The Jacaranda Project:

Volunteering in Aged Care Settings

- Pilot -

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CENTRE FOR
RESPONSIBLE CITIZENSHIP
AND SUSTAINABILITY

Murdoch
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Ethics approval: This project was approved by the Murdoch University Human Research Ethics Committee – Approval number 2017/255

LIST of ABBREVIATIONS

ABS – Australian Bureau of Statistics

ACVC - Aged Care Volunteer Co-ordinators network

ACWST – Aged Care Workforce Strategy Taskforce

ASCARC - Australian Senate Community Affairs References Committee

BCEC – Bankwest Curtin Economics Centre

COTA WA – Council on the Ageing Western Australia

CVS Volunteers Network – Community Visitors Scheme Volunteers Network

NHMRC - National Health and Medical Research Council

RCACQS - Royal Commission into Aged Care Quality and Safety

VA – Volunteering Australia

VWA – Volunteering Western Australia

EXECUTIVE SUMMARY

The project investigated an under-researched emerging and important issue, that of volunteering in aged care settings. The pilot focussed specifically on identifying the key issues including barriers and enablers for the various forms of volunteering taking place in aged care settings with a view to development of a larger collaborative research project. One specific element which was considered was that of volunteer sharing. This project (The Jacaranda Project – pilot) was established to consider the value of a wider investigation into volunteering in aged care settings.

Aged care in Australia is currently experiencing a period of rapid reform at the same time as there is ever-increasing demand. Volunteers play an important role in the quality of care delivered in aged care settings. They make a large contribution to 'person -centred care' and are an integral part of the social capital in aged care settings. There is also evidence that volunteering provides health and wellbeing benefits for those involved. This pilot report reinforces the urgent need to understand volunteering in aged care settings, and identify how volunteering can be enhanced and supported.

This research involved a literature review, interviews with volunteers, managers and experts and synthesis of these to identify some key themes, as well as opportunities for further research.

Key themes which emerged included:

- Volunteers have varied reasons for volunteering which influence their involvement;
- Recruitment and placement of volunteers has an impact on their contribution and satisfaction;
- Organisations need volunteer activity to include boundaries, and this can be especially important with vulnerable clients and the need to operate within legal and regulatory frameworks;
- Relationships between volunteers, clients and paid staff are an important factor in aged care settings;
- Competent and well managed volunteer activity is not only necessary from an organisational perspective but also appreciated by volunteers;
- Aged care volunteering has unique elements to which volunteers may need to be introduced
- Data from this study also identified a need for consideration of regional aged care settings, culturally and linguistically diverse settings, Community Visitor Scheme volunteers, and volunteering associated with Centrelink requirements.
- Volunteer shortages, volunteer turnover and volunteering sharing also emerged as topics for consideration.

Importantly there are a number of key elements which should influence future volunteering in aged care settings:

- Volunteers receive great value from playing a positive role in the aged care settings, both in terms of having something valuable to do with their time and in their sense of feeling needed and appreciated.
- Organisations place varied value on their volunteer programs and may need to pay more attention to this particularly in this time of review of aged care in general.

- Volunteer managers need to be skilled in their roles to recruit, place and manage volunteers and to embed them in receptive spaces in varied aged care settings.
- Staff need to be supported to understand the role of volunteers as an aid to their ability to care for residents, as opposed to concern about conflicting/taking away paid jobs.
- Volunteers want to contribute skills and knowledge/activity as opposed to being valued for their presence.
- Volunteers already in place form an attachment to their current place of volunteering and have made that choice for themselves and may be reluctant to be "shared".
- Organisations and managers feel a sense of ownership of "their" volunteers and this may influence their willingness to "share" volunteers or bring in "shared" volunteers.
- Varied and variable health and safety practices, organisational processes and protocols all contribute to the obstacles to sharing volunteers.

The evidence in this report is that individuals recruited to a specific role or organisation as not necessarily likely to be willing to be shared. It was also clear that there are likely to be organisational barriers to volunteer sharing. That does not mean that a model of volunteer sharing cannot be developed, and it is posited that a shared trial of a pool of volunteers specifically recruited to be "shared" would be a worthwhile exercise. This is because those volunteers specifically recruited to be "shared" would perhaps be open to the idea due to different expectations from the start.

A trial program could take a number of forms:

OPTION 1:

A group of willing organisations recruiting volunteers and asking them if they are willing to be "loaned" to other organisations in times of need – but they would remain "named organisation" aged care" volunteers.

This would require participating organisations to agree to recruit volunteers to "shared" roles. Organisations participating in this would need some form of agreement with the volunteers, and with each other for sharing.

OPTION 2:

A group of willing organisations recruiting volunteers as "portfolio" volunteers – where they are happy for their names to be passed on to other organisations because they are looking for more than one place to volunteer

This would require different recruiting messages and agreements between organisations to pass on information. Some level of benefit to volunteers to not have to be retrained at each organisation may need to be agreed between organisations as well.

OPTION 3:

Establishment of a shared or joint 'bureau' where volunteers register to be "on call" for a range of organisations.

This would need a "host" organisation for the trial – and that could potentially be Volunteering WA, should participants in the trial be willing.

No model or program has been identified in this or other locations, and so this is likely to be a ground-breaking form of volunteering, but models operated by organisations in the gig economy might serve as useful tools to inform establishment of systems and processes for organising such a bureau.

OPTION 4: Combination of Options 1-3

Consideration might also be given to all of the above options being set up as part of the pilot to ascertain the most conducive elements in each option and what impediments are encountered.

For all of the options proposed -
Consideration will need to be given to how insurance, induction and training would be handled, and by whom. Similarly, those organisations who receive or seek "shared" volunteers would need to be clear about the circumstances in which they will engage with the other organisations and the shared volunteers. Agreements will need to be reached about volunteer induction and training needs, and a standard form of agreement to be signed by volunteers will need to be established. Agreements will also need to be established between participating organisations.

The results of this pilot do not preclude a successful model for volunteer sharing but do highlight key considerations which may impede introduction of such a model without careful preparation and agreements in place as well as cultivation of expectations which meet the needs of all parties.

The Jacaranda Project: Volunteering in Aged Care Settings- Pilot

The project investigated an under-researched emerging and important issue, that of volunteering in aged care settings. This collaboration between Murdoch University, Volunteering Western Australia (VWA), the Aged Care Volunteer Co-ordinators network (ACVC), with partners The Council on the Ageing (COTA WA) and the CVS Volunteers Network, was conducted as a pilot. The pilot focussed specifically on identifying the key issues including barriers and enablers for the various forms of volunteering taking place in aged care settings with a view to development of a larger collaborative research project. One specific element which was considered was that of volunteer sharing/portability.

Volunteering is an invaluable asset to aged care settings, not only because of the contribution volunteers make to the delivery of aged care, but also because of the health benefits of volunteering for both volunteers and beneficiaries. This report identifies some early findings and reinforces the urgent need to understand the various types of volunteering taking place in aged care settings, and to identify how this volunteering can be enhanced and supported.

CONTEXT

Aged care in Australia is currently experiencing a period of rapid reform at the same time as there is ever-increasing demand. With better health and wellbeing, more active seniors and awareness of the capacity for older members of the community to be major contributors to their own day to day living, the societal, economic and political landscape is changing. In 2015, 187,300 people were living in residential aged care, with the majority of these residents being over 85 years and 73% suffering from a psychosocial disability (Australian Bureau of Statistics [ABS], 2015). The changes taking place do so against the background of changes in funding, higher standards of care, models of operation, and diversity in services.

Considerable attention has been paid to the aged care workforce in recent times, particularly at a national level (e.g. Department of Health (Cwth) 2017; Aged Care Workforce Strategy Taskforce [ACWST], 2018) but also at a state level (Bankwest Curtin Economics Centre [BCEC], 2018). Volunteers, while recognised, are included as a corollary or support service, without necessarily attracting specific attention, other than at organisational level (e.g. Chorus, 2019). With changing funding models leading to a potential increased reliance on volunteers, the need to better understand volunteers has increased.

Submissions by Volunteering Australia to a range of inquiries in the aged care field have identified that "volunteers make up a significant percentage of the aged care workforce, delivering ancillary support, frontline services and increasing capital in aged care and residential settings" (Volunteering Australia [VA], 2017; 2018). Volunteers are recognised as an important part of the aged care workforce, being identified in a 2017 Australian Senate Community Affairs References Committee (ASCARC) report *Future of Australia's aged care sector workforce:*

> 83 per cent of residential facilities and 51 per cent of home care and home support outlets identified as utilising volunteer staff (p.13).

Estimates of the volunteer contribution include La Fontaine, Sethi, and Kabacam's (2018) mention of over 68,000 volunteers in aged care services across Australia where "they play a significant role in supporting the aged care industry" (p. 24).

Following publicity and complaints about treatment of elders and others cared for in aged care systems, a Royal Commission into Aged Care Quality and Safety was called in 2018 (Royal Commission into Aged Care Quality and Safety [RCACQS] (2018) care). The terms of reference of the Royal Commission do not specifically identify volunteering.

Volunteers play an important role in the quality of care delivered in aged care settings. They make a large contribution to 'person -centred care'. At the same time, volunteering is also continuing to evolve and change as community expectations, forms of volunteering, and social and political landscapes evolve (McGregor-Lowndes, Crittall, Conroy & Keast. 2017). Without volunteers, many of the services in aged care settings could not be delivered, but it is also important to recognise that existing models of volunteering may not be able to continue in their traditional formats, at least as the sole form of contribution in the future (Scaife, McGregor-Lowndes, Barraket, & Burns, 2016; Crittall and Herbst, 2016).

Volunteer involving organisations, beneficiaries of volunteer activity and volunteers themselves. have changing views about the involvement, standards and roles of volunteers, while at the same time there is a need for volunteers to continue to offer and add value to the community.

PROJECT RATIONALE

Volunteer managers and co-ordinators in aged care settings have reported increased demand for volunteers. Three types of volunteer activity have been identified:

- Volunteers from the community volunteering into aged care settings;
- Volunteers from aged care settings volunteering into the community; and
- Volunteers undertaking volunteering activities within and across aged care settings.

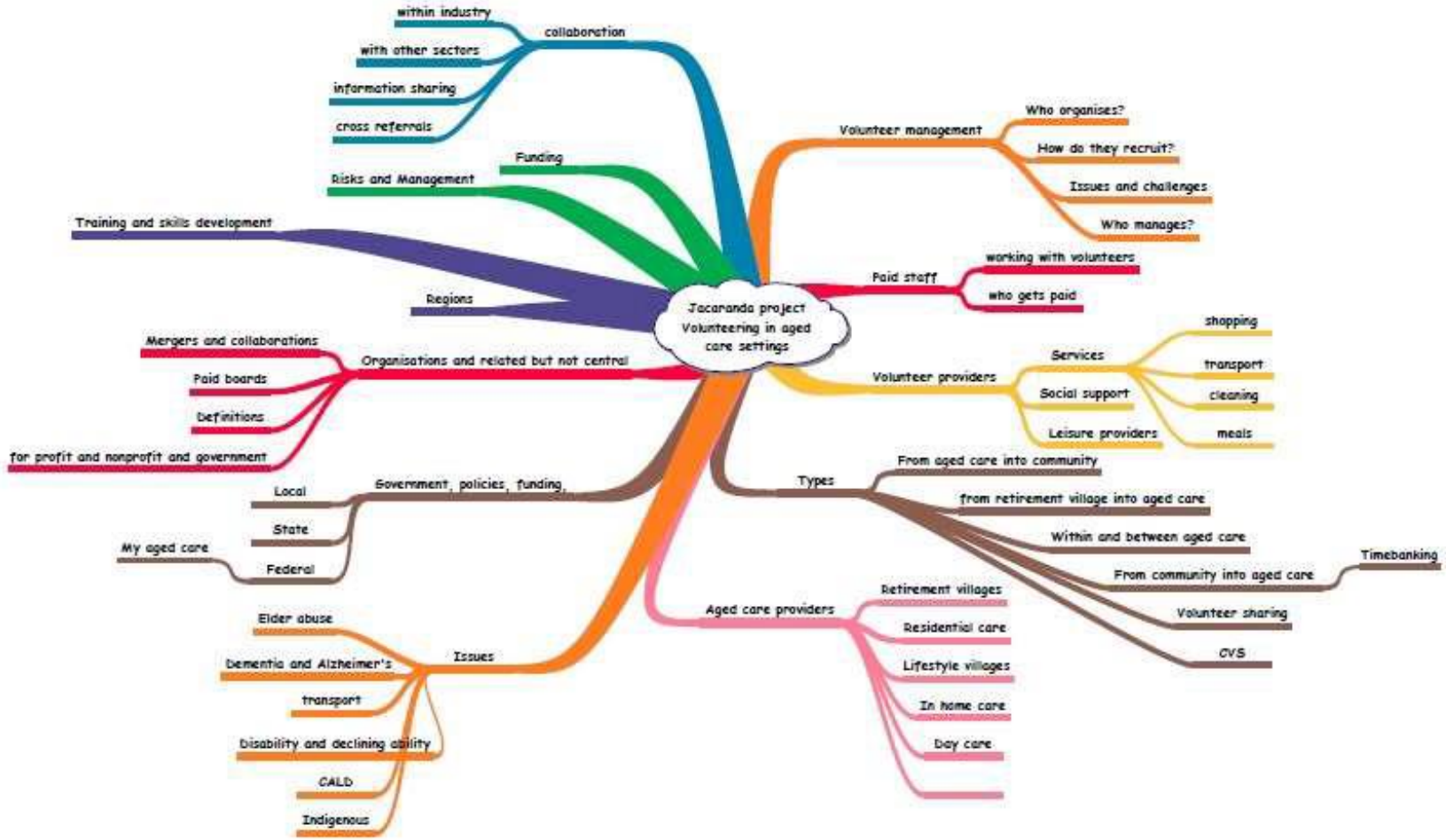
This project (The Jacaranda Project – pilot) was established to consider the value of a wider investigation into volunteering in aged care settings.

A preliminary literature search yielded evidence of a wide range of issues surrounding volunteering in aged care settings. Four important streams were identified for further research for the pilot:

1. competing priorities, changing motivations and challenges in recruitment and retention of volunteers;
2. Volunteer experience in aged care settings;
3. the intricacies of management of volunteers in aged care settings; and
4. potential for volunteer sharing, where volunteers are active across more than one setting or facility. A further related but separate issue, that of time banking, was noted.

Aged care settings for the purpose of this pilot study include residential aged care, lifestyle/retirement villages, and home and community care beneficiaries who are still in their own homes receiving the benefits of aged care services, including volunteer delivered or assisted services.

Map of the literature



METHODOLOGY

An initial scan of the literature based on the issues identified above for exploration revealed a wide number of research pathways related to volunteering in aged care settings. Given the limitations of a pilot study it was decided to concentrate on the experience of the volunteers going into aged care settings and of their volunteer managers. This research is qualitative and reflects the experience of those interviewed based on their comments in response to a common set of questions asked of each participant. Participants were advised that they would not be personally identified in keeping with the conditions of the Ethics Approval granted by Murdoch University in late 2017 [Murdoch HREC 2017/255].

A number of participants were identified for interview including some members of the Reference Group and those considered to be 'experts' in the field of aged care service delivery or volunteering. Reference Group members were asked to assist in recruitment of suitable participants by identifying and provide details of volunteers who were willing to be interviewed. Given the small size of the pilot, a broader survey of people volunteering into aged care was not considered. Thus, one of the limitations of this pilot study is that volunteers who participated were nominated by volunteer managers.

Interviews were conducted in 2018: 6 aged care volunteer managers; 9 volunteers; 3 experts.

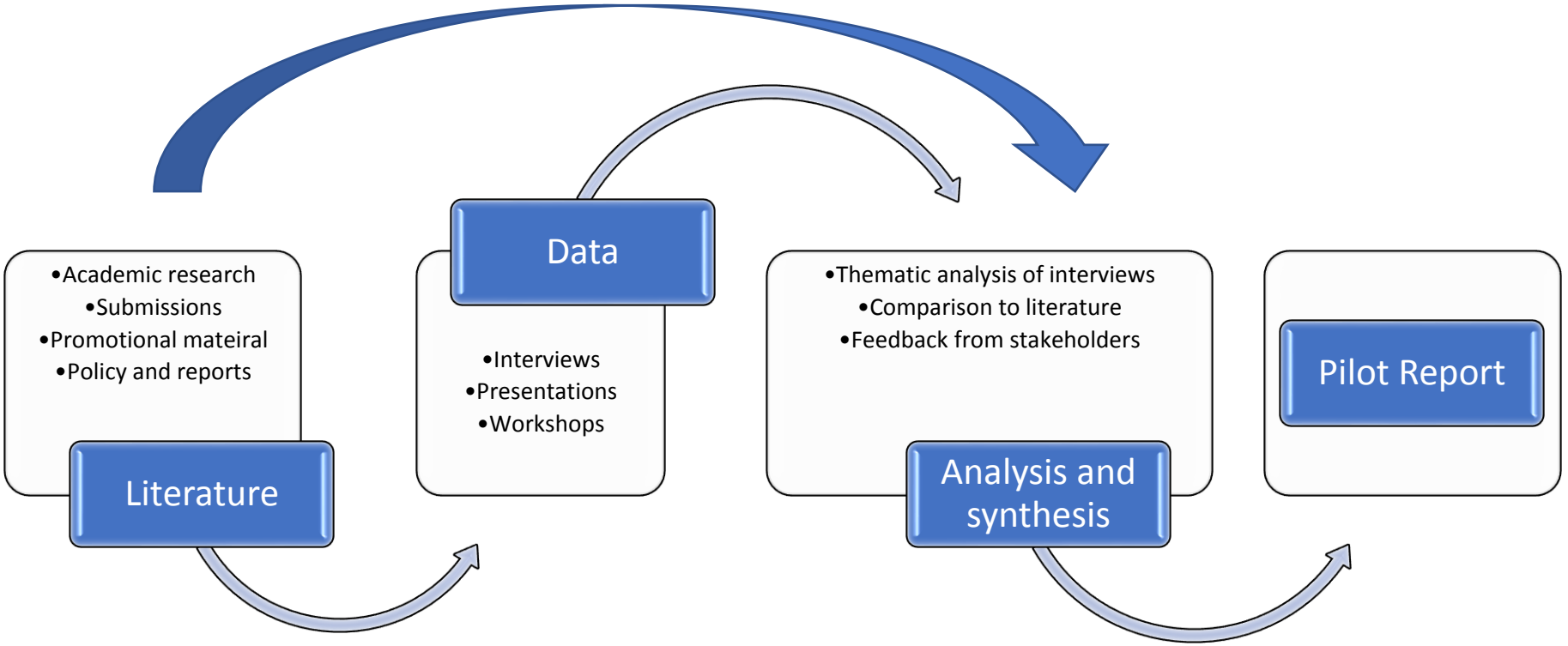
All interviews were recorded, transcribed and de-identified.

Analysis of the findings was undertaken in three stages.

- Top down analysis based on the questions posed by the reference group.
- Bottom up analysis seeking emerging themes and issues in the data, to identify commonalities across the interviews.
- Top down analysis based on themes identified from the initial literature scan.

Analysis was an iterative process and continued until some level of consistency between interviews was achieved. Importantly, due to the pilot and the small sample, some themes did not reach saturation but are still reported, so as to be included in subsequent research (Saldaña, 2015).

A presentation of initial findings was given in November 2018 and all members of the Reference Group were invited to attend. A copy of the presentation was also provided to all members of the Reference Group. An early version of the findings was presented at the National Conference on Volunteering in Sydney in 2018. A further presentation was conducted in June of 2019 to a wider group, at which time feedback on the importance of particular aspects of the pilot was identified. These presentations allowed the researchers to seek confirmation from interested and informed audiences, as well as identify gaps and opportunities for further research


•Academic research
•Submissions
•Promotional mateiral
•Policy and reports
Literature
Data
•Interviews
•Presentations
•Workshops
•Thematic analysis of interviews
•Comparison to literature
•Feedback from stakeholders
Analysis and synthesis
Pilot Report

FINDINGS

The nine volunteers who agreed to be interviewed for this project ranged in age from 35 – 82 years. They volunteer in a range of capacities from visiting residents one on one, driving clients for shopping trips and outings and transporting individuals to medical appointments; running music programmes in residential care homes, spending time with residents in dementia care situations, assisting with day centre programmes and offering administrative assistance with filing and mailouts. Their time contributions varied from one or two hours a week to three or four days a week. They had all been volunteering in the specific aged care setting for more than a year, three of them for four to five years.

The managers who were interviewed came from a range of aged care settings including regional aged care, faith-based care facilities, and individuals involved in CVS programs.

The experts recruited for interview were invited to participate due to their capacity to offer insights at a more strategic level in areas such as policy, diversity and governance. They included peak body representatives, board members of nonprofit organisations and consultants. The emerging topics and themes identified in this research are now discussed.

REASONS FOR VOLUNTEERING

Motivation to volunteer is one of the most researched topics in the volunteer literature, and yet still remains an important contributor to understanding why individuals take up volunteering, why they stay, and why some do more than others. Research has shown that individuals' reasons for volunteering change over time, and the decision to continue to volunteer may not be the same as that which brought someone in to volunteer in the first place (Cady, Brodke, Kim, & Shoup, 2018; Englert, & Helmig, 2018; Lowenberg-DeBoer, & Akdere, 2018; Pardasani, 2018: Rombach, Kang, & Bitsch, 2018)

The reasons given for taking up volunteering by the volunteers interviewed ranged from moving to a new house and seeking connection in the new area; having time on their hands and wanting something to do; to, for those who lived alone (4), a desire for social connection. This highlights that social isolation works on both sides of the scale, both volunteers and aged care residents. All the volunteers also mentioned valuing the sense of 'being needed' and doing something positive for others that they received through their volunteering activities. One respondent had taken up volunteering in their 80s and said they volunteer "to fill in time and do something other than sitting at home all the time" (V). Another said:

> "I think I probably get more out of volunteering than the people I visit, you know, all of us have our ups and downs in our lives and everything… but you go in there and you forget all about yourself and you just get so much back from the residents." (V)

A report by the National Health and Medical Research Council [NHMRC] and Volunteering Australia (2003) compiled over fifteen years ago identified four categories of volunteer in aged care:

- *The Nurturers … predominantly female, usually mothers). [Seeking] emotional connection and self-worth, they are likely to work with vulnerable people.*
- *The Adventurers… seeking personal growth, new skills and new experiences and are prepared to risk failure. They will lose interest if asked to do what they regard as menial work.*
- *The Socialisers, who volunteer to achieve a sense of belonging.*
- *The Workers, who are mainly men, seeking to use their existing practical skills in a fresh setting. Their self-worth is related to being useful and productive.* (p11).

These categories appear to remain relevant in 2019 with the volunteers interviewed for this project offering views on their reasons for volunteering similar to these.

Recent work on volunteering has highlighted the health benefits associated with being active and involved, particularly mental health (Tabassum, Mohan,, & Smith, 2016), although there is varied evidence as to whether there is a causal relationship, with recent research identifying that it may be that " broader social context in which the volunteer is located, as social connectedness and sociodemographic correlates of volunteering might be more closely tied to mental health than volunteering itself" (Creaven, Healy, , & Howard, 2018, p.1400) .

RECRUITMENT AND PLACEMENT

Recruitment of volunteers has been an ongoing area of concern for organisations, and is a perennial topic of research, particularly as volunteering evolves and changes.

Four of the organisations in this pilot study advertised volunteering opportunities on the Volunteering WA volunteer recruitment platform. They generally recruited volunteers to fill specific needs. Volunteer managers reported advertising for and placing articles about volunteering opportunities in local newspapers and local community radio stations. Some volunteers are more transient than others, so recruiting is an ongoing task throughout the year. Organisational recruitment needs varied and included opportunities for families with children, young people and others with specific skills like music etc. One volunteer manager reported very positive results with family volunteering in their aged care setting as it brought life to the aged person visited but also gave children exposure to and the chance to develop relationships with older people, especially where families lived a long way away from their own grandparents and older relatives. These relationships often extended over long periods of time.

Most of the volunteers interviewed had sought out opportunities in their own neighbourhoods or with organisations where they had some previous links through family members:

> "I came across it when I first moved up here. I was out walking the dog and thought 'oh that looks like aged care'; so, I went and asked if they wanted any volunteers" (V)

Volunteer managers reported that they matched volunteers with opportunities at sites near their homes as much as possible. Being close to home made attending regularly much easier and sometimes led to volunteers developing friendships outside of the aged care setting. One person inquired about volunteering at an aged care site near their home after a positive experience was recommended by a volunteer they had met in a social context. Another had come across a volunteer information desk at their local library and was quickly recruited to deliver a dance program nearby.

When asked whether they recommended this sort of volunteering to their friends and family, most did but a common remark from those volunteering in residential care was that they thought their friends were too busy or may not feel up to dealing with dementia and the aged care situation: "A lot of people are frightened by dementia" (V).

Four volunteers advised they had or were still 'caring' for elderly family members or friends and this experience had encouraged them to volunteer in aged care settings. Some of them felt that their informal caring experience meant they had some understanding of caring in an aged care situation, "feeling comfortable with helping to blow a nose, when needed", helping people in and out of vehicles or being comfortable with 'nappies' etc. Some volunteer managers noted they were wary of taking on volunteers who had suffered the loss of a loved one too soon after the event, mentioning that sometimes their informal experience may cause them difficulties when volunteering in a setting where specific boundaries were in place about what they could do as a volunteer. However, volunteers interviewed viewed their previous caring experience as a positive.

Most respondents reported being interviewed on application by the volunteer manager of the organisation they chose to volunteer with, for up to an hour, prior to their placement, sometimes in the specific aged care setting. Two managers generally held these interviews at the site where the prospective volunteers would be located to get an understanding of the site during the interview. These interviews covered why they wanted to volunteer, what they wanted to do and various compliance information about what they could /could not do in an aged care setting – setting the boundaries around lifting/moving/feeding etc.

This was followed up generally by occasional invitations to training (once or twice a year), and volunteer "thank you" morning teas etc. Some sites invited volunteers to participate in staff training for refreshers or training which may have been triggered by an increase in 'behaviour issues' on that

site. Volunteers in most sites were also provided with contact details of dementia specialists if they had specific queries or concerns.

Some respondents advised they didn't often go to the morning teas as they preferred to spend time with their 'clients/friends'; however, they would appreciate an opportunity to have meetings to talk about issues that had arisen during their volunteering, offering practical suggestions, feedback etc either in a group or in one on one check ins with the volunteer manager. This had occurred in one aged care setting and was well received by the volunteers interviewed. This desire was particularly noted where volunteers have professional skills which complement the aged care setting or previous experience with caring for older persons.

BOUNDARIES

All the volunteers reported friendly staff on site and one noted:

> "I think the activities staff and the reception staff were all fabulous right from the start. I think because I take notes of the different residents I see, if I notice any change in their behaviour or if I notice they might need a haircut, or they want a manicure. I'll write notes down about who I see and then the OT staff read through my notes and chase up anything that might need doing. So, I don't know how the care staff would see me … they were a little bit aloof for quite some time. They'd see me coming and seeing people and writing notes and they sort of perhaps wondered what I was up to. And they're so busy, their running around. It took a little while to break down some barriers, but most people are terrific" (V).

One of the 'experts' interviewed for this study suggested that volunteers ageing in place was a big issue for most organisations they had had experience with and "sometimes, the gap between someone being a volunteer and someone being a client is actually really quite short" (E). They also noted that if volunteers had been in place for a long time, sometimes before there was a formal volunteering program, they may have been given a lot more lee-way to do whatever they wanted to do. This has made it more difficult for volunteer managers who come in at a later stage and who now have to be stricter about risks and compliance issues than may previously have been the case. One volunteer related similar misgivings but from the perspective of not enjoying the restrictions placed on activities they had previously been allowed to do in a previous aged care setting.

One volunteer manager reported that some volunteers found the boundaries imposed around not giving food and drink difficult to accept:

> "So for example if we have to change a policy, and it is always driven by customer safety, say for example, we recently had a change in policy around volunteers giving our residents and clients food and drink from a dysphagia choking hazard point of view and because volunteers aren't permitted to access our residents and clients health information, we can't then expect them to be aware of someone's dysphagia status on that particular day. So, we lost 4 volunteers around that policy change and had some very strong feedback to the point that we still run these volunteer information sessions and people have barely sat down and they want to talk about why they can't give our residents food and drink. So, we have tried coming from a number of different angles.
>
> So, for me it's trying to look at it that it actually probably isn't around the food and drink, there is something else that is going on for them about either not being heard or not feeling like they were a part of that process when the decision was made. That they haven't been given the information to understand the actual physical process or the risk or whatever it is.

> So that has been a big learning curve for us in terms of when we have to change things that will impact the way that volunteering operates." (VM)

Another volunteer manager navigated this process by developing a mantra:

> "They are there to simply engage. My mantra for volunteers is "relationships not responsibility" ... that is my really clear mantra. And when they ask about what they can do, I say, with handling residents, I say 'volunteers should not use their strength to guide residents' and so no helping them stand up…. it's not a no touch policy, they are welcome to pat people on the shoulder and say, hello, how are you? But don't use their strength to guide people. So, it is about that clarity of boundary. I guess they could push a wheel chair as long as we have trained them how to do it, but they can't move people, they can't feed people, it's that clarity of boundary … when I get asked a curly question, what can they do, I just say 'is this a relationship or is there a level of responsibility? Are they using their strength to guide a resident?' You can use those two little sentences and most things can get plugged into there somewhere" (VM)

Volunteers in a couple of the aged care settings were encouraged to do the Wickings Institute (n.d.) free online course about understanding dementia. Anyone can undertake this course which provides a broad introduction to dementia, what it is, how it affects sufferers and some of their care requirements. Feedback from volunteers who had done this course at one organisation reported it as "having improved my volunteering so much" (VM).

Uncertainty around working with dementia patients was also reflected in volunteer interviews for this research; a number of respondents mentioned "people being frightened by dementia" as their perception why there were so few volunteers at the sites where they volunteered. One respondent reported not feeling well prepared to volunteer with dementia patients and was offered an alternative role in the organisation which fitted them very well indeed. All of the other volunteers interviewed were accepting of dementia and behaviour issues and two deliberately sought to work with residents affected by dementia.

Stephens, Simpson, Holmes, Collins, Silver, and Bhar, (2016). explored the process of 'befriending' residents in aged care settings. Their study involved three case studies of psychology students volunteering to 'befriend' a resident. The students were given some initial background information about the resident and the facility and they reported their experience over a year of weekly one-hour visits. Key learnings included the need for more training for 'befrienders' including some basic counselling training and advice regarding the way that residents' illness affects their ability to relate to others.

> "The befrienders frequently had to re-establish rapport upon each visit and this halted the growth of a friendship. As such, memory decline acted as a barrier to building rapport, making it more difficult to develop a lasting relationship" (Stephens et al. 2016, p. 168).

The 'befrienders' noted residents' feeling comfortable about sharing personal feelings and frustrations with them, outside a counselling situation or staff/resident situation. They also noted their own discomfort at times about not knowing how to react in terms of correcting residents' memories or feelings of intruding on personal care moments during their visits (Stephens et al, 2016).

Being party to residents venting frustrations with their situation also came up as an issue for the volunteers interviewed for this project. Three people expressed some concerns around how they

saw people they had spent time with as a 'befriender' being treated in their aged care setting; all of them reported their comfort in acting as a neutral person for residents to vent to. Three also commented that sometimes it was tricky to navigate relating resident's concerns to staff as a volunteer and feeling that their concerns on behalf of the resident had been heard or considered valid. One volunteer manager suggested that this was something their volunteers should bring to the volunteer manager rather reporting direct to the care staff and in that way the volunteer's concerns would be heard and then, if relevant, validated further by the manager taking it up with staff. This, however, all adds to the volunteer manager's workload and depends on availability/channels of communication, individual personalities and organisational culture.

One volunteer reported:

> "the other thing that I've found that because you're slightly removed, you're not a relative, you know people can unload to you about things that are happening to them, you know and whether it's a neighbour or the saddest ones of course; when they have a partner that has Alzheimer's because the characters can change so much, so often they will have visited and they are actually in tears when they get back in and you know it's not the person they have been with for 40 years. It's a different person and so they might have been the gentlest person and suddenly they are being abusive or something like that…but yeah, I find it's very simple to find something to get conversation rolling about and then you know, quite often we'll park in the driveway if we've got time and carry on still talking about things" (V)

RELATIONSHIP BUILDING

The literature scan identified and confirmed several issues raised by the findings of this pilot study. For instance, a Dutch study found that volunteers performed important roles in a geriatric setting with regard to assisting staff through giving time to individual patient needs, in addressing loneliness for patients whose families were not nearby by developing a personal relationship on a regular basis, especially for those experiencing delirium and in providing opportunities for non-professional personal health and other conversations (Steunenberg, van der Mast, Strijbos, Inouye, & Schuurmans, 2016).

Allen et al. (2014) investigated the effect of having trained senior volunteers work with patients on an arts and craft activity in a hospice situation. They found that, while the program was in place, the patients reported improvements in mood from being occupied and having regular individual attention from volunteers. However, once the program had ceased, the effect was short-lived. This highlights the benefits of encouraging ongoing volunteering with individual residents/clients in aged care settings and encouraging the development of personal relationships between volunteers and patients/residents.

Indeed, in this pilot study, several volunteers spoke of the people they visited as 'my' resident and vice versa, they related instances of residents claiming 'my' volunteer and of the various friendships they had made. For instance, one volunteer had developed many friendships with the clients they met while driving them to shopping, medical and other events and spoke of exchanging cuttings and sharing life stories. They had found this human connection important for their own mental health as they lived alone as well as that of the clients they served. They also related how the clients themselves made friendships during their trips:

> "while they're at the shopping centre as we build up the group, they become part of that group. So, when they have finished their shopping they will usually sit down and have a cup

> of coffee or whatever and a chat and everything like that… its quite good to see that, sometimes they have known each other, sometimes they haven't." (V)
>
> "But that is really the most enjoyable thing. To see people that are sort of a little bit shy, don't really, you know, join in and, all of a sudden, they do. It is great when you can bring in something, without going overboard, that maybe makes them feel better like, for instance, having a garden and … bring some plants because somebody wants it and so on. All those little things that can just get people a little bit of enjoyment, just a lift in life and the hardest thing is, I don't know if you've ever been in a real deep hole in life, but the hardest thing is to get out of that hole, out of that rut and if you can give them a little bit of joy, then very often you see they perk up again and off they go again, if it is for weeks, months or years it's not that important, it is that they get that little bit."(V)

This ownership of relationships might be part of the reluctance of volunteers to move around to different roles and different organisations – discussed later.

VOLUNTEER MANAGEMENT AND SUPERVISION

One volunteer manager emphasised the importance of relationship building with the residents/clients visited by volunteers, and, also, importantly, between on-site staff and volunteers. They viewed their role as volunteer recruitment, induction/training and placement, and worked deliberately to empower on-site managers and staff to see volunteers as positive contributors to their ability to care well for residents as part of 'person-centred care':

> "They need to engage with their volunteers and that is all part of that messaging about these are your volunteers, these are your resources, you need to develop them, you need to take care of them, to focus on what their needs and interests are…in a more formal way not just join them in at Christmas." (VM)

Based on their regular surveys of staff and volunteers, it appears that this is embraced by most sites in their organisation but requires ongoing attention (VM).

Two of the organisations in this study were faith based and thus had a cohort of people who assisted residents with church services and some pastoral care on a weekly basis. These people offer their time freely to do this and, given they carry out these duties in the aged care settings, they are also classed as volunteers and have to adhere to the rules set down for volunteers and be covered by risk management, police checks, insurance and some form of management. This is sometimes complicated by changing roles amongst congregation members and new people arriving on site who have not been made aware of the accreditation requirements.

Responsibility for day to day volunteer supervision in aged care settings varies from site to site and, in this study, mainly appears to rest with the occupational therapists and day centre staff who manage arts and crafts and other activities, with occasional volunteer or site manager support. In one organisation, this supervision role was offered as an opportunity for staff members to be a 'volunteer champion' at their site and added to their existing role with some job description but no formal training in volunteer management. One 'expert' interviewed queried the accountability of on -site therapy staff around this issue and whether it was mentioned in performance reviews as a specific responsibility to supervise volunteers, direct their activities and discipline them where necessary.

A related issue is the role of the volunteer manager and where they sit in the organisation. Of the managers interviewed for this study: in the larger aged care organisations, one volunteer manager

had a dedicated volunteer management role and was based in human resources; the other interviewee was charged with leading an "enrichment program" which included volunteering and was at a level where they could innovate to a degree. The other four were from smaller organisations where they operated at Manager level or above.

One volunteer manager noted that they felt a sense of tiredness amongst fellow volunteer managers due to increasing demands for accountability in aged care settings, the level they operated at in their organisation and the level of, or perhaps lack of, support they received to carry out their role. They suggested that volunteers will be an important contributor to organisations being more customer focussed and person centred which is the direction of aged care in the future. However, this would require ongoing attention to increasing volunteer recruitment, how volunteers are managed and what roles they are asked to play in contributing to person centred care and co-development of enrichment activities.

Volunteer managers in larger organisations used volunteer database apps to track their volunteers, for recording individual activity with clients and volunteer feedback. This information was useful in developing a bigger picture of volunteering in their organisations and, also, in supporting focussed conversations with on-site staff with evidence. The volunteers appreciated the need to record their activities and felt that this meant they were heard, contributed to their enjoyment of the role and, sometimes, corroborated their sense of contributing to residents' care by reporting some issues. However, there was a feeling that while volunteering played an important role in all organisations in the study, taking higher level volunteer management skills through to the on-site workforce in some of them was not recognised as important yet by the decision makers.

In keeping with this understanding of the value and, indeed, necessity of having volunteers in aged care settings, it was suggested that senior management needed to understand that while volunteers gave their time for free, there was an ongoing cost involved in supporting them and managing their activities. This included the need for skilled volunteer managers, and support for recruitment, placement, training, insurance, risk management and relationship building with staff and residents/clients.

For example, volunteer managers advised that the placement process was key, including first understanding the needs of the client in order to match them with a volunteer. They also required personal interviews with the prospective volunteer in order to gauge their values and likely commitment and to ensure that a volunteer placement would be a good fit for them and the client. Thus, the recruiting and placement process was very time intensive and often done on an individual basis.

Research on volunteer management is voluminous and increasing, and there is commensurate recognition of its importance, and of the nature of volunteer management as being different to management of paid staff despite some key similarities (e.g. Brudney & Sink, 2017; Meijs, Brudney, & Van Overbeeke, 2019; Hager & Brudney, 2015; Harp et al, 2017; Paull & Girardi, 2018). The findings in this pilot project are not only in keeping with this research, but also highlight the agility and flexibility of those charged with the management of volunteers, and the need for them to receive continued support from their organisations.

FRAMING AGED CARE VOLUNTEERING

Not everyone in aged care settings has dementia (ABS, 2015) though illness or physical disability may limit their ability to care for themselves and thus they find themselves in aged care settings, be it home based care, a day centre or residential care. Three volunteers mentioned they felt sometimes

that people were being labelled by their infirmity and that it seemed to them as if some staff treated residents/clients by the label rather than as people who can still respond in conversations and understand what they need/want from the care experience and take part in activities: "disabling a person because of their age".

> "we just talk to them like they are just ordinary people. I think the issue is as people get older that they seem to be treated different. It is like people with disabilities or people that are seniors because they are older, they have got dementia, they need help to do this and need help to do that. So yeah, in a sense you are labelling, you're putting a label on someone because that's how they fit into society and we don't do that we just talk to them normally, strike up a conversation."

> "We always say if we can get a person to smile, the moment they come through the door or in the first 5 minutes then we're going to have a good day. If we just sit them down and rush and worry about them, oh they might fall and all that sort of thing, they'll be miserable for the rest of the day." (V)

This speaks overwhelmingly to what the volunteers reported as shortage of time allocated for care staff to relate to individual residents and thus the limits to relationship building and understanding their needs.

> "I am very patient with them. We've got one man and sometimes when I go down there he is still in pyjamas and he won't get dressed and I just say come on, let's get your trousers on and your shoes and socks and then "oh alright then" and off he trots and the staff just shake their heads and say 3 of them have been trying with him, no way! Because I have got the time, I am not pushing him, I am not pulling him saying come on we have got to get your clothes on… It is all time with them. As I said, the staff are brilliant, but they haven't got the time to spend 15 minutes trying to get somebody's shoes and socks on" (V)

Some of the volunteers offer their time to do music or dancing programmes in residential and day care settings which they report bring the participants much pleasure and the staff and other volunteers often join in too. Music has been proven to be beneficial in some cases for those with dementia and it also encourages others to move about a bit either through dancing or moving in their chairs and to sing the songs that they remember from their past. Overwhelmingly, the volunteers reported appreciative responses to their music programs.

With regard to music, VMs reported the ongoing development of a music engagement program at their sites as part of their enrichment plan. The organisation has recently trained 10 volunteers as music therapists (generally between 20-35 years of age) and these volunteers visit residential care sites to provide music opportunities for residents. Some volunteers have also since taken up music therapy as a career opportunity as a result.

Skilled volunteering opportunities such as the music therapy programs and IT Helpers provides another avenue to recruit for and attract volunteers who may not have considered 'normal' volunteering opportunities in aged care settings (VM) and who may be outside of the usual demographic of aged care volunteers (over 60's and female).

One younger volunteer spent 2 hours a week in a residential care setting helping a resident to write up their memoirs for publication. Over the course of a year, they developed a close friendship which the volunteer appreciated given they had moved from another state and were looking for social connections. The volunteer has also been part of a team with onsite staff working with another

resident, writing letters to family and friends to foster reconnection and reduce the resident's sense of isolation. The volunteer found working as part of a staff team and only being on site a couple of hours a week a little tricky with regard to keeping up with letters received or actions taken by other team members but overall found the experience a positive one both for the resident and themselves.

Some volunteers have chosen to work specifically with dementia patients. One volunteer, in their 70s, volunteers 2-3 days a week in a dementia hostel, doing a music program with residents one day and then on weekends generally visiting and spending time with residents one on one or in small groups.

> "When they go to a day club, they all go home to loved ones, so they are not, what I call, needing a 'one on one' – they have got families to go home too. In the hostel, they are in there full-time, so I feel I make a big difference to their lives" (V).

Another volunteer works specifically with isolated residents:

> "I come in once a week and I visit people who either don't take, don't join in group activities and or don't have a lot of visitors or no visitors. So, the residents who are more isolated, so I go in and get to know them, have chats, bring in books, look through their memorabilia with them. Talk with them, take them out in the garden, try and have a laugh. Generally, sort of, I guess, form relationships with them" (V).

Isolation is a key issue for aged care residents and in other care settings and thus, regular visits by friendly volunteers are always appreciated (VM). As mentioned by volunteer managers, volunteer 'presence' supplements the work of paid carers and support workers.

> "The other thing that is really obvious to us … is that a lot of our volunteers view their gift as the practical help that they offer. But, obviously, as we know, it is their presence, it is the time that they can give that our staff can't give, but because of lots of reasons they are not viewing that as actually their main gift. So, when we change things that are practical, they can become very fixated on it." (VM)

Some residents find themselves with no family close by and thus experience disconnection from their families and friends may no longer be able to visit them. This is particularly sad when residents are close to death. One volunteer sits with residents in the dementia hostel who are close to death and has offered to be "on call" if a resident has no one else to sit with them at this late stage. "People say to me you give so much but people don't know how much I have got back" (V)

One volunteer devotes up to four days a week at their local dementia hostel and has become a valued volunteer over a number of years. They report that they have only seen one or two fellow volunteers in this place and expressed the need for many more people to give their time and support to residents in aged care. Their family has grown up and, thus, they have time to devote to the residents and assisting staff when asked:

> "this is the best job I have ever had, and I don't get paid for it, but I love it. If I get on to a payroll they are going to say you are spending too much time with that person, can you go on to the next …if I want to go and sit an hour with a person who wants it, I like to spend an hour…if you are in the workforce you can't do that" (V).

The social connection provided by volunteering in aged care settings provides an opportunity for framing aged care volunteering as an opportunity for potential volunteers.

VOLUNTEER-STAFF RELATIONS

As noted above, all volunteers reported feeling welcomed in their current context and had developed good relationships with staff and residents/clients over time. A couple noted having made suggestions to care staff about activities or a particular client, which they perceived were not always well received; though others reported some practical ideas being taken up.

Over time, volunteers had developed a sense of ownership about how they carry out their volunteer role which gives them personal fulfilment and encourages them to feel that their contribution is worthwhile.

> "Like our manager says, we're not taxi drivers, we're not just picking up and taking, we need to observe what we see and if we think that someone needs some help or somethings going on, then, we need to do something about it. It can be a difficult thing sometimes if someone tells you something, you need to ask their permission to pass the information on, but it is necessary." (V)

They all expressed levels of feeling some responsibility/care for the residents/clients that they had contact with. This is a natural outcome of spending time with people in these circumstances and highlights a dilemma for volunteers and those who manage them. Understanding the role of volunteer as a 'friend' who may be 'grizzled to' rather than a champion for the person they visit was a key message from volunteer managers interviewed. While the idea of their main contribution as a volunteer as developing a relationship was highlighted by managers, it is clear that taking this 'relationship' responsibility too far by representing the resident or voicing concerns was not considered desirable.

Research on volunteer staff relationships has long acknowledged that there is an inherent tension to be managed by organisations, with recent work identifying that this is an important component of quality volunteer management (Nesbit, Christensen & Brudney, 2018). Work in other areas (e.g. Meyer, Schmidt, Zernikow & Wager, 2018) has identified that communication and the establishment and maintenance of a collective philosophy or approach assists in the delivery of care by a paid and volunteer staff.

CENTRELINK ACTIVITY REQUIREMENTS

A couple of volunteers queried how paid staff viewed their contribution, and noted, particularly, some comments from staff about other volunteers who had Centrelink activity requirements. One advised from experience of a previous volunteering role:

> "some of the carers had that, volunteers maybe couldn't get a job and that's why they were stuck with them because Centrelink sent them here and so you would sometimes pick up certain things … I mean some of them were engineers, they had had good jobs, but they were made redundant, so you have this kind of attitude" (V)

Other respondents mentioned that they had noted some volunteers did not stay very long due to changing work commitments or noticing "young people on their phones all the time and sitting around, not very interested in contributing". There was also some reporting of a sense that carers may see volunteers as 'taking their jobs'.

Volunteer managers advised that all volunteers including those with a Centrelink requirement were individually interviewed and placed according to their skills and interest. They did not take on any volunteers who did not 'fit'. However, they were generally happy to give people an opportunity to

volunteer if they matched their requirements and were prepared to commit to a long-term involvement.

A couple of the volunteer respondents in the study received Centrelink payments and volunteering was part of their activity requirement. However, they were very clear that they chose to volunteer in aged care settings *despite* this requirement. One respondent had been out of the workplace for some time due to ill health and now had three different volunteer roles; their experience of volunteering in a particular aged care setting was the highlight as they felt so welcomed and appreciated by staff and could contribute their skills.

Obliged, mandated or community service volunteers have been found to bring different expectations to organisations, but the research on volunteers who are taking on the activity to meet welfare requirements shows the approach is important in determining both the outcome and the performance of the volunteers during their activity (Curryer, Gray, & Byles, 2018; Kampen & Tonkins, 2018; Kampen, Veldboer, & Kleinhans, 2019).

VOLUNTEERING IN REGIONAL AGED CARE SERVICES

While there is a great need for volunteers in the metropolitan area, with some aged care organisations having 200-450 regular volunteers on their books and looking to recruit more, the availability of volunteers in the regions is equally important and service delivery/activities are far more widespread in distance terms. This has implications for transport costs and availability of volunteers. The census statistics show volunteering numbers in the regions to be healthy; however, this overlooks the fact that it is often the case that a few individuals volunteer in more than one organisation and thus the actual number of individuals volunteering is sometimes unclear.

In one regional local government based service, they have about 30 regular volunteers who assist with delivering aged care and disability services: volunteers can choose from a variety of different roles across the region including delivering Meals on Wheels, assisting in a day centre and a dementia respite centre, accompanying groups of clients on bus outings and a large amount of driving clients to medical appointments in regional centres which can be up to 2 hours away.

The manager of this service advised that many services rely heavily on volunteers and could not be provided without them with budgetary restrictions on taking on more staff and the longer distances between centres. They do experience a shortage of volunteers in winter when many retired people go north (grey nomads). A staff member runs their main day club and supervises the volunteers who contribute to this activity. However, given the need for more volunteers to assist in smooth running of their services, the manager noted that volunteer management takes a lot of time and it would be good to have someone dedicated to that role at least part time if funds were available. Currently, volunteers are inducted, and police checked and then buddied with trained staff when taking on new volunteering positions. As with all volunteers, there was a high level of trust placed in those who volunteered for their service, as drivers, activity leaders etc.

Recent research on regional volunteering has highlighted some of the challenges associated with recruitment of volunteers in regional settings (Holmes, Davies, Lockstone-Binney, 2019), and illustrated that concerns expressed in the not too distant past had not yet been ameliorated (Paull, 2009).

CULTURALLY DIVERSE AGED CARE SERVICES

In the main, aged care providers cater for a wide range of cultural backgrounds, though there are a number of ethnically based organisations who provide aged care for their communities. A manager

from one such organisation was interviewed for this research with regard to volunteering. There is a long history of strong cultural support for the ethos of volunteering in this organisation and their volunteers range from young students through to older, retired people. The aged care service was initially set up and staffed by volunteers until funding became available to take on paid staff. They currently have about 200 volunteers on their books who contribute time in various ways. Food preparation for day clubs is done by volunteers and they also contribute to other wellness activities. 95% of the clients do not speak English and thus have experienced a high level of disconnection in the community. The majority are migrants who have moved to join their families in Perth and who may experience a changing culture towards family, respect for elders etc than they are used to and due to language barriers are not confident to operate independently.

This organisation has set up a wellness program to encourage their clients to keep learning and to build their own skills for looking after themselves in their new context. Activities are run by staff and volunteers.

> "Some other programs, like a wellness program, and all that, we are also depending on the volunteers. They are providing some of the skill set. Cooking, when we have cooking groups for the seniors, they will be able to come on board and do that. Kind of like a demonstrator. They are involved in the program. And then, some visit, say, at residential facilities, nursing home" (VM)

The ethos of supporting community is ingrained in this cultural community and volunteering plays a large role in ensuring it can continue to offer services for aged care clients. They are keen to find ways to include volunteers in planning and designing future activities and are wrestling with creating a culture where volunteers feel comfortable to feed back to staff about their experience or issues with volunteering. Their culture is very much about respect for elders and they realise that they now have to broaden this to respect for everyone so that volunteers and indeed, care staff feel empowered to speak honestly.

Research on aged care volunteering from CALD and NESB communities continues to identify the need for both culturally specific approaches, and inclusion, as priorities (see for example Warburton, Bartlett, & Rao, 2009; Wright-St Clair et al., 2018; Willis, et al, 2018). This is an area where more work is needed.

COMMUNITY VISITOR SCHEMES

Three of the organisations interviewed for this project have a corps of volunteers who visit some clients at home, assist with day centre and other programs or do driving and transport roles. This is dependent on funding being available under their organisation's budget. These organisations also offer aged care support packages funded by the federal governments' My Aged Care scheme, as well as CSHP, (what used to be known as Home and Community Care (HACC)).

> "clients are someone that has very little visiting and they may be socially isolated, so the support workers will tell us that there is nobody visiting except us and they may see someone once a fortnight. I go and have a chat with them and they are very happy to have somebody come for a social chat, so we fund that ourselves internally" (VM)

Funding packages vary and thus these organisations have to work within budgets, accreditation and eligibility requirements for the various volunteer services they offer. They also operate as auspices for the federal government funded Community Visitor Scheme (CVS). CVS volunteers visit aged care clients in residential care or in their own homes and other aged care operators can access CVS volunteers through the auspice as needed. CVS volunteers are carefully matched to clients and visit

one on one on a regular basis. Some CVS volunteers develop long term relationships with their client and usually only volunteer to visit one person at a time. The volunteers are required to be fully documented with police checks, they have to sign a memorandum of understanding and are also trained with regard to risk, confidentiality and boundaries around feeding and activities etc.

> "These people are actually just visiting on a one to one basis so it's there as a friendship and a buddy, someone that they can talk to, so there's no expectation of any personal care, any financial stuff, anything. No, that's all out of the boundaries." (VM)

Keeping communication lines open is vital and managers rely on volunteers to report back:

> "You pick a certain type of volunteer. A lot of vols that go into people's homes currently, are not one off, first time vols. They have been with us for x amount of years …. with people's homes, as I say, the volunteers are well known to me, I have had quite a bit of experience with them and I know of the ones that are going to report back. So, in their own homes, it is a little bit different because I need someone that is going to be very active in reporting if there is something wrong. The care workers are obviously still going in there and there might be a gardener too, so they will report as well but the volunteers that go in there are trained in wellness and so they are looking out for signs and indicators and they will come back and report if there are any issues and that is important". (VM)

Two managers reported they had moved away from provision of volunteers to visit clients still living at home. They raised the difficulty of managing this successfully, issues around volunteers 'being taken advantage of' and unrealistic expectations of the client about what the volunteer can and cannot do. Occasionally too, the volunteer can become too involved in the client's business and needs to be removed from the role.

> "So, they are assessed as needing someone to come in look at the roses, play scrabble or something. Three weeks later, we find that the volunteer is taking them shopping and taking them to every doctor's appointment they may have… it's not why the volunteer signed up for – it's an abuse of their gift of time and their good nature and those services should actually be fee for service by paid staff. So, we are abusing the offer of time from the volunteer and we are missing out on income for the fee for service." (VM)

Funding levels and availability/eligibility of clients have to be carefully managed in providing volunteer placements. The introduction of government funded consumer directed care has changed many facets of aged care provision and has contributed to an increased level of competition between providers. Whereas in the past, providers may have been willing to share information and support each other, there now appears to be an element of protecting their own client base which restricts their willingness to work with other aged care agencies, who may, in some way, be deemed to be competitors for customers. Two CVS auspices interviewed mentioned a reduced number of requests for volunteer visitors from larger aged care organisations and an increase in reliance on in-house volunteer programs.

> "The ones (CVS) that are doing well are the ones that have a package provider in-house, so they can provide to their own package care clients." (VM).

Changes to funding and to the models of care will lead to increased demand for volunteers in CVS schemes, a position highlighted in policy and research at government level (e.g. ACWST, 2018). The competitive elements may also extend to competition for volunteers and reduce the appetite for sharing of volunteers and sharing of knowledge and resources.

VOLUNTEER SHARING

Volunteer sharing was one of the areas that was raised for attention in this research**.** One perspective was that if this was in place it might alleviate some of the bureaucracy around sourcing volunteers. That said, as noted above, with the advent of consumer directed care and increasing levels of competition in the industry, the CVS auspices reported fewer requests for volunteers from large providers. The CVS is a form of volunteer sharing as the auspices can make volunteers available to other organisations and to individual clients on request. This is generally in response to a need for a particular type of volunteer to suit a resident's requirements. Volunteer sharing is perhaps most visible in the form of some volunteer drivers who 'work' for one organisation which also shares drivers and sometimes vehicles with other aged care settings needing irregular transport for outings etc.

Despite initial enthusiasm for the idea, one volunteer manager suggested volunteer sharing might be difficult to implement due to the various in-house requirements for police checks, personal interviewing/matching with clients and other risk management factors. Some organisations may feel reluctant to share processes as well as volunteers.

The organisations in this study have set up opportunities for corporate and school volunteering activities, but again, these were within restricted parameters with regard to activities and timing.

Volunteers who were interviewed were generally happy to remain in one place as they wished to maintain continuity of their relationships with the residents and the staff. They had volunteered, deliberately, close to home for this purpose. One, in particular, wasn't supportive of the idea and commented that it would create another form of bureaucracy which would distance the volunteers from the close relationships with people they were helping in order to expand and "manage" the 'free workforce'. They also noted that as competition increased, some small organisations would find it harder to continue to survive; they would have to develop a 'boutique' niche that would encourage clients to remain with them.

Examples of volunteer sharing seem to have an overarching organisation such as Seniors Corps in the USA (https://www.nationalservice.gov/programs/senior-corps/what-senior-corps) and Helpforce in the UK (https://www.helpforce.community/about/). The former recruit volunteers over 55 years of age to carry out volunteering roles in the community organisations who are affiliated with them. The volunteers are covered by volunteer insurance and trained for the particular type of volunteer activity they choose. The latter recruit volunteers for the hospital trusts and their work includes research on particular topics of interest. The volunteer bureau type setup is something which might need further exploration. (See also Allen et al. 2014).

Important to the concept of volunteer sharing is the psychological contract (or even written contract) with the volunteer at the time of their recruitment. Crucial to being able to share volunteers will be the set of expectations on the part of the volunteer, and on the part of the organisation about such matters as – skills and training, organisational policies, volunteer willingness and availability for what sort of activities, travel and distances, insurance, and, similar to new forms of employment in the gig economy, clear understandings about not being called in when "on call" not being "on call" all the time and rostering and related activities for scheduling of volunteer activity. Volunteers who are recruited to be part of a pool of shared volunteers will have different expectations to those who are recruited to one agency or organisation. This is an area for more in-depth research.

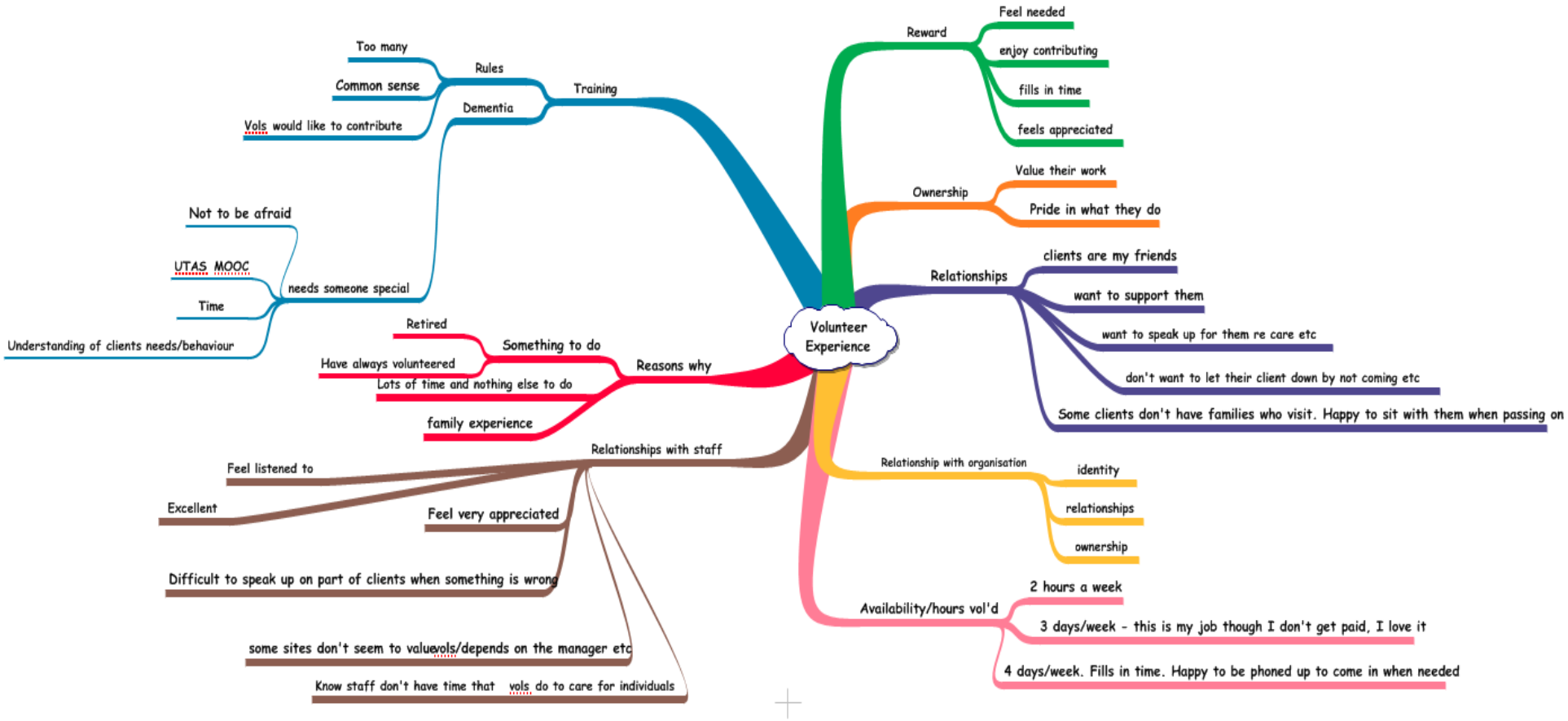
VOLUNTEER SHORTAGES

All the volunteers noted their perception that there were not many volunteers at the sites where they volunteered at the times when they themselves visited. Some also noted that staff expressed a desire to have increased numbers of committed volunteers especially for particular situations, like dementia care. It seems that some people express a desire to volunteer but when they understand the reality of the situation they are placed in, find it not to their liking and just don't turn up again. This is a source of frustration to the volunteer managers who have recruited them and contributes to the on-going need to recruit. It may also speak to the skill in interviewing and placing volunteers in situations where they can contribute and thrive.

One volunteer suggested that there may well be many people who work full time who would be interested in volunteering in the evenings or at weekends. This would be particularly useful if drivers were available to take clients to medical appointments late in the day or early evening, when the main service was closed. Currently, clients rely on taxis if a driver is not available for patient transport. The volunteer felt that volunteer drivers give that extra little bit of care and would see them home safe.

The need for increased numbers of volunteers was echoed across the data, with this being a priority in the literature as well. Thinking differently about recruiting and retaining volunteers is likely to be an increasingly important aspect of managing volunteers in aged care settings.

THE VOLUNTEER EXPERIENCE



CONSIDERATIONS FOR FUTURE VOLUNTEERIGN IN AGED CARE SETTINGS:

The evidence in this pilot is that the involvement of volunteers in aged care settings adds value to the organisations and to their service delivery. Organisations, however, appear to place varied value on their volunteer programs and may need to pay more attention to this particularly in this time of review of aged care in general.

It is clear that volunteer managers need to be skilled in their roles to recruit, place and manage volunteers and to embed them in receptive spaces in varied aged care settings, a factor not dissimilar to all settings involving volunteers. One aspect of this is the need for clear boundaries for the activities of volunteers. There is also evidence that staff need to be supported to understand the role of volunteers as an aid to their ability to care for residents, as opposed to concern about conflicting/taking away paid jobs.

Volunteers receive great value from playing a positive role in the aged care settings, both in terms of having something valuable to do with their time and in their sense of feeling needed and appreciated. In particular they want to contribute skills and knowledge/activity as opposed to being simply valued for their presence.

Importantly for the purpose of examination of possibilities for volunteer sharing, volunteers already in place form an attachment to their current place of volunteering and have made that choice for themselves and may be reluctant to be "shared". Similarly, organisations and managers feel a sense of ownership of "their" volunteers and this may influence their willingness to "share" volunteers or bring in "shared" volunteers. Finally, varied and variable health and safety practices, organisational processes and protocols all contribute to the obstacles to sharing volunteers.

ON THE HORIZON

Work that has been done outside this project has identified options for recruiting more volunteers (see for example: Haski-Leventhal et al. 2018; Haski-Leventhal et al. 2019; Mex, 2018; Warburton, Moore and Oppenheimer 2018). What is apparent is that there are important considerations now in need of exploration such as:

- Development of different types of volunteering opportunities to attract a range of different individuals to volunteering in aged care settings
- Continued respect and support for traditional volunteering

as well as

- Consideration of the changes to funding models and approaches and the impact on volunteering in aged care settings

and

- Further conversations about collaboration and co-operation which could lead to innovative forms of volunteer sharing and flexible volunteering in the light of these.

There are a number of additional factors which are also important to include in those conversations. These include elements identified in the Aged Care Workforce Strategy Taskforce report (ACWST, 2018):

- Volunteer accreditation (ACWST 2018 p. 15),

- Opening up volunteer pathways to employment "with suitable training" (ACWST 2018 p. 30);
- Centralised registration of all care staff likely to include volunteers (ACWST 2018 p. 42); and
- Opportunities for volunteers to continue to volunteer as they age (ACWST 2018 p. 61).

The strategy report recognises that the attraction and retention of volunteers for both home-based and residential aged care requires connections with the community, and as well as making sure that volunteers are not taking on tasks which should be allocated to paid employees. Microskilling of volunteers is seen as part of a regime of provision of appropriate training and support (ACWST, 2018 p 61).

It will be important to further this work by broadening the scope to include more organisations, more aged care volunteers, volunteers in other settings, CALD and NESB volunteers, and non-volunteers as well as managers and experts across the sector. Key to that exploration will be how the concept of "volunteer sharing" might be further developed while at the same time retaining and valuing more traditional volunteer setups.

RECOMMENDATION FOR TRIAL OF VOLUNTEER SHARING

The evidence in this report is that individuals recruited to a specific role or organisation are not necessarily likely to be willing to be "shared". It was also clear that there are likely to be organisational barriers to volunteer sharing. This does not mean, however, that a model of volunteer sharing cannot be developed, and it is posited that a shared trial of a pool of volunteers specifically recruited to be "shared" would be a worthwhile exercise. This is because those volunteers specifically recruited to be "shared" would perhaps be open to the idea due to different expectations from the start.

The research on the psychological contract, for volunteers and for paid staff, provides evidence that expectation formation plays a crucial role in the satisfaction of both individuals and organisations in the development of satisfaction and performance. Volunteer satisfaction is a key factor in retention, and although volunteer retention is not solely predicated on satisfaction (See for example…. REF), it is likely that volunteers who feel satisfied that their expectations are met are likely to continue to be willing to be "shared".

A trial program could take a number of forms:

OPTION 1: **Organisations loan out their volunteers**

A group of willing organisations recruiting volunteers and asking them if they are willing to be "loaned" to other organisations in times of need – but they would remain "named organisation" aged care" volunteers.

> This would require participating organisations to agree to recruit volunteers to "shared" roles. Organisations participating in this would need some form of agreement with the volunteers, and with each other for sharing.

OPTION 2: Organisations recruit portfolio volunteer's names

A group of willing organisations recruiting volunteers as "portfolio" volunteers – where they are happy for their names to be passed on to other organisations because they are looking for more than one place to volunteer

This would require different recruiting messages and agreements between organisations to pass on information. Some level of benefit to volunteers to not have to be retrained at each organisation may need to be agreed between organisations as well.

OPTION 3: A volunteer sharing bureau is established and hosted – "on call" volunteers

Establishment of a shared or joint 'bureau' where volunteers register to be "on call" for a range of organisations.

This would need a "host" organisation for the trial – and that could potentially be Volunteering WA, should participants in the trial be willing.

No model or program has been identified in this or other locations, and so this is likely to be a ground-breaking form of volunteering, but models operated by organisations in the gig economy might serve as useful tools to inform establishment of systems and processes for organising such a bureau.

OPTION 4: Combination of Options 1-3

Consideration might also be given to all of the above options being set up as part of the pilot to ascertain the most conducive elements in each option and what impediments are encountered.

For all of the options proposed

Consideration will need to be given to how insurance, induction and training would be handled, and by whom. Similarly, those organisations who receive or seek "shared" volunteers would need to be clear about the circumstances in which they will engage with the other organisations and the shared volunteers.

Agreements will need to be reached about volunteer induction and training needs, and a standard form of agreement to be signed by volunteers will need to be established.

Agreements will also need to be established between organisations about conversion of "shared" volunteers to regular volunteers in one or more organisation, and also about some of the complexities of managing unsatisfactory performance, including confidentiality.

CONCLUSION

Several questions remain unanswered by this pilot study into volunteering in aged care settings. The notion of "volunteer sharing" requires further exploration, and establishment of a trial which incorporates understanding of volunteer and organisational expectations is seen as a next step in developing this concept. The initial results do not preclude a successful model for volunteer sharing, but do highlight key considerations which may impede introduction of such a model without careful preparation and agreements in place as well as cultivation of expectations which meet the needs of all parties.

LIST OF REFERENCES

ACPNS see Australian Centre for Philanthropy and Nonprofit Studies

ACWST see Aged Care Workforce Strategy Taskforce

Aged Care Workforce Strategy Taskforce

Aged Care Workforce Strategy Taskforce (2018) A matter of care. Australia's aged care workforce strategy.

Allen, R. S. ,et al. (2014). Can senior volunteers deliver reminiscence and creative activity interventions? Results of the legacy intervention family enactment randomized controlled trial. J*ournal of Pain and Symptom Management*, *48*(4), 590-601.

ASCARC see Australian Senate Community Affairs References Committee

Australian Senate Community Affairs References Committee. (2018). *Future of Australia's aged care sector workforce*

Bankwest Curtin Economics Centre. (2018). *To health and happiness. WA's Health Industry Future*. (Focus on Industry Series 3). Author: Bentley WA.

BCEC see Bankwest Curtin Economics Centre

Brudney, J. L., & Sink, H. K. (2017). Volunteer management: It all depends. In *The Nonprofit Human Resource Management Handbook* (pp. 204-222). Routledge.

Cady, S. H., Brodke, M., Kim, J. H., & Shoup, Z. D. (2018). Volunteer motivation: A field study examining why some do more, while others do less. *Journal of Community Psychology*, *46*(3), 281-292.

Chorus. (2019). *Volunteering Trends study: Executive summary*. Curtin University: Bentley. Available at https://chorus.org.au/australian_volunteering_trends_2019/

Creaven, A. M., Healy, A., & Howard, S. (2018). Social connectedness and depression: Is there added value in volunteering?. *Journal of Social and Personal Relationships*, 35(10), 1400-1417.

Crittall, M., & Herbst, J. M. (2016). New technologies. In *Giving Australia 2016: Literature Review* (pp. 208-234). The Australian Centre for Philanthropy and Nonprofit Studies (ACPNS), Queensland University of Technology, Centre for Social Impact, Swinburne University of Technology and the Centre for Corporate Public Affairs.

Curryer, C., Gray, M., & Byles, J. E. (2018). Older Women's Expectations of Care, Reciprocity, and Government Support in Australia.'Am I Not Worthy?'. *Ethics and Social Welfare*, *12*(3), 259-271.

Department of Health (2017) *The aged care workforce 2016: 2016 National Aged Care Workforce Census and Survey*. Author: Canberra. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/03_2017/nacwcs_final_report_290317.pdf

Englert, B., & Helmig, B. (2018). Volunteer performance in the light of organizational success: A systematic literature review. *Voluntas: international journal of voluntary and nonprofit organizations*, *29*(1), 1-28.

Fujiwara, D., Lawton, R. & Watt, W. (2018). GIVERS: Using behavioural science to recruit and retain volunteers

Hager, M. A., & Brudney, J. L. (2015). In search of strategy: Universalistic, contingent, and configurational adoption of volunteer management practices. *Nonprofit Management and Leadership*, *25*(3), 235-254.

Harp, E. R., Scherer, L. L., & Allen, J. A. (2017). Volunteer engagement and retention: Their relationship to community service self-efficacy. *Nonprofit and Voluntary Sector Quarterly*, *46*(2), 442-458.

Haski-Leventhal, D., Meijs, L. C., Lockstone-Binney, L., Holmes, K., & Oppenheimer, M. (2018). Measuring volunteerability and the capacity to volunteer among non-volunteers: Implications for social policy. *Social Policy & Administration*, *52*(5), 1139-1167.

Haski-Leventhal, D., Oppenheimer, M., Holmes, K., Lockstone-Binney, L., Alony, I., & Ong, F. (2019). The conceptualization of volunteering among nonvolunteers: using the net-cost approach to expand definitions and dimensions of volunteering. *Nonprofit and Voluntary Sector Quarterly*, *48*(2_suppl), 30S-51S.

Holmes, K, Davies, A., & Lockstone-BInney, L. (2019). *The social and economic sustainability of WA's rural volunteer workforce*. Bankwest Curtin Economics Centre, Bentley.

Kampen, T., Veldboer, L., & Kleinhans, R. (2019). The Obligation to Volunteer as Fair Reciprocity? Welfare Recipients' Perceptions of Giving Back to Society. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 1-15.

Kampen, T., & Tonkens, E. (2018). A personalised approach in activation. Workfare volunteers' experiences with activation practitioners. *European Journal of Social Work*, 1-12.

LaFontaine, A, Sethi, G., Kabacam, M. (2018) *Reimagining the aged care workforce. Korn Ferry report prepared for the Aged Care Workforce Strategy Taskforce.* Available: https://agedcare.health.gov.au/sites/default/files/documents/09_2018/reimagining_the_aged_workforce_-_korn_ferry_hay_group_report.pdf

Lowe, G., Willis, G., & Gibson, K. (2019). You do what? A qualitative investigation into the motivation to volunteer with circles of support and accountability. *Sexual Abuse*, *31*(2), 237-260.

Lowenberg-DeBoer, K., & Akdere, M. (2018). Integrated Review of Volunteer Retention and Implications for Training. *International Journal of Volunteer Administration*, *33*(2), 19-38.

McGregor-Lowndes, M., Crittall, M., Conroy, D., & Keast, R (with Baker, C. Barraket, J. & Scaife, W) (2017). *Individual giving and volunteering*. *Giving Australia 2016* report series commissioned by the Australian Government Department of Social Services. Brisbane, Queensland: The Australian Centre for Philanthropy and Nonprofit Studies, Queensland University of Technology, Centre for Social Impact Swinburne, Swinburne University of Technology and the Centre for Corporate Public Affairs.

Meijs, L., Brudney, J., & Van Overbeeke, P. (2019). More is less? The volunteer stewardship framework and models. *Nonprofit Management and Leadership*.

Meneghini, A. M., Mikulincer, M., & Shaver, P. R. (2018). The contribution of caregiving orientations to volunteering-related motives, costs, and benefits. *Personal Relationships*, *25*(4), 517-537.

Meyer, D., Schmidt, P., Zernikow, B., & Wager, J. (2018). It's all about communication: a mixed-methods approach to collaboration between volunteers and staff in pediatric palliative care. *American Journal of Hospice and Palliative Medicine*, 35(7), 951-958.

Mex, C. (2018). Stepping up or stepping out? Recruitment and retention of volunteer leaders in grassroots associations. *Third Sector Review*, *24*(1), 71.

Nesbit, R., Christensen, R. K., & Brudney, J. L. (2018). The limits and possibilities of volunteering: A framework for explaining the scope of volunteer involvement in public and nonprofit organizations. *Public Administration Review*, *78*(4), 502-513.

Pardasani, M. (2018). Motivation to volunteer among senior center participants. *Journal of Gerontological Social Work*, *61*(3), 313-333.

Paull, M & GIrardi, A. (2018) Valuing volunteer managers. Presentation to

Paull, M. (2009). *Barriers to volunteering by newcomers in Wheatbelt towns in Western Australia: Better connections: Wheatbelt volunteering*. West Perth, W.A.: Volunteering WA.

Rombach, M., Kang, E., & Bitsch, V. (2018). Good deeds revisited: motivation and boundary spanning in formal volunteering. *International Review on Public and Nonprofit Marketing*, *15*(1), 105-126.

Royal Commission into Aged Care Quality and Safety (2018) *Terms of Reference*. Available at: care.royalcommission.gov.au/Pages/Terms-of-reference.aspx

Saldaña, J. (2015). *The coding manual for qualitative researchers*. London: Sage.

Scaife, W, McGregor-Lowndes, M., Barraket, J & Burns, W (Eds). (2016). *Giving Australia 2016: Literature Review*. Brisbane, Queensland: The Australian Centre for Philanthropy and Nonprofit Studies, Queensland University of Technology, Centre for Social Impact Swinburne University of Technology and the Centre for Corporate Public Affairs.

Stephens, J., Simpson, T., Holmes, O. S., Collins, R., Silver, M., & Bhar, S. S. (2016). Volunteers befriending older adults in aged care residencies: three case studies. *Australian Psychologist*, *51*(2), 164-170.

Steunenberg, B., van der Mast, R., Strijbos, M. J., Inouye, S. K., & Schuurmans, M. J. (2016). How trained volunteers can improve the quality of hospital care for older patients. A qualitative evaluation within the Hospital Elder Life Program (HELP). *Geriatric Nursing*, *37*(6), 458-463.

Tabassum, F., Mohan, J., & Smith, P. (2016). Association of volunteering with mental well-being: a lifecourse analysis of a national population-based longitudinal study in the UK. *BMJ open*, *6*(8), e011327.

Toner, S., Fabisch, K., Priebe, S., & Klug, G. (2018). Attitudes towards severe mental illness and social distance: A survey of volunteer befrienders in Austria. *International Journal of Social Psychiatry*, *64*(5), 470-475.

van Schie, S., Gautier, A., Pache, A. C., & Güntert, S. T. (2018). What keeps corporate volunteers engaged: Extending the volunteer work design model with self-determination theory insights. *Journal of Business Ethics*, 1-20.

Volunteering Australia. (2017). Submission to the Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised. Author: Canberra. Available at https://www.volunteeringaustralia.org/wp-content/files_mf/1503278511SubmissionontheEffectivenessoftheAgedCareQualityAssessmentandaccreditationframework.pdf

Volunteering Australia. (2018). Submission to the Department of Health on The Australian Charter of Aged Care Rights.

Volunteering Australia. (2018) Submission to the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia

Warburton, J. Moore, M. & Oppenheimer, M. (2018) Challenges to the recruitment and retention of volunteers in traditional nonprofit organizations: A case study of Australian Meals on Wheels, *International Journal of Public Administration*, 41:16, 1361-1373

Warburton, J., Bartlett, H., & Rao, V. (2009). Ageing and cultural diversity: Policy and practice issues. *Australian Social Work*, *62*(2), 168-185.Warburton, J., Bartlett, H., & Rao, V. (2009). Ageing and cultural diversity: Policy and practice issues. *Australian Social Work*, *62*(2), 168-185.

Wickings Institute (University of Tasmania). (nd). Understanding Dementia. Available at: https://www.utas.edu.au/wicking/understanding-dementia.

Willems, J., & Dury, S. (2017). Reasons for not volunteering: overcoming boundaries to attract volunteers. *The Service Industries Journal*, *37*(11-12), 726-745.

Willis, E., Xiao, L. D., Morey, W., Jeffers, L., Harrington, A., Gillham, D., & De Bellis, A. (2018). New migrants in residential aged care: Managing diversity in not-for-profit organisations. *Journal of International Migration and Integration*, *19*(3), 683-700.

Wright-St Clair, V. A.,et al. . (2018). Late-life Asian immigrants managing wellness through contributing to socially embedded networks. *Journal of Occupational Science*, *25*(1), 51-64.