

# Strengthening Volunteering in the East

## 1. Introduction

The following report is a retrospective summary of the work that the Inner East Primary Care Partnership (IEPCP) has done over the past 3 years in relation to understanding the volunteer sector and the work of the sector in the Eastern Metropolitan Region (EMR). The report was developed as a way to provide a historical reference to the pieces of work that have been done both within and external to the IEPCP and to bring this work together in a clear summary with the view of being able to move forward with an informed approach.

The purpose of this report is to summarize both the activities that the IEPCP has been involved in, as well as to reference research and policy that have informed the IEPCP's understanding of the volunteer sector, particularly as it relates to being a mechanism for Social Inclusion. The work that has been done has had a strong focus on the link between volunteering and inclusive communities, as such the information included in this report relates to this perspective.

The information in the report has been collected up until May 2018, and recognises that the volunteer sector has been under a lot of change since the conclusion of this work and that the context is continually evolving<sup>1</sup>. When thinking about recommendations and planning for next steps, the information in this report needs to be considered within the context of these developments, as well as other work that has been done in the sector that may not be referenced in this report.

The report is broken down into the following sections:

1. Introduction;
2. Background and Context;
3. Volunteering and Inclusion;
4. Volunteering and the IEPCP;
5. Moving Forward.

## 2. Background & Context

The Volunteer sector is made up of different organizations that have different roles and purposes in promoting, facilitating and supporting volunteering in communities. This section provides information on the Volunteer Sector and Volunteer participation.

### 2.1 Volunteer Sector

In Victoria the volunteering sector can be understood within the following categorisations:

- 1. Organizations that have a mandate for the training and education of volunteer managers and staff external to their own organization:** these organizations can be sub divided further into:
  - a. Organizations that have a place based mandate to train educate and strengthen volunteer management and capability across all sectors of Volunteer Involving Organizations (VIO's);**

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<sup>1</sup> Some additional information relating to section 2.1 Volunteer Sector was collected and added as part of the editing process of this report.

- these organizations are Volunteer Resource Centres [VRC's] funded to 2021 by the Commonwealth and present in 34 of the 79 local government areas in Victoria. 17 VRC's are funded in Victoria with an average allocation of \$74,000 (Department of Social Services, 2017). In some regions these are supplemented by local government funding and programs. Where VRC's do not have current reach some local governments fund this place based work<sup>2</sup>. It is these organizations that represent the current place based infrastructure for volunteer manager training and capacity building across Victoria. It is also worth noting that many of these organizations have a dual role of both being VRC's/ VSS's whilst also operating as VIO's.

- b. Organizations that work externally to train and educate volunteer managers and staff specifically for their own service delivery purpose:** for example local governments that train purely in food handling and grant making workshops for VIO's or youth volunteering organizations that trains volunteer managers and other staff to implement a literacy and numeracy program for their students.
- 2. Organizations that have an entirely internal focus for the volunteer training and education:** these organizations can range from small to large state wide and national VIO's that focus only on capacity building internally to deliver on their service delivery outcomes. These organizations may obtain that internal training from VRC's or other training providers or have that capacity within their own organizations.
- 3. Organizations that provide training and education** without any volunteering sector involvement but who provide bespoke or custom training where funding is available such as universities and Registered Training Offices (RTO's). (Victorian Volunteer Support Network, 2018)

The volunteer sector has 2 peak bodies, Volunteering Australia and Volunteering Victoria which operate at a national and state level respectively. Their focus is on advocacy, sector development and promoting volunteering (Volunteering Victoria, 2018). Additionally, there is the Victorian Volunteer Support Network. This forms the advocacy arm of the VRC's and Volunteer Support Services.

It is also worth noting that there are a set of National Standards for Volunteer Involvement (Volunteering Australia, 2015). These standards provide a framework for supporting the Volunteer Sector in Australia. Their purpose is to:

- Provide good practice guidance and benchmarks to help organisations attract, manage and retain volunteers, and help manage risk and safety;
- Help improve the volunteer experience (Volunteering Australia, 2018).

## 2.2 Volunteer Participation

Volunteering is one indicator of the wellbeing and social capital of a community. Volunteering participation is measured in two ways: via the Australian Bureau of Statistics (ABS) Census through a single question that is self-completed or through the ABS General Social Survey (GSS) which is based on an interview with a sample population. The most recent of these were conducted in 2016 and 2014 respectively. There is a substantial difference between the recorded participation rates with the different approaches, despite the fact that the definition of volunteering is similar: 'participation in unpaid help with an organisation or group in the previous 12 months (not including compulsory unpaid work or study placements'.

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<sup>2</sup> Services organisations implementing this place based work are known as Volunteer Support Services (VSS's) or Volunteer Support Organisations (VSO's).

It should also be noted that many people provide unpaid assistance to family members, friends and neighbours which is not counted as part of formal volunteering statistics.

In Victoria the volunteering rate from the 2014 GSS was 32.3% (Australian Bureau of Statistics, 2018). Those who volunteer were more likely to be female, aged 35-44 years, live outside Melbourne, speak English as a main language, work part time, be in a family with children, earn a high income, high level of education and volunteer in sport and recreation activities.

The 2016 Census rate of participation in volunteering in Victoria was 20.8% (City of Greater Dandenong, 2018) data, compared to 19.4% in 2011. The rate for Greater Melbourne was 17.6% compared to 24.3% in the rest of Victoria. The Inner East was 23% and Outer East 20.8%, with Boroondara having the highest rate at 27.6% and Knox the lowest at 20%. While the Inner East local government areas are above the Victoria rate, the Outer East are slightly below, but all were higher than the Melbourne rate. (Volunteering Victoria, 2018) According to Volunteering Victoria's submission for the 2018-19 State Budget, the nature of volunteering is changing with a shift away from traditional, longer-term, role based volunteering, to shorter term, episodic and virtual volunteering, especially for younger people. In addition, technology is changing the nature of volunteering and informal volunteering is "re-imagining participation through distributive leadership networks" (Volunteering Victoria, 2018, p. 7).

### 3. Volunteering and Social Inclusion

It is widely agreed both within and outside the volunteer sector, the role that volunteering can have in promoting social inclusion. Below is a summary of work that has been done exploring the volunteering sector as it relates to social inclusion.

#### 3.1 National Context

The Commonwealth Department of Social Services (DSS) funds 52 organisations via the **Volunteer Management Activity (VMA)** to:

- Recruit, engage and support people into volunteer placements with a specific focus on people experiencing disadvantage/ barriers to community participation;
- Train Volunteer Managers and staff working in VIO's;
- Promote volunteering in the community.

In 2018 the Department of Social Services undertook a review of VMA's through a series of public consultations. Public workshops were held between February and May 2018 with key stakeholders across the sector to review: the strengths and weaknesses of the VMA; challenges and opportunities for volunteer management; and how the funding might be best targeted (mpconsulting, 2018).

Future options and priorities from the DSS consultation that are relevant to strengthening volunteering in the EMR within the context of Social Inclusion include:

- **Measuring outcomes:** more feedback from volunteers and VIOs; measures about the social impact of the VSS, flexibility with DSS outcomes measures;
- **Expansion of local placed based services and infrastructure:** local community coordination and capacity building, social innovation opportunities and projects based on local needs; supporting disadvantaged individuals to build connections;
- **Development of national resources:** Opportunities to share best practice tools and resources for volunteer managers; greater advocacy and promotion of volunteering and its impact; and recognition of volunteers;

A more detailed summary of the consultation findings can be found in Appendix 2. However at the time of this report a second set of consultations were due to occur between May and June 2018 and it was expected that the results of all consultations will be compiled into a report by mpconsulting in June/ July 2018.

### 3.2 State Context

In Victoria there are 17 VRCs who are Commonwealth funded to implement VMAs, 3 of which operate in the EMR.

In 2015, the Ministerial Council for Volunteers (the Council) was established to provide strategic policy advice to government on matters related to the volunteering sector in Victoria. In particular, advice on how best to:

- Ensure ongoing development of a resilient and sustainable volunteer sector in Victoria.
- Enhance the management and governance of the volunteer sector.
- Promote ongoing development of a skilled volunteer workforce. (Department of Health and Human Services, 2018)

In 2017 the Council conducted a Leadership in Volunteering Survey. The purpose of the survey was to inform the Council's views on strengthening and supporting volunteer leadership in Victoria. As of June 2017 the council have identified the following four priorities:

- The repositioning and valuing of volunteering.
- Supporting leaders and managers of volunteers.
- Enhanced collaboration across the sector and government.
- The use of social media and technology. (Department of Health and Human Services, 2018)

In 2018, the Victorian State Budget included an investment of \$500,000 over two years. In alignment with the Strategic Priorities of the Council, the purpose of the funding is to support enhanced capacity and capability development in the volunteering sector through leadership training and application of technology. (Volunteering Victoria, 2018)

In its 2018-2019 State Budget submission, Volunteering Victoria identified a number of challenges for the Volunteering sector:

- Volunteer-involving organizations want a diverse, multigenerational workforce, particularly seeking young people but this also requires alignment with the expectations of young who are more motivated by work experience, developing skills and being able to make an impact.
- There are higher levels of volunteer workforce turnover due to shorter-term and micro/episodic volunteering which can be more resource intensive.
- There is an increasing need to be able to demonstrate the outcomes and impact of volunteering, beyond traditional key performance indicators to support the future of funding and resourcing but also increasing requirements for monitoring, reporting and evaluation.
- Professionalization of volunteer management requires increased investment in professional development of those staff.
- The ageing population increases demand for a volunteer workforce in services such as healthcare and community support, impacting rural and regional areas in particular.
- Appropriate resources are needed to respond to the impact of federal policies such as Work for the Dole and the National Disability Insurance Scheme (NDIS).

Recommendations from the Volunteering Victoria submission that are relevant to strengthening volunteering in the EMR, particularly in relation to promoting inclusion, include:

- **Inclusiveness** – acknowledge role of CALD volunteers and build resources and tools to support organizations involving CALD volunteers; support organizations transition to NDIS with building volunteering capacity.

- **Support** – includes recognition of volunteering support/management organizations in supporting place based volunteering and their role in community connectedness.
- **Accessibility** – explore ways to strengthen volunteering capacity to support working lives and greater support for and recognition of informal volunteering.

### 3.3 Regional Context

In the EMR the 3 Commonwealth funded VMA's are Eastern Volunteers, South Eastern Volunteers and the Boroondara Volunteer Resource Centre. Additionally, there are also 2 local government funded organizations that provide volunteer support services to their catchments. These are Volunteering in Manningham and Volunteers for Knox.

In 2015, the Eastern Metropolitan Social Issues Council (EMSIC) was established as a voluntary collaborative structure of 24 regionally based senior executives facilitated by the Department of Health and Human Services to provide collective strategic direction and leadership to improve the wellbeing of residents in the EMR.

EMSIC consulted with a wide range of community service providers, and identified two regional priorities:

- Prevention of violence in vulnerable communities
- Reducing social isolation and promoting social inclusion

EMSIC commissioned Deakin University to undertake research into these priorities which included a literature review, mapping of current activity, identification of possible indicators for monitoring progress and recommendations for future action.

The Deakin rapid literature review (Devenish, 2015) section on Volunteering and Social Connection "demonstrated that there have been a range of interventions evaluated that encourage community engagement, voluntary civic participation and social connection". In particular, mentoring of disadvantaged youth by older adults showed benefits such as improved physical health and increases in adult social inclusion. In addition there may be other benefits through undertaking volunteering to physical health. Planned and evidence-based activities have most potential for population-wide health and social improvements. The review argues for more randomised trials evaluating volunteering program effects on social inclusion in the Eastern Region to be designed. The target measures should include: increasing volunteering; sense of community; and reducing experiences of social isolation in monitoring surveys of target minority samples.

The Deakin report on "Preventing and responding to violence, and promoting social inclusion and community connection" (SEED (Centre for Social & Early Emotional Development), 2016) notes "the importance of volunteering for both those who volunteer and those to whom they provide services. In particular, it was noted that volunteering can actively remediate the effects of social exclusion, strengthen bridging social capital, support increased networks and promote positive role models" (p.48). Australian studies show that volunteering has been shown to contribute to social inclusion and social capital. The report indicates that participation rates in volunteering in the Eastern Region are below average and suggests that increasing volunteering participation can also enhance health and wellbeing. The specific volunteering recommendations made in the 2016 report are:

- Develop and implement a strategy to increase volunteering rates across the community, particularly targeting place-based disadvantage and the experience of social exclusion of minority groups, incorporating formal evaluation, and increasing the evidence base for such activities. Further consideration as to how to engage existing volunteer agencies and networks would be required to develop this approach including consideration of previous work in the region.

- Provide training to support community based agencies to respond to and adapt to changes in volunteering practices.

It should be noted that a significant amount of work on strengthening volunteering in the EMR has been undertaken since 2003. Appendix 1 provides a summary of this work. Of particular note is the extensive research and consultation conducted by Borderlands Cooperative from 2008 to 2009 (Borderlands Cooperative, 2008) which had some key recommendations for strengthening volunteering in the EMR including attitudinal and cultural shifts about volunteering; system development such as improving collaboration; and resourcing.

## 4. Volunteering & the IEPCP

Over the last 2 years the IEPCP has completed 2 main pieces of work engaging with the volunteer sector. The first, was a Strengthening Volunteering in the East meeting held in 2016 and the second, conducted in 2018, was a series of individual consultations with 6 organizations working in the sector.

### 4.1 Strengthening Volunteering in the East Meeting 2016

In October 2016 the IEPCP hosted a “Strengthening Volunteering in the East” meeting on behalf of EMSIC with a number of regionally based organisations working in the sector participating. The purpose of the meeting was to consider the Deakin report recommendations regarding volunteering and how they could be implemented. Thirteen organisations, with a variety of different roles and mandates in the volunteer sector (as per section 2), attended the meeting. Participants included staff from aged care, disability, and other community services, as well as Councils, Community Health Services and VRC’s.

The meeting sought to establish:

- What current coordination of volunteering is in place;
- How is volunteering changing;
- What are the current networks;
- In what ways are the volunteering programs reducing social isolation and for which groups of people;
- What examples are there of intergenerational volunteering;
- How can volunteering in the east be strengthened?

From this meeting, the following recommendations for the EMR were made:

- To have a more strategic, coordinated approach to volunteering;
- Volunteer organisations could work better together;
- Volunteer organisations could be more intentional about reducing social isolation/more inclusive;
- Improve how to share and disseminate resources, particularly improving online resources;
- Recognise the changing environment and provide support to them, such as organisational development and change management;

### 4.2 EMR Consultation 2018

In follow up to the 2016 meeting, the IEPCP, in early 2018, consulted six organisations in the EMR that function as VSS’s providing volunteer information, recruitment and orientation in their catchments, to undertake a needs analysis and review the above recommendations:

Organisation	Contact	DSS Volunteer Management funding?	Catchment
<b>South East Volunteers</b>	Ann Burgess & Rae Kum	Yes. Also funded by Council	Funded for Monash, Casey, Bayside, Kingston, Cardinia. Provide service in Dandenong
<b>Eastern Volunteers</b>	Vivienne Cunningham-Smith	Yes	Maroondah, Whitehorse, Yarra Ranges
<b>Boroondara Volunteer Resource Centre</b>	Alana Smith	Yes. Also funded by Council	Boroondara
<b>Volunteer for Knox</b>	Leanne Fitzgerald & Sally Dusting-Laird	No. Funded by Council	Knox
<b>Volunteering in Manningham (ViM)</b>	Meredith Bubner	No. Funded by Council	Manningham

The IEPCP also consulted with Bridges Connecting Communities who operated as a VSS in Knox until 2016/17, and to the Whitehorse Council (Community Participation Officer) to provide a local government perspective. The aim of the consultation was:

- To gain insight into the role of the organisation including **funding and networking** with other similar organisations in the region or wider;
- To understand current **issues and challenges** for the organisation and for volunteers;
- To **review the recommendations** from the IEPCP meeting held in Oct 2016 to determine if the still resonate;
- To elicit their views about **how the IEPCP could add value** to strengthen volunteering in the EMR, particularly in the area of social inclusion.

The consultation involved informal meetings with managers and coordinators of participating organisations. Qualitative information was gathered in response to questions based on the objectives established. As expected, organisations differ in the way they operate, how they are funded, services they provide and what they identify as their needs in terms of networking and support from IEPCP, however the following key themes emerged:

- Funding is minimal to meet demand and uncertain for the VRC function.
- Services provided include the VRC function, secondary consultation and capacity building, and service delivery.
- The Value of Volunteering – is not well measured but provides value to clients receiving services from volunteers as well as volunteers themselves.
- Issues and Trends – An increase in mutual obligation volunteers and use of volunteering as pathway to employment; increase in prevalence of mental health issues with volunteers and impacting staff; challenges around strong sector advocacy from the peak body<sup>3</sup>; increasing use of social marketing

<sup>3</sup> The VVSN is working towards strengthening sector advocacy – a current priority is trying to establish an outcomes based Victorian Volunteer Strategy.

to promote volunteering, and tendency for organisations to recruit their own volunteers bypassing Volunteer Management Organisations.

- Volunteering and social inclusion – There is acknowledgement that some parts of the community are not participating in volunteering due to social exclusion/marginalisation and organisations could be encouraged to do more to respond in this area. Organisations do understand the current demographics of volunteers and who is missing out. Barriers for implementing more inclusive programs are lack of resources (especially smaller organisations) and acceptance by other longer term volunteers.
- Networks and partnerships – there are some opportunities with partnering already but not all organisations have capacity to attend networks; informal sharing between some VRCs of training or other resources.
- Role of PCP – overall positive response that the PCP has made volunteering a priority and see value in opportunity for support to develop more coordinated approaches to promotion, recruitment, sharing resources and best practice, offering training. Identified to be of particular benefit to smaller organisations.

These themes are not necessarily a reflection of how many of the organisations interviewed raised the issue, but rather a summary of what was emphasised to be important. (Appendix 3 provides a more detailed summary of the consultation results.)

## 5. Moving Forward

Considering the previous work from EMSIC, as well as Volunteering Victoria's recommendations for the 2018 State Budget, and the Commonwealth Government's review of the Volunteer Management Program, and the results of this consultation, there is opportunity and an identified need to focus on strengthening volunteering in the EMR as a means to strengthening social inclusion and community connection. (Appendix 4)

The IEPCP recommends the establishment of an EMR Volunteering and Social Inclusion Community of Practice that can lead work on:

1. Agreed regional measures on the value and impact of volunteering, and collaborative planning to implement consistent evaluation and collate collective impact;
2. Explore opportunities to increase volunteering rates, and explore ideas to target place based disadvantage;
3. Identify gaps in data, and undertake further research or investigate emerging evidence base that may respond to gaps;
4. Defining social inclusion in a volunteering environment – How can it best be achieved? How can it be measured?
5. Establishing connections across sectors in the EMR – strengthen referral pathways between VMOs with other sectors (Health, Local Government, and Community).

The IEPCP is in an ideal position to support this work as social inclusion is a key strategic priority, and priority of several partner organisations, and the IEPCP has extensive experience in partnerships and collaboration, and without a vested interest in any sector or organisation.

The IEPCP, could add value to the sector by supporting them to:

1. Have a more strategic, collaborative approach to volunteer management, as a sector;
2. Share and disseminate resources, and populating The Well shared portal to highlight good practice and share information;

3. Recognise the changing environment and provide support, through a coordinated approach.

The IEPCP proposes to reconvene a meeting of sector representatives in 2018 to comment on this discussion paper and consider these recommendations, and seek interest in the IEPCP leading a Community of Practice as a step toward to strengthening volunteering in the EMR.

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## APPENDIX 1: Summary of volunteering initiatives in the EMR 2003 to 2014

Year	Work & aim	Details	Outcomes
<b>2003 - 2004</b>	<p><b>Eastern Volunteer Recruitment Project</b></p> <p>To assist and increase the recruitment and retention of volunteers working within Home and Community Care (HACC) services in the Eastern region</p>	<p>Committee of Management formed from VRC and volunteer support organisations in the EMR (Boroondara, Eastern, Monash, Knox, Doncare) and DHS HACC</p> <p>Funding support from DHS (now DHHS) HACC program</p> <p>Funding for this project ceased June 2006</p>	<p>Volunteer Orientation Kit produced in English and 4 languages</p>
<b>2005 - 2006</b>	<p><b>Regional Opportunities in Volunteering &amp; Civic Participation</b></p>	<p>Priority of Victorian Government <b>Regional Management Forums</b> including establishment of volunteering grants under “A Fairer Victoria”</p> <p>Workshop held in 2006 to consider.</p>	<p>Outcomes’ Framework for Volunteering and Civic Participation developed with the following elements:</p> <ul style="list-style-type: none"> <li>• Volunteering growth and diversity</li> <li>• Enhanced volunteering capacity for more sustainable volunteering outcomes</li> <li>• Volunteering in the region better linked to other relevant sectors</li> <li>• Increased profile of volunteering and its contribution to the community</li> </ul>
<b>2005</b>	<p><b>Recruitment and Retention of Culturally and Linguistically Diverse Volunteers in HACC Services</b></p> <p>To identify and test successful models and success factors for recruiting and retaining HACC CALD volunteers</p>	<p>Effective Change consultants with funding by DHS HACC program.</p> <p>The project was conducted in two phases:</p> <ul style="list-style-type: none"> <li>• Research phase</li> <li>• Piloting phase</li> </ul>	<p>Report completed</p> <p>Models tested</p>

<p><b>2006</b></p>	<p><b>HACC services and volunteers from CALD background</b></p> <p>Aim of the project to develop an understanding of volunteering in mainstream HACC organisations by members of culturally and linguistically diverse (CALD) communities.</p>	<p>Migrant Information Centre with DHS funding under HACC program. Included an assessment of the level of volunteering by members of CALD communities in HACC organisations in the EMR, and the cultural appropriateness of those organisations in the recruitment and support of volunteers from CALD backgrounds. The project targeted all mainstream HACC organisations in the EMR.</p>	<p>Report completed</p>
<p><b>2007-08</b></p>	<p><b>Original “Strengthening Volunteering in the EMR” research</b></p> <p>To develop a strategic plan to strengthen regional stakeholders’ commitment to Civil Society Work (CSW).</p>	<p>Borderlands Cooperative commissioned to undertake research.</p> <p>350 interviews, 2 workshops, profile developed, participatory approach.</p>	<p><b>Report and brochure identifying 3 recommendations</b> – Attitudinal and cultural shifts; System Development; Resources:</p> <ul style="list-style-type: none"> <li>• To improve community and government awareness of the changing nature of volunteering, and for the volunteer sector to provide more opportunities for participation, reflecting community and business demand.</li> <li>• Improve collaboration between volunteer agencies, increase volunteering opportunities, and make volunteering roles and responsibilities clearer to ensure they meet current and future needs.</li> <li>• Secure funding to allow for project implementation, increase collaboration, develop policy that ensure appropriate and suitable resource allocation.</li> </ul> <p>Volunteering in Manningham developed.</p>

<b>2008</b>	<p><b>Inviting Cultural Diversity in Volunteering project</b></p> <p>Addressed barriers to volunteering in HACC services for CALD communities in EMR</p>	Migrant Information Centre funded by DHS HACC program	<ul style="list-style-type: none"> <li>• Included development of tools and resources for organisations</li> <li>• Good practice forum</li> <li>• Development and pilot of mentor program to support CALD volunteers</li> </ul>
<b>2009</b>	<p><b>Celebrating Cultural Diversity in Volunteering Project</b></p> <p>To highlight and celebrate that people from CALD backgrounds volunteer in a variety of ways that should be acknowledged.</p>	Migrant Information Centre funded by Lord Mayors Charitable Foundation	<ul style="list-style-type: none"> <li>• Development of resources and translated information in a number of languages.</li> <li>• Art exhibition and film</li> </ul>
<b>2010</b>	<p>“Strengthening Communities through Volunteering” Conference</p>	Regional Volunteering Conference hosted by Monash VRC (now South Eastern Volunteers)	
<b>2012</b>	<p><b>Volunteers and the Active Service Model</b></p> <p>To develop a range of resources that support agencies to build the capacity of volunteers to practice within an ASM approach.</p>	City of Boroondara and Effective Change led project with funding from DHHS Active Service Model seeding grants	<b>Developed a Resource Kit</b> designed for HACC funded organisations with a volunteer workforce. The Kit provides key messages about engaging volunteers in an ASM approach with a focus on change management, recruitment, induction and ongoing training and support. The Kit included 12 HACC Volunteer Handouts.
<b>2013</b>	<p>Maximising Baby Boomer engagement in volunteering: A case study from enquiry to implementation</p> <p>Aim to reshape baby boomer volunteering for aged care services</p>	BassCare led project. BassCare is a community aged care service that initiated a qualitative practice-oriented research project in conjunction with other key stakeholders, to interview baby boomers about their plans for retirement and their interests in volunteering.	Findings that baby boomers are looking for meaningful, diverse and flexible volunteer opportunities, requiring organisations to adapt their volunteer programs and develop the required infrastructure (improved advertising, assessment and volunteer support approaches) to cater for the volunteering needs of baby boomers. Highlighted the process, findings, initial efforts and future challenges to engaging baby boomers in volunteer work.

			It is recognised that further research is required about this non-homogenous group.
	<b>Volunteers and Goal Directed Care Planning</b> <b>Recruiting Young Volunteers</b>	DHHS funded work – details limited at this time	
<b>2012-14</b>	<b>Eastern Metropolitan Region Volunteer Partnership Project</b> <p>To support and promote volunteer coordination activities, build stronger relationships between the member organisations and complete strategic work that will assist member organisations to transition into a new environment after June 2015 (aged care reforms).</p>	<p>Funded and facilitated by DHHS HACC program. Organisations involved:</p> <ul style="list-style-type: none"> <li>• Boroondara Volunteer Resource Centre</li> <li>• Bridges Connecting Communities</li> <li>• Department of Health regional office</li> <li>• Doncare</li> <li>• Eastern Volunteer Resource Centre</li> <li>• Healesville Interchurch Community Care Incorporated</li> <li>• Manningham Community Health Service</li> <li>• South East Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Developed a project plan outlining priorities for the EMR</li> <li>• Completed small projects on volunteer issues important in the region</li> <li>• Shared resources developed from the projects across the region and if appropriate beyond the region.</li> </ul> <p>Intended that participating organisations to continue with the partnership without DHHS support. This did not occur</p>

## APPENDIX 2: Volunteer Management Activity Review 2018 – IEPCP

### Summary of Public Workshops

For the Full report see: <http://www.mpconsulting.com.au/wp-content/uploads/2018/05/Summary-of-feedback-public-workshops-May-2018.pdf>

### Background & Method

- Commonwealth Department of Social Services resources the **Volunteer Management Activity (VMA)**.
- VMA aims to increase opportunities for people experiencing disadvantage and/or social exclusion to participate in the social and economic life of their broader community through volunteering.
- VMA funds 52 organisations nationally to deliver **Volunteer Support Services (VSS)** to recruit, encourage, support and train volunteers and work with **Volunteer Involving Organisations (VIOs)** i.e. organisations that engage with volunteers to deliver services, and increase participation in volunteering.
- mpconsulting was engaged to review the VMA to examine the appropriateness, effectiveness and efficiency of the VMA.

**Method:** The consultants consulted with stakeholders through public workshops, online feedback, meetings, online survey and feedback, and site visits. They also reviewed relevant research reports, data, articles, and grant agreements. Further consultation, site visits and research will be undertaken throughout May and June 2018.

This summary presents an overview of stakeholder views by summarising the key themes and outcomes from the public workshops ONLY. 200 people attended workshops across the state.

Workshops presented objectives and overview of the Review and discussed:

- The strengths and weaknesses of the VMA;
- The broader challenges and opportunities for volunteer management, and;
- How funding might best be targeted in the future.

### Key Themes

#### Value of Volunteering

- There was consensus regarding the value of volunteering and the key role it plays in supporting individual wellbeing, the economy, community cohesiveness and the broader functioning of Australian society.
- Is a fundamental contributor across a broad range of sectors including aged care, disability services, family and community services, emergency relief, sports, events, arts and culture.
- Allows individuals to expand their skills and build capacity, improve confidence, expand their networks, engage socially, and feel valued.
- Provides a pathway to employment.
- Volunteer management has a key role in improving the volunteer experience and increasing volunteer participation and contribution through strategies to recruit, retain and match volunteers; have good policies and processes; provide training; and promote recognition.
- VSS have a key role in providing effective volunteer management.

## Broad Challenges

- Shifting environmental context
- Changing government priorities
- Uncertainty about funding
- Increasing reliance on volunteering to deliver services for e.g. in disability or aged care and to meet mutual obligation requirements of Centrelink jobseekers
- Rural and remote challenges

## Funding

- Limited, uncertain and variable funding for volunteer management causing difficulties with forward planning, staff recruitment and long term commitments, and causing stagnation at times
- Need for more funding for volunteering and volunteer management.
- Not all VSS are funded under the VMA and some state peaks are also funded as VSS, which is seen by some as a conflict
- The organisations funded through the VMA and the geographical distribution of funding is largely historical and does not necessarily target the areas of greatest need
- Competitive funding can diminish innovation and collaborative working relationships of the sector and lead to duplication and overlap.
- Multiple funding providers complicates reporting and deliverables.

### **VMA funding can be a large or small part of VSS resources. Variations include:**

- Councils: some share resources and collaborate with VSS and VIOs and some also operate as VSS themselves.
- State Government involvement in volunteer management varies significantly across the country. States may fund specific projects or focus on specific sectors in which volunteering supports service delivery.
- Federal Government: may fund some VSS to deliver services e.g. aged care.
- Corporate sector: may pay for VSS support or sponsor events.
- Membership fees: some VSS charge a membership fee to VIOs, and others do not.
- Fee for service: some VSS offer training or other consultancy services to VIOs for a fee.
- In-kind contributions: many VSS receive in-kind contributions including, such as shared accommodation, discounted rent, subsidies.
- Fundraising: some VSS receive donations but this requires resources.

## Management of VMA

- Management of the VMA has moved between departments and program areas, resulting in the VSS adjusting their services to suit their context rather than on best practice or regional community needs.
- Lack of clarity regarding the objectives of the VMA, given the breadth of services provided and narrow scope of the client target group.
- Need for effective grant management.
- Streamlined grant agreements and reporting presented challenges.
- Need for localised grant managers for more effective engagement.
- Limited consultation and communication about 2017 grant changes and new funding agreements.
- Reporting system (DEX a case management tool) not suitable for capturing outcomes.

## Value of VSS model

The services provided differ across each VSS, based on their approach and model, situation, local community needs and other services they provide with differences in focus and objectives. Some VIOs have found VSS to be unresponsive. Others were unaware that VSS existed.

### **VSS may:**

- Support VIOs to create suitable volunteer positions within their organisation and advertise these;
- Introduce potential volunteers to volunteering, promote volunteering in the community;
- Match and refer volunteers to volunteer opportunities within VIOs;
- Provide VIOs with resources on best practice volunteer management;
- Provide advice and troubleshooting issues for volunteer managers;
- Coordinate networking and professional development opportunities for volunteer managers;
- Facilitate recognition of volunteers within the community.

### **These may be delivered by:**

(Depending on funding, history, staff, Board makeup)

- Face-to-face interviews with volunteers, screening, and checking in with volunteers following their referral to a VIO or other VSS do not have this more supported approach;
- Focus on socially or economically disadvantaged communities and encouraging volunteering within these groups, others do not have such a focus;
- Provide training for VIOs;
- Facilitate networking and information exchange between VIOs;
- Utilise a membership or fee-for-service model, such that the services they offer are influenced by their members needs or preferences;
- Combine their volunteer management role with other roles including community advice centres, peak bodies, community development bodies, or services providers;
- May have a much stronger role than others in promoting volunteering more broadly within the community;
- Provide a service through comprehensive online volunteer recruitment and management platforms or reliable legal resources and advice as alternative to traditional models.

## Measuring outcomes for the VMA

- There is a lack of visibility regarding VSS 'success' and challenges with determining and measuring outcomes;
- Broad program objectives make it more difficult to measure outcomes;
- No outcomes framework for the program (lack of relationship between outcomes, outputs and inputs);
- Performance indicators are output focused and don't reflect service value of VMA;
- There is a need for more meaningful reporting to capture the value of the VMA;
- Unable to compare across VSS;
- VMA performance data is not consistent or comparable, making it difficult to accurately assess performance across VSS;
- Use of DEX for reporting is an issue;
- There is some inefficiency with VSS who may duplicate resources (e.g. training, policies and procedures).

## Future options and priorities

### Management of VMA:

- Stronger engagement and capacity building from Department to manage changes and reporting;
- Longer timeframes to apply for grants and more communication and support;
- Clearer guidance and feedback about expectations.

### Measuring outcomes:

- Feedback from those receiving their services (i.e. volunteers and VIOs);
- The social impact of VSS (e.g., social capital, reduction in isolation and exclusion, and savings in welfare payments and mental health care);
- The extent to which services are delivered by small and medium not for profit organisations within communities and across sectors, or;
- Outcomes measures chosen by each VSS from a suite of performance indicators provided by the Department to allow comparability and flexibility.

### Development of national resources:

- A national **volunteer management strategy** jointly developed by the volunteering sector (VSS, peak bodies and VIOs), government (including cross-sectoral Commonwealth, State and Local representation), and businesses. The strategy might assist in clarifying accountabilities and expectations of stakeholders (including outcomes and performance measures) and inform broader policy development.
- An **accreditation program** where VIOs are assessed against the National Standards for Volunteer Involvement. This could encourage best practice within the sector and assist volunteers and corporates to select high performing VIOs.
- **Resources for volunteer managers**, including best practice tools and checklists to support volunteer managers (within VIOs) to recruit, train, support and retain volunteers.
- **Conferences or workshops** where VIOs and VSS can collaborate and share best practice, effective models and lessons learned.
- **A volunteer passport**, that could be used nationally and contain a central record of the volunteer's police check and other information such as working with vulnerable people checks or working with children checks, along with relevant training, skills and experience.
- **Improvements to online platforms for volunteer management**, including to improve the capacity of VIKTOR/VERA and also to enable the sharing of best practice resources, etc.
- **For advocacy and promotion** including to promote volunteering, volunteer management and its wider community impacts and also to recognise volunteers.

### Expansion of local placed based services and infrastructure:

- **Local community coordination and capacity building**, including face-to-face engagement with volunteers and VIOs, building networks within the local community and providing advice and support in the regional context.
- Development of **social innovation opportunities and projects** based on the local community needs, aimed at achieving specific aims for that region or target group.
- **Support disadvantaged individuals** to build connections, capacity and self-confidence and provide pathways to employment.

## APPENDIX 3: Summary of 2018 IEPCP Consultation Key Themes

<b>FUNDING</b>	<ul style="list-style-type: none"> <li>• Commonwealth funding for volunteer resource centres is minimal and under threat</li> <li>• Need for VRCs to rethink how they work and look for other opportunities to support their work e.g. Social enterprise to fund themselves</li> <li>• Changing focus of future role may leave gaps</li> </ul>
<b>SERVICES</b>	<p>The organisations provide a range of services:</p> <ul style="list-style-type: none"> <li>• VRC role – information, recruitment, orientation and referral for new volunteers including through promotion activities such as annual expos</li> <li>• Provide services such as transport and social support, including staffing and use of community space at main shopping centre in catchment (Knox)</li> <li>• Capacity building and secondary consultations for volunteer involving organisations, including organising network meetings for their local catchment</li> </ul>
<b>VALUE OF VOLUNTEERING</b>	<ul style="list-style-type: none"> <li>• High value of the role of volunteers in supporting clients</li> <li>• Gender issue of volunteering is not acknowledged</li> <li>• Strength of volunteering is not well measured</li> <li>• Value of volunteering to the volunteers - increases their social circle, improved health and wellbeing, especially for older men</li> </ul>
<b>ISSUES AND TRENDS</b>	<ul style="list-style-type: none"> <li>• Lack of strong advocacy from peak body</li> <li>• Increasing use of social marketing to promote volunteering opportunities</li> <li>• Volunteer-involving organisations recruit their own volunteers rather than using centralised system (Go Volunteer) or VRC</li> <li>• Increase in “mutual obligation” volunteers (those required to do voluntary work to access unemployment benefits) who present with range of complex issues and barriers including mental health issues</li> <li>• Presentation of mental health issues for both staff and volunteers increasing and need to be managed/supported</li> <li>• Volunteering as pathway to employment may be an opportunity e.g. for people with disability accessing NDIS</li> </ul>
<b>VOLUNTEERING AND SOCIAL INCLUSION</b>	<ul style="list-style-type: none"> <li>• Acknowledge that there are parts of community not participating in volunteering due to social exclusion e.g. Lower SES, mental health, disability, CALD, older people</li> <li>• Question whether smaller volunteer involving organisations have flexibility and capacity to support additional work required to be more inclusive – they would need to review roles and make changes. Resources are available but not taken up as much as they could be.</li> </ul>

	<ul style="list-style-type: none"> <li>• Need to encourage small changes that can make a significant difference to individuals, possibly through scenarios and training exercises</li> <li>• Reluctance of volunteers themselves to accept others who may be socially excluded</li> <li>• Organisations are aware of demographics of catchment and demographics of their volunteer pool and the gaps with these</li> <li>• 65% of volunteers are over 70 years</li> <li>• One council has changed volunteer coordination role to Community Participation Officer to acknowledge broader concept of volunteering such as activism and consultation, viewing volunteering from social inclusion perspective</li> <li>• Developing resources for involving people with disabilities in volunteering</li> </ul>
<b>NETWORKS/PARTNERSHIPS</b>	<ul style="list-style-type: none"> <li>• There are already opportunities locally and state wide to network and receive support</li> <li>• Lack of time/resources limits ability of small volunteer-involving organisations to benefit from networking</li> <li>• Resources and training are shared informally</li> <li>• Previous DHHS partnership was good but requires ongoing support to continue</li> <li>• Some networks and working groups have ceased such as transport (ETAN) and CALD working groups for projects in the past</li> </ul>
<b>POTENTIAL PCP WORK</b>	<p>Overall positive response to PCP making volunteering a priority:</p> <ul style="list-style-type: none"> <li>• See value in coordinating approaches and bringing organisations together e.g. with marketing, reducing double up in promotion, supporting small organisations that don't have capacity themselves</li> <li>• Could be through: forums, conference, mentoring, stories, highlighting best practice, using existing resources</li> <li>• Could explore together who's accessing the services, build on what exists, ways of engaging community - who's excluded, promote what they do to others, meet to discuss and trial something, set small targets to aim for</li> <li>• Role for IEPCP to have place based approach to volunteering by bringing organisations together who work in the same area and sharing resources, recruitment, training, encourage leaders; bigger organisations could support smaller ones (VRCs are doing some of this work already e.g. with CHS)</li> <li>• Could focus on cultural inclusion e.g. Box Hill Chinese and growth; focus on community participation rather than volunteering.</li> </ul>

## APPENDIX 4: Summary of Key Recommendations from Previous Work

Borderlands 2009	Deakin SEED report 2015	IEPCP Meeting 2016	Volunteering Victoria Budget Submission 2018	Department of Social Services 2018
<p>Recommended attitudinal and cultural shifts; system development; and resources:</p> <ul style="list-style-type: none"> <li>To improve community and government awareness of the changing nature of volunteering, and for the volunteer sector to provide more opportunities for participation, reflecting community and business demand.</li> <li>Improve collaboration between volunteer agencies, increase volunteering opportunities, and make volunteering roles and responsibilities clearer to ensure they meet current and future needs.</li> <li>Secure funding to allow for project implementation, increase collaboration, develop policy that ensure appropriate and suitable resource allocation.</li> </ul>	<p>The rapid literature review recommended need for more randomised trials evaluating volunteering program effects on social inclusion using agreed target measures.</p> <p>Final SEED report noted importance of volunteering to volunteers and recipients of their services; and that volunteering can remediate effects of social exclusion.</p> <p>Specific volunteering recommendations were:</p> <ul style="list-style-type: none"> <li>Develop and implement a strategy to increase volunteering rates across the community, particularly targeting place-based disadvantage and the experience of social exclusion of minority groups (including formal evaluation, aim to increase evidence-base). Consider how to engage existing volunteer agencies and networks to develop this approach, and previous work in the region.</li> <li>Provide training to support community based agencies to respond to and adapt to changes in volunteering practices.</li> </ul>	<ul style="list-style-type: none"> <li>To have a more strategic, coordinated approach to volunteering</li> <li>Volunteer organisations could work better together</li> <li>Volunteer organisations could be more intentional about reducing social isolation</li> <li>Improve how to share and disseminate resources, particularly improving online resources</li> <li>Recognise the changing environment and provide support to them, such as organisational development and change management</li> </ul>	<ul style="list-style-type: none"> <li><b>Inclusiveness</b> – acknowledge role of CALD volunteers and build resources and tools to support organizations involving CALD volunteers; support organizations transition to NDIS with building volunteering capacity.</li> <li><b>Support</b> – includes recognition of volunteering support/management organizations in supporting place based volunteering and their role in community connectedness.</li> <li><b>Accessibility</b> – explore ways to strengthen volunteering capacity to support working lives and greater support for and recognition of informal volunteering.</li> </ul>	<ul style="list-style-type: none"> <li><b>Measuring outcomes:</b> more feedback from volunteers and VIOs; measures about the social impact of the VSS, flexibility with DSS outcomes measures.</li> <li><b>Expansion of local placed based services and infrastructure:</b> local community coordination and capacity building, social innovation opportunities and projects based on local needs; supporting disadvantaged individuals to build connections.</li> <li><b>Development of national resources:</b> Opportunities to share best practice tools and resources for volunteer managers; greater advocacy and promotion of volunteering and its impact; and recognition of volunteers.</li> </ul>