Managing Volunteers in Dementia Care: A Volunteering WA Funded Pilot Project

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This project was carried out in accordance with the National Statement on Ethical Conduct in Human Research.

This study was approved by the Murdoch University Human Research Ethics Committee (Approval 2023/102). If you have any reservation or complaint about the ethical conduct of this research, and wish to talk with an independent person, you may contact Murdoch University's Research Ethics Office (Tel. 08 9360 6677 or email human.ethics@murdoch.edu.au). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Executive Summary

Previous research on *Volunteering in aged care settings in Western Australia: Good practice during covid-19 and beyond* (Paull & Paulin 2022) and *The Jacaranda Project* (Paull & Paulin 2020) highlighted several issues which merited further investigation. In addition, the *Royal Commission on Aged Care Quality and Safety* (CoA, 2021) made many recommendations to improve aged care provision in Australia including recognition of the importance of the contribution of volunteers in addressing social isolation and assistance with client activities in age care settings.

This report outlines a project involving a series of interviews and research workshops (held in person and online) over several months in 2023 and 2024 by the Project Team from Murdoch University. The project was designed to develop an understanding of the role of those who managed or coordinated volunteer activity in residential dementia care settings in Western Australia.

The outcomes of this research are set out in the following report.

Key findings in relation to managing volunteering in dementia care settings in Western Australia in 2023/24 are as follows:

Communications: Language used is important. In the interests of clarity for this report, we refer to volunteers/visitors, residents/clients and volunteer managers.

Complexity: There are several levels of cognitive impairment/dementia which require different levels of approach in managing volunteers in aged care settings.

Compliance: Government policy now requires aged care providers to have a volunteer program and for those volunteers to be well trained.

Organisational Policies: Ongoing recognition and support for volunteer managers and volunteer programs is vital.

Managing at a distance: Volunteer managers often manage at a distance from the site where volunteering takes place, adding a layer of complexity for both volunteers and managers.

First Language: Learning how to communicate with first language speakers is important and resources to assist such as advice on talking to someone with dementia which may be useful for volunteer involving organisations to offer to their volunteers in dementia care settings.

Training: For both volunteer managers and volunteers. The nature and volume of training is a delicate balance, not only to identify how much is enough, but also to meet compliance and motivational needs.

Useful resources

In each of these areas there are some useful resources which may assist in the development of programs in dementia care settings.

Volunteering WA has resources on finding volunteers which can be found at https://www.volunteeringwa.org.au/volunteer-management/resources/finding-volunteers

and our previous report includes guidance specifically for aged care settings

https://www.volunteeringwa.org.au/volunteer-management/programs-and-projects/volunteering-in-aged-care

Dementia Australia has useful resources across a range of topics. These include a full website https://www.dementia.org.au/ and *The Dementia Guide* which is available at https://www.dementia.org.au/get-support/dementia-guide.

Volunteering WA also offers guidance for Volunteer Managers https://www.volunteeringwa.org.au/volunteer-management and links to other knowledge bases.

Alzheimer's WA https://alzheimerswa.org.au/ offers resources which may be useful for volunteers such as the "**Early Signs"** card which is part of their suite of resources in their Dementia Friendly Communities page https://alzheimerswa.org.au/consultancy-services/dementia-friendly-communities/

The Department of Health and Aged Care offers advice on what volunteers can expect in terms of training and support for aged care volunteers: https://www.health.gov.au/topics/aged-care/volunteers/support-and-training

Opportunities for further research

This pilot project has highlighted a range of issues in volunteering in dementia care settings in Western Australia.

Areas which have emerged as potential opportunities for future research include:

- Exploration of how organisations view the place of volunteer programs in aged care settings.
    - Including exploration of management and board understanding of the role of volunteer managers in aged care settings; and
    - Exploration of the understanding of the additional complexities associated with managing volunteers in dementia care settings.
- Reviewing training requirements, compliance, barriers, and how take up of volunteer training can be promoted by VIOs and the impact on volunteer management.
- Exploration of volunteering in First Nation and First Language aged care and dementia contexts.
- Mapping of the volunteering ecosystem for aged care volunteering, and for dementia care volunteering, examining intersections with for example the healthcare system.

Funding for research into volunteering in dementia care settings had not yet been identified at the time of publication of this report, with much of the funding in dementia related research being direct towards medical/clinical research.

Acknowledgements

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

This pilot project was funded by Volunteering WA.

We are grateful for this funding which allowed the pilot project to proceed. Based on our findings, we are exploring further avenues for funding to expand the project.

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Project Overview

Objective of the project

Dementia is the second leading cause of death among Australians (Australian Bureau of Statistics, 2020), and it is estimated 487,500 Australians are living with dementia in 2022 (Dementia Australia, 2021).

The needs of people with dementia are unique, and awareness and education need to be raised with front-line staff, including volunteers. Volunteers make a significant contribution to the lives of older Australians with volunteering having been shown to positively relate to physical, cognitive, and mental health outcomes among both volunteers and beneficiaries, including increased social connectedness and life satisfaction (Cattan et al., 2011; Creaven et al. 2018; Handley et al. 2021, Jenkinson et al., 2013; Lawton et al., 2021, Proulx et al, 2018). While the contribution of volunteers to dementia care has been studied, particularly in hospital settings, there is a paucity of research investigating the specific management of volunteers in residential dementia care and dementia support settings and, also, where the resident is from a non-English speaking background who may have reverted to First Language.

Volunteer managers have reported that volunteers in aged care settings, including in dementia care settings, sometimes wish to advocate on behalf of their clients, an area considered to be very complex, due to the legal and practical ramifications of their doing so. Organisations, such as Dementia Australia, have established specific advocacy programs to navigate these complexities (Dementia Australia, 2022). Recent research has identified that volunteer development programs are likely to lead to greater understanding about dementia and greater volunteer retention (Cheung et al., 2022).

Management of volunteers is recognised as being different to managing paid staff, not least because of the nuances associated with the voluntary nature of volunteering (Hedley, 1992, Walk & Peterson, 2022). It is likely that volunteer managers do **not** have a background on human resources and, for many, they have learned on the job. Managers of volunteers, often largely unrecognised, are likely to have increased responsibilities associated with coordinating and supporting volunteering where dementia is involved and therefore have greater needs in terms of time, resources, and training. Another layer of complexity occurs where residents have reverted to First Language. Better equipping these managers is likely to improve the experience for volunteers and beneficiaries, as well as for volunteer involving organisations.

The aim for this pilot study was the development of an initial understanding of those aspects of volunteer management that are likely to most impact volunteer and resident wellbeing outcomes, with a particular focus on advocacy and volunteer engagement cycle – all within the confines of dementia care. This research also sought to reduce the gap in extant understanding of managing volunteering in aged care where individuals of non-English speaking backgrounds are involved – either as volunteers or as clients.

Research Approach

Ethics approval: Human Research Ethics approval was sought to ensure all participant rights are protected, and that the research met Australian Standards for the Conduct of Ethical Research. (Murdoch University Human Research Ethics Committee Approval Number 2023/102.)

Qualitative research: This research is purely qualitative and based on targeted interviews and research workshops. Participants work as volunteer managers/lifestyle or wellness coordinators who manage volunteers in aged care settings with residents who have a level of cognitive decline/dementia. It seeks to understand the experience from the standpoint of the participants as opposed to how their role is officially described. As Dorothy Smith, who developed the institutional ethnography approach, suggested, it was taking a ball of string and pulling on a loose end to see where the story took us (Campbell & Gregor 2004).

Literature: Prior to commencing the data gathering process, a rapid review of the literature was undertaken to inform the project team of other relevant work on managing volunteers in the residential aged care dementia space. A more detailed literature review was undertaken as the project progressed, with particular attention paid to ensuring literature relating to emerging findings were explored. This included grey literature, academic publications, and important documents such as Royal Commission reports. The full literature review has not been included here. A brief literature overview is included as an appendix.

Earlier projects: This project builds on *The Jacaranda Project* - a pilot project conducted before the pandemic (Paull & Paulin, 2019), early survey findings on the impact of COVID-19 on volunteering in aged care collected in June, July, and August of 2020 (Mapping changes in volunteering in the aged care sector in a 'Rona' World) and *Volunteering in aged care settings in Western Australia: Good practice during COVID-19 and beyond* (Paull & Paulin 2022). These projects influenced the design, data collection and analysis of this project.

Training: Given the research topic, it was important that team members develop a broader understanding of dementia and dementia care and some members undertook online training from Dementia Australia and other providers.

Participant Recruitment: Invitations were emailed to a broad range of aged care organisations in Western Australia who have volunteer programs and provide care for those living with dementia, inviting the participation of volunteer managers/lifestyle/wellness coordinators in this pilot project and noting our interest in the management of volunteers in dementia care and dementia support with an added interest where the resident is from a non-English speaking background. Invitations to take part were also circulated by Volunteering WA to relevant member organisations.

Data Collection: Fourteen participants expressed an interest and were interviewed, data collected, and thematic analysis carried out. Managers of volunteers and related participants were also invited to a face-to-face workshop in June 2024. A follow up online workshop was held in September 2024 to gain feedback from interested participants unable to attend face to face workshops. A form of action research, workshops ensured that conversations were also facilitated between participants allowing information sharing and organisational learning to

take place as part of the project. In all, the project involved 14 individual in-depth interviews, 4 attendances at the round one face to face workshop, and 6 in the September 2024 online workshop. The intimate workshops allowed for in -depth discussions between participants and the exchanges between participants highlighted areas of difference, as well as consistent experiences. The employment of the sense checking workshops to test the emerging themes from the interviews supported previous research and our knowledge of the field.

Feedback: At both workshops, findings so far were presented, and participants were invited to offer feedback on what was included and any issues that may have been missed. Participants in the second workshop were all new to the project and thus their feedback offered another layer of confirmation of the data presented to them.

In the workshops, participants were asked to comment on the following:

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

Participants were also invited to provide additional comments or observations.

Limitations

As noted above, this is an initial pilot project to understand the lived experience of volunteer managers who coordinate and support volunteers in residential dementia spaces. This project has not sought input from volunteers, residents and individual beneficiaries of volunteer efforts – they are important but are beyond the scope of this pilot project.

There are specialist volunteers who are involved in dementia care support volunteering; Palliative and end of life care volunteering; Advocacy volunteering; Faith focussed volunteering; Board membership; Supported volunteering; and other specialised roles - such as hospital liaison or residents' association committee. This pilot project has not interviewed volunteers to understand their perspective.

Participants were from a range of non-profit aged care support organisations auspicing Aged Care Community Visitor Schemes (ACCVS) and non-profit and for profit residential aged care organisations.

Context

This project was undertaken during 2023/24 as the impact of the COVID 19 pandemic had lessened in Western Australia and a range of other contextual influences were ongoing including: *The Royal Commission into Aged Care Quality and Safety* (final report tabled March 2021 - CoA 2021); *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (established April 2019 (ongoing in November 2021 -CoA, n.d.); Changes to the *Aged Care Quality Standards* in effect from January 2020 and ongoing.

In light of the above context with ongoing policy reviews and other research occurring in the aged care/caring for people living with dementia space, much anecdotal and industry led discussion is current around service standards in aged care generally and alternative ways of delivering care in dementia spaces.

Some key recent developments in aged care include:

- Sector wide 15% pay increase for aged care workers including nurses and personal care workers introduced by the Australian Government which commenced on 1 July 2023.
- Requirement for all residential aged care facilities to have a registered nurse on-site at all times commencing July 2023.
- From October 2023, aged care facilities must provide at least 200 minutes of care per resident per day, increasing to 215 minutes by October 2024. This includes a minimum of 44 minutes of care by registered nurses

In relation to volunteers a range of developments have also been identified. These changes reflect changes to aged care services, following the recommendations of the Royal Commission into Aged Care Quality and Safety. A number of initiatives that involve volunteers are briefly mentioned below:

Volunteers in Aged Care Survey (April - May 2023) See box below: The Department of Health and Aged Care conducted a survey to gather insights from volunteers and volunteer managers. This survey aimed to collect data for use in improving the role, management and training of volunteers in the aged care sector, as part of the government's response to the Royal Commission's recommendations.

Designated Staff member for Volunteer Coordination: A condition for approved aged care providers is now the requirement to assign a designated staff member to coordinate volunteer programs. This includes providing induction and ongoing training for volunteers and ensuring they are well-prepared to support older people effectively.

Aged Care Volunteer Visitors Scheme: The government has increased funding and expanded the Community Visitors Scheme, now called the Aged Care Volunteer Visitors Scheme. The aim is to provide extended support to older people living in their own home and for those in residential care settings, particularly those at risk of social isolation. Policy changes here emphasise the need for better training and support for volunteers in aged care. There are specific elements to the changes in the program which relate to dementia care.

Dementia care volunteering: As part of the implementation of the Royal Commission into Aged Care Quality and Safety's recommendations, the Australian government has mandated that volunteers involved in dementia care receive specialised training. This training is designed to equip volunteers with the skills necessary to provide appropriate support, including

strategies to address challenging behaviours and understanding the specific needs of individuals living with dementia.

Recruitment campaign for Older Volunteers: The Department of Health and Aged Care launched a recruitment drive targeting older volunteers. This program was touted as highlighting the importance of lived experience in supporting older Australians, with the goal of enriching the experience of both volunteers and those they assist. Information about the program suggests that organisations should be focussing on minimising barriers for engagement and retention of volunteers.

Australian Government - Volunteers in Aged Care Survey (April - May 2023)

The following is extracted from the website associated with the survey findings. https://agedcareengagement.health.gov.au/volunteers/ (DoHaAC, 2023)

The Volunteers in Aged Care survey was open from April to May 2023 and had 1597 anonymous responses. (Respondents - 1003 volunteers, 339 volunteer managers or coordinators, 225 aged care providers who engaged volunteers).

Top 10 findings

1. Volunteers are essential to aged care and delivery of person centred and quality care.
2. There is an ongoing need to distinguish between the role of paid staff and volunteers.
3. Volunteers and volunteer managers see their work as impactful and meaningful, but believe this perspective is not always shared by the organisation and leadership.
4. Volunteers undertake many roles in aged care and other sectors.
5. Key barriers to volunteering include time commitment; COVID-19 procedures and health reasons; family commitments; lack of flexibility; lack of support from paid staff; and travel considerations.
6. There is a need for suitable recruitment, recognition and support mechanisms for volunteers from diverse backgrounds, cultures, and life experiences.
7. The cost of volunteering, including training fees and volunteer out of pocket expenses such as travel were identified as an issue.
8. Many volunteers and volunteer managers noted the need for accessible and appropriate training to effectively carry out their roles.
9. Many aged care volunteers, managers and providers requested more support (e.g. fact sheets, short online training, handbooks). Volunteers also wanted regular feedback and direction, as well as more respect from paid staff.
10. Managers and providers are experiencing significant difficulty in recruitment and retention of volunteers.

Emerging themes in the data

Language is important

During our conversations with participants, we noticed that there were differences in how people and roles were described. From setting out to describe people as having dementia rather than, perhaps, the more person-centred phrase – a person living with dementia; the nomenclature of clients, patients, residents and then whether people were volunteers or visitors and the person they visited a resident or a recipient, it became clear that the chosen descriptions depended on who was using them. ACVVS schemes use the visitor/recipient variation, while in house volunteer programs may use volunteer or visitor/resident. While we initially identified the person performing the role of managing volunteers as the 'volunteer manager', it also became clear that this role, in some contexts, was also part of the role assigned to a 'lifestyle' or 'wellness' coordinator. This underlined the value of listening to hear when interviewing.

In the interests of clarity for this report, we will speak about volunteers/visitors, residents and volunteer managers.

Communication

Following on from the above, volunteer managers emphasised the importance of developing good communications with their volunteers, within their organisation and with staff from other organisations where they may place visitors. Some also suggested that volunteers could benefit from developing relationships/communicating with other volunteers to increase the social aspect of their volunteering activity and contribute to their sense of belonging to the organisation and encourage longevity of service.

It was also reiterated that the visibility of volunteer programs needed to be raised both in terms of organisational recognition and acknowledgement of the value of their volunteer programs to the success of their business in newsletters, on websites and in public reporting and also to support the important role of ongoing volunteer recruitment.

Turnover of volunteer managers

Consistent with our previous research, we found that there are two groups within the volunteer management role in aged care, long term volunteer managers and newly appointed managers. There was also evidence that some longer-term volunteer managers are thinking of moving on, and some are concerned about how and where to pass on their experience given the staff shortages being experienced in aged care across the board.

Interestingly, several of those who contacted us in response to our invitation were very new to volunteer management or the aged care context and, some had contacted us because they were looking for avenues to find support and to make connections with others in the field. In some instances, the role of volunteer manager/volunteer program was also new, and this could also be related to success by organisations in accessing competitive funding streams for volunteering in aged care in various regions in WA. Given this inexperience, they could not offer much insight into our research context. We did refer them to the resources provided by Volunteering WA and our previous research factsheets.

Additional research as to how oversight and management of volunteer programmes is viewed by employers and boards would add further insight to this area.

Training of Volunteer Managers

Given the new requirements that approved aged care providers must assign a designated staff member to coordinate volunteer programs (DoHaC, nd) and also that volunteers in the dementia space must receive specialised training (DoHaC, nd), perhaps the most important question is what training/qualifications does a person need to become a volunteer manager? There are no licensing, legislative, regulatory or certification requirements which apply at this time. State volunteering organisations across Australia offer various training opportunities including, now, a Certificate 4 in Volunteer Coordination and there are international qualifications available. More often than not, seeking access to training and professional development is the responsibility of the manager and sometimes at their own cost. Some more experienced participants had or were undertaking training via Alzheimer's' WA or UTAS Wickings Institute, and some also had a nursing or care support worker background.

Volunteer Training

Only some organisations had specific training requirements for volunteers who visit people living with dementia. Participants acknowledged the need for dementia specific training but highlighted that if training was perceived as too onerous, it may deter scarce volunteers. It was sometimes difficult to know how much was too much as it depended on the individual's appetite for knowing more about the role they were undertaking. Given the new government requirement for training and compliance for volunteers in aged care settings, this reluctance will need to be addressed.

In some instances, volunteers were invited to attend staff training sessions with speakers from Dementia Australia or similar organisations. The nature of this form of training is sporadic and thus might not capture all relevant volunteers although there appeared to be some value in volunteers training alongside staff members in terms of consistency of approach. Again, these trainings were targeted at staff/workplace as opposed to specifically volunteers.

Other organisations recommended their volunteers access the well regarded online UTAS Wicking Dementia Training MOOCS (free of charge) in their own time. Some organisations followed up regularly with volunteers to find out whether they had accessed the training and others only found out when individuals proffered feedback. One volunteer manager had put together a booklet for their volunteers including links to useful information about aged care and dementia-specific training opportunities they could follow up in their own time.

The Michael Verde Memory Bridge program which presents a more person-centred way of viewing what is possible for people with dementia was mentioned by 3 participants as being important and 'lifechanging' for their own behaviour and attitudes and those of face-to-face staff and volunteers. This was tempered in one instance by a lack of clarity about whether organisations continued to offer training in this program once the volunteer manager moved on.

Ageing in place in home, residential or in supervised care situations can mean some residents develop undiagnosed or early stages dementia. One participant organised a training session for staff, volunteers and residents about understanding the lived experience of people with dementia or cognitive decline. In a setting where residents might live in hostel style/self-care accommodation moving into nursing home care as required, some residents with cognitive decline would not be isolated from the mainstream and it was deemed important to share this knowledge across the community of residents, staff and volunteers.

Recruitment

For many organisations and programs, recruitment is an ongoing process as volunteers come and go depending on the value they receive from the experience, health or other life issues which reduce their time or capacity to volunteer. Requests for a visitor for a particular recipient may also require time consuming specific recruitment and induction of a new volunteer. Thus, while part of their role may be described as a form of human resources management, as noted above, it is considerably more onerous than recruiting and taking on a long-term employee with particular skills into an existing organisational structure.

Recruiting and matching of volunteers to clients was described as time-consuming and needed to be followed by specific individual volunteer preparation and orientation. Screening and placement of volunteers in some organisations went as far as the volunteer manager accompanying volunteers for their initial visit to a new recipient/resident to ensure that the volunteer was a good match, felt supported as they weighed up and adjusted to the severity of the dementia experienced by the resident and were able to debrief about anything they found concerning. On occasion, the new volunteer may withdraw from their role soon after a first visit, leaving the manager to recruit someone new to the role. Managers did not express concern at this, as they felt that some volunteers were unprepared for what their role might entail, even after extensive briefing, and saw the investment of time as being in the best interests of the client and the volunteer. Sometimes, if a good relationship had not been established between the volunteer manager and the volunteer, the volunteer just stopped turning up and the manager would not know until they didn't turn up for an appointment or were advised by the aged care facility.

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Advocacy

Throughout our previous research on volunteering in aged care, the role of volunteers as advocates for their client is a recurring theme. In this current study, participants highlighted the need for developing ongoing communication channels for volunteers to report back to the volunteer manager on their regular visiting activity and, importantly, on any issues they may be concerned about as they appear to impact their recipient/resident. This could be in person, via a phone call or via the organisation's online reporting system.

It was clear that all volunteers were made aware of the boundaries around their activity and that any issues should be promptly reported to the volunteer manager to follow up/action as required. Volunteer managers that we spoke to were very clear about the need to follow the rules that govern their particular volunteering program; some of these were initiated by government policy or by the aged care organisations where visitors volunteered.

Contact with organisations whose focus was advocacy highlighted a different in the types of advocacy in which volunteers operate. Individual advocacy on behalf of the client is not undertaken by the peak bodies in the field other than Advocare, whose focus is aged care advocacy more generally.

First Language and Culture

In our previous research, we heard about some residents in aged care reverting to first language as they experienced cognitive decline. We sought participation in this project from volunteer

managers who had experience of working with residents in aged care from a culture/language other than English. There are a number of ethno-specific residential aged care providers in WA, however specific steps to invite participation were not taken up, hence they are not represented in this pilot project.

Participation by managers from specialist multicultural agencies outside residential aged care was welcomed. These services provide aged care support in people's homes, and volunteer visitors can be arranged. Specific arrangements can be made when a volunteer match for cultural and language ability is available, and we have seen recruitment calls for volunteers with specific language capability to take on such roles. There is no doubt that some age care residents appreciate the opportunity to speak their first language with a regular visitor.

Responses to questions of our participants revealed that while a couple had suitable volunteers for this purpose depending on the language/cultural background required – some cultures are more reticent to, first, realise the value of having a volunteer visitor or to volunteer themselves in this context. Others reported that they were cognisant of the need to try and provide this service on request, but they, at times, found that locating volunteers with the correct dialect or cultural background was tricky.

Our data included evidence of situations where an individual living with dementia may have reverted to some form of first language but this was confused and difficult for even a native speaker to understand. Research associated with decline in communication for clients with dementia indicates that loss of linguistic abilities is a common symptom among people with dementia, and may precede other aspects of cognitive decline. Loss of language is part of the clinical evaluation of a dementia client and advice on suitable language expertise in volunteer visitors may be needed. Importantly, adaptations may be needed in communication to seek to reduce stress in a person with dementia. Volunteers may need support and training to ensure that their communication (both verbal and nonverbal) shows support and compassion.

In terms of volunteer visitors connecting with their clients, there is also evidence in the literature that music is valuable in supporting mood and assisting with memory for people living with dementia and some participants suggested that just finding relevant music or photos to talk about may be of value for both the resident and the volunteer. The use of technology (often in the form of tablets) made this more accessible for some of the clients in some organisations.

Dementia Australia has useful resources to assist such as advice on talking to someone with dementia which may be useful for volunteer involving organisations to offer to their volunteers in dementia care settings (https://www.dementia.org.au/living-dementia/staying-connected/talking-someone-dementia).

One step removed volunteer management

There was a contrast evident in the data about the distance between some volunteer managers and the volunteers in their program. The most prominent models were:

1. Volunteers operating on site in residential aged care facilities where the volunteer manager is attached to the site and accessible to volunteers when they checked in or departed.
2. Volunteers operating on site in residential aged care where the volunteer manager is attached to the organisation but not at the same site as the volunteer manager. In this

case often the volunteers also report to someone else at the site, for example an occupational therapist.

3. Volunteers operating on site in care facilities or retirement villages where the volunteer and the manager are from a separate organisation to the operators of the site or village.
4. Volunteers visiting clients in their own homes or in retirement villages where the volunteer manager is part of an organisation providing the volunteer program not on site and not part of the site.

These differences then influenced the contact the volunteer manager had with the volunteer, the support they were able to provide and the overall visibility of the volunteer program. The level of oversight and appreciation of the role of the volunteers and of the managers led to participants comparing their experiences from different perspectives. These different perspectives led to observations about support required for onsite staff in supporting volunteers, and about the time needed to ensure volunteers felt supported even though they did not have regular contact with the volunteer manager. In some settings, the volunteer manager did not have day to day contact with volunteers beyond the initial recruitment and placement. All participants advised they had systems for volunteers to report on visits/issues ranging from an online register/reporting software or a hard copy book kept in a central place for volunteers to log in and out and report activity.

Organisational support for volunteer programs and managers

There was a range of perspectives around the value placed on the work of volunteer managers by their organisations. Some reported recent reductions in funding and cuts to program staff increasing pressure on the volunteer manager to deliver the same level of program with fewer resources. Others related having to acquit or report on numbers of visits/volunteers as a box ticking exercise that didn't consider the complexities of the program, clients or volunteers. While not universally evident, there was concern expressed that the involvement of volunteers was entangled in the resourcing of organisations in such a way as to reduce volunteer visiting to just another program and it was not viewed as contributing high value to the organisation's compliance with person-centred service delivery. Participants also noted that while government policy was changing some of those changes were slow to filter down to the level of the volunteer programs. Importantly, volunteer managers identified the need to be proactive themselves in keeping up with the requisite policy changes and ensuring their programs remained compliant, without waiting to be informed by their organisations in the first instance.

Passion and commitment

Throughout this research, participants displayed their passion for the role by the way they spoke about their volunteer management job and the volunteers they work with. This may also translate to many hours of work for just one or two outcomes. It also translates to hours worked beyond those paid for; to personal contributions, for example of sending supportive messages to volunteers experiencing issues in the volunteering context or personal life issues which impact their ability to volunteer; and, importantly, to keep appraised of any changes to recipients/residents contexts so that they can advise the volunteer, particularly following up contact with a volunteer when a client dies. The emotional component associated with the volunteer manager role was very apparent and while most identified this as part of what makes them value their role, it also appears unrecognised by most organisations. It is an element of the complexity of the volunteer manager role mentioned below. When asked how long they

would stay in the role, some participants could not see themselves doing anything else, while others suggested they may stay for 2-3 years before moving on.

Acknowledgement of Complexity

Both more experienced managers and those who were very new to the role recognised that dementia adds a higher level of complexity to volunteering and to volunteer management. Managing volunteers in the dementia space was not straightforward and required an augmented level of buttressing and support for the volunteer as well as the need for the volunteer manager to build good relations with relevant staff in the recipient facility to ensure good connections and open communication. This was true for both in house and external volunteer managers.

There were some primary elements to be aware of due to the more complex nature of managing volunteers in the dementia space:

> Allied health and other staff involvement with volunteers and residents 'on the ground' is more likely than regular connection with the volunteer manager, especially if the volunteer is a Community Visitor and their volunteer manager is located outside of the resident's aged care organisation.

This distance can reduce the opportunity for the volunteer manager to brief volunteers about the 'recipient' of their services on a more regular basis and for volunteers to report back on visits/issues etc. Some participants reported the importance of developing good communication with onsite staff so that they were aware of any changes and could advise volunteers of any issues that might impact their visit on a day-to-day basis and to encourage onsite staff to do this too. This also speaks to how on-site staff view volunteers and communicate with them; if they are recognised as such or as just another person who comes every now and again.

In larger organisations with multiple residential care facilities, the volunteer manager may work in a central, higher-level managerial context supporting the network of onsite lifestyle/wellness coordinators who relay their needs re volunteer recruitment and other issues to this central manager. In some cases, these volunteer managers work on a statewide level and thus the communication lines are further lengthened.

Communicating with a person with dementia or cognitive decline can be confronting and sometimes distressing even for the most well-prepared volunteer. Participants highlighted the importance of being available to support volunteers through these experiences by providing contact phone numbers for on duty support staff. Given the nature of volunteering, calls for support may be after work hours or over a weekend period. In many cases, volunteers were also able to access their organisation's workplace counselling/support services. Such arrangements depend on the contract the organisation has with its EAP service provider, with some explicitly including volunteers, and others not. Volunteer managers or co-ordinators also revealed instances in which they had been contacted out of hours by volunteers and had responded, even relating stories of giving extensive support to a volunteer outside paid work hours. Such activities can contribute to the manager feeling fatigued.

Due to the sensitive nature of 'befriending' or volunteering to provide social care in an aged care or dementia space, volunteer managers are responsible for both understanding the needs of the recipient and also choosing a suitable volunteer for a particular person/situation. Several

participants mentioned an extended process of meeting the recipient/resident, understanding their condition and likely interests that may be drawn on in conversation with a visitor/volunteer; recruiting or choosing a suitable person to fill the role and then inducting them into the program and supporting them in their first visits to meet the recipient. While this may seem relatively simple, it can be a time consuming and emotionally charged process for the recipient, onsite staff, volunteer manager and volunteer. It is not uncommon that volunteers may find they are not suited to the role after all and the process of finding a suitable replacement is restarted. The original volunteer may need support as they come to terms with this decision and perhaps diversion to a less confronting opportunity.

Ensuring 'worthwhile' experiences for the volunteers was key to their continued service. Visits to those living with dementia may be quite short and sometimes frustrating (10-15 minutes) due to the resident's mood or attention span and it was suggested that pairing volunteers with a second resident in the same location who was easier to communicate with for the remainder of their regular hourly visit could make their volunteer experience more 'worthwhile'.

A couple of participants had taken on the teachings of Michael Verde's Memory Bridge Program (https://www.memorybridge.org) which offered a more open person-centred perspective and training to guide staff and volunteers to build relationships with residents living with dementia and on being a companion without judgment. Instead of 'managing behaviours', the program encourages staff and volunteers to understand the person and what triggers the behaviour and addressing that instead: "Who helps who? Listen to understand, not to respond". They emphasised the value of staff and volunteers learning together.

What does this mean from a research perspective?

The input in the various interviews and workshops that took place for this project left us with a largely positive picture of the skills and commitment of the participant volunteer managers and their understanding of the value of supporting volunteers with time, tools and resources to facilitate their time spent with residents living with dementia as far as possible. Visiting someone in this context can be confronting, frustrating and difficult and also rewarding and worthwhile. Managers reported that some people deliberately choose to do this form of volunteering for reasons connected to previous personal history with a relative with dementia, seeing it as a fulfilling way to spend time and give support to people whose life experience with family and friends and also in the care situation has been limited by their condition. Availability of accessible training which is not too onerous is important for people who volunteer in these contexts both for their protection and understanding of their role but also for the protections of the resident that they visit.

Distance from the volunteer location was mitigated by some ACVVS managers by specifically engaging with staff at the location, developing regular communication and introducing volunteers to staff as well as the resident they would be visiting. Given ACVVS auspices provide volunteers on request, they may have to duplicate these relationships in several different geographic locations and organisations, demanding an extended time commitment to the success of these volunteers. For managers in organisations with multiple sites, coordination and support for volunteers once inducted was usually the responsibility of the onsite staff, the efficacy of this depending very much on the capacity of the onsite supervisor to manage this role, usually in addition to other operational responsibilities. It was also clear that some volunteer managers were limited by organisational funding priorities and access to staff

support and exacerbated by limited recognition of the value of their programs by their organisations.

For some organisations, the volunteer program was a new or renewed initiative needing to be rolled out by staff who may not yet have the skills and confidence to do this. Others reported having good support from their management team and feeling that their contribution was valued. In recent times, more extensive compliance requirements have required organisational support for volunteer programs under the revisions to the Aged Care policy requirements requiring dedicated volunteer manager roles and specifically identifying the need for additional training and compliance for volunteers visiting residents living with dementia following the Royal Commission. These have led to organisations reviewing the impacts of these new rules and the impact on the shape of their volunteer programs and how they are rolled out.

While we initially wanted to know more about volunteering in first language aged care and dementia contexts, we had responses from only one provider who has this as a primary focus. Other providers who contributed to the project offer their services to a diverse client base, but do not specifically focus on services for first language clients. We would like to do more research in this area in future given the multicultural nature of both aged care residents and care staff.

These findings offer a good base for extending our research in this project to a wider survey of organisations and locations across Australia which would provide data to deliver a bigger understanding of the challenges of managing volunteers in the residential aged care and, perhaps, other dementia spaces including younger onset dementia and alternative providers.

Areas which have emerged as potential opportunities for future research include:

- Exploration of how organisations view the place of volunteer programs in aged care settings.
    - Including exploration of management and board understanding of the role of volunteer managers in aged care settings; and
    - Exploration of the understanding of the additional complexities associated with managing volunteers in dementia care settings.
- Reviewing training requirements, compliance, barriers, and how take up of volunteer training can be promoted by VIOs and the impact on volunteer management.
- Exploration of volunteering in First Nations and First Language aged care and dementia contexts.
- Mapping of the volunteering ecosystem for aged care volunteering, and for dementia care volunteering, examining intersections with for example the healthcare system.

Funding for research into volunteering in dementia care settings had not yet been identified at the time of publication of this report, with much of the funding in dementia related research being direct towards medical/clinical research.

Linking back to the wider volunteer management literature

The research undertaken in this project has a specific focus, but it highlights a range of areas where volunteering and volunteer management research more generally is evolving. This includes the areas of volunteer engagement such as recruiting and placing the right volunteers in the right roles, offering training and support, and the need for recognition of the contribution volunteers and their managers make to volunteer involving organisations. Importantly the nuanced needs of specific settings, and specific types of volunteering, even within a sector or a setting is highlighted by the key differences which emerged from this research. At the same time this research has reinforced key messages across volunteering more generally, such as the need to value the manager of volunteers and acknowledge their contribution to their organisations.

The brief literature overview which follows was prepared as part of this pilot project.

Appendix 1- Brief Focussed Literature Overview

From our literature review, there is limited research about volunteers visiting people living with dementia outside of hospital settings.

With limited focus on volunteer managers in the dementia care setting, a wider scoping review of the literature sought to examine what the organisational factors might be that assist and or hinder the management of volunteers, and what initiatives, processes, policies, capabilities and others might be implemented by aged care organisations to support volunteering with people with dementia in aged care settings. These questions informed a systematic search of the literature.

Eight articles were identified which fitted the search criteria, including two literature reviews (Hurst et al 2019; Morton et al, 2021). The literature extracted in the search tended to focus on hospital settings despite Hurst et al (2019) indicating prior research predominantly focussing on aged care and residential settings. The differences between such settings were apparent due to including both in our analysis. The final set of articles includes variations in clients, volunteers and organisations. Of the literature selected for this report, two were from Australia, while the remainder were from other countries: Canada (2), Singapore (1), and the UK (3). No articles were identified that specifically referred to the manager of volunteers, despite reverse searching.

The themes which emerged are outlined below and then discussed briefly in relation to the role of the manager of volunteers.

Dementia, Diagnosis, Language, Attitudes and Inclusivity

Across the literature the community understanding of dementia was a strong theme. These discussions ranged from terminology in use to the narratives around dementia including amongst staff. Alden et al. (2019) identified that the views held by staff and volunteers have a strong influence on service delivery.

There was a strong indication in the literature of a link between language used and approach adopted with Alden et al. specifically discussing inclusivity. They noted a "potential conflict between preventing harm and respecting the individual's right to autonomy." (p. 778) in approaches to care as well as expressing concern for example at what is referred to as "prescribed disengagement" (p. 780) where patients who receive a diagnosis of dementia are advised to give up, for example, employment and driving.

Person-centred care, and inclusive approaches are promoted throughout the literature consulted, with dementia severity playing a role in approaches.

Dementia severity: The literature identified the need for tailored approaches depending on the nature of the dementia experienced by the client – from early stages to advanced stages, and to the palliative care required in end-of-life stages. The evidence is clear that there is a need for differential approaches to higher functioning and lower functioning clients (e.g Foong et al. 2107). Morton et al (2021), examining earlier stage dementia community interventions identified the need for stigma-free, person-centred approaches taking into account social needs of diverse communities. Pereira et al (2022) examining advanced stage dementia settings confirmed the importance of person-centred care, and identified the support needed for volunteers navigating the palliative care end-of-life element of volunteering.

Person-centred approaches: The increasing importance of person-centred approaches was strongly emphasised in the literature and its recognised benefits to clients emphasised. This includes promotion of meaningful engagement. The need for tailored approaches influences the type of activities undertaken by volunteers, and the nature of training and support required. Foong et al (2017) reporting on research in Singapore identified that nursing homes offer activities to their clients as part of person-centred care, in part because "studies show that lack of engagement can lead to increase of undesirable behaviour, apathy, and depression among people with dementia" (p 6195). This is in keeping with the broader literature on dementia care.

Roles and activities: Both the hospital and aged care setting literature illustrated the roles undertaken by volunteers which add depth and support to clients living with dementia, and their families. While hospital settings tend to refer to shorter term engagement, companionship and social connections were included in all the activities of volunteers, with other engagement such as activity support and support for nutrition also being mentioned. Hurst et al (2019) identified a difference between a "sitter role" and a "companionship role" for volunteers. Activity support included being present to assist with falls prevention, and support for nutrition ranged from assisting with feeding[1] to food preparation. This is generally not allowed in Australian res care contexts. Volunteers are there to befriend but not to carry out feeding or other 'operational' support.

In all of these activities the level of training and support needed by volunteers was identified.

Importantly, the unique role of the volunteer was identified by Periera et al. (2022, p. 2174) who said "volunteers have been described as having an 'in between role' where they are not quite a friend of the resident and not quite a staff member either". This unique positioning also places limitations on volunteers including restrictions on what they can do for a client, and on their authority and responsibilities.

Training of volunteers: The strongest recurring theme across the literature was the preparation and training of volunteers. The motivation to volunteer in the dementia area was identified by Hurst et al (2019) as being similar to the range of motives to volunteer found in many volunteer settings, and to also include individuals whose own personal experience had led them to want to share their personal experience of caring for others with dementia. Pereira et al. (2022, p 2173) refers to a "natural outcropping of volunteers' own motivations, which include working with people, networking and socialising".

Even those volunteers whose motives meant they already had an understanding and commitment to working with dementia clients were seen to need specific training to enable them to volunteer. Foong et al (2017) identified that "volunteers without sufficient training are often challenged in responding to dementia-linked behaviours which can lead to frustrating difficulties during interaction", noting further that "short-staffed care homes have difficulties in training and maintaining volunteers" (p 6195). Angelou et al (2023) referring to a live intergenerational program involving students, identified the importance of recruitment and onboarding. An important component of this training is development of "skills specific to

[1] This is generally not allowed in Australian residential care contexts. Volunteers are there to befriend but often not to carry out feeding or other 'operational' support.

navigating relationships with people who have dementia" (Pereira at al, 2022, p. 2173). Sun et al (2022) referring to social recreational programs, noted that volunteers who were "well trained in dementia care" and "friendly, supportive and encouraging" provided a valuable contribution to the program and that their skills and confidence increased over the period of their involvement. Foong et al (2017) reported that when specific support was needed from volunteers there also needed to be prompts and supports which were easy to follow and understand – referring to volunteer preferences for "glance-ability and ease of understanding over depth of information" (p. 6204).

Hurst et al (2019, P. 485) emphasised the "need to tailor volunteer education and support to ensure motivation and needs were met to recruit, educate and retain the volunteers... volunteer programs need an improved education program including clearer role descriptions, debriefing or support and knowledge on dementia care."

Volunteer engagement and support: The challenges associated with volunteering with dementia clients were apparent in a number of forms including in the reasons for volunteers leaving. Hurst et al. (2019) for example identified that "volunteers that left programs prematurely were found to be dissatisfied with the lack of debrief support and the limited opportunities to express their feelings about their involvement (p. 480). Foong et al (2017) noted that the challenges of interactions with clients "can demotivate volunteers, who are unlikely to return as a result of disappointing interactions". Some of the support which can be offered included "debriefing sessions where the volunteers can express their thoughts and feelings is beneficial in reducing burnout and meeting their unmet needs" (Hurst et al. 2019, p. 485). Further, the support required for volunteers in acknowledging the end-of-life and palliative care role would also mean needing to cope with grief was also mentioned.

Staff: In the main the literature refers to volunteers working with clients and staff, but there was also mention of conflict with staff. Periera et al, (2017, p. 2180) identified that "staff relied heavily on their relationships with staff to improve their skills" especially where volunteers were unable to go beyond certain boundaries, or where "unique knowledge and skills" and "challenges arose in their work". Shee, (2014, p. 300) however, identified that some staff "reported that volunteers required too much supervision". The researchers in that study surmised that staff perceptions may have been related to "potential industrial issues with the volunteer role" (p. 304).

Families: Throughout most of the literature consulted the role of families was apparent, both in terms of families' understanding of dementia, and in their understanding of the roles of staff and volunteers. Helping families understand the various relationships in dementia care programs has the potential to increase the engagement of the client, and also the volunteer. Pereira et al (2022, p. 2174) identified that "families expressed appreciation" for the contribution of volunteers in a long-term care setting and identified that "volunteers' roles included building relationships with family members, learning more about residents through families, and acting as a surrogate for family rituals contributing to residents' well-being when family members were unavailable". This relationship of the volunteers with families as seen as contributing to understanding the clients. Despite this, in one of the studies, mention was made of a daughter who "saw volunteers as organisational representatives who could interfere" (McCall et al, 2020, p. 636).

Organisational level approaches: the overall organisational approach to dementia, including attitudes, language and dementia friendly approaches were apparent in a number of the articles, and the nature and types of organisations was varied. Mention was made of both formal and informal volunteering (McCall et al, 2020), and of the challenges in rural settings (CoA, 2021; Skinner et al. 2011) and of maintaining funding and sustaining organisations (McCall et al, 2020; Pereira et al. 2022).

The articles which provided the basis for this pilot demonstrated the complication of adding dementia to an already complex volunteering environment in aged care. Pereira et al (2022, p. 2185) identified that where volunteers felt connected to the organisation, the client, and the family, some "were able to experience themselves as members of the care team, and this facilitated their work". The researchers called for more research to enhance this connection "including volunteer support and role preparation, volunteer preparedness for death, volunteers' interactions with families, and incorporation of volunteers into care teams". For this to happen the facilitating role of the volunteer manager as connector is important. In all of the research consulted, the role of the volunteer manager was almost invisible, with limited reference to the complexity of managing volunteers in these settings. None of the studies focussed on the volunteer manager, and a search to ensure these had not been missed yielded nothing. There is still very limited research that focuses on the important role of the volunteer manager who enables the volunteering process, particularly in the context of aged care spaces. Our previous research (Paull & Paulin, 2020; 2022) has contributed some insights and more would be welcome, particularly in more specialised contexts such as dementia care.

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