

Questions and Answers

Albany & Regional Volunteer Service - Ability in Action Inclusive Volunteering Program Stage 2

Primary Priority Group focus: Disability and Mental Health

Project summary:

Ability in Action Inclusive volunteering program, led by the Albany & Regional Volunteer Service, supports inclusive volunteering across the Great Southern by creating accessible, flexible, and meaningful volunteer opportunities for people of all abilities. The program works with local organisations to reduce barriers, build confidence, and strengthen participation for people with disability and/or mental health experiences. A key strength is its Advisory Committee, which brings together lived experience and sector expertise to guide practice, review resources, and strengthen community connections.

Questions asked after presentation and responses:

1) How did you help people become aware of their unconscious bias?

I met with each organisation at their workplace and used the Ability in Action Inclusive Volunteering presentation to start conversations about disability and mental health. During these discussions, we explored common assumptions, fears and misconceptions that people may have when considering volunteers with disability or mental health challenges. By encouraging open and honest conversations, organisations were able to reflect on their own attitudes, recognise unconscious bias, and better understand the strengths and contributions that people of all abilities can bring to volunteering roles.

2) How can we scale up what you are doing in Albany?

Albany & Regional Volunteer Service has developed a training package that can be delivered to organisations across other communities. We can support services to use the package with their staff, volunteers and clients to help create more inclusive volunteering opportunities. Face-to-face engagement is the key to the success of this project, as it allows us to build relationships, answer questions, address concerns, and provide practical support tailored to each organisation. Additional funding would enable us to deliver the program to more communities and support more organisations to become inclusive volunteer-involving organisations.

3) How did you support volunteers and VIOs with lived experience of mental health? (As presentation looked at physical disabilities)

The Ability in Action Inclusive Volunteering program focused on reducing barriers for people with all types of disability and mental health conditions. The program was guided by an advisory committee that included people with lived experience of mental health challenges and learning difficulties. We worked with both volunteers and Volunteer Involving Organisations (VIOs) to identify barriers and put supports in place. The focus was on creating volunteering opportunities that were achievable and sustainable for each individual. For example, for someone experiencing social anxiety, we may suggest virtual or micro-volunteering options that better suit their needs and build their confidence.

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4) What kind of stigma do you get from the community?

We have seen a positive shift in community attitudes; however, some stigma still exists. Many Volunteer Involving Organisations (VIOs) describe themselves as inclusive, but in practice there can still be barriers for people with disability or mental health conditions.

A common perception is that people with disability have limited abilities or require significant support to volunteer. Through the Ability in Action program, we work to challenge these assumptions and help organisations recognise the valuable skills, experiences and contributions that people of all abilities can bring to volunteering.

5) How did you get the Advisory Committee? How long did it take to create it and what were the selection criteria?

The Advisory Committee was formed from the stakeholder group established during Phase One of the program. We invited stakeholders to express their interest in joining the committee and also advertised committee positions through our website and Facebook page. The selection criteria included having lived experience of disability and/or mental health conditions, or experience working with people with lived experience of disability or mental health challenges.

The Advisory Committee was established in the second half of 2025 and has played an important role in guiding the development and delivery of the program.

6) Is it possible to use the resources you've created?

Yes, they can be downloaded from the [Resources](#) section of our website.

7) What general advice can you give to an organisation (charity) looking to recruit volunteers in order to become more appealing/attractive to individuals with physical and or mental disabilities?

The most important thing an organisation can do is build trust and relationships. A face-to-face approach is essential. Go to community groups, attend events, and meet people where they are. Taking the time to have genuine conversations helps people feel valued and allows organisations to better understand their interests, goals and support needs. It is important to listen carefully and ask potential volunteers what they hope to gain from volunteering, as well as what support they may need to be successful. Organisations should focus on matching people to roles that suit their skills, interests and circumstances.

Promotional materials and volunteer role descriptions should be written in plain language and clearly explain what the role involves. Organisations should also be flexible and open to different ways of volunteering, such as micro-volunteering, virtual volunteering or modified roles. Small adjustments can make a big difference and help create a more welcoming and inclusive volunteering environment for everyone.

8) How are you ensuring the safety of people with disabilities in their volunteer roles?

All Volunteer Involving Organisations (VIOs) we work with have volunteer personal accident insurance in place. Through the Ability in Action Inclusive Volunteering

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training, we also support organisations to review their induction processes and ongoing volunteer support systems. We ensure safety by setting clear expectations and supports from the beginning of each placement. Our mentors regularly check in with volunteers who have a support worker, and we also check in directly with volunteers who do not have a mentor to make sure they are safe, supported, and comfortable in their role. Any issues are followed up early with the organisation to ensure a positive and safe volunteering experience.

9) 'Inclusion in practice' is mentioned. What does this look like in practice?

At Albany & Regional Volunteer Service, inclusion in practice means focusing on strong face-to-face engagement with all stakeholders, including potential volunteers, NDIS support services, and support workers. This approach allows people with lived experience of disability or mental health to share their own story and guide their own outcomes, rather than us making assumptions about what is best for them. It also means taking the time to really listen, understand individual needs, and support each person to have a positive volunteering experience that works for them. Our promotional materials are written in plain language and designed to be accessible for people with low vision or learning difficulties, so information is clear and easy to understand.

10) How did you shift people's mindset? What does it look like?

We shifted people's mindset by delivering the training as a conversation rather than a formal training session. This allowed us to address Volunteer Involving Organisations' (VIOs') assumptions and fears as they came up during the discussion. If a Volunteer Involving Organisation (VIO) did not identify any pre-conceived barriers, we would explore different scenarios together and look at practical ways they could support a volunteer to have a successful placement. This approach also helped us tailor the training and resources so they were meaningful and relevant to each organisation. "Walking the talk" is also very important to us. We ensure people with lived experience of disability or mental health are involved in the program through our advisory committee and mentor roles. Over time, we saw a gradual shift in mindset. For example, the language used about people with disability changed, with organisations moving away from seeing disability as a limitation or deficit and instead using more positive and inclusive language. We also had one organisation that we worked with over a period of around a year. Despite ongoing efforts, there were many barriers to engagement. Eventually, they reached out to us directly, which felt like a significant shift in their attitude towards the program and in their willingness to recruit people with lived experience of disability and mental health.