

Snapshot 2022

A review of Palliative Care
Volunteering in NSW



Palliative Care
NEW SOUTH WALES



Palliative Care
Volunteering

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Executive Summary

This report is based on a research study conducted in mid-2022 in which we gathered data on palliative care volunteer services in NSW. At the time of the study there were 43 volunteer services in NSW however we were only able to conduct survey interviews with volunteer managers from 38 services as disruptions related to COVID-19 left some inactive or without a volunteer manager.

COVID-19 had a huge impact on palliative care volunteer services. Most volunteer services ceased operations altogether for periods in 2020 and 2021. Many volunteers and volunteer managers permanently left their roles. Services resumed gradually around the state with each Local Health District subject to different restrictions. When finally able to reopen services had to find ways to operate within COVID-19 restrictions and did so by altering volunteer roles, activities, and procedures.

This report reflects the COVID-19 downturn. At the time of our survey, only 5 palliative care volunteer services had been able to resume service delivery to pre-pandemic levels. Inpatient visiting was not allowed at 32% of services, community visiting was not allowed at 42% of services. 13% of services had ceased all volunteering while 53% had implemented ways of engaging volunteers remotely. Fortunately, 77% of volunteer managers believe their service will recover well from the disruptions.

Our research found 748 active palliative care volunteers in NSW. This is a 54% decline on numbers from our previous Snapshot survey undertaken in 2018. Of these, 211 volunteers were active in hospital or inpatient settings, 249 engaged in community visiting, and 55 volunteers mixed these two roles. There were no volunteers active in residential aged care settings. As many as 233 volunteers were relegated to other roles providing remote or virtual support or engaged in tasks other than in-person social support.

Of the 43 palliative care volunteer services, 11 can be found in Metropolitan Local Health Districts and 32 in Regional Local Health Districts. The Sydney Children's Hospital Network and St Vincent's Health Network are considered specialty networks and are located within greater Sydney. Together these specialty networks host 183 active volunteers.

Only 4 palliative care services offer volunteer support exclusively in hospital or inpatient settings. 17 services offer community visiting volunteers only, and 19 services operate in both settings. There are 2 services which do not offer social support but rather provide equipment and fundraise, and 1 service is biography only.

Volunteer managers were asked to report on how many new volunteers had joined their service in the past year. There were 71 inpatient volunteers, 78 community volunteers, 13 mixed visiting volunteers, and 33 in other roles for a total of 195 new volunteers. In contrast, there were 306 volunteers who retired or permanently ceased volunteering.

Most palliative care volunteers are aged between 55 and 84 years and are 5 times more likely to be female. Each service requires their volunteers to undergo training before commencing their role. Their main activities are companionship and psychosocial support, but volunteers are also active in grief and bereavement support and carer respite.

On average, Volunteer Managers spend 19 hours per week managing volunteers. 41% of managers have been in their role for more than 6 years and 15% for over 10 years. Service disruptions due to COVID-19 has resulted in a lot of manager turnover. 6 managers have been in their role less than a year and 2 services were recruiting to the position.

Only 20% of palliative care volunteer services have a manager employed full-time, at least 35 hours per week. 37% of services give their volunteer manager 10 hours or less work per week and nearly a quarter have other paid roles within their service. Managers from 7 services are completely unpaid in their role and volunteer their own time.

Many Volunteer Managers are now looking for ways to expand their service and recover from the COVID-19 downturn. 27% are looking to recruit new volunteers and rebuild their referral pathways. 15 services would like to offer a new palliative care biography service to their clients.



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Exploring palliative care volunteering in NSW

Prior research

In 2014 the Palliative Care NSW Volunteer Support Services Programme undertook its first study, mapping the extent and activities of palliative care volunteer services in NSW. This was published as *A Snapshot of Palliative Care Volunteering in NSW 2014*.

In 2018 we surveyed volunteer services again, changing and adding some questions with the aim to collect data every four years and build a longitudinal understanding of the sector. This was published as *Snapshot 2018: A review of palliative care volunteering in NSW*.

Both Snapshot reports, as well as our other research into palliative care volunteering are available on our website, volunteerhub.com.au.

The impact of COVID-19

Undeniably COVID-19 had a dramatic impact on the world and on health services. The timing of this Snapshot research placed well to measure the impact on Palliative Care Volunteer Services. A set of questions were added to gather data on how COVID-19 restrictions had affected service delivery.

Survey method

For three months from May to July 2022 Palliative Care NSW contacted every palliative care service in NSW that had previously been identified as having volunteers. Using a mixed methods approach we surveyed volunteer managers from these services about the levels of volunteer activity over a 12-month period in 2021.

Of the 43 known services, 5 were unable to take part in the research. Volunteer Managers from the remaining 38 services participated in the survey via a structured telephone interview.

The research instrument consisted of 44 questions, a mix of open-ended, closed, probing and scaled questions. Some questions were designed to provide a comparison to data collected in the 2014 and 2018 Snapshot Reports, and potentially with data collected from future surveys.

Inductive coding was used and the data subject to thematic analysis to identify common threads, make comparisons, and relate these findings to the existing knowledge in the field.

How we will use these results

The results represent the aggregated and de-identified responses to the survey questions. In addition to this report the data was and will be used in the work of Palliative Care NSW and the Volunteer Support Services Programme to better inform approaches to the support of volunteer services.

This report is also a deliverable under the terms of funding for the Volunteer Support Services Programme in the 2022-2023 financial year.

Key findings: Palliative care volunteers

Palliative Care Volunteers in NSW

Our study found 748 active palliative care volunteers in NSW. Of these, 211 volunteers were active in hospital or inpatient settings, 249 engaged in community visiting, and 55 volunteers mixed these two roles. There were no volunteers active in residential aged care settings. As many as 233 volunteers were relegated to other roles providing remote or virtual support or engaged in tasks other than in-person social support.

Across NSW, palliative care volunteers contributed a total of 15413 working hours during 2021. That averages out to over 42 hours per day. The Centre for Volunteering Value of Volunteering Calculator estimates that if you replaced the hours worked by NSW palliative care volunteers in 2021 with paid labour the cost would be equivalent to \$666,920.

Figure 1: Number of active Palliative Care Volunteers 2014–2022



While numbers of **active** palliative care volunteers increased from 2014 to 2018 by 33%, COVID-19 restrictions on service provision have resulted in a significant decline in numbers, down 54% on 2018 figures. Numbers are so low they have dipped 22% below than recorded in the 2014 Snapshot Report.

Across all settings, there were 516 inactive volunteers. 66% of these were community visiting, 34% inpatient visiting, 14% mixed visiting, and 17% had other volunteering roles. Combining both active and inactive volunteer numbers we arrive at 1264 which is a 21% decrease on the number of active volunteers found in 2018.

Of the 43 palliative care volunteer services, 11 can be found in Metropolitan Local Health Districts and 32 in Regional Local Health Districts.

Only 4 palliative care services offer volunteer support exclusively in hospital or inpatient settings. 17 services offer community visiting volunteers only, and 19 services operate in both settings. There are 2 services which do not offer social support but rather provide equipment and fundraise, and 1 service only offers biography.

195 new volunteers joined services in the past year – 71 inpatient volunteers, 78 community volunteers, 13 mixed visiting volunteers, and 33 in other roles.

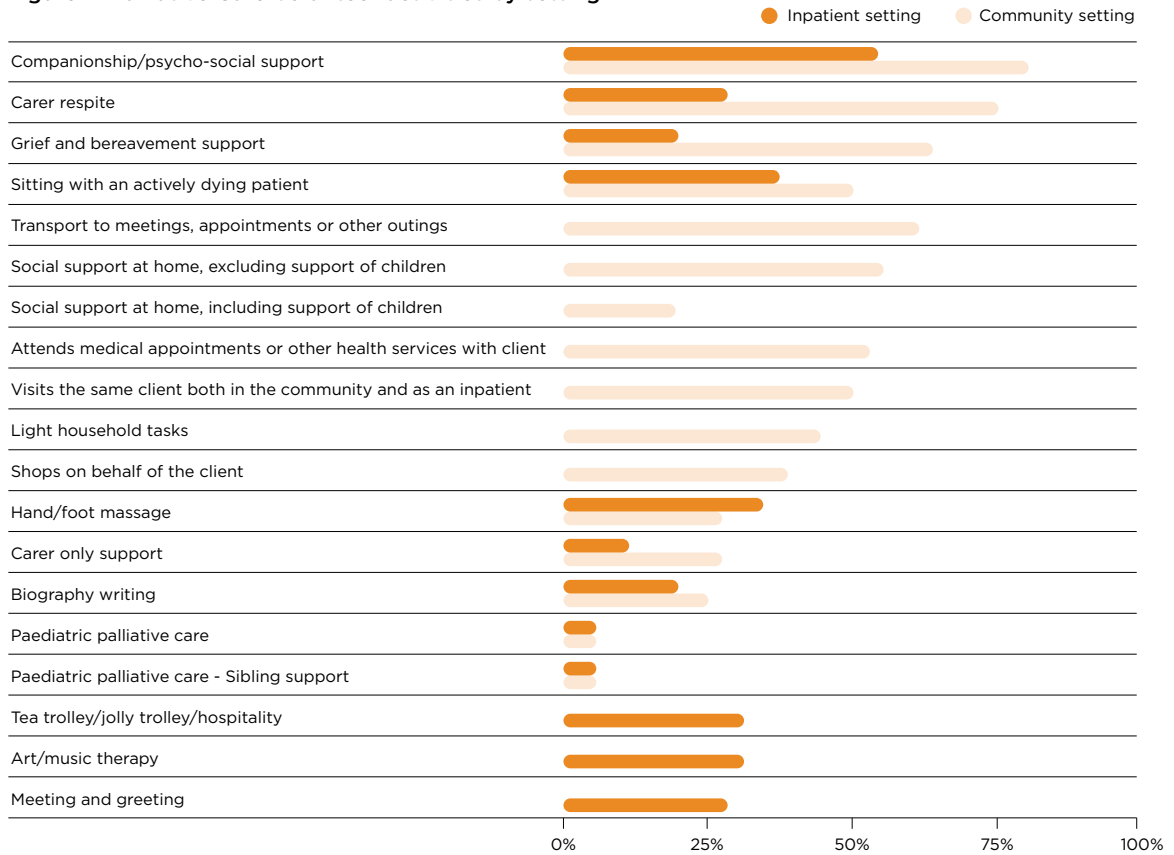
306 volunteers retired or permanently ceased volunteering – 179 inpatient volunteers, 67 community volunteers, 42 mixed role volunteers, and 18 in other roles.

Most palliative care volunteers are aged between 55 and 84 years and are 5 times more likely to be female.

Activities of palliative care volunteers

The type of activities a palliative care volunteer engages in can be setting dependent however there are some commonalities. Their main activities are companionship and psychosocial support, but volunteers are also very active in grief and bereavement support and carer respite.

Figure 2: Palliative Care Volunteer activities by setting



Community visiting volunteers

Community volunteers typically visit palliative care patients in their own homes and will often visit the same home every week for an extended period. Their main role is providing companionship, psycho-social support, and carer respite to patients, their family, and carers.

Other activities might include taking their client on outings such as grabbing a coffee by the beach, transport to meetings or appointments, light household tasks, or enjoying puzzles and games together.

Inpatient volunteers

The inpatient setting is a more structured environment and typically has the oversight of nurses and other staff. Volunteers tend to meet with multiple patients throughout the ward over the course of their shift. Volunteers focus on being hospitable to patients, their families, and visitors providing support in an informal and relaxed way. There might be a 'jolly trolley' or other diversional activities such as art and music which volunteers help facilitate. Volunteers in inpatient settings interact more often with clinical staff and are more embedded in the inpatient team.

Biography

There are now 12 services in NSW which offer a biography or Life Story program. Biography programs are facilitated by specially trained volunteers who record a patient's life story as a form of dignity therapy.

Paediatric support

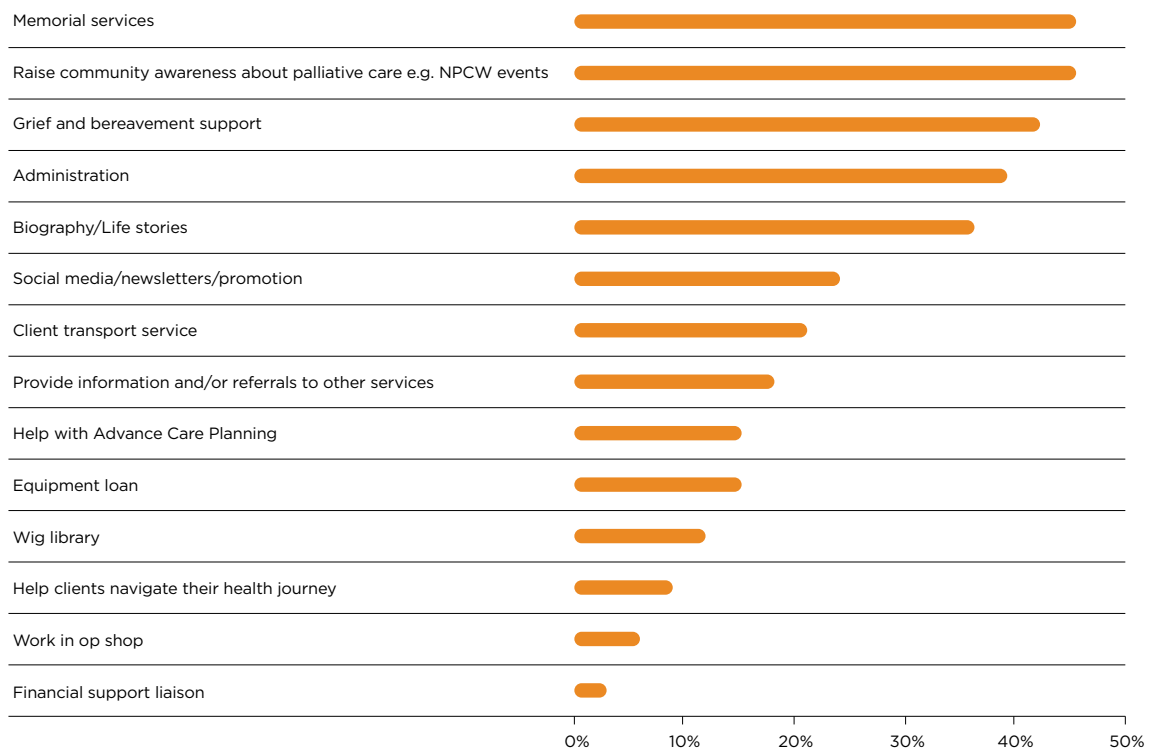
Volunteer organisations that offer paediatric palliative care services typically focus more on supporting the entire family including siblings. Volunteers are involved in a range of age appropriate activities as part of their repertoire such as playing video games or assisting with homework. They are more likely to help out around the house doing light household chores like folding laundry or making snacks.

Sibling support is important and might include volunteers taking them to their regular sporting activities, doing a craft or reading with them. Parents are supported with massages and a friendly ear or carer respite, for example, babysitting siblings while they take their sick child to a medical appointment.

Other volunteer activities

8% of palliative care volunteer services in NSW do not offer companionship and social support directly but do provide other help such as financial support, equipment loan, or transport to medical appointments. Many volunteers are engaged in fundraising activities such as working in op shops or attending community events, helping to raise awareness of end-of-life care in their communities.

Figure 3: Other Palliative Care Volunteer activities



Volunteer induction training and professional development

To equip them with this knowledge and the skills to carry out their roles safely and effectively all services require their volunteers to undergo mandatory induction training. In addition, many organisations deliver additional training over the course of the year building on the volunteer's skills and abilities over time.

Our survey shows there were 18 instances of induction training carried out in 2021 delivered to 156 volunteers. 94 sessions of additional training were offered to 940 volunteers. The numbers reflect that volunteers may have attended multiple sessions.

Figure 4: Number of additional training sessions by topic

Topic	Number of training sessions offered
COVID safety training	11
Safe Home Visiting	7
Grief and Bereavement	7
Self-care	7
Biography training	7
Accidental Counsellor	5
Cultural sensitivity	3
Other/Various	8

Training resources

Managers relied on a diverse selection of training materials. The Volunteer Support Services Programme has a suite of training resources available for example, the Palliare Handbook. 36% of services utilised these resources.

21% of services have developed their own in-house volunteer training materials and 29% will invite staff from their service to provide additional instruction. Other educational content was sourced from CareSearch or The Palliative Care Bridge by HammondCare.

Volunteer commencement and loss

Our data shows the rate of attrition was high with 306 volunteers retiring or ceasing volunteering permanently. This is however only 9% more than as reported in the 2018 Snapshot.

In 2018, there were 594 new volunteers. This time only 195 new volunteers began their role, a decrease of 67%. This is not surprising considering many services were inactive or operating to a reduced capacity with COVID-19 restrictions in place.

Figure 5: A comparison of volunteer commencement and loss by setting

Volunteer setting	# Commenced	# Ceased
Inpatient visiting only	71	179
Community visiting only	78	67
Mixed visiting roles	13	42
Other volunteer roles	33	18
Totals	195	306

Difference = 111 more volunteers left than joined services

Exploring palliative care volunteering in NSW

COVID-19 had a huge impact on palliative care volunteer services. Most volunteer services ceased operations altogether for periods in 2020 and 2021. Many volunteers and volunteer managers permanently left their roles. Services resumed gradually around the state with each Local Health District subject to different restrictions. When finally able to reopen services had to find ways to operate within COVID-19 restrictions and did so by altering volunteer roles, activities, and procedures.

Impact on service capacity

This report reflects the COVID-19 downturn. At the time of our survey, only 5 palliative care volunteer services had been able to resume service delivery to pre-pandemic levels. Inpatient visiting was not allowed at 32% of services, community visiting was not allowed at 42% of services. 13% of services had ceased all volunteering while 53% had implemented ways of engaging volunteers remotely. Fortunately, 77% of volunteer managers surveyed believe their service will recover well from the disruptions.

New strategies for engagement

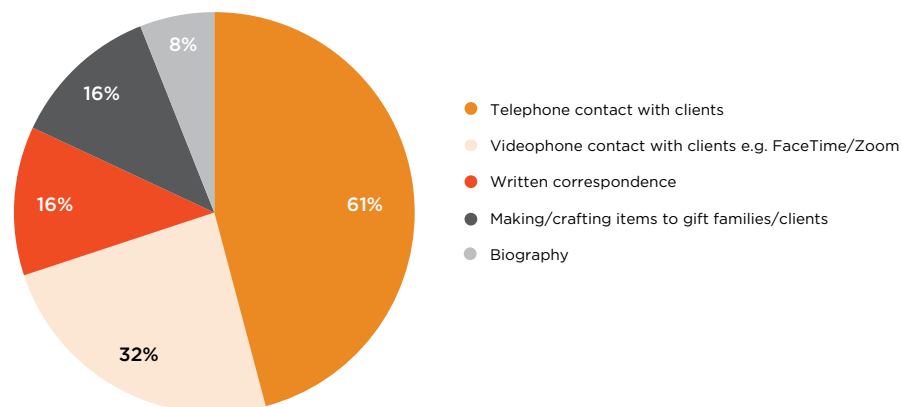
Implementing new safety procedures were vital to the success of these new roles. We were able to identify 13 different protocols employed by services to minimise the risk of COVID-19 transmission. 94% of services agree their volunteers capably manage new safety protocols.

Figure 6: Use of safety protocols

Safety protocol	# Services reported use
Masks	30
Hand hygiene	19
COVID screening	16
Vaccination	15
Rapid antigen testing	9
Safety goggles	9
Social distancing	8
N95 mask with fit testing	7
COVID safe checklist	5
COVID safety training	5
Risk assessment	4
No client contact	2
Temperature check	2
Total number of safety protocols	13

Services were forced to adopt new strategies and methods of engagement if they wanted to have volunteers connect with clients. New roles were invented, policies and procedures written for them, risk management assessments were undertaken, volunteers were given COVID safety training, fitted for N95 masks, and taught how to use personal protective equipment correctly.

Figure 7: Service uptake of new volunteer roles



Positive outcomes

There is no doubt COVID-19 challenged services immensely, but we wanted to know if there were any significant positive outcomes for services that may have risen through the adversity. Volunteer managers identified four main categories of positive outcomes.

36% of volunteer managers said they took the opportunity during down times to redesign and/or innovate volunteer roles, policy, procedures and processes, evaluation methods, and convert training for online delivery. 17% have spent time reflecting and reviewing their service.

“I’ve had to come up with new and creative ways to think outside the box to support patients.”

“I’ve been able to review a lot of our roles and make sure we have safety plans in place. I guess people started to think about what roles and activities they really want to do.”

33% of services were pleased they had access to new technologies, opening up new ways to connect with clients, their manager, and their peers. Being forced to upskill and learn how to use new technologies was considered a positive outcome by 19% of services. 58% of volunteer managers agree there will be long-term benefits from the changes to their service.

“The implementation of technology is good for clients and carers but also for volunteers to be able to access things like training and support online. It has opened up a whole other way of providing services, for example, now we can do biography remotely, and I’m now able to match volunteers and clients that live far away but still receive service. With the opportunity for volunteers to connect remotely I am able to reconsider how I deliver training and came up with a more flexible mixed method online approach.”

“All volunteers have learned to use ZOOM which is good. It was really good to keep in contact and see people. Now more people attend our regular meetings.”

Challenges identified

When asking services about significant negative outcomes from COVID-19 restrictions there were strong feelings expressed.

Almost half of respondents said clients were significantly negatively impacted when they were no longer able to receive social support from volunteers. 43% of services have lost volunteers. 27% say the palliative care staff team are feeling the loss of volunteer support. 14% say their remaining volunteers are frustrated.

“Lots of clients have died without the support they needed, this upsets the volunteers as they are empathetic, as well as having their visiting interrupted with clients, they had an existing visiting relationship when restrictions started.”

“Volunteers are frustrated and angry at not being able to see clients and this was especially difficult as clients were deteriorating and getting closer to their death.”

“We lost so many volunteers, it’s been very hard on the clients, staff, and other volunteers. The staff really noticed the loss of the jolly trolley on the wards because that provides so much support.”

“Older volunteers who have been volunteering for a long time are not impressed with all the protocols demanded by NSW Health.”

“Volunteers have been managed in inconsistent ways by local area services around how to engage with clients. Some are not even allowed to send cards or make phone calls! Why is that considered too risky for volunteers?”

“We’ve lost a lot of volunteers and I don’t think they will ever come back. The young people move on, the old people are no longer in the habit of coming regularly.”

“Volunteers are not enjoying the phone support. They don’t find it as meaningful as face-to-face support.”

“Referrals are very low and continue to be low.”

“Not being able to fundraise has been devastating for our core business.”

31% of managers feel they were not supported to safely return volunteers to service as soon as they would have liked and 81% need to recruit more volunteers to return to full service.

Key findings: Service characteristics

Number of palliative care volunteer services in NSW

There are 43 palliative care volunteer services in NSW. A palliative care volunteer service is identified as a service that is embedded within or receives referrals from a specialist palliative care practitioner.

Of these services, 11 can be found in Metropolitan Local Health Districts and 32 in Regional Local Health Districts. The Sydney Children's Hospital Network and St Vincent's Health Network are considered specialty networks.

There are 3 services dedicated to supporting paediatric patients and their families. 1 service operates from 2 locations – the Children's Hospitals at Westmead and Randwick. 1 service operates from Bear Cottage in Manly, and 1 from John Hunter Children's Hospital in Newcastle.

Only 4 palliative care services offer volunteer support exclusively in hospital or inpatient settings. 17 services offer community visiting volunteers only, and 19 services operate in both settings. There are 2 services which do not offer social support but rather provide equipment and fundraise, and 1 service is biography only.

Most volunteer services are governed by specialist palliative care teams within Local Health Districts (LHDs). Other service providers are operated by large non-government health services such as Calvary and HammondCare. A few not-for-profit organisations govern smaller palliative care volunteer services in regional areas. While there are volunteer services in each local health district, there are gaps in coverage. In some rural and regional areas access to palliative care volunteer support is limited.

Figure 8: Palliative Care Volunteer numbers by local health district

Local Health District & Service	Population	Volunteer #s
Central Coast	350,000	8
Central Coast Palliative Care Volunteers		8
Far West	30000	7
Broken Hill Health Service Palliative Care Volunteers		4
Dareton Primary Health Service Palliative Care Volunteers		3
Hunter New England	962,390	117
Calvary Mater Newcastle		8
Dungog Shire Palliative Care Volunteers		25
Friends of Palliative Care		22
Great Lakes Palliative Care Support		30
John Hunter Children's Hospital		2
Lower Mid-North Palliative Care Volunteer Service Taree		20

Local Health District & Service	Population	Volunteer #s
Mercy Volunteers in Palliative Care (INACTIVE)		0
Nelson Bay Community Nursing Palliative Care Volunteers*		0
Northwest Palliative Care Service Tamworth		2
Tamworth Hospital Palliative Care Service*		0
Volunteers for Palliative Care		8
Illawarra Shoalhaven	404,000	33
Illawarra Palliative Care		4
Shoalhaven Palliative Care Volunteers		29
Mid North Coast	226,422	0
Coffs Harbour Palliative Care Volunteers*		0
Port Macquarie-Hastings Palliative Care Volunteer Service*		0
Murrumbidgee	245,196	25
Mercy Health Albury		12
Wagga Wagga Community Palliative Care Volunteer Ser-vice		13
Nepean Blue Mountains	384,742	58
Belong Blue Mountains		41
Nepean/Hawkesbury Supportive and Palliative Care Volun-teeer Service		17
Northern NSW	304,857	121
Amitayus Home Hospice		25
Clarence Valley Palliative Care Volunteer Support Service		9
Tweed Palliative Support		87
Northern Sydney	985,708	129
HammondCare Volunteers		129
South Eastern Sydney	979,370	12
Calvary Health Care Kogarah		12
South Western Sydney	1,038,534	17
Liverpool Palliative Care Service		11
Southern Highlands Community Hospice		6
Southern NSW	211,122	20
Eurobodalla Palliative Care Volunteer Service		12
Queanbeyan Region Palliative Care Volunteer Service		2
Snowy Monaro Palliative Care Volunteer Service		6
Sydney	722,492	32
CanCare		30
Concord Palliative Care		2

*Inactive service

Local Health District & Service	Population	Volunteer #s
Western NSW	279,422	13
Bathurst Community Home Support		1
Cowra/Grenfell Meals on Wheels		5
LiveBetter Orange		0
Orange Health Service Palliative Care Volunteers		1
Parkes Neighbourhood Palliative Care Volunteers		6
Western Sydney	1,144,280	37
Western Sydney Palliative Care Volunteers		37
Specialty Network		149
Bear Cottage		86
Sacred Heart Biography Service		29
Sydney Children's Hospital Westmead and Randwick		34

Organising health in NSW

The NSW Ministry of Health organises the funding of health services through service agreements with 15 Local Health Districts (LHDs) of which 8 cover the metropolitan regions and 7 cover rural and regional NSW.

In addition, there are 2 specialty networks namely the Sydney Children's Hospital Network (Bear Cottage, Manly and The Children's Hospital Westmead) and the St Vincent's Health Network (St Vincent's and St Joseph's Hospitals).

LHDs and Networks have their own governance arrangements and, in some cases, enter into subsequent arrangements with other health providers such as private and not-for-profit services.

The geographical area of each LHD is essentially an aggregation of more than one Local Government Areas (LGAs), although some LGAs cross LHD boundaries.

Each LHD is responsible for developing local strategies for health service delivery (such as a Clinical Services Plan).

Key findings: Supporting and supervising volunteers

Professional volunteer management

In this report the term 'volunteer manager' has been adopted for the collective job titles attached to those who oversee palliative care volunteers. We are aware however that in some definitions the title 'Volunteer Coordinator' refers to a more administrative role in managing rosters and human resource information for volunteers, whereas the title 'Volunteer Manager' is reserved for more complex human resource management tasks such as clinical supervision, recruitment, training, grievances, and disciplinary management as well as the general administration of volunteers.

Our research shows that 62% of palliative care volunteer services in NSW give the job title of Volunteer Coordinator, or include the word Coordinator in the title, to their leader of volunteers.

41% of managers have been in their role for more than 6 years and 15% for over 10 years. The longest serving volunteer manager has been in their role for 26 years. Service disruptions due to COVID-19 has resulted in a lot of manager turnover. 6 managers have been in their role less than a year and 2 services were recruiting to the position at the time of this study.

Nearly a quarter of people employed to manage palliative care volunteers are expected to cover other paid roles within their service. Managers are completely unpaid and volunteer their own time in 16% (n=7) of services.

Only 20% of palliative care volunteer services have a manager employed full-time, that is at least 35 hours per week. 37% of services only give their volunteer manager 10 hours or less work per week. On average, Volunteer Managers in NSW spend 19 hours per week managing volunteers which means that 40% of palliative care volunteer services in NSW do not provide enough human resources to meet that average. For each hour worked by a palliative care volunteer manager they support 15.5 volunteer work hours.

Reporting hierarchy

The study indicated that only 3 respondents work in organisations with a dedicated volunteer arm and as such had dedicated volunteer executive oversight. 10 managers report directly to directors or executives within their palliative care service, 4 report to nursing staff, 2 report to other health executives. 18% of services (n=6) report to a management committee or board, likely to be non-government organisations. 26% (n=9) are under the wing of human resources or general administration.

Such diverse and nebulous governance may point to a lack of understanding of the role and value of volunteer managers and how important they are to the functioning of a successful volunteer service. Volunteer teams in general can sometimes be undervalued and overlooked rather than being recognised as an integral part of a palliative care service.

"We have a lovely relationship and awareness with our clinical staff but more broadly more education on the value of volunteers in pall care is needed."

"A paid Volunteer Manager would be better at providing dedicated training."

"They haven't allocated enough funding for volunteering."

"The (NSW Volunteer Managers) network was wonderful during COVID but particularly during lockdown. I felt more supported by the network than my board."

Professional development and connections

Volunteer managers are typically keen to make the most of any professional development opportunities presented to them. Unsurprisingly, since volunteer managers spend so much time managing their human resources, this research showed the most sought-after education was for people skills and management strategies.

12.5% of managers would like to learn how to be a trainer or educator so they can better deliver training to their cohort. 6% would like to learn how to manage a palliative care biography service, the same amount would like education on service promotion or policy and procedure.

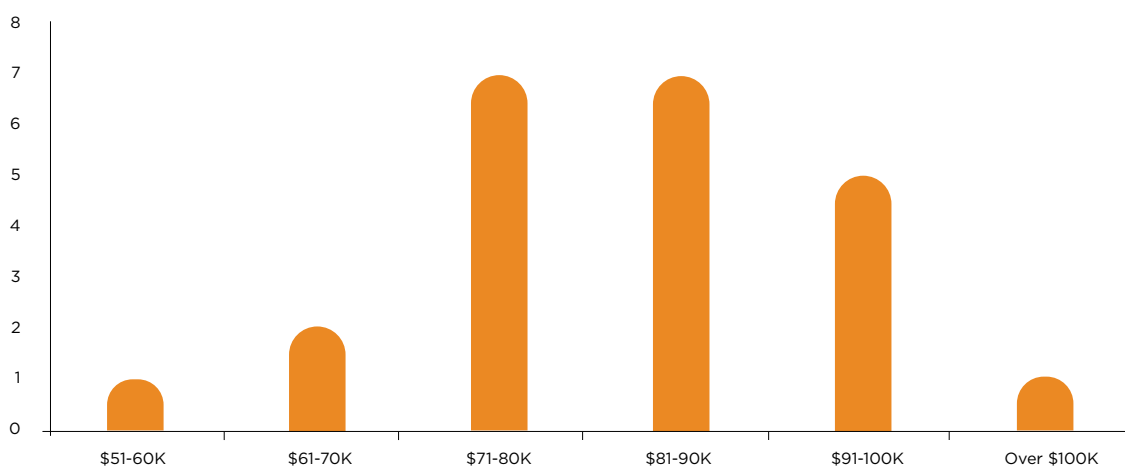
Volunteer managers are professionally involved with their peers and industry organisations via connections with organisations such as Palliative Care NSW (n=22), the Centre for Volunteering (n=11), the Leaders of Health Volunteer Engagement (LoHVE) Network (n=7), local communities of practice (n=6), various Cancer-related organisations, the Cancer Nurses Society of Australia, and the Australian College of Nursing.

Remuneration benchmarking

At the request of the NSW Network of Managers of Palliative Care Volunteers we included questions seeking to benchmark rates of pay for volunteer managers. These questions were optional, and we received only 23 responses.

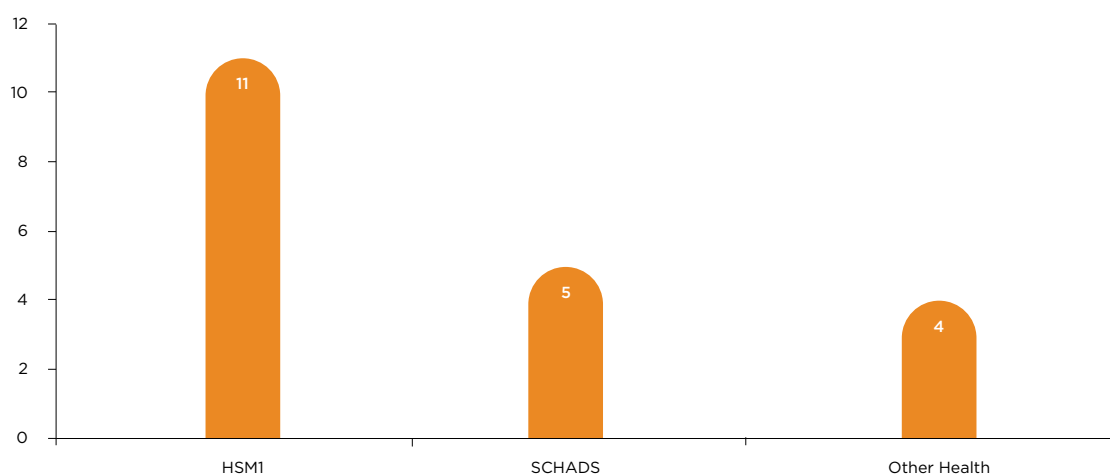
Respondents were asked to reveal their full-time equivalent rate of pay and whether it fell under a particular award rate. The most responses fell within range of \$71,000 – \$100,000 per annum.

Figure 9: Volunteer manager full time equivalent pay rates per annum



Responses showed volunteer managers are covered by only 3 types of pay award rates. The Health Manager (State) Award (HSM1) was the most common and applicable for people working in services operated by NSW Health. The Social, Community, Home Care and Disability Services (SCHADS) Award covers employees working in the social and home care sector. It applies to volunteer managers working for non-government organisations which typically provide a variety of social and community support services.

Figure 10: State award type



Other NSW Health employment classifications identified by respondents were Health Education Officers (HEO), Health Employees Administrative Staff (HEAS), and NSW Health Service Health Professional (HSP). These three employment classifications fall under the Health Professional and Medical Salaries (state) Award 2022. The following table illustrates the range of remuneration applicable to each.

Figure 11: Comparison table - remuneration range per award/classification

Award/ Classification	Minimum pay per annum	Maximum pay per annum
HSM1	\$78,079	\$189,160
SCHADS	\$63,640	\$125,066
HEO	\$55,468	\$97,045
HEAS	\$49,400	\$64,362
HSP	\$69,982	\$172,807

Members of the NSW Network of Managers of Palliative Care Volunteers tell us their role is often not well understood or valued by service executives and therefore not afforded the status or priority of similar management roles. Inconsistencies in position description and classification emerge leading to significant discrepancies in remuneration.

Feedback on the Volunteer Support Services Programme

The *Volunteer Support Services Programme* aims to support volunteer services and build capacity by adding to the body of knowledge of palliative care volunteering in NSW. We engage in research and publish reports on various aspects of palliative care volunteering in NSW. Our volunteer training resources include a volunteer training manual (*Palliare: A Handbook for Palliative Care Volunteers*), online training videos, and training facilitator guide.

Our service development resources include comprehensive information on of managing palliative care volunteer services including policy and procedure guidance, templates, and other relevant materials. All our publications are available on the VolunteerHub website www.volunteerhub.com.au

The *Volunteer Support Services Programme* keeps the palliative care volunteering sector informed by posting news online and distributing a monthly eNews bulletin to subscribers. Face-to-face professional development opportunities, trainings, and workshops are held all around NSW and streamed online when possible. We host a Volunteer Conference biennially and a Volunteer Manager conference in alternate years.

The *Volunteer Support Services Programme* manages the NSW Network of Managers of Palliative Care Volunteers. We encourage volunteer managers from every NSW service to join the quarterly meetings and take advantage of the peer support, guidance, and networking on offer.

Included in this survey were questions designed to gather feedback on the activities and resources offered by the *Volunteer Support Services Programme*. Generally, the respondents indicated that the resources and support offered are well received. Regional respondents indicated they would like more face-to-face workshops in their local area. Our monthly volunteer eNews bulletin is 'always' or 'usually' read by 81% of respondents.

About our resources we heard:

"We are really happy that PCNSW provide opportunities for volunteers to increase their skill set through Accidental Counselling and stuff like that as our service does not allocate resources for this ourselves."

"It's really good to have all the templates and policy and procedure manuals available online. They are really helpful for new managers or service providers and mean you don't have to reinvent the wheel."

"Downloaded the management guidance manual. Very glad those resources are available - very happy to find them."

"The Palliare Handbook is very useful as it assists in having a benchmark across services. Most volunteer managers work in isolation, so both the resources and meetings help to have a framework and support for our services."

"Love the PCNSW Palliare handbook and the 5 x online training modules. They are really well made, and she uses them a lot."

About our activity we heard:

“The conference is always good value, loved being able to take the volunteers to the conferences at Maitland and Blacktown. The volunteers love going to these and meeting other volunteers from other services.”

“I commend you on the Volunteer Managers Conference and I commend you for having it regionally. It was a really diverse crowd from a lot of different kinds of services. It just demonstrates that one model doesn't fit all and services need to be tailored to suit local communities.”

“Going to the Volunteer Managers Conference really re-ignited my passion for volunteering and fired me up with ideas for the future.”

The NSW Network of Managers of Palliative Care Volunteers

The Network meets quarterly in March, June, September, and December. During 2021, all meetings were held over Zoom, making it easy for managers to join in, no matter their location.

Three quarters of volunteer managers surveyed participated in the Network during 2021. The main reason given for not attending network meetings was just that they were too busy, or the schedule did not match their availability. Only one respondent said the meetings were not relevant to them.

Overall, respondents appreciated the opportunity to connect with their peers and were happy with the support they receive as a member of the Network.

“I think it's a really good network. I learn so much from other Volunteer Managers. It's great inspiration and great networking. The managers are very switched on.”

“As I am new to the role, I really enjoyed having the opportunity to talk to people about all the basic things we have to do.”

“I've found it very supportive; you did a great job keeping us together through the start of COVID and it has been great knowing the other managers in the network were going through the same struggles.”

“During COVID having the ad-hoc managers meetings was very helpful and supportive and appreciated.”

We asked how the Network might better meet the needs of its members. Suggestions included finding ways to connect directly with other NGO services operating under similar governance structures and alternating the scheduled meeting day and times.

Challenges for the future

It is evident from this research that COVID-19 restrictions and service shutdowns have significantly affected capacity within the palliative care volunteering sector with three quarters of respondents agreeing with the statement “I have palliative care volunteers available that I am unable to engage in volunteering as much as they would like”.

Volunteer Managers were full of ideas for service expansion following recovery from downturn. 27% are looking to recruit new volunteers. 41% of services would like to introduce a biography service. 19% want to improve grief and bereavement supports. 10% would like to introduce volunteers into residential aged care settings.

Acquiring sufficient resources to implement any expansion ideas is a common challenge. Volunteer managers, especially those working part-time or role sharing, struggle to find the time.

“We need to expand but really need more funded hours in order to do this.”

“We need to fight for volunteers at a local level because they build stronger and more inclusive communities.”

Referral pathways

Recent restrictions on service provision have interrupted established referral pathways. Palliative care volunteer services with community visiting volunteers rely on clinicians for referrals. Where a community visiting volunteer service has excellent support from referring clinician/s they may find a high uptake of volunteers and vice-versa if the relationship with the referring clinician/s is not robust.

“As much as I try to get referrals for community visiting, I constantly struggle to get the clinicians to recognise the value of volunteers.”

“We need more training and education for the clinical staff, especially where staff are new, they need to be reminded of the role of volunteers.”

Almost half the respondents agreed that they need to do a lot more with their clinical staff to convince them of the value of volunteers. 27% of services are seeking to address this problem by seeking to extend their referral pathways.

“We want to be more autonomous because we can’t get the referrals. We need to get the GPs on side to get earlier referrals and not just rely on the specialist palliative care team.”

Advocacy

Many volunteer managers expressed feelings of frustration when their services did not make resumption of volunteer services after lockdowns a priority. There is a general sense that volunteers, and by extension, volunteer managers, are not valued as they should be.

“Could use more research on Volunteer or Volunteer Management e.g. acknowledging our roles and challenges and the lack of executive buy-in.”

“Volunteer Managers should be highly valued within an organisation, not taken for granted. There is a misconception that because volunteers are unpaid that their efforts don’t have a cost, but volunteers don’t manage themselves. If you want volunteers to provide a service that is of value, then you also need to value the work of the Volunteer Manager.”

Education is needed to better understand the volunteer role and the value of the support they provide to people facing challenges at end of life. Evidence supporting the positive impact of volunteer practises in end of life care would empower policy makers to make decisions favourable to volunteer service delivery.

The Volunteer Support Services Programme acknowledges they are uniquely placed to advocate for palliative care volunteering. Engaging in research and providing education to clinicians and executives about the role of volunteers is within their remit.

Concluding comments

This report has provided insight into the state of palliative care volunteering in NSW. Although active volunteer numbers have declined because of COVID-19 restrictions on service delivery, volunteer managers remain hopeful that services will recover.

Our plan is to repeat 'Snapshot' research studies every four years, building a longitudinal dataset tracking the health, progression, and capacity of volunteer services.

The *Volunteer Support Services Programme* will continue to champion palliative care volunteering.

Although active volunteer numbers have declined because of COVID-19 restrictions on service delivery, volunteer managers remain hopeful that services will recover.

End notes

The Volunteer Support Services Programme

This paper has been prepared as part of the Volunteer Support Services Program which is hosted by Palliative Care NSW and funded by NSW Health. The Volunteer Support Services Programme seeks to champion the work and interests of Palliative Care Volunteer Services and volunteers in NSW (www.volunteerhub.com.au).

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Author and contact

Kate Bowman, Manager, Volunteer Support Services Programme, Palliative Care NSW
Email: kate@palliativecarensw.org.au Phone: +61 2 8076 5600.

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Contact Palliative Care NSW

Suite 706, 50 Clarence St,
Sydney NSW 2000

Phone 02 8076 5600

Email info@palliativecarensw.org.au

www.volunteerhub.com.au

www.palliativecarensw.org.au



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