

Managers of Palliative Care Volunteers Survey 2016-17



Report
May 2017

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Cover photo: Goulburn Valley Hospice Care volunteers with their Coordinator at volunteer Ambassador training in Benalla, June 2016

Introduction

Victoria's end of life and palliative care framework: A guide for high quality end of life care for all Victorians ("the Framework") notes that the needs of people who are dying and their families are changing, that community expectations about palliative care have shifted, and we can no longer rely on traditional approaches to palliative care to meet these needs and expectations.

Approximately 39,000 people die in Victoria each year. For those who access palliative care in an inpatient setting, in their own home, or in a day hospice, volunteers play key roles in ensuring that they are able to live, die and grieve well. The Framework recognises that a well-trained, skilled and well-supported volunteer workforce has a key role to play in delivering high quality end of life and palliative care.

The last comprehensive Palliative Care Victoria survey of volunteering in the sector was conducted in 2010 and the results, together with targeted consultations in 2011 and 2012, informed Palliative Care Victoria's *Palliative Care Volunteering Strategy 2013-16* ("the Strategy"). The vision set out in that Strategy was that all Victorians living with a life limiting illness and their families and carers have access to volunteers that are trained and supported by high quality, integrated, innovative palliative care volunteer programs that are founded on best practice evidence.

The 2016-17 Managers of Palliative Care Volunteers Survey was undertaken to provide an up-to-date census of the palliative care volunteer workforce, to inform priorities for planning for the next two years, and to identify priority actions for Palliative Care Victoria and palliative care services.

Thank you to everyone who participated in the survey.

The responses have given us a more complete picture of palliative care volunteering in Victoria and valuable insights into what needs to be done, over the next few years, to strengthen volunteering in the sector and support volunteers and their Managers.

Together, we have made some progress towards achieving the vision set out in the Strategy. However, the changing environment identified in the Framework inspires us to work together to find innovative solutions to the new challenges.

We look forward to continuing working together, in partnership with palliative care services and the Victorian government, to build on the excellent work that is already being done.



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Executive summary

The 2016-17 Managers of Palliative Care Volunteers Survey was undertaken to provide an up-to-date census of the palliative care volunteer workforce, to inform priorities for planning for the next two years, and to identify priority actions for Palliative Care Victoria, palliative care services, government and other relevant stakeholders.

The palliative care volunteering workforce in Victoria

Of the 75 palliative care services in Victoria that responded to the survey, 53 report that they had 1,511 active palliative care volunteers, and 42 of those services provided detailed responses. Just over half of those services have fewer than 20 volunteers. Twenty-two services do not have any active palliative care volunteers and most of these are smaller rural services.

Eighty percent of the 1,511 volunteers are women and more than two-thirds of the palliative care volunteer workforce is aged over 60 years. Slightly more than 40% of currently active volunteers had been recruited in the past year and about 30% of the active volunteer workforce had resigned or retired in the previous year – giving a net growth among active volunteers of 10% over the previous 12 months.

The predominance of older (60 plus), female volunteers has changed little in the last decade, highlighting the opportunity to increase the diversity of volunteers. The ageing palliative care volunteer workforce and the turnover figures revealed in this survey mean that succession planning and volunteer workforce planning, along with new approaches to recruitment, are high priorities for the future capacity and sustainability of palliative care services.

Palliative care volunteers are primarily involved in direct service delivery to clients and/or carers. The level of involvement is 100 percent, between 80 percent and 99 percent and less than 80 percent for around one third of services respectively. The survey also identified a range of new activities that volunteers are undertaking.

Taking into account all of the census variables identified in the survey, it is reasonable to conclude that, despite the annual growth in demand for palliative care, the number of active volunteers has remained static or even declined over the past seven years, as has the percentage engaged in direct client care, and fewer palliative care services have volunteer programs.

Managers/Coordinators of Volunteers

About one quarter of Managers/Coordinators of Volunteers have been in that role for three to five years, with about one fifth having less than 12 months or more than 10 years in the role.

Managers/Coordinators from most services in metropolitan Melbourne work either four or five days per week. In the regional cities, most work two or three days per week. In rural palliative care services, most work one or two days per week.

This pattern of experience, together with the size of the volunteer workforce being managed and hours of work, is reflected in the training and development needs of Managers/Coordinators identified in the survey responses. In the larger metropolitan services, the focus is on strengthening and expanding their volunteer program by diversifying volunteering roles, demonstrating the value of volunteering, and strengthening the integration of volunteering into service delivery. In the smaller non-

metropolitan services with part-time Coordinators, there is an added focus on the recruitment and retention of volunteers, as well as orienting, inducting and training volunteers.

Strengthening palliative care volunteering

The survey respondents identified a broad range of opportunities for strengthening palliative care volunteering in their services, with most suggestions relating to strengthening existing services. Promoting palliative care volunteering, in tandem with increasing community knowledge about palliative care, and increasing training for volunteers were identified as key opportunities for strengthening palliative care volunteering.

The PCV Managers of Volunteers Network

Feedback from participants indicates that the PCV Managers of Volunteers Network is meeting the needs of the respondents who had participated in the past year. The survey responses identified a number of changes that might increase attendance above the current level of 50% including changing the days and location of the meeting to accommodate those in rural locations and/or working part-time.

Feedback also supported the Network becoming more interactive as well as playing a more active role in addressing current issues for Managers/Coordinators and being more action oriented in working towards goals to strengthen palliative care volunteering. There were high levels of satisfaction with Newsflash and suggestions for improving the utility of the volunteer section of the Palliative Care Victoria website.

Addressing the big picture strategic issues for palliative care volunteering in Victoria

The survey findings highlight a range of strategic issues that are also being experienced nationally and internationally and would benefit from a collaborative approach. Key among these are: diversifying palliative care volunteering roles; building strategic partnerships; strengthening volunteer input into interdisciplinary teams; and increasing flexibility in sharing volunteers across services to support individual clients.

The responses have given us a more complete picture of the current status of palliative care volunteering in Victoria and valuable insights into what needs to be done, over the next few years, to strengthen volunteering in the sector and to support volunteers and their Managers.

Recommended actions

The feedback from the survey highlights the need for focused action to further strengthen palliative care volunteering across Victoria.

The recommendations below are proposed and will be discussed with relevant key stakeholders given the need for a collaborative approach that works in tandem with other initiatives to advance the goals of *Victoria's end of life and palliative care framework*. They are also consistent with the broad strategies outlined in the Victorian *Palliative Care Volunteering Strategy 2013-2016*.

Meeting the challenges of a changing policy and practice environment

1. That PCV and palliative care services actively consider new roles that well-trained and supported palliative care volunteers could play in achieving the goals of *Victoria's end of life and palliative care framework*. (From 2017)
2. That PCV and palliative care services explore strategic partnerships with other organisations (such as: aged care services, chronic illness groups, community support services, CALD community organisations) for shared volunteer training and knowledge transfer. (From 2017)

Strengthening palliative care volunteering

3. That palliative care services provide strong visible leadership and support at a senior level for palliative care volunteering programs so they are integrated into organisational governance, planning, community and consumer participation, communications, training and development, service delivery, and quality improvement activities. (From 2017)
4. That palliative care services are proactive in recognising and promoting the value of palliative care volunteering and in the involvement of trained volunteers in community engagement activities to raise awareness of palliative care and palliative care volunteering. The PCV Ambassador Project provides a framework and resources for this approach. (From 2017)
5. PCV will establish and facilitate action-oriented, time-limited working groups, drawn from the PCV Managers of Volunteers Network and other relevant stakeholders, to progress the following opportunities:
 - a. Diversifying palliative care volunteering roles (From 2018)
 - b. Models for sharing volunteers across palliative care services (From 2018)
 - c. Collaboration among regional networks of Managers/Coordinators of palliative care volunteers (From 2017)
 - d. Volunteer training - identify existing training and training resources, training gaps, capacity for sharing training between palliative care services and with external providers) (From 2017)
 - e. A professional development program for Managers/Coordinators of Volunteers, including opportunities for skills sharing within the PCV Managers of Volunteers Network. (From 2017)

- f. Review and, where required, update the Palliative Care Volunteer Resource Training Kit. (From 2018)
 - g. Explore the possible roles for palliative care volunteers in advance care planning, and associated requirements, drawing from the models in use in Australia, the USA, UK and New Zealand. (From 2018)
6. That PCV, the Network and palliative care services explore strategies for mentorship for Managers/Coordinators and volunteers in line with the recommendations in the Framework. (From 2017)

Professional development

- 7. That professional development for Managers/Coordinators of Volunteers takes into account the differing needs of the various segments of the palliative care volunteering workforce and uses delivery models that enable maximum participation. (From 2017)
- 8. PCV will involve volunteers and Managers of Volunteers in planning volunteer participation in the 2018 PCV Conference. (2017-18)
- 9. PCV will provide functionality within the volunteering section of PCV's website so Managers/Coordinators of Volunteers can list volunteer professional development opportunities. (From 2017)

PCV Managers of Volunteers Network

- 10. PCV will test the feasibility of rotating meeting days and convening some meetings in regional locations and invite services to provide suitable venues for this purpose. (From 2017)
- 11. That members of the Volunteer Managers/Coordinators of Volunteers Network share information and collaborate with one another between meetings (From 2017)
- 12. That the Network meeting agendas strike a balance between providing networking and peer support opportunities, addressing current issues for Managers/Coordinators of Volunteers, and actively working towards specific goals that will strengthen palliative care volunteering. (From 2017)

PCV website and Newsflash

- 13. PCV will establish a mechanism to enable Managers/Coordinators of Volunteers to share resources including relevant reports, journal articles, and role descriptions. (From 2017)
- 14. PCV will produce 10 monthly supplements to newsflash each year focused on palliative care volunteering – this will include contributions from the field and provide relevant stories, information, resources and successes about palliative care volunteering both inside and outside Victoria. (From 2017)

Methodology

After consultation with the Palliative Care Victoria Managers of Volunteers Network, a 39 question survey was developed and a request for participation and the survey link was delivered by email to 75 providers of palliative care services in November 2016. The survey asked Managers of Volunteers to provide information about:

- Priorities to strengthen palliative care volunteering in Victoria
- The Palliative Care Victoria Managers of Volunteers Network
- The Palliative Care Victoria website and Newsflash
- Information about palliative care volunteers
- Training delivery to palliative care volunteers
- Volunteering partnerships and memberships
- Information about the respondents' roles and staff responsibilities.

Services that had not responded were followed up by email in December and again in January 2017. Services that had still not responded were followed up by telephone in February and March 2017 to obtain at least the number of active volunteers in each service.

The survey was closed in March 2017 when census information had been received from all 75 palliative care services:

- 53 services with active palliative care volunteers provided volunteer numbers
- In 42 of those services, Managers/Coordinators of Volunteers provided responses to the survey (79% response rate)
- 22 services indicated that they did not currently have any active palliative care volunteers.

Given the geographical spread of responses and the types of palliative care services included in the data, we are satisfied that the information we have received is representative of the palliative care sector in Victoria in 2017.

What did the survey tell us?

The palliative care volunteer workforce in Victoria

There are 1,511 active volunteers working in 53 palliative care services. Just over half of these services have fewer than 20 volunteers. Eighty percent of those volunteers are women and more than two thirds of the palliative care volunteer workforce is aged 60 or over. Slightly more than 40% of currently active volunteers had been recruited in the past year and about 30% of the active volunteer workforce had resigned or retired in the previous year, resulting in a net growth of 10%.

Twenty-two palliative care services have no active palliative care volunteers. Most of those services are smaller rural services with a small number of palliative care beds. In other services, including those in metropolitan Melbourne and regional cities, some inpatient services have volunteers but not dedicated palliative care volunteers, so these were not included in the census count. A few services indicated that they were currently considering commencing or reinvigorating a palliative care volunteering program.

Getting the balance right between the number of available volunteers and the amount of work available for volunteers remains a challenge for some services. About a third of services report that they are unable to engage their volunteers as much as the volunteers would like. This most often relates to volunteer availability issues like time constraints, conflicting schedules, travel distance and life balance. However, some volunteers are looking for more hands-on roles that are not currently available. In a small number of services, lack of referrals to the volunteer program or the lack of short-term assignments for volunteers are contributing factors.

What work do volunteers do?

Palliative care volunteers are primarily involved in direct contact with clients and/or carers. The level of involvement is 100 percent, between 80 percent and 99 percent, and less than 80 percent for around one third of services respectively.

New activities that volunteers are undertaking or that are in the planning stage are detailed in the Appendix at p.30. These activities will help inform the proposed PCV Managers of Volunteers Network working group on diversifying palliative care volunteering roles.

Trends over time

Several surveys of palliative care volunteering in Victoria have been conducted by the Department of Health or by Palliative Care Victoria – in 2008, 2010, 2012 and 2013 (learning and development needs). Due to variations in the survey questions, it is not always possible to make direct comparisons over time but some trends can be discerned.

In 2010, there were 1,730 registered volunteers in 54 services, 1,329 of whom (93%) were directly supporting clients. While it is not clear how many inactive volunteers were counted in that census, it is reasonable to conclude that, despite the annual growth in demand for palliative care, the number of active volunteers has remained static or even declined over the past seven years, as has the percentage engaged in direct client care. There are also fewer services with a palliative care volunteer program now (53), compared with 2012 (56) and 2010 (54).

The gender mix in the palliative care volunteer workforce has changed little over that time with women making up just over 80 percent in 2008 and 2017. The predominance of older volunteers has also

continued with an average age of mid-60s in 2008, 70 percent over 60 in 2012 and more than two thirds over 60 in 2017.

The percentage of active volunteers recruited in the past year is significantly higher in the current survey (about 40%) than in the 2008 survey (around 20%). While some of this may be due to the different methodologies (Manager of Volunteer reporting from all services, compared with 462 volunteer responses to 600 survey forms distributed to all services by DHS) it is reasonable to conclude that there is more turnover in the volunteer workforce now than there was in 2008. Palliative care services report a net growth of 167 volunteers in the past year.

While we did not ask questions about the background of the palliative care volunteers, the 2008 survey found that almost 90% of volunteers were born in Australia, New Zealand or the United Kingdom. Several palliative care services in the 2017 survey indicated a desire to broaden their volunteer base to include volunteers from culturally and linguistically diverse backgrounds. There has also been a strong demand for cultural responsiveness training for palliative care volunteers with 51 volunteers attending four workshops in 2015 and the 2017 workshop booking out in two days.

Challenges and opportunities

Growing and broadening their volunteer workforce will remain a priority for Victorian palliative care services with several interlinked drivers: an increasing demand for end of life and palliative care services; the ageing palliative care workforce; changing patterns of volunteering; the diversity of the client base; and the focus in the Framework on integrated palliative care, better support for carers, and people being cared for, and where possible, dying in their place of choice. The ageing palliative care volunteer workforce and the turnover figures revealed in this survey mean that succession planning and volunteer workforce planning must be high priorities for palliative care services.

Managers and Coordinators of Volunteers

The survey also provides a snapshot of the palliative care workforce that manages or coordinates volunteer programs in Victoria. The most common job title is Coordinator (55%) followed by Manager (29%). About one in five has been managing or coordinating palliative care volunteers for less than 12 months or more than 10 years, with the largest group, one in four, working in the role for three to five years.

Managers/Coordinators from most services in metropolitan Melbourne work either four or five days per week. In the regional cities, most work two or three days per week. In rural palliative care services, most work one or two days per week. In general, there is a positive relationship between the number of hours worked and the number of active volunteers although there is a small number of outliers in each direction.

One in three who work part time in their volunteer management role also do other paid work for the same palliative care service.

The work patterns identified in the survey have implications for scheduling training and meetings for the PCV Managers of Volunteers Network and also for the expectations about what additional activities could reasonably be expected of the one-third of the group who work nine hours a week or less.

Trends over time

The 2013 Learning and Development Needs survey conducted by PCV provides some points of comparison. Slightly more Managers/Coordinators now work part time (83%) compared with 2013 (78%).

The size of the palliative care volunteer programs managed by the Managers/Coordinators are roughly comparable with two exceptions: the number of programs with 21-50 volunteers has increased by 7% and the number with 51-100 volunteers has decreased by 7%.

Although the questions were worded slightly differently in the two surveys (2013: time in current role; 2016-17: time responsible for managing or coordinating palliative care volunteers), there has been an increase in the proportion with more than 5 years' experience managing palliative care volunteers but this is most likely associated with the ageing of this workforce segment:

Time in role	2013 %	2016-17 %
Less than 12 months	27.8	21.0
1 to 2 years	19.4	10.5
3 to 5 years	22.2	26.3
More than 5 years	30.6	42.3

Strengthening palliative care volunteering

Respondents identified a broad range of opportunities for strengthening palliative care volunteering in their services, with most suggestions relating to strengthening existing services.

Promoting palliative care and palliative care volunteering

Respondents identified the need for increased promotion of palliative care volunteering to the community and considered that this could be done in tandem with promoting palliative care.

In 2015-16, PCV trained 120 palliative care volunteers interested in delivering community information sessions about palliative care. These trained volunteers received detailed notes and audiovisual aids for use in these community information/conversation sessions.

It is disappointing that to date there has been very little use of this pool of trained volunteers to raise community awareness of palliative care and palliative care volunteering. A couple of palliative care volunteer programs have indicated that this will be a priority in 2017-2018. A parallel initiative between COTA Victoria and PCV resulted in the delivery of 53 information sessions to 911 Victorians, indicating that it is a workable model. However, it does need leadership support and resource capacity if it is to become an effective way of raising the profile of palliative care and palliative care volunteering.

We recognise that many palliative care services are finding it very difficult to meet current demand and are therefore hesitant to promote palliative care and further increase demand. However, the vision set out in the Framework is an inclusive one and the goals in the Framework can only be achieved if Victorians understand the services that are available to support their preferences around end of life care.

Providing training for volunteers

Two thirds of respondents nominated providing additional training for volunteers as a key opportunity for strengthening palliative care volunteering in their service. Biography training and bereavement support were the topics most commonly identified as priority areas for additional training.

Not surprisingly given the net growth in volunteer numbers detailed above, 80% of the palliative care services with active volunteers offered orientation/induction training in the past year. Half of the services used the Palliative Care Volunteer Resource Training Kit to provide training to their volunteers in the past year. With the exception of the module on building community resilience around death and loss, which was used by about one third of services who used the Training Kit, the other modules were used widely within the sector.

Slightly more than three quarters of palliative care services detailed other training they had arranged or provided for their volunteers in the past year. In-house resources and external resources were used to provide training, as detailed in the Appendix at p.32.

As the PCV Volunteer Training Kit was last reviewed and updated in 2012, it is timely for PCV to investigate why half of the palliative care services did not use it and to address gaps and changes required.

Some services have begun sharing the training of volunteers across services and, in some cases, with volunteer services outside the palliative care sector. This approach is particularly appropriate for small services with a part-time Manager/Coordinator but could be used more widely across the sector. This will require a mechanism that enables training opportunities to be accessible and for Managers/Coordinators both to list opportunities and take advantage of them.

The survey feedback indicates strong support for involving volunteers and Managers of Volunteers in the planning of the next PCV conference and associated events. There were mixed views about the benefits and implications of having a separate pre-Conference event for volunteers and Managers of Volunteers compared with integration into the Conference event. Practical issues of venue size and cost also need to be considered.

Professional development needs of Managers and Coordinators of Volunteers

The priority areas identified for professional development at a State-wide level are diversifying palliative care volunteering roles; partnership and collaboration to strengthen volunteering; showing the impact of the contributions of volunteers; and leading and motivating volunteers.

However, as with previous surveys, different segments of the Managers/Coordinators of Volunteers workforce identified different priorities for professional development. In metropolitan services, which also tend to be the larger services, the focus is on strengthening and expanding their volunteer program by diversifying volunteering roles, demonstrating the value of volunteering, and strengthening the integration of volunteering into service delivery. In non-metropolitan services, which tend to be smaller services with part-time Coordinators of volunteer programs, there is an added focus on the recruitment and retention of volunteers, as well as orienting, inducting and training volunteers.

While it did not rate highly enough to make it into the top four priorities, training in risk management is seen as a high priority by respondents in the services with the largest numbers of volunteers.

Training on dealing with conflict, communicating effectively and self-care for Managers of Volunteers is a lower priority (around 12%), perhaps reflecting that the training organised by Palliative Care Victoria with John De Bono in the past couple of years has focused on these topics.

The preferred training delivery methods are webinars, face-to-face sessions in Melbourne, and regional sessions also open to other health sector Managers/Coordinators of Volunteers.

Since the 2013 survey, professional development for Managers/Coordinators has been driven by Palliative Care Victoria with input from the PCV Managers of Volunteers Network. In addition to the John De Bono workshops, this has involved pre-conference workshops for Managers of Volunteers (and volunteers) before each biennial PCV Conference and the Australian Palliative Care Conference held in Melbourne in 2015.

There is now considerable skill and experience within the PCV Managers of Volunteers Network and it is timely to explore ways in which that expertise could be shared within the Network; for example, by having more experienced Managers/Coordinators leading skills-building workshops on some of the fundamental skills involved in managing a palliative care volunteering program.

The PCV Managers of Volunteers Network

About half of the respondents participated in the PCV Managers of Volunteers Network in the past year. Working part-time or in a small palliative care service were the major reasons for non-participation.

About three-quarters of those who participated found the Network relevant and useful and used information, training content, or other ideas from the Network in their role.

Increasing participation in the Network

Not surprisingly, given that more than half the respondents work less than 20 hours per week, there were a number of suggestions about the most effective ways to increase participation in the Network. There is strong support for rotating the metropolitan meeting venues and having some of the meetings each year in non-metropolitan locations. This is particularly attractive to Managers/Coordinators who find the current venue at Latrobe University city campus expensive as their employer does not reimburse their parking costs.

These suggestions could be implemented by having palliative care services host the meetings (requirements would include a meeting room, access to parking and public transport, and access to a conference phone). The day of the week could also be rotated to accommodate those members working only one or two days.

Changing the focus of Network meetings

Most Managers/Coordinators who attended Network meetings report that they provide valuable opportunities for networking and peer support; this is particularly the case for those from smaller services.

However, feedback supported the Network playing a more active role in addressing current issues for Managers/Coordinators and being more action oriented in working towards goals to strengthen palliative care volunteering.

One way in which this could be done would be for the Network to establish several action-oriented, time-limited working groups, drawn from Network members and other relevant stakeholders, to consider and report on the most effective ways of progressing key issues for palliative care volunteering. Several potential topics are included at Recommendation 5. Brief written reports from the working groups would be circulated with the meeting papers and discussed as an Agenda item at Network meetings.

Making the Network more interactive

There is strong support for enabling the Network to be more interactive between meetings, for example by members being able to contact other members via email and by sharing relevant resources.

PCV is investigating a mechanism to assist with the sharing of relevant resources, journal articles, volunteer job descriptions, and useful tools with others in the Network.

The PCV website and Newsflash

About 70% of Managers/Coordinators read Newsflash each week and 95% read it at least occasionally. Several indicated that they share content with their volunteers and use items from Newsflash for discussion at volunteer team meetings.

In response to suggestions for more coverage of volunteer stories and content, PCV will produce an electronic Volunteer supplement to Newsflash (monthly except for December/January). This will provide for slightly longer stories/articles, more links to relevant resources and news, and a capacity for Network members to share stories about their work.

The Volunteer section of the PCV website will also be updated to include the capacity for Volunteer Managers/Coordinators to register training events for volunteers to promote great collaboration and sharing in relation to these opportunities.

Addressing the big picture strategic issues for palliative care volunteering in Victoria

The survey findings also highlight a range of strategic issues that are also being experienced nationally and internationally and would benefit from a collaborative approach:

- Diversifying palliative care volunteering roles – in particular, in the context of the expanded scope of the new Framework, what roles can community palliative care services volunteers perform to support clients who wish to die at home and their families? What are the barriers to moving forward on this issue and how can they be addressed? How can palliative care volunteering contribute to the goals of the Compassionate Communities movement?
- Building strategic partnerships – how can palliative care volunteering contribute to the broader scope of the Framework and the need for increased integration of palliative care where quality end of life and palliative care are everyone's business? Where should we start with strategic partnerships (e.g. aged care services, local government community support services, etc.)? How should this be done and what resources are required to do it successfully?
- Can the fledgling models within the sector that enable palliative care volunteers to follow clients/patients as they move between palliative care service providers be strengthened and implemented in more palliative care volunteer programs?

- Some palliative care services have developed strong interdisciplinary teams that incorporate volunteers. However, there was also feedback that the potential contributions of volunteers are limited by the perceptions and willingness of other staff for expanded volunteer roles in direct client and carer support. What are the factors that promote and inhibit volunteer-inclusive teams and what actions can be taken to optimise arrangements in this regard?

The strategic relevance and impact of these issues is such that it is appropriate that they be addressed by all key stakeholders in the context of the implementation of the new Framework.

References

Palliative Care Victoria, 2013: *Palliative Care Volunteering Strategy 2013-2016*.

State of Victoria, Department of Health and Human Services, 2016: *Victoria's end of life and palliative care framework: A guide for high-quality end of life care for all Victorians*.

Survey Responses

Question 1: What are the top three opportunities for strengthening palliative care volunteering in your service?

Q1 What are the top three opportunities for strengthening palliative care volunteering in your service?

Answered: 42 Skipped: 0

Pall Care Specific Bereavement Education
Support Induction Volunteers Roles
Training Staff Ongoing Supervision
Education Patient Training Community
Volunteers Increase Staff
Education Services Support
Volunteers within the Organisation Roles Program
Increased Local
Retention of Volunteers
Providing Purposeful Activities Palliative Care
Ambassador Training Opportunities Team

The responses have been clustered into suggestions related to strengthening existing services and expanding/extending services. Some responses were joined (e.g. recruitment/training) and these have been split into separate categories in this analysis.

The top three rankings in each cluster drawn from all identified opportunities across all rankings were:

Strengthening existing

- Providing more training for volunteers (28)
- Improving volunteer-staff relations (15)
- Recruiting more volunteers (13)
- Providing more coordinated support for volunteers (13)

Expanding/extending services

- Developing a biography program (6)
- Providing more practical support for families (3)
- Increasing the diversity of the volunteer pool (3)

Question 2: What are top three action areas that you think Palliative Care Victoria should address in the next two to three years to add value to and complement your work?

Q2 What are the top three action areas that you think Palliative Care Victoria should address in the next two to three years to add value to and complement your work?

Answered: 42 Skipped: 0

Partnerships Ongoing Continue Education
Training Resources **Volunteer** Funding
Opportunities Meetings

Palliative Care Continued Support Organisations
Training Pall Care Education Co-ordinators
Volunteer Roles

Advice Public Liaising with Coordinators
Patients Continue Bereavement Education
Awareness Training Level Service Promote
Networking Opportunities Staff
Specifically

The responses have been clustered into suggestions related to providing education and training, advocacy, developing toolkits/resources, and other. Some responses were joined (e.g. recruitment/training) and these have been split into separate categories in this analysis.

The top five ranked items across all identified actions were:

- Provide additional training (38)
- Promote palliative care and palliative care volunteering (11)
- Provide additional networking opportunities (7)
- Increase community awareness about palliative care (5)
- Advocate for more funding for palliative care and palliative care volunteering (4)

The top areas identified for additional training were:

- Biography training (7)
- Bereavement support (5)
- Risk management (3)

Several respondents suggested that it was timely to review the Palliative Care Volunteer Resource Training Kit to ensure that it was up to date.

There was strong support for Palliative Care Victoria to take a lead role in promoting palliative care and palliative care volunteering with both the broader community and with government and philanthropic funders.

Question 3: Please select up to 4 areas of professional development that would be helpful in your role managing volunteers

Answered: 42 Skipped: 0

The top four answers to this question across all of the choices were:

1. Diversifying palliative care volunteering roles - 57% of participants
2. Partnerships and collaboration to strengthen volunteering – 52% of participants
3. Showing the impact of the contributions of volunteers – 48% of participants
4. Leading and motivating volunteers – 36% of participants

with choices across all of the options offered. Those that attracted the least support at around 12% each were dealing with conflict, communicating effectively and self-care for Managers of Volunteers.

While those are the Statewide responses, there were variations depending on how you cut the data.

In metropolitan services the focus was on strengthening and expanding their volunteer programs. In non-metropolitan services, there was an added focus on recruitment and retention of volunteers and orienting, inducting and training volunteers. While it did not rate highly enough to make it into the top four, training in risk management was seen as a high priority by respondents in the services with the largest numbers of volunteers.

Question 4: Please select the professional development methods that you would participate in.

Answered: 42 Skipped:0

Respondents could choose more than one option.

Professional development method	Response %
Webinar (where the topic is appropriate)	83.3
Face to face session in Metro Melbourne (max 4 Hours)	69.0
Regional session also open to other Managers/Coordinators of Volunteers in the health sector	66.7
Other (please specify)	7.1%

Other:

- Volunteer Managers mentoring program
- Reading/online sharing of relevant case studies and journal articles
- Local palliative care networks

Question 5: Have you participated in the PCV Managers of Volunteers Network in 2016?

Answered: 42 Skipped: 0

Half of the respondents (21) had participated in Network meetings in 2016.

Reasons for non-participation (could provide more than one reason)

- Work Part time (6)
- Small service (4)
- Conflicting work priorities (3)
- Travel time to meeting (2)
- PC only part of role (5)
- Did not know about the Network (4)
- New to the role (3)
- Timing conflict with other meetings

Question 6: If you participated in the PCV Managers of Volunteers Network in 2016:

Answered: 27 Skipped: 15

	Yes	No	Unsure	Total Respondents
Did you find the PCV MoVN to be relevant and useful?	74.07% 20	11.11% 3	14.81% 4	27
Have you used information, training content or other ideas from the PCV MoVN in your role?	76.00% 19	16.00% 4	8.00% 2	25

Question 7: Do you intend to participate in the PCV MoVN in 2017? (This can be in person or by phone.)

Answered :42 Skipped: 0

Answer Choices	Responses
Yes	85.71% 36
No	9.52% 4
Not applicable (change in role)	4.76% 2
Total	42

Reason for non-participation (could provide more than one reason):

Depends on timing of meeting (4); Time poor (2); Depends on relevance of agenda; Leaving.

Question 8: Please suggest ways we could make the PCV Managers of Volunteers Network more accessible, useful or effective.

Answered: 28 Skipped: 14.

The responses have been summarised and clustered into topic areas.

Venue

- At least some of the meetings each year should be in non-metropolitan locations (4)
- Rotate venues in the metro area as well (3)
- Change the venue to one where car parking is affordable as organisation does not reimburse this cost (2)

Meeting time

- Start the meetings later for non-metropolitan members
- The current meeting times are good as they fit in with regional train services

Meeting format

- Hold the meetings using videoconferencing (3)
- Invite relevant outside speakers to provide professional development for the group (2)
- Skype the meetings
- Provide lunch (currently BYO)
- Phoning in is a good option because travel makes it difficult to attend in person
- Provide more detail in the Minutes for those who cannot attend

Other comments about the meetings

- Happy with how the meetings are now (3)
- Part time work makes it difficult to attend as I don't work on Thursdays/Rotate the days (2)
- I value the networking opportunities and the chance to meet with my peers (2)

Other comments not related to network meetings

- The network should devise a process for sharing resources (including case studies) online (3)
- Use emails and Newsflash more to fill the gap for people who cannot attend meetings (3)
- Explore whether regional networks would be useful/feasible (2)
- Run on online "think tank forum" where questions can be asked and answered by the network. If not answered, the question is referred to an "agenda items forum" for inclusion in the next meeting agenda. This means that people who cannot attend the meetings can still have their items considered and minuted for response.
- The network should be more action oriented and should be working towards goals to strengthen volunteering in the sector. There are already opportunities (Newsflash, email, phone, other networks like LoHVE) for information sharing so the Network should be more active, contributing to developments and successfully meeting actions in the Volunteering Strategy.

Question 9: Please review the Volunteer section of the PCV website if you are not familiar with it before answering the following questions:

Answered: 41 Skipped: 1

	Yes	No	Unsure	Total
Would you be interested in helping PCV to prepare and share more volunteer stories?	51.22% 21	17.07% 7	31.71% 13	41
Would you use the volunteer opportunities section to assist in recruiting volunteers?	35.00% 14	27.50% 11	37.50% 15	40

Question 10: Please add any other suggestions or comments about the Volunteering section of PCV's website:

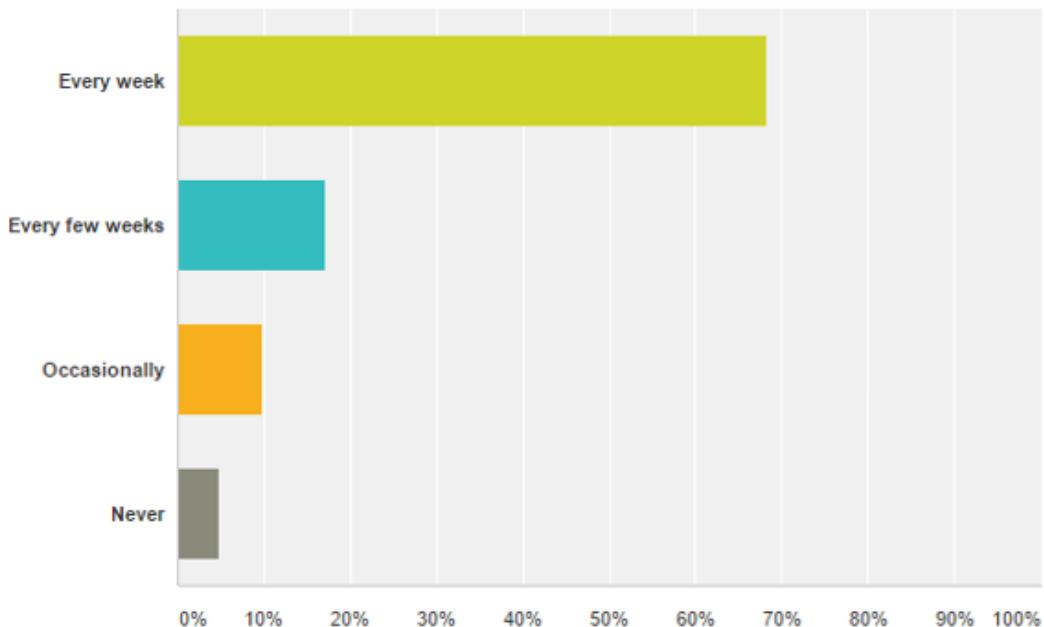
Answered 8: Skipped:34

- The website is informative, user friendly and relevant to workers/volunteers (2)
- PCV should explore how to promote resource sharing and cross training on certain modules, perhaps by listing the dates on which services have scheduled training and the content of the training sessions (2)
- In rural/Regional areas people are more likely to go to their local service provider than the PCV website to inquire about volunteering opportunities
- Our volunteers who are internet savvy find the website content very useful and they love Newsflash
- Possible additional content:
 - Stories of volunteers in other places doing great things
 - Case studies that we can use for training (including reflective practice questions)
 - A 'patient journey' case study or infographic to assist volunteers to see the journey patients and carers may take through the health and palliative care services, and where volunteers (their own and other organisations) might fit
 - Webinars or videoed training programs for volunteers who aren't able to attend in person
 - Links to other training opportunities for volunteers (like the CareSearch MOOC)
 - Links to other relevant online resources (PCA, other palliative care peak bodies in Australia or across the world)

Question 11:

How often do you read PCV's weekly electronic Newsflash?

Answered: 41 Skipped: 1



Question 12: Please add any comments or suggestions about the volunteering content in PCV's weekly Newsflash:

Answered: 16 Skipped: 26

- Newsflash is a great source of information and I share it (or parts of it) with volunteers on a regular basis (4)
- Working part-time makes it difficult to read it every week but I skim through it, at least, most weeks (2)
- A few volunteers have been so interested they have chosen to subscribe so they receive it directly (2)
- Newsflash is a great source of items to discuss with volunteers at our Volunteer Meeting (2)
- Perhaps Managers could encourage their volunteers to subscribe directly
- Newsflash helps our volunteers feel that they are part of a wider movement
- The volunteer section of Newsflash has assisted with my learning and understanding of the volunteer manager and volunteer roles
- Newsflash is a great chance to announce what is happening in the sector and celebrate our successes
- It would be good if there was more content and training for volunteers

Question 13: Do you have any other suggestions about how PCV could strengthen palliative care volunteering across Victoria?

Answered: 14 Skipped: 28

Bringing people together

- Hold an annual Volunteers conference/workshop that would enable people to network and explore ideas together
- Have occasional online meetings with smaller rural services to discuss issues that are particular to them
- Work with consortia and local palliative care services to have a palliative care awareness day in non-metropolitan areas. The aim would be to involve outlying towns and rural communities and the focus could be on promoting palliative care and recruiting new palliative care volunteers
- Advocate for Consortium-level volunteer committees to encourage discussion, partnerships and program development – these groups could feed into the MoV Network
- Consortia have a role in advocating for palliative care volunteering with their members and should also provide opportunities for MoV/volunteers to attend professional development with staff
- Strengthen local networks and consortia to meet and share information
- Work to incorporate volunteers into the main part of the PCV Conference rather than having them as an “add on”. This would give a clear message to palliative care services that volunteering and volunteers are a valued part of the palliative care sector

Profiling palliative care volunteering

- The speaker from Warrnambool at the pre-Conference session in 2016 was a great example of the novel work that is being done in the palliative care volunteering sector and these kinds of activities should be profiled more widely
- Use National Volunteer Week and National Palliative Care Week to promote stories about the work volunteers are doing in the sector
- Promote stories that emphasise the practical and emotional support that volunteers provide to improve quality of life (noting that volunteers are more likely to be involved in the “living and quality of life” phase and not the dying phase).
- Use story telling as a way to promote the diversity of roles volunteers perform in palliative care services – this will be a great way to attract volunteers

Providing leadership

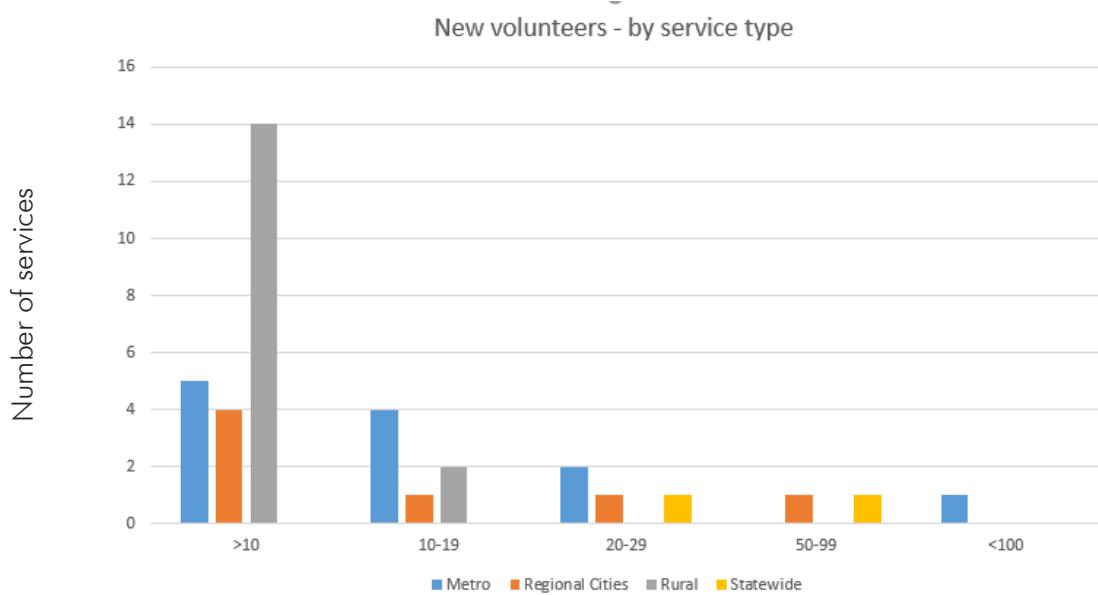
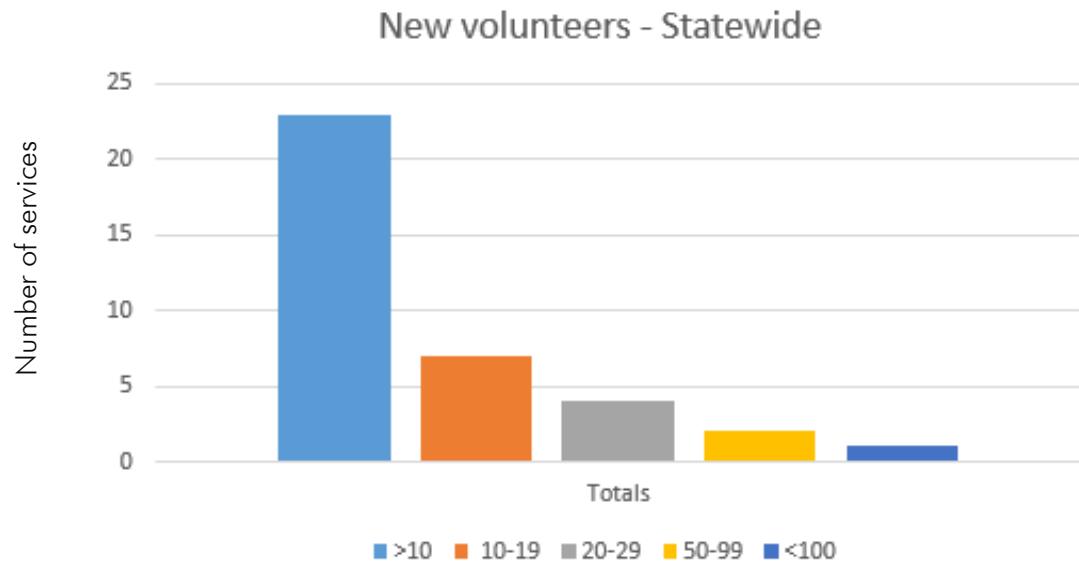
- Use site visits to support Managers/Coordinators of Volunteers
- PCV needs to think broadly and strategically about “common issues” that affect the volunteering part of the sector because it is the “big picture” things that often don’t get addressed at a local level e.g. how to measure the impact of palliative care volunteering
- It is very useful to have someone at PCV who has an overall picture of what is happening in palliative care volunteering so that people can be linked in with others who are doing similar work or who can identify gaps that would otherwise not be apparent. PCV is doing this networking function very well.

Question 14 asked for the name of the palliative care service.

Question 15: How many new volunteers joined your service in the last 12 months?

Answered: 42 Skipped: 0

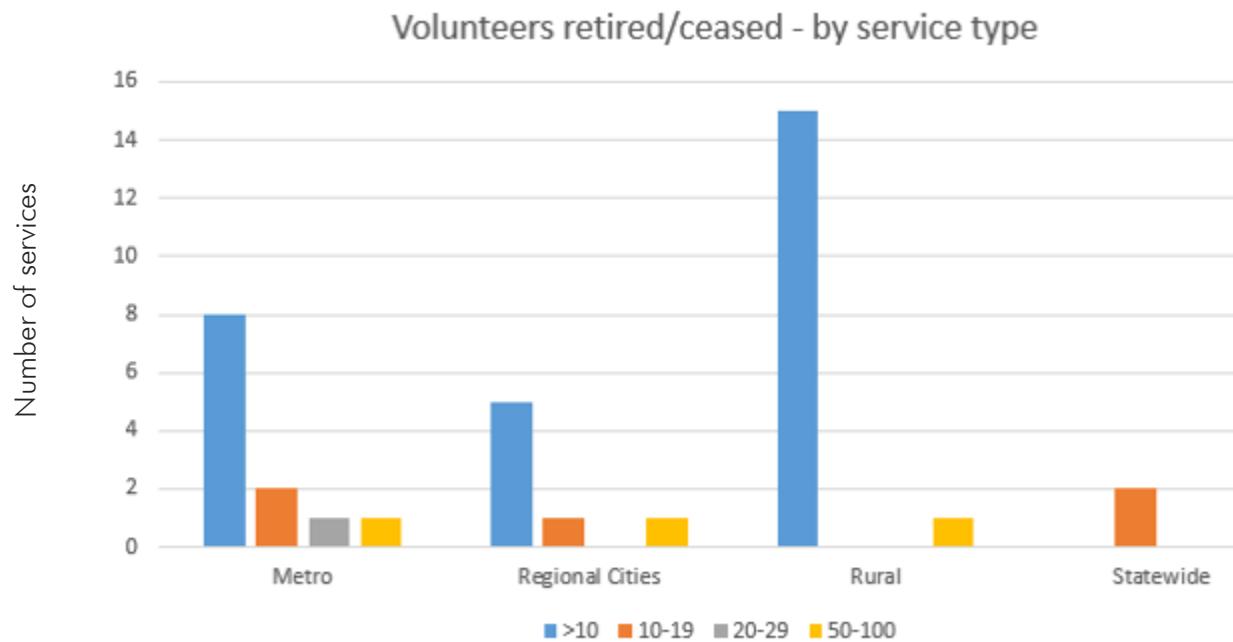
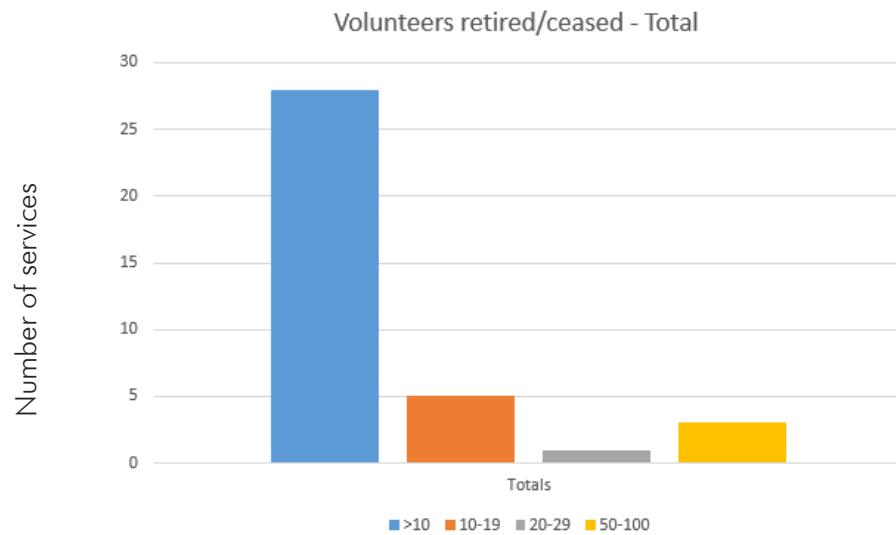
62 percent of services had fewer than 10 new volunteers join their service in the last year which included six services with no recruitment. In total, there were 519 new volunteers in the sector.



Question 16: How many volunteers retired from/ceased volunteering with your service in the last 12 months?

Answered: 42 Skipped: 0

Similarly, most services (76 percent) had fewer than 10 volunteers retire/cease during the last year, while three services had more than 50. In total, 352 volunteers retired/ceased last year.



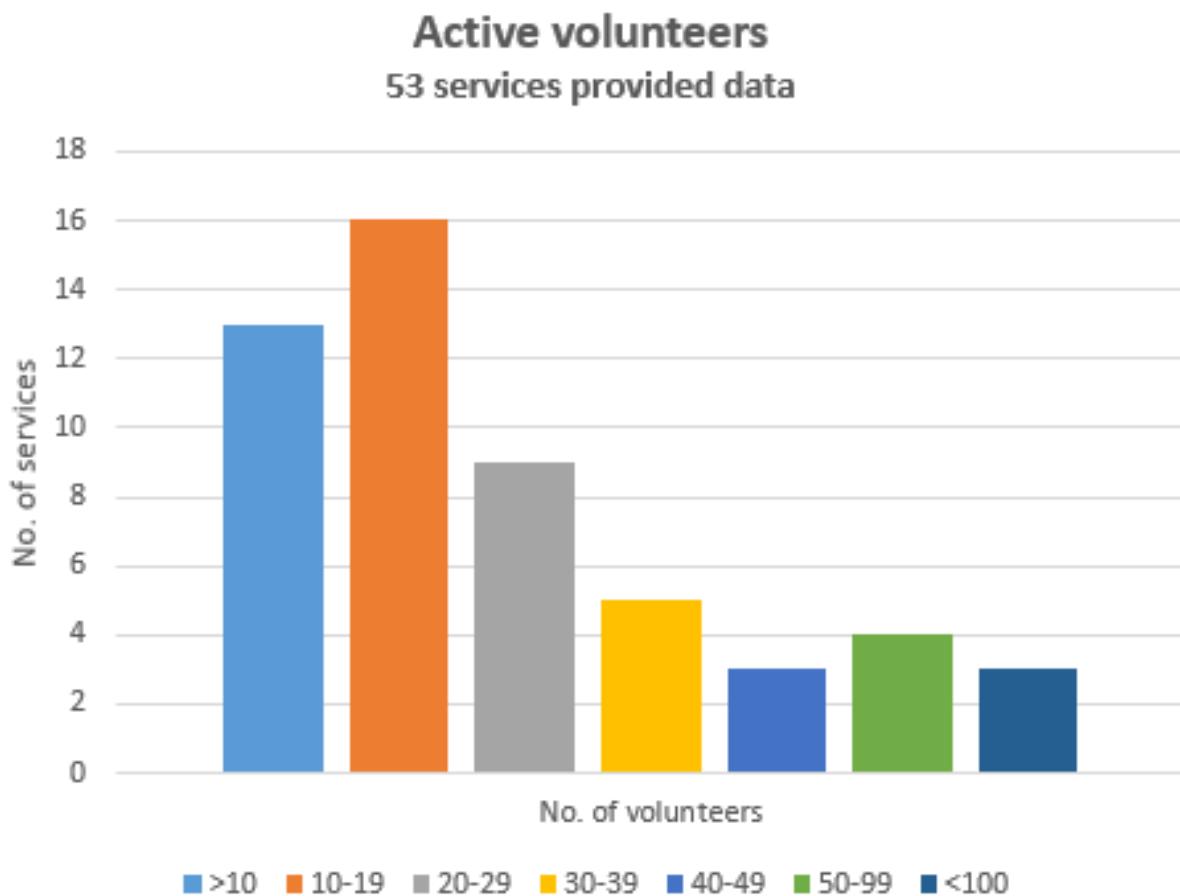
Question 17: How many palliative care volunteers with your service are currently active (volunteered in any role in the past six months)?

We received a response to this question from 75 palliative care services (100% response rate).

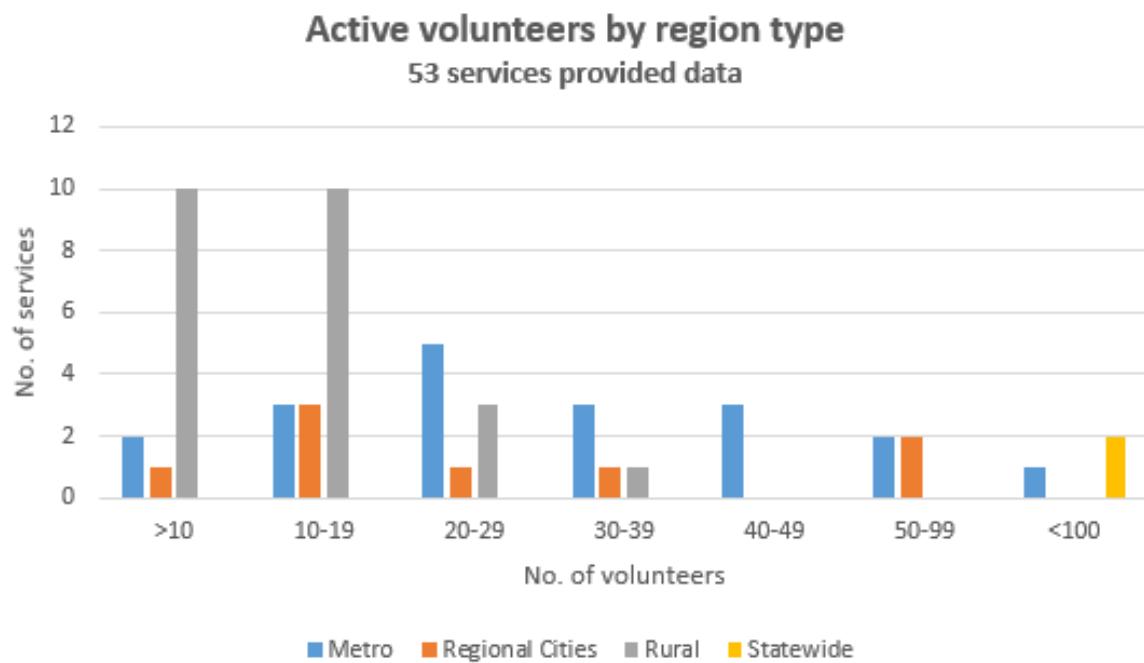
There was a total of 1,511 active volunteers identified in the survey working in 53 palliative care services. Just over half of the palliative care services with active volunteers had fewer than 20 volunteers.

The remaining 22 services reported that they had no currently active palliative care volunteers, although several said they were planning to begin a volunteer program. As can be seen from the graphs below, most of the services with no volunteers were rural services, and most of these had a very small number of designated palliative care beds.

This graph shows the number of palliative care services by the size of their active volunteer workforce.

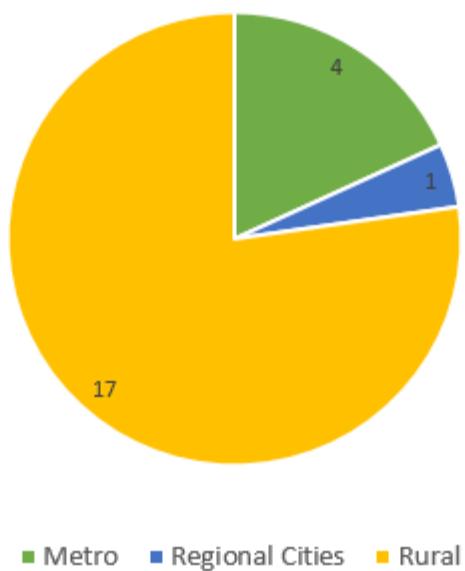


This graph shows the same data by region.



This chart shows the breakdown by region of the services who reported that they had no active volunteers.

Services with no volunteers
N=22

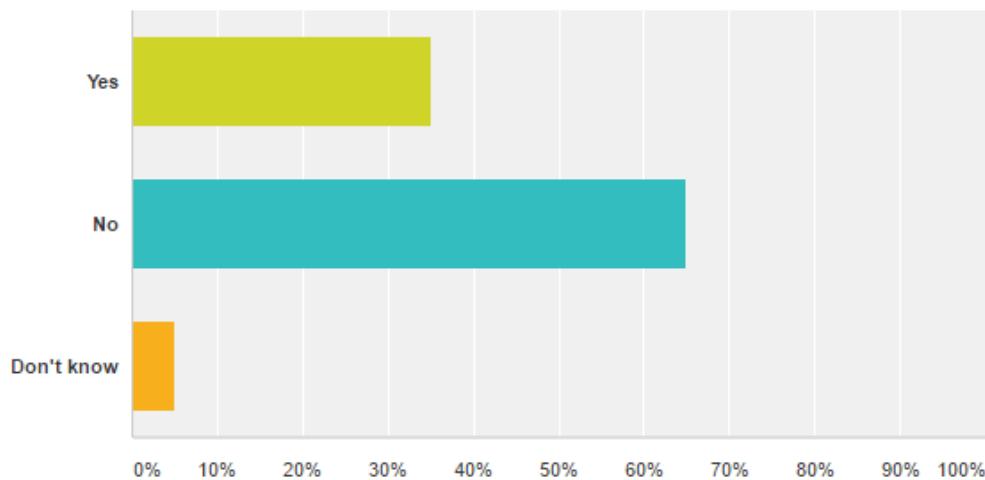


Question 18: Do you have available palliative care volunteers that you are unable to engage in volunteering as much as they would like?

This was an issue for about one third of services.

Do you have available palliative care volunteers that you are unable to engage in volunteering as much as they would like?

Answered: 40 Skipped: 2



The reasons supplied by those who answered "Yes" can be separated as volunteer related and palliative care service related.

Volunteer related

- Volunteer availability (time constraints, conflicting schedules, travel distance, work/volunteering/family balance) (6)
- Volunteers want more hands-on roles and these are not available
- "Legacy" volunteers (some of whom have been on the books for years) who want to work only on specific projects or events

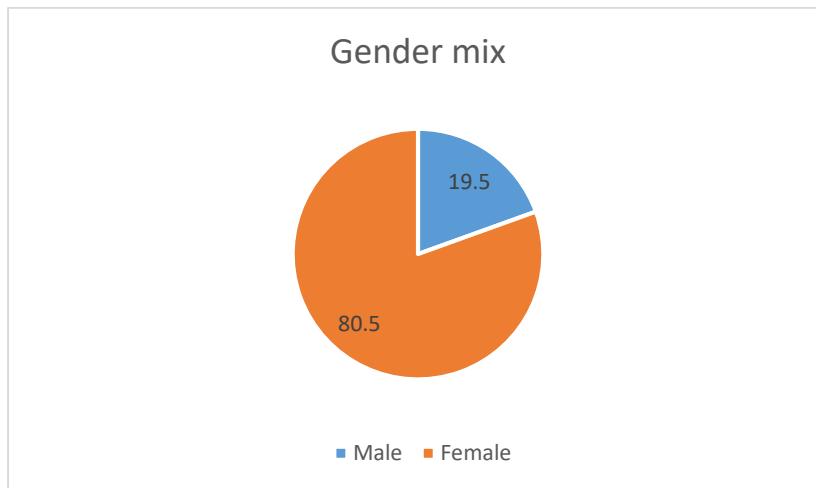
Palliative care service related

- Lack of referrals (including because palliative care clients in this area seem to have networks of friends/neighbours they can draw on for support) (2)
- Lack of short term assignments
- Sometimes volunteers may not have had a good explanation of what various roles entail

Question 19: Of those active volunteers, please indicate the proportion who identify their gender as male, female, Trans* or other.

Answered: 42 Skipped: 0

The active volunteers are predominantly female and there were no volunteers who identified as trans* or other.

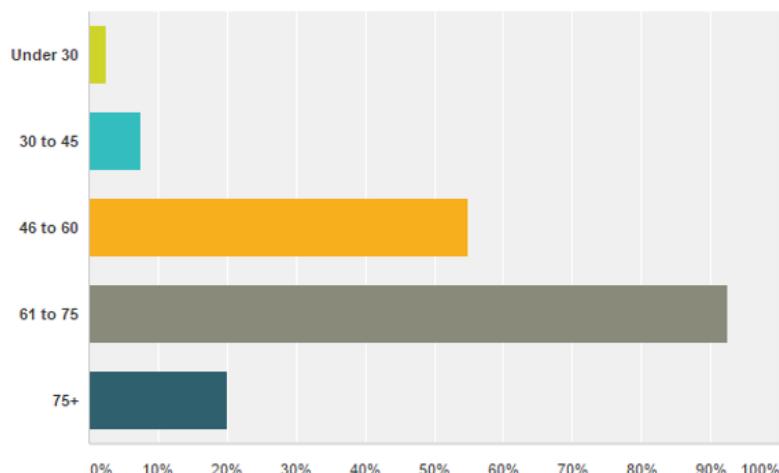


Question 20: In which two age groups are the majority of your volunteers?

It is clear from the responses that a considerable segment of the palliative care volunteer workforce is aged 60 or over.

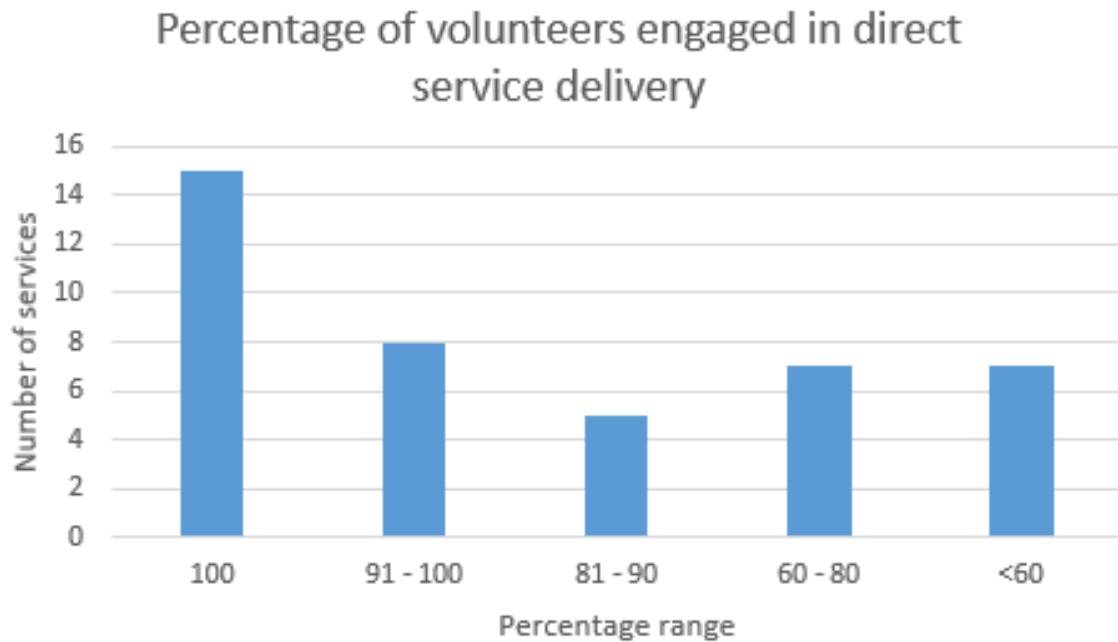
**In which two age groups are the majority of
your active volunteers?**

Answered: 40 Skipped: 2



Question 21: What percentage of your active volunteers directly support palliative care clients or their families (telephone or face to face support, practical assistance, etc)? This question excludes volunteers working on administrative, fundraising or community activities.

Answered: 40 Skipped: 2



Question 22: Please describe any new activities/roles your palliative care volunteers have been involved in during 2016.

Answered: 26 Skipped: 16

- Bereavement care/programs (4 responses)
 - Biography or other types of memorialising programs (4 responses)
 - Client Satisfaction Surveys (used to be done by senior management team)
 - Community information and awareness activities (4 responses)
 - Developing a 'Backyard Blitz' program for 2017 which will provide light gardening, mowing, weeding
 - Developing an information pack to give to new clients (2 responses)
 - Developing a specific volunteer role to work directly with isolated clients who have a carer for the final weeks of life - during terminal phase. This will include after-hours/overnight volunteering
 - Feeding patients is getting more emphasis in our service
 - Increased focus on pain and palliative care patients including a handover from the Pain and Palliative Care CNCs
 - Massage (2 responses) – Reiki, hand and foot massages in client's home
 - Networking with medical staff, clients, carers and families to raise the profile of palliative care volunteers
 - Palliative care volunteers are now working as Community Visitors for people who are socially isolated or have complex care needs
 - Patient orientation
 - Pet visiting
 - Producing a weekly patient newsletter including profiles of volunteers, puzzles, something to help them smile
 - Respite care
 - Quarterly Newsletter
 - Training for volunteers in disease-specific issues (e.g. Lewy Body dementia, Motor Neurone Disease)
 - Walking with clients
-

Question 23: Please indicate if you offered any of the following volunteer training opportunities in the last 12 months.

Answered: 35 Skipped: 7

Answer Choices	Responses	
Orientation/induction	80.00%	28
Caring for patients and families from culturally diverse backgrounds	42.86%	15
PCV Ambassador training	42.86%	15
Total Respondents: 35		

Question 24: Please indicate, which, if any Palliative Care Volunteer Resource Training Kit (PCRTK) Modules were used to provide training for your palliative care volunteers in the last 12 months.

Answered: 39 Skipped: 3

The Volunteer Training Kit was used by about half the respondents with consistent use of all the modules with the exception of the module on Building community resilience around death and loss, which was used by only about one third of those services who used the rest of the kit.

Answer choice	Number	Percentage*
Did not use	20	51.3
Module 1: Introduction to palliative care	13	68.4
Module 2: Palliative care volunteer's role	17	89.5
Module 3: Communication	17	89.5
Module 4 Spirituality	15	78.9
Module 5: Diversity	14	73.7
Module 6: Responding to loss and grief	15	78.9
Module 7: Illness and care	15	78.9
Module 8: Dying and death	16	84.2
Module 9: Self-care of the volunteer	16	84.2
Module 10: Building community resilience around death and loss	7	36.8

* The first figure is the percentage of services who did not use the kit for training. The remaining figures are the percentages of use of each module by services who used the kit for training.

Question 25: Please describe any other training you provided or arranged for your palliative care volunteers in the last year.

32 respondents answered this question, multiple responses were possible.

- Specific diseases and conditions (9)
- Loss and grief/bereavement (6)
- Advance Care Planning (4)
- Communication skills (4)
- Occupational health and safety, including safe home visiting (4)
- Self-care (4)
- Biography training (3)
- Diversity (3)
- Legislative compliance (3)
- Manual handling
- Massage (2)
- Meals assistance training (2)
- Falls training
- Food safety
- Infection control
- Mindfulness
- MOOCs (Dying, Dementia)
- Pastoral care
- Spirituality

Some of this training was done using in house resources and some was accessed externally.

Question 26: Please describe any other resources for training palliative care volunteers that you have developed or found useful.

20 respondents answered this question and suggested a broad range of sources for material that they found useful, most often for use/discussion at volunteer meetings:

- Australian Centre for Grief and Bereavement materials <https://www.grief.org.au>
- Discussion topics at Monthly Peer Support group for volunteers – internal guest speakers, visiting guest speakers, discussion of journal articles, books etc.
- Dying to Know Day resources <http://www.dyingtoknowday.org>
- Eric Fairbank, *End of Life Preparations: The Essentials*, Central Grampians Palliative Care
- Go Wish cards <http://www.gowish.org>
- Heads Up website <https://www.headsup.org.au>
- Oncotalk videos about communication <http://www.vitaltalk.org>
- PCV's Newsflash items and links
- Reflective Practice Journals
- Training from the District Nursing Team
- YouTube
 - Cancer Council Victoria <https://www.youtube.com/user/CancerCouncilVic>
 - CareSearch <https://www.youtube.com/user/CareSearch>
 - Centre to Advance Palliative Care (USA) <https://www.youtube.com/user/wwwCAPCorg>
 - Dying Matters (UK) <https://www.youtube.com/user/dyingmatters>
 - Stanford University's Center for Compassion and Altruism Research and Education <https://www.youtube.com/user/CcareStanford>
- Volunteer Resource Centres resources and training <http://www.volunteer.vic.gov.au/directory/volunteer-resource-centres>
- Volunteering Victoria resources and training <http://volunteeringvictoria.org.au>

Questions 27 and 28 asked for information about the number of volunteer training sessions delivered for volunteers in the past year and the numbers of volunteers who were trained in those sessions.

209 training sessions were delivered and 1998 volunteers attended the training sessions. (Note: If a volunteer attended two training sessions, they were counted each time.)

Question 29: Please describe briefly any collaboration with other groups during 2016 to enhance the palliative care volunteer services you provide.

Answered: 22 Skipped: 20

The most common responses were:

- Arrangements with local government, local churches to use their venues for training or meetings
 - Collaboration/Partnerships with other palliative care services for joint training (6 responses)
 - Formal agreement to share volunteers across palliative care services (4 responses)
 - Joint activities with local aged care services (2 responses)
 - Joint activities with local health services (2 responses)
 - Joint social activities for volunteers with other palliative care services (2 responses)
 - Joint training with other volunteer services - non-palliative care (8 responses)
 - Partnership with Lort Smith re pet visiting program
 - Partnership with The Briars Nature Park for palliative care volunteers to assist with their Tree Legacy event (planting a tree in memory of a loved one).
-

Question 30: If you are an active member of any other volunteer-related organisation, please indicate which one/s.

Answered: 18 Skipped: 24

Answer Choices	Responses	
Volunteering Victoria	72.22%	13
Leaders of Health Volunteer Engagement (LoHVE)	66.67%	12
Australian Association of Managers of Volunteers	22.22%	4
Total Respondents: 18		

There were four other volunteer-related organisations listed (one response for each):

- Better Impact (volunteer management database)
- Glen Eira Volunteer Network
- United Way – Managers of Volunteers (local network)
- City Network – Managers of Volunteers

Question 31: What is the title of your position?

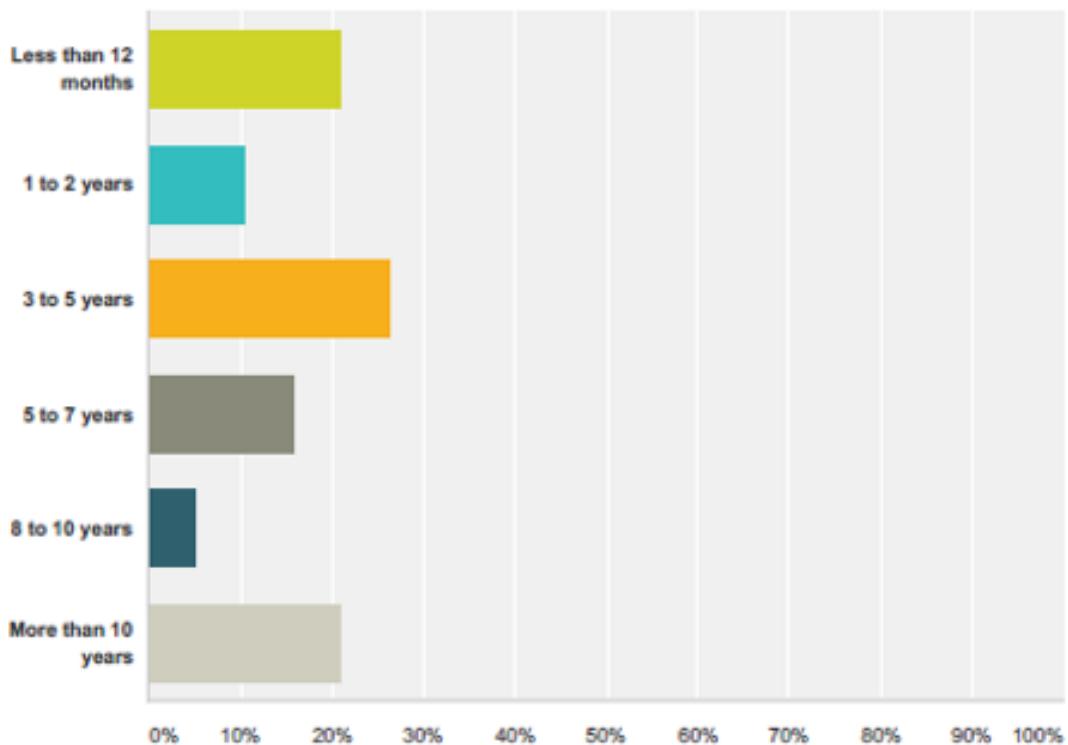
Answered: 38 Skipped: 4

While there was some variation in the titles due to local usage, the responses can be divided as follows:

Manager	11	29%
Coordinator	21	55.2%
Team Leader	2	5.3%
Other Manager	2	5.3%
Other Coordinator	1	2.6%
Other	1	2.6%

Question 32: How long have you been responsible for managing or coordinating palliative care volunteers?

Answered: 38 Skipped: 4



Question 33: What is the job title of the position you report to?

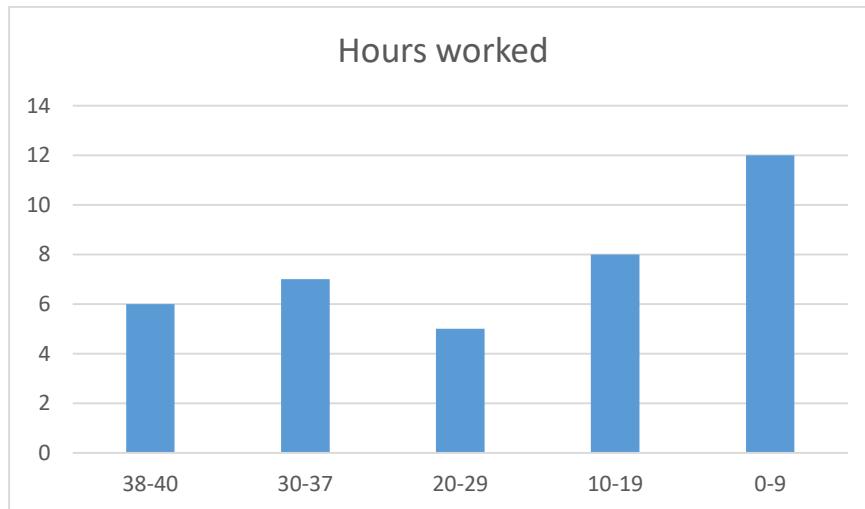
Answered: 38 Skipped: 4

We asked this question to see where volunteer programs sat within organisations, and received a broad range of responses which have been clustered into the following categories:

• CEO or equivalent (7)	• Quality Manager
• Other Health Manager (6)	• HR Manager
• Nursing Manager (5)	• Director of Volunteer Services
• Allied Health Manager (3)	• Support Services Manager
• Social Work Manager (3)	• Community Services Manager
• Other Manager (not specified) (3)	• Communications Manager
• Palliative Care Team Leader (2)	• Elected Board position
• Director of Mission (2)	

Question 34: How many hours per week (on average) are you employed to manage or coordinate palliative care volunteers?

38 respondents answered this question



Respondents from most services in metropolitan Melbourne worked either four or five days per week. In the regional cities, most worked two or three days per week. In the rural services, most worked one or two days per week, with a couple working more days than that. In general, there was a positive relationship between the number of hours worked and the number of active volunteers although there was a small number of outliers in each direction.

Question 35: If your position is part time, do you do any other paid work for the same palliative care service? (Please choose all that apply.)

Answered:34 Skipped: 8

Answer Choices	Responses	
No	70.59%	24
Yes - nursing	8.82%	3
Yes - social work	11.76%	4
Yes - spiritual/pastoral care	2.94%	1
Yes - bereavement care	5.88%	2
Yes - Administration/HR	0.00%	0
Yes - Other (please specify)	14.71%	5
Total Respondents: 34		

The other work identified was bereavement (2 responses), quality and risk, welfare, and unpaid volunteer work.

Question 36: Please indicate the following information about your volunteer palliative care program staff. Do not include your role or any staff time NOT spent on the palliative care volunteer program.

- Number of paid staff who report to you
- Total number of hours those staff are employed each week (on average).

Answered: 35 Skipped: 7

Ten respondents reported that they had paid staff reporting to them, and in most cases this was one staff member working one or two days per week. The exceptions were the largest services who had more staff working more hours.