This aged care census workforce data is Australia-wide. While the data was weighted to reflect

sector wide responses, it is reliant on the quality of the record keeping and reporting by providers and was based on a changed methodology when compared to the 2016 data.

- Residential Aged Care - 49% of providers responded. “COVID-19 appears to have had a significant impact on the number of volunteers in RAC facilities, with volunteer levels approximately half of those in 2016.” (p. 8). 74% of respondents indicated that the decrease in the number of volunteers was greater than for paid roles. The primary impact was reported to be in social activity support, companionship, and planned group activities (p. 22).
- Home Care Packages Program – 47% of HCCP providers responded. The report provided data indicating limited decline in HCCP volunteering due to COVID -19 (16%), with 81% of providers reported as having experienced no change. Volunteers assist with social activities, companionship, and transport (p. 36). The effect of COVID-19 on volunteering in HCCP is significantly lower than RAC and CHSP volunteering (p. 36).
- Commonwealth Home Support Program – 38% of CHSP providers responded. 57% “reported a decrease in volunteer levels due to COVID-19.” (p. 38). The decrease is reported to be significant, with volunteers being most likely to assist in social activities, transport, and activities support (p. 49).

The workforce census data is not a full representation of all 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 other specialised activities. Examples include peripatetic entertainers who visit multiple aged care facilities as volunteers in their own volunteer involving organisation, and not registered as volunteers with a residential aged care facility or CVS provider.





TERMINOLOGY “WHAT DO WE MEAN BY...?”

Volunteering: Volunteering is time willingly given for the common good and without financial gain (Volunteering Australia, 2015). While we recognise that there are other forms of volunteering, this project is primarily focussed on formal volunteering – that is unpaid help under the auspices of an organisation or group on a regular or semi-regular basis.

Aged care settings: This project has identified that there are numerous aged care settings where volunteers make a valuable contribution. residential aged care (RAC); in-home care settings in the community (Home Care Packages Program – HCP and Commonwealth Home Support Program- CSHP); retirement villages/communities; day centres/eldercare facilities; senior citizens recreation centres and related programs.

Clients: in this work, we have referred to ‘clients’ as those individuals and groups in aged care settings who receive regular visits or other support or take part in activities supported by volunteers who offer their services to volunteer involving organisation (VIO) free of charge. Clients may be residents or patients in residential care or individuals receiving government supported home care packages or groups of ‘clients’, or older people who benefit from the activities of volunteers in locations considered to be aged care settings.

Managers of volunteers: Managers of volunteers have many titles and roles across the various aged care settings including: co-ordinator, director, manager. We are talking about the person or people with overall responsibility for developing and managing a volunteer program in an aged care setting.

Onsite volunteer supervisors and co-ordinators: In some settings, the manager of volunteers is also responsible for frontline day-to-day volunteer management; in other settings, there is a person who has responsibility for supervising volunteers in a particular location or venue as part of their role in the organisation. This includes, for example, site managers, receptionists, occupational therapists, lifestyle coordinators and other staff.

Staff working alongside volunteers: In most of the settings there are paid staff who interact with the clients and the volunteers, either directly or indirectly. These include the staff who are on duty at any time a volunteer is onsite such as nursing, personal care, administrative, cleaning, security, gardening, kitchen, and dining room staff. In some settings, such as retirement villages and other home care settings, the volunteer is visiting a client in their own home and there may be limited interaction between volunteers and staff, whereas in other settings such as residential aged care the level of interaction can be very high.

Senior staff, managers, and board members: Senior staff, managers and board members have responsibility for decision making in their organisation and play an important role in setting the tone for volunteering and the way that their organisation recognises and integrates the contribution of volunteers and volunteer managers into designing and achieving their organisational strategies and goals.

Policy makers and peaks: This term refers to staff in government agencies at all levels and to those in peak bodies in both volunteering and aged care. The organisations who are making policy decisions or advocating on behalf of clients, volunteers or volunteer involving organisations all have a role to play in the success of the contribution of volunteers to aged care. It should be noted that these staff are not always equally aware of the wider picture regarding volunteering or aged care settings and participants in this research identified areas for awareness raising.

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

- **Companionship** (including playing board games, knitting, watching television, home visits, and conversation – sometimes in languages other than English)
- **Activity support** (including therapy support, bus outing support, exercise class support, social activity support)
- **Driving** to and from medical and other appointments, for social outings or shopping (including bus, pool vehicle, personal vehicle driving)
- **Food preparation**, delivery, and service (including, for example, meals on wheels,)
- **Gardening and maintenance** activities (including in the gardens at retirement facilities or in people’s home gardens)
- **Pet care and pet visits** (including helping with pet care or bringing their own pet to visit)
- **Entertainment** including musicians and other entertainers who visit facilities and centres
- **Reception, clerical, and administrative roles** (may include organising other volunteers).
- Volunteers may also be provided from **specialist organisations** – skills, dogs, pets, ability etc.

There are also volunteers who are involved in:

- **Dementia care support volunteering** – providing specialist support, often having received training to enable interaction with clients with more advanced dementia.



- **Palliative and end of life care volunteering** –providing end of life support, having received training and counselling to enable interaction with clients in the final stages of life, sometimes in hospice settings.
- **Advocacy volunteering** - specifically recruited to roles involving representing and supporting older clients in a range of areas including elder abuse, dealing with government agencies, and directing clients (and families) to appropriate services including authorities.
- **Faith focussed volunteering** – providing support to clients to enable them to continue to undertake activities associated with their faith, including worship.
- **Board membership** – governance activities at the helm of organisations.
- **Supported volunteering** including enabling those living with disability to volunteer; and
- **Other specialised roles** - such as hospital liaison or residents' association committee.

These volunteers have specialised roles and while the project outcomes and guides include them, there are aspects of their roles which are beyond the scope of the current project and therefore have not been explored in depth.

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.

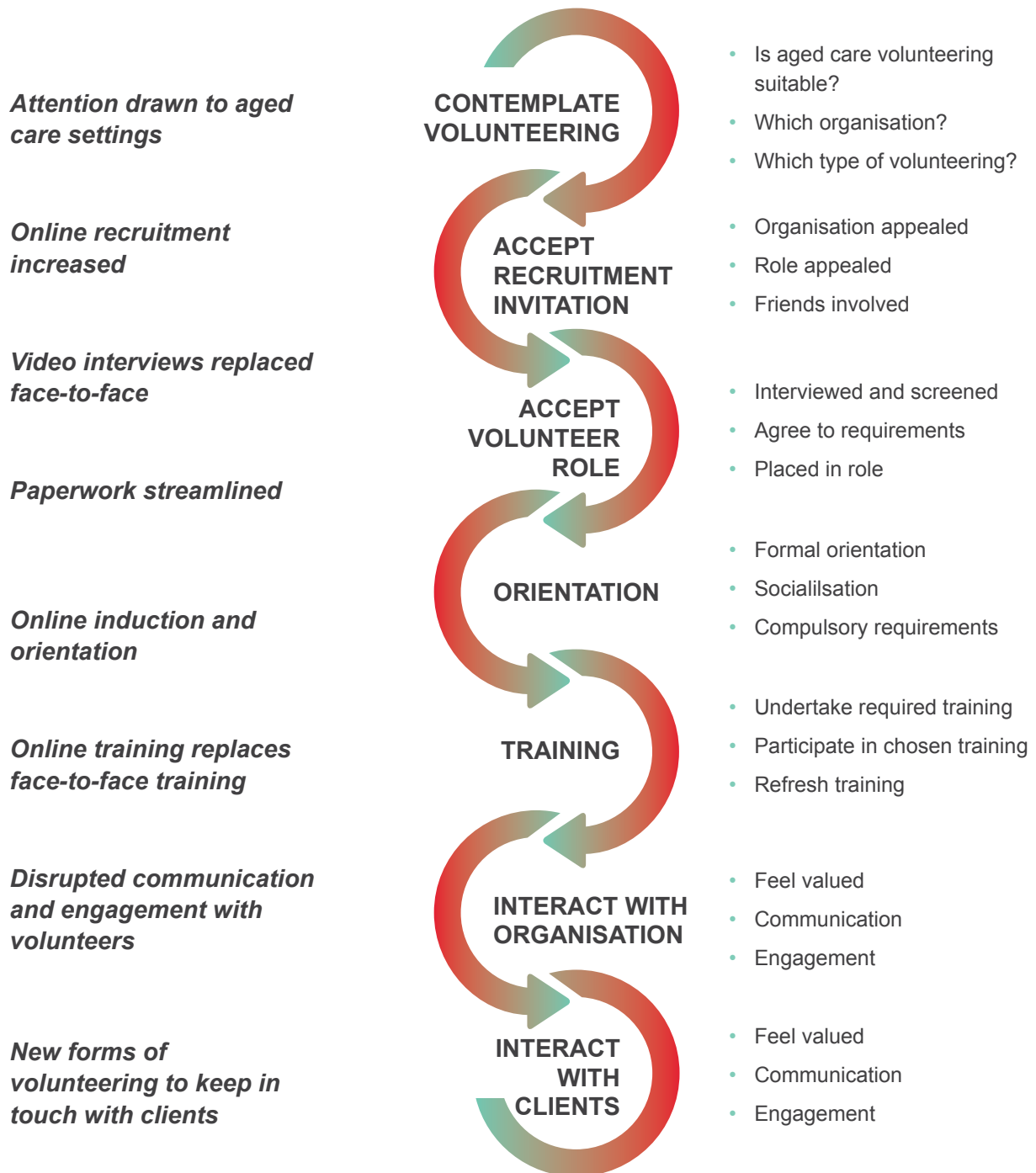




THE VOLUNTEER JOURNEY AND COVID-19 DISRUPTION

COVID's impact on the volunteer journey in aged care settings was apparent throughout the data collection. There was discussion about the impact from both the volunteer and volunteer manager perspective, with some of the changes being clearly associated with COVID-19, and others being a product of the pandemic exposing other pre-existing issues for volunteers and volunteer involving organisations.

COVID-19 DISRUPTION





COMMUNICATION

Some volunteers reported feeling shut out of communications from the organisation during COVID-19 lockdowns or left out due to not being mentioned in organisational guidelines and other communications, while others felt valued. Good practice during COVID-19 was identified as including specific tailored messages to volunteers, and personal contact from the organisation. Even when volunteers could not continue their previous roles, they often wanted to communicate with regular clients and where this was not orchestrated by the organisation, they often did it anyway.

COVID-19 DISRUPTION





DIVERSITY AND INCLUSION, DIGNITY AND RESPECT

The Australian Government launched the Aged Care Diversity Framework in 2017 (DoH, 2017). The aim of the framework is to provide guidance with the long-term aim that “all people have equal access to appropriate aged care services delivered in a sensitive manner.” (n.p. Foreword). Elements of volunteering in aged care settings relevant to that framework emerged from the data and discussions in this project. The Framework considers people who are: Aboriginal and Torres Strait Islander (ATSI), from culturally and linguistically diverse (CALD) backgrounds, living in rural or remote areas, financially or socially disadvantaged, veterans, experiencing homelessness or at risk of becoming homeless, care leavers, parents separated from their children by forced adoption or removal, lesbian, gay, bisexual, transgender and intersex (LGBTI), experiencing mental health problems and mental illness, living with cognitive impairment including dementia, and/or living with disability. Not all these groups were specifically referred to by participants in discussions for this project, the need for attention to diversity, equity, and inclusion for all, including volunteers, was identified as being extremely important, as was intersectionality where individuals may identify with more than one group. This is consistent with the findings of the Aged Care Royal Commission (CoA, 2021), where specific attention was drawn to clients for whom their first language is not English (CALD), for Aboriginal and Torres Strait Islander (ATSI) (p. 108), and regional and remote locations (p.111). The Commission’s final report identified a review of the diversity framework as a priority (p.224 -Recommendation 21).

As with other elements in this report, the opportunity to discuss volunteers and volunteering surfaced issues not exclusively linked to the pandemic. What was apparent in some cases cited by participants was that the pandemic response had exacerbated underlying issues. These included interactions between clients and volunteers, and between staff and volunteers, as well as between volunteers. Examples included clients refusing to meet with or be driven by a volunteer from a different culture, through to disrespectful behaviour. The data also highlighted generational differences in understandings around diversity and inclusion, including the display of prejudices from times gone by, and volunteers making assumptions or applying stereotypes – including using inappropriate language.

Diversity refers to recognition of the characteristics that form each person’s identity. These include, for example, age; gender, gender identity, and sexual orientation; marital status; cultural background, ethnicity, and language; socio-economic status; level of education; mental and physical ability, impairment and

disability; faith, religion and ethical values systems; and political beliefs, as well as intersections between these (intersectionality).

Inclusion refers to intentional actions to ensure that diverse individuals are valued and respected. Recognition of the societal factors, including history, which can contribute to exclusion and efforts to reduce barriers to participation assist with increasing inclusion.

The evidence in this research is that not everyone understands the different perspectives of volunteers, staff or clients, and their different backgrounds or identities. Ensuring diversity, equity and inclusion for all people is a key tenet of person-centred care and it is especially important to pay attention to these diverse needs when providing care in aged care settings. In this context this includes identifying and providing appropriate volunteers to visit and support individual clients and groups. Examples include providing options for volunteers with a disability, those who need wheelchairs or other support such as Auslan interpreters.

Staff working in aged care settings also come from diverse cultures and empathy, equity and inclusion are vital to provide optimum person-centred care in aged care settings.

Importantly some of the specialist forms of volunteering exist because of the recognition of the need for tailored types of volunteering such as faith-focussed volunteering or providing conversation in other languages. In addition, dementia care volunteering and end of life care volunteering require additional training or skills and are part of efforts to increase inclusion and quality of life for clients. The Royal Commission specifically called out training for volunteers in its recommendations

We also recommend that aged care volunteers be supported and trained to work with older people so that they might reduce older people’s social isolation and help them to live a dignified and meaningful life (CoA, 2021, p. 39)

Vulnerable clients and vulnerable volunteers

emerged as groups of interest in this research. Volunteers identified clients for whom they were the only visitor, for example, or who might be experiencing issues with family or carers. Volunteers wanted to keep visiting or keep contact during lockdowns, and to advocate on behalf of their clients even when these were not appropriate in the context or permitted under their memorandum of understanding (MoU) or behavioural contracts. Importantly, during the final write up of this report a revised industry code for visiting in aged care homes during a lockdown was issued which included the right of residents to nominate one essential visitor during lockdowns and specifically included mention of that named visitor being a volunteer “should the resident desire” (COTA, 2021; DoH, 2021c, n.p.; OPAN, 2021).



Such changes indicate the recognition of the importance of volunteers to the wellbeing of residents in aged care. The Royal Commission special report on COVID-19 in Aged Care Facilities did not mention volunteers but did refer to the social isolation and loneliness of clients, especially during lockdowns (CoA, 2020).

Participant volunteers also self-identified, or identified other volunteers, who felt vulnerable during the pandemic in part due to their age, but who were also in danger of becoming isolated and experiencing loneliness due to loss of volunteering opportunities. Some volunteers expressed concerns about vaccinations or about becoming unwell – either with COVID-19 or having to seek treatment for other conditions in a health system coping with an outbreak. These fears, and a need to keep up with health directives and constant reporting – virus vigilance, as well as concern for the clients they visit, was considered by volunteers and their managers to add to volunteer vulnerability.

Volunteers providing specific support to LGBTQIA+ clients observed that some of their clients were likely to be coping with additional pressures and prejudices from their families or communities, and that lockdowns exacerbated this tension by isolating them from specific support from volunteers trained to support them. This is consistent with the final report of the Royal Commission which made specific mention of the needs of the LGBTQIA+ community (See also DoH, 2019).

Affording each individual dignity and respect includes ensuring that they feel safe, and valued, and this includes volunteers as well as clients and staff in aged care settings where some clients whose understanding of inclusion is outdated but whose capacity to understand changing societal views is diminished, perhaps by cognitive impairment.

Vulnerability associated with exclusion and diversity is an area in need of further investigation. In the words of the Royal Commission report

people receiving aged care want to be treated with care, dignity and respect. Individual needs and preferences vary, but compassionate care, dignity and respect are the building blocks of an aged care system worthy of our nation. At their simplest, care, dignity and respect are about how we would want ourselves and our loved ones to be supported as we age. (CoA, 2021, p. 31).

We would broaden this to say that all who participate in our aged care system, staff and volunteers included, deserve to be treated with dignity and respect.

The VMA funding referred to earlier in relation to the Federal Government response to the Aged Care Royal Commission specifically refers to People with Disability; First Nation Peoples; Newly Arrived Migrants in its approach to increasing diversity of volunteers.



TENSIONS AND CONTRADICTIONS

FAMILIAR PATTERNS AND FEEDBACK

Many of the tensions and contradictions highlighted by this project are familiar and relatively well understood issues. They were exacerbated by the COVID-19 pandemic.

Volunteer motivation and keeping volunteers engaged

Engagement was a strong theme, both from the perspective of managers who had taken extra steps to keep volunteers connected and engaged and from the perspective of volunteers. Some volunteers had certainly felt that the organisations for which they volunteered had sought to keep them informed and engaged – while others felt shut out, neglected and undervalued.

One volunteer who was active in more than one organisation had experienced a stark difference between organisations and had only returned to the one where they felt valued and included. Motivation and engagement are continually researched topics in volunteering and have been recognised to be complex, important, evolving.

Staff volunteer relationships

The relationships between volunteers and staff have also often been researched. Evident in this project was the role paid staff have in making volunteers feel included in the organisation with examples provided of staff not recognising the importance of volunteers to the clients, and being unable or unwilling to assist, for example, with information, or with assisting volunteers to exit a building. Exploration of this area led to a number of observations: current turnover rates for paid staff meant even long serving volunteers are not familiar to staff; staff and volunteer attitudes to each other (one volunteer observed it is not always the staff member at fault); staff being concerned that volunteers might take their jobs; and very tight time allocations placed on paid staff to undertake their roles leading to reduced individual face to face time for clients. Language, diversity and inclusion, turnover of paid staff and the “busyness” of paid staff roles were identified as contributing factors.

Funding and resources

Funding and resources are a perennial issue in volunteer involving organisations and in aged care. One repeated observation were the cuts to volunteer program spending which have an impact on the ability of programs to deliver on objectives, including reductions in paid volunteer manager hours, despite myriad additional demands placed on the role such as re-engaging

volunteers and ensuring all compliance checks were completed. Volunteers expressed significant concern at the pressures placed on volunteer managers, and, as a direct consequence, on volunteer programs.

Valuing volunteer managers

The way organisations treat their volunteer managers, considered by many volunteers to be a sign of the importance of a volunteer program to an organisation, was a focus for a number of COVID-19 related issues, and not just related to funding or paid staff. In some organisations, managers of volunteers were not contacted or consulted by the organisation to seek their opinion on relevant changes associated with lockdowns, restrictions, or new processes. While recognising that the suddenness of the March 2020 lockdown may have precluded consultation, the return to activity, and the implementation of new processes was sometimes undertaken without consideration of its impact on the volunteers or their managers. Volunteers also commented on the way lack of consultation with the volunteer manager sent messages about the volunteer program. In other organisations, volunteer managers were given priority in ensuring volunteer programs continued despite lockdowns. This contrast was in keeping with other data. Volunteer management is discussed further in the next section.

Including volunteers in all planning and policies

Policies and risk management/outbreak plans need to include volunteers as well as paid staff. Some of the stories shared in workshops or told to the researchers highlighted that volunteers need to be specifically called out. One respondent identified an organisational policy about risk management for staff visiting clients in bushfire affected areas which was silent about volunteers. One volunteer reported using a failure to mention volunteers as a reason to defy a policy on mask wearing for home visiting. Outbreak management plans need to refer specifically to volunteers and be well communicated to those volunteers so that they are aware of their inclusion.



NEW AND EMERGING PATTERNS AND FEEDBACK

The data revealed a range of surprising tensions and contradictions. As with the familiar patterns and feedback, some of these are consistent with research in other fields and the pandemic brought them to light as part of our investigation. The following highlight some of the issues and examples which are likely to influence the post COVID-19 activities of volunteers and volunteer managers.

Who knows what?

The role of assumptions in creating misconceptions by a range of stakeholders was apparent. Examples included a statement from an individual that much of the material in the draft guides was already known to everyone, however this was in direct contradiction to the bulk of the feedback indicating that the level of detail was informative, suitable for the different audiences, and was considered by respondents as important for senior managers and policy makers to know. The data indicated that making information explicit could reduce the impact of assumptions.

Making assumptions about volunteers was also raised. Some volunteers wanted organisations to know that they still wanted to volunteer despite being in the 'COVID-19-vulnerable' age group themselves. In contrast, some other volunteers had felt their vulnerability and wanted to stand down from volunteering for longer than the lockdown. Volunteers did not want organisations to make assumptions about their willingness to volunteer on their behalf. These examples highlight the importance of communication – already flagged in relation to the volunteer journey – and discussion about what works for different volunteers.

Insiders and outsiders were also apparent in the data, not only in terms of the relationships between staff and volunteers discussed above, but also in terms of the aged care sector. One respondent to the survey seeking feedback on the draft guides indicated: *I find onsite staff are the biggest culprits for assuming volunteers have existing knowledge or experience in aged care and only telling volunteer the bare minimum.* Repeatedly during the workshops, the use of acronyms and terminology associated with current aged care practices and requirements illustrated the “*insider*” status of experienced hands, and the “*newbie*” or “*outsider*” status of those less familiar with the sector. This is important in the context of the reasonably high turnover of volunteer managers in this sector and some experienced hands among the volunteer managers were observed making sure that everyone understood what was being discussed, which was well received.

Differences of opinion

Volunteers and volunteer managers did not always agree with each other, with their organisation or with

other volunteers or other volunteer managers. These are reported here as data collected during the project, without concluding that one opinion is better than another.

Friendship vs social connection: While the literature, including government sites, talks about volunteers ‘*befriending*’ clients or ‘*providing companionship*’ and many volunteers may find their role develops into friendship, feedback from some volunteer managers in this research project is that they prefer the use of the phrase ‘*providing social connection/interaction*’. They felt that this frames the volunteer/client relationship in a more formal way and can serve to prevent difficult issues where volunteers may go beyond their remit to consider their role as friendship and, occasionally, advocacy. This also emerged in our previous research (Paull & Paulin, 2019) where some managers spoke of wanting volunteers just for their presence (as numbers) and not their skills or friendship, while other managers spoke of ‘*relationship building*’ as their aim. This highlights the diversity of how the role of volunteers is seen by different organisations and how they are managed.

Boundaries and expectations: An area strongly promoted by volunteer managers in this project was boundaries for volunteers. While the promotion of boundaries was evident in all organisations represented by participants, some volunteers who volunteered in more than one location found that the expected level of compliance with those boundaries differed between organisations, with some activities banned in one organisation being actively promoted in others. Examples included the extent to which a volunteer could assist a client to take a walk or be involved in social activities. In some cases, volunteers expressed the view that the boundaries were not clear or were inconsistently applied even within the same organisation. Communication of boundaries emerged as an area which was exacerbated by COVID-19 communications where volunteers were unclear what contact they could have with clients as they returned to their volunteer role.

Access to clients and information about clients: Some volunteers reported not being advised on the death of a client and being unable to share in the grieving process. Organisational policies about advising volunteers appear to be inconsistent with some organisations not passing on any details, some passing on information with permission of family members and others routinely advising volunteers and providing support if needed. Clarity about the policy became more apparent to volunteers after the lockdown. Volunteers who had previous experience of finding out about the death of a client in their regular day to day interactions with the organisation, suddenly found that a client or a number of clients had died during the lockdown period and that all formalities including the funeral had passed. Examples provided by volunteers included one where



the volunteer observed that they like to send a sympathy card to the family via the organisation as a routine form of respect, and that they had been unable to do so in relation to a client they had been visiting for a number of years. Other stories provided by volunteers related to lack of advice about their clients' hospitalisation, illness or relocation. Some volunteers reported being unaware of their lack of a right to information about clients and feeling disrespected by the organisations when they were denied such information, although others disagreed with this characterisation indicating that organisational policies on information about clients was clear. This is an area for managers and organisations to be clear about their policies, and to communicate and apply such policies consistently, (see also volunteer support).

Volunteer support: The subject of support for volunteers was raised by the reference group in response to some of the concerns raised by volunteers. Volunteers expressed concern about clients, and about client vulnerability, as well as their concerns about being advised about the death of a client discussed above. Volunteer managers in the reference group indicated that clear policies and procedures about notifying volunteers (and staff) about the death or deteriorating health of a client were important. They also identified the need for support for volunteers associated with cumulative grief associated with the nature of volunteering in aged care. Volunteers (and staff) require support from time to time in relation to a particular client, but also because of the end-of-life nature of aged care. Research has shown that training and support can help volunteers to feel more prepared to handle situations with clients, and their families, including a multi-cultural and multifaith perspectives, communication, grief and bereavement and their own role as a volunteer. Training can also assist volunteers with their own self-care. Some organisations also make their staff support/counselling services available to volunteers when needed due to loss or other experience connected with their volunteering in an aged care setting.

Advocacy on behalf of clients: Many organisations have clear boundaries with respect to the ability of the volunteer to advocate on behalf of their clients. Some, however, have reporting processes in place where volunteers can raise concerns with the organisation, and which allow them to feel empowered to advocate on behalf of their client. Other organisations have a strong policy of keeping volunteers out of any advocacy activities, leaving volunteers feeling disempowered. The issue of advocacy emerged in relation to the pandemic where volunteers felt that they were cut off from their clients in a way that reduced the number of people who might notice changes in a client's circumstances and who could either act on the client's behalf or refer matters to those who could do so. It was noticeable that in later lockdowns and restrictions during 2020 the ability

of volunteers to visit clients was more clearly articulated in health directives and policies including reporting requirements about the vaccination status of volunteers.

Interaction with staff to assist clients: Volunteers reported differing levels of willingness and availability of paid staff to assist a client with changed interaction with volunteers especially during lockdowns. Some staff were willing to help a client navigate technology or set up a phone call, but others were unwilling, or perhaps did not feel they had the time to do this. One volunteer thought that perhaps the staff member did not feel they could say no to the client but that this added pressure in an already stressful time, while another reported being advised that the organisation had instructed staff not to help. Staff and volunteers would likely benefit from clear guidance about what the expectations are for staff to assist in these situations, not just during lockdowns. The increased use of technology for communications during lockdown periods has created more options for client/family/volunteer relationships which will continue into the future and the role of staff in this needs clarity.

Informal and unstructured volunteering: Discussion of informal volunteering where the organisational structures are fewer, or non-existent, was not explored in depth in this project, although some of the volunteers had involved themselves in such activities during COVID-19. Research has shown that volunteer engagement is more likely when volunteer roles and expectations are clear, but some of the changes experienced during COVID-19 could not wait for new structure or clear communications. Volunteers reported being invited to *"turn up when you like, and we'll find something for you to do"*. Sometimes this laissez faire approach works, at say a busy bee clean up, but most of the time participants in this study identified that it is better from both parties' perspective if the activities and expectations are clear, including the time commitment. Volunteers also reported undertaking actions on behalf of their clients which were beyond the scope of their volunteer role and therefore outside the parameters set down by their organisation – they saw this as a personal contribution and not a volunteer contribution to the client. The pandemic has seen discussion of less formal unstructured volunteering and community participation increase, with recognition of the community benefit from such forms of volunteering being foremost. The needs of aged care services to be able to put in place good infection prevention and control measures as well as other boundaries poses a tension here.



ENDURING CHANGES TO AGED CARE VOLUNTEERING DUE TO COVID-19

Aged care settings were among the first to receive specific attention during the COVID-19 pandemic due to both the vulnerability of clients, and the devastating consequences of an outbreak in a Residential Aged Care facility in the Eastern states. The increased attention to aged care settings was also due to the Aged Care Royal Commission (*The Royal Commission into Aged Care Quality and Safety Final Report* tabled March 2021, CoA, 2021). Media attention highlighted issues largely from the clients and family perspectives, while staff and organisations were also part of the focus. Volunteers were not examined as a separate category of staff in many of the reports.

This project highlighted some legacies of the COVID-19 response, both positive and negative, which are briefly discussed here.

Volunteers who visit multiple sites and clients, and volunteer sharing

There are a range of volunteer arrangements where volunteers might be visiting more than one site, or more than one client. This has implications for infection control and risk management, as well as the impact on clients should a volunteer become unwell or be required to isolate due to the requirements of one of their organisations. In the case of residential care organisations requesting a CVS Auspice to supply volunteers to visit a client, the volunteer is governed by the CVS auspicing organisation, but may also be asked to meet the compliance requirements of the requesting organisation. This is sometimes not clearly set out and needs to be addressed to ensure good communication and compliance occurs with minimal duplication and clarity for the volunteer. Some people volunteer in more than one aged care location, and with different organisations, and it will be necessary for volunteer managers to ensure that the volunteer is clear about what is or is not permitted due to Government legislation or policy, or organisational policy and procedures. (many volunteers also volunteer in other organisations outside the sector). While it is the volunteer's responsibility to check on differences and not assume that what is policy in one place will be the same in others, volunteer managers should make it easy for volunteers to find out such information. New Government requirements as well as protocols developed by some organisations in relation to COVID-19 require that volunteers declare if they are volunteering in more than one location.

Volunteer sharing occurs when volunteers sign up with the expectation that they might be called on to undertake their volunteer activity with another organisation at the request of their base organisation (see Paull & Paulin, 2019). Examples of this include a volunteer bureau which operates similar to a casual labour pool

agency (the base agency keeps a pool of volunteers trained and willing to be called on as needed), or where one agency or organisation recruits volunteers for their own purposes but also "loans" them to other agencies with whom they have an agreement or arrangement (these agreements can be one way or two way loans of volunteers). Volunteer sharing needs to be established via a clearly articulated and agreed environment. True volunteer sharing requires that organisations accept a degree of consistency in generic training for volunteers across aged care settings, including consistency around risk management, insurance, boundaries and compliance issues, so that it is clear which organisation 'owns' the volunteer and which organisation agrees to their terms to 'share' them. Multi-site or multi-client volunteering protocols will enhance volunteer sharing arrangements.

Including volunteers in messaging and communication

Organisations learned over time to tailor their messages and communication to include volunteers, but the quality, content, and timing of official communications to volunteers and about volunteers at the beginning of the pandemic were varied. Changes included specific mention of volunteers in advice about lockdowns, use of PPE, specific protocols for visiting, and other precautions which had previously only mentioned staff or family members/visitors. Ensuring communications specifically refer to volunteers not only ensures that they know they too are expected to comply but also increases engagement and makes volunteers feel valued. Some other communications were specifically tailored to volunteers and only contained the information they needed to undertake their volunteer roles successfully.

New processes and procedures

Less paperwork – organisations found ways 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).

Video interviews – Many organisations were able to change to online/video interviews for initial screening which saved time for both the potential volunteer and the manager. Managers reported that personal connection face-to-face still gives the best indication and 'feel' for whether a prospective volunteer is the correct 'fit' and so while video interviewing is likely to remain at least for initial screening, many organisations have gone back to face-to-face interviewing, particularly for roles where clients are vulnerable.

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 now 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 and offers opportunities to ask questions in real time.

Diversity in volunteer age groups – Many organisations found that due to limitations placed on volunteer activity for the over 70's who were deemed 'vulnerable' during lockdowns and the requirement for flu and later COVID-19 vaccinations, some older active volunteers stepped back from volunteering, and some did not return. Older volunteers also reported that volunteers should not normally be discounted only due to age as many are still capable of and value being able to contribute by volunteering. Managers are now seeking to broaden the age range in their volunteer cohort, and while younger volunteers have always been a target, the importance of a wider range of ages has received greater attention.

Diversity and inclusion - vulnerable clients and vulnerable volunteers emerged as groups of interest in this research. Volunteers identified clients for whom they were the only visitor, for example, or who might be experiencing issues with family or carers or who were isolated from others due to reversion to first language.

Vaccinations, onsite attendance temperature checks, mask wearing – the organisations in this study required volunteers to provide evidence of vaccinations in accordance with government policy and health advice. Other requirements such as signing in using a check-in app or process, temperature checks, use of PPE including mask-wearing are also the subject of government policy and advice. As the government health advice changes, organisations will need to keep up to date and keep volunteers informed as to these requirements.

New forms of volunteering and new volunteer roles - Remote volunteering such as providing social support via video chat, phone calls and letters which commenced during the pandemic have remained, especially for clients who are isolated or in poor health. These types of roles have attracted new volunteers and increased the capacity of some existing volunteers to interact with clients more frequently. Some facilities developed specific new roles for volunteers such as screening of visitors or writing letters to clients.

Are volunteers essential staff during a lockdown?

Some organisations have reviewed their risk management and disaster response/outbreak management plans to explicitly include how and when to involve volunteers. In many cases, volunteers are not considered to be essential staff during a lockdown, but this question was part of the discussion in this project. When there is limited access to personal protective equipment (PPE) and volunteers have little previous experience of using it safely, their exclusion from sites

is similar to the exclusion of family members; but where limited access by family members is allowed, there may be occasions where allowing access to a volunteer may be beneficial for clients. NOTE: This has now been recognised by the changes introduced in December 2021 and discussed earlier (p. 13) with reference to the revised industry code for visiting in aged care homes during a lockdown where a named visitor can be a volunteer "should the resident desire" (DoH, 2021c, n.p.).

Retaining COVID-19 recruited volunteers

COVID-19 lockdowns spurred recruitment of (some) new volunteers who felt a need to help during the crisis. Organisations reported recruiting younger people and families during the longer lockdown periods as a result of targeted advertising (for example, as telephone buddies or letter writers).

Managers reported that a proportion of these new volunteers fell away when conditions reverted to normal in Western Australia. This was due to people returning to work, and resuming other activities such as regular sport, and having less time. Some may be willing to keep in touch to be called on as needed, while others could not fit it in, and some did not find the volunteering activity they took up during COVID-19 interested them.

Longer term plans for recruiting and retaining volunteers in these cohorts is a challenge already being considered by volunteer managers for the future. Organisations are seeking to engage them in conversations to find out what their volunteering future might be.

Other new volunteers have discovered volunteering for the first time and are looking for longer term commitments, although some are looking beyond aged care volunteering. Organisations will need to ensure that the newer volunteers are made to feel included and engaged. One aspect of seeking to engage them might be listening to their ideas and suggestions for change – while at the same time being careful to continue to engage and listen to current and returning volunteers.



VOLUNTEER MANAGEMENT

Recognition of the importance *and invisibility* of volunteer management is a long-discussed issue. Over a decade ago it was identified that “volunteer managers and coordinators are important but often unrecognised and inadequately supported” (DPMC, 2011), and yet the Royal Commission recommended that the management, supervision and training of volunteers needed attention (Recommendation 44, CoA, 2021). Managing volunteers is complex and is known to be more complex than managing paid staff.

The evidence in this report came not only from the managers who participated in the project, but also from the volunteers who expressed concern for volunteer managers, and whose stories included instances of poor management, poor communication and negative interactions with organisations, staff, and clients.

The key themes which emerged from this part of data are briefly discussed here:

Organisational structures: The location of the volunteer manager or co-ordinator in the organisational structure varies according to the organisation, the model of volunteering supported, the size of the organisation and the level of importance attached to this role. In some cases, the volunteer manager is part of, or reports directly to, the senior executive group. In others, they are placed in Human Resources departments or as stand-alone sections. In smaller organisations, the role is sometimes an additional activity added on to the duties of a staff member whose primary role is focussed elsewhere. In larger organisations there is often a central volunteer manager or co-ordinator and the responsibility for day-to-day management and supervision of volunteers is delegated to onsite supervisors and co-ordinators.

Given the importance of the value that volunteers contribute to clients in aged care settings, the role of the person who manages them should also be equally valued. Their work contributes to the success of the overall person-centred care scenario of the setting. There appears to be a fast turnover of volunteer managers in some aged care organisations, and this may be a product of the lack of recognition and support given to their activities and the lack of career opportunities available within organisations. Volunteer managers are often employed on a part time basis, and this does not always allow for a full operational roll out of their program activities across the organisation.

Direct management, remote management, and management via CVS auspicing organisations:

Managers may have responsibility for volunteers who they see regularly and who come to the site where the manager is located. They may, however, manage volunteers whose volunteering is with clients in another

geographical location such as a separate site, or in the client's own home, or they may be responsible for volunteers who are visiting another organisation's clients (onsite or at home). Key tenets of the management of volunteers remain, but there are also nuanced differences between these types of management which emerged as adding to complexity for volunteer managers. Examples include communication with volunteers about changing responses to health advice and directives, volunteers' need to feel included in the organisations, and varying boundaries around such things as taking volunteers for walks. The timing of government briefings and press conferences, as well as advice to organisations, and the time it takes to communicate changes to all volunteers is influenced by both the structures above and the nature of the management set up.

Hours of work: Many volunteer managers reporting putting in additional hours of unpaid work during COVID-19 lockdowns and, as volunteers returned, to ensure as many volunteers as possible returned to volunteering. Volunteers reported hearing from volunteer managers at weekends and in the evenings. All the changes implemented in volunteer programs, as well as increased and better focused communications; new forms of volunteering; compliance checks around vaccinations and infection controls; and additional mandatory reporting created additional workload for volunteer managers. Despite this, there appears to be a trend of permanently or temporarily reducing the hours of work for their volunteer manager.

Training and skills of volunteer managers: Some of the managers who participated in this project were very new to the role, while others were very experienced. Knowledge sharing during data collection highlighted some of the areas where volunteer managers need to be supported to undertake training to carry out their role effectively. Examples include:

- Aged care requirements re care and compliance in their own organisation
- Requirements for managing volunteers in aged care settings set down by state and federal governments (subject to ongoing changes), including for example changing workplace health and safety requirements in WA.
- Understanding how to manage volunteers and their expectations. While human resource management practices are instrumental in this process, managing volunteers brings different requirements with regard to the volunteer 'contract', flexibility, availability, specific training re boundaries and confidentiality and matching volunteers with clients; policy and codes of conduct.
- Some volunteer managers may also manage staff

in subsidiary support roles and/or onsite volunteer supervision roles. These staff also require appropriate training with regard to managing volunteers

- One volunteer suggested that volunteer managers should be required to undertake the training 'Imposed' on volunteers by their organisation.

Training is thus multifaceted and may include: Professional HR/Management/Social Work or related training at a tertiary level; generic volunteer management training via VWA, or the Council for Certification of Volunteer Managers (cvacert.org/); gerontology education; TAFE Community Services Diplomas etc; dementia care training; counselling skills; and administrative skills. Volunteer managers in this study identified varied levels of organisational support for undertaking further training including paying for training or providing training subsidies to staff. Many volunteer managers were self-funding their training – including attending sector wide conferences or workshops on rostered days off.

Given the important role of volunteer managers, senior management should monitor current employment conditions regarding level of employment, hours of employment and expectations regarding practice and reporting of same for volunteer managers and staff. There is a sense for some that because they manage volunteers, their role may not be regarded as important as other direct care or administrative roles.

Remoteness of Boards: The remoteness of boards and board members was also an issue which emerged. In most of the organisations represented by either volunteers

or volunteer managers in this study, board members are unpaid – that is, they too are volunteers. Matters raised in relation to boards included providing examples of clear communication to volunteers about board members being vaccinated and about actions by the board in relation to risk management and outbreak management plans, as well as board visibility at facilities and during events (or on video meetings). Some boards clearly communicated to their volunteers about the important role volunteers play in the organisation – in many cases such communications were orchestrated by the volunteer manager. In other organisations, however, volunteers and volunteer managers felt that boards were not aware of the role of volunteers in the organisation, or of the impact of locking volunteers out. One organisation sought to include a volunteer on their critical incident management team setting up outbreak management plans, while others had plans which did not specifically mention volunteers.

COMPARING WESTERN AUSTRALIA TO THE REST OF AUSTRALIA

Western Australia was the only state or territory in Australia not to experience a statistically significant drop in volunteer numbers pre-pandemic or in April 2021 (Biddle & Gray, 2021, p. 7). Anecdotally, organisations were reporting difficulties in recruiting volunteers for some tasks, and participants in this study indicated a need to continue to recruit volunteers.

Volunteering Australia released a document at the end of 2021 which provided an overview of volunteering during the COVID-19 pandemic (McDermott, 2021) which assisted us in examining how different our findings were to the situation for aged care volunteering across





Australia, given that Western Australia has so far been largely protected from the full force of COVID-19 due to closed borders. Key themes in that paper which resonated with our work included:

- Volunteers reporting feeling needed
- Remote volunteering challenges
- The assistance of technology to remain connected to clients
- Use of masks and other infection control measures
- Acquisition of new skills – such as use of technology
- Volunteers who felt loss at stepping back from volunteering
- Volunteers who were concerned for their clients, loss of social connection
- Increased requirements for preparation
- The need to keep up with communications about ever changing requirements
- So called “virus vigilance” adding strain to volunteering
- The additional workload placed on managers and other staff
- The capacity of organisations to adapt and change was revealed.
- The exposure of some of the inefficiencies in organisations

One difference which may have been experienced in Western Australia is that organisations, managers and volunteers have been able to capture some of the experiences from the early lockdown in 2020 and the shorter ones in 2021; as well as learn from what has been learned in other places with more extensive lockdowns and where outbreaks have occurred. The *COVID-19 Special Report of the Royal Commission* (CoA, 2020), for example, provided insights largely from Victoria. Only time will tell if it will be necessary to implement what has been learned, and how successfully those lessons have been implemented.

OPPORTUNITIES FOR FURTHER DEVELOPMENT

This short-term project has highlighted a range of issues in volunteering in aged care settings as a result of the COVID-19 pandemic in WA. There are several areas which have emerged as potential opportunities for future research. These include seeking client views to understand the social and mental health impact of receiving support from volunteers, particularly during the pandemic; exploring the more specialised forms of volunteering such as dementia care volunteering and advocacy volunteering; and looking at the other settings where volunteers add value to the lives of older Australians such as in recreation centres and in health and hospital services. There is also scope to examine intersections with volunteers in the National Disability Insurance Scheme (NDIS), especially as some organisations offer both NDIS and aged care services. Further exploration is needed in relation to diversity and inclusion, mental health, recreation and quality of life and their association with loneliness not only in relation to the clients but also the volunteers.

It is of concern that volunteering is still an area which seems undervalued, and there is also evidence that volunteer managers continue to be undervalued by organisations. In the light of these findings, the role of the manager in volunteering in aged care may merit further review. Examination of the level to which volunteer managers are recognised and valued in aged care would fit with calls for greater respect for aged care staff in general (Gilbert & Lilly, 2021).

Preparedness for volunteering into the future beyond COVID-19 will require open and ongoing conversations with all stakeholders so that they can continue to learn from each other.



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COMPENDIUM OF GOOD PRACTICE GUIDES

Each of the following guides has a target audience.

The Guides are designed to be read by themselves, and each has a 'Key COVID-19 Takeaways' section which can be printed out separately. For more detail on issues raised in the guides please refer to the body of the report.

The guides are as follows:

Volunteer managers

Designed with both novice and experienced volunteer managers in mind, the Volunteer Managers Guide covers all the material covered in the other guides.

Current and returning volunteers

This guide is designed for current volunteers, mainly volunteering in Residential Aged Care directly for the provider. Some elements of this guide are specific to Community Visitors Scheme volunteers including Residential Aged Care and in-home volunteering as well as into retirement villages.

Potential volunteers

This guide contains information to be passed on to potential volunteers and emerged from feedback on the draft guides.

Onsite volunteer supervisors and co-ordinators

This guide is designed to be made available to those individuals, often in other roles, who have a responsibility to co-ordinate or manage volunteers onsite or in a particular operational area with whom the volunteer manager may not necessarily have day to day contact

Staff who work alongside volunteers

The information in this guide is designed to be made available to staff who work alongside volunteers, as part of their training and others who may wish to better understand the volunteer role in their organisations and across the sector.

Senior managers and boards

This guide is designed to be provided to senior managers and boards, in part due to their role in crisis decision making and communications during COVID-19.

Policy makers and peaks

This guide is designed to be provided to policy makers and peaks across volunteering and aged care to highlight those issues which emerged during the COVID-19 pandemic, including some dissonance in messaging.



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

GUIDE FOR VOLUNTEER MANAGERS

Managers of volunteers have many titles and roles across the various aged care settings including Co-ordinator, Director, Manager. This guide is designed to inform staff who are the person or people with overall responsibility for a volunteer program in an aged care setting. See also the guide for Frontline managers of volunteers.

Important: This is a generic guide based on data collected from volunteers and volunteer managers in a range of organisations for this project.

Key COVID-19 Takeaways for Volunteer Managers

- Volunteering is a major contributor to person centred care
- COVID-19 changes have affected all volunteers
- COVID-19 exposed or exacerbated systemic weaknesses in organisations
- COVID-19 changes highlighted aspects of volunteer management which were not so good
- Volunteers appreciated being kept informed with targeted messages
- Volunteers need to know how to reach volunteer managers easily
- Volunteers need to know who to contact at different sites
- Volunteers need to know how they will be kept informed and where to find information
- Encourage volunteers to get in touch – let them know how you want to hear from them
- Volunteers were largely concerned about the impact of COVID-19 on 'their' clients
- COVID-19 added more compliance measures to volunteer management
- Online training replaced much of the face-to-face training
- Not all training will go back to face-to-face, although this is often preferred by volunteers
- Online recruitment and selection/placement has increased but some in-person interviews have returned, particularly for volunteer/client matching
- Volunteers may volunteer in multiple places and roles and policies need to recognise this
- Vulnerable clients were sometimes left more vulnerable by the withdrawal of volunteers
- Some volunteers are also vulnerable
- Diversity and inclusion need to be central to volunteer programs
- New volunteer roles, and new forms of volunteering have emerged during COVID-19
- Staff-volunteer relationships need to be nurtured

The Volunteer Engagement Cycle:

A volunteer engagement cycle which puts a high value on quality volunteers and quality volunteering experiences will enhance the program and the organisation. This includes interviewing and onboarding volunteers to fill client's needs for social interaction and other activity needs. It is important that, once the volunteer is in place, the manager has a program of volunteer performance management to ensure continuing benefit for both client and volunteer and ongoing adherence to organisational rules around boundaries and other specific requirements (e.g. safety).

To ensure a good fit for both the volunteer and the organisation, the quality of the initial interview with prospective volunteers is key. The volunteer manager needs to be a good judge of character, with an emphasis on gauging personality and likely commitment. It may sometimes mean that a prospective volunteer may not 'fit' the role being sought and thus, training in responding to people, giving honest feedback and saying 'no' is needed. Saying 'no' may mean assigning volunteers to a different role or referring them on to other volunteer opportunities elsewhere.

On occasion, the manager needs to support and advocate for a volunteer to ensure they receive a fair hearing when things go wrong and any support they may need as a result of an adverse volunteering experience. Sometimes this can mean providing/arranging organisational support through a counselling service. Some volunteers may choose or be asked to leave their volunteer role.

Volunteer managers will also need to be able to confidently present their program to their senior managers and executives; to frame the need for and the impact of the program as a vital part of the organisation's strategy to deliver high quality person-centred care. Volunteer managers should make a strong case for their organisation to include the volunteer workforce in any survey or reporting to present a true picture of staffing/ volunteers' contribution to their bottom line and to achievement of strategic goals.



As a result of COVID-19, more compliance measures have been introduced into volunteer management for the managers, the volunteers and onsite supervisors/managers. This includes stricter infection control measures, online training and recruitment interviews, and a review of communication practices to ensure volunteers are well informed and encouraged and supported to return to in person volunteering following lockdowns or periods of being excluded from face-to-face contact.

Communication and Engagement: Volunteer involving organisations will have an approach or policy about organisational communication– but sometimes adequate consideration has not been given to communication with or recognition of volunteers. In addition, volunteer managers or program directors need to consider how they communicate with frontline volunteer managers, staff working alongside volunteers and senior decision makers in their organisation.

Volunteers like to know what is going on, but do not want to be overloaded with unnecessary communications – this is a balancing act. What appears to work is:

- Setting expectations for volunteers about how they will hear what they need to know – examples include a newsletter or social media site.
- Ensuring organisation-wide communications which include volunteers specifically refer to volunteers.
- Having clear processes for volunteers to sign in and out, make contact with relevant staff, and be kept up to date on their clients as far as confidentiality allows.
- Setting clear boundaries about what volunteers can and can't become involved in. For instance: if client advocacy is not part of their role, advise them who they can contact about their concerns.
- Offering training activities which are relevant and engaging – to prepare volunteers for their roles without unduly requiring onerous commitments.
- Keeping in touch with volunteers and allowing them to provide feedback.
- Letting volunteers know your hours of work and contact information. Providing volunteers with information about who to contact outside those times (for instance, when they volunteer out of hours and need to report an issue etc).

Expectations placed on volunteers

Volunteers usually apply to join a particular organisation because of reputation, because they offer the sort of volunteer opportunities they are seeking, or because someone has asked them to volunteer. On successful application, they will be asked to make a commitment, receive training and support from the volunteer manager and will be allocated to an appropriate volunteering opportunity or client.

Their commitment, often by way of an agreement or memorandum of understanding, outlines their acceptance of the rules of the organisation about volunteering with aged care clients. This includes specific boundaries and expectations and the requirement for undertaking relevant training prior to starting their role, including police record checks and clearances, and health requirements such as vaccines.

Volunteer engagement is more likely when volunteer roles and expectations are clear. Volunteers reported being invited to “turn up when you like, and we'll find something for you to do”. Sometimes this laissez faire approach works, at say a busy bee clean up, but most of the time participants in this study identified that it is better from both parties' perspective if the activities and expectations are clear, including the time commitment.

Many aged care volunteers commit to a requisite number of visits on a regular basis or volunteering on a particular day, depending on what sort of role they have been recruited to fill. Generally, their commitment is to the organisation they signed up to, even if they are matched with a client whose care is under the aegis of another organisation. They need to know how to communicate with their organisation if they are no longer available to volunteer, need to take a break from volunteering, or are unwell and therefore unable to take on their volunteer commitments.

Volunteers who visit multiple sites and clients, and volunteer sharing

There are a range of volunteer arrangements where volunteers might be visiting more than one site, or more than one client. In the case of residential care organisations requesting a CVS Auspice to supply CVS volunteers to visit a client, the volunteer is governed by the CVS auspicing organisations but may also be asked to meet the compliance requirements of the requesting organisation. This is sometimes not clearly set out and needs to be addressed to ensure good communication and compliance occurs with minimal duplication and clarity for the volunteer. Some volunteers volunteer in more than one location, with different organisations, and it may be necessary to ensure that the volunteer is clear about what is or is not policy in each organisation. While it is the volunteer's responsibility to check on differences and not assume that what is policy in one place will be the same in others, volunteer managers should make it easy for volunteers to find out such information. New protocols developed by some organisations in relation to COVID-19 require that volunteers declare if they are volunteering in more than one location.

Volunteer sharing occurs when volunteers sign up with the expectation that they might be called on to undertake their volunteer activity with another organisation at the request of their base organisation. This needs to be within a clearly regulated and agreed environment. True volunteer sharing requires that organisations accept a



degree of consistency in generic training for volunteers across aged care settings, including consistency around boundaries and compliance issues so that it is clear which organisation 'owns' the volunteer and which organisation agrees to their terms to 'share' them. Multi-site or multi-client volunteering protocols will enhance volunteer sharing arrangements. 'Sharing' of volunteers should always be with the consent of the volunteer.

Vulnerable clients

Good practice and compliance requirements involve ensuring volunteers receive and complete training about boundaries when they begin their role, about what they can and cannot do, with opportunities for them to ask questions about this (e.g. not lifting clients or not feeding a client with dysphagia). Volunteers, too, may sometimes find they act as a neutral friend/sounding for clients. They are not official advocates for their 'friends' but having a mechanism in place to report any misgivings for clarification/further investigation provides a safety net for everyone. It is also important to monitor volunteer/client relationships to ensure that neither party is being taken advantage of.

Vulnerable volunteers

At times, volunteers can find their role taxing, emotional and overwhelming. It is important for organisations to have a process in place to identify vulnerable volunteers, as well as for them to self-identify, and for the organisation to provide appropriate support (for example via their Employee Assistance Program). In particular, volunteers in aged care may experience grief at the loss of a client, and an accumulation of grief experiences can be difficult. Early identification of volunteers who are experiencing difficulties can assist with maintaining the volunteer's ongoing engagement with the organisation, where appropriate, perhaps in a different role. This will help to retain volunteers and protect clients. Volunteer managers invest considerable time and effort into recruiting and matching volunteers and volunteers who feel cared for will keep coming back. Volunteers who feel burnt out, neglected or unappreciated will not. Specific training can also serve to assist in supporting volunteers.

Diversity and inclusion

Ensuring diversity, equity and inclusion for all people is a key tenet of person-centred care. It is especially important to pay attention to diverse needs in aged care settings including identifying and providing appropriate volunteers to visit and support individual clients and groups. For instance, options for volunteers with a disability, those who need wheelchairs or other support should be explored and encouraged. Volunteers and staff also come from diverse backgrounds and empathy, equity and inclusion are vital to provide optimum whole person-centred care in aged care settings.

Onsite arrangements

Depending on the organisational setup and use of

volunteers, the role of the Volunteer Manager may vary.

- The volunteer manager may organise and supervise all volunteer activity within their system, particularly in smaller organisations.
- The volunteer manager may set in place a volunteer program, recruit, train and induct appropriate volunteers and then introduce them to matched clients on various sites (residential care sites, for instance within the organisation). Overall responsibility for the volunteer program may rest with the Manager, with specific onsite supervision allocated to site managers, occupational therapists, lifestyle coordinators or other on-site staff. This requires ongoing collaboration and reporting to ensure compliance, feedback from staff, volunteers and clients.
- CVS Managers also recruit, manage and train volunteers who are then matched to appropriate clients who may be in government supported residential care places or receiving funded home care packages.

BE CLEAR - who IS responsible for volunteers at sites (including out of business hours) -and who needs to know this information.

Training for volunteer managers

To manage and develop a successful volunteer program, volunteer managers in aged care settings need to feel supported by senior managers and have access to a range of training opportunities to enable them to manage their role successfully in dealing with:

- Institutional requirements regarding care and compliance in their own organisation.
- Compliance requirements for managing volunteers in aged care settings set down by state and federal governments (subject to ongoing changes over time).
- Understanding how to manage volunteers and their expectations. While human resource management practices can inform this process, volunteers have different or additional requirements including flexibility, availability, specific training regarding boundaries and confidentiality and careful matching of volunteers with clients.
- Some volunteer managers may also manage staff in subsidiary support roles and/or onsite volunteer supervision roles.
- Experience working in the aged care field (as a carer/administrator) is important but not enough to qualify someone to manage a volunteer program.

Training is multifaceted and may include management training offered by Volunteering WA, or the Council for



Certification of Volunteer Managers; TAFE Community Services Diplomas; gerontology education; dementia care; counselling skills; administrative skills; professional HR/management/social work or related training. Volunteer managers need to keep up to date with new developments in approaches to managing volunteers. Aged Care volunteer managers also need to keep up to date with requirements associated with aged care. Volunteer manager networks are an important source of advice on training opportunities.

Learning from COVID-19 lockdowns

During the COVID restriction period, volunteer managers and onsite staff developed new forms of volunteering including sending letters to clients, personal phone calls both in residential care situations and those living at home, visiting through windows, and using computers and tablets to converse or play games. The assistance of staff was key to the success of these activities and was much appreciated by both clients and volunteers.

Many activities which were curtailed during lockdown, such as bus outings or social gatherings, were also benefitting the volunteers, who reported feeling cut off from their own social networks by the loss of activities. They reported being concerned about their clients as they missed the contact too. Some organisations put volunteers in touch with each other by phone or set up online meetings to keep them engaged.

Sometimes volunteers felt left out of the communications, decisions, and actions of organisations – and this **MUST** be recognised by managers, decision makers and organisations. If volunteers feel like they are getting too much information, not enough information, delayed information, or the wrong information, encourage them to get in touch – let them know you want to hear from them and how.

Enduring changes coming out of COVID

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).

Video interviews – 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’.

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

Diversity in volunteer age groups – many organisations found that active volunteers over 70 stepped back from volunteering and some 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.

Vaccinations – aged care facilities currently require volunteers to provide evidence of an annual influenza vaccination as well as all required COVID-19 vaccinations. *Some exemptions apply.

Communications - volunteer managers have made changed how they keep volunteers updated and encouraged volunteers to go online to keep themselves informed.

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 such as screening of visitors or writing letters to clients.

People new to volunteering - where volunteers were recruited during the lockdown period, 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.

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.

NETWORKING AND SUPPORT AMONG VOLUNTEER MANAGERS

Volunteer managers, especially new volunteer managers, reported great benefit from being able to rely on each other and connect via video chat with their networks during lockdown and also when things were changing across the sector. Three important groups were identified as being resources to publicise to volunteer managers in aged care settings:

Aged Care Volunteer Co-ordinators Network

CVS Volunteer Managers Network

Volunteering WA Volunteer Manager Network

www.volunteeringwa.org.au/volunteer-management/networks-and-mentoring

Volunteering WA also has a mentoring program and a Volunteer Leadership Network.



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

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

GUIDE FOR CURRENT AND RETURNING VOLUNTEERS

Important: this is a generic guide based on data collected from volunteers and volunteer managers in a range of aged care organisations in Western Australia. It includes some reference to COVID-19 and it is important that you comply with all Government requirements. Please check with your supervisor/volunteer manager if you have questions about any of the contents.

Remember, you are not ‘just’ a volunteer. You play an important role in contributing to the quality of life of your clients, supporting your organisation’s service provision and the success of their person-centred aged care model.

Aged care settings are many and varied and include volunteering in a lot of different roles and support organisations. This guide is aimed at volunteers who visit clients or assist with therapy and other support activities for clients of aged care in residential and home care settings.

If you feel like you are getting too much information, not enough information, delayed information or the wrong information please get in touch with your volunteer manager – they want to hear from you.

Key COVID-19 Takeaways for Current and Returning Volunteers

- Not all COVID-19 changes have suited all volunteers
- Volunteers add value in aged care settings – in many important ways
- Volunteer self-care is important
- Keeping up to date with all organisational communications helps everyone
- Some organisations have created new roles and activities during COVID-19
- Organisational processes are in place to protect clients, organisations and volunteers
- Most volunteer roles will require you to be fully vaccinated
- Volunteers must update their training about roles including boundaries and privacy
- Volunteers must update their training about infection control and PPE
- Volunteers are expected to keep up to date with all relevant health directives
- Volunteers are also expected to keep up with organisational communications
- Volunteers need to keep their organisation informed about their availability
- Volunteers may not always be able to have access to information about clients
- Volunteer MoUs and Codes of Conduct establish rules and boundaries for all
- Your respectful interaction with staff is just as important as with clients





Diversity and inclusion in volunteering

You will come across many different perspectives amongst volunteers, staff and clients from different backgrounds and experiences. There are many people from diverse cultures, sexualities and gender identities, indigenous people and different physical capabilities living, working, and volunteering in aged care settings. Empathy, equity and inclusion are vital to providing optimum person-centred care for aged care clients and to making your volunteering experience as enjoyable as possible. It is especially important to pay attention to these diverse needs when volunteering in aged care settings and if you let them know about any specific needs, preferences or skills, the volunteer manager will be able to carefully match you to individual clients and activity groups. Chat to the volunteer manager about how you can contribute.

Changing capabilities

Sometimes, volunteers experience changes in their circumstances and may feel they are less capable of what they have committed to do as a volunteer. It helps if you have a chat with your volunteer manager about reducing your hours or the demands of your role, for instance, if you can no longer undertake volunteer driving duties or visit your client as regularly. They understand the value of volunteering to your life and may be able to offer you a different, or less demanding volunteer activity which you might enjoy in the future.

Advocacy – your role

Sometimes residents/clients may have a gripe with how they are treated by family, staff or other residents; you are there as a neutral party and can listen to their story. Sometimes there may be substance to their issues, other times it may be a factor of their failing memory or other health condition. Remember to be objective. It is not your role to discuss incidents with care staff or the resident's family members. If you have genuine concerns about a resident's remarks/situation, you should report them direct to your volunteer manager. Confidentiality rules apply and you may not hear about any relevant action taken following your report.

Your skills in volunteering

Sometimes you may have skills or training above the level of volunteer activity you are asked to be involved in, but there may be limitations on what organisations can ask volunteers to do - you should have a conversation with your manager or co-ordinator before you step into doing something which really should be done by a paid staff member. There may be a volunteer opportunity where you can use your skills if you let the organisation know – or you may be able to contribute your knowledge and experiences in some other way that you find fulfilling.



THINGS TO REMEMBER WHILE VOLUNTEERING

Volunteering at an aged care site

- **Role of Volunteers:** Volunteers play an important role in aged care sites adding a layer of social and emotional support for clients.
- **Am I up to date?** Things change constantly, particularly around COVID 19, and you should regularly check current policies, newsletters or notices from your organisation about any changes they have put in place for volunteers.
- **Is my resident available today?** Sometimes they might not be well enough, or they may have been moved to a more intensive care situation. Check to find out if your client is available and you can go to visit them. If you visit on the weekends, make a note of who you need to report to at that time.
- **Do I know who to contact?** Make sure you know the names and work contact details of your site's volunteer supervisor, the volunteer manager and other key staff that you may need to talk to; for instance, security staff on weekends.
- **COVID-19 check in** Don't forget to check in using the required processes.
- **Site check in** Remember to follow any process required at your site. You may need to check out too!
- **Access** Find out which entry and exit doors you can use and if you need to ask for an exit code.
- **PPE and infection protocols** Make sure you follow all site rules about infection control including mask wearing and sanitising.
- **Check messages** Regularly check messages from your volunteer manager and follow any processes set down for visiting your client by your organisation.
- **Boundaries** Remind yourself about any restrictions or boundaries which may apply to your role as a volunteer, such as no feeding or lifting clients or handling money. These are in place to protect your client and you.

Volunteering in people's homes

- **Role of volunteers** Volunteers play an important role in helping clients to age successfully in their own homes.
- **Am I up to date?** Things change constantly, particularly around COVID 19, and you should regularly check current policies, newsletters or notices from your CVS organisation about any changes they have put in place for volunteers.
- **Is my client available today?** Sometimes clients might not be well enough for a visit, or they may have been moved to a more intensive care situation. Check with the CVS Manager prior to visiting to make sure your client is available and welcoming visitors.
- **Do I know who to contact?** Make sure you know the names and work contact details of your duty supervisor and volunteer manager and other key staff that you may need to talk to in an emergency.
- **COVID-19 check in** Make sure you keep a record of all visits because you will not have checked in via an app.
- **CVS check in** Your "homebase" will need to know when you are visiting under their auspices. Do you need to check out too?
- **Access** Make sure you know the protocols about accessing your client's home.
- **PPE and infection protocols** To avoid infection, make sure you have hand sanitiser on hand and, if currently required, wear a face mask when visiting your client.
- **Check messages regularly** check messages from your volunteer manager and follow any processes set down for visiting your client by your organisation.
- **Boundaries** Remind yourself about any restrictions or boundaries which may apply to your role as a volunteer, like no feeding or lifting clients, or handling money. These are in place to protect your client and you.

Volunteering at an aged care site (continued)

- **Reporting and records** Make sure you record any relevant comments about your visit in the volunteer register or online reporting system so the staff and volunteer manager can access them and follow up as appropriate? *Did they beat you at scrabble again! Or were they too sleepy to communicate?* The volunteer manager will have advised you about the processes of reporting any concerns and will contact family or others if required.
- **Keep it friendly** Remember to say hello to staff other volunteers and visitors such as family when you visit, it may help to increase your enjoyment when you feel recognised as a regular visitor and helps them to feel comfortable with you too.

Volunteering at an aged care site (continued)

- **Reporting and records** Report any issues or changes that you notice to the Volunteer Manager following your visit, in person, by email or using the online reporting system. *Was your client well? Did the house look uncared for? Were they ready to be picked up by car or did they have a fall or stumble?* The Volunteer Manager will have advised you about the processes of reporting any concerns and will contact family or others if required.
- **Keep it friendly** Remember to say hello to staff other volunteers and family when you visit, it may help to increase your enjoyment when you feel recognised as a regular visitor and helps them to feel comfortable with you too.

Boundaries: Regularly check the information booklet/ online training modules provided to you as a volunteer to reinforce your practice:

- Infection control measures, sanitising hands, wearing masks and other PPE.
- Not feeding residents/clients or assisting with drinks due to issues with personal safety, dysphagia and other health concerns.
- Not manually assisting residents/clients to get up from chairs or beds or into a wheelchair.
- Not getting involved with resident/client's money matters and personal business.
- Understanding that care staff may be busy caring for their residents/clients and may not appear to have time to listen or do more for individual residents.

It may be useful to revisit volunteer training modules from time to time to refresh your memory or to check for updates. While you may have personal lived experience of caring for an elderly person, it is important to remember that the aged care organisation has ultimate responsibility for the client's care and guidelines and boundaries should be respected in residential care and in homes.

- **Directly recruited volunteers** are engaged directly with the site at which they volunteer
- **Community Visitor Schemes (CVS)** provide opportunities for volunteers to visit people in their own homes or in residential care/ to assist with transport, day centres and other services.
- **Your agreement or commitment** outlines your activities and ensures you understand your commitment as a volunteer. Review any restrictions or boundaries required. Restrictions/boundaries are in place to protect both you and your client.

- **CVS MOU** Refer to your CVS Memorandum of Understanding or contract to understand your commitment as a volunteer and review any restrictions or boundaries required. These are especially important when visiting clients at home. Restrictions/boundaries are in place to protect both yourself and your client.

Communication about your availability: Let your supervisor/volunteer manager know if you are sick. You should stay home and only return when you are well again. Let them know too if you are planning on going away or have another commitment at your regular volunteering time. If you decide not to continue with your volunteer role, don't just not turn up, let your volunteer manager know!

Confidentiality: Confidentiality rules mean that staff cannot tell you details about your client's current condition other than to advise re availability for your visit. These rules are in place to protect the client, the organisation and you. This also means, however, that you may not hear about your client's failing health or even their death unless the person's family are willing to share this information with you. This can be difficult to deal with on a personal level. If you experience issues in this regard, check in with your Volunteer Manager who will advise re any counselling or other support available to you.

What about clients supported by National Disability Insurance Scheme (NDIS)? Anyone volunteering to visit/ support an NDIS client in an aged care or home setting needs to meet NDIS requirements. Some aged care organisations have decided to require all volunteers to follow NDIS worker requirements so that NDIS clients are not disadvantaged in activities where volunteers may be involved. Check with your volunteer manager for more information.

Volunteer Self-care:

It is important to make sure you look after yourself and if you feel like you need some emotional support or someone to talk to about your volunteering, or you are finding your volunteer role physically taxing, check in with your volunteer manager or co-ordinator.

Looking after your own health, as well as practising the infection control measures, social distancing requirements and COVID check in measures are about volunteer self-care as well as caring for your clients.

Remember, if you are finding a particular client or role is difficult or uncomfortable, let your Volunteer Manager know and they may be able to offer another role. For instance, for some people, clients with dementia can be confronting and difficult to deal with on a regular basis. Maybe there is another role for you in the same organisation where you can share your volunteering gift.



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

GUIDE FOR POTENTIAL VOLUNTEERS

Important: this is a generic guide based on data collected from volunteers and volunteer managers in a range of aged care organisations in Western Australia. It includes some reference to COVID 19. It is important that you comply with all Government requirements. Please check with relevant organisations where you are thinking of volunteering if you have questions.

Key COVID-19 Takeaways for Current and Returning Volunteers

- Not all COVID-19 changes have suited all volunteers
- Some organisations have created new roles and activities during COVID-19
- Organisational processes are in place to protect clients, organisations and volunteers
- Many volunteer roles will require you to be fully vaccinated*
- Volunteer roles are also likely to require you to undergo a police check
- Volunteers are required to do training about their roles including boundaries and privacy
- Volunteers are required to do training about infection control and PPE
- Volunteers are expected to keep up to date with all relevant health directives
- Volunteers are also expected to keep up with organisational communications
- Volunteers need to keep their organisation informed about their availability
- Volunteers may not always be able to have access to information about clients

QUESTIONS:

Make sure you ask them! This will help you to know more about what to do and how to make your volunteering a pleasurable and rewarding experience.

If a lockdown is in place, check to see if or how volunteers are allowed to visit or if you can communicate with your client by other means – phone, letters etc. Your volunteer manager will advise you by the channel designated by their organisation of any new arrangements.

VACCINATIONS:

Do I need an influenza vaccination? Yes, this is a government mandated requirement for staff and volunteers in aged care settings and part of your organisation's compliance requirements.

Do I need COVID-19 jabs? Yes* – you will need to keep up to date with Government requirements on COVID-19 vaccinations.

Can I volunteer without being vaccinated?

Normally, no, if you visit in person.* Protecting clients/residents from viruses and other illness is paramount. Ask your volunteer manager about online volunteering opportunities if you are unable or unwilling to get vaccinated.

What does a Volunteer do? Volunteers give their time freely to contribute to the wellbeing of aged care clients and are an important contributor to the aged care workforce. They may visit on a regular basis – once a week or a fortnight, in residential care or in client's own homes; they may assist staff and allied health professionals with recreation activities like arts and craft, music and art therapy; they may help with day centre/ elder care centre activities; they may drive a bus to take clients on outings; assist with church services or pastoral care visits; or drive clients to and from medical appointments; they may help clients to write letters to family and friends or to write their life history; some may speak the first language of a client and share memories with them; they may help clients to learn how to use computers and tablets so they can talk to family who may be unable to visit or are overseas or listen to music or movies; they may bring their dog or other pet (perhaps chickens!) to spend time with clients or they may play the piano for singalongs; they may deliver meals on wheels and in many other ways. Volunteers are not paid (apart from some small expenses incurred while volunteering with the Community Visitors Scheme)

Some volunteers may be supported in their volunteering by their own support workers.

So, what do I have to do to become a volunteer in aged care?

Depending on the organisation, once you have completed an application, you will be interviewed by the Volunteer Manager and you will have to undertake some training (online or in person). Based on your

* Check Government Directions for exemptions and requirements



interests, you will be carefully matched with a client or an activity. The volunteer manager will organise police checks and advise about appropriate driving tests and licence requirements (for volunteer drivers). You will also be expected to have met all influenza and COVID 19 vaccination requirements.

You will usually be asked to commit to volunteer by visiting on a regular basis that suits both the client (resident) and your own lifestyle. Depending on the organisation you choose, you will receive appropriate training and induction on what you can and cannot do as a volunteer. Community Visitor Scheme (CVS) volunteers must agree to a memorandum of understanding including a code of conduct before being accepted as a volunteer visitor.

In aged care settings, you might choose to assist with supervised social activities, offer clients some company or a service, like driving to appointments, or one on one attention for a short time each week or fortnight.

Remember, you are not 'just' a volunteer. You play an important role in supporting your organisation's person-centred care model. Volunteers make a difference through social interaction which helps to reduce the sense of isolation that many clients experience.

I have skills – can I use these when I volunteer?

You may have professional skills or training, but there are limitations on what organisations can ask volunteers to do. You should have a conversation with your volunteer manager or co-ordinator before you step into doing something which really should be done by a paid staff member.

You will still be required to do the training modules that your organisation provides to guide your volunteering in the aged care context.

There may be other specific volunteer opportunities where you can use your skills, if you let the volunteer manager know.

What will I get out of volunteering?

Many people volunteer because they want to contribute – 'give back' – to a particular community or activity. This contribution is very valuable to aged care organisations and helps them to deliver support and companionship to their clients. In addition, the act of volunteering brings a personal sense of fulfilment for the volunteer through having done something to assist someone else. It is a good way to meet other people and getting out of your normal routine. Retired people or those who don't have paid employment find volunteering provides a rewarding regular activity when they need to show up, meet others and be part of something. Remember, what you might start off doing will evolve as time and connections increase.

How can I become a volunteer? Check the website of an organisation you are interested to know more about or the Go Volunteer website (govolunteer.com.au/volunteering/in-wa). What sort of volunteering do you want to do? Submit an application or express interest. The organisation will contact you for a personal interview to ensure you and the organisation will be a good fit.

How many hours do I have to commit to each week?

This will depend on the activity you choose to do and the organisation you volunteer with. CVS volunteers commit to do regular visits over 12 months. There are also opportunities for one off volunteering like assisting at special events.

What if I want to go on holiday or can't be available one week? Volunteer managers have systems in place to accommodate volunteers who like to travel, or for when volunteers are unwell. Consistency is important for volunteer managers to ensure that clients have visitors/activity volunteers on a regular basis. They can be flexible if you give them plenty of notice. Make sure you let them know if you are sick and cannot volunteer that week!

Do I have to sign a commitment/contract? Usually, yes. This contract/memorandum of understanding will contain information about what you can and cannot do as a volunteer, your agreement to do training, the importance of adhering to confidentiality requirements and your commitment to the requisite activity. You will also have to agree to a police check.

What about training? There is important information you need to know about as a volunteer in an aged care setting and you will be advised about training when you start. Training is often via online modules which you can access from your own home or a library. You will need to register completion of this training with your organisation. Sometimes there is also additional in-person training alongside staff available to volunteers. You can ask the volunteer manager or your onsite supervisor if you have queries during your volunteer visits/activities.

Is volunteering a pathway to employment in aged care? Yes and no – some organisations will recognise volunteer experience, and others are willing to provide you with a referee report. If this is your goal it is worth a discussion at your volunteer screening interview.

And if I decide volunteering is not for me? Sometimes volunteers find they don't quite fit and decide to move on – all we ask is that you let your volunteer manager know. Sometimes a request for a different role or different duties can help a volunteer find a better fit. The key is to talk to the volunteer manager who can help to work out the best options for you

Diversity and inclusion

Ensuring diversity, equity and inclusion for all people is a key tenet of person-centred care. It is especially important to pay attention to diverse needs in aged care settings including identifying and providing appropriate volunteers to visit and support individual clients and groups. For instance, options for volunteers with a disability, those who need wheelchairs or other support may be available. Volunteers and staff also come from diverse backgrounds and empathy, equity and inclusion are vital to provide optimum whole person-centred care in aged care settings. Not everyone will understand the different perspectives of volunteers, staff or clients from different backgrounds and experience and you will need to be aware of policies and processes in place in your organisation to support clients, volunteers and staff.

If you do decide to become a volunteer – or you are still undecided - you might find the guide for current and returning volunteers offers some more information which will be useful to you.

Importantly

– ask as many questions as you need to decide whether you want to volunteer in aged care.

Most Important! We hope you enjoy your volunteer experience!

Head to the Volunteering WA website to find your next volunteering role

www.volunteeringwa.org.au/volunteer/finding-your-volunteer-role

Search for a volunteer position easily and quickly on the national volunteer database where thousands of positions are listed on behalf of organisations across Western Australia. Users can customise their search by specifying what industry they would like to volunteer in, how much time they can commit to and what location they are willing to travel to.



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

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

GUIDE FOR ONSITE VOLUNTEER SUPERVISORS AND COORDINATORS

Important: this is a generic guide based on data collected from volunteers and volunteer managers in a range of organisations. It is important that you check with your superior or your organisations' volunteer manager if you have questions about any of the contents.

This guide is designed to inform staff who are frontline managers of volunteers at their facility. It is hoped this will assist with better understanding the role and contribution of volunteers.

Your role as a frontline manager or supervisor of volunteers on your site, responsibility for managing or supervising volunteers on particular sites may be allocated to a staff member whose primary role is not designated volunteer manager.

Examples include: an occupational therapist or other staff member who organises various social activities for residents, the site manager, lifestyle coordinator or social worker or an administrative officer on reception. It is important that this management role is recognised in your job description or duty statement and that you work closely with the volunteer manager and other volunteer-providing organisations who have volunteers on your site. While the organisations' volunteer manager will undertake recruitment, placement and training of volunteers, once they are in place on site, it is the role of the frontline supervisor or co-ordinator to supervise their visits and activities and to support enjoyment of their volunteering experience.

Key COVID-19 Takeaways for Onsite Supervisors

- Volunteering is a major contributor to person-centred care
- You are the first point of contact for volunteers on your site
- Volunteers need to know how to reach YOU and the Volunteer Manager easily
- Volunteers need to know WHO to contact at different sites
- Volunteers need to know how they will be kept informed and where to find information
- Encourage volunteers to get in touch – let them know how you want to hear from them
- Volunteers were largely concerned about the impact of COVID-19 on their clients
- COVID-19 added more compliance measures to volunteer management
- Volunteers may volunteer in multiple places and roles
- Vulnerable clients were sometimes left more vulnerable by the withdrawal of volunteers
- Some volunteers are also vulnerable
- Staff-volunteer relationships need to be nurtured
- You play an important role in keeping volunteers engaged

About Volunteers: A Volunteer is someone who gives their time freely to contribute to the wellbeing of aged care clients. They may visit clients on a regular basis – once a week or a fortnight, both in residential care and in client's own homes; assist staff and allied professionals with recreation activities like arts and craft, music and art therapy; help with day centre/elder care centre activities; they may drive a bus to take clients on outings; assist with church services or pastoral care visits; or drive clients to and from medical appointments; help clients to write letters to family and friends or to write their life history. Some may speak the first language of a client and share memories in their own language; they may help residents to learn how to use computers or tablets so they can talk to family who may live too far away to visit regularly; or help them to listen to music or watch movies. Volunteers may (by arrangement) bring their dog or other pet (perhaps chickens!) into your workplace





to spend time with residents; or they may play an instrument for resident singalongs.

Volunteers are not paid: they undertake to visit on a regular basis that suits the client, their own lifestyle and the needs of the organisation or program. Depending on the organisation they volunteer for, they will have received appropriate training on induction on what they can and cannot do as volunteers. CVS volunteers, for example, have to agree to and sign a memorandum of understanding before being accepted as volunteer visitors. Volunteers recruited directly to your organisation are individually interviewed by the volunteer manager as part of the volunteer program, are expected to undertake training and are carefully matched with a client or an activity.

Complementary roles: Above all, volunteers are there to offer social support, offer clients some company or a service, like driving, or individual attention for a short time each week or so. Theirs is not a paid care role and should not conflict with paid roles but complement them and add to the level of care or service provided.

Volunteers also benefit: Volunteers choose to volunteer and enjoy giving their time to helping others in an aged care setting. They may also enjoy the benefits of volunteering in the form of regular social connection or undertaking useful activities to occupy their time and enjoy being part of a community. The personal benefits of volunteering are often as great as the assistance offered.

Supported volunteering: Some volunteers may be supported in their volunteering by their own support workers. Volunteers with a disability may have some other physical requirements to enable their volunteering in your aged care setting. This may be organised by the volunteer manager in consultation with you and specific tasks may be allocated for these volunteers

Employability: Volunteering can be a pathway to employment and you should encourage volunteers who are seeking experience for employment to be clear about their intentions. That way you can point them to organisational policies about referee reports, skills acquisition and applying for jobs in your organisation. This includes students who are seeking to supplement their resume for post-graduation employment.

Importantly, however, **they are not 'just' volunteers** as they play an important role in supporting your organisation's person-centred care model. They can make a big difference to individual clients through social interaction which can help to reduce the sense of isolation that many clients in aged care settings experience.

NB – Vaccinations: As per the government regulations, volunteers who visit aged care settings must have a current vaccination profile as per health directives.* This is part of the compliance reporting managed by your organisations' Volunteer Manager.



* Check Government Directions for exemptions and requirements

COMMUNICATION WITH VOLUNTEERS

Your organisation will have set down rules for you to follow as a frontline manager of volunteers. The following may inform your own practice.

- Do you have a clear sign-in/out process for volunteers visiting your site? Does your sign-in process include a quick reminder about infection control like using hand sanitiser, face masks, wearing relevant PPE is appropriate?
- Make sure your volunteer sign-in and sign-out processes are separate to those for visitors (and remind volunteers not to bring visiting volunteers who are not on the volunteer list).
- Remind volunteers to sign out too at the end of their visit and please make sure they know which exits to use and any specific door codes – so they can exit easily.
- Does the sign out process include an opportunity for volunteers to write/report brief comments about their visit for staff to access as a contribution to ongoing planning of resident's care programs/reporting to family members etc?
- While they are not employees, they do enjoy being greeted in a friendly fashion and made to feel welcome! Perhaps a quick chat might be good to find out who they are visiting or if they have queries. This helps them to feel included and helps you to know why they are there (for example, for security reasons or to advise any issues regarding visiting a client on that day).
- Other staff on site need to be able to recognise that volunteers are meant to be on site, and be familiar with what they are volunteering to do. Are there badges or uniforms to help?
- New volunteers need to be welcomed, oriented and introduced to the facility or site. Will they be arriving at a time where you or someone else will be available?
- Do you have a process for letting volunteers know if their client will not be available before they turn up for a visit?
- Volunteers understand that there are confidentiality clauses and protections in place that mean they cannot know details about a client's health and personal business. This is important. Sometimes, volunteers may be upset if they have turned up for a regular visit to find their client has become too sick to see them or may have passed away or been transferred. Do you have someone they can talk to when this happens, a counsellor or the volunteer manager? Do you have a process in place for notifying volunteer visitors prior to their visit that their client/activity may not be available for a visit that day?
- Volunteers may sometimes be hesitant to ask questions or feel uncomfortable if they are not sure what to do in a particular situation. Offering a friendly and welcoming face and encouraging your staff to do the same will make the experience a good one for all concerned.
- Do you have ways of keeping volunteers on your site informed about your organisation so they can maintain connections, especially at times when they are unable to visit?
- [Do volunteers know how to contact you and your organisation when they need to?](#)

Regular meetings or a reporting process with your organisation's volunteer manager can help with sharing information and to provide support for all site staff that supervise or work alongside volunteers. This can be done as part of the regular therapy /care staff meetings. 'Volunteers' is a great regular item on therapy/allied health professional meeting agendas, even if the volunteer manager is not present because it keeps them front of mind for communication and support.

Diversity and inclusion

Not everyone will understand the different perspectives of volunteers, staff or clients from different backgrounds and experiences. Ensuring diversity, equity and inclusion for all people is a key tenet of person-centred care. It is especially important to pay attention to diverse needs in aged care settings including identifying and providing appropriate volunteers to visit and support individual clients and groups. For instance, options for volunteers with a disability, those who need wheelchairs or other support should be explored and encouraged. Volunteers and staff also come from diverse backgrounds and empathy, equity and inclusion are vital to provide optimum whole person-centred care in aged care settings.

Vulnerable clients

Volunteers receive training about 'boundaries' when they begin their role. They are advised as part of their training what they can and cannot do – no lifting clients or feeding, for instance. There are often different guidelines in different organisations. If you notice a volunteer making a mistake or doing the wrong thing, please approach them and reinforce the boundaries in a friendly manner. Advise the volunteer manager if you have more serious concerns about a particular volunteer or if other staff raise concerns with you.

Advocacy: Volunteers may come to consider themselves as a neutral friend for clients. In most cases they are not official advocates for their clients and they should report any misgivings to their volunteer manager for clarification/further investigation that the Manager deems necessary, rather than approaching staff direct. They need to know who to go to with any concerns.

BE CLEAR - who IS responsible for volunteers at sites (including out of business hours) - and who needs to know this information including staff who work alongside volunteers.

During COVID lockdowns:

During the COVID restriction period, new forms of volunteering developed including sending letters to residents, phone calls, visiting through windows and using computers and tablets to converse or play games. The assistance of onsite staff was key to the success of these activities and was much appreciated by both clients and volunteers. Future lockdowns may benefit from people being reminded about these opportunities.

Do you have newsletters or online activities in place to keep the volunteers in touch with your particular part of the organisation or site? Many volunteers reported missing their regular volunteering opportunities during COVID restrictions and particularly, their connection to residents/clients. They also expressed concern about clients during this stressful time.



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

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

GUIDE FOR STAFF WHO WORK ALONGSIDE VOLUNTEERS

This guide is designed to inform staff who working alongside volunteers in our organisations. It is hoped this will assist with better understanding the role and contribution of volunteers.

Important: this is a generic guide based on data collected from volunteers and volunteer managers in a range of organisations. It is important that you check with your superior or your organisations' volunteer manager if you have questions about any of the contents.

Key COVID-19 Takeaways for Staff

- Volunteering is a major contributor to person-centred care
- You play an important role in keeping volunteers engaged
- You are urged to be friendly, welcoming and supportive
- Volunteers may need to ask you to do something they cannot do
- Are you clear about what volunteers ARE and are not allowed to do?
- Volunteers need to be vaccinated too
- Volunteers may need staff help during lockdowns – organisations know this
- Your organisation would like to hear from you if you have concerns about any volunteers

About Volunteers: A Volunteer is someone who gives their time freely to contribute to the wellbeing of aged care clients. Volunteers are not paid. Their roles include: visiting clients on a regular basis; assisting with recreation activities like arts and craft, music and art therapy; driving a bus to take clients on outings; assisting with church services or pastoral care visits; driving clients to and from medical appointments; helping clients to write letters to family and friends or to write their life history. Some may speak the first language of a client and share memories in their own language; they may help residents to learn how to use computers or tablets so they can talk to family who may live too far away to visit regularly; or help them to listen to music or watch movies. Volunteers may (by arrangement) bring their dog or other pet (perhaps chickens!) into your workplace

to spend time with residents; or they may play an instrument for resident singalongs.

Complementary roles: Above all, volunteers are there to offer social support, offer them some company or a service, like driving, or one on one attention for a short time each week or so. Theirs is not a paid 'care' role and should not conflict with paid roles but complement them and add to the level of care or service provided.

Remember, they are not 'just' volunteers. They can make a big difference to individual clients through social interaction which can help to reduce the sense of isolation that many clients in aged care settings experience. They play an important role in contributing to the quality of life of your clients, supporting your organisation's service provision and the success of the person-centred aged care model. You play a key role in keeping volunteers engaged and helping clients

Volunteers are trained: Volunteers are individually interviewed by the volunteer manager as part of the volunteer program, are expected to undertake training and are carefully matched with a client or an activity. Volunteers recruited directly to your organisation, or who are part of another organisation, will have received appropriate information on what they can and cannot do as volunteers. CVS volunteers, for example, have to agree to and sign a memorandum of understanding before being accepted as volunteer visitors.

Volunteers also benefit: Volunteers choose to volunteer and enjoy giving their time to helping others in an aged care setting. They may also enjoy the benefits of volunteering in the form of regular social connection or undertaking useful activities to occupy their time and being part of a community. The personal benefits of volunteering are often as great as the assistance offered.

Supported volunteering: Some volunteers may be supported in their volunteering by their own support workers. Volunteers with a disability may have some other physical requirements to enable their volunteering in your aged care setting. This may be organised by the volunteer manager in consultation with you and specific tasks may be allocated for these volunteers

Employability: Volunteering can be a pathway to employment and you should encourage volunteers who are seeking experience for employment to be clear about their intentions. That way you can point them to organisational policies about referee reports, skills acquisition and applying for jobs in your organisation. (This includes students who are seeking to supplement their resume for post-graduation employment.)

**Who is your onsite volunteer manager?
If you have concerns or queries about
volunteer behaviour/actions, these should
be directed to them for them to take
appropriate action.**

COVID-19

Volunteers are expected to comply with vaccination requirements and organisations are responsible for checking Government Directions for the latest requirements.

During COVID-19 lockdowns: During COVID-19 restriction periods, new forms of volunteering developed including sending letters to residents, phone calls, visiting through windows and using computers to converse or play games from afar.

The assistance of onsite staff is important to the success of these activities and is appreciated by both clients and volunteers, but if the level of assistance requested interferes with your role you may need to chat to your line manager.

Help them feel welcome: While volunteers are not employees, they do enjoy being greeted in a friendly fashion and made to feel welcome, and a quick chat goes a long way. This helps them to feel part of the place and also helps you to know why they are there (for example, for security reasons). They know you are busy – but it helps to feel welcome.

Often regulars: You will probably get used to seeing volunteers onsite on a regular basis. If you see a volunteer at the door, please let them in and, if necessary, see if they need any help to do the requisite sign in/check in/temperature check etc. Volunteers may need to sign out at the end of their visit and please let them out if you come across them at a locked exit or point them in the right direction for the approved exit door!

Need to follow protocols: If you see a volunteer visitor not following current protocols, a quick reminder about current infection control like using

hand sanitiser, face masks, is appropriate. Volunteers will normally wear a badge with their name and organisation on it.

Understand confidentiality but might need support: Volunteers understand there are confidentiality clauses and protections in place that limit their knowledge of a client's health and personal business. This is important. Sometimes, however, they may be upset if they have turned up for a regular visit to find their client has become too sick to visit, passed away or been transferred. You may like to suggest they seek support from their co-ordinator.

VULNERABLE CLIENTS

Volunteers receive training about 'boundaries' when they begin their role. They are advised as part of their training what they can and cannot do – no lifting clients or feeding, for instance. If you notice a volunteer making a mistake or doing the wrong thing, please alert your supervisor who will approach them.

Volunteers may act as a neutral friend for clients, but they are not official advocates for their clients and should report any misgivings to their volunteer manager for clarification/further investigation.

DIVERSITY AND INCLUSION

Volunteers and staff come from diverse backgrounds and empathy, equity and inclusion are vital to provide optimum whole person-centred care in aged care settings. Ensuring diversity, equity and inclusion for all people is a key tenet of person-centred care. It is especially important to pay attention to diverse needs in aged care settings including identifying and providing appropriate volunteers to visit and support individual clients and groups. For instance, options for volunteers with a disability, those who need wheelchairs or other support should be explored and encouraged.

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

GUIDE FOR SENIOR MANAGERS AND BOARDS

This guide is designed to inform senior managers, executive and board members of organisations which have volunteer programs in aged care settings. It is hoped this will assist with better understanding the role and contribution of volunteers and their managers to

person-centred care. Important: this is a generic guide based on data collected from volunteers and volunteer managers in a range of organisations. It includes some reference to COVID-19 and it is important that you comply with all Government requirements.

Key COVID-19 Takeaways for Senior Managers and Boards

COVID-19 has exposed many pre-existing pressures in volunteer involving organisations

Volunteer related takeaways

- Volunteers at times felt left out or cut off by organisational communications
- Volunteers need to know who to contact and how – not just during business hours
- Volunteers wanted to hear from their organisations
- 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 policies about volunteer rights and responsibilities helped access, PPE, vaccinations, client communication, communication about clients
- Reporting on volunteer activities should include stories as numbers are insufficient
- Inclusive approaches to recruitment and retention will diversify the volunteer base
- Many organisations reported a decline in volunteer numbers

Volunteer management related takeaways

- Managers of volunteers put in additional UNPAID hours to keep volunteers engaged
- Managers now have to navigate additional vaccination requirements
- Managers of volunteers worked with volunteers to develop new roles and activities
- Managers of volunteers 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 managers of volunteers fit this role into other roles with limited time or recognition
- Onsite supervisor and co-ordinators of volunteers need to be recognised for their role
- Program funding is an important focus for organisations – including funding managers
- Volunteer management is more complex than managing paid staff



About Volunteers: A Volunteer is someone who gives their time freely to contribute to the wellbeing of aged care clients. Board members in many aged care settings are volunteers, although the focus of this guide is on service provision volunteers.

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.

Volunteers may volunteer directly with your organisation or their organisation may work with yours to have volunteers come to your clients – in residential aged care or in their own home.

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 social interaction for target groups.

Supported volunteering: Some volunteers may be supported in their volunteering by their own support workers. Some clients may be supported by other volunteers to volunteer themselves. Supported volunteers will have specific activities allocated to them which suit their ability and may require accommodation to enable their volunteering. This may be organised by the manager of volunteers in consultation with the frontline manager/site supervisor.

Volunteer engagement: Volunteers choose to volunteer and enjoy giving their time to help others. They are not paid, are screened, receive training, have boundaries, and many sign a memorandum of understanding (MoU) before volunteering. Volunteers may need to be able to claim expenses be able to keep volunteering and CVS programs require this. They may also enjoy the benefits of volunteering in the form of regular social connection. The personal benefits are often as great as the assistance they offer. Peer to peer volunteering by seniors plays an important role in aged care settings.

Importantly, however, they are not 'just' volunteers as they play an important role in supporting your 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 for many clients in aged care settings. They also enhance the work of paid care staff.

While volunteers contribute their time for 'free', they require good management and this needs to be fully funded to achieve your goals. Volunteer management is more complex than managing paid staff.

Above all, volunteers enhance the person-centred approach to care. Theirs is not a paid 'care' role and should not impinge on what staff are required to do as part of their employment – nor should they replace paid workers.

Volunteer Management, Support and Co-ordination

"Volunteer managers and coordinators are important but often unrecognised and inadequately supported." (DPMC, 2011). Managing volunteers is a complex and demanding role and volunteer managers, should be well supported and acknowledged. They play a vital role in recruiting, training and matching volunteers with aged care clients and contributing to the successful delivery of person-centred care. They do need to be valued as key staff members in your organisation. This can be achieved by:

- Recognition of the importance of ongoing provision of adequate budgets for managing volunteer activity and allocating staff to support/ supervise volunteers on your various sites. While volunteers give their time freely, it costs money and appropriately skilled staff to manage them.
- Recognition of the contribution of volunteers and their managers to the success of your ethos of person-centred care through including them in your corporate branding and reporting.
- Recognising the importance of the right person in the job of volunteer manager, including knowledge and skills related to volunteering and to the aged care sector.
- Considering where the volunteer manager is located in the organisational structure, how their role fits with other roles such as onsite managers, and volunteer co-ordinators, as well as managers of paid staff.
- Monitor employment conditions and hours of work – including expectations about out of hours work and keeping volunteers engaged
- Supporting ongoing training opportunities for volunteer managers and on-site volunteer supervisors.

- Supporting the provision of up-to-date training for volunteers and staff who manage them. This cannot be a once off as compliance and other requirements change on a regular basis and new volunteers join the organisation all the time.
- Ensuring management or co-ordination of volunteers is specified in the roles of staff who have site-based responsibilities - onsite supervision or co-ordination of volunteers – including day to day volunteer engagement and requirements for reporting back to volunteer managers and other staff.

Your Board: In many aged care organisations the board members are also volunteers. Recognition of their volunteer status and the important contribution they make is important.

Contrasts between Boards and senior management reported in this study included:

- Clear communication about Board members being vaccinated
- Clear communication about Board actions on COVID-19 risk management
- Board visibility at facilities and in volunteer events
- Board communications specifically referring to volunteers as well as paid staff

Compared to

- Distant Boards who did not seem to know much about the volunteers, volunteer managers or volunteer program in their organisation.

Your workforce:

- Volunteers contribute to the person-centred care capabilities of your workforce
- Staff/volunteer interactions contribute to the engagement of volunteers
- Staff and volunteers sometimes need to be reminded to be respectful

Potential questions for your board and senior management

- Does our risk management plan include volunteers?
- Does our insurance set up cover volunteers – even during COVID-19?
- Does our outbreak management plan specifically mention volunteers?
- Do we have a clear policy on volunteer vaccinations?
- Do we have clear infection prevention and control guidelines which include volunteers?
- Do our communications clearly include volunteers?
- Do we need separate volunteer communications?
- Does our website specifically include volunteers?
- Does our structure recognise the role of the volunteer manager(s)?
- Do we have specialist volunteers in our organisation?
- Does the tone from the top send clear messages about the importance of volunteers?
- Is our organisational culture inclusive and welcoming to all?
- Do our volunteers see this board as engaged and interested?

COVID-19

Volunteers are expected to comply with all vaccination requirements and organisations are responsible for checking.

During COVID-19 lockdowns:

During the COVID-19 restriction periods, new forms of volunteering developed including sending letters to residents, phone calls, visiting through windows and using computers and tablets to converse or play games from afar.

Some organisations reduced the hours or stood down managers of volunteers, while others were unaware of the additional unpaid hours contributed to their organisation by their paid volunteer manager to keep volunteers connected and engaged with the organisation and with clients. Some of the challenges faced by organisations beyond COVID-19 are associated with having fewer volunteers return, or with pre-existing issues and concerns having been exposed by the pressures of COVID-19.

Enduring changes coming out of COVID-19

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.

Diversity in volunteer age groups – many organisations found that active volunteers over 70 stepped back from volunteering and did not return. Managers are now seeking to have a wider age range in their volunteer cohort. 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.

New forms of volunteering have stayed - remote volunteering such as providing social support via video chat, phone calls and letters have 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. A mix of face-to-face interaction with other volunteers and online modules for asynchronous training are operating in many organisations. 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. A proportion of these ‘new’ volunteers have been found to fall away once lockdown and other COVID-19 restrictions have been lifted.

Vaccinations – volunteers need to be vaccinated in accordance with government requirements

Variations in lockdown procedures - Some sites owned by national organisations implemented semi lockdowns in their premises in WA when further interstate lockdowns occurred. Some volunteers were restricted from visiting clients for extended periods of time. 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. Face-to-face connection still gives the best indication of whether a prospective volunteer is the correct ‘fit’.

Remember, they are not ‘just’ volunteers.

Volunteers make a big difference to individual clients through social interaction which can help to reduce the sense of isolation that many clients in aged care settings experience.

Volunteers play an important role in contributing to the quality of life of your clients, supporting your organisation’s service provision and the success of the person-centred aged care model.



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 LGBTIQ+ 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



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VOLUNTEERING IN AGED CARE SETTINGS IN WESTERN AUSTRALIA

Good Practice During COVID-19 and Beyond
Research Report and Compendium of Guides

Dr Megan Paull • Dr Sally Paulin

