



EXPERIENCES OF VOLUNTEERS AT YOUR COMMUNITY HEALTH



"TO BE ABLE TO GIVE MAKES ME HAPPY"

Acknowledgment

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We acknowledge that the Wurundjeri People of the Kulin Nation are the traditional owners and custodians of the land. We pay our respects to Aboriginal Elders past and present.



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Background

Improving mental health through building socially inclusive communities is one of the three strategic prevention priorities of Your Community Health's (YCH) 2017-2021 Prevention Plan. It is aligned with the North East Catchment Prevention Plan shared with North East Healthy Communities (the primary care partnership, Banyule Community Health, Healthability and Women's Health in the North). The overall goal for the social inclusion priority area is that people in the North East Melbourne Primary Care Partnership (PCP) area are socially and civically engaged and connected with their communities.

The volunteering program aligns with the plan's objective 'To create opportunities for the most disadvantaged communities in North East Melbourne to increase their participation in paid and unpaid employment by 2021'.

Purpose of this report

The purpose of this report is to evaluate the volunteering program according to the impact indicators:

- Volunteers report feeling more connected to their communities
- Volunteers report feeling they have increased access to social support.

This report will also be used to inform future planning of training and other supports for Your Community Health volunteers.

Introduction

The World Health Organisation defines mental health as "a state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004). Three key determinants found in the literature that are indisputably linked to mental health and wellbeing are:

- **Social inclusion** (supportive relationships, involvement in community and group activity; and civic engagement).
- **Freedom from discrimination and violence** (valuing diversity, physical security, self-determination and control of one's life).
- **Access to economic resources** (work, education, housing and money).

Social inclusion

Social inclusion is a multidimensional concept that has been defined and applied in various ways, but broadly relates to equality, human rights, diversity, civic participation and social justice. The term is often used interchangeably with other concepts such as social capital, cultural capital, social cohesion, social integration and social connection (Cordier et al. 2017; Levitas et al. 2007; Popay et al. 2008).

There is no universally agreed upon definition of social inclusion, however, the Australian Social Inclusion Board (ASIB), the Australian Government's advisory body on social inclusion, defines social inclusion as having the resources opportunities and capabilities to:

- Learn (e.g. participate in education and training);
- Work (e.g. participate in employment, unpaid or voluntary work, including family and carer responsibilities);
- Engage (e.g. connect with people, use local services and participate in local, cultural, civic and recreational activities);
- And have a voice (influence decisions that affect them) (ASIB, 2010).

The United Nations has adopted a similar definition as part of its Sustainable Development Goals agenda. However, they emphasise the need to ensure inclusion for those most vulnerable to marginalisation. They define social inclusion as “the process of improving the terms of participation in society for people who are disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, or economic or other status, through enhanced opportunities, access to resources, voice and respect for rights” (United Nations, 2016).

Volunteering

The National Standards for Volunteer Involvement (2015) states: “There are important benefits to both organisations and to volunteers when volunteers become involved in organisations. Volunteers can provide the time, skills, expertise and points of view that enable an organisation to pursue programs and activities that benefit the community. For individuals, volunteering provides an opportunity to be involved in activities reflecting their interests and using their skills. Meaningful activity in turn promotes a sense of belonging and general wellbeing. Volunteering can also be a way to develop skills, potential pathways to employment, or a way to contribute existing skills for the common good. Volunteer involvement is a two-way relationship, providing an opportunity for organisations to achieve their goals by involving volunteers in their activities, and for volunteers to make meaningful use of their time and skills, contributing to social and community outcomes” (National Standards for Volunteer Involvement, 2015).

A report by Volunteering Australia identified that:

- Volunteering mediates the negative psychological effect of disadvantage, with volunteers from disadvantaged backgrounds having similar levels of psychological well-being as professional, educated non-volunteers.
- Volunteering is important for connecting people to career paths and labour markets that are better paid and more stable.
- Volunteering builds collective efficacy by bestowing a sense of altruism and citizenship; developing political and negotiation skills; and inspiring people to work together to solve problems and take action to improve community life (Volunteering Australia, 2015).

Other evidence of the benefits of volunteering include:

- In 2006, an Australian qualitative study into volunteering in later life found that volunteering gives older people a sense of fulfilling a productive role with ageing and subsequently increasing their self-esteem and self-efficacy. It also highlighted how social integration and gaining a sense of belonging is a chief benefit of volunteering for older people.
- Findings of a 2008 study indicate that low socioeconomic status is associated with poor health both among those who volunteer and those who do not. However, low socioeconomic status is associated with unhappiness only among those who do not volunteer, while volunteers are equally likely to be happy whether they have high or low socioeconomic status (Borgonovi F, 2008).
- A 2008 study showed that through meeting new people and reaffirming established social contacts, volunteers gain a sense of belonging and feel connected to the wider society. This in turn is seen to combat depression associated with loneliness (Volunteering Australia, 2015).
- Volunteering has been shown to have positive health and wellbeing impacts on older people with improvements in physical functioning, self-reported health, social integration, life satisfaction and quality of life, as well as decreased depression and mortality. There are benefits to individuals and society from continued workforce participation of older people. Working may also be beneficial for an individual's health (Marta et al, 2019).
- A 2002 study found that individuals suffering from chronic pain experienced declines in their pain intensity and decreased levels of disability and depression when they began to serve as peer volunteers for others also suffering from chronic pain (Volunteering Victoria, 2016).

Design and Methodology

Consultation method

1. Research appropriate tools/questions to collect information from YCH volunteers
2. Develop a survey
3. Develop consultation plan, including promotion of the survey
4. Identify volunteers to interview and inform them about the survey
5. Undertake interviews over the phone or face to face
6. Collate, analyse and summarise the findings into a report
7. Provide a summary of the findings to all volunteers who participated.

Thirty-three registered volunteers were sent a letter inviting them to participate in the survey. The invitation was sent to current active volunteers, and non-active volunteers (as of the 1 July 2018 to 30 June 2019). New volunteers were excluded as they had not had enough time volunteering to inform to the data collection. Volunteers were given the option to complete the questionnaire via a 1:1 interview and or over the phone. Participation in the project was voluntary.

The number of individuals who responded and were available to participate was capped at nineteen with a response rate of 58 per cent. The interviews were conducted by either the Health Promotion Officer (HPO) or a YCH Volunteer. The interviews were undertaken on the days the volunteers were at one of the YCH sites or at a time that was convenient to them. For those who were no longer active volunteers an appropriate time to answer the questions was negotiated via email or phone.

All the data was entered into an online questionnaire (Survey Monkey).

The questionnaire consisted of four broad areas:

- 1) demographic information and items assessing the motivations for volunteering.
- 2) assessing the satisfaction of individual volunteer experiences.
- 3) training and support; and
- 4) volunteering experience and wellbeing.

Limitations

The number of individuals interviewed was capped at nineteen. Therefore, the findings in this report are based on a sample but nevertheless can be used to inform future projects and further consultations with volunteers.

Findings

Profile of participants

Characteristics	Number =19
Gender	
Females	12
Males	5
Suburbs	
Reservoir	9
Preston	3
Bundoora	1
Thornbury	1
Others	4
Country of origin	
Australia	11
UK	2
Vietnam	2
Philippines	2
Taiwan	1
Languages spoken other than English	
Tagalog	2
Vietnamese	2
Greek	2
Italian	2
Mandarin	1
Japanese	1
Arabic	1
Spanish	1
None	6

Profile summary

- A total of 19 volunteers aged between 22-92 years old completed the survey; 29 per cent (n=5) were men and 71 per cent (n=12) were women.
- Fifty-eight per cent (n=11) of participants were current volunteers with Your Community Health, 11 per cent (n=2) registered as volunteers but were not currently volunteering and 32 per cent (n=6) were no longer volunteering with Your Community Health.
- All participants (n=19) identified as Australian citizens.
- Forty-seven per cent (n=9) live in Reservoir suburb, 16 per cent (n=3) live in Preston, and 5 per cent (n=1) live in Bundoora and in Thornbury.

Length of time volunteering at YCH

Thirty one per cent (n=4) of participants have volunteered between one to five years and the same number have volunteered more than ten years at Your Community Health, 23 per cent (n=3) have volunteered less than one year and 15 per cent (n=2) have volunteered between six to ten years. See figure 1 below.

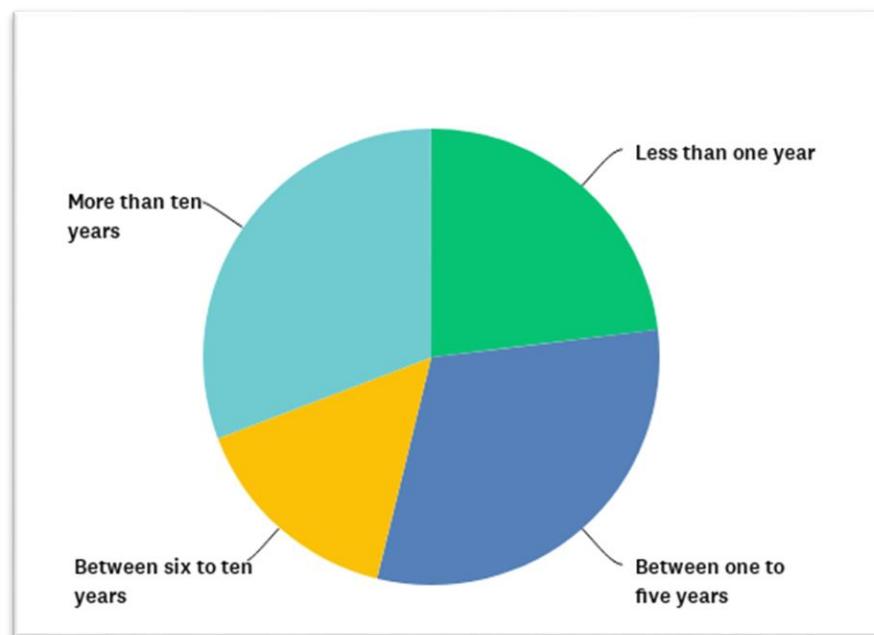


Figure 1: Length of time volunteering at YCH

Days of volunteering

Half of the participants have volunteered on Thursdays at YCH while 42 per cent have volunteered on Tuesdays. Eleven volunteers out of 13 who responded to this question have had one volunteer role at YCH; only two volunteers had more than one volunteer role at YCH.

Types of volunteer roles

Most of the volunteer roles were to assist with running social support group activities such as setup and clean up, serving morning, afternoon tea or lunch, play games and chatting with clients.

Other roles were: looking after the exercise group, driving and transporting people to and from group activities and men's shed, administrative roles, supporting Bike Linx program, Tai Chi group, nutrition assistant and financial tasks.

Teams supporting Volunteers

The majority of the participants 63 per cent (n=12) have undertaken volunteer work with the Social Support Program. Followed by a total of 32 per cent (n=6) within Allied Heath Program which were split across two teams 21 per cent (n=4) with the Older Adult team and 11 per cent (n=2) with Adult Program team. An equal 5 per cent (n=1) of volunteers were from each of the following: Community Programs team, Corporate Services team, Client Services team and 'don't know which team or program' (see figure 2 below).

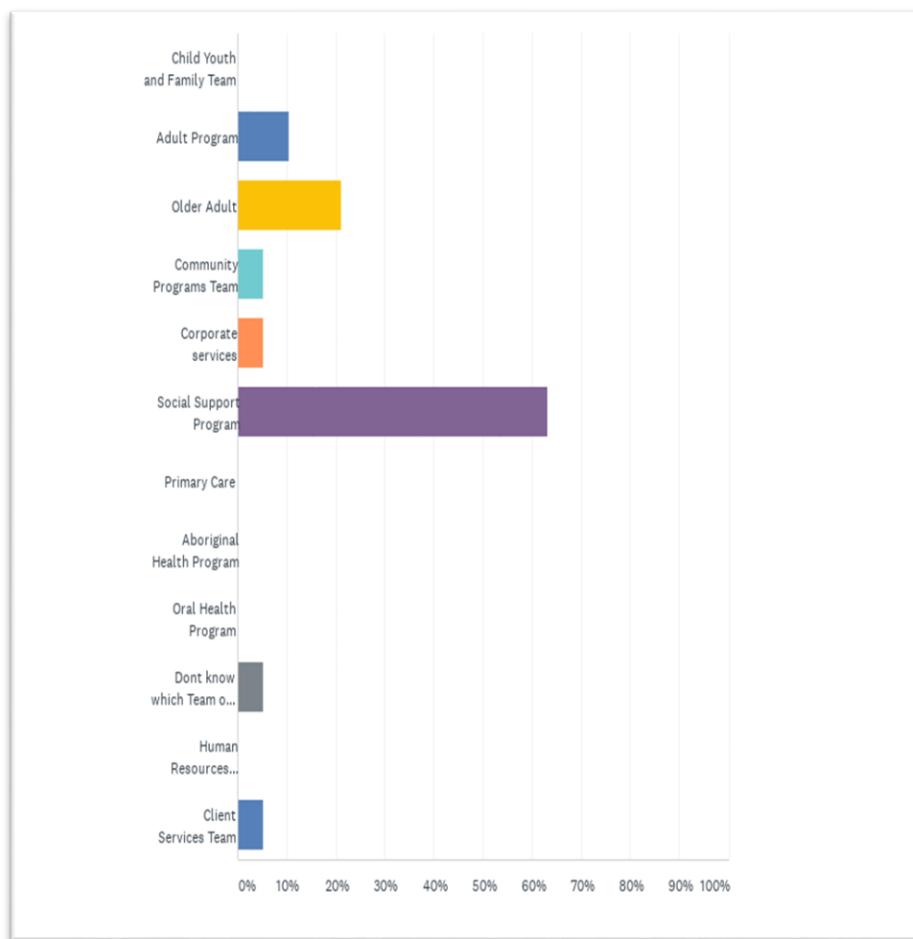


Figure 2: Teams supporting volunteers

Who volunteers are working with

Fifty eight per cent of the volunteers (n=11) worked only with staff in their volunteering role at YCH, 21 per cent (n=4) worked alone, 16 per cent (n=3) worked with other volunteers and staff and 5 per cent (n=1) worked only with other volunteers (see figure 3 below).

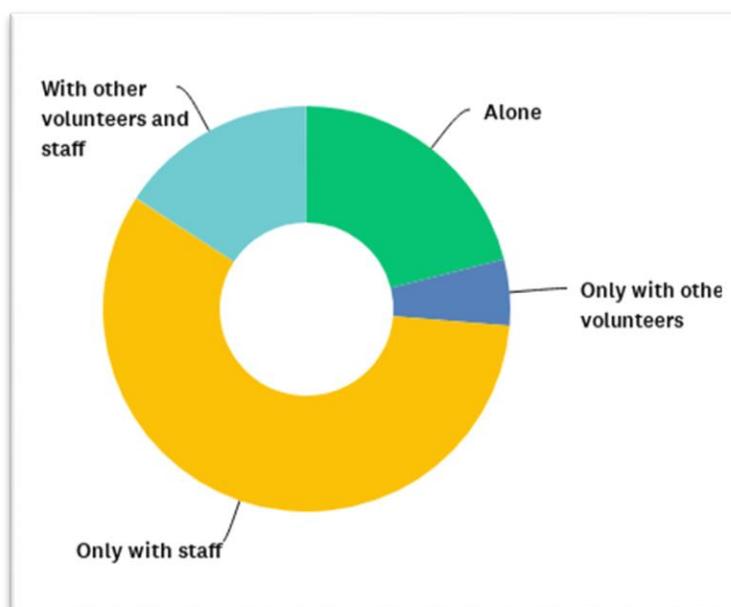


Figure 3: Who volunteers are working with

Average hours a week volunteering at YCH

The average hours participants volunteered a week ranged between 1 to 18 hours a week. Forty-two percent of participants (n=8) volunteered between 1 to 4 hours a week, forty-two per cent volunteered between 5 to 10 hours a week and sixteen percent volunteered for 10 or more hours. The median hours for volunteering amongst the survey participants was 5 hours per week.

Volunteering for other organisations

Thirty-seven per cent of participants (n=7) had volunteered for organisations other than YCH in the last twelve months prior to their interview. These organisations included: Northern Health, food and nutrition organisation and cooking classes for children, Preston Probus Club and fundraising with a nonprofit organization.

Motivations for volunteering

Using skills and experience was the reason for volunteering at YCH for over half of the participants (53 per cent, n=10) (see Figure 4 below).

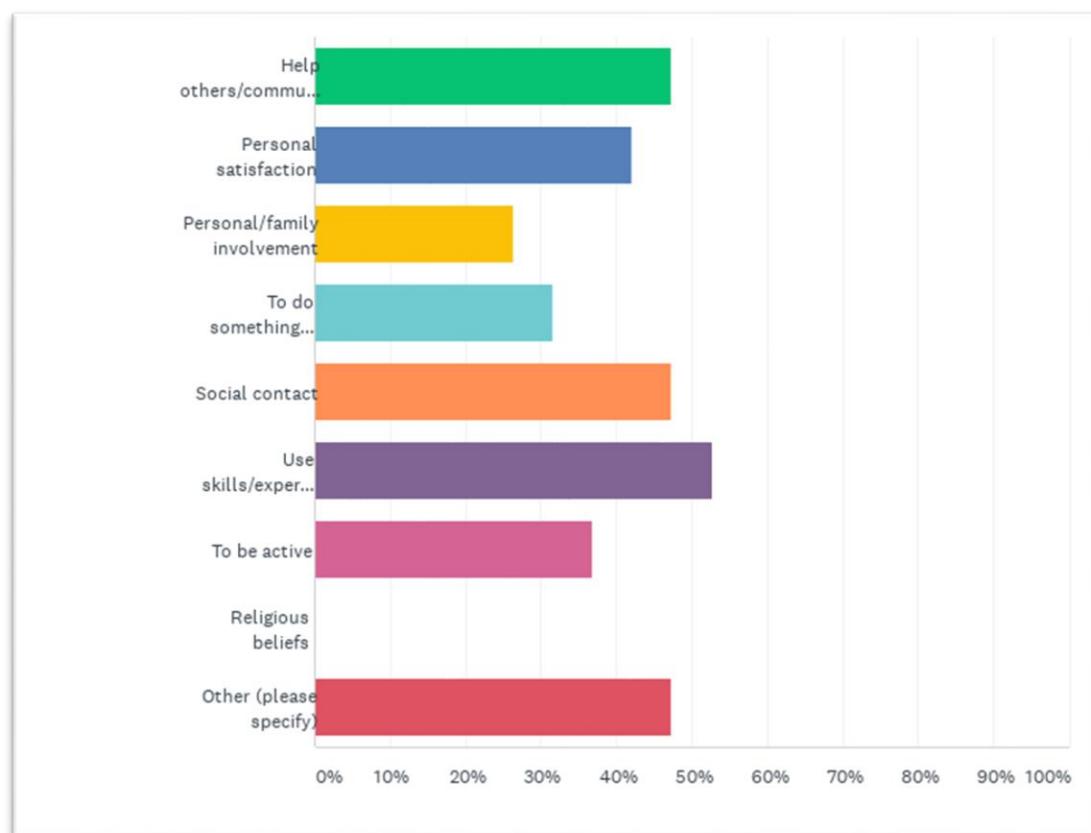


Figure 4: Motivations for volunteering with YCH

When we asked participants to tell us more about the reasons they volunteered, this is what they said:

“Role model for children”

“Feel bored because I finished my job, and I like to know about my area that I live in and I want to know about things around my area”.

“To practice my English”

“To develop skills and experience outside of my other work that I do”

“To be able to work in finance department in my local area”

“Had current injuries (sore arms), lots happening at home; husband working. Wanted to make new connections and have a chit chat. Do something for self.”

“A way of finding opportunities for future employment and expand my networks”

“I live very close and I like to walk over nice and early to setup the space for the group:”

“I could see the benefits of being in this place. Somewhere where I could do something good in my small way”

“A great way to meet other women”

“To benefit, socialise and connect [with] wife”.

Satisfaction findings

The majority of participants (89 per cent, n=17) were either very satisfied or satisfied that their volunteer roles were a good match with their interests and skills. Eleven per cent (n=2) were very dissatisfied. When we asked participants to tell us more about the reason for their satisfaction ratings, this is what they said:

“Prefer greater flexibility to apply new skills”

“[Volunteer Program Officer] put me in a great role that allowed me to do lots of different things that further developed my skills”

“With my technical skills I was able to use my skills especially excel spreadsheets and word documents”

“I would like to learn more i.e. admin or other roles, but I still quite happy with what I am doing in the Social Support Group”

Ninety-five per cent (n=18) of participants were satisfied or very satisfied that their day to day supervisor communicated effectively with them, with one participant very dissatisfied.

“Policy changes takes too long to be communicated. Induction would be better if more thorough”

“They are very supportive with everything, even my personal life and everything, they feel like family to me, I really enjoy”

Most participants (89 per cent, n=17) were satisfied or very satisfied that their day to day supervisor recognises/d their ideas or suggestions for improvement (see figure 5 below). Some of participants' responses to this question were:

“I was well supported and had the opportunity to be creative as well”

“Chance to provide feedback to flyers, based on group needs”

"My supervisor was great to help me identify what I liked and didn't like and helped me to find areas I was interested in to help me in future work through my volunteer role"

"I have given suggestions in the past and they have been considered for the group outings, the staff always seem happy to hear my suggestions"

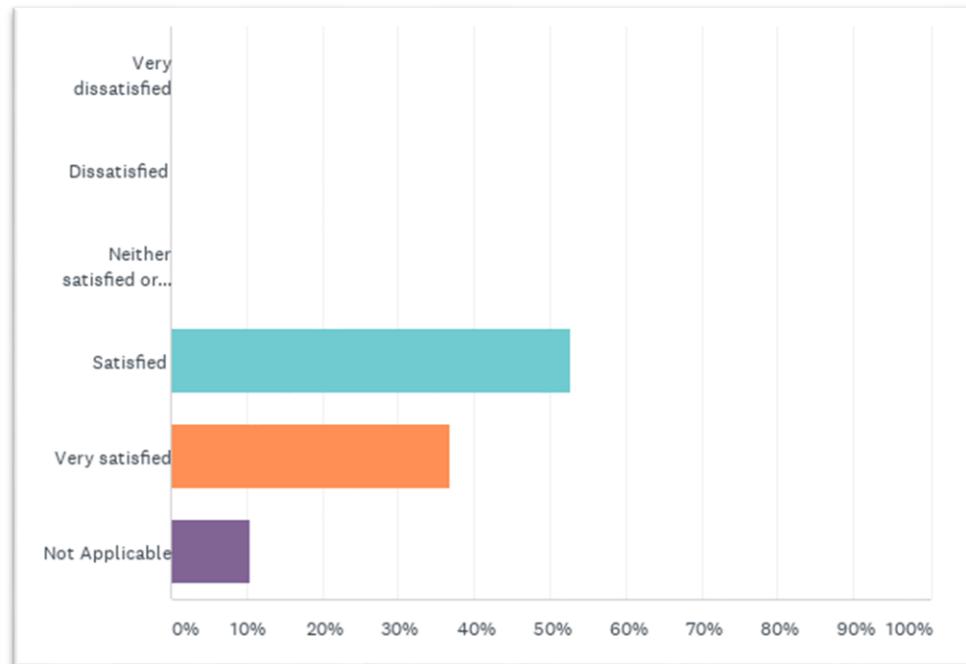


Figure 5: How satisfied are you that your day to day supervisor recognises/d your ideas or suggestions for improvement?

Eighty four per cent (n=16) of the survey participants were very satisfied or satisfied with the way they were kept informed of what was happening with their volunteer role/s, with one participant expressing dissatisfaction. See figure 6 below.

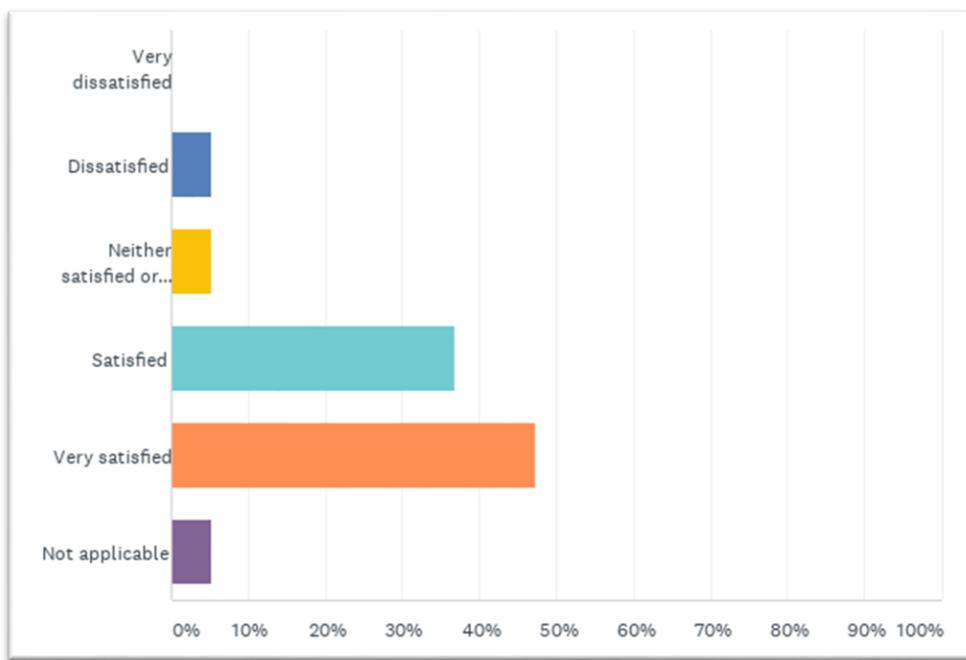


Figure 6: How satisfied are you with the way you are/were kept informed of what is/was happening with your volunteer role/s?

When asked what was the most satisfying part about volunteering at Your Community Health, the common themes were:

- To help others in the community and sharing happiness
- Working with health professionals
- Connections and making friends
- Personal satisfaction, achieving and applying skills
- Working in a safe environment

When asked what was the least satisfying part about volunteering at Your Community Health, thirty seven percent (n=7) participants said ‘nothing at all’. Other responses were:

“Troubleshooting fights or solving problems”

“Too much bureaucracy and requirements; I had to attend 3 information sessions”

“Not having enough people to run the class. Which occurred on day of interview”

“When things don’t get done that the organisation says they are going to do like the computer for Bike Linx that was part of a Grant we got but we still don’t have the computer”

“It was difficult when some of the women passed away and it was very sad”

“I would like more experiences in other roles”

“Public transport to get to Your Community Health”

When asked what things made their role more enjoyable, participant responses were:

“If it could have been done remotely”

“Celebration for volunteers”

“I would like to be involved in more experiences that could help me to develop more skills, i.e. admin roles”

“Opportunity to work with volunteer to promote and recruit new members to group” participants.

Training and support findings

Fifty eight per cent of participants (n=11) were satisfied or very satisfied with the opportunities they were given to attend training that could build their skills/knowledge (see figure 7 below).

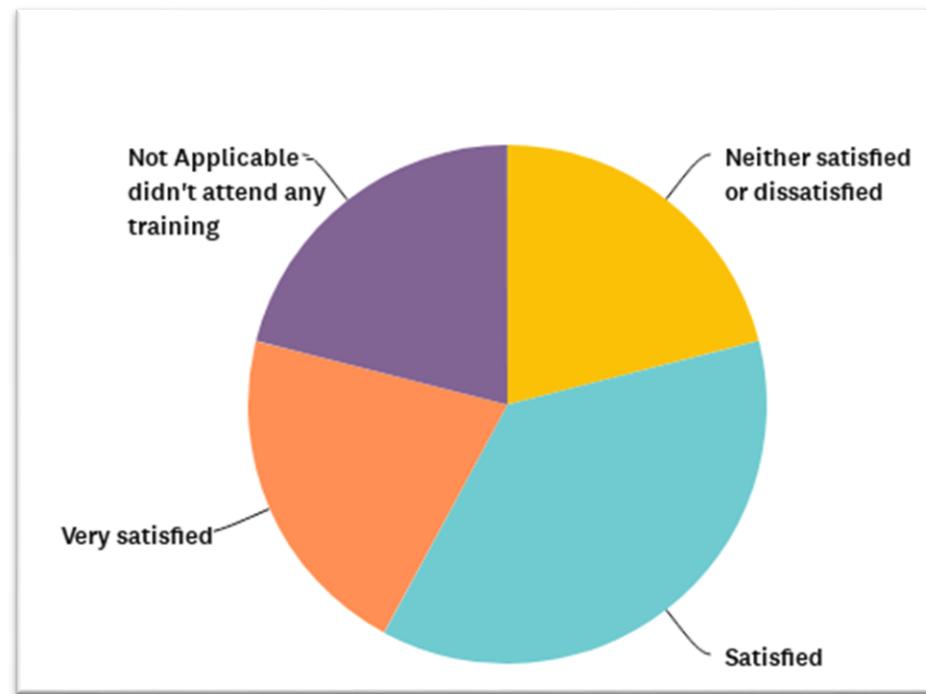


Figure 7: How satisfied are/were you of the opportunities you have/were given to attend training that could build your skills/knowledge?

When participants were asked to tell us more about their answer, some were given training opportunities but they were unable to attend either because lack of time or it has not been of interest or clashed with other things in personal life. Others did not know of any training that has happened. Some only attended the orientation and others did mental health training.

Of the ten participants that had attended training, eighty per cent (n=8) were satisfied or very satisfied that training helped them successfully and safely undertake their volunteer roles. One participant was neither satisfied nor dissatisfied and one participant was very dissatisfied.

Participants expressed interest in the following training:

- Dealing with difficult clients
- any type of training About Community Services,
- Food Handling,
- First Aid
- Mental Health.

Seventy nine percent (n=15) of participants agreed or strongly agreed that volunteering has improved their knowledge of services at YCH (see figure 8 below).

“Definitely, I had no idea what YCH did until I started Volunteering at YCH. It was great to see how the organisation works and the different community events. I felt like I come out learning a lot”

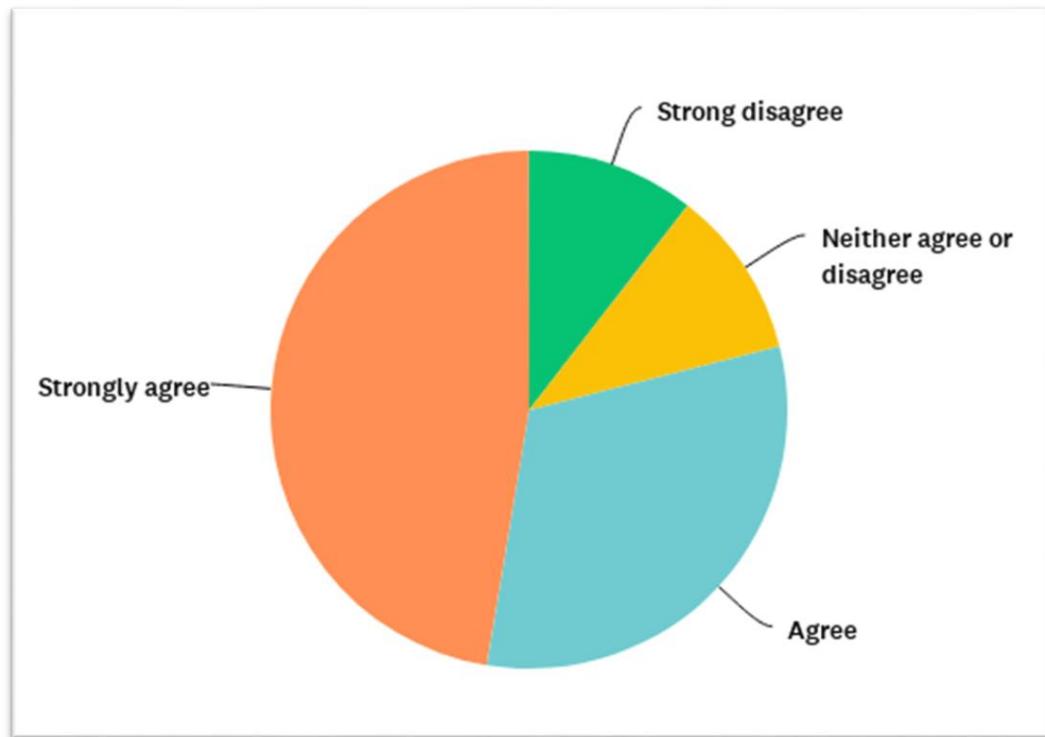


Figure 8: Volunteering has improved my knowledge of services at YCH

Wellbeing findings

79 per cent of participants (n=15) identified benefits to either themselves or their friends/ family as a result of being volunteers at YCH. Common themes of the benefits were:

- more socially and emotionally connected to people
- increased their experience, skills and learning
- being active
- learning more about what is happening in the community,
- expanded networking
- helped communicate better with family members with disability
- their family members are much happier; and
- the happiness of giving.

Some further comments were:

"To be able to give makes me happy"

"Increase knowledge and capacity for friends. It gives you purpose to wake up and get going".

Eighty four percent (n=16) of participants agreed or strongly agreed that volunteering at Your Community Health has helped keep them physically, mentally and emotionally healthy. The remaining three participants were either neutral (n=1), disagreed (n=1) or strongly disagreed (n=1). Further responses were:

"Connection with people, doing something worthwhile, contributing to the community"

"Kept me happy and healthy"

"Being socially active and communicating with people, making friends and expanding my networks keeps you mentally stable"

"Helped my self-confidence a lot, I was initially very shy and I couldn't say much but now I am more confident my English skills. I feel like a different person after becoming a volunteer"

Ninety five per cent of participants (n=17) agreed or strongly agreed that they would recommend Your Community Health as an organisation for volunteering. Responses included:

"It is a great organisation"

"I always say to my friends give it a go, you can grow your self-confidence, they are very friendly - like a family and very supportive you can find you sense of belonging in Australia"

"Yes because of the staff, the work and the office environment"

"I am very happy being a volunteer at YCH so I do tell people to volunteer"

Seventy nine per cent (n=15) of participants agreed that they now feel they have a greater level of connection to people in the City of Darebin as a result of volunteering at Your Community Health. The remaining four participants were either neutral (n=2), disagreed (n=1) or strongly disagreed (n=1).

“I did not know the demographic at Darebin city council until I did this role”
Participant

Participants like to keep informed about the Your Community Health volunteer program through:

- formal discussion with their volunteer supervisor (42 per cent, n=8)
- volunteer newsletter (32 per cent, n=6); and
- other means of communications such as emails and face to face contact (21 per cent, n=4).

Conclusion and Recommendations

The experiences of volunteers at Your Community Health were varied and they considered volunteering important for their personal and professional development. Using their skills and experience was the reason why almost half of participants volunteered with YCH. Other volunteering motivations were social contact, helping others in the community, personal satisfaction, being active, doing something worthwhile and personal/family involvement.

The findings show an overall high level of volunteers' satisfaction, including satisfaction that:

- volunteer roles were a good match with their interests and skills
- volunteer supervisors communicated effectively with them
- volunteer supervisor recognises/d their ideas or suggestions for improvement
- they were kept informed of what was happening with their volunteer role/s.

Volunteers' satisfaction is a good indicator that YCH was successful in meeting the needs and expectations of the volunteers. Volunteers identified that the most satisfying part about their volunteer role/s at Your Community Health were:

- to help others in the community and sharing happiness
- working with health professionals
- connections and making friends
- personal satisfaction, achieving and applying skills
- working in a safe environment.

Although YCH was overall successful in meeting the needs and expectations of the volunteers, providing volunteering roles that meet volunteers' expectations is sometimes challenging. Volunteers identified that the least satisfying part about their volunteer role/s at YCH were:

- Too many requirements to volunteer
- Not having all of their needs met, for example having the opportunity to work across more roles
- Delays in provision of program resources
- Transportation issues
- Dealing with grief from client's passing.

Overall, volunteers were very satisfied about the training and support opportunities provided to YCH volunteers. However there were some volunteers who were unable to attend training because lack of time, lack of interest, lack of availability or not knowing about the training. Therefore there are needs to be more careful planning of volunteers training that is flexible, takes into consideration their various needs and skills, and their availability.

The results highlight that engaging in voluntary work leads to greater well-being with three quarters of participants identifying benefits to either themselves or their friends/

family due to volunteering. Participants agreed that volunteering at Your Community Health has helped keep them physically, mentally and emotionally healthy. In addition, the majority of volunteers agreed that they now feel they have a greater level of connection to people in the City of Darebin as a result of volunteering at Your Community Health.

These wellbeing findings align with Borgonovi's research in 2008 which suggests that people who volunteer report better health and greater happiness than people who do not. These findings also align with Thoits' research (2001) which found that that volunteer work indeed enhances all six aspects of well-being (happiness, life satisfaction, self-esteem, sense of control over life, physical health, and depression) and, conversely, people who have greater wellbeing invest more hours in volunteer service.

The wellbeing findings from this survey clearly demonstrate that YCH has achieved the social inclusion objectives for the volunteer program; as a result of their participation in the volunteer program at YCH, volunteers feel more connected to their communities and feel they have increased access to social support.

The findings from this survey will be used by Your Community Health to inform future planning of training and other supports for YCH volunteers.

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More information:

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