



# Working with Volunteers and Managing Volunteer Programs in Health Care Settings

INVESTING IN AUSTRALIA'S HEALTH

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The NHMRC would like to thank Volunteering Australia for the assistance given in the preparation of this manual. Their invaluable contribution has enabled a quality product to be prepared for Volunteers in the Health Care Sector. Volunteering Australia would be pleased to assist should further information be required to develop a quality volunteer management system within your organisation.

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## PREAMBLE

The NHMRC and Volunteering Australia recognise that volunteers play an integral part in our health care system, particularly in rural and remote areas of Australia. Often resources available to managers of volunteers to assist them with recruitment, training and supervision are limited. This document has been developed by the NHMRC in recognition of volunteers in the health care sector and to guide and manage this important resource.

There are an estimated 330,000 health sector volunteers aged over 18 years in Australia who provide more than 12 million hours of service every year. More than 15 per cent of these 330,000 volunteers have donated their time for more than ten years. This band of volunteers forms the major part of the not-for-profit sector's workforce.

Data cited in the Social Policy Research Centre (SPRC) Report, *The community's most valuable [bidden] asset – Volunteering in Australia* suggest that volunteer activity in 1997 had a gross value of \$41 billion based on a value of \$17.10 per hour, including the running costs for volunteers' vehicles. The SPRC report (2002) concludes that, although different models give different estimates for the value to the community of volunteer activity, the quoted figures, at the high end of available estimates, are the 'most defensible estimate of the dollar value of volunteering'.

The types of activities in which volunteers participate are wide ranging, as is the case for paid workers. The Australian Bureau of Statistics report, *Voluntary Work 2000*, cites the most frequent activities as fundraising (56%), management (45%), teaching (44%) and administration (41%). Other commonly reported activities were preparing and serving food, transporting people or goods, home maintenance and gardening, coaching, befriending and counselling, and personal care and assistance. Males were more likely to volunteer for coaching, repairs and gardening whereas female volunteers were more likely to be involved with food preparation, personal care and counselling.

It is not unusual for volunteers to be involved with crisis management. A significant number of emergency services volunteers who are in rural areas for example ambulance volunteers, deal with crisis situations.

About one third of all volunteers worked for two or three organisations, particularly in the 45–54 year age group. Organisations linked with community/welfare and sport/recreation accounted for almost half of volunteer hours. Only about 11 per cent of women and 5 per cent of men gave their time to organisations involved with health. The health care sector was one of the first to engage volunteers in what were often relatively unskilled roles, such as running cake stalls or serving afternoon tea to patients. That circumstance has now changed dramatically. Volunteering covers areas from sport and recreation to the environment, and the types of positions available to volunteers are many and varied. Hospitals and health care deliverers have been forced to compete with these areas to attract their quota of volunteers.

Volunteers in health care are likely to be exposed to potentially adverse situations if they make home visits and deal with difficult patients. Risks related to occupational health and safety issues may require greater management for volunteers in health care.

Also, they may require more formal training before being equipped to do their designated work.

To a large degree, the management of a volunteer program in the health care sector resembles that for any other industry involving volunteers, however there are some important 'core' issues specific to health care.

Some of these are:

- privacy and confidentiality of health information, especially in an institutional setting
- occupational health and safety concerns related to:
  - psychological problems arising from dealing with disease and death, or dealing with mental illnesses, drugs and aggrieved relatives
  - the possibility that volunteers exposed to infectious diseases will become infected themselves or pass on infection.
- the need for training, often intensive, to maintain best practice in health-related areas, eg manual lifting
- risk assessment and minimisation for the many potentially adverse situations that may be encountered during home visits and respite care. Potential risks may be as diverse as:
  - accusations of dishonesty
  - the discovery of a dead person etc.
- insurance – public liability, accident.

For those organisations proposing to start a volunteer program, or whose current program needs improvement or revitalisation, it is important to ask:

- Why are volunteers being sought?
- What can reasonably be expected of volunteers?
- Is the task appropriate for a volunteer position? This may best be answered through consultation both within the organisation and with other health networks.

The answers to these questions have a bearing on the resources and support required to achieve an effective volunteer program that will deliver benefits to the organisation, the volunteer and the community.

Volunteer management needs to be aware that in order for paid and unpaid workers to trust and support one another, they need to have a clear understanding of their respective roles within the organisation.

Guidelines to consider when introducing or developing a volunteer program include:

- volunteer activity should complement the work done by paid staff
- volunteer activity should not threaten the jobs of paid staff
- consultation between management, paid staff and volunteers should precede any changes to the level of volunteer activity
- the nature and extent of volunteer activity should be understood by all members of the organisation.



## Aim and scope of the manual

This manual aims to provide a practical point of reference to assist in all steps of volunteer management, from recruiting volunteers through to the management process once a program has become operational.

The primary target audience for this manual are those members of a healthcare organisation. The category 'Health' in the ABS report was defined as those organisations providing health care as both general and specialised services, and administration of health care services and health support services, medical research foundations and emergency health services. This definition includes support groups for particular health conditions, hospitals and nursing homes, regional health services, Alcoholics Anonymous, eating disorder groups, Family Planning Associations and Royal Flying Doctor Services. These organisations would normally be involved in the recruitment and management of a volunteer workforce.

In addition, there is a specific section directed to Chief Executive Officers of hospitals and other health care organisations.

The intent of the manual is to provide a considered overview of the essential components of an effective volunteer program. Information is presented in a non-prescriptive way to give the manual relevance to a wide range of organisations broadly involved in 'health care'.

The manual has drawn extensively on information from the Volunteering Australia Inc document *National Standards for Involving Volunteers in No-for-Profit Organisations, 2001*, development of which was founded on the belief that organisations have a responsibility to offer their volunteers best management practices. (Refer Appendix 2 – Further Resources)

## Structure of the manual

The manual is divided into two parts.

Part A – provides the context and background to volunteering in the health care sector.

Part B – covers a number of areas of relevance to both the volunteer and the volunteer manager.

Topics include:

- Role of the Chief Executive Officer (CEO) in the establishment and management of the volunteer program;
- Issues to consider and strategies to be developed;
- Administration;
- Volunteer Policy, procedures and job descriptions;
- Recruitment;
- Selection Methods;
- Induction, Orientation and Training;
- Matching Volunteers with Consumers;
- Supervision;
- Support and Recognition;
- Resignation;
- Termination;
- Occupational Health and Safety.

A section entitled Further Resources has been included to supplement the content of this manual. It cites relevant publications where additional information may be sought in hard copy and/or on the Web.

### Levels of evidence for information contained in this manual

During the research phase for this manual, it became apparent that there is very little evidence-based information available on any aspect of volunteering in the health care sector or elsewhere.

Using the NHMRC scale for the 'strength of evidence', this manual is rated as level IV – 'evidence obtained from case series, either post-test or pre-test and post-test.

## Section 1: Background to volunteering in Australia

### The history of volunteering

*People Power: Australia's Volunteers*, edited by J&J Barwick and published in 2001, provides a brief history of volunteering in Australia. Some of the earliest volunteering activities were organised around church groups. In 1813, the New South Wales Society for Promoting Christian Knowledge and Benevolence in these Territories and the Neighbouring Islands was established to give aid to the poor and the aged who were no longer able to work. The Governor of New South Wales at the time granted the Society some funds to assist with its work.

Also formed in the 19<sup>th</sup> century were the Female Friendly Society (1826) to assist the sick and aged, and the Sydney City Mission, formed in 1862 to aid the poor. The Royal Life Saving Society began patrolling beaches in 1894 and continues to operate across the country in 2003.

The Australian Red Cross began in 1914 to tend the sick and wounded, particularly as a result of war and disaster. The blood service was introduced in 1938. Another long-standing volunteer organisation is Meals on Wheels, which, since 1953, has provided daily meals for aged people or those with disabilities. The service is run by local councils with volunteers delivering meals to homes.

The recent trend of 'corporate volunteering' in which private companies allow staff time off to perform volunteer work with a not-for-profit community organisation had its origins during World War II when industries provided clerical staff for the Red Cross and the armed services.

## Section 2: Trends in volunteering

The Wesley Mission Sydney published a special report in 2001 *The Faces of Volunteering*, which identified a number of trends in volunteering. They include:

- greater volunteer involvement in rural and regional areas than in metropolitan areas;
- less time available for volunteering due to pressures on the paid workforce;
- government funding of programs in which volunteers deliver the service;
- greater professionalism among volunteers;
- more formal requirements in the management of volunteers; and
- replacement of positions previously undertaken by volunteers with paid positions.

Another developing trend relates to the expanding responsibilities of volunteer managers. Sound management practice now incorporates:

- defined selection protocols including interviews and written agreements;
- attention to legislative requirements and occupational health and safety issues;
- the provision of training for volunteers; and
- record keeping.

The SPRC report (2002) on volunteering in Australia also identifies a number of trends both here and overseas. They include:

- **Corporatisation.** During the 1990s, Federal and State governments have tended to shift the responsibility for the delivery of welfare-related services to the community and volunteer sector. As a result of competitive tendering, there is an increased demand for volunteers, greater accountability and reporting requirements and more competition for funds.
- **Professionalisation.** Volunteer organisations are increasingly applying the management techniques used by human resources departments. The professional development of volunteers is recognition that the volunteer contribution is comparable to that of paid staff. In Australia and elsewhere, the position of volunteer manager has become a career role.
- **Student Volunteers.** In North America, student volunteering has become integral to university education. Youth volunteering is also prevalent in Canada where a period of volunteer work is a prerequisite for university placement. Note that this form of volunteering appears to involve a degree of coercion and would not comply with many of the definitions of volunteer work currently in use in Australia.
- **Older People as Volunteers.** The growing proportion of older people and the increasing need for volunteers have created an interest in targeting older people such as retirees as potential volunteers. The USA and the UK have initiated a range of programs to attract this group to volunteer activities. Some Australian states have introduced similar programs.
- **Internet Volunteering.** In Australia and internationally, there are websites dedicated to facilitating the matching of volunteers to projects. Some of these also enable experts to offer advice on-line as a form of 'virtual volunteering'.
- **Corporate Volunteering.** This can take two forms – volunteer programs in which an employer supports a volunteer effort by allowing employees time off to participate; or corporate citizenship, in which the corporation contributes to the quality of community life. The USA has established Corporate Volunteer Councils, which are groups of companies with employee volunteer programs.

### Other international trends

Andy Fryar, executive officer of the Lyell McEwin Regional Volunteers Association has observed the following international trends:

- ***Episodic Volunteering***. Volunteers are increasingly taking up positions on a short-term basis, rather than committing their time to one organisation in the longer term. A similar trend is seen in Australia, necessitating volunteer managers to allow for and accommodate a new culture in which provision is made for volunteers to come and go.
- ***Challenging Roles***. In some newer facilities such as hospitals in Asia, the approach toward volunteering is to offer more integral and challenging roles to volunteers eg attending critical care theatres and relaying information to family members.

## Section 3: The myths of volunteering

### ***Volunteers are unskilled***

Perhaps the most pervasive myth is that volunteers are unskilled - that 'unpaid' somehow equates with 'unprofessional'. Acceptance of this view is detrimental to the relationship between volunteers and those members of the paid workforce with whom they interact.

A case study published in *Australian Volunteers at Work* ('Like the career staff, we're professional' by Christine Rowe, p85) illustrates this point very effectively. Christine Rowe is one of 14 volunteer ambulance crew members at Mannum on the River Murray in South Australia. She trained for 12 months before being ready to join the crew and continues to attend a 2.5 hour training session once a week. Christine is team leader of the ambulance service which is run around the clock, entirely by volunteers. Members of the ambulance crew must be able to diagnose different conditions, operate medical equipment and provide a comprehensive hand-over report on arrival at hospital.

### ***Volunteers are older people/unemployed people/women...***

According to the Australian Bureau of Statistics report, *Voluntary Work 2000*, published in June 2001, the estimated number of volunteers aged over 18 years increased between 1995 and 2000 from 3,189,400, or 24% of the civilian population of the same age, to 4,395,600, or 32%. The efforts of these volunteers were estimated to contribute more than 700 million hours of voluntary work in 2000. The proportion of females aged below 44 years was greater than that for males. In the 18 to 24 year group, the percentage of men and women was similar. The survey found that people in paid employment, whether full or part time, were much more likely to volunteer than people who were unemployed.

### ***Volunteer programs do not need resources***

Volunteer programs definitely do need resources. Taking salaries for volunteer positions out of the budget still leaves a substantial bottom line. The costs can be for items as diverse as reimbursement of travel expenses to provision of stationery, photocopying, insurance and social functions. In addition, there is the cost to the organisation of the paid staff who manage the volunteer program. With the trend toward corporatisation of the community and volunteer sector, additional resources are needed to manage contractual commitments and to prepare tenders, and there is the risk that organisations will lose expertise owing to short-term employment contracts (SPRC report 2002).

### ***Volunteer programs 'just happen'***

As this manual illustrates, considerable planning, management, feedback and review are required to achieve an effective management program.

## Section 4: Issues related to volunteer programs in health care organisations

### The differing contexts of volunteering in rural, regional and metropolitan areas

Many aspects of the volunteer experience from either the volunteers' or the manager's perspective are common to rural, regional and metropolitan areas, although there are some broad differences.

The incidence of volunteering is likely to be higher in rural and regional areas. On the other hand, the number of available volunteers is much smaller than in cities.

The SPRC report (2002) identified the financial costs of volunteering as an issue for volunteers in rural areas, as well as those on a limited income such as a pension. Key among such costs were petrol and use of a private car over the large distances often required for rural volunteers.

Volunteers in rural and regional areas were more likely to assist their clients with in-kind and financial support, for example meals, furniture and transport, than those in metropolitan areas.

### Methods of volunteer management

One of the stereotypes attributed to the volunteer sector is that the management of volunteers is somehow less important or less demanding than management of the paid workforce. This type of misconception is illustrated by the disparity in salaries for, say, the director of nursing and the volunteer manager at the same organisation. With the boundary between what constitutes a volunteer position versus a paid position becoming increasingly indistinct, volunteer management should be considered as another arm of human resources.

### Funding

While volunteer staff are not paid a salary, it is important that organisations allocate funding for the resources needed to run the volunteer program. Such resources include the salaried positions necessary to manage the program, and in the health setting, costs of continuing education, such as attending conferences, should be made available to the volunteer manager.

A checklist for assessing the appropriate level of volunteer funding could include:

- Does the volunteer unit have access to the same resources as other members of the organisation? These could include such items as computers, photocopiers and fax machines as well as access to the Internet and e-mail accounts.
- Is there sufficient qualified paid staff to manage the volunteer unit?
- Is the volunteer unit accessible and suitably furnished?
- Is funding allocated for basic and ongoing training of the volunteer staff?

### Sociopolitical context

The involvement of State and Territory governments in volunteering has increased since the late 1990s. Some states now have a Minister with responsibility for volunteering, however volunteering is more generally a budgetary item.

With government entering the domain of the volunteer sector, which has traditionally been community based, the nature of the interaction between the two groups is a potential issue. Those with experience in volunteering believe it to be important that the two groups work together and that government agencies understand that the volunteer sector is well established and can lay claim to considerable expertise from multi-skilled individuals and groups.

### **Insurance**

Volunteers that attended focus groups conducted by the SPRC all mentioned insurance as a concern, both for the volunteers themselves and for the organisations they represented. Participants voiced uncertainty about whether volunteer activities were covered, who had responsibility for insuring volunteers and how claims could be made.

### **The privacy and confidentiality of clients**

Volunteers attending SPRC focus groups expressed concern about the privacy and confidentiality of their clients. It was felt important that organisations should have documented procedures and policies to cover any ethical issues that may arise.

### **The changing demographic of volunteers**

A research project entitled '*BOOMNET" Capturing the Baby Boomer Volunteers, A 2001 Research Project into Baby Boomers and Volunteering*' was commissioned in 2001 by the Western Australian Department of the Premier and Cabinet in partnership with the Office of Senior Interests.

The aim of the research was to identify why baby boomers did, or did not, volunteer, and to suggest strategies to encourage their involvement in volunteer activities. A second report on research involving this group of potential volunteers was *Older People and Volunteering* prepared by Heartbeat Trends for the 2001 New South Wales Premier's Forum on Ageing.

The acronym BOOMNET stands for Boomers, Organised, Openness, Meaningful, Needs, Education, Time. It represents the areas on which organisations will have to concentrate in order to recruit baby boomer volunteers.

Generally, the same issues were important to rural and urban baby boomers. They expected a professionally run volunteer program for both the clients and the volunteer workers. They valued recognition and appreciation of their contribution by all members of an organisation and wanted to be involved in the organisation's continuing process of evaluation and consultation.

Baby boomer volunteers expected to be offered 'meaningful, interesting, creative and challenging volunteering opportunities.' They wanted to develop their skills through education programs of benefit to both themselves and the organisation. They were unlikely to make a long-term commitment.

Heartbeat Trends' report shared a number of outcomes with the BOOMNET report. It noted that while baby boomers and the older preceding generation felt there was less community spirit apparent now than in the past, there was a strong desire to see that spirit rekindled. It was suggested that this be taken into account when recruiting and engaging volunteers.



Some key findings of the reports were:

- The best recruitment and retention tactics rely on personal experiences. Knowing a volunteer or someone who needs assistance, and the feeling of making a difference, are regarded as positive for present or future volunteers.
- A government 'directive' aimed at encouraging volunteerism produced a very negative response from the discussion groups involved in the research, suggesting that top down recruitment strategies are likely to be unsuccessful.
- There are four categories of volunteer:
  - The Nurturers, who are predominantly female, usually mothers. Their motivation to volunteer is emotional connection and self-worth and they are likely to work with vulnerable people.
  - The Adventurers, who are 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.

## **Section 1: Role of the Chief Executive Officer (CEO) in establishment and management of the volunteer program**

In the health care setting, many organisations have a volunteer program in place, or are considering instigating one. Yet most senior executives have received no formal training directed toward volunteering (Ellis 1996).

While direct responsibility for a volunteer program is likely to fall to a Director of Volunteers or similar position, the CEO nevertheless has a number of important responsibilities related to the program. Without the commitment of all levels of management and indeed the staff, the program will be struggling to succeed. Commitment is fundamental to the success of the program.

### **Responsibilities of the CEO**

This list is not intended to be exhaustive. It is included as an indication of the types of responsibilities requiring consideration at the senior executive level.

The CEO should:

- Understand the role of volunteer management, which may be a blend of supervisor, coordinator and director. This understanding is crucial when appointing volunteer managers with the appropriate professional qualifications and/or experience
- Identify the need for a volunteer program taking into consideration:
  - What can reasonably be expected of volunteers?
  - Are the tasks appropriate for volunteers?
  - Are there other options available?
- Decide how best to involve the volunteer manager to produce an effective team for implementing the volunteer program
- Allocate an adequate budget to support the volunteer workforce, which may include provision for items as diverse as insurance, tea making facilities, bulletin boards, certificates of appreciation or lockers. A checklist for assessing the appropriate level of volunteer funding could include:
  - Does the volunteer unit have access to the same resources as other members of the organisation? These could include such items as computers, photocopies and fax machines as well as access to the Internet and e-mail accounts.
  - Is there sufficient qualified paid staff to manage the volunteer unit?
  - Is the volunteer unit accessible and suitably furnished?
  - Is funding allocated for basic and ongoing training of the volunteer staff?
- Regard the volunteer program as an integral part of the organisation
- Understand the relationship between salaried staff and volunteer staff
- Understand the rights and responsibilities of the volunteers, as covered by legislation and the organisation's policies
- Participate in setting policy for the integration of volunteers into the organisation
- Meet regularly with the volunteer manager

- Know the costs involved in conducting a volunteer program and the security provided by administrative support
- Know the aims of the program and the desirable outcomes
- Know the relevant State and Territory legislation as it applies to volunteers
- Ensure that evaluation of the volunteer manager is based on the ability to conduct and develop the program
- Ensure that evaluation of paid staff members includes their ability to work well with volunteers
- Be aware of the particular circumstances in rural settings in which a limited number of volunteers may be spread over vast distances, creating a potential barrier to effective communication and feedback.

## Section 2: Issues to consider and strategies to be developed

Prior to developing policies and procedures there are important issues to consider that may impact upon the organisation's capabilities and requirements:

- Factors to consider when introducing or developing a volunteer program include:
  - Volunteer activity should complement the work done by paid staff
  - Volunteer programs should not threaten the jobs of paid staff
  - Consultation between management, paid staff and volunteers should precede any changes to the level of volunteer activity
  - The nature and extent of volunteer activity should be understood by all members of the organisation.
- Important core issues specific to health care:
  - Privacy and confidentiality, especially in an institutional setting.
- Occupational health and safety concerns related to:
  - Psychological problems arising from dealing with disease and death, or dealing with mental illnesses, drugs and aggrieved relatives
  - The possibility that volunteers exposed to infectious diseases will become infected themselves or pass on infection
  - The need for training, often intensive, to maintain best practice in health related areas, eg manual lifting.
- Risk assessment and minimisation for the many potentially adverse situations that may be encountered during home visits and respite care. Potential risks may be as diverse as:
  - Accusations of dishonesty
  - The discovery of a dead person etc
  - Insurance – public liability, accident
  - Paid staff members and volunteers (Section 3)
  - Recruitment strategy (Section 5)
  - Training and any other strategies that may be relevant to the program.

A small committee may be set up to look at issues before developing policies and procedures and determine how a volunteer program will enhance the organisation's goals.

## Section 3: Administration

Administration of a volunteer program in a health care setting shares many features with that of other volunteer programs, however there are also particular considerations needed with regard to policies.

### Features common to the administration of all volunteer programs

All volunteer programs need:

- to maintain records of volunteers in the program, an important part of which is ensuring confidentiality and storing files securely
- to maintain records of recruitment procedures and their outcomes
- to maintain statistics on the number of services offered, the hours, the number of clients etc. These may be required for funding, reimbursing costs or assessing the effectiveness of the volunteer program.
- an adequate staffing level in the volunteer unit
- adequate resources for the volunteer unit, such as ready access to fax machines, photocopiers and computers
- reimbursement of out-of-pocket expenses
- training packages and programs
- records of training undertaken by volunteers
- a clearly structured line of authority
- a means of fostering good communication, such as via a newsletter, to ensure that policies, guidelines etc are reinforced as appropriate
- codes of conduct and ethics
- well-designed application forms.

### Particular features of administration of volunteer programs in health care setting

It is important to be aware of the specific situations that may arise when volunteers provide a service to people in a health care setting.

A number of these need to be considered when framing Occupational Health and Safety policies for volunteer workers.

Policies may also be required regarding the acceptance or giving of gifts and how this is to be monitored. For example, a borderline dementia patient may change his or her will to leave a substantial part of the estate to the volunteer carer. From the opposite perspective, the policy also needs to cover volunteers giving gifts to those they assist.

## Section 4: Developing volunteer policy and procedures and job descriptions

### What is a Policy?

A policy is a plan of action adopted or followed by an organisation on a particular matter. This definition allows considerable scope for how a policy will actually be presented.

The policy may be a simple statement or it may be a more comprehensive set of guidelines, outlining goals, desirable outcomes and the organisation's approach to achieving them.

### *General Policy*

The general policy should affirm the organisation's compliance with any standards and codes of practice relating to volunteers and be disseminated throughout the organisation. It should state the organisation's:

- philosophy on volunteer involvement
- commitment to an effective system of volunteer management
- objectives for involving volunteers
- understanding of what constitutes a volunteer position
- line of authority for the management system
- rights and responsibilities of volunteers.

### *Management System Policies*

Management system policies should be clearly stated and presented to all volunteers. They should cover activities including:

- developing policies and procedures
- meeting management responsibilities
- managing the work (and the workplace) of volunteers
- recruiting volunteers
- training volunteers
- record keeping
- reviewing and improving the management system
- orientation.

### Why are volunteer policies needed?

A volunteer policy formalises the organisation's commitment to its volunteer program, making clear to both management and the volunteers their respective roles, responsibilities and entitlements within the organisation.

### **Who should be involved in developing volunteer policies?**

Widespread input from all levels is recommended to assist in producing policies that best represent the organisation's values. Parties could include:

- Board of Management\*
- Senior Management
- Volunteer Manager
- Volunteers
- People who use the services of the volunteer program
- Salaried staff.

\*The Board may need to make specific provisions for the contribution of volunteers to the organisation's overall operation.

### **What should an organisation's volunteer policies cover?**

There are three categories of policies and procedures. These are:

- A general policy – describing the organisation's intentions with respect to involving volunteers
- Management system policies – to cover the key activities of volunteer management
- Operational procedures – to support and expand management policies.

### **What is a procedure?**

If a policy is a plan of action, then a procedure is a more detailed means of accomplishing the plan. A procedure is the established or correct way of doing something.

A procedure should be structured so that the Volunteer Manager has a road map to follow to implement a program. If there is already a program in place the road map should act as a checklist to ensure that all elements of the volunteer program has been covered and implemented effectively.

### **Why are volunteer procedures needed?**

Procedures will ensure that volunteers are aware of what is required of them and management will have a more coordinated approach. Without the support of appropriate procedures, there is the risk that a policy will not be effective.

### **Who should be involved in developing volunteer procedures?**

When implementing a volunteer program the involvement of all levels should be encouraged. Optimally there should be a representative from:

- Senior Management
- Volunteer Management
- People who will use the services of the program
- Salary Staff.

### **What should they cover?**

Procedures should set out clearly how the management system policies will be applied and controlled. They may cover a range of issues with a potential impact on volunteer staff, including:

- development and review of policies and procedures
- review of management systems
- pre-employment reference checks and/or police checks
- use of private motor vehicles and insurance
- dealing with grievances
- sexual harassment and equal opportunity
- recognising the contribution from volunteers
- evaluation and feedback
- screening, interviewing and selecting volunteers
- occupational health and safety
- orientation
- confidentiality
- personal information and privacy
- reimbursement of expenses.

### **Developing Position and Job Descriptions**

Depending on the nature of the organisation, 'position descriptions' could equally be termed 'role outlines', 'volunteer agreements' etc. The description of positions available for volunteers should set out clearly:

- the context of the volunteer role in terms of the organisation's objectives
- the skills required
- the duties expected.

There is no single definition of what constitutes a volunteer position. It may depend on such factors as the size of the organisation, and whether it is located in an urban or rural setting. Nevertheless, volunteer management should have a clear idea of what defines a volunteer position in their organisation.

A well-considered description, presented in plain English and discussed with intending volunteers, should help to overcome at the outset any misconceptions, which could lead to problems for volunteer management.

### **Functions of a job description**

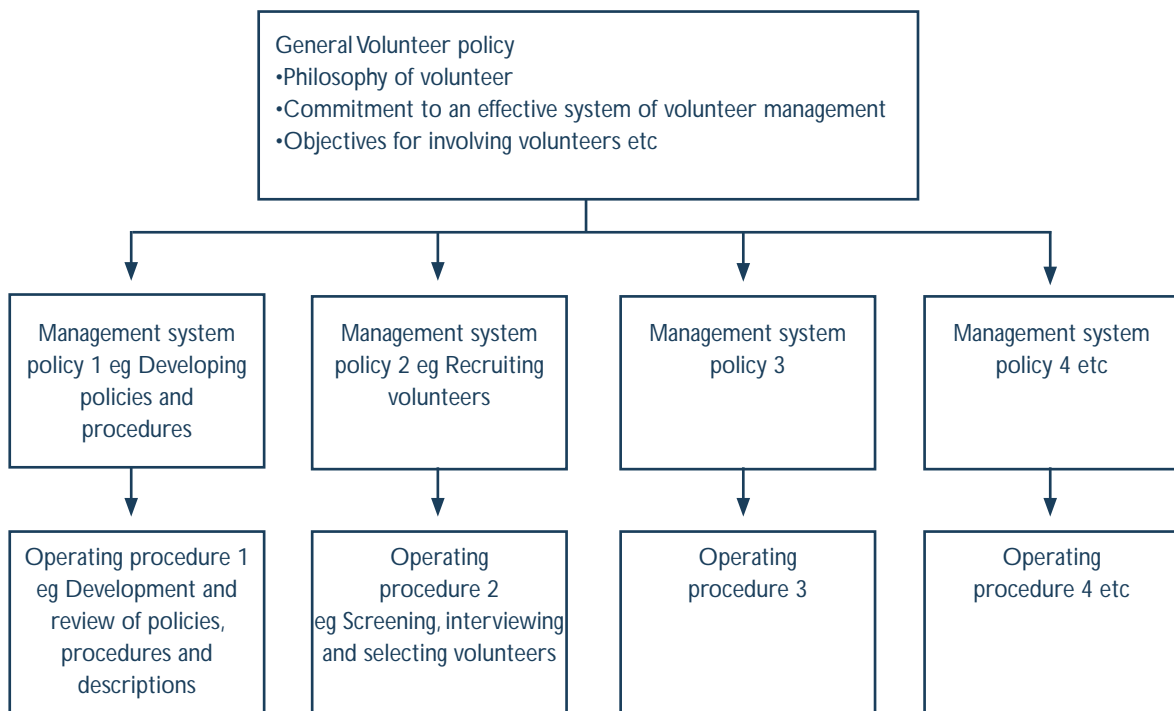
- to enable volunteers to understand their potential role
- to set the boundaries for the position in relation to other volunteers and paid staff and thereby overcome potential conflict based on misunderstandings, such as perceived threats to existing positions
- to clarify for the volunteer manager the details of the job and why volunteers are sought
- to assist the potential volunteer in deciding whether the position is suitable
- to protect both the volunteer and the organisation if problems arise.



**What a job description should include:**

- job title
- aims and expected outcomes of the job
- specific responsibilities and duties
- required or preferred skills
- period covered by the position as well as hours and days involved
- training and supervision provided by the organisation
- responsible person within the organisation as a point of contact
- location of the work
- special requirements, such as driver’s licence or police check
- anticipated benefits for the volunteer.

The following diagram may assist the organisation in the development of policies, procedures and position descriptions.



Policies, procedures and job descriptions require regular evaluation and review to ensure optimum effectiveness. It is helpful to formalise the process by setting in advance suitable dates for the review.

To gain maximum benefit from review and any subsequent changes to policies and procedures, volunteers should be invited to participate in the process. Records of reviews should be maintained and relevant parties should be made aware of any changes.

## Section 5: Paid staff members and volunteers – How do they differ?

Volunteer management and human resources management, although dealing with unpaid and paid staff respectively, are likely to be faced with similar issues.

It is therefore important that the different circumstances related to volunteers are recognised at the outset and that policies and procedures are in place to deal with them appropriately.

The distinction between paid staff members and volunteers is not always clear cut, apart from the obvious difference of payment for services to the organisation.

Offering a salary enables the organisation to determine:

- the hours worked per week
- the work schedule
- the nature and priorities of the work to be done

Volunteer management needs to be aware of:

- similarities between paid staff members and volunteers
- differences between paid staff members and volunteers
- the relationship between the two groups
- the nature of the work done by the two groups.

### Similarities

Similarities are:

- the rights of the individual within the organisation
- the application of Occupational Health and Safety policies
- insurance
- the requirement to comply with the organisation's codes of conduct and ethics
- legislative requirements.

### Differences (and benefits)

Some of the first choice reasons for why an organisation would choose to engage volunteers are listed below (Ellis 1996). (The list was devised as a result of training workshops for executive staff):

- volunteers are perceived to have credibility because they are unsalaried
- consumers are more trusting of volunteer service providers
- volunteers tend to be considered as community representatives, bringing to their work a wide range of backgrounds
- volunteers extend the organisation's sphere of influence
- volunteers bring objectivity to policy making
- volunteers are more able to focus on a particular issue.

Other benefits that volunteer staff can offer the organisation:

- the potential to achieve a greater service than with paid staff alone

- greater diversity in terms of age, race and social background
- new skills
- community ownership of solutions to mutual problems
- advocacy for adequate funding.

### **The paid staff/volunteer relationship**

To minimise the possibility of tension developing between paid and volunteer staff, it is important that volunteer management contributes to the integration of volunteers and the organisation as well as relationship building.

Effective integration will depend on having in place procedures for:

- effective recruitment to maximise at the outset the likelihood that volunteer appointments will be appropriate
- orientation
- the involvement of paid staff in role development and volunteer placement within the organisation
- training for staff members in supervising volunteers
- dealing with unsatisfactory conduct
- dispute resolution between volunteers and staff members
- defined channels through which volunteers may voice ideas or criticisms.

Tensions may arise if:

- paid staff are not involved in the development of the volunteer role
- paid staff do not accept the volunteer role
- volunteers are perceived as threatening the positions of paid employees
- lines of responsibility are unclear or non-existent
- volunteers resist supervision by salaried staff
- volunteers act beyond their role
- volunteers are seen as having no parameters
- different groups within the organisation approach their work from a different cultural perspective.

### **Benefits for volunteers**

Awareness of some of the benefits for volunteers may provide an effective recruitment tool.

Some of these are:

- the opportunity to contribute to a 'worthwhile' cause and provide a benefit to the community
- personal satisfaction
- development of existing or new skills
- preparation for moving into the paid workforce
- social benefits.

## Section 6: Recruitment

To recruit and retain volunteers, it is important that organisations are mindful of why people are motivated to volunteer. This awareness allows an organisation to plan a program that caters to the varying needs and expectations of volunteers. An important element of volunteer recruitment is ensuring that volunteers are placed only in volunteer designated positions.

Issues such as what motivates current volunteers, flexibility of work time and the degree of formality in the process will all affect volunteer recruitment.

While instigating an intense program to attract volunteers to an organisation, it is important to remain selective. Inappropriate appointments create their own problems that may be more difficult to deal with than the original shortage of volunteers.

Alternatively, effective selection procedures can contribute to a general positive experience, thereby helping in the retention of volunteers.

Depending on the organisation, recruitment may take place on a one-on-one basis, or in a group situation. Given that volunteers in the health sector will require training both before work begins and during the course of their work, it may be appropriate to include an introductory information and training workshop as part of the recruitment process.

### Elements of a successful recruitment strategy

#### *Preliminary evaluation of the volunteer program*

- Why are volunteers wanted?
- Is appointment of a volunteer appropriate for this position? It may be important to consider whether volunteers may cause paid employees or private contractors to suffer financially.
- Is an effective volunteer management system in place?
- Is information about the organisation available in response to inquiries from potential volunteers? If it is, does it describe how, when, where and to whom applications should be made?

#### *Planning*

- How many volunteers are needed?
- Are mechanisms for interview and selection in place?
- Does the job description cover the basic elements that intending volunteers need to know?
- Have risks been identified? What process is in place for risk management?
- Timing and location of volunteer positions will have varying relevance in the planning process. In larger organisations, they may be defined. However for either smaller organisations or those in rural areas, it may be more important to tailor the timing and location of a position to meet the needs of the volunteer, rather than risk losing them from the program.

### *An understanding of why people volunteer*

Reasons for volunteering are diverse. They include:

- intrinsic rewards
  - helping others
  - meeting people
  - developing a social network
  - concern for others
  - giving something back to acknowledge advantages in life
  - using, refreshing or developing skills.
- meeting a need
  - in rural communities, volunteering may be considered an expected activity.
- benefits received and given through volunteering that may include:
  - developing skills
  - raising self-confidence
  - increasing the opportunity for social interactions.
- ownership of a community facility or community activity.

### *An understanding of why people do not volunteer*

People choose not to volunteer for a number of reasons. They include:

- lack of information about what volunteer positions are available
- misunderstanding about what volunteering means
- not enough time
- fear of commitment
- undervaluing, or failing to recognise, their skills
- cultural diversity.

## **Recruitment Methods**

The most effective means of recruiting new volunteers is by word-of-mouth from existing volunteers whose experience has been positive.

The ABS Survey of Voluntary Work (2001) found that 61% of volunteers were either asked to volunteer by someone or knew someone already involved in volunteer activities, so a well-managed volunteer program is to some extent self-perpetuating.

Other successful methods include:

- referrals for volunteer positions, from the State peak body or the regional network of Volunteer Resource Centres
- addressing community groups about the facts and benefits of volunteering
- seeking smaller volunteer groups that may welcome the advantages of merging with a larger group, (eg tapping into existing infrastructure or increased recognition, or enabling a struggling group to continue its volunteer work)

- distributing volunteering information brochures/leaflets in the neighbourhood
- placing notices in the newsletters of local organisations
- involving the media, particularly local and community newspapers
- inviting the public to attend an open day
- using dedicated Internet sites, such as <http://www.govolunteer.com.au>

### **Volunteer information kit**

A clearly written information kit provided to potential volunteers can be a useful tool in the recruitment of volunteers.

An information kit may include:

- Details about the organisation, such as its mission, purpose and history
- Management chart for the organisation, indicating lines of communication
- The types of volunteer positions available
- The nature of volunteer work
- The amount of time the work will require
- Application form
- Experience and skills required
- Information about any compulsory training sessions and the time they will occupy, both before the position begins and during its course
- Instructions on how, when, where and to whom applications should be made, including name(s) and contact details.

### **Other considerations in forming a recruitment strategy**

#### *Barriers to volunteering*

Some groups, for example youth, retired people, unemployed or disabled people, may be deterred from volunteering due to the costs involved, such as transport to and from the workplace.

These groups may best be targeted by a recruitment strategy that offers reimbursement of expenses and highlights the benefits of volunteering.

#### *Retention of volunteers*

Maintenance of a stable, long-term volunteer workforce should be a major goal of volunteer management to save time in recruiting and training and to retain the confidence of paid staff in the volunteers.

However, the approach to achieving this goal should not preclude or discourage volunteers from entering and leaving the system to accommodate their lifestyles.

Reasons why people cease volunteer activities include:

- over-commitment
- disenchantment due to lack of:
  - worthwhile activities
  - stimulating activities
  - support
  - training
  - recognition
- changes in personal circumstances.

Effective and responsive management of volunteers will include inviting the opinion of volunteers on their role, and listening to what they have to say. There are many mechanisms for doing this – not necessarily formally structured.

#### *Ways to maximise retention*

- Ensure the use of best practice management principles
- Acknowledge the contribution of volunteers:
  - informally, by greeting volunteer staff, holding impromptu conversations, offering information about activities within the organisation etc
  - formally, through the presentation of awards and certificates at dedicated ceremonies etc.
- Invite volunteer staff to be involved in decision making processes
- Provide training, preferably through an accreditation process so that newly-acquired skills will be recognised by other groups
- Facilitate regular social interaction of volunteer staff with paid staff, clients and other volunteers
- Where possible, review the satisfaction level of volunteers with their placements. General dissatisfaction could arise if volunteers feel that:
  - their role is unclear
  - they lack purpose
  - they lack acknowledgement.
- Take a proactive approach to maximising retention of volunteer staff by following up why volunteers leave the organisation.

#### *Matching volunteers with consumers*

In many aspects of health volunteering, volunteers work with specific individuals or specific groups of consumers.

One way of motivating volunteers to deliver a high standard of service to consumers is to consider their interests, skills and attitudes when matching people or matching a person to a particular job.

For either situation, a 'better fit' may depend on the provision of supplementary training.

Volunteer management has a responsibility to try to accommodate customer expectation and satisfaction as well as volunteer satisfaction.

### *Facilitating a 'good match'*

Ways that volunteer management can facilitate a good match with volunteers and consumers include:

- Providing an unbiased service in terms of culture, religion and lifestyle, in which volunteer staff understand that those receiving the service are entitled to their opinions
- Regular monitoring and review of the service provided by volunteers
- Involvement of volunteers in the design and review of service delivery standards
- Development of performance measures based on input from volunteers, customer requirements and any relevant industry standards
- Training volunteers appropriately in such areas as:
  - dealing with customer complaints
  - identifying and reporting opportunities for improvement of service delivery
  - practical aspects of service delivery, eg the use of equipment
- Providing a mechanism for assessing the likely impact of potential changes in service delivery.

### **Selection methods**

People with an interest in volunteering may not necessarily be suited to an organisation's volunteer program.

It is essential that procedures are in place to detect such 'mismatches' (and, if possible, to re-direct the potential volunteer to a more suitable program).

### **Selection criteria for entry to the volunteer program**

Selection criteria should be developed for each volunteer position. Selection relies on a number of components which may include:

- Application form
- Job description
- Workshops for group recruitment
- Interview
- Volunteer information kit
- Attendance at a pre-placement information session
- Development of a timeline to indicate commitment
- Checks – referee, police and prior injury/illness declaration to help with making appropriate placements
- Positions available.

### **Application form**

An application form is important both for the information it records about the applicant and for legislative purposes.

The application form should seek information that will facilitate a good match between the interests of the applicant and the volunteer work.



## The Interview

A well-conducted interview can help to create a good match between a volunteer and a job.

### *The purposes of the interview*

These include:

- Reinforcing the message – perhaps already conveyed in background information – that volunteering offers benefits and opportunities
- Ascertaining what the volunteer wants to do, which may or may not relate to relevant skills and experience
- Deciding how to proceed if the volunteer is to join the organisation, or
- Stopping the recruitment process if the volunteer is deemed unsuitable for the available positions.

### *The structure of the interview*

One possible format for the interview could consist of the following five stages:

- Introduction
- Seeking information
- Giving information
- Clarifying any issues
- Closing.

### *Tips for interview technique*

- Assure confidentiality
- Listen carefully
- Observe body language
- Develop a structured list of questions relevant to the position (if there are multiple applicants, this will make it easier to determine the best candidate)
- Avoid questions that can be answered with “Yes” or “No”
- Seek the applicant’s thoughts or feelings.

### *Procedures related to the interview*

These should cover:

- Which members of the organisation will conduct the interview
- How to deal with applicants who do not meet the selection criteria
- Preparation for the interview:
  - arranging an appointment
  - selecting a venue
  - meeting the applicant
- Situations where the applicant is uncertain about whether to proceed.

## Checks

The checks required for volunteer appointments will depend on the organisation's volunteer policy. They may include:

- Following up personal references
- Police checks
- Proof of identity
- Qualifications
- Work history
- Relevant medical history.

## Selection

The selection procedure will usually lead to a clear-cut outcome.

If the applicant is suitable, an appointment should be arranged for an orientation session.

If the applicant is unsuitable, or if doubts about suitability persist, options to consider include:

- Arranging for work on a trial basis
- Directing the applicant to a more suitable placement
- Creating a new position in situations where volunteer staff may be difficult to recruit, such as in rural areas
- Suggesting further training
- Wait-listing the applicant for a more suitable position in the future.

Where applicants are unable to be placed within the organisation, it is important that they receive feedback about why not.

## Section 7: Induction, orientation and training of volunteers

The organisation and the members of its volunteer program will benefit from formalising the arrangement between the individual and the organisation. One way to achieve this is via a Statement of Understanding for the volunteer to consider, discuss with the volunteer manager and sign before taking up a position.

### Statement of Understanding

This should be a straight forward summary outlining the organisation's expectations from its volunteer program and how it proposes to achieve them.

Points that may be included in a Statement of Understanding include:

- The rights and responsibilities of the organisation. For example, volunteer organisations may be expected to:
  - support volunteer programs
  - provide a forum for regular meetings and information sessions
  - provide training programs
  - provide a safe working environment.
- The rights and responsibilities of the volunteer. For example, volunteers may be expected to:
  - complete required training
  - attend regular meetings and information sessions
  - cooperate with their co-workers
  - abide by the organisation's policies
  - behave professionally.
- Procedures for regular review of the position and performance appraisal, including reference to the relevant policy documents
- Information regarding procedures for volunteer/client relationships, and the handling of disputes, grievances and inappropriate actions including improper intimate or financial relations between volunteers and clients
- The relevance of State and Territory legislation to volunteers.

### Induction and orientation

Volunteers entering a new program will benefit from a well-conceived introduction to the organisation, the volunteer management system and the practical aspects of joining a new workplace.

During the orientation process, volunteers should gain the sense that they have a special place in the organisation and that their skills are valued. In the area of health care, the orientation program should be designed to minimise the possibility that volunteers may be regarded as amateurs by health professionals.

While gaining a sense of place within the organisation, volunteers should also come to appreciate that volunteering is a privilege, not a right.

Induction and orientation may be divided into two stages:

- The basics needed for the volunteer to begin work on a specific task
- A more formal introduction to the organisation  
(within the first weeks of a new volunteer commencing).

Volunteering Australia's *National standards for involving volunteers in not-for-profit organisations (2001)* suggests that orientation cover the following:

- The organisation's mission, goals and key activities
- The organisation's commitment to its volunteer program, including volunteers' rights
- The role, functions and responsibilities of volunteers
- Relevant policy and procedure documents
- Lines of authority, accountability and communication
- An introduction to risk management and health and safety issues
- Legal and statutory requirements
- Introductions to other volunteers and staff
- A tour of the workplace
- Volunteer training timetable
- Familiarisation with amenities, work conditions, basic equipment and volunteer entitlements.

## Training

Well-trained volunteers are the mainstay of a successful volunteer management system. Training may be appropriate at any stage of the volunteer experience.

- Before starting work, a volunteer may require training in anything from using the switchboard to gaining needed specialist skills.
- Once work has commenced, training will provide the opportunity for feedback and may reinforce and extend knowledge imparted at an earlier time. It will also ensure that current best practices are used.

## Policy on training and development

Ideally, an organisation's policy on training and development should cover job performance skills as well as those involving teamwork, communication and problem solving.

A written policy in this area may include:

- Objectives for volunteer training and development
- Training programs available
- How volunteer performance is appraised
- How feedback is provided to volunteers.

Other factors to consider are:

- Members of the organisation responsible for implementing the policy
- Training for paid staff in the management of volunteers (See Section 5)
- An appropriate budget for training and development
- Funds for resource material to support volunteer work.

## Training methods

Training is likely to be more effective, particularly for adults, if it is not too formal, is relevant and offers opportunities for input from the participants. It should also be enjoyable.

Methods of training may include:

- Workshops
- Demonstrations
- Lectures
- Case studies
- Discussions
- 'Hands-on' sessions.

## Occupational Health and Safety

Issues that need consideration for volunteers in organisations delivering health care include:

- Ensuring that adequate training has been provided to volunteers before they begin the job
- Maintaining client confidentiality
- Providing regular supervision to volunteer positions
- Security arrangements and familiarisation with the facility where the work is performed
- Security of volunteers exposed to potentially volatile situations, due, for example, to aggrieved relatives, deranged members of the public or people with mental illness
- Requirement for volunteers to take annual leave
- Dealing with psychological burnout, especially where volunteers are faced with people dying while in their care
- The possibility of contracting diseases while performing volunteer work. For example, how are blood spills managed? Has hepatitis B vaccination been provided?
- The possibility of spreading disease to immunocompromised patients. Is there a policy on volunteers with viral or bacterial infections visiting patients with a depressed immune system?
- Environmental exposures
- For volunteer drivers\*, a number of issues should be considered:
  - Are vehicles roadworthy?
  - Is insurance cover adequate?
  - Are volunteers fit to drive or subject to any exclusions from driving?
- For Meals on Wheels, have precautions been taken against hot food spills? Is food handling performed according to the appropriate legislation?

\* For volunteer drivers, any uncertainties about fitness to drive, exclusions from driving etc may require clarification by contact with the volunteer's doctor, or by reference to Federal and State legislation relevant to licence holders.

There needs to be adequate appraisal of the circumstances under which volunteers work. As the list above indicates, these circumstances are extremely diverse, and are often associated with a significant degree of risk.

For any given organisation, it is important that risks are identified and dealt with as part of effective volunteer management.

## Section 8: Supervision, support and recognition of volunteers

### Supervision

Supervision is about directing volunteers to meet their responsibilities while taking into account their abilities.

The level of supervision is likely to taper off as a volunteer gains experience of both the organisation and their specific roles within it.

#### *The tasks of supervision/direction*

- Implementing the organisation's policies, procedures and standards
- Fostering good relationships between paid and volunteer staff
- Monitoring the service provided by volunteers
- Assisting volunteers to work within their abilities
- Assessing the need for training
- Recommending new tasks for volunteers
- Planning and maintaining work schedules.

### Support

Support for volunteers is closely linked with supervision, training and overall management.

#### *The benefits of support*

Support from management:

- Provides the volunteers with a sense of belonging to the organisation
- Promotes team effort
- Prepares volunteers for their role
- Informs management about the efficacy of the volunteer program and management system
- Circumvents a number of potential problems.

#### *Types of support*

Support may take a number of forms, including:

- Conversations about issues other than work
- Constructive feedback
- Regular meetings
- Anticipating a volunteer's needs or concerns
- Providing training
- Ensuring that volunteers take four weeks of leave each year
- Providing opportunities for personal development.

## Recognition

Volunteers are a valuable resource. For job satisfaction, they require acknowledgement for a job well done, as do paid staff members.

Note that an effective recognition system should accommodate the stage of life of the volunteers in the program. Suitable recognition for a retired person may differ from that for a young person seeking to develop skills and gain experience that they will later apply in the paid workforce.

CEOs and management have a central role in offering recognition to volunteer staff.

When questioned in a focus group situation, the majority of volunteers said that appreciation from clients was the most immediately satisfying part of the experience of volunteering, but that recognition from the organisation was also important.

It is worth noting that a small minority of volunteers was opposed to formal recognition.

### *Ways to recognise volunteer contributions, formally and informally*

- Encouragement to contribute to decision-making processes
- Developing volunteer roles
- Awards, certificates or plaques
- Thankyou letters
- Notices in local newspapers
- Announcements on community radio
- Social events
- Inclusion in relevant meetings
- Invitations to represent the organisation at special events
- Providing opportunities for growth and development of the volunteer role
- Providing opportunities for training beyond the necessary minimum.

## Section 9: Resignation and termination of volunteers

No matter how effective a volunteer program, resignations are a fact of life for both the organisation and the volunteers.

The cultural trend toward volunteers taking on short term positions should be accommodated wherever and whenever possible.

Volunteer managers should make it clear that resignation of volunteers is acceptable and the organisation's policies should provide for this.

If people feel uncomfortable about resigning, they may simply fail to show up at work one day. Or they may time their departure to coincide with that of a manager with whom they have worked successfully for a long period. Either of these options creates a problem for volunteer management.

To avoid wasting resources, expectations from both the volunteer and the organisation regarding the duration of a volunteer appointment should be made clear at the outset, as should the process by which a volunteer may withdraw from the program.

### The resignation process

When developing a resignation process, organisations may choose to seek assistance from the volunteer in the form of:

- Providing reasonable notice, where the interpretation of 'reasonable' will depend on both the organisation and the nature of the service provided by the volunteer
- Returning any confidential information
- Returning any identification badges etc.

In return, the organisation's role in the process may include:

- Providing references
- Providing statements of attendance
- Conducting an exit interview.

### Termination

Well-considered recruitment and selection processes should minimise the need to terminate volunteers due to inappropriate appointments.

Dealing with unsuitable volunteers is a difficult issue, but volunteer managers need to be aware that in a bad situation, an inappropriate appointment may place a greater demand on resources and on the client to whom the services are provided.

From the start, volunteers need to understand the responsibilities associated with their duties, and that regular appraisal of performance is part of the volunteer program.



*Reasons for termination*

Termination may become the necessary option if:

- The focus of the services provided by the volunteer program shifts, creating both new positions and redundancies in the process
- A volunteer:
  - fails to maintain appropriate standards of conduct as set down in the organisation's policy documents
  - lacks the necessary skills for the position
  - breaches safety or confidentiality guidelines
  - breaks the law.

If it becomes necessary to deal with inappropriate conduct on the part of a volunteer, clear lines of responsibility should be defined within the organisation. These may differ according to the severity of any transgression. A policy outlining inappropriate behaviour and how the organisation will deal with it should facilitate an effective and timely response when needed.

## Section 10: Implementation and Assessment of a Volunteer Program

The successful implementation of a Volunteer Program requires organisations to ask themselves:

- Why are volunteers being sought/what is the rationale for volunteer involvement?
- What specific roles do you envisage volunteers undertaking? Have volunteer position descriptions been developed by a range of stakeholders?
- What provision is there for the organisation to fund volunteer involvement – eg a volunteer program manager to oversee the program, out of pocket expenses, uniforms etc ?
- What provision is there for the organisation to provide the volunteer program with adequate resources such as office space, furniture and computers?
- What are the training requirements for the volunteer program and how will these be funded and monitored?
- What strategies are in place to recruit volunteers?
- What strategies are in place to recognise and retain volunteers?
- How will paid staff of the organisation be involved in the introduction of volunteers? Will they be supportive? Do other organisations need to be consulted?
- What are the identified outcomes of the Volunteer Program?

Evaluation of a volunteer program is of utmost importance to ascertain whether it is providing all parties with successful outcomes. The evaluation will not only assist organisations with their current programs but will also allow for more structured and successful programs in the future.

- Did the program meet organisational requirements and the identified outcomes of the Volunteer Program?
- Feedback from Volunteers, paid staff and clients of their views on the program. Do they believe that the program met the organisation's goals? Does the program meet the volunteers' own goals? What is the satisfaction level of all concerned?
- Retention Rate of Volunteers and adequate ongoing number of volunteers to meet program requirements.
- Was sufficient orientation and training given to the volunteers?
- Were adequate resources made available to the volunteer program?

## **Appendix 1: Support for volunteer management**

Regardless of the stage of development of a volunteer program, there are bound to be times when volunteer management would benefit from input and support from their counterparts in other organisations. Such input could take different forms, both formal and informal.

For example:

- Networking with other agencies in the same vicinity at meetings
- Networking with other agencies running similar programs
- Contacting the State and Territory branches of Volunteering Australia
- Contacting the Australasian Association of Volunteer Administrators
- Visiting web sites devoted to volunteer management etc, some of which are listed in Appendix 2.

## Appendix 2: Further resources

Note: The books included in the following list of resources may be available for borrowing or sale at Volunteer Resource Centres and State/Territory Volunteer Centres.

- *National Standards for involving volunteers in not for profit organisations*, 2nd Edition, Volunteering Australia Inc, 2001 and *National Standards implementation guide for not for profit organisations involving volunteers*, Volunteering Australia Inc, 2001
- Volunteering Australia – <http://www.volunteeringaustralia.org>
- Volunteering ACT – <http://www.volunteeract.com.au>
- Volunteering NSW – <http://www.volunteering.com.au>
- Volunteering Queensland – <http://www.volunteeringqueensland.org.au>
- Volunteering South Australia – <http://www.volunteeringsa.org.au>
- Volunteering Tasmania – <http://www.volunteeringaustralia.org/tasmania>
- Volunteering Victoria – <http://www.volunteeringvictoria.org.au>
- Volunteering Western Australia – <http://www.volunteer.org.au>
- GoVolunteer – <http://www.govolunteer.com.au>. Australia's first national volunteer recruitment website.
- National Volunteer Skills Centre – <http://www.nvsc.org.au>
- Australasian Association of Volunteer Administrators, a professional association for volunteer managers. <http://www.aava.asn.au>
- Australasian Volunteer Program Management Resources – [www.ozvpm.com](http://www.ozvpm.com)
- Office of Volunteers SA – <http://www.orv.sa.gov.au>
- Volunteer Canada – <http://www.volunteer.ca>
- The National Centre for Volunteering (UK) – <http://www.volunteering.org.uk>
- Volunteer Development Agency – <http://www.volunteering-ni.org>
- Points of Light Foundation – <http://www.pointsoflight.org>
- Institute for Volunteering Research – <http://www.ivr.org.uk>
- International Association for Volunteer Effort – [www.iave.org](http://www.iave.org)
- United Nations Volunteers – [www.unv.org](http://www.unv.org)
- E-Volunteerism - <http://www.e-volunteerism.com>
- *Value Your Volunteers – Or loose them* – Volunteer Summit report 2001, Emergency Volunteers Forum – <http://emergencyvolunteersforum.org>
- *Volunteer Management, An Essential Guide* by Joy Noble, Louise Rogers, and Andy Fryar, Volunteering SA, 2003
- *501 Ways to Recruit Volunteers* by Judy Esmond, Curtin University WA.
- *Asking Volunteers – Volunteer Ambulance Officers have their say! The 'more than a Band Aid' project report*. The University Department of Rural Health, Tasmania, University of Tasmania – [www.ruralhealth.edu.au/band-aid/index.asp](http://www.ruralhealth.edu.au/band-aid/index.asp)

- Emergency Services in Australia and New Zealand, *Problems and Prospects for Volunteer Ambulance Officers*. University Department of Rural Health, Tasmania, University of Tasmania. ISBN 1 86295 034 2 [www.ruralhealth.utas.edu.au.band-aid/index.asp](http://www.ruralhealth.utas.edu.au.band-aid/index.asp)
- *From the Top Down* The Executive Role in Volunteer Program Success by Susan Ellis
- Energize Inc Volunteer Management – <http://www.energizeinc.com>

## Appendix 3: Case studies

The following case studies are from a wide range of volunteer situations, many of which have no direct bearing on the management of volunteers. They were selected for their diversity and to indicate the extent of difference that volunteers can make, whether working as individuals, as small dedicated groups or as larger programs run by organisations.

### Wimmera Volunteers

Wimmera Volunteers is an independent, community-based organisation with dual roles. As a Volunteer Resource Centre, the agency provides the Volunteer Management Program as well as the Voluntary Work Initiative Program. It promotes volunteering and provides information and help to groups and agencies that operate with volunteer assistance.

Wimmera Volunteers is also a service provider. The two service delivery programs are Home and Community Care (HACC) which delivers social support and is funded by grants from the State and Federal Governments, and the Community Visitors Scheme (CVS) for people in care which is supported by a Federal grant.

HACC involves 150 plus regional volunteers and CVS has 27 visitors for the 17 residential aged care facilities in the region.

Debbie Coyle, the manager of Wimmera Volunteers and coordinator of some of the programs has found that attention to detail can enhance the efficiency of the volunteer program. She cites as an example how information provided by a well-conceived registration/assessment form for volunteers can be used to broaden the range of services. For example, if there is a need for a volunteer to drive interstate, knowing that a volunteer has family members at the destination can help with the appropriate allocation of a driver.

Debbie also finds that in the health services area, potential volunteers often have a set, and possibly limited, idea of the roles available to them. She sees it as the role of the volunteer manager to advise them of the wide range of possibilities available to them.

Wimmera Volunteers favours a philosophy of 'sharing volunteers' between organisations, rather than competing for a limited number of individual volunteers. In the metropolitan area, health service providers are often located near one another, so this form of cooperation could be very effective.

### **The Lyell McEwin Regional Volunteers Association**

The Lyell McEwin Regional Volunteers Association (formerly the Lyell McEwin Health Service Volunteer Association) is based in Adelaide where it “seeks to assist with and promote the health and well being of the north–west community”.

The LMRVA is an excellent example of the areas in which volunteers can contribute to the provision of health care services. The Association’s executive officer, Andy Fryar, with his team, manages about 500 volunteers, servicing close to 30 hospital and community–based programs in three key areas:

- Patient/hospital support services
  - Patient Support Group – volunteer activities include directing visitors to wards and delivering flowers
  - Playgroup – volunteers care for children whose parents are attending appointments within the health service
  - Pastoral Visitation Team – provides friendship and encouragement to patients
  - Transport Services – volunteer drivers assist with all transport needs
  - Emergency Department – appropriately trained volunteers assist in various aspects of critical care
  - Clerical Assistance – volunteers perform clerical work as required
  - Ward Library Service – volunteers provide items from the library to clients in the wards.
- Business Services
  - Kiosk/Gift shop – managed by the Association since 1988
  - TV hire services – the Association owns every bedside TV and gains revenue from rental. Volunteers assist with payments and connection
  - Auxiliary – founded in 1959, the Auxiliary conducts fund–raising activities and has its own committee of management
  - Fundraising Committee.
- Community Outreach Services
  - Tregenza Avenue Community Centre (Day Care) Volunteers – volunteers provide recreational and social activities to the region’s older citizens
  - Northern Respite Care Services – volunteers provide respite for those who care for frail, aged or disabled people, generally at the home of the respite case
  - Hospice and Bereavement Care Services – volunteers are trained by social workers to offer solace to people approaching death and their families
  - Heritage Group - volunteers are preparing a history of the Association
  - Club 84 and Oakden Volunteer Programs – volunteers assist clients of the Nth Western Adelaide Mental Health Services
  - Talkback, Hydrotherapy and Homestroke – volunteers are involved in community–based rehabilitation programs.

According to Andy Fryar, the Association has some distinctive features. One is that the Association operates within a large hospital with no external funding except for a small Federal grant for the respite care program and support for one staff member in community services. Another is the fact that about 50% of the volunteers work at the hospital and the remainder are divided among the numerous other programs and services provided by the Association. The Association staff and the hospital staff interact closely.

In 2001, the International Year of the Volunteer, the NHMRC held Volunteer Awards and the following case studies are drawn from nominations received from Volunteer Organisations.

### **The PALS Program (Partnership and Linking for People Experiencing Serious Mental Illness)**

The PALS program was nominated in the metropolitan Community Service category. It is a Melbourne based group that helps people living with a mental illness to build friendships and self-esteem and to gain greater independence.

Thought to be the first, and possibly only, program of its type in Australia, PALS was established in 1991 and currently has 120 volunteers recruited, trained and supervised to improve the quality of life for people with a mental illness.

The simple formula for success of the program is that PALS volunteers offer friendship to adults living with a mental illness as they assist clients to access leisure options in the community.

Three of the jobs available for volunteers include those of:

- Buddy: The volunteer and the client undertake social and leisure-based activities together;
- Skills Development Assistant: Volunteers work with one to three clients to assist with the development of skills such as catching public transport and shopping; and
- Leisure Group Assistant: A volunteer runs activities for groups in art, sport, music or games.

The PALS Program attributes much of its success to the involvement of staff from the relevant mental health agency at all stages in recruitment, selection and training of prospective volunteers.

### **Dr Lisa Maher – an individual making a difference**

Lisa Maher was nominated in the metropolitan Community Service category for her dedication to providing health services to young people, many homeless, on the streets of Cabramatta in NSW. Her nomination came from a former client, a student, who said of Lisa's voluntary contribution: "Her work in Cabramatta shows that one person can make a difference by working from the heart and treating everyone the same."

Lisa has given two nights a week for more than five years to establishing and operating a needle exchange program and providing advice about infectious disease prevention among her young clients who she actively seeks in the streets or local flats.

Her volunteer work began when she identified the lack of services, and low rate of use of existing services, among the young people in the community, many of whom were drug users.



### **Bill's Team**

Bill's Team was nominated in the rural Direct Service Provision category. The Team's story is one of extraordinary achievement and dedication. The 35 or so members have provided assistance in the form of physiotherapy exercises six days a week for 11 years to Bill, a young man who has 'locked in' syndrome as a result of a car accident.

Bill lives at home with his parents in Lismore and his team of volunteers offers much-needed support to the family as well as bringing to Bill both physical help and contact with the outside world. Without his team and the resources they bring, Bill would not be fit and well today, and may not be alive.

A volunteer coordinator sees to the roster and also organises recruitment as needed. Training is provided during exercise sessions with Bill on a 'buddy' basis and the volunteer network is kept informed about any changes in Bill's circumstances.

### **Midlands Multi-Purpose Health Centre Auxiliary**

The Midlands Multi-Purpose Health Centre Auxiliary was nominated in the rural Fundraising category. The Auxiliary, which currently comprises 16 volunteers, has been fundraising for equipment, furniture and fittings for the health centre for more than 14 years, during which time it has raised more than \$100,000.

In addition to tangible items, the Auxiliary makes a number of other contributions to the lives of the 18 residential aged care residents at the health centre, such as organising bingo afternoons and the Christmas party, and giving birthday gifts.

The volunteers in the Auxiliary have no formal training. They are a very self-motivated group who network with, and support, one another. Their fundraising activities have engendered respect and support from the local community.

### **LINCS Volunteer Scheme Inc**

LINCS Volunteer Scheme Inc was nominated in the rural Community Service category. Trained LINCS (Living IN Communities) provide regular home visits in the Hawkesbury area to support parents with young children who are experiencing isolation and stress. The coordinator of the program is a community nurse with training in general and mental health nursing and child and family health.

Volunteers are trained for 40 hours over 10 weeks in areas including values and ethics, team building, family dynamics, communication skills, domestic violence, and child abuse and reporting. For the first few weeks of working with a client family, they are in close phone contact with LINCS. Twice a month, volunteers attend in-service meetings for continuing education and debriefing.

### **Mums on a Mission**

Mums on a Mission was nominated in the metropolitan Fundraising category. The group comprises eight women whose goal is “to raise as much money as possible whilst having as much fun as possible.” Friends who live near one another, they meet regularly to plan the next fundraiser and have been very successful in their efforts.

Mums on a Mission held its first function – a Melbourne Cup luncheon – in 1997. Since then they have donated more than \$220,000 to a number of causes including the Children’s Hospital at Westmead, the NSW Cancer Council, SIDS NSW and a family who required a van to transport their disabled daughter.

### **The Compassionate Friends of WA**

The Compassionate Friends of WA, nominated in the metropolitan Community Service and Health Promotion/Prevention category, is described as a “mutual assistance self-help organisation offering friendship and understanding” to the families of children who have died. The group forms part of a global network formed in England in 1969.

The organisation involves more than 80 volunteers and has been operating for over 20 years. The Compassionate Friends receive referrals from health professionals, funeral directors, government departments including the police, businesses and community groups.

Volunteers often go on to join The Compassionate Friends after having received comfort from them following the loss of a child. They receive orientation and in-house training and are also offered access to courses provided by other agencies.

## Appendix 4: NHMRC and volunteers

During the 'International Year of Volunteers' in 2001, the NHMRC undertook two initiatives in the area of Volunteers in Health Care. The first of these was the NHMRC Health Volunteer Awards and the second was the preparation of a manual *Working with Volunteers and Managing Volunteer Programs in Health Care Settings*, for use particularly by volunteer managers, but also by volunteers, in the health care sector.

### Health Volunteer Awards

The Health Volunteer Awards were conceived to recognise and honour the value of volunteers, and also to help raise the profile of volunteer organisations in their local communities. A total of 614 nominations were received by NHMRC.

There were four categories in which awards were made:

- Fundraising;
- Community Service;
- Direct Service Provision; and
- Health Promotion and Prevention.

In each category, two individuals and two organisations from rural and metropolitan areas received awards on a State and Territory basis. Many participants have since informed the NHMRC that from a personal point of view, they appreciated acknowledgement of their own contribution. More generally, they felt that the awards were an important acknowledgement of the enormous contribution made by volunteers.

## Appendix 5 – Process Report

The Health Advisory Committee (HAC) a principal committee of the NHMRC, recognised that volunteers play an integral part in our health care system, particularly in rural and remote areas. A Volunteers in Health Care Working Party was established to develop a manual to harness the Australian experiences and circumstances of health and health related volunteers and to aid health organisations (whether it be a hospital, nursing home or other health related business) that would usually recruit/manage volunteers.

### Health Advisory Committee Volunteers in Health Care Working Party

Dr Robert Grenfell (Chair)

Ms Kerry Arabena

Mr Andy Fryar

Ms Kelly Klowss

Mr Gordon Gregory

Ms Carmel Brophy

Mr Grant Lennox

Ms Debbie Coyle

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### Technical Writer

Dr Alana Mitchell

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Ms Natalie Milner

A targeted consultation for the development of the manual took place in January 2002 and submissions were received from the following individuals/organisations:

Krish Seewraj	Australian Red Cross Alice Springs
Kath Corcoran	Volunteering – Queensland
Pamela Greet	Volunteer Services Queensland Cancer Fund
Rosemary Panelli	Epilepsy Foundation of Victoria
Vicki Franklin	Mater Volunteer Services, Brisbane
Kate Munro	Newcastle Mater Misericordiae Hospital
Louise Weaver	Volunteering – Western Australia
Sallie Davies	Volunteering – Western Australia
Peter Heyworth	Royal Society for Blind
Anne Franzi–Ford	St Vincent’s Hospital, Melbourne

Public consultation on the draft manual was undertaken in June 2002 and involved a call for submissions on the draft manual publicised in the *Government Notices Gazette and The Weekend Australian*. One submission was received from Mr J. Clark of Longueville, New South Wales.

Prior to approval by the NHMRC, the manual was subjected to an independent review against the NHMRC key criteria for assessing information papers.

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Australian Red Cross – ACT  
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Epilepsy Foundation Victoria  
Fassifern Community Centre  
Lifeline Northern Rivers  
LMHS Volunteers Inc  
Mater Health Service Brisbane Ltd  
Mater Hospital  
Monash Medical Centre, Public Relations Department  
Occupational Therapy Department, Sir Charles Gairdner Hospital  
Palliative Care Volunteers  
Queensland Cancer Fund  
St John Ambulance of Australia  
St Vincent’s Hospital Melbourne  
The John Hunter Children’s Hospital Kids Club  
Vegetable Creek Hospital Auxiliary  
Volunteer Services, Flinders Medical Centre  
Volunteering ACT  
Volunteering NSW  
Volunteering NT  
Volunteering Queensland  
Volunteering SA  
Volunteering Tasmania  
Volunteering Victoria  
Volunteering WA  
Wimmera Volunteers Inc

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- Volunteer Management, An Essential Guide* (Revised Edition) by Joy Noble, Louise Rogers and Andy Fryar, Volunteering SA, 2003