



Value Added: Volunteer-Supported Services and the Challenge of the NDIS

interchange[®]



**Department of
Health & Human Services**

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Table of Contents

Table of figures	5
Acknowledgements.....	6
Glossary	6
Acronyms	6
Executive Summary	7
Overview	7
Introduction	11
Background	11
Project aims.....	13
Methods	14
Summary of results	17
1. What range and type of volunteer-supported service models does the DHHS currently fund, and are there any additional service models operating?	17
2. What models of volunteerism have evidence of outcomes and how are these outcomes measured?	19
3. How do the volunteer activities in a given model support the social and economic participation of people with disability, help people with a disability to achieve their personal goals and live an ‘ordinary life’?.....	21
4. What benefits does a given volunteer program have that could not be achieved with fully paid staff and what impact on the person with a disability is attributable to the volunteer’s involvement?	23
5. Among current volunteer-supported service models, which models align or do not align with the outcomes of the ILC framework?	25
6. In the case of volunteer-supported service models with demonstrable benefits to people with a disability but not currently aligning with the outcomes of the ILC framework, what modification of models would be necessary in order to align with the outcomes of the ILC framework or conversely, what modification of the ILC framework might be considered?.....	27
Recommendations	28
Chapter 1: Systematic literature review	29
Methodology.....	29
Findings	29
Value added: Volunteers and the Challenge of the NDIS	

Conclusions	33
Chapter 2: Service-delivery landscape	35
Methodology.....	35
Findings	35
Chapter 3: Volunteer-supported services and their relationship with the ILC framework. 43	
Methodology.....	43
Findings	43
Chapter 4: Interviews with people with a disability and/or family members of people with a disability.....	85
Findings	85
Chapter 5: Interviews with volunteers.....	87
Methodology.....	87
Findings	87
Chapter 6: Interviews with service providers.....	95
Methodology.....	95
Findings	95
Chapter 7: Case studies	113
Methodology.....	113
Findings	113
References	155
Appendices	156
Appendix 1	156
Appendix 2	157
Appendix 3	169

Table of figures

Chart 1: Results of the systematic literature review search	30
Chart 2: Is your organisation a registered disability service provider with the Victorian Department of Health and Human Services (DHHS) (N = 285)?	36
Chart 3: In the past five years has your organisation run any type of volunteer-supported service (N = 256)?	36
Chart 4: Does your organisation currently run any volunteer-supported service programs (N = 219)?	36
Chart 5: Do the people in receipt of the volunteer-supported service your organisation runs include persons with disability (N = 181)?	37
Chart 6: Number of volunteer-supported service programs (N = 156)	37
Chart 7: What are the sources of funding supporting your organisations volunteer-supported service programs (N = 297)?	37
Chart 8: 'Other' sources of Government funding for volunteer-supported service programs (N=77)	38
Chart 9: 'Other' sources of Non-Government funding for volunteer-supported service programs (N=47)	39
Chart 10: Have any of your organisations volunteer-supported service programs closed in the past 2 years (N=191) ?	39
Chart 11: What was the main reason for the closure of your organisations' volunteer supported service programs (N=27)?	40
Chart 12: Is your organisation a registered NDIS provider (N = 159)?	41
Chart 13: Considering what you know about the NDIS, has your organisation planned to transition its volunteer supported services (N = 48)?	41
Chart 14: Do you envisage any volunteer programs closing during the transition to the NDIS (N = 156)?	42
Chart 15: Considering what you know about the NDIS, how likely do you think it will be that your organisation will expand volunteer program(s) in the next 5 years (N = 165)?	42

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We acknowledge the traditional owners of the lands on which this research was conducted and pay our respects to their elders past and present.

Glossary¹

Community Programs and Activities: Activities and programs run by, in and for the local community. They include everything from local businesses to local sporting or recreational groups.

Mainstream Service: The government systems providing services to the Australian public (e.g., health, mental health, education, justice, housing, child protection and employment services).

Acronyms

DPO: Disabled People's Organisation

NDIS-ILC: National Disability Insurance Scheme – Information Linkages and Capacity Building

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

VPP: Volunteer Program Participant

¹ Definitions sourced from <https://www.ndis.gov.au/community/information-linkages-and-capacity-building-ilc#the-ilc-commissioning-framework>; accessed February, 2019.

Executive Summary

Overview

This research explores the landscape of volunteering in disability services in Victoria in the context of the implementation of the National Disability Insurance Scheme (NDIS).

We considered the complex and varied role of volunteer-supported organisations, including:

- the various **volunteer-supported operating models** currently funded
- **the infrastructure required** to deliver services safely and reliably; and
- the **outcomes** associated with volunteering and their alignment with the ILC framework.

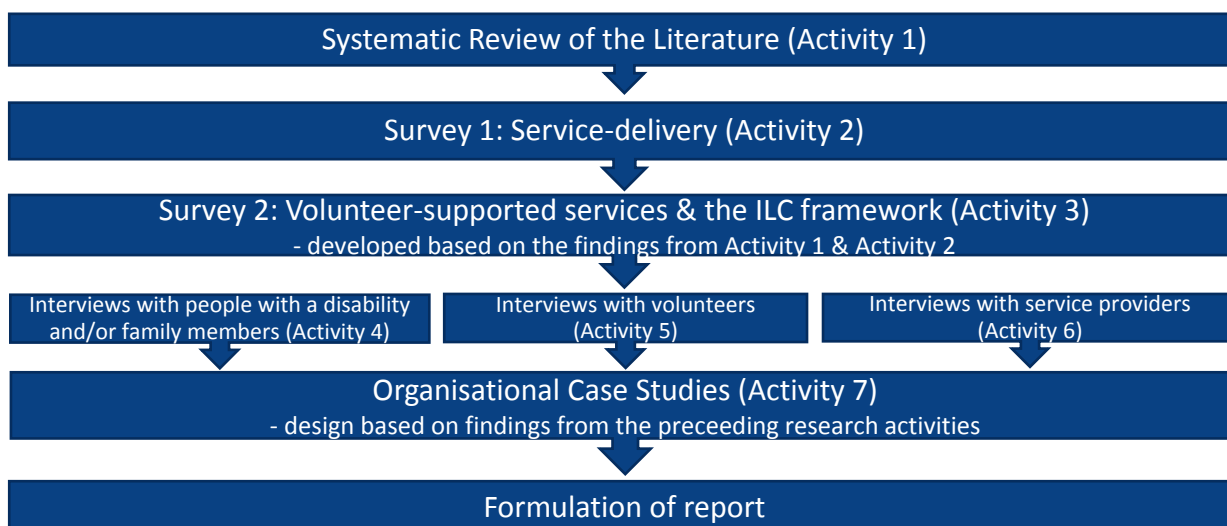
Aims

The six research questions guiding this research were:

1. What range and type of volunteer-supported service models does the DHHS (and other funded models) currently fund, and are there any additional service models operating?
2. What models of volunteerism have evidence of outcomes and how are these outcomes measured?
3. How do the volunteer activities in a given model support the social and economic participation of people with disability, help people with a disability to achieve their personal goals and live an 'ordinary life'?
4. What benefits does a given volunteer program have that could not be achieved with fully paid staff and what impact on the person with a disability is attributable to the volunteer's involvement?
5. Among current volunteer-supported service models, which models align or do not align with the outcomes of the NDIS Individual Linkages and Capacity Building (ILC) framework?
6. In the case of volunteer-supported service models with demonstrable benefits to people with a disability but not currently aligning with the outcomes of the ILC framework, what modification of models would be necessary in order to align with the outcomes of the ILC framework or conversely, what modification of the ILC framework might be considered?

Method

We conducted our research in a sequence of investigations, as outlined below:



Findings

Key findings from the research included:

- We identified **seven models of volunteer-supported programs** in the disability sector:
 - social-support and community participation
 - supported activity
 - skills development
 - out-of-home support
 - practical support
 - organisational support
 - advocacy
- Most volunteer-supported program models **aligned with one or more outcomes of the NDIS ILC framework**. However, two volunteer-supported program outcomes did not align with the ILC Framework:
 - positive physical and mental health
 - outcomes for family members/ carers of people with a disability
- The **four most frequently reported ILC Framework Activity Outcomes that aligned with volunteer-supported programs** were:
 - **Individual capacity** – increased motivation, confidence and empowerment
 - **Connections and Relationships** – increased connections, relationships, support networks, opportunities for active participation and feelings of belonging in the community
 - **Individual Capacity** – increased skills and capacity
 - **Community Capacity** – more inclusive behaviour within communities
- The **infrastructure required to coordinate sustainable volunteer-supported services is critical** to the sustainability of volunteering in the disability sector. This infrastructure supports functions like recruitment and selection, support and development, workplace safety and wellbeing, volunteer recognition, quality management and continuous improvement.
- Research participants believed that **volunteer-supported services were not sustainable under current NDIS funding** arrangements. They stressed the need for NDIS funding models to reflect the actual cost of sustaining a program involving volunteers.
- Under the NDIS, block funding of volunteer organisations is likely to cease, and services will be required to measure outputs and outcomes. These foreshadowed changes to funding arrangements and increased regulatory controls have already caused the sector to express **concerns over the sustainability of volunteer-supported programs**.
- Due to uncertainty and financial barriers, **organisations are already closing** existing volunteer-supported services.
- The value volunteers bring to people with a disability, their families and carers is **unique and distinct from the support offered by specialists and paid staff**. Reported benefits include:

- genuine friendship	- increased community connections
- empathy	- fun and innovation
- personalised support	- information sharing
- diverse skills	- respite
- enhances skills and knowledge	- increased confidence
- passion and enthusiasm	- no conflicts of interest
- enriching, meaningful relationships	
- A **skilled Volunteer Coordinator can foster benefits** to people with a disability, and their carers and families by successfully recruiting, training, managing and matching volunteers.
- All identified **volunteer-supported program models would benefit from support** to better define their programs, collect and analyse data and translate findings into policy and operational improvements.

Conclusion

- The **development of a taxonomy of volunteer services will help to guide more informed discussion** about the place and value of volunteer services in the community care sector.
- Being able to define the outcome and activity of volunteer programs will provide a better vehicle to inform policy development, develop and refine **funding mechanisms, manage quality, and safeguard volunteer services** in the disability sector
- **Ongoing funding of the infrastructure needed to enable volunteers** to be recruited, trained, matched and supported to work with people with disability and their families, as well as the **costs associated with delivering these services**, is necessary to ensure sustainability and growth of volunteer-supported programs. This will support safe and sustainable volunteering that promotes choice, control and quality of life for people with disability.
- **Volunteer-supported services are already reporting a reduction of programs** as a result of uncertainty introduced by the NDIS implementation. More volunteer-supported programs are likely to close if action on funding guidelines is delayed.
- There exists a **substantial risk to people with disability, their families and carers** who rely heavily on the social capital and unpaid support provided by volunteers. A paid workforce cannot simply substitute this support.

Priority recommendations

The report makes eight recommendations (see p. 28). The three priority recommendations were:

1. Government (Commonwealth, State and Local) **use the seven models identified in this report to inform policy developments, develop and refine funding mechanisms, manage quality and safeguard volunteer services** in the disability sector.
2. Government (Commonwealth, State and Local) **appropriately fund volunteering including the infrastructure** needed to enable volunteers to be recruited, trained, matched and supported to work with people with disability and their families, to support safe and sustainable volunteering that promotes choice, control and quality of life for people with disability.
3. NDIS plans **allow participants the choice to access service through both paid or volunteer programs**.

Limitations of report

This research provides a **snapshot of a point in time**. The NDIS policy framework continues to evolve to meet the needs of people with a disability, their carers and families.

Our research activities and analysis were undertaken against:

- the NDIS-ILC Outcome Framework: Discussion starter (National Disability Insurance Agency, 2016b);
- the Information Linkages and Capacity Building Commissioning Framework (National Disability Insurance Agency, 2016a); and
- the earlier version of the NDIS-ILC Policy Framework (revised) (National Disability Insurance Agency, 2019).

In late December 2018, the NDIS ILC investment Strategy (National Disability insurance Agency, 2018) was released. At the time of preparing this report, the NDIS ILC program guidelines and the 2019 National Information Program (NIP) grant round were released (Australian Government, 2019).

The analysis of the current data set against the 2019 program guidelines is beyond the scope of the current project. However, the data provided in this report provide the basis for such analysis, which could inform further policy developments.

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Introduction

Background

Consistent with the objectives of the National Disability Insurance Scheme (NDIS), volunteering with people with disability is reported to be associated with increased social connections and community participation (HDG Consulting Group, 2014). The economic benefits are also reported to be considerable, with the annual value of volunteering for community/welfare organisations estimated at \$723 million in 2006 (Ironmonger, 2012). The extent of volunteer-supported services in the disability sector across Australia however remains largely unknown. There is also a lack of clarity of the nature of volunteer-supported programs for people with disability in Victoria. Notably, there has been no study of volunteering as it relates to the implementation of the National Disability Insurance Scheme (NDIS). This project was therefore commissioned to better understand the nature of volunteer-supported programs for people with a disability including the:

- Nature of the work performed
- Level and type of support provided
- Social outcomes for both participants, their families and volunteers
- Number of volunteers and people participating in volunteer-supported programs and
- Resources and infrastructure required to run successful, quality and sustainable volunteer programs.

A critical issue is that of the infrastructure required to coordinate volunteer-supported services. Volunteer-supported program coordination typically involves activities such as recruitment and selection, support and development, workplace safety and wellbeing, volunteer recognition, quality management and continuous improvement activities. Attention to these activities is particularly important given the diversity and complexity of the support needs of people with disability and their potential vulnerability.

The costs associated with coordinating and implementing quality and sustainable volunteer-supported services to individuals remains largely unknown, as programs have traditionally been block-funded and predominantly have self-defined and self-measured service outputs. Under the NDIS, block funding of volunteer organisations is likely to cease, and services will be required to measure outcomes as well as outputs. Changes to funding arrangements and increased regulatory controls have consequently led to concerns being expressed by the sector over the sustainability of volunteer-supported programs. Anecdotal evidence indicates that due to financial barriers, organisations are already closing existing volunteer-supported services despite large waiting lists and high demand. The closure of volunteer-supported programs is considered to pose a significant risk to people with disability, their families and carers who rely heavily on the social capital and unpaid support provided by volunteers. As this report will highlight, such support cannot be simply substituted by a paid workforce.

The measurement of volunteering in Australia has historically been fraught with inconsistent definitions and surveying methodologies, including definitional differences between the Australian Bureau of Statistics and the peak body, Volunteering Australia. Valid and reliable analysis of volunteer-supported programs specifically for people with disability have also proven problematic.

How the NDIS will incorporate volunteer-supported programs in the new funding model is yet to be determined. However, what is evident is that volunteer services provide something that is distinctly different to the supports offered by paid staff, what they offer is highly valued, and there is an increasing demand for volunteers in the sector. Furthermore, to maximise the social capital available through volunteer-supported services and to ensure such services are delivered in a safe way some form of infrastructure support will be required.

This research explored the value of volunteering in disability services in recognition of the complex and varied role of volunteer-supported organisations. The project also investigated the infrastructure required to deliver these services in a safe and reliable way. Furthermore, identifying the quality, value and social outcomes associated with volunteering for volunteers and people with disability in receipt of volunteer services from the perspective of service providers, volunteers and people with disability, their families and carers was a vital objective of this research.

Here it should be noted that during the course of this study the approach to the way the NDIS invests in individual and community capacity building was changing and the findings of this study need to be considered in the context of this dynamic policy environment. The release of the revised ILC strategy 'Strengthening ILC: A national strategy towards 2022'² outlines the new approach to ILC investment that aims to:

- Build the capacity of NDIS participants to achieve their goals outside of specialist services
- Facilitate greater access to information and supports for people with disability, their families and carers
- Increase the knowledge, skills and confidence of people with disability, their family members and carers to participate in social and economic life
- Promote the alignment of the service delivery system and ILC delivery, grounded in Disabled People's Organisations
- Enhance strong collaboration between government and the sector to avoid duplication and maximise the NDIS's investment in the ILC
- Improve measurement of reach and impact of the ILC strategy.

The new approach to ILC encompasses four programs that are designed to complement one another:

1. Individual Capacity Building Program – enabling systematic, nationwide access to peer support, mentoring and other skills building for people with disability, carers and families
2. National Information Program – ensuring people with disability, their families and carers have access to up-to-date, relevant information linking them to supports and services in the community
3. Economic and Community Participation Program – connecting people with disability to activities, employment and community supports and opportunities, helping communities and employers to be inclusive and responsive to people's needs locally and nationally
4. Mainstream Capacity Building Program – working to improve access and use by people with disability of the mainstream services used by all Australians.

The ILC strategy complements the role of Local Area Coordinators and Early Childhood Early Intervention (ECEI) partners, and activities are based on the overall purpose to invest in creating more inclusive services, communities and workplaces. The activities to be supported by the ILC will be based on investment principles of: supporting evidence-based practice; leadership by and for people with disability and their families; replicability and scalability to national impact; supporting sustainability of the NDIS and; supporting diverse groups (e.g., Aboriginal and Torres Strait Islander, CALD, and people living in remote locations).

The ILC investment principles aim to assist in: the realisation of the investment objectives to see the capacity building of people with disability, carers and families; the improvement of information, linkages and referrals; the facilitation inclusivity and accessibility of mainstream services and; an increasing awareness of disability and community inclusion. Four existing ILC Outcomes will be supported by a fifth; *people with disability actively contribute to leading, shaping and influencing their community*. An overview of the new ILC framework and how its components work together to support the intended outcomes is given in Background Figure 1.

² <https://www.ndis.gov.au/community/strengthening-ilc-national-strategy-towards-2022>

ILC Purpose					
To invest in creating more inclusive services, communities and workplaces					
Investment Principles	Activities are evidence based where possible, delivering defined outcomes	Activities led by and for people with disability and their families	Activities that are replicable and scalable to national impact	Activities that support a sustainable NDIS	Activities that support important groups, e.g. Aboriginal & Torres Strait Islanders, CALD, remote
Investment Objectives	Building the capacity of people with disability, carers and families	Improving information, linkages and referrals	Enabling other service systems to be more accessible and inclusive	Improving disability awareness and inclusion in the community	
Programs	Individual Capacity Building Program	National Information Program	Mainstream Capacity Building Program	Economic and Community Participation Program	
Local Area Coordination (LAC)					
Outcomes	People with disability have the knowledge, skills and confidence to participate and contribute to the community ³ (referred to as ILC Outcome 2)	People with disability are connected and have the information they need to make choices and decisions ⁴ (referred to as ILC Outcome 1)	People with disability use and benefit from the same mainstream services as everyone else (referred to as ILC Outcome 3)	People with disability use and benefit from the same community activities as everyone else (referred to as ILC Outcome 4)	
	People with disability actively contribute to leading, shaping and influencing their community				

Background figure 1: An overview of the new ILC framework and how its components work together to support the intended outcomes

Project aims

The aim of this project was to identify, describe and categorise the range of volunteer-supported services currently funded by the DHHS Victoria in the disability sector. The project sought to identify volunteer-supported service models that appeared to fit the NDIA Information, Linkages and Capacity Building (ILC) framework, and conversely to describe any models that did not appear to fit within the framework. With respect to models that might be found that did not fit within the existing ILC framework, it was envisaged that such findings could inform both service and ILC policy developments going forward and thus foster greater alignment between policy and practice.

The project sought to address three broad areas of inquiry:

1. The current service-delivery landscape of DHHS-funded volunteer-supported services, and any other services that might be operating

³ Previous versions of ILC Outcome 2 read as 'People with disability have the skills and confidence to participate and contribute and protect their rights'. 'Protect their rights has been updated to read 'contribute to the community'.

⁴ Previous versions of ILC read 'People with disability... information and decisions they need to make choices.

2. Outcomes of volunteer-supported services
3. Volunteer-supported services and their relationship with the ILC framework.

Subsequently, the six research questions guiding this project were:

1. What range and type of volunteer-supported service models does the DHHS currently fund, and are there any additional service models operating?
2. What models of volunteerism have evidence of outcomes and how are these outcomes measured?
3. How do the volunteer activities in a given model support the social and economic participation of people with disability, help people with a disability to achieve their personal goals and live an 'ordinary life'?
4. What benefits does a given volunteer program have that could not be achieved with fully paid staff and what impact on the person with a disability is attributable to the volunteer's involvement?
5. Among current volunteer-supported service models, which models align or do not align with the outcomes of the ILC framework?
6. In the case of volunteer-supported service models with demonstrable benefits to people with a disability but not currently aligning with the outcomes of the ILC framework, what modification of models would be necessary in order to align with the outcomes of the ILC framework or conversely, what modification of the ILC framework might be considered?

Methods

The project proposal, developed in consultation with the funders and stakeholder advisory group, was reviewed and given clearance by the University of Melbourne's Human Research Ethics Committee (See Appendix 1). The above research questions were operationalised through a series of seven activities as shown in Background Figure 2. These activities were:

Activity 1: Systematic literature review

Activity 2: Survey 1. Service-delivery landscape

Activity 3: Survey 2. Volunteer-supported services and their relationship with the ILC framework

Activity 4: Interviews with people with a disability and/or family member of people with a disability⁵

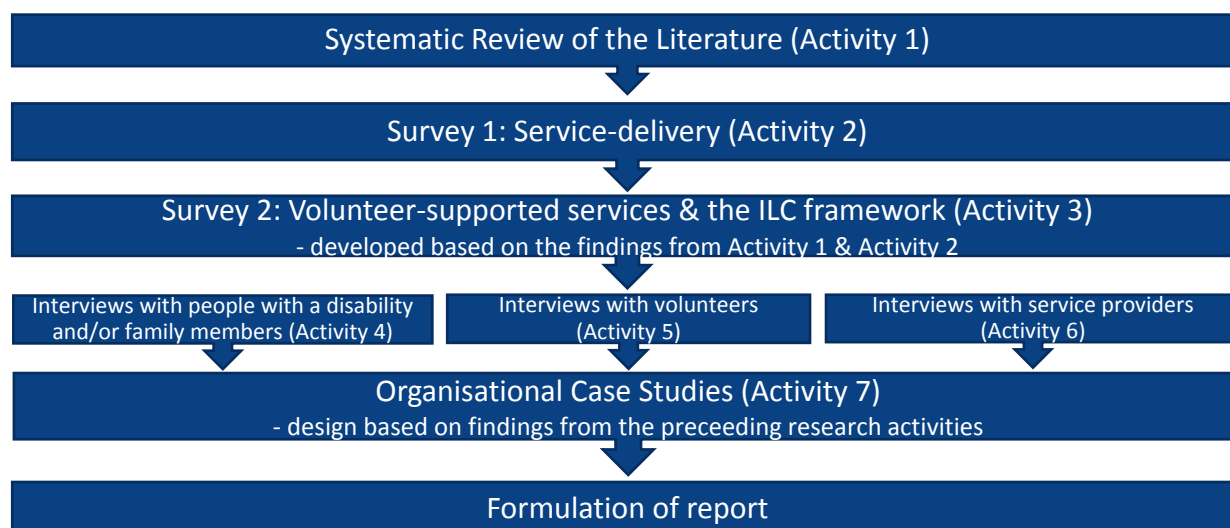
Activity 5: Interviews with volunteers

Activity 6: Interviews with service providers

Activity 7: Organisational case studies

A consultative group comprising key stakeholders from government, peak disability and volunteering bodies, and representatives from organisations involved in providing volunteer-supported services, guided the direction of project activities. Meetings of the sector consultative group occurred face-to-face as needed throughout the project.

⁵ Family members and people with disability were included in interviews. However, given the time and resources available, it is acknowledged that only a small group of participants could be involved. A future study focusing specifically on the experiences of people with disability and their families could add depth to the current findings.



Background figure 2: An overview of the activities comprising the project and how they interacted to address the research questions and overall aim of the project.

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Summary of results

1. What range and type of volunteer-supported service models does the DHHS currently fund, and are there any additional service models operating?

This question was addressed primarily with reference to data generated in Survey 1 (Activity 2). The purpose of Survey 1 was to develop a profile of DHHS-funded volunteer-supported services. A total of 310 respondents completed an online survey between 19 December 2017 and 28 February 2018. Subsequently the survey identified 152 individual programs. In summary, the survey found that:

- The majority of respondents (68%) represented organisations that were registered disability providers with the Victorian DHHS
- Most respondents (78%) reported that their organisation had run some type of volunteer-supported service within the past five years
- Almost all respondents (94%) reported that their organisation currently ran one or more volunteer-supported service program(s)
- Organisations mostly (79%) provided volunteer-supported service programs for both people with and without a disability
- Most respondents (76%) indicated that their organisation offered between one and ten volunteer-supported service programs.

Most respondents (66%) reported that funding for their volunteer-supported service programs came from Government funding, in excess of a third (37%) of which was explicitly Home and Community Care (HACC) funding:

- Most respondents (81%) indicated that none of their organisation's volunteer-supported service programs had closed in the past two years
- Most respondents (74%) reported that their organisation was a registered NDIS provider
- Approaching half of the respondents (49%) felt it was somewhat to extremely likely that their organisation would need to expand their volunteer program(s) within the next five years.

An analysis of all 152 programs described in Survey 2 (Activity 3) revealed six overarching models of volunteer-supported programs. These models were:

1. Social support and community participation models
 - 1.1. Social-support and activity programs
 - 1.2. Social support and skills development programs
 - 1.3. Social support only programs
 - 1.4. Peer support programs
2. Supported activity models
3. Skills development models
 - 3.1. Life skills programs
 - 3.2. Recreational skills programs
 - 3.3. Employment skills programs
4. Out of home support models
5. Practical support models
6. Organisational support models
 - 6.1. Administration
 - 6.2. Community awareness and capacity building
 - 6.3. Fundraising

A seventh model was identified⁶ from data that arose later in the project:

7. Advocacy model

Further analyses revealed that all identified model outcomes except for two aligned with one or more outcomes of the ILC framework. An outcome of the practical support model (#5) and the social and community participation model (#1) that did not appear to align with outcomes identified in the ILC framework was the outcome of *positive physical and mental health*. A perceived outcome of all models that does not appear to align with outcomes identified in the ILC framework is the outcomes for family members/carers of people with disability.

⁶ A seventh model (advocacy model) not apparent in the survey data was identified and later revealed in the interview data.

2. What models of volunteerism have evidence of outcomes and how are these outcomes measured?

This question was addressed with reference to the peer-reviewed literature, organisational surveys and case study data.

The objectives of the literature review (Activity 1) were to identify and evaluate:

1. A range of models of volunteer support including investigation of the objectives, program structures, process and resources required, and how outcomes are measured
2. The current core data indicators related to volunteer service models and the measurement of social capital.

This review identified a total of nine papers of acceptable quality. The review revealed two broad categories of interventions: social support interventions and educational interventions.

While the literature review revealed some outcomes measures that have been used to measure the quality of outcomes, there was insufficient data to inform policy and service developments in the disability sector in Australia.

A summary of evaluation activities described by participants in the current study revealed a range of approaches to program evaluation. The responses to questions relating specifically to program evaluation in Survey 2 (Activity 3) highlighted three themes relating to program evaluation by volunteer-supported services including 'client, volunteer and staff feedback', 'collection of program-specific data' and 'external evaluation'. The program evaluation activities reported by respondents include the collection of 'Volunteer-supported Program volunteer and staff feedback'. The collection of output data was also reported whereby the collection of data surrounding revenue raised, client and volunteer numbers, staffing costs, number of volunteer hours, volunteer retention, number of programs run and the frequency of programs, sponsorship and community engagement, and the number of people on wait-lists for programs. Only one respondent reported that an academic institution had externally evaluated their program. However, this evaluation had focused on program development as opposed to program outcomes. The collection of various forms of qualitative and quantitative data was reported, yet it remained unclear as to how these data were analysed. However, there is some evidence to suggest that these data are reported in annual reports.

The Case Studies (Activity 7) allowed for further exploration of the ways in which different program models approach evaluation. A synthesis of key evaluation activities is presented below:

- One collected pre-post outcomes data, and implements best practice activities by developing strategies for program development in collaboration with partnering organisations that comprise of a DPO, a volunteer-supported organisation and a national network organisation (program model 3; skills development)
- One commissioned an internal research project and implemented grounded theory and action research activities with key stakeholders to inform program development (program model 7; advocacy).
- One described the collection of data from written (email) and verbal (telephone calls) is discussed at an internal program meeting with volunteers to inform program improvements (program model 2; supported activity).
- Three collected feedback from volunteers and volunteer program participants (program model 1: social support; program model 6: organisational support and; program model 4: out of home support)
- One collects output data only (program model 5; practical support)
- The majority of program models evaluate using surveys / volunteer and volunteer program participant feedback.

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3. How do the volunteer activities in a given model support the social and economic participation of people with disability, help people with a disability to achieve their personal goals and live an 'ordinary life'?

The aim of Survey 2 (Activity 3) was to understand the core components of current models of volunteer-supported services, how these models were perceived to translate into benefits for people with a disability, and how well these perceived outcomes aligned with the ILC Framework.

A total of 151 respondents whose organisations currently or previously provided volunteer-supported services or programs took part in the online survey. Most (n=146) reported that their organisation currently provided volunteer-supported services or programs to people with a disability.

In summary, the survey found that:

- Organisations used volunteers to support paid staff in program delivery, encourage social inclusion through interaction with volunteers and their social networks, increase community awareness and community capacity, and to make programs financially viable.
- Volunteers had a variety of roles. These included: providing additional program support, providing companionship, providing transport and assisting with organisational administration.
- Volunteer roles were mostly performed in the community, on business premises, in the homes of people with disability or health care settings.
- The recruitment of volunteers generally occurs through advertising, promotion through schools and universities and word-of-mouth.
- Most respondents (n=97) reported no difficulties in recruiting volunteers for their programs.
- Most (n=115) reported no difficulties in retaining volunteers for their programs.
- Organisations supported their volunteers in a variety of ways including reward and recognition, supervision and support, ongoing training, comprehensive induction and financial reimbursement.
- Most respondents (n=92) reported that they had evaluated or measured the outcomes of their volunteer-supported programs. The most common method of evaluation undertaken occurred through volunteer program participant, volunteer or staff feedback.
- Most respondents (n=119) reported that they did not have a waitlist of recipients for their volunteer-supported programs.
- Compared to paid staff, respondents reported that the benefits of using volunteers were: genuine friendship, personalised support, diverse skills, experience and knowledge, passion and enthusiasm, and often a lived experience of disability.
- Factors that were perceived to facilitate the growth of volunteer-supported services over the next five years were: ongoing or increased funding, NDIS support, organisational appreciation of the value of volunteers, community promotion of volunteering, and fewer compliance activities necessary for volunteer recruitment.
- Factors that were perceived to inhibit the growth of volunteer-supported services over the next five years included: discontinued or decreased funding, the roll-out of NDIS, difficulties recruiting and retaining volunteers, an ever-increasing burden of compliance, and lack of organisational recognition of the value of volunteers.

Respondents were asked to consider the outcomes of both current and previous volunteer-supported programs for people with disability run by their organisation and indicate whether any of the ILC Activity Outcomes aligned with these program outcomes. The five most frequently reported ILC Activity Outcomes aligning with respondent's program outcomes were:

- Increased motivation, confidence and empowerment to act (Individual Capacity)
- Increased connections, relationships and support networks in the community (Connections and Relationships)

- Increased opportunities for active participation and feelings of belonging in the community (Connections and Relationships)
- Increased skills and capacity (Individual Capacity)
- More inclusive behaviour within communities (Community Capacity)

Only two respondents reported that the ILC framework does not capture their described program outcomes.

Interviews with 23 volunteers (Activity 5) revealed their perceptions of the benefits and outcomes of volunteer-services for people with a disability and how these outcomes align with the outcomes of the ILC framework. In summary, the findings from these interviews revealed:

- Volunteer-supported programs had a number of perceived benefits for people with a disability. These benefits included increased engagement in community activities, increased independence, information sharing and increased knowledge, protection of rights, social connection and expansion of social networks, a sense of belonging, personal development and increased confidence.
- Volunteer-supported programs had a number of perceived benefits for families of people with a disability. These benefits included building peoples' close personal networks outside of their immediate family, building capacity of families to continue in their caring role, the opportunity for families to spend one-on-one time with their other children, self-development for their child with a disability and emotional support for families.
- Compared to paid staff, there were seen to be a number of benefits to volunteers. These benefits included: being able to empower program participants to increase their independence, forming genuine friendships with program participants, being passionate and committed to improving the lives of program participants, and having a greater focus on 'fun'. In addition, volunteers were perceived to be a low-cost resource, to have no conflicts of interest, be less prone to burn-out, and often more flexible in their approach to working with program participants.

Interviews with 25 service providers (Activity 6) revealed service provider perceptions of outcomes associated with volunteer-supported services. The findings from these interviews revealed:

- Most service providers measured their programs through feedback from program participants, volunteers, family members or key stakeholders. However, many respondents reported that their programs are not evaluated. A small number commissioned formal academic evaluations of their programs.
- Compared to paid staff, volunteers were seen as more likely to: develop meaningful relationships with program participants, bring specialised knowledge, skills and experience to programs that closely aligned with the interests, aspirations and goals of people with disability, expand program capacity, bring enthusiasm, fun and innovation, increase community connections for the program participant and be genuinely committed to their role.
- The perceived benefits of volunteer-supported programs for people with disabilities and their families were genuine friendship, increased community participation, empowerment through shared experience and information sharing, respite and support for families, empowerment through making a meaningful contribution to society, increased confidence and motivation, protection of rights and welfare, increased engagement with mainstream programs and community support, increased skills, and raised awareness and increased inclusivity within mainstream community.
- All perceived program outcomes were mapped against the ILC Outcomes framework. All outcomes were found to map against one or more of the ILC Outcomes. Examples of all volunteer-supported service models identified via Survey 2 were found within the interview data.
- The analysis of interview data revealed an additional volunteer-supported service model not identified through Survey 2 - the 'advocacy model'.

4. What benefits does a given volunteer program have that could not be achieved with fully paid staff and what impact on the person with a disability is attributable to the volunteer's involvement?

Survey 2 (Activity 3) respondents described what volunteers bring to programs that paid staff do not. The themes identified and described later in this report include 'genuine friendship', 'personalised support', 'a diverse range of skills, experience, knowledge', 'passion and enthusiasm', 'lived experience', 'greater opportunities for community engagement' and 'to facilitate the extension of program reach'.

Volunteer interview respondents (Activity 5) were asked how program outcomes might be different if their role was undertaken by a paid staff member and whether they felt there were any special benefits volunteers bring to the role. Themes identified and presented later in this report include 'volunteers empower program participants to increase independence', 'volunteers are caring and genuinely desirous of friendship', 'volunteers are low-cost and available resource', 'volunteers have no conflict of interest', 'volunteers and paid staff both have complimentary and necessary roles', 'volunteers are compassionate and committed to improving the lives of people with a disability', 'volunteers have a greater focus on "fun"', 'the volunteer role is more informal and more flexible' and 'volunteers are able to provide individual attention, volunteers are less prone to "burn-out"'.

Service provider interview respondents (Activity 6) were asked what they felt volunteers brought to their programs that paid staff did not. Themes identified include 'meaningful relationships', 'specialised knowledge, skills and experience', 'expanded program capacity', 'enthusiasm, fun and innovation', 'increased community connection' and 'genuine commitment'.

Overall, six major themes emerged from the integrated analysis (refer Background Table 1).

The most commonly emphasised theme related to how volunteers are perceived to support the **sustainability** of programs as respondents emphasised the availability of volunteers to provide a diverse range of knowledge, skills and experience that are 'low-cost' and expand program capacity.

The second most emphasised theme suggested that volunteers are perceived to bring a notable degree of 'enthusiasm' 'fun' and innovation and were described to **improve the lives of people with disability** through compassion and commitment in an 'informal' and 'flexible' manner.

The third most emphasised theme relates to the **social capital** that volunteers bring to the lives of people with disability as described in the emphasis that volunteers bring genuine friendship, commitment, caring and meaningful relationships.

Volunteers were also perceived to facilitate **increased opportunities** for community connection and engagement and were described to facilitate the empowerment and independence of people with a disability. Volunteers were also described to provide **attention** with personalised support and to be less prone to 'burn out'.

Respondents also perceived volunteers to have no conflict of interest and to play a **necessary** and complimentary role to paid staff.

Table 1: Themes arising from the data relating to the perceived benefit of volunteer's vs paid staff.

Themes	Service Provider – Survey (Activity 3)	Volunteer – Interviews (Activity 5)	Service Provider – Interviews (Activity 6)
Program sustainability	A diverse range of skills, experience and knowledge	Low-cost and available resource	Specialised knowledge, skills and experience
	Lived experience		Expanded program capacity
	Facilitate the extension of program reach		
Improving the lives of people with a disability	Passion and enthusiasm	Compassionate and committed to improving the lives of people with a disability	Enthusiasm, fun and innovation
		A greater focus on “fun”	
		More informal and more flexible	
Social capital	Genuine friendship	Caring and genuinely desirous of friendship	Meaningful relationships
			Genuine commitment
Increased opportunities	Greater opportunities for community engagement	Empower program participants to increase independence	Increased community connection
Attention	Personalised support	Able to provide individual attention, volunteers are less prone to “burn-out”	
Necessary		No conflict of interest	
		Volunteers and paid staff both have complimentary and necessary roles	

5. Among current volunteer-supported service models, which models align or do not align with the outcomes of the ILC framework?

Analyses suggest that, overall, all seven identified models demonstrate some degree of alignment with one or more outcomes of the ILC framework (refer Table 2). However, there were two outcomes identified that did not appear to immediately align with the ILC framework. These were: positive physical and mental health (Practical Support Model and Social Support and Community Participation models); and outcomes for family members / carers of people with disability (all volunteer-supported program models).

However, at the time that the research was conducted, activities and analysis were undertaken against the *NDIS-ILC Outcome Framework: Discussion starter* (National Disability Insurance Agency, 2016b), the Information Linkages and Capacity Building Commissioning Framework (National Disability Insurance Agency, 2016a) and the earlier version of the *NDIS-ILC Policy Framework (revised)* (National Disability Insurance Agency, 2019). In late December, 2018 the *NDIS ILC investment Strategy* (National Disability Insurance Agency, 2018) was released. At the time of preparing the current report the NDIS-ILC program guidelines and the 2019 National Information Program (NIP) grant round occurred (Australian Government, 2019). Therefore, the analysis of the current data set against the 2019 program guidelines is beyond the scope of the current project.

Here it should be noted that applicants for NDIS-ILC grants are subject to assessment against four criteria (Australian Government, 2017); Criterion 1: Demonstrated alignment with CICD Activity objectives and evidence of need; Criterion 2: Demonstrated methodology to achieve outcomes for people with disability to live an ordinary life and/or for community to facilitate opportunities for inclusion; Criterion 3: Demonstrated organisational capacity and capability and; Criterion 4: Sustainability. Here it should also be noted that 'The NDIA is not under any obligation to fund every application that meets the ILC program objective and selection criteria' (National Disability Insurance Agency, 2019b, p. 12).

Overall, there is insufficient evidence in the current data to suggest full alignment of volunteer-supported services for people with a disability in Victoria with the criterion mentioned. This suggests a risk to the sustainability of volunteer-supported services.

Table 2: Model alignment with the NDIS-ILC policy framework Themes arising from the data relating to the perceived benefit of volunteer's vs paid staff.

Criteria	Model 1 Social support	Model 2 Supported Activity	Model 3 Skill development	Model 4 Out of home support	Model 5 Practical	Model 6 Organisational	Model 7 Advocacy
Social Insurance model	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Informal support	Yes	No	Yes	Yes	No	No	No
Strengthen mainstream and community support	Promising - both	Promising - mainstream	Promising – both	No – mainstream Promising – community support	Promising - mainstream	Promising – if volunteers have a disability	Promising
Support carers	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Build individual capacity	No publicly available outcomes data	No publicly available outcomes data	No publicly available outcomes data	No publicly available outcomes data	No publicly available outcomes data	No publicly available outcomes data	No publicly available outcomes data
Once off low intensity support	No	Yes	No	No	Yes	No	No
Support capacity to live independently	No	Yes	Yes	No	Yes	No	No
NDIS participant / non-NDIS participant	Both	Both	Both	Both	Both	Both	Both

6. In the case of volunteer-supported service models with demonstrable benefits to people with a disability but not currently aligning with the outcomes of the ILC framework, what modification of models would be necessary in order to align with the outcomes of the ILC framework or conversely, what modification of the ILC framework might be considered?

There is insufficient (quantitative) outcome data available from programs to make specific recommendations relating to if, and indeed how, outcomes are being met. Furthermore, the extent to which organisations are gathering and analysing such data internally appears sparse and inconsistent. Most organisations have focused their resources on delivering services, and few if any appear to have capacity to self-evaluate their services with any great rigour.

All models could benefit from support to build their capability to define their program, measure their program, collect data, analyse these data, and translate findings into policy and improvements in operational processes.

Furthermore, analysis of the emphasis that the participants placed on program outcomes revealed that all identified model outcomes, with the exception of two, are perceived to be aligned with one or more outcomes of the ILC framework. The two exceptions were:

- A perceived outcome of the practical support model that does not appear to align with outcomes identified in the ILC framework is the outcome of *positive physical and mental health*.
- A perceived outcome of all models that does not appear to align with outcomes identified in the ILC framework is the outcomes for *family members / carers of people with disability*.

The NDIS ILC commissioning framework (National Disability Insurance Agency, 2016b) has been developed to facilitate the implementation of the ILC Policy framework (National Disability Insurance Agency, 2019). The ILC policy framework has in turn been developed to ensure that people with disability, their families and carers are efficiently and effectively connected to appropriate supports. The ILC is built on the premise that if people with disability are connected into their communities on an equal basis as others, their reliance on individual funded supports will decrease over time (National Disability Insurance Agency, 2016b). The ILC has set two goals that aim to facilitate capability (people with disability have the ability to achieve their goals) and opportunity (people with disability are included in all aspects of community life).

To comply with the NDIS Act, the ILC Outcomes focus on people with disability. However, the commissioning framework states that the ILC will help *both* people with disability and their families and carers and will also fund some activities that support families and carers. Here, though the outcomes framework does not explicitly measure family and carer outcomes as such, it remains unclear how the help to families and carers are to be measured and what impact this has for people with disability.

Currently, the NDIS-ILC capacity building initiatives designed to build opportunity and capability for community organisations include providing organisations with a presentation and a service provider toolkit on 'how to measure outcomes'; <https://ilctoolkit.ndis.gov.au/tools-resources/build-your-ilc-outcomes-story>. The toolkit demonstrates how to define and measure outcomes, however there is limited guidance on how to use such data to inform service improvements and development activities.

Recommendations

1. Government (Commonwealth, State and Local) **use the seven models identified in this report to inform policy developments, develop and refine funding mechanisms, manage quality and safeguard volunteer services** in the disability sector.
2. Government (Commonwealth, State and Local) **appropriately fund volunteering including the infrastructure** needed to enable volunteers to be recruited, trained, matched and supported to work with people with disability and their families to support safe and sustainable volunteering that promotes choice, control and quality of life for people with disability.
3. NDIS plans **allow participants the choice to access service through both paid or volunteer programs.**
4. That procedures and guidelines governing the **NDIS individualised planning system acknowledge how many people with disability live in the context of a family**, and how the role of a volunteer might assist a family unit more broadly to support the quality of life of the participant with disability.
5. Government (Commonwealth, State and Local) **policy acknowledge the social and economic benefits that volunteers provide** to people with a disability and their families in a way that is unique and distinct from support received by paid services. Benefits include:
 - increased knowledge, skills and confidence to participate in social and economic life;
 - fostering enriched relationships free from economic forces; and
 - increased access to information.
6. Government (Commonwealth, State and Local) **support services that offer volunteer programs to develop monitoring and assessment mechanisms** to monitor and evaluate their operations effectively and enhance reporting to funding bodies.
7. Government (Commonwealth, State and Local) **acknowledge volunteer supported services as a critical component of servicing the disability sector** and as providing highly valued support that is separate and distinct from services provided by paid staff.
8. Government (Commonwealth, State and Local) **include information and resources in induction and training** for key roles (NDIS planners, LACs, Support workers, etc) to outline the benefits of volunteers in the disability sector and how to source volunteers

Chapter 1: Systematic literature review

Activity 1: Literature Review

Methodology

Aims

The objectives of the systematic literature review were to identify and evaluate:

1. A range of models of volunteer support including investigation of the objectives, program structures, process and resources required, and how outcomes are measured
2. The current core data indicators related to volunteer service models and the measurement of social capital.

The focus question for the review was: 'How is data and what data are currently in existence that could inform model building in Australia?'

Research Methods

Search Strategy

Databases searched included Medline (Ovid), Scopus, SOCIndex (Ebsco) and Google Scholar. Consultations with the University of Melbourne (UoM) Library Research team, the UoM Volunteer Research Project team and the Project Management Group revealed the search terms and strategy of the review. The search terms that were used to identify relevant peer-reviewed published articles include a combination of: volunteer*/voluntary, service/program, organisation*/organization*, operation*/model, charitable/charity/charities/civil society, not-for-profit/non-profit*/nonprofit*/third sector. A further search strategy with no limitations was conducted with the same databases using a combination of the search terms: National Disability Insurance Agency, National Disability Insurance Scheme, and Information Linkages and Capacity Building.

Inclusion Criteria

The national peak body for volunteering in Australia, Volunteering Australia, was founded in 1997, marking a watershed moment in volunteer policy in Australia (Volunteering Australia, 2019). Therefore, a search framework of 20 years was employed. The following criteria guided the inclusion of studies: (a) published after 1997, (b) published in English, (c) report on the outcomes of an intervention involving volunteers, (d) utilise a quasi-experimental or experimental design, and (e) are peer-reviewed.

Findings

As shown in figure 1.1, the database search of terms revealed a total of 3808 papers. The exclusion 2227 of papers occurred based on limits (a), (b) and (e). The titles and abstracts of 1581 papers revealed a further 1564 papers that did not meet the inclusion criteria leaving a total of 17 papers from the database search. The Google scholar and lateral search revealed an additional six papers and a total of 23 papers underwent a full-text review.

Subsequently, this systematic literature review identified a total of 9 papers of acceptable quality. Almost half of the studies conducted were in the USA (Barnet, Duggan, Devoe, & Burrell, 2002; Davidson et al., 2004; Herbst-Damm & Kulik, 2005; McCorkle, Rogers, Dunn, Lyass, & Wan, 2008), two studies were undertaken in the UK (Charlesworth et al., 2008; Harris, Brown, & Robinson, 1999), one study was undertaken in Finland (Rantanen et al., 2015) and another in Austria (Luger et al., 2016). Only one study undertaken was in Australia (Stancliffe, Bigby, Balandin, Wilson, & Craig, 2015). Target population for the studies comprised people with severe mental illness or chronic depression (n = 3), carers of people with dementia (n = 1), adolescent mothers (n = 1), older adults with mobility limitations (n = 2), terminally ill patients (n = 1), and people with intellectual disability (n = 1).

A number of key outcome measures were distilled from the literature. These were: quality of life, mental health and well-being, loneliness, physical health, social satisfaction, support and contacts, nutritional status, longevity, social functioning and community participation, social, recreation and employment activities. The distribution of these outcome measures across the nine articles is shown in table 1.1.

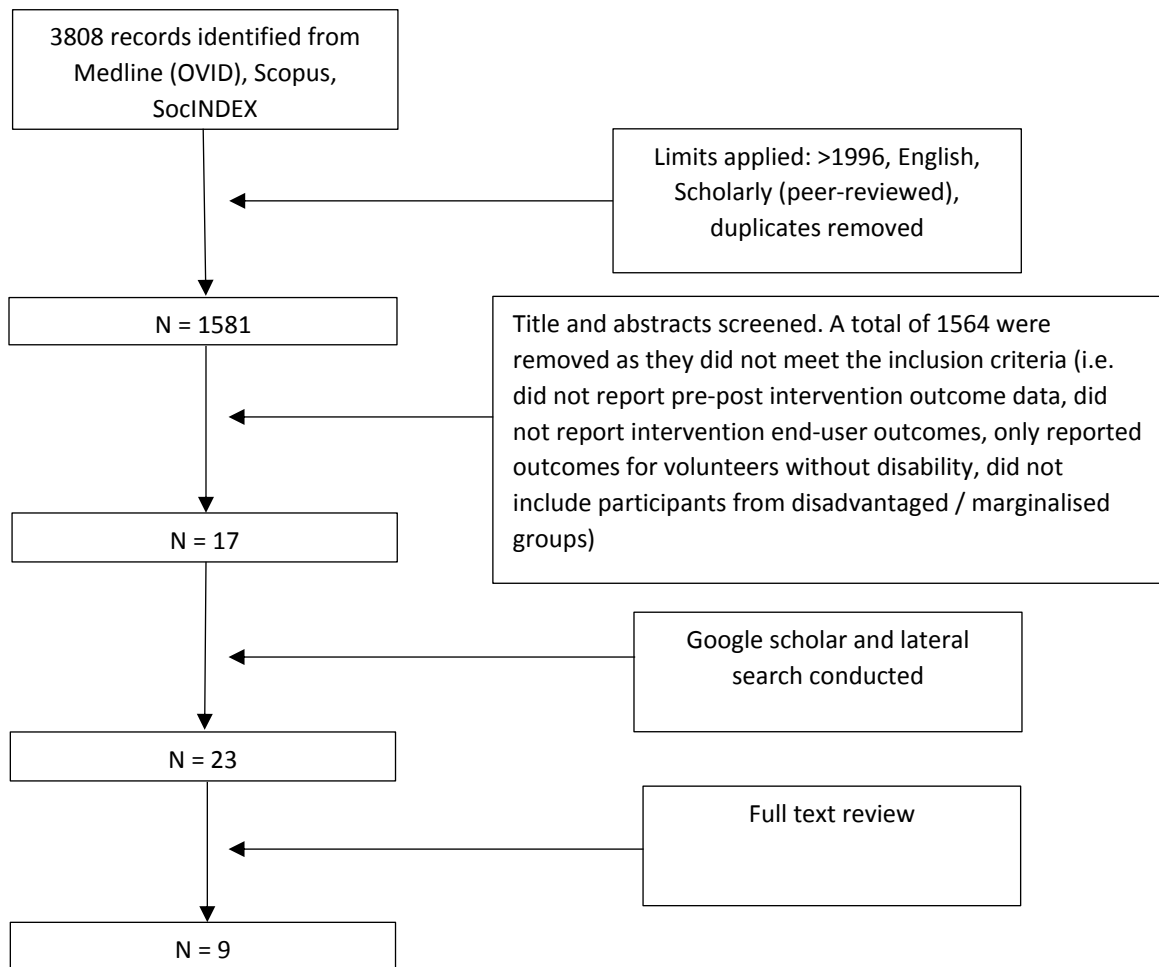


Chart 1: Results of the systematic literature review search

Table 3 *The distribution of outcome measures for volunteer-supported services across the nine articles reviewed.*

	Charlesworth et al. (2008)	Barnet et al. (2002)	Luger et al. (2016)	Herbst-Damm and Kulik (2005)	Davidson et al. (2004)	Rantanen et al. (2015)	McCorkle et al. (2008)	Harris et al. (1999)	Stancliffe et al. (2015)
Quality of life	X					X			X
Mental health	X	X			X		X	X	X
Functional behaviours		X			X				
Well-being	X				X		X		
Loneliness	X					X			X
Physical health			X			X			
Mobility								X	
Social support		X					X		
Nutritional status			X						
Longevity				X					
Self-esteem					X				
Health	X					X			
Community participation					X				X
Social satisfaction					X				X

Types of volunteer-led interventions

The nine studies revealed two major categories of interventions: social support interventions and educational interventions.

Social support interventions

Social support interventions utilising volunteerism appear to have the most robust evidence-base (seven out of nine studies evaluated this type of intervention). The literature reporting on social support interventions revealed two model types: befriending/buddy schemes and active mentor support.

1. Befriending/buddy schemes

Befriending is reported to offer supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Our review found mixed success for this type of model.

The majority of studies provided evidence for the effectiveness of volunteer-led social support interventions:

- Davidson et al. (2004) found that when matching occurred between people with psychiatric disability and a volunteer friend from the general community with no lived experience of psychiatric disability, volunteer program participants improved in terms of their social functioning and self-esteem.
- A social support intervention was shown to have almost as much impact on frailty and nutritional status among people aged 65 years and older than a specially designed physical and nutritional educational intervention (Luger et al., 2016).
- Herbst-Damm and Kulik (2005) found significant differences in survival times (an average of about 80 days) between terminally ill patients who received volunteer social support visits and those who did not.
- McCorkle et al. (2008) reported increased social support among volunteer recipients with severe mental illness who received an intentional friendship intervention.
- Harris et al. (1999) found a befriending intervention to be a useful adjunct for persons with a psychiatric disability receiving usual outpatient treatment.

A smaller number of studies demonstrated no or little evidence of effect for volunteer-led social support interventions:

- Charlesworth et al. (2008) found that access to a befriending facilitator was not an effective intervention for carers of people with dementia in terms of cost-effectiveness, depression or health-related quality of life.
- Rantanen et al. (2015) found a lack of intervention effect for volunteer recipients being supported by volunteers to identify and access community activities.

2. Mentor support

There was also a mixture of evidence for volunteer-led mentor models of social support:

- Compared to a control group, adolescent mothers were found to have significantly better parenting outcomes after receiving home visits from volunteer mentors who delivered a curriculum designed to teach and model nurturing parenting behaviours. However, the intervention had no significant impact on parental stress or the mental health of adolescent mothers (Barnet et al., 2002).
- Stancliffe et al. (2015) found that training and supporting existing mainstream community group members as active mentors increased the inclusion of people with lifelong disability in the community volunteer groups.

Educational interventions

One study reported on a volunteer-led intervention of which education was a primary component:

- Luger et al. (2016) found that a non-professional volunteer-delivered home-based physical and nutritional intervention (of which education was a significant component) was effective in improving the nutritional status and decreasing the frailty status of community-dwelling older persons.

Challenges in implementing a volunteer-led intervention

This review identified a number of challenges in implementing volunteer-led interventions. These included maintaining fidelity to the intended model and in the processes associated with matching volunteers and program participants.

Protocol fidelity

Several studies reported that maintaining fidelity to protocol (the degree of which an intervention/program is reproduced as documented) was difficult particularly with befriending/buddy schemes. Often scheduled visits between volunteers and recipients were less frequent than initially planned in the study protocol (Barnet et al., 2002; Charlesworth et al., 2008). Limited information is available on the reasons for this.

Matching of volunteers and participants

Some consideration needs to be given to the *type* of volunteer-participant partnership as highlighted by Davidson et al. (2004). In this study, those participants with psychiatric disability who were assigned a non-consumer partner (no lived experience of mental illness) significantly improved in terms of their social functioning and self-esteem when meeting with their volunteer partners, whereas those who were assigned to consumer partners (people also living with a mental illness) only improved when they did not meet with their volunteer partners.

The qualitative data from this study shed some light on this issue. These data suggest that participants assigned to non-consumer volunteer partners experienced initial concern and trepidation over whether or not their partner would accept them as friends. This concern was based both on stigma, that is *"My partner won't want to spend time with a 'mental patient'"*, and on the person's perception of his or her own limitations and functional impairments due to his or her illness, that is, *"don't have much to offer a 'normal person'"*.

Once such a relationship developed, however participants reported increases in their self-esteem and social functioning based on their experience of doing normal activities with, and just like, typical people. Participants assigned to a consumer partner, on the other hand, initially anticipated acceptance from their partner based on their shared background and history of psychiatric hospitalisations, medication, and involvement with the mental health system as a whole. Such partnerships once developed, however, appeared not to lead to as much of a difference in the lives of these participants. This may have been due to a variety of reasons, such as the limited material and instrumental resources or limited social networks of the consumer volunteers, for example most did not have cars or extended family networks.

Conclusions

The existing literature provided some insight into the delivery of volunteer supported services, and some of the possible outcome measures used to determine the quality of outcomes they could achieve. However, it was evident that there was a paucity of data to inform policy and service developments in the disability sector. Furthermore, the linkages between the existing literature and the NDIS ILC framework remained unclear. This is understandable as the ILC framework is a relatively new policy initiative, it has been designed in an Australian policy context, and there has been no specific research conducted into its implementation with respect to volunteer-supported services. It was on this basis that Activities 2 to 7 were subsequently implemented.

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Chapter 2: Service-delivery landscape

Activity 2: Survey 1

Methodology

Aims

The aim of survey 1 was to develop an environment-profile of volunteer-supported programs in Victoria. Among other information sought, the aim was to find out whether organisations currently ran volunteer-supported programs, the sources of funding for these programs, whether they anticipated closure of any of these programs and why, and the perceived impact of the transition to the NDIS on volunteer-supported programs. The purpose of the activity addressed research question 1: *What range and type of volunteer-supported service models does the DHHS currently fund, and are there any additional service models operating?*

Research Methods

Recruitment

The project management group distributed invitations to participate in an anonymous online survey throughout their networks including the DHHS, Pro-Bono Australia and peak bodies such as Volunteering Victoria and National Disability Services.

Survey content

The focus of this survey allowed for the profiling of organisations providing DHHS-funded volunteer-supported services. The survey respondents indicated whether they are registered disability or NDIS providers, the sources of funding of their volunteer-supported programs, and whether they perceive that transitioning to the NDIS will impact on their volunteer-supported programs.

Data analysis

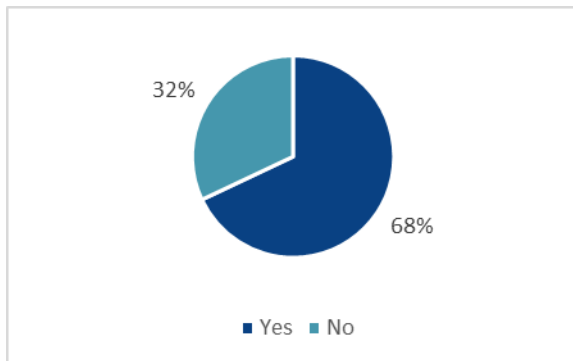
Presented below are findings from the descriptive analysis of quantitative data and the content analysis employed to analyse the qualitative data (primarily inductive thematic analysis).

Findings

A total of 310 respondents completed the survey between 19th December 2017 and 28th February 2018. A breakdown of responses to this survey are presented below according to three categories: organisational profiles, closure or anticipated closure of volunteer supported service programs, and the NDIS and volunteer supported service programs.

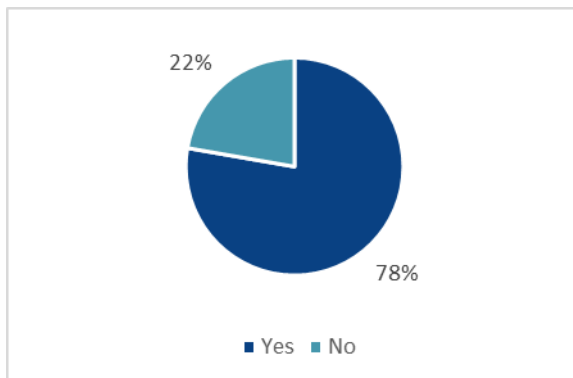
Organisational profiles

Chart 2: Is your organisation a registered disability service provider with the Victorian Department of Health and Human Services (DHHS) (N = 285)?



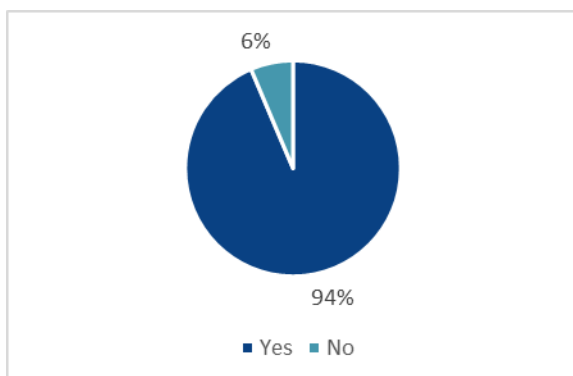
As displayed in the chart, the majority of respondents (68%) represented organisations that were registered disability providers with the Victorian DHHS.

Chart 3: In the past five years has your organisation run any type of volunteer-supported service (N = 256)?



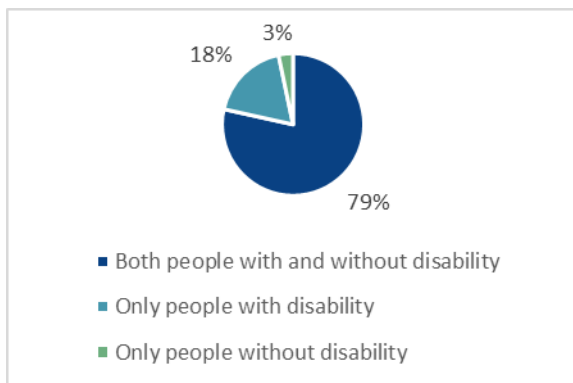
Most respondents (78%) reported that their organisation had run some type of volunteer supported service within the past five years.

Chart 4: Does your organisation currently run any volunteer-supported service programs (N = 219)?



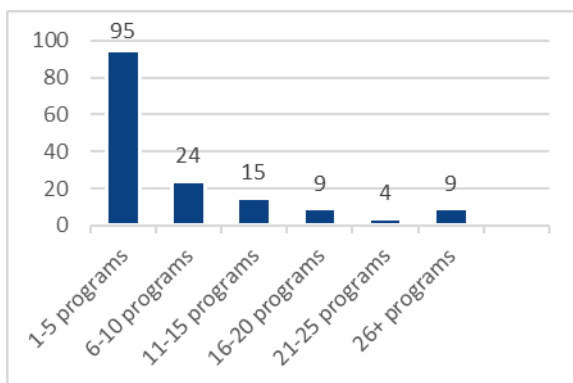
Almost all respondents (94%) reported that their organisation currently runs one or more volunteer supported service programs.

Chart 5: Do the people in receipt of the volunteer-supported service your organisation runs include persons with disability (N = 181)?



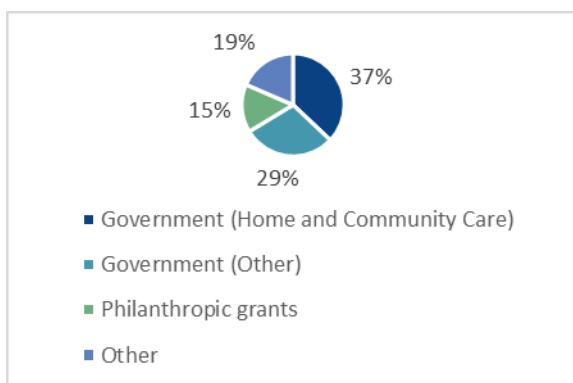
Respondents indicated that their organisations mostly (79%) provided volunteer supported service programs for both people with and without a disability.

Chart 6: Number of volunteer-supported service programs (N = 156)



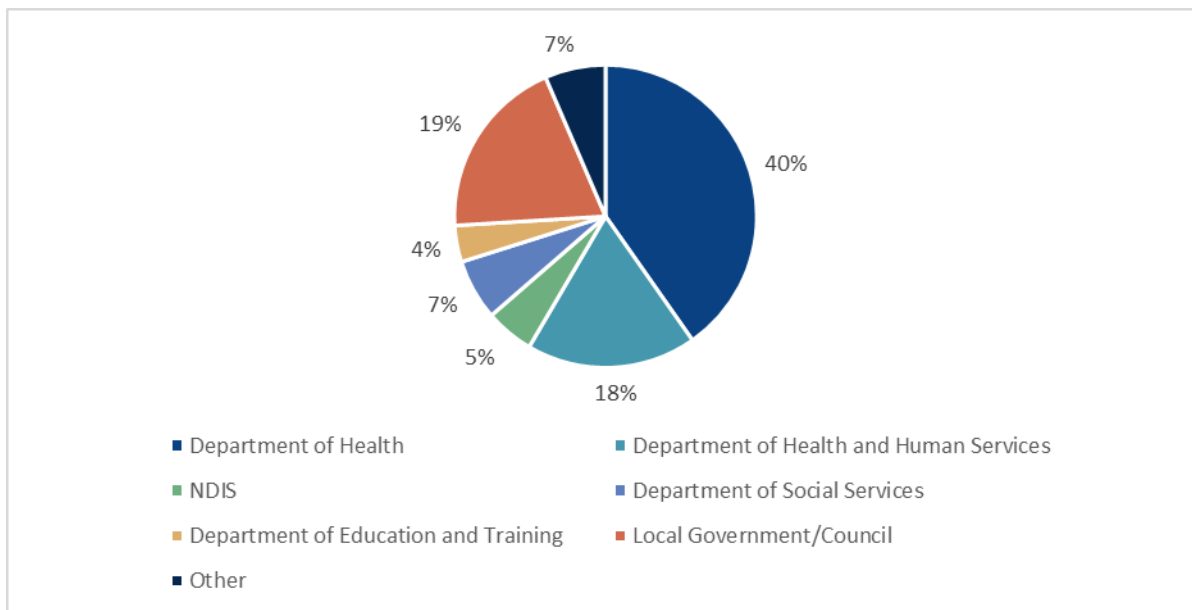
Overall, the number of volunteer-supported service programs at respondents' organisations ranged from 0 to 359 programs ($M=12$, $SD=36$). The chart provides a breakdown of the number of reported programs. Most respondents (76%) indicated that their organisation ran between 1 and 10 volunteer supported service programs.

Chart 7: What are the sources of funding supporting your organisations volunteer-supported service programs (N = 297)?



Most respondents (66%) reported that funding for their volunteer supported service programs came from Government funding, around half (37%) of which was specifically Home and Community Care funding. A further breakdown of 'other' sources of government funding as noted by 29% of respondents is provided in the chart below.

Chart 8: 'Other' sources of Government funding for volunteer-supported service programs (N=77)



As can be seen from the chart above, most respondents received funding directly from the Department of Health or programs funded by the Department of Health (40%).

Among those that reported that their funding came from the Department of Health, 19 respondents received funding through the Commonwealth Home Support Program, five respondents received funding through Ageing and Aged Care, and two received funding through the Community Visitors Scheme. One respondent reported that their funding came from the Primary Health Care Network while another indicated their funding came via the Home and Community Care Program for Younger People.

Many (19%) respondents reported that their local government/council funded their volunteer-supported service programs. No further details were provided on these programs.

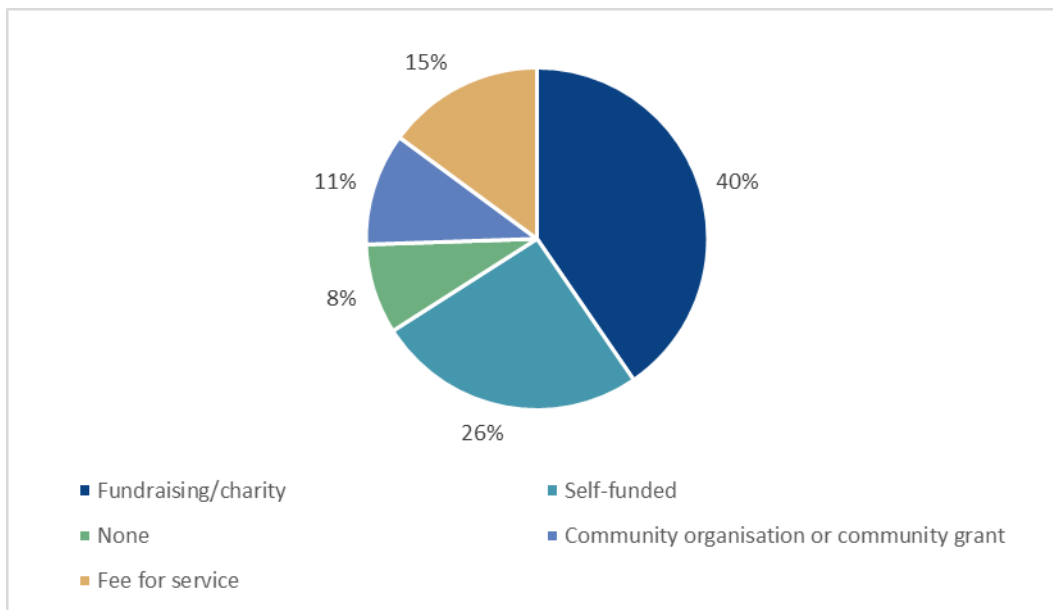
Some respondents (18%) received funding through the Department of Health and Human Services. Two respondents indicated that this funding was received via the Neighbourhood House Coordination Program. One person specified that the funding was received from the Disability division while another indicated that the funding was from Mental Health Community Support Services.

A small number (7%) of respondents reported that the Department of Social Services funded their programs. Only three respondents provided further details on this source of funding. Respondents indicated that funding was received as part of the National Disability Advocacy Program, Personal Helpers and Mentors Program, and the National Rental Affordability Scheme.

Several respondents (7%) specified that their funding came from other government organisations including Sports and Recreation Victoria, Responsible Gambling Foundation, VicRoads, and VicHealth.

Only 5% of respondents indicated their funding came from the NDIS. Another 4% reported that their funding came from the Department of Education and Training with one person indicating that this funding came specifically from the National Disability Coordination Officer Program.

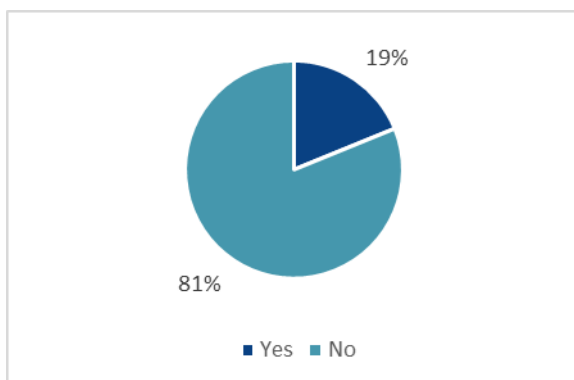
Chart 9: 'Other' sources of Non-Government funding for volunteer-supported service programs (N=47)



The chart above presents a breakdown of responses from those respondents who indicated that funding for their organisations volunteer-supported service programs came from 'other' non-government sources. As evidenced in this graph, these volunteer-supported service programs were mostly funded through fundraising and/or charity (40%) or by the organisation itself (26%).

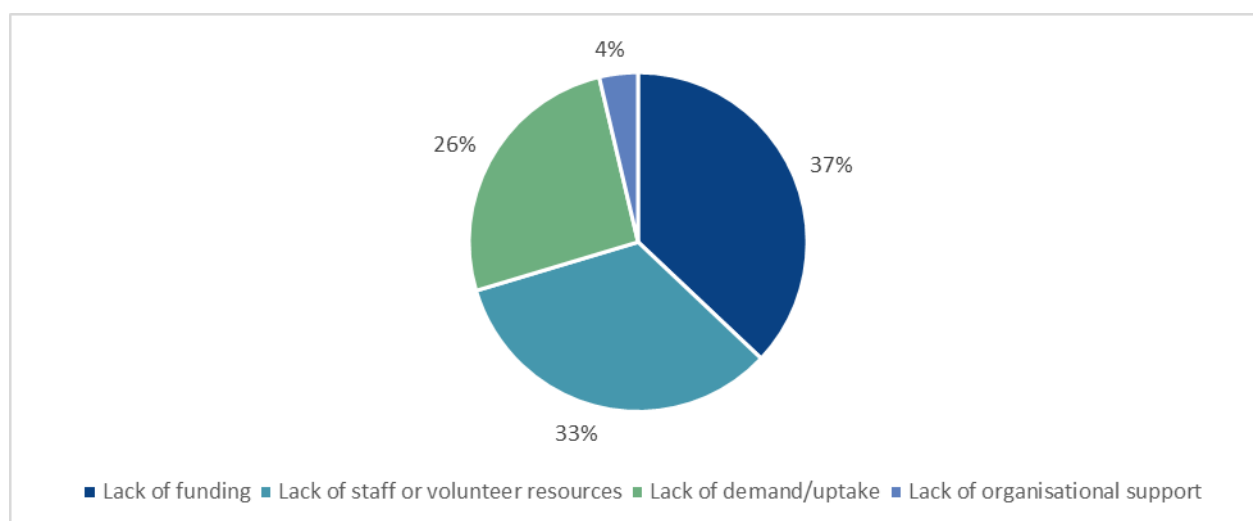
Closure or anticipated closure of volunteer supported service programs

Chart 10: Have any of your organisations volunteer-supported service programs closed in the past 2 years (N=191) ?



Most respondents (81%) indicated that none of their organisations volunteer supported service programs had closed in the past two years.

Chart 11: What was the main reason for the closure of your organisations' volunteer supported service programs (N=27)?



Those respondents who reported that one or more of their organisation volunteer-supported service programs had been closed in the last two years were asked to indicate the main reason for the closure of the program(s). The chart above presents a breakdown of responses.

One of the most frequently reported reasons (37%) for closure of volunteer supported services was a lack of funding making implementation and sustainability of programs problematic:

We had to reduce the numbers of camps which are totally run by volunteers because with the transition to NDIS we are having funding cuts of our government block funding and we can't claim any money out of NDIS packages for volunteers. Volunteers are not included in the price guide. We can only claim for skilled disability support workers. We don't pay our volunteers, but we need to pay for transport, accommodation, meals and activities whilst they are on camp.

The main reason for closure was lack of resources to promote and support the implementation of the program... With a limited budget Council promoted the service however due to limited time and resources, we were not successful in recruiting and supporting volunteers.

Programs unable to resource and support volunteers without funding to support compliance requirements.

Often this funding was of a limited nature (i.e. contract): '...the funding was limited, making the program financially unsustainable.'

A lack of paid staff or volunteers to support programs was also a factor for some (33%) in the closure of volunteer-supported service programs. One respondent noted the challenges the organisation faced in meeting volunteer training, supervision, risk management and other compliance requirements and attributed this to a lack of staff resources:

Lack of supported staff time to manage programs. Programs can be too complex to not have a paid staff member managing. e.g. patient transport.

Reduced staff support.

*program was closed due to availability of suitable volunteers with the necessary skill base to run the program.
unable to find volunteer support.*

the amount of time invested into ensuring that volunteers are appropriately recruited, inducted, trained, sustained and maintained is challenging.

Difficulty providing adequate support, supervision and training.

The other most frequently reported (26%) reason for volunteer-supported service program closure was a lack of demand and/or uptake of programs:

Unable to find paying customer interest

It was a service no longer required by clients

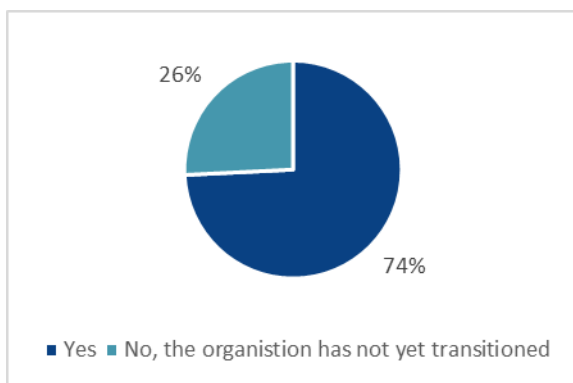
Reduced demand for the program

We were funded to provide the Community Visitors Scheme to people over 65 in receipt of a Home Care Package, however there was little uptake in the community

Finally, a lack of organisational support in the form of 'policy changes' was the reason for program closure according to one respondent.

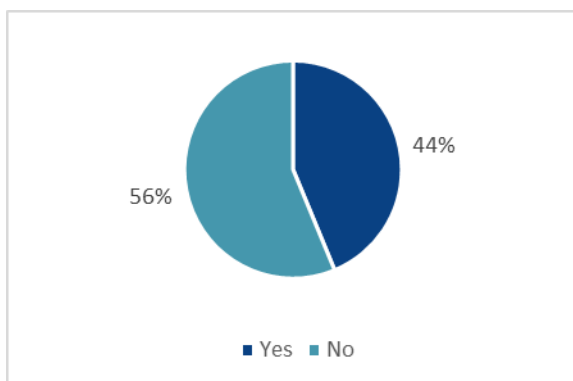
The NDIS and volunteer supported service programs

Chart 12: Is your organisation a registered NDIS provider (N = 159)?



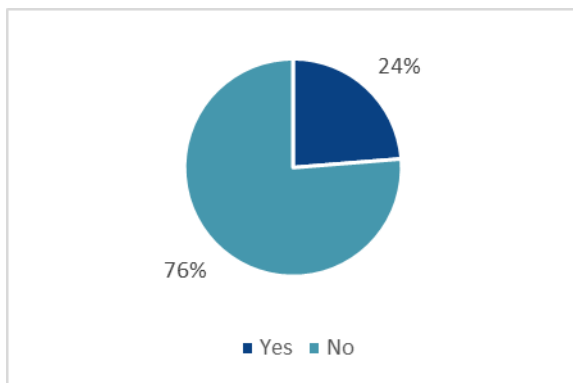
Most respondents (74%) reported that their organisation was a registered NDIS provider.

Chart 13: Considering what you know about the NDIS, has your organisation planned to transition its volunteer supported services (N = 48)?



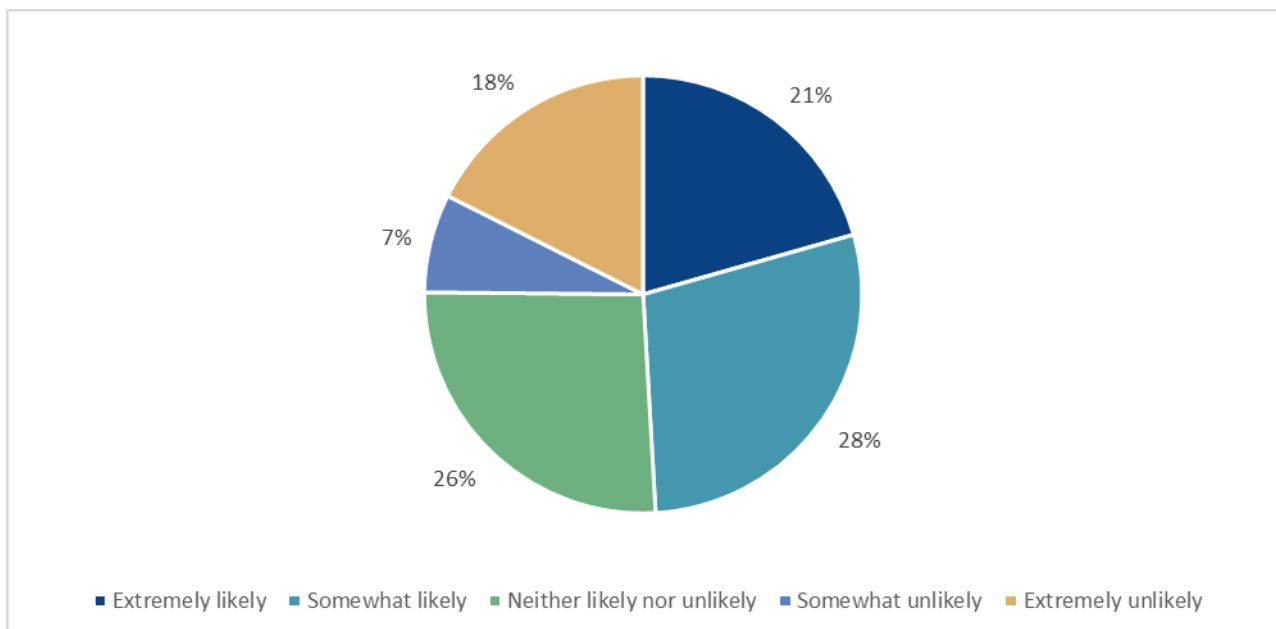
Among those respondents who indicated that their organisation was not currently registered as a NDIS provider, most (56%) indicated that their organisation had no plans to transition its volunteer supported services.

Chart 14: Do you envisage any volunteer programs closing during the transition to the NDIS (N = 156)?



Most respondents (76%) did not envisage any of their volunteer-supported service programs closing during the transition to the NDIS.

Chart 15: Considering what you know about the NDIS, how likely do you think it will be that your organisation will expand volunteer program(s) in the next 5 years (N = 165)?



As evidenced in the chart above, roughly half of respondents (49%) felt it was somewhat to extremely likely that their organisation would expand their volunteer program(s) within the next five years. Twenty-five per cent of respondents felt it was somewhat to extremely unlikely that their organisation would expand their volunteer program(s) within the next five years.

Chapter 3: Volunteer-supported services and their relationship with the ILC framework

Activity 3: Survey 2

Methodology

Aims

The aim of survey 2 was to understand the core components of current models of volunteer-supported services, how these models are perceived to translate into benefits for people with a disability, and how well these perceived outcomes align to the ILC Framework. This activity addressed research questions 1, 3, 4, 5 and 6.

Research Methods

Recruitment

The project management group distributed invitations to participate in an anonymous online survey throughout their networks including the DHHS, Pro-Bono Australia and peak bodies such as Volunteering Victoria and National Disability Services.

Survey content

The findings of the literature review and survey 1 as well as the input of the 'Critical Friends' Advisory Group informed the development of this survey. The focus of this survey allowed for the exploration of current models of volunteer-supported services and how well the perceived outcomes of these services align with the ILC framework.

Data analysis

Presented below are findings from the descriptive analysis of quantitative data and content analysis techniques employed to the qualitative data (primarily inductive thematic analysis).

Findings

Demographics

A total of 151⁷ respondents whose organisations currently or previously provided volunteer-supported services or programs took part in this survey.

Of these, 146 reported that their organisation *currently* provided volunteer-supported services or programs to people with a disability. Five respondents reported that their organisation had *previously* (since 1st July 2016) provided volunteer-supported services or programs to people with a disability.

Primary reason for closure of volunteer-supported service or program

The five individuals who reported that their organisation had previously (since 1st July 2016) provided volunteer-supported programs or services were asked to provide reasons for the closure of their volunteer-supported program or service. Presented below are the main themes identified including insufficient funding, difficulties retaining volunteers and the burden of NDIS reporting.

⁷ A total of 167 respondents completed the survey in full.

Insufficient funding

Several respondents cited difficulties covering the costs of recruiting, supporting and training volunteers as the reason for program closure:

cost to attract, support, train and retain volunteers becoming prohibitive.

costs became too prohibitive.

One respondent reported that their volunteer-supported programs were not sustainable under the NDIS funding model:

Programs were not financially viable under NDIS funding model, one factor being the volunteer component. We delivered 2 annual camps with significant volunteer support and were prohibited by NDIS from including the cost of accommodation and meals for volunteers in the cost structure (even though it would substantially increase costs if we used paid staff instead of volunteers).

Difficulties retaining volunteers

One respondent reported that difficulties in finding reliable and committed volunteers were the primary reason for program closure:

they were transient and not as reliable

Burden of NDIS reporting

One person cited the burden of NDIS reporting as being one of the reasons for the closure of their program.

Reporting under NDIS

LGAs of volunteer recipients

The table below provides an overview of the Local Government Areas (LGAs) in which respondents reported that their volunteer recipients lived. As can be seen from the table below, metropolitan Melbourne ($n=92$) was the most common area, followed by Greater Geelong ($n=21$), Greater Bendigo ($n=18$), Hepburn ($n=18$), Ararat ($n=17$), Golden Plains ($n=17$) and Ballarat ($n=17$).

Table 4. *The number of respondents reporting the Local Government Areas that volunteer participants lived.*

Local Government Area	N	Local Government Area	N
Swan Hill	13	Mitchell	14
Mildura	16	Hepburn	18
Hindmarsh	10	Macedon Ranges	15
Buloke	11	Murrindindi	14
Gannawarra	13	Melbourne Metropolitan	92
Horsham	13	Mansfield	8
West Wimmera	10	Baw Baw	14
Loddon	15	Wellington	15
Yarriambiack	9	South Gippsland	15
Moira	13	Latrobe	13
Campaspe	15	Alpine	10
Greater Shepparton	13	Towong	11
Strathbogie	15	East Gippsland	17
Benalla	12	Bass Coast	10
Wangaratta	13	Greater Geelong	21
Indigo	10	Queenscliffe	2
Wodonga	9	Warrnambool	9
Northern Grampians	16		
Ararat	17		
Southern Grampians	10		
Glenelg	13		
Moyne	12		
Central Goldfields	15		
Golden Plains	17		
Colac Otway	15		
Corangamite	12		
Surf Coast	16		
Pyrenees	15		
Ballarat	17		
Mt Alexander	14		
Greater Bendigo	18		

Respondents who reported that their volunteer recipients resided in metropolitan Melbourne were asked to provide further details of the metropolitan LGAs in which their volunteer recipients resided. As can be seen from the table below, the most common LGAs were Knox ($n=41$), Whitehorse ($n=35$), Monash ($n=35$), Kingston ($n=33$), Greater Dandenong ($n=33$), Bayside ($n=33$), Boroondara ($n=32$) and Glen Eira ($n=32$).

Table 5. *The number of respondents reporting the Local Government Areas that volunteer participants lived.*

Local Government Area	N
Melton	25
Wyndham	23
Hume	21
Whittlesea	20
Nillumbik	23
Yarra Ranges	28
Brimbank	26
Moreland	26
Banyule	26
Manningham	31
Knox	41
Moonee Valley	24
Hobsons Bay	23
Maribyrnong	26
Melbourne	27
Yarra	24
Boroondara	32
Darebin	29
Maroondah	33
Cardinia	19
Whitehorse	35
Monash	35
Stonnington	30
Port Philip	24
Glen Eira	32
Kingston	33
Greater Dandenong	33
Casey	28
Frankston	30
Mornington Peninsula	26
French Island	5
Bayside	33

Reasons for using volunteers

Respondents were asked to provide their reasons for using volunteers for some of their services or programs. Presented below are the main themes identified including to support staff in program delivery, encourage community inclusion, increase community awareness and community capacity, make programs financially viable, benefit volunteers and bring diverse skill sets to the organisation.

To support paid staff in program delivery

Most respondents reported that their reason for using volunteers was to obtain additional support for paid staff running programs. Often volunteers served as an adjunct to paid staff and would assist with the implementation of programs:

We use volunteers to support programs alongside staff.

Help support tutor/assistants.

They provide support for paid staff, and also are good peer role models for our participants.

Staff were often not in a position to offer one-on-one support to group program participants and so volunteers were often able to provide the personalised support that paid staff could not:

We use volunteers to ensure that participants are able to fully engage with the activity or program. For example, we run several art programs with a paid art teacher and art assistant. To ensure the participants are fully supported to participate and create art we have a number of volunteers to provide individual support to participants. By having volunteers, participants are able to pursue their own artistic interest rather than having to engage in a group art projects.

To enable the activities to go ahead, such as when there are 2 staff and 3 clients who use wheelchairs, the only way that the group can access the community all together is with another person/volunteer to push the other wheelchair.

Our core group is people with deaf-blindness. They all require one to one support for recreation activities, technology training, communication support and other activities. Without these volunteers, the clients will not be able to participate fully in the community and be connected.

To provide one on one support; and support paid staff in providing social programs.

WE are a very "people intensive" service, and volunteers really help with ensuring that all participants can be assisted.

To encourage community inclusion

There was a strong perception that through interaction with volunteers and their networks, people with a disability were more likely to experience 'community inclusion':

The philosophy and service model of the organisation is underpinned by the concept of inclusion. Therefore, the use of volunteers supports the philosophy that people with disability are more likely to be included in the community if they are supported by a range of different people in the community and are not just limited to family and paid carers.

Volunteers are essential for true community inclusion.

We have a strong relationship with our community and see volunteering as beneficial in our programs but also in developing links between our clients and the wider community.

To facilitate community and social connections and possible friendships.

Respondents described the importance of the friendships formed between volunteers and people with disability:

It is beneficial for a client to get to know a person who is not paid to be with them, rather they are spending time with them because they choose to.

It is valuable for clients to have a link to someone who is not a professional and who provides them with opportunities to discuss, reflect on issues that they may not wish to discuss with professionals.

To increase community awareness and community capacity

Some organisations use volunteers as a way of raising community awareness about disability as well as means of building the capacity of the community to support people with a disability:

As a way of involving and educating the community about disability.

To increase community awareness of disability.

Having volunteers support people with a disability provides greater capacity and likelihood of developing a community where people are accepted and included. Our vision is a society where children and young

people with a disability experience full community inclusion and participation and their families are strong, resilient and connected.

The capacity building component of committed volunteering within a community is invaluable as it fosters awareness, inclusion, understanding and empathy within those volunteers (and their families and networks).

To make programs financially viable

Respondents noted that running programs using a combination of volunteers and paid staff organisations could keep program running costs at a sustainable level:

Our centres are, for the most part, run by volunteers. This allows us to keep the cost of the program to an accessible rate.

Volunteers are essential to keeping operating costs down as much as possible.

Often volunteer support was described as essential to the viability of the program:

With the introduction of the NDIS it is often difficult to make ends meet with the current funding so having volunteers can sometimes make the difference of us being able to viably run a program.

Economic reasons, not sufficient funding to provide all necessary staff.

The organization would not be able to employ and pay for all the services our volunteers do.

To benefit volunteers

Some organisations see volunteering as professional development for volunteers and believe that volunteering opportunities provide volunteers with valuable skills and experience:

We also see our volunteering opportunities as professional development for the volunteers - we manage a number of internships.

By offering volunteer opportunities we also provide opportunities for those new to working in the sector with valuable experience.

Organisations also feel that volunteers benefit from having the opportunity to 'give back' to their community:

A way for members within the community to give back and be involved.

To bring diverse skills sets to the organisation

Often programs can only be run under the leadership of a person with expertise in a particular area. Volunteers are often able to bring these specialist skills into programs:

Volunteers often have some specialist skills they want to impart.

To add value to our programs via the skills that volunteers can bring.

[_____] program requires skilled volunteers (including with sailing expertise) to safely support people in & out of boats on the water.

Volunteer role

Respondents were asked to describe the role of the volunteer in their programs or services. Presented below are the main themes identified including to provide additional program support, companionship, transport and to assist with organisational administration.

To provide additional program support

Most respondents reported that the volunteer role was to provide support to program participants. This usually took the form of personalised or one-on-one support that paid staff were unable to provide:

To support the participants who need more one on one support.

Volunteers attend the activities and support the clients and staff while on the activity...They travel on the bus with the clients and staff. Volunteers participate in the group activity with the clients.

The volunteers are either matched to an individual child or float amongst the group and help where needed. They are there as extra support for the children so that their experience is enhanced, and they are supported in line with their support needs.

Within group programs, volunteers will often facilitate social interaction between group participants:

To support staff in encouraging participants to interact with each other.

Escort and encourage participation, promote relationships and discussions.

As a recreation volunteer you will attend activities and assist with the participants in various ways.

Depending on the needs of participants, you will primarily be promoting social interaction between the members of the group.

Volunteers may also have a supervisory role with a focus on ensuring the safety of program participants:

[] role was to ensure the safety of [] whilst he was running and to keep him focussed on the task.

Volunteers support the paid staff to provide supervision, support and engagement to the participants.

For the younger participants, they are essential as another pair of eyes and hands to provide a secure & safe environment for them.

The volunteers assist with general supervision.

To provide companionship

The role of the volunteer in many programs is to provide friendship and companionship to people with a disability:

The role is predominantly one of friendship.

To provide support and lasting relationship/friendship to not only the child with a disability, but also to their family.

To provide companionship to their allocated resident.

They [volunteers] are often the ones who can engage in great conversations and have a lot of fun with the participants while paid staff are supporting participants with behaviour management & personal care.

To provide transport

Several respondents reported that the volunteer role was to drive participants to medical appointments or to events:

Driving the bus, we have and also assisting people to get into other vehicles.

They drive the car or 12-seater bus.

Driver of client to medical appointments.

They drive our vehicle and transport clients. This involves operating the wheelchair hoist and helping load and unload passengers and their belongings safely.

To assist with organisational administration

Some respondents reported that the role of volunteers was to provide administrative support and assist in the organisation of events:

Volunteers do all administration and phone calls.

Organising lead up and on the night.

Setting in which the volunteer role is mostly performed

Respondents were asked to describe the setting in which volunteers mostly performed their roles. Presented below are the themes relating to the setting in which volunteers mostly performed their roles including in the community, at the organisation, in the home of a person with disability and health-care settings.

Community

Most respondents reported that volunteer roles occur in community settings such as cafes or restaurants, sporting clubs, shopping centres, beach, cinemas, galleries, parks, community centres or neighbourhood houses, swimming pools, gyms, or op shops:

Various community settings as decided by the buddies. For example; cinemas, sporting events, shopping centres, concerts, galleries, parks, markets, gyms etc.

Most group programs take place in the community either in planned activity group settings; in collaboration with community recreational group facilities or in the community in outings.

Mainstream community settings, coffee shops through to hired halls.

[] events occur in the general community. Settings are local attractions such as the zoo and aquarium, the groups meet at restaurants, travel by train, take walking tours, visit cultural displays, go to the movies.

Organisation

Many respondents reported that volunteer roles occur at the premises of the organisation providing the programs:

It's our normal work setting - in our premises during operational hours.

The main setting is the premises of [].

The work is done on our company premise.

In the home of a person with a disability

Several respondents stated that volunteers performed their roles in the homes of people with a disability:

Homes of people with a disability.

Host's home.

Supported residential services.

Health-care setting

Several respondents reported that volunteers performed their role in a health care setting, usually a nursing home or aged care residence:

Either in the Nursing accommodation or hostel.

The Older Persons Unit is in the [] Hospital.

The nursing home under the supervision of staff.

Finding and recruiting volunteers

Presented below are respondent's descriptions of how they found and recruited volunteers into their services and programs through advertising, promotions through schools and universities and word-of-mouth.

Advertising

The majority of respondents reported that they found and recruited volunteers through advertising. Advertising methods included the local paper, websites such as their organisational website, *Seek* or *GoVolunteer*, local Council volunteering portals, relevant newsletters, and community noticeboards and social media posts:

Mainly through SEEK Volunteer but also through some targeted advertising through community newspapers, notice boards and groups.

We advertise internally and externally on seek volunteer, and [] council.

Volunteer pages on organisation website promote volunteering and are regularly updated re needs for specific volunteer role in specific locations. Weekly Facebook post.

We use Seek/Go Volunteer, local volunteer resource centres as well as our organisational website.

Advertising the program on social media or other media.

Promotion through schools and universities

To attract students to volunteering roles, several organisations specifically promote volunteering opportunities through schools, university job sites, or at university events.

In the past we have attended expos and information sessions at...universities.

Online through recruitment websites universities.

We advertise through universities running dietetics and nutrition degrees and occupational therapy and medical students.

Universities running relevant degree courses such as fine art, occupational therapy.

School presentations.

Through word-of-mouth

A number of organisations obtain their volunteers through “word-of-mouth”. Often volunteers have had some previous association with the organisation, or they know of someone who has been assisted by the organisation. High-profile organisations, in particular, tend to source their volunteers through word-of-mouth:

They find us. We're a fairly well-known organisation.

Many volunteers have a link to the organisation through a personal relationship with someone with this life limiting condition.

Many parents of the participants are volunteers, some volunteers are also family members of staff.

Mostly it is clients or family members who have received support previously.

Reasons for difficulties in recruiting volunteers

Most respondents ($n=97$) reported that they had no difficulty recruiting volunteers while 72 respondents reported that they experience difficulties in recruiting volunteers. Described below are the themes identified through the analysis indicating that respondents attributed difficulties in recruiting volunteers to lack of volunteer availability, the challenging and confronting nature of work, the stigma of disability, difficulties finding the ‘right’ volunteer and obligations of assessment, compliance and training.

Lack of volunteer availability

Volunteer availability was a particular problem. Organisations experienced difficulties in finding volunteers who were able to volunteer at the required times, in particular, during weekends or after-hours, during holiday periods and in winter:

Not all our volunteers are available at the times we need them.

We have issues with finding people who are able to volunteer at the times we need to complete the activity. Some people have limited time when it comes to weekends. Especially in December.

It can depend on the time of year also-it more difficult to recruit volunteers in winter than in spring for example as people tend to want to keep out of the weather. Many of our programs run on after hours or weekends and this can be limiting for some people.

In particular, volunteers who are also students often have limited availability:

Younger volunteers provide their time around studying obligations and do not necessarily have the capacity to give their time regularly as their circumstances change semester to semester.

At certain times of the year it was challenging to get commitment from volunteers for a whole Saturday (e.g., university exam periods).

Often volunteers are reluctant to make a regular commitment and prefer “ad hoc” or short-term arrangements:

Some volunteers prefer ad hoc volunteering arrangements rather than regular patterns.

The buddy program requires a commitment of at least 12 months - many people want short term volunteering.

It was always difficult to find people who were willing to make a regular commitment.

Challenging and confronting work

Some respondents felt that working with people with disability could be quite ‘confronting’ and off-putting for potential volunteers, particularly for those with limited exposure to people with disability:

We sometimes have difficulty recruiting volunteers...as for some people it seems to be a little confronting.

The idea of supporting someone with epilepsy is too confronting for some people.

Many community members have no prior experience or have had contact with people with intellectual disabilities, such as all the people we currently support have. This can be quite confronting for some.

Respondents indicated that finding volunteers willing to work with recipients with high needs or behaviours of concern was particularly challenging:

It can be challenging at times working with our students.

At times it can be difficult as working in disability can be tiring and challenging. Some of the participants we have can throw tantrums and be very difficult to understand. We also have some participants in wheelchairs so the work can be hard.

Volunteers tend not to be trained in disability and can sometimes be uncomfortable with high disability needs.

Stigma of disability

Some respondents felt that attracting volunteers to the disability area was difficult due to the stigma surrounding people with disabilities:

Profound and multiple disability is not a "glamorous" industry. It's not playing with cats etc. Some members of our community still feel uncomfortable around persons with disabilities.

Finding the right people - those who have an interest in supporting people with an intellectual disability. There's some heavy social stigma to overcome.

Unfortunately, due to many myths about psychiatric services very few people feel "brave enough" to work in this area of health. There is a sense that it is all "one flew over the cuckoo's nest" which is simply not the case.

Difficulties finding the ‘right’ volunteer

Respondent’s report difficulties in sourcing volunteers who are ‘right’ for specific volunteer roles. Often volunteers need to have specific skills, expectations, experience, or must reside in specific geographic areas:

Not finding a volunteer with the required matching criteria, for example live too far away from each other, person with disability has a specific language need.

For transport the driver has to fulfil the right criteria to ensure safety of the client.

It can be difficult finding the right match for participants, as it is important that matches are right so that there is longevity.

It is always difficult to recruit enough volunteers with the appropriate skills.

Obligations of assessment, compliance and training

A small number of respondents felt burdensome assessment, compliance and training processes were off-putting for potential volunteers:

The assessment to volunteer is long and involved due to the nature of the role and some volunteers are put off by this.

Sometimes we have interested people, however the paperwork process may be daunting to some.

Due to the extra requirements of driver training and other checks a lot of volunteers say too much admin for them.

Reasons for difficulties in retaining volunteers

Most respondents ($n=115$) reported that they had no difficulties retaining volunteers for their programs. However, a number of respondents ($n=54$) stated that they experience difficulties in retaining volunteers for their programs. As described in themes identified below, respondents who experienced difficulties in retaining volunteers attributed this to volunteers' circumstances changing including finding paid employment, personal or family circumstances.

Volunteers circumstances change

Most respondents reported that volunteers were often unable to continue volunteering due to a change in their circumstances; this was often the case with volunteers who were also students:

Since we have a lot of students, sometimes they overcommit and then realize they do not have time while trying to juggle studies and part time work.

Uni students' availability wanes about midway through a calendar year, due to exams/ assignment deadlines.

Many volunteers do their placements with us for about 6 months and they may continue as volunteers until they become qualified interpreters. That is when they decide to leave...to become full time free-lance interpreters due to higher level of pay!!

Many of our volunteers are students who move on when they have finished their degrees.

Many volunteers transition into paid support positions, are there as students temporarily.

The data showed that for some volunteers, the motivation for volunteering is to gain skills and experience in order to obtain employment. They often then cease volunteering once they find employment:

Many people use volunteering as a stepping stone to paid employment. This means they don't stay long.

Many people volunteer when they are looking for work to build their resume and experience, then they get jobs and leave!

Volunteers also sometimes leave due to illness or when there has been a change in their family or work responsibilities:

Volunteers are very transient, and they come and go due to changes in their lifestyle's health & employment.

Home life pressures and work pressures.

The volunteers who have left this program have done so not because they are unsatisfied with the role or our organization but because their own life is now too busy to contribute as a volunteer i.e. work, school, parents, children, ill-health etc.

Our volunteers didn't leave because they didn't like the role but because they were either sick themselves or were caring for people who were sick.

Organisational support of volunteers

Themes presented below describe respondents' descriptions of how their organisation supports its volunteers through reward and recognition, supervision and support, ongoing training, comprehensive induction, financial reimbursement and keeping volunteers involved and informed.

Reward and recognition

Respondents reported that ensuring volunteers were appropriately recognised and rewarded for their contribution was important. Reward and recognition of volunteer's contribution occur through organised social events such as group lunches, dinners or morning teas (often during National Volunteer Week), awards for exceptional service, celebrations of birthdays and volunteer-related milestones within the organisation, as well as through profiling exceptional volunteers on social media:

We provide a yearly thankyou on National Volunteer Week, with a dinner or lunch provided.

National Volunteer Week is celebrated every year with a certificate and a voucher/trophy over a lunch or morning tea.

Informal training volunteer appreciation events twice per year. Annual volunteer recognition through thank-you certificates. Invitation to participate in social media profiles of volunteers.

Acknowledging birthdays and anniversaries, and celebrating milestones such as 5, 10, 15 etc. years of volunteering.

Fun and frivolity staff & volunteer Games nights, dinners out.

Supervision and support

Respondents reported that volunteers were provided with as much supervision and support as required to support them in their role. Often this support was provided by a volunteer coordinator or manager:

We...let them know they can always talk to the volunteer manager or...coordinator at any time.

Regular support from a coordinator.

Our organisation employs a volunteer co-ordinator 3 days a week, and its part of the role to exercise a "pastoral" aspect to make sure volunteers are travelling well and are OK with their work. Call this the ongoing "after placement" aspect of running a volunteer program.

Some organisations offer their volunteers counselling and de-briefing when required:

We have an open-door policy so they can access us whenever they feel they need to.

Being available for debriefing.

Others offer 'health and wellbeing' sessions to their volunteers:

We have a volunteer health and wellbeing session once a month.

Ongoing training

Some respondents reported that their organisations offered ongoing training to volunteers. This training often includes first-aid training or professional development training relevant to their specific volunteer role.

We have regular supervision sessions, training sessions and share information such as external training opportunities.

We pay for them to do first aid and organise Safe Food Handling.

Training is provided 4 times per year via webinar for upskilling and support.

Comprehensive induction

Some respondents reported that their volunteers are supported by being thoroughly inducted into the organisation at the commencement of their volunteering role:

They are given an overview of the organisation before they start and supported and given a full induction on site.

Our volunteers are supported with an online induction program that they can do remotely or onsite.

Financial reimbursement

A small number of respondents reported that their organisation reimbursed volunteers for their travel:

Travel reimbursement.

Petrol vouchers as gifts.

Some 'reimburse' volunteers an allocated amount for each hour of volunteering as a contribution towards any out-of-pocket expenses they may incur:

We also reimburse \$1 per volunteer hour at the end of the financial year.

Volunteers receive a reimbursement of \$144 per 24 hours. This helps with any out of pocket expenses.

Keeping volunteers involved and informed

Some respondents reported that volunteers are kept up to date with the workings of the organisation through the distribution of regular newsletters and information sessions:

We provide our volunteers with regular information sessions.

Monthly volunteer newsletter.

As I run the program, I try and give a lot of information to the volunteers in the program, so they are up to date with what's going on and program overview.

They also listen to volunteer feedback and try to incorporate this into the development of programs:

I often ask their opinion and generally feel they are a key part of what we do.

We listen to their input and suggestions.

Connecting or matching volunteers with people with a disability

Presented below is a summary of themes derived from respondents' descriptions of how they connected or matched volunteers with volunteer recipients:

Matched according to personal characteristics

Most respondents report that matching occurs between volunteers and people with a disability according to set criteria. This criteria usually relate to personal characteristics such as location, gender, personality, availability, age, lifestyle, cultural background and shared interests:

Matches are made according to personality, gender, age group.

Buddies are matched according to geographic proximity, personality and shared interest. Gender, ages, language and culture may also need be considered for some matches.

We base our matches on personality, hobbies, location and other factors when matching our volunteers with clients.

We consider gender - we prefer to have male volunteers on the guys' camp rather than females if possible and vice versa.

Matched according to specific experience or skills required for role

Respondents indicated that often matches occurred when the volunteers possessed the necessary experience or skills to be a good candidate for the specific volunteer role and this frequently involved an extensive assessment process:

We talk to people in detail and have forms for volunteers to complete. They meet our community members and we sort out who is appropriate and for what role.

We try to find out as much as possible about the volunteers' interests and skills, this makes it easier to match them with a child who has the same interest or requires a certain level of support.

All our volunteers are put through an extended process of engagement. The aim of this is to allow the volunteer to learn about our organization and the roles while at the same time allowing us to learn more about the individual potential volunteer to help us determine their suitability to our organization and the role.

Often potential volunteers were noted to require specific skills needed to run a program such as art experience to run an art program:

Artistic or community development experience a must.

We look for volunteers with specific art practice experience.

Volunteer expertise can influence selection also we have a vision impaired volunteer who is also a potter. He facilitates a pottery group in our [] course and does so weekly.

Respondents indicated that volunteers might also be matched according to whether they have the skills and/or experience required to support a person with a specific set of support needs:

The activities are group based and volunteers are matched with their level of experience and the support needs of each individual.

Participants who we know to be challenging are paired with volunteers who have longer or more relevant professional experience.

We take level of experience into account. If a participant with challenging behaviour is attending an activity, we may select a volunteer with experience.

Program evaluation

Most respondents ($n=92$) reported that they had evaluated or measured the outcomes of their volunteer-supported programs for people with a disability. A large number ($n=77$) reported that they had never conducted an evaluation of their volunteer-supported programs for people with a disability. Respondents who reported that their programs had been evaluated detailed the mechanisms they employ including, client, volunteer and staff feedback, the collection of program-specific data and external evaluation. Presented below are further details of the themes identified.

Client, volunteer and staff feedback

Most respondents reported that program evaluations are conducted and detailed the activities that they undertake including the collection of volunteer, staff, volunteer program participant and family member feedback mostly through the use of surveys:

We have done many surveys for participants, families, volunteers, and staff to evaluate the program. We also ask for feedback from all people accessing the recreation programs so that we can continuously evaluate how the program is going.

Before and after surveys with young people, surveys of volunteers involved where possible, ongoing follow up of participants.

We have from time to time conducted a survey monkey to gauge the volunteers' feelings about volunteering, what they have enjoyed, not enjoyed and asked for feedback.

We conduct 3-month courtesy calls to all people with a disability who have been referred for peer support to evaluate their satisfaction with the program. The call includes an online survey to collate feedback.

As programs are participant driven- their feedback, or their parents feedback provides sound evaluation of success.

Families and volunteers are asked to complete general outcomes surveys from time to time, these include questions about participant's development and the impact of volunteer in domains such as skill development, community participation and confidence.

The respondents indicated that this feedback is often used to inform further program development and future planning:

We use community feedback and volunteer's evaluation as well as participants feedback. We write them down and include in our community findings and use them for future planning.

The program is evaluated by the participants and the volunteers with a questionnaire. It is a standard set of questions, tailored to suit the event but the responses are anything but standard! Negatives/positives are collated, and all feedback is considered for implementing into the next event/outing.

All participants, volunteers and people living with epilepsy complete a feedback questionnaire at the conclusion of each event. Negative and positive feedback is collated and discussed during an event debrief comprising of Epilepsy Support Workers and the volunteers who support the group. Learnings are applied to the next event.

After each camp volunteers fill out an evaluation form and we put suggestions and recommendations into place.

Collection of program-specific data

Some respondents reported that the collection of program output data inform the program evaluation. Information collected included revenue raised, client and volunteer numbers, staffing costs, number of volunteer hours, volunteer retention, number of programs run and the frequency of programs, sponsorship and community engagement, and the number of people on wait-lists for programs:

We completed a twelve-month review of the program and evaluated outcomes measures including revenue, client numbers, volunteer numbers, community partner & sponsorship engagement and staff costs.

Recording of statistics of [____] program including length of engagement with the program/match, visit dates and times.

We evaluate this program annually looking at revenue, product levels, client and volunteer numbers, staff costs.

We have measured volunteer's hours and longevity of their commitment.

Wait list for access to programs also provides a basis for evaluation.

External evaluation

Only one respondent reported that an academic institution had externally evaluated their program. However, this evaluation had focused on program development as opposed to program outcomes:

An evaluation was done in collaboration with an academic from [____] University. The evaluation focused on setting up the program and recommended further evaluation into outcomes, which has not occurred.

Wait-list of recipients for volunteer-supported programs

Most respondents ($n=119$) reported that they did not have a wait-list of recipients for their volunteer-supported programs. A small number of respondents ($n=48$) reported that they did have a wait-list of recipients for their volunteer-supported programs.

Benefits of volunteers versus paid staff

The respondents described what they felt volunteers bring to programs that paid staff do not. The themes identified and described below include genuine friendship, personalised support, a diverse range of skills, experience, knowledge, passion, enthusiasm, lived experience, greater opportunities for community engagement and to facilitate the extension of program reach.

Volunteers offer genuine friendship

Compared to paid staff, volunteers were seen as better positioned to form genuine friendships with people with a disability. Having someone spend time with them in an unpaid capacity was seen to be 'life-changing' for people with a disability and was perceived to have a positive impact on the self-esteem and confidence of clients:

Volunteers provide real connections...they are not paid to be there; they want to there. Some parents tell us that it is important and that the volunteer is the only person in their lives who is not a paid professional...Volunteers can integrate in the life of the person with a disability and their family - they attend the school function, come to birthday parties and step in when extra support is needed. The person with the disability knows them as a friend and support, not a worker, building self-esteem and confidence.

The impact of people wanting to be there unconditionally elevates the value of the person they are buddied up with to create a more friendship-based relationship without the proviso of payment.

Volunteers provide a unique relationship that is not dependent on being a paid worker, they freely share their time with children and families because they want to provide friendship and support.

Volunteers choose to share their precious time and talents with us and for some of the people we support, they may also be the only person in their day who is not paid to be with them. The power of friendship can quite literally be life changing.

In the buddy program, volunteers are choosing to be with their buddy - families appreciate this - it's a very different vibe to staff who are paid to be with their client.

A sense of worth as not staffing so in some instances a greater concept of self for individuals to think they are worth their time, for some a genuine reciprocal relationship with a volunteer.

The respondents reported that compared to paid staff, volunteers often have more time to spend with clients, giving friendships the opportunity to flourish:

They have the "free form" time to sit and spend time talking to people for extended periods of time.

Volunteers have a high level of patience and time to spend with our participants and make extra connections.

They feel they can relax and socialise with clients and not feel pressured to "work".

They want to lend a hand and enjoy the company as well.

Volunteers were also seen to bring a level of empathy and genuine concern that people with a disability often lack in their lives:

Volunteers bring personal experience and empathy which may not be available through paid staff. Volunteers let clients know that people care about them and "restore my faith in humans" (as one client noted).

Their time and involving themselves in a way that enhances and encourages the people with disabilities back into the community. There is no monetary gain for them by listening to their stories while the volunteer spends hours in a car getting them to and from their medical/ specialist appointments in the larger cities. They do it because they want to make a difference and they care.

Volunteers provide personalised support

According to some respondents, a primary benefit of volunteers is that they can often provide personalised support to clients either in the context of group programs or one-on-one. This support was seen as invaluable as it allowed participants to engage in programs at their own pace. Paid staff often did not have the time to provide this individual support.

They bring one on one support.

Ability to provide 1:1 programs at participant's pace.

Compared to staff, volunteers typically have more time to interact with clients. They are able to attend to tasks in detail that staff may not have time to do, some of these tasks may be low skill or low priority but they nevertheless enhance our program offering.

Paid staff are responsible for the whole group and for leading the activity and therefore are not able to provide extensive individualised support. Volunteers, on the other hand, are able to build relationships with individual participants and support the participant's full engagement with the activity.

The volunteers have the ability to spend time with the clients. They do not have the same responsibilities of staff on the activities so are able to help the clients to participate in the activities or just chat and support the clients.

This personalised support often had benefits for paid staff.

Volunteers often have more time to spend with clients and therefore elicit important information from the client. The information is invaluable to our paid work force in providing the right service which ensures our clients achieve their goals.

Most importantly, the support the volunteers offer to both our clients and staff is most valuable. Our staff feel more supported by having the extra eyes/ears/hands that volunteers offer.

Volunteers bring a diverse range of skills, experience and knowledge

Volunteers were seen to bring a diverse range of skills, experience, and knowledge to programs. Often the specialised skills possessed by volunteers were essential to the running of a particular program:

Usually it is a specialist skills i.e. music, art, woodwork generally in the creative areas.

The program requires human resources on sailing days. It requires people with skills in assisting people with a disability (from a varied range of abilities) as well as those with sailing expertise to set up, facilitate the program and pack up the boats. Paid staff have neither the time, capacity nor skills to carry out the program in a sustainable way.

They diversify the skill set, experience and knowledge in the organisation.

Volunteers are an amazing asset to all of our programs. Many of them are tertiary students, so they bring the specialist knowledge and skills of the subjects that they are studying, as well as enthusiasm. Music students support our music program and expand the repertoire of the teacher, dietetics and nutrition students support out cooking programs.

Through access to the skills, experience and knowledge that volunteers bring, organisations are able to develop and run novel and innovative programs:

They bring new ideas and perspectives.

Creativity and new and fresh ideas for program activities.

Volunteers often bring new ideas and a fresh set of skills that can be utilized in many of our business areas. For example, retail, maintenance and trade, etc. As we run social enterprises and life skills programs these skills can be used in many ways. As volunteers come in already wanting to contribute without payment, they are often motivated to go the extra mile' and put in to ensure ideas and projects come to fruition.

Volunteers bring passion and enthusiasm

Volunteers were seen to bring an elevated level of passion, enthusiasm, and commitment to their roles:

The (sic) provide work through passion.

An unbiased passion and commitment to enabling participants with a disability to engage to the fullest of their ability within their communities. Enthusiasm and fun which at times is missing or at a low ebb in paid workers.

We have found that volunteers' motivation, enthusiasm and commitment is the main difference from paid staff.

Our volunteers are predominantly youth, so they bring an energy and enthusiasm that is different to that of the staff.

We found that volunteers were often young people with high levels of enthusiasm.

Volunteers come to our programs with a desire to learn about and from our participants. They come because they are passionate about our services and clients and want to make a difference.

Volunteers often have a lived experience of disability

Respondents indicated that volunteers sometimes either have disability themselves or have family member with disability and was seen to give them a level of empathy and understanding that often distinguishes them from paid staff:

Expertise in the area, either they have lived experience of disability, have a family member with disability or work in the field.

The lived experience of being a mental health carer. Understanding the issues and barriers families and individuals face in relation to services (or lack of) in their particular town/LGA.

Life experience and understanding of the difficulties faced by people with disabilities on a daily basis. As an organisation, we do not have the funding to pay staff to coordinate social connection programs. We nurture and train volunteers of all abilities to coordinate the programs, thus increasing their confidence, skills and opportunities in life. By providing opportunities to people with disabilities to volunteer, they

have a better understanding than our paid staff as to the needs of other people with disabilities. This makes our organisation more accessible and inclusive to our entire community.

Volunteers provide greater opportunities for community engagement

Respondents indicated that through their interaction with volunteers, people with disability often have more opportunities to engage with the community:

Volunteers bring a different relationship and role to that of paid staff, such as that of a companion sharing a common interest. They facilitate people with a disability participating as a member of the community being included in community activities and clubs, employment settings, attending sporting and cultural activities etc. Volunteers can provide neighbourly support and welfare checks. All of this contribute to the person with a disability feeling more confident, capable and valued as a citizen and companion.

Participants are often involved/included in the lives of volunteers developing enhanced relationships with family members and friends. This does not occur with the paid employee relationship.

More connection to the wider community.

Volunteers extend the reach of programs

Respondents indicated that volunteer involvement in programs often means that programs are able to expand their reach by offering a higher number of programs, offering programs to a greater number of participants, or by offering programs across a wider geographic area:

Volunteers extend the reach of our programs and bring programs and support to people throughout the state when our staff are based in Melbourne. Staff oversee programs that volunteers carry out. Ratios of 'staff' to clients are met by volunteers enabling more clients to participate in programs.

We are able to provide quality living activities, leisure activities and social inclusion programs in every region, city or location across the business. We could not achieve that through paid staff as it is cost prohibitive.

Mass and Volume - able to reach a range audience.

Program outcomes and the ILC framework

Respondents were asked to consider the outcomes of both current and previous volunteer-supported programs for people with disability run by their organisation and to indicate whether any of the ILC Activity Outcomes aligned with these program outcomes. They were also able to indicate if their programs had other outcomes that the ILC framework does not cover. The table below displays the responses:

Table 6. Program outcomes and alignment with the ILC framework

ILC Outcomes	Number of organisations self-reporting programme alignment with ILC Outcomes
Information, Linkages & Referrals	
Increased access to high quality, accessible, relevant and easy to understand information	27
Improved knowledge about disability and/or where to find support from mainstream and community services	32
Increased effectiveness of referrals resulting in a connection with mainstream and community services	30
Increased use of information to make decisions to shape and plan an ordinary life	25
Individual Capacity	

Increased skills and capacity	42
Increased motivation, confidence and empowerment to act	43
Increased self-advocacy, independence and relationship building	38
Increased participation in community life	46
Increased contribution to community life	39
Connections & Relationships	
Increased connections between all key stakeholders (including mainstream, community, and NDIA registered providers of supports)	29
Increased connections, relationships, and support networks in community	42
Increased opportunities for active participation and feelings of belonging in community	42
Increased shared understanding, experiences, collaboration and leadership	33
Community Capacity	
Increased community understanding of rights and barriers for people with a disability	30
Positive change in individual attitudes and community culture	37
Increased knowledge and capability within business and community-based organisations	29
More inclusive behaviour within communities	40
Active involvement and collaboration in the community to drive inclusion for people with disability	37
Increased understanding of rights, obligation and barriers surrounding disability within mainstream services	27
Positive change in attitudes and culture within mainstream services	29
Increased knowledge and capability within mainstream services	28
More inclusive behaviour within mainstream services	28
Active involvement and collaboration within mainstream services to drive inclusion for people with a disability	31

As evidenced by this table, the five most frequently reported ILC Activity Outcomes aligning with respondent's program outcomes were:

- Increased motivation, confidence and empowerment to act (Individual Capacity)
- Increased connections, relationships, and support networks in community (Connections and Relationships)
- Increased opportunities for active participation and feelings of belonging in community (Connections and Relationships)

- Increased skills and capacity (Individual Capacity)
- More inclusive behaviour within communities (Community Capacity)

Only two respondents reported that the ILC framework did not capture their program outcomes. One respondent felt that the framework does not cover ongoing support and communication with families and carers:

Ongoing support and communication with families/carers.

Another respondent felt that the ILC Outcomes did not acknowledge the role and importance of culture in the lives of people with disability:

Due to our cultural background our clients prefer to use a designated health service.

Factors facilitating the growth of organisations volunteer-supported services for people with a disability over the next five years

Respondents were asked to describe the factors they felt would facilitate the growth of their volunteer-supported services for people with a disability over the next five years. Themes identified and presented below include ongoing or increased funding, NDIS support, organisational appreciation of the value of volunteers, community promotion of the value of volunteering and fewer or more streamlined compliance activities for volunteer recruitment.

Ongoing or increased funding

The majority of respondents reported that access to greater or ongoing funding was likely to be the most significant contributor to program and services:

Additional funding to increase amount of programs to support community members with disabilities - particularly in the age group 18-64.

Continued HACC funding.

Assurance of on-going substantial funding to maintain high quality volunteer co-ordination, to ensure volunteer recruitment, training, support and retention can be guaranteed.

Continuous funding to support the volunteer program.

Others expressed a desire for funding models that recognised and funded aspects of volunteer-supported programs that were often not funded under current schemes such as volunteer recruitment, training and ongoing volunteer support:

Funding models which value the contribution of volunteers, both economically and socially, and recognise that organisations need to be sufficiently paid to manage the quality and safety components of programs with large numbers of volunteers.

Government funding for volunteer training.

Appropriate funding that supports the work that is involved in running a volunteer's program.

More funds to support and train our stretched volunteers. This empowers them beyond our organization to their home life and work life.

It takes a great deal of effort to not only recruit, but to sustain volunteers in health.

Continued proper staff supervision of volunteers; continued commitment to volunteer appreciation events and gestures of thanks; continued commitment to training for volunteers.

Adequate resourcing recognising that volunteering is not a "free resources" and that the management of effective volunteer engagement requires resourcing.

Respondents indicated that funding for specific volunteer coordinator or volunteer management roles is seen as highly desirable:

There is need for a volunteer coordinator to hold program together.

Continued funding for our volunteer coordination roles.

Continued funding for volunteer coordination.

Funds for volunteer management! Ensuring that we make this investment as an organisation.

Funding to the organisation to create a volunteer coordinator role.

Having a paid coordinator to bring them all together and provide ongoing structure and leadership for the program.

NDIS support

Respondents indicated that the NDIS plays an essential role in facilitating the growth of volunteer-supported programs. However, there was a general feeling that in order for services to grow, the NDIS needed to better value and support volunteers – “*NDIS support for volunteers in the disability sector!*” Respondents would like to see NDIS funding models reflect the value of volunteers by incorporating volunteer resources into their program funding models:

Need additional resources to ensure that service can be promoted. For our teenage program - our volunteers attend camps and activities with the participants - these activities can be costly and need to be funded and is not covered under NDIS.

Recognition of the costs associated with volunteer support in the NDIS price guide.

Recognition by NDIA that volunteer supported services are not “free” would facilitate growth. There needs to be a line item in the NDIS pricing guide that specifically allows participants to choose to have funded in their NDIS plans the recruitment, screening, matching and support of volunteers by volunteer program staff.

For the NDIA to recognise the positive role of volunteer-based support and fund it accordingly through NDIS packages, recognising that volunteers are not a free service requiring funding for recruitment, assessment, training and ongoing support.

While volunteers do not get paid salaries, a common misconception is that they do not cost anything. Having a well-run volunteer program does cost, and we need to continue to receive funding. Currently, services provided under the NDIS cannot be provided by volunteers - and a development of a volunteer framework for NDIS providers would facilitate growth for many agencies - as well as increase choice for participants.

...more acceptance from NDIS as to the benefits of this program and how much cheaper it is to fund their food and drink rather than costs of support workers.

Organisational appreciation of the value of volunteers

A small number of respondents felt that greater and continued organisational appreciation of the value of volunteers were essential to the continued growth of volunteer-supported programs for people with disability:

For the organization to maintain their commitment to engage volunteers.

Organisation wide collaboration.

Continued organisational commitment, from CEO down...continued understanding and appreciation of volunteer contributions by staff at all levels.

Community promotion of volunteering

Some respondents felt that increased community promotion of the value of volunteering would contribute to the growth of volunteer-supported services over the coming years:

Greater education about what volunteering is in health and how it impacts on the recipient.

Concerted messaging from all stakeholders about the need for and the value of volunteering in the disability sector including publicity, social media and the promotion of "good news stories linked to positive outcomes for people with a disability.

Public celebration and recognition of the contributions and impacts of volunteers in the community and within individual organisations.

Fewer or more streamlined compliance activities for volunteer recruitment

A small number of respondents felt that fewer or more time-efficient ways of undertaking compliance activities for volunteer recruitment would facilitate the growth of volunteer-supported services:

A single National Compliance framework that links National Police Checks, Working with Children Checks, Blue Card, yellow card and working with vulnerable people checks together. The inconvenience for the volunteer and inconsistency of systems detracts volunteers from contributing to the sector. Linking this will facilitate growth and reduce the burden and cost of administration on organisations.

An easy, accessible process to facilitate potential volunteers' interest in volunteering from EOI to recruitment to retention.

A national police check program (Working with Vulnerable people) that is live and crosses organisations instead of each organisation having to carry out their own Incentives to volunteer e.g. tax cuts, transport reimbursement.

Less compliance requirements would help. Volunteers currently need seven types of screening checks and paperwork before they can commence as a volunteer.

Factors inhibiting the growth of organisations volunteer-supported services for people with a disability over the next five years

Respondents were asked to describe the factors they felt were likely to inhibit the growth of their organisation's volunteer-supported services for people with a disability over the next five years. Presented below are the description of themes including discontinued or decreased funding, the roll-out of a NDIS, difficulties recruiting and retaining volunteers, increased burden of compliance and lack of organisational recognition of the value of volunteers.

Discontinued or decreased funding

Funding was a primary concern, and many felt that a 'lack of funding' or 'limited' funding was likely to be a problem, particularly when coupled with a perceived 'increased demand for...services':

Decreased state and federal funding for volunteers in service delivery programs.

Budgetary cuts or constraints.

Ongoing lack of funding.

Some were particularly concerned that they would lose the funding for their volunteer coordinator positions:

Lack of funding for volunteer coordination.

That our fundraising efforts prove unfruitful and the position of co-ordinator can't be funded any longer. Without this dedicated position, the strong program we have will wither and die.

Roll-out of NDIS

Many respondents felt that the NDIS had the potential to inhibit the growth of their volunteer-supported programs in several ways. For example, organisations commonly struggled to provide the unfunded 'backend' resources needed to provide volunteer-supported services when volunteer program participant or program funding came from the NDIS:

Inability for organisations to meet participant NDIS plan/ strategies within the funding model allocated and maintain/ promote backend resources to coordinate volunteer programs. If unable to invoice for "volunteer" services how does an organisation fund/ resource the management of volunteer programs- recruitment, education, rostering, reimbursement, outgoing costs etc.?

NDIS - not being able to claim volunteer hours through the NDIS to enable volunteers to continue to support people with a disability in our programs.

This framework (ILC) completely ignores what it TAKES for a volunteer-involving organisation (VIO) to run a volunteer program such as ours. It's one thing for the NDIS to expect VIO's to receive their participants, but there are primary and secondary costs the VIO incurs. Primary costs are Police Checks, induction and training. Secondary are ongoing support, coaching, mentoring and pastoral. It's also worth noting that

support staff must ALSO be security checked and inducted, not just the NDIS participant because the support person is ALSO becoming a Volunteer onsite and must also comply with all the VIO's policies and procedures. The NDIS makes ZERO recognition of ANY of this.

The lack of funding for volunteers under NDIS is a direct inhibitor to clients accessing quality volunteer services to enhance their wellbeing but also in achieving independence. One of the most important issues for people living with disabilities is repetition to achieve a goal - incremental changes. Volunteers have time and attitude to support this but NDIS does not recognise volunteers!

Under the NDIS, what can and can't be charged for is heavily regulated. In addition to this an NDIS participant's funding package may not provide sufficient funding for that person's necessary level of support. This can limit the community participation opportunities for that participant. For example, we have a participant who completed a work experience placement with a child care centre. The participant is a person with intellectual impairment. Her placement was for one hour a week and her work was to sterilize the toys. At the end of her placement the Centre offered her the opportunity to stay and for that to be her regular job. However, transport to and from the Centre was an issue. Her parents said that they did not want her travelling alone on public transport. There was no money to pay staff to accompany the participant on public transport, nor was there any organisation vehicle available. It looked as though everything would fall apart - a bad result for the participant and for the child care centre too. The solution we created was to recruit a Volunteer as a Travel Companion to accompany the participant on the bus, stay with her for the hour to support her to stay on task, and accompany her back to base. Under NDIS, all this would not be possible for 2 reasons: 1) there is no funding for staff to be with this participant, 2) there is no NDIS code which covers the initial recruitment, screening and training of the Volunteer (police checks cost \$, and there is a \$ cost to our org for the Volunteers Co-Ordinator to interview, induct, orient and ongoingly [sic] coach/mentor the Volunteer in their role. (Look VERY closely at the wording of the only Volunteer related code in the pricing guide and you'll see that it relates only to the setting up of a community-related Volunteering position for an NDIS participant - what we did to set up the work experience placement with the child care centre in the first place - but NO recognition whatsoever about what it costs a disability organisation to SUPPLY and RESOURCE Volunteers. Be 100% clear about this point - it has been our organisation's commitment to community inclusion that we refused to let this opportunity die, and that our organisation absorbs ALL the surround-costs to keep this Volunteering role (and many others like it) running.

Others were concerned about the limitations and inconsistencies of NDIS funding rules that left some people with a disability unable to access needed services:

Already our volunteer match program has reduced by 50% in areas where NDIS has rolled out. NDIS is inconsistent in application of 'rules', many children being told by NDIS that they cannot get funding under increased social and community participation which is where volunteering needs to be funded for under NDIS.

Inclusion of assistive technology in their plans is a major issue.

Difficulties recruiting and retaining volunteers

Some respondents felt that recruiting and retaining volunteers would be a problem over the coming years. Finding volunteers with a specialised skill set was seen to be a particular issue:

Difficulty recruiting/retaining volunteers (logistical or program not attractive to volunteers).

Our need for volunteers with particular skills.

Lack of Volunteers.

The ageing population was also perceived to be a potential contributor to a lack of volunteers:

An ageing population leaving less people available to volunteer.

As a result, there were concerns about increased competition among organisations for the recruitment of volunteers:

Increasing competition for good volunteers across multiple agencies.

Increased burden of compliance

The increasing burden of compliance was seen to be an issue by a small number of respondents. The compliance activities noted included the increased burden of 'compliance checks', greater 'regulatory requirements', as well as the need for working with children and police checks. Participants felt that these increased pressures were a burden not only for organisations but also for volunteers and served as a barrier to their participation:

Increase in the safety checks already required.

More regulatory requirements for us and volunteers.

Increased pressures and compliance responsibilities - Data requirements, checks (Disability Worker Exclusion Scheme) etc. etc.

Lack of organisational recognition of the value of volunteers

A small number of respondents felt that a lack of organisational recognition of the value of volunteers was likely to be detrimental to the growth of their programs going forward. There were concerns that this would result in a lack of organisational investment into volunteer-supported programs:

General awareness and understanding within the organisation of the benefits of utilizing volunteers in programs and how volunteers can enhance service delivery.

Lack of organisational commitment to volunteers. Scarce resources not being allocated to volunteer engagement.

Lack of investment by the organisation to maintain the volunteer program would inhibit the volunteer program to grow.

Identification and Mapping of volunteer-supported service models against the ILC framework

Identification of volunteer-supported service models

Respondents provided in-depth detail on up to three of their volunteer-supported programs resulting in a total of 152 descriptions of volunteer-supported programs. Of these programs, 147 were currently operating programs, and five were previously operating programs. The table below provides a summary of how these programs are currently or previously funded.

Table 7. Overview of reported current or previous funding source of programs.

Funding source ⁸	Number of programs
Home and Community Care Program for Younger People (HACC-PYP)	53
NDIA (individual package)	47
NDIA (Information Linkages and Capacity Building)	8
Individual Support Package (Victorian DHHS)	30
Government, other	34
Pay for service (service user)	27
Organisational fund raising (social enterprise, donations)	46
Self-funded	11
Philanthropic grants	18
Victorian DHHS (other)	36
Non-government other	11
Local Council	15

Among those respondents who specified that their program received 'other government funding' funding: seven received Commonwealth Home Support Programme funding; three received Transport Accident Commission funding, and; two received Centrelink funding. One reference each to 'Other government funding' types cited include National Disability Coordination Officer Program funding, Information Linkages and Capacity Building funding, Commonwealth and State Education Funding, Department of Social Services funding, Futures for Young Adults funding, Public Transport Victoria funding and one received an unspecified community grant.

Among those respondents who specified that their program received 'non-government funding'; one person stated that through 'business contracts' funding is provided.

⁸ Note: Respondents were able to select multiple sources of funding for each program

Through the examination of program descriptions, goals and outcomes, the analysis of all 152 programs revealed a total of six models of volunteer-supported programs, three of which also had identified subcategories⁹. Following are detailed descriptions of the volunteer-supported service models identified in this analysis:

- 1. Social support and community participation models**
 - 1.1. Social-support and activity programs
 - 1.2. Social support and skills development programs
 - 1.3. Social support only programs
 - 1.4. Peer support programs
- 2. Supported activity models**
- 3. Skills development models**
 - 3.1 Life skills programs
 - 3.2 Recreational skills programs
 - 3.3 Employment skills programs
- 4. Out of home support models**
- 5. Practical support models**
- 6. Organisational support models**
 - 6.1 Administration
 - 6.2 Community awareness and capacity building
 - 6.3 Fundraising

Note - A seventh model was identified following consultation with the sector consultative group: The Advocacy Model

Mapping of volunteer-supported service models against. The ILC Outcomes framework

Further analysis of the six identified volunteer-supported service models was undertaken in order to determine the degree to which the outcomes of these models align or do not align with the outcomes of the ILC framework. In order to conduct this analysis, the reported outcomes of programs captured under the each of the models were analysed. These outcomes were then compared with the Activity Outcomes of the ILC framework in order to determine which outcomes were represented and which were not. Following are detailed descriptions of the volunteer-supported service models identified in the analysis.

MODEL 1 SOCIAL SUPPORT AND COMMUNITY PARTICIPATION (SOCIAL SUPPORT)

Social Support Model Description

Of all the programs, the majority ($n=94$) described increasing social support or facilitating community participation and engagement as a primary goal. In general, programs within this model aim to facilitate social inclusion and social connection, provide companionship, and increase engagement with the community. As described in detail below, the four sub-categories of programs identified within this model include social support and activity programs; social support and skills development programs, social support-only programs; and peer-support programs.

1.1 Social support and activity programs

Programs with a primary goal of increasing social support and community participation commonly occurred in conjunction with a shared activity. Feelings of social connectedness were seen to be most likely to develop in the context of a shared activity. This activity was often considered to be one of particular interest to the person with disability:

The volunteer calls participant and confirms a visit usually two volunteers. A planned but flexible activity is also suggested such as karaoke, sharing a meal or just chatting. The person with disability guides the program based on preference.

The activity was often one that aimed to connect and involve the person with disability in the community:

⁹ Many of the programs described by respondents were categorised in more than one of these models.

Volunteer escorts- facilitates 1 to 2 participants to access and participate in sport-based programs in the community such as playing golf, watching football training sessions, attending sporting groups and- or going to sporting events. Usually including time to sit, discuss and enjoy over coffee- drink and- or lunch.

A monthly bus outing to places of interest and lunch. The goal is to have the client leave their home and come and participate in the community. To meet new people and to feel confident, comfortable and safe in the setting. To have something to look forward to and enjoy each month. To be accepted by others without judgement.

Sometimes the activity was merely a vehicle for providing a context for friendships to develop:

Our [program] runs every Wednesday with one paid member of staff and on average 4 male volunteers. It is attended by Elders and clients with disabilities from the community, who will benefit from both cultural and well-being support. They are kept busy either having a yarn and-or making wood craft. They also carry out traditional aboriginal craft such as wood burning, dot painting and practical household objects”.

[] is a fee for service arts program for adults with a disability. Individuals pay for 3-hour sessions that are run twice a day four days a week. Activities include pottery painting scrap booking collage singing... [The program] reduce[s] social isolation [and is a] platform for peer support and relationship building.’

1.2 Social support and skills development programs

Programs with the goal of developing social support and community participation frequently combined social interaction with the learning of a new skill such as gardening, cooking, art, or learning to play a sport or musical instrument:

Volunteer and staff member lead group and teach them basic gardening skills.

Participants attend [program,] and staff and volunteers lead projects and teach-supervise participants doing woodwork activities.

[] art is for adults with an acquired brain injury. The program is led by a practicing artist and artists are encouraged to work collaboratively on a project. However, if the project does not interest the individual artist they are encouraged to work on their own art with support from a volunteer.

Programs within this model, particularly those involving children, often have the added goal of teaching social-skills through social interaction and the modelling of socially appropriate behaviours:

We have a primary age and secondary age holiday program (some are based at a facility and some are out in the community). There are anywhere between 6-12 participants and then usually a program leader and an assistance and a volunteer...An activity is provided, or they may visit a facility such as the zoo or go bowling. The aim is for the participants to interact with other children-young people of their own age, to learn appropriate behaviour while having fun and doing things they enjoy.

The friendship groups developed out of specific needs identified in our work with the Vietnamese community, and at the request of parents. The groups were for children with a disability and also their families...The aim is for children to develop new friendships and strengthen their social skills.

1.3 Social support-only programs

For a small number of programs, such as volunteer visiting programs, social companionship was the sole goal. In most of these programs, organisations matched people with a disability with a volunteer who visited them at home or in a hospital setting and offered one-on-one companionship or friendship:

We match volunteers with adult clients living with a disability. They provide companionship and friendship to our most vulnerable and segregated clients.

Volunteer goes to a client’s house and spends time with the client to increase their socialization.

There is one participant who has no other social outing. This time is with an ex-staff [member] and they go out once a month together and have a social catch up and a meal.

[] is a program where people with disabilities sit with [], our volunteer and enjoy a chat over a cup of tea. The room is set up beautifully and we use the best china. During their time with [] the people can chat about anything. Over the time we have found the people now dress up for the occasion

and some will bring in music or photos to share. Some of them have also gone out to buy a nice cup and saucer. This has now become a very special program for the people we support where they are made to feel very important and special.

A smaller number of programs offer social support in group settings where people with a disability can come together and socialise in a safe and supportive environment:

[] provides the opportunity for young people over 18 and adults with epilepsy the confidence to be socially active... people who have been socially isolated come to the group, then to see them socialize more confidently with (volunteer) assistance, and step by step to independently make friends and organise their own social activities.

Playgroups for children with autism held weekly and family social support groups held weekly... To provide socialisation and play activities for children with a disability and their parents.

1.4 Peer-support programs

A small number of programs within the 'social support and community participation' model involve the provision of support by peer volunteers. These peer volunteers have a shared experience of living with disability, usually the same disability as that of the people they support. Respondents reported peer support programs for people with multiple sclerosis, epilepsy, vision-impairment, and parents of children with autism.

People with disability (MS) interviewed, on boarded and thoroughly trained to provide support to others living with MS either individually by telephone or by facilitating face to face groups and telephone-based groups.

The aim of peer support is to provide opportunities for people living with multiple sclerosis, their family members and carers to be supported by others who have experience of the disease by sharing what they have learned from their lived experiences and using this to provide encouragement and support.

Social Support Model Outcomes and ILC alignment

New social connections leading to feelings of 'connectedness' and 'social inclusion':

Increased fun and enjoyment for participants with a disability and their families through enduring relationships with people living everyday lives in the community, on a regular and reliable basis.

To provide a social outlet for participants to increase interpersonal connections and community participation.

Building relationships with someone outside of the family.

GENUINE friendships grow (as opposed to paid ones).

A reduction in feelings of social isolation

Less isolation.

Reduced social isolation.

Established connections and friendship that reduced isolation.

Key outcomes would include to avoid social isolation and feel part of a wider community.

Increased community connection:

Feeling of being part of a community.

Increasing participation of our clients in the community.

The participant is involved in his community.

Families felt connected to their community...

Improved self-confidence through increased social interaction

Improved self-confidence.

Confidence.

Clients developing skills and confidence in engaging with volunteers, staff and the public...

The outcomes of social and community participation models align with the following ILC Outcomes:

- **Individual Capacity:** People with disability have the skills and confidence to participate and contribute to the community and contribute to the community.

Key Activity Outcomes aligning with the outcomes of social and community participation models are:

- Increased motivation, confidence & empowerment to act
- Increased participation in community life
- Increased contribution to community life
- **Connections and Relationships:** People with disability actively contribute to leading, shaping and influencing their community.

Key Activity Outcomes aligning with the outcomes of social and community participation models are:

- Increased connections, relationships and support networks in community,
- Increased opportunities for active participation and feelings of belonging in community

MODEL 2 SUPPORTED-ACTIVITY

Supported Activity Model Description

Many ($n=71$) volunteer-supported programs had the primary goal of supporting people with disability to engage in an activity. In most cases, these organised activities had the dual goal of giving people with a disability the opportunity to engage in a unique or enjoyable activity while at the same time increasing social connectedness. A small number of these programs had the added goal of providing family members or carers with respite. Supported-activity programs were mostly group-based and included activities such as weekends away, holiday programs, swimming groups, fitness programs, art and crafts, outings to the zoo, movies, and markets, dancing, sculpting, painting, sewing, gardening, as well as attending or participating in sporting events:

Weekly, 1-hour fitness program delivered in community venues. Exercise program was different each week and included modified exercises to allow everyone to participate, regardless of level of disability. Activities included circuit, boxing, yoga, Zumba, tennis and swimming.

Holiday activity program for all ages with disabilities. Provide activities of interest for all ages with disabilities during the holiday program.

The role of volunteers within 'supported activity models' is often described to provide additional support to paid staff in the facilitation of these activities, particularly in the case of camps and holiday programs:

Recreation volunteers support paid workers and participants in a diverse range of social outings and experiences in the community. These are often group focused but may also involve 1-1 support in the community undertaking activities of the client's choice. Approximately 150 participants regularly participate in community activities with the support of approx. 45 volunteers. Camps, evening and week-end and after school activities.

A smaller number of programs offered people with disability the opportunity to engage in a one-on-one activity with a volunteer. One-on-one activities were seen to be especially beneficial for people with disability as they afforded them a degree of autonomy in being able to choose the kind of activity they wished to undertake:

A volunteer was sought to accompany a young man who liked to run. We found a young student who was happy to run a distance of around 10 kms with [] once a week. This allowed [] to fulfil his dream and he joined some of the official fun runs held around Melbourne.

...A volunteer and a participant go out into the community and have adventures together. The type of things the pair do is based on the interests of the participants such as fishing, musical theatre, sporting events (AFL). The life of a person with an intellectual impairment, especially one who lives in a residential facility, tends to be like a grape - ALWAYS doing something with the bunch. If it's going shopping,

EVERYONE gets into the bus and goes out to the supermarket. If it's going out for pizza, it's EVERYONE into the bus and out to the pizza-pasta house. If it's movie night, it's EVERYONE into the bus to watch the film that EVERYONE voted for. In other words, residents are at home with "them" and go out with "them" and don't have (much of, if any) individual existence. The [] program exists for people in our Residential service (and also in our Day Service) who want to do something WITHOUT the group, to see a movie the group did NOT want to see, or to do an activity NOBODY else in the house has any interest in.

The volunteer in this situation sits with a man in his 60's who is absolutely fascinated with 'cop' shows and police in general. The volunteer, a young student teacher, role plays a scenario which [] has to solve. Sometimes the volunteer is the criminal and [] has to interview him and other times the volunteer has a crime that needs to be solved and they both work together.

Supported Activity Model Outcomes and ILC alignment

Engagement in new and diverse experiences:

Facilitating exploration of new and innovative experiences in the community outside of previous experiences.

Having new experiences.

Our volunteers giving the children in our care the opportunity to participate in a wide variety of activities.

Feelings of pride and satisfaction through goal-mastery:

Facilitating tasks that allow participants to achieve their individual goals.

The clients are able to create something which they are proud of.

A sense of achievement. People were proud to display their work and create their own works wither for sale or gifts to family or friends.

...to support people in achieving their goals.

Client satisfaction increase...

Parents would often comment that they were thrilled to see their child...excelling at a new activity.

Improved social skills development through learning to do things as part of a group and interaction with peers:

Social connections with their peers.

Development of social skills.

Collaborative working together as a team.

Enjoyment and pleasure:

Providing participants opportunities to engage in fun...

For the participants to have fun.

Access to mainstream settings:

The participant is part of a 'main stream' class.

For the participants to be involved in a local [tennis] club.

Improved physical fitness:

Increased patient activity levels to optimize rehabilitation outcomes.

To improve the fitness levels of those with Down syndrome.

Engage young people with physical disabilities in fitness program which improved physical function.

The outcomes of the supported-activity model align with the following ILC Outcomes:

- **Individual Capacity:** People with disability have the skills and confidence to participate and contribute to the community and contribute to the community.

Key Activity Outcomes aligning with the outcomes of supported-activity models are:

Value added: Volunteers and the Challenge of the NDIS

- Increased skills and capacity
- Increased motivation, confidence & empowerment to act
- Increased self-advocacy, independence and relationship building
- Increased participation in community life and
- Increased contribution to community life.
- **Connections and Relationships** - People with disability actively contribute to leading, shaping and influencing their community.

Key Activity Outcomes aligning with the outcomes of supported-activity models are:

- Increased connections, relationships and support networks in community
- Increased opportunities for active participation and feelings of belonging in community and
- Increased shared understanding, experiences, collaboration and leadership.
- **Community Capacity** - People with disability participate in and benefit from the same community activities as everyone else.

Key Activity Outcomes aligning with the outcomes of supported-activity models are:

- More inclusive behaviour within communities and
- Active involvement and collaboration in the community to drive inclusion for people with disability.
- **People with disability use and benefit from the same mainstream services as everyone else.**

Key Activity Outcomes aligning with the outcomes of supported-activity models are:

- More inclusive behaviour within mainstream services and
- Active involvement and collaboration in mainstream services to drive inclusion for people with disability.

MODEL 3 SKILLS DEVELOPMENT MODELS

Skills Development Activity Model Description

Many programs ($n=52$) have a primary goal of assisting participants with disability to develop skills. As previously outlined, often skills development programs have additional outcomes of social support and community participation. Within 'skills development models' are three sub-categories: life skills, recreational skills, and employment skills.

3.1 Life skills programs

Many skills-development programs focus on increasing participants' independence by providing them with life skills. These programs often teach participants skills such as cooking, shopping, budgeting, or how to use technology. Often the overall goal is to prepare participants for leaving home and living independently:

This program teaches people how to cook healthy, small portion meals for one or two people. The class teaches nutrition as well as cooking skills. Participants take home the food that they have cooked to share at home.

Independence training to assist participants in preparation to leaving home, assist around home and/or to make informed choices about their dietary and physical needs. Sessions are weekly where volunteer either facilitates with staff support or where volunteers support staff in group sessions. It includes planning, purchasing and preparing meals. Budgeting meals, food groups and food choices. It also covers balance of food with exercise and healthy activities.

We connect volunteers and children/young adults with disabilities and their families through friendship, fun and flexibility. Our individual volunteers provide genuine friendship, practical assistance and mentoring support to a child or young person, helping them develop important life skills and connecting them to the community.

Young people with a disability...cook the lunch once a week for a social support group. The social support group consists of mainly frail aged people who live in their own homes but require support to get out and socialise. Person with a disability learns shopping, preparation, cooking and social skills.

A Tech Buddy provides one to one or small group support to clients to show them how to use a piece of technology. This might be an iPhone, computer, screen reader or assistive technology aid.

3.2 Recreational skills programs

Many programs within the 'skills development model' focus on teaching participants recreational skills such as learning to play an instrument, dance, draw or paint, maintain a garden, or learning to swim:

Staff lead the groups, but volunteers also oversee safety, teach swimming, encourage involvement, praise participants, engage in positive social interactions. [Goals are] meeting individual participants goals to learn to swim and maintain exercise and socialise with the group and build independence.

Adults with a disability are supported by volunteer musicians for two hours a week (during our weekly band program) to help teach and develop skills in playing an instrument, learn songs and play together as a band.

Clients practice and learn how to play an instrument of their choice and also the type of music they like to play. The program runs as a group session once a week for two hours.

Volunteer and staff member lead group and teach them basic gardening skills.

While most of these volunteer-supported programs are specialist disability programs; a small number involve supporting one or more people with disability to take part in a mainstream program:

A program developed by [] now being run at a number of lifesaving clubs across the state, purely run by volunteer lifesavers. Children are integrated into the normal nipper program with a special program developed for children with disabilities and one to one water safety.

3.3 Employment skills programs

Several skills-development programs focus on assisting people with disability to develop their vocational skills. However, this was rarely the sole focus of these programs which often had the additional goal of socialisation and community connectedness. As part of these programs, workplaces such as opportunity-shops and cafes engage people with disability to volunteer with the support of a volunteer. In these roles, they learn skills such as food preparation, money handling, and customer service:

Cafe and Op Shop staffed by one to two paid staff who provide disability support to client volunteers (up to 4 per day) and community volunteers who work in both the Cafe and Op Shop...The Tea Rooms is currently supporting 14 disability clients who attend for periods between half a day and three days per week. We have between 15 and 20 community volunteers per month who also work at the Tea Rooms - many on regular days each week and some for multiple days... We have had one of our clients find part-time paid employment as a result of working at the Tea rooms and being offered a position by one of our community partners.

This is where participants have the chance to work in our Op Shop alongside other Volunteers - serving customers, handling money, etc. To learn what it's like to have a real job with real work to do.

5-hour program where students participate in a range of volunteering roles and accessing the community as a group - gardening/op shop/visiting older participants in a community service...Provide a range of volunteering experiences where participants can gain knowledge skills to enter work force or continue further studies.

We run a number of businesses through [] and volunteers are involved in all aspects including retail/sales, furniture pickups and deliveries, up- cycling, catering and cooking, etc. NDIS funded participants are involved in all aspects of the businesses and therefore all volunteers interact and support people with a disability within their roles. Goals are to support these participants, assist them with skill development and reduce support over time if appropriate.

Often the role of the volunteer is to support the person with a disability in these workplaces with the goal of reducing this support over time:

Volunteers support participants to build independence, develop relationships and find meaningful employment/volunteering opportunities by pursuing volunteer opportunities in the community and local businesses. Volunteer supports participant to attend a volunteer position until participant becomes familiar and can attend independently. In some cases, participant requires assistance on a permanent basis as participant is unable to attend unsupervised- volunteer is matched to support for extended period.

A participant wanted to volunteer in an aged care facility, so a volunteer was recruited to support him to be able to do that.

Skills Development Model Outcomes and ILC alignment

Increased independence:

Teaching essential skills to enable independent living.

Development of independence - living skills in activities of daily living and in the community.

Development of independence from primary carers...

Encouraging the development of independence.

Improved independence.

The program is designed to get participants work ready/life ready.

Maintaining or increasing skill levels of daily living tasks.

Participants are provided good grounding for independent living regarding their health, nutrition and wellbeing. Hopefully if they live independently, they can make good choices and survive.

Increased community awareness and understanding about people with a disability:

Community groups/ business engage and include people with a disability. All involved develop real relationships.

Teaching the community to support people in their own community.

That we increase diversity and tolerance in the workplace.

Person with a disability find volunteer or paid work or undertake training:

Students have progressed to work experience and school-based apprenticeships while completing school.

We have had one of our clients find part-time paid employment as a result of working at the Tea rooms and being offered a position by one of our Community Partners.

Provide pathways to open employment include training components in annual individual employment plans.

Provide a range of volunteering experiences where participants can gain knowledge skills to enter work force or continue further studies.

Sales and skill development outcomes for participants.

Development or improvement of social skills:

Social skills, friendship/peer support.

Development of social skills.

Learn to work in small groups.

Reduced social isolation and increased community involvement:

Reduce isolation.

The participant is involved in his community.

The outcomes of skills development model align with the following ILC Outcomes:

Individual Capacity: People with disability have the skills and confidence to participate and contribute to the community and contribute to the community.

Key Activity Outcomes aligning with the skills-development model include:

- Increased skills and capacity
- Increased motivation, confidence & empowerment to act
- Increased self-advocacy, independence and relationship building
- Increased participation in community life
- Increased contribution to community life.

Connections and Relationships: People with disability actively contribute to leading, shaping and influencing their community.

Key Activity Outcomes aligning with the skills development model include:

- Increased connections between all key stakeholders (including Mainstream, community and NDIA registered providers of support)
- Increased connections, relationships and support networks in community
- Increased opportunities for active participation and feelings of belonging in community
- Increased shared understanding, experiences, collaboration and leadership.

Community Capacity

1. People with disability participate in and benefit from the same community activities as everyone else.

Key Activity Outcomes aligning with the skills development model include:

- Increased community understanding of rights and barriers for people with disability
- Positive change in individual attitudes and community culture
- Increased knowledge and capability within business and community-based organisations
- More inclusive behaviour within communities
- Active involvement and collaboration in the community to drive inclusion for people with disability.

2. People with disability use and benefit from the same mainstream services as everyone else.

Key Activity Outcomes aligning with the skills-development model include:

- Increased understanding of rights, obligations and barriers surrounding disability within mainstream services
- Positive change in attitudes and culture within mainstream services
- Increased knowledge and capability within mainstream services
- More inclusive behaviour within mainstream services
- Active involvement and collaboration in mainstream services to drive inclusion for people with disability.

MODEL 4 OUT OF HOME SUPPORT MODELS

Out of home support Model Description

A small number of programs ($n=27$) have a primary goal of providing out of home support for a person with a disability, and subsequently respite for families. By providing out of home support in the form of short-term family stays or camps, these programs aim to expand people's social networks beyond their family and support families to care for their child, thereby enabling the child to stay at home in the longer term:

Provide short term respite-foster care to children 0 - 18 years old. The aim of this program is to provide respite to families enabling the children to stay at home.

We match children living with a disability with a volunteer single, couple or family. The main aim is to encourage new experiences for the child and offer respite for the family of the child with a disability.

Monthly social outing on a Saturday for a small group of young people with physical disability (6-8). Groups would go to local attractions like the zoo, Collingwood Children's Farm, the Royal Melbourne Show, Queen Victoria Market. Some months they would 'stay in' and do a themed activity like "Master Chef" cook-off. [Main aims are] ... to build social connections among participants and provide respite to parents and families.

A further aim of many out of home support models is to broaden the experiences and social connections of people with a disability:

The [program] trains and matches an individual volunteer to a young person with a disability. The volunteer provides care for the participant in his or her home and-or the community and around Melbourne. Volunteers are matched with participants with similar interests and are encouraged to assist participants to pursue and engage in recreational activities to provide a break from their usual routine and explore new opportunities for growth.

The [program] is a community-based program, providing support to families who have a child with a disability. This support is provided by a volunteer carer. The [organisation] aims to offer support to families who have a son or daughter with special needs by providing them with regular breaks from their caring role which is usually one day a month, to extend the child-young person's social contacts, experiences and friendships through various recreation and social experiences.

Planned activity groups run in various locations throughout metro Melbourne and Geelong for people living with MS to attend for carers to receive respite and for people with a disability to be supported to access the community, one day each week.

Some out of home support models also seek to increase community awareness about the rights and needs of people with a disability as well as build community capacity:

To increase disability awareness & understanding and to build capacity within the community to support families of young people with a disability thereby increasing acceptance of the people with disability.

Out of home support Model Outcomes and ILC alignment

New experiences and new relationships for people with disability:

A new relationship and experiences for the child with a disability.

New experiences.

Lasting relationships.

Children with a disability have new experiences.

Children benefit from building a relationship with someone outside of the family, having new experiences and a break from home.

Increased community participation for the person with disability:

To provide a social outlet for participants to increase interpersonal connections and community participation.

Strengthened social and community interactions and engagement for participants.

Increased independence for the person with a disability

Enhanced social and independent living skills.

Develop independence from primary carers.

Increased community awareness and increased community capacity:

Volunteers have a greater understanding of disability needs as well as their extended networks.

Increased capacity of the community to support people with a disability and their families.

Family members are given a “break” from their caring role:

Respite to families.

Respite for families in need.

Support and respite for families.

A break for the family.

Parents are able to take respite.

Families benefit from the break with knowledge that their child is being cared for in a loving environment with someone who they know and trust.

Provide respite to parents and families.

Volunteers gain a sense of satisfaction through their positive contribution to the life of a person with a disability

A sense of satisfaction within volunteer HOSTS & Mentors that they are making a difference and contributing positively to the lives of people living with a disability.

The outcomes of these out of home support models align with the following ILC Outcomes:

Individual Capacity: People with disability have the skills and confidence to participate and contribute to the community and contribute to the community.

Key Activity Outcomes aligning with outcomes of the out of home support models include:

- Increased self-advocacy, independence and relationship building
- Increased participation in community life
- Increased contribution to community life.

Connections and Relationships: People with disability actively contribute to leading, shaping and influencing their community.

Key Activity Outcomes aligning with the outcomes of out of the home support model include:

- Increased connections, relationships and support networks in community
- Increased opportunities for active participation and feelings of belonging in community
- Increased shared understanding, experiences, collaboration and leadership.

Community Capacity

1. People with disability participate in and benefit from the same community activities as everyone else.

Key Activity Outcomes aligning with the outcomes of the out of home support models include:

- Increased community understanding of rights and barriers for people with disability
- Positive change in individual attitudes and community culture
- More inclusive behaviour within communities
- Active involvement and collaboration in the community to drive inclusion for people with disability.

MODEL 5 PRACTICAL SUPPORT MODELS

Practical Support Model Description

Meeting the practical needs of people with a disability was a primary focus for a small number of programs ($n=15$). These were mostly transport programs where volunteers were responsible for taking people to their medical appointments or the shops. The provision of this type of support was often instrumental in allowing people with a disability to continue living independently in their homes:

Provides individuals support to attend medical appointments locally and further afield. The organization receives referrals from HACC services. Once a referral has been made and eligibility confirmed then a volunteer will be given all the details of the client and appointment. Then client will be given confirmation of pick up details and confirm the name of the volunteer to pick up them and take to their medical appointment.

Volunteers collect clients from their homes and bring them into town to conduct their business. Volunteers then transport client's home. To allow clients to access services which they otherwise could not. This in turn supports them to remain in their homes.

Client's request transport to a specific destination on one-off, ad hoc basis. Volunteer collects the client from their own home and transports to the appointment.

Volunteer drivers take clients & their carers to medical appointments out of Ararat and they also bring same into Ararat if they live remotely. It is a door to door service.

Other examples of programs that can be categorised as encompassing a 'practical support model' involve volunteers meeting people at train stations and assisting them to get to their appointments or to other events:

Volunteer companions meet people at train stations to take them to appointments, usually where people do not feel comfortable using public transport or where a sensory disability makes it difficult for people to get around.

Buggy transfer services currently operate in railway stations and at the MCG. They transport older people, people with disabilities and other people with mobility challenges interchanging between modes of transport and from the station to the footy ground. The service is usually complemented by personal guidance for people with low vision or other disabilities that do not require the use of a buggy (for example autism) as well as use of wheelchairs where buggies cannot go.

The delivery of meals to people with a disability is another example of a program captured under the 'practical support model'. 'Checking-in' with clients to ensure their wellbeing is often an additional goal of these programs:

Volunteer delivery meals to clients. Volunteers pick up meals and delivery to set clients.

Volunteers collect meals from the dispatch centre (paid staff) and deliver meals to clients within the community. Volunteers are reimbursed for their kilometres. The expectation is that volunteers report any concerns around client health and/or wellbeing. This also has an important monitoring function, in the

event a client is not home at the expected delivery time, a series of actions are taken to confirm the client's whereabouts and wellbeing.

Practical Support Model Outcomes and ILC alignment

Increased community access to medical care, community services and activities, and mainstream services:

To...give clients access to medical appointments where they would not normally be able to get to.

Clients get to visit their GP and specialist.

Clients able to access medical appointments they may not otherwise be able to attend.

Active and regular participation in activities and programs.

Service users can access services they need to access using public transport.

Ensures mainstream services can be accessed by everyone.

That people are connected and able to participate in their community.

Increased independence:

Allowing clients to remain in their own homes.

Clients remain in their homes longer.

People with disabilities are enabled to use public transport for their journey to and from places which means they can travel independently.

Increases independence.

Reduction in the burden of care for family members and carers:

Providing the service relieves pressure from family members and carers as people with disabilities can travel independently.

Positive physical and mental health:

Client's receive a nutritious meal.

Changes in client health and wellbeing are identified and escalated to staff.

To keep clients more healthy and safe.

Give volunteers a sense of purpose and a chance to "give back" to the community:

Volunteers have an opportunity to give back to community and make a difference, and actually experience the difference they make in a very real way on a continuous basis...

Provides volunteers with opportunities to make a difference.

To give volunteers a sense of purpose.

The outcomes of the practical support model align with the following ILC Outcomes:

Individual Capacity: People with disability have the skills and confidence to participate and contribute to the community and contribute to the community.

Key Activity Outcomes aligning with the outcomes of practical support models include:

- Increased skills and capacity
- Increased motivation, confidence & empowerment to act
- Increased self-advocacy, independence and relationship building
- Increased participation in community life
- Increased contribution to community life.

Connections and Relationships: People with disability actively contribute to leading, shaping and influencing their community.

Key Activity Outcomes aligning with the outcomes of practical support models include:

- Increased connections, relationships and support networks in community
- Increased opportunities for active participation and feelings of belonging in community

Community Capacity

1. People with disability participate in and benefit from the same community activities as everyone else.

Key Activity Outcomes aligning with the outcomes of practical support models include:

- Increased community understanding of rights and barriers for people with disability
- Active involvement and collaboration in the community to drive inclusion for people with disability.

MODEL 6 ORGANISATIONAL SUPPORT MODELS

Organisational Support Model Description

A small number ($n=14$) of programs can be classified broadly as part of an 'organisational support' model. These programs contribute to the general functioning of the organisation and are often integral to organisations being able to provide direct programs and services to people with a disability. A further three sub-categories were identified within this model: administration; community awareness and capacity building; and fundraising.

6.1 Administration

Some volunteers provide administrative support that help organisations to function and achieve their goals in relation to people with a disability:

Volunteers support the organisation by undertaking administrative tasks, such as answering the phones, directing the calls, collecting and distributing mail.

We have a small group of volunteers who assist with office admin tasks in both the disability office and with other teams.

Assisting staff with projects tasks.

Volunteers have also supported the compilation of our annual report, specialised data entry, the development of document control systems, review of website, office administration and reception support.

Answer member and non-member queries about Asperger's by email and phone.

6.2 Community awareness and capacity building

As part of an 'organisational support' model, some volunteers contribute to raising community awareness about disability. This is usually in the form of setting up and running community events:

Run key event topics of interest across our community. Build knowledge of our community.

Organising events for the community members, preparation of show bags, undertaking role of concierge, taking registrations on the day of the event.

[] has approximately 50 volunteers who are actively involved in events across the year - these include volunteers from lions clubs, rotary, rovers, guides, young people with a disability (who are also clients of []) and general volunteers who wish to support family fun days, twilight cinemas, open houses....

6.3 Fundraising

Some volunteers assist with fundraising for organisations that support people with a disability:

Prior to Christmas we have a shop and sell Christmas trees to the public. This is an activity we have been doing for many years. We have a number of volunteers from various backgrounds that provide their time

to assist with the tree selling...Ongoing money is raised to contribute to services we provide to people with disabilities.

[] is a fund-raising operation of our organisation which supports participants to raise funds for our accommodation projects and includes training and entering the Run Melbourne event each year. This year ten clients with disabilities joined the...team and were supported by staff and family members at fund-raising, training and at the Run Melbourne event. Fund raising for accommodation project to build supported independent living accommodation for people with disabilities.

Organisational Support Model Outcomes and ILC alignment

Money raised to support overall organisational goals of providing programs and services, advocacy, information, and raising community awareness

Ongoing money is raised to contribute to services we provide to people with disabilities.

Client, community and corporate participation in fund raising \$70,000 raised to support accommodation projects 144 people participating in Johnno's Run (Run Melbourne).

Greater organisational reach

Enhanced support and reach for all...events and activities

People with a disability are “empowered” with information

Programs under this model such as volunteer-supported information lines, have the outcome of providing people with disability with information and referrals and making them feel more “empowered”.

The outcomes of the organisational support model align with the following ILC Outcomes:

Information, linkages and referrals: People with disability are connected and have the information they need to make decisions and choices.

Key Activity Outcomes aligning with the outcomes of organisational support models include:

- Increased access to high quality, accessible, relevant and easy to understand information
- Improved knowledge about disability and/or where to find support from mainstream and community services
- Increased effectiveness of referrals resulting in a connection with mainstream and community services
- Increased use of information to make decisions to shape and plan an ordinary life.

Individual Capacity: People with disability have the skills and confidence to participate and contribute to the community and contribute to the community.

Key Activity Outcomes aligning with organisational support model outcomes include:

- Increased motivation, confidence & empowerment to act
- Increased self-advocacy, independence and relationship building

Connections and Relationships: People with disability actively contribute to leading, shaping and influencing their community.

- Increased shared understanding, experiences, collaboration and leadership.

Community Capacity: People with disability participate in and benefit from the same community activities as everyone else.

Key Activity Outcomes aligning with the outcomes of organisational support models include:

- Increased community understanding of rights and barriers for people with disability
- Positive change in individual attitudes and community culture
- Active involvement and collaboration in the community to drive inclusion for people with disability.

Advocacy Support Model and ILC alignment

Analysis of interview data from subsequent project activities identified a seventh model, an Advocacy model. Further detail of this model is found later in the report (see page 97).

Model outcomes not covered by the ILC framework

The analyses identified that all model outcomes, with the exception of one, align with one of more outcomes of the ILC framework. An outcome of the practical support model that does not appear to align with outcomes identified in the ILC framework is the outcome of positive physical and mental health.

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Chapter 4: Interviews with people with a disability and/or family members of people with a disability

Activity 4: Interviews

Methodology

Aims

People with disability and their family members participated in interviews to describe the benefits of volunteer-supported services from their perspective. This activity also allowed for further exploration of how well the outcomes of various volunteer-supported models map with the outcomes of the ILC framework. This approach is consistent with the NDIS Corporate Plan (2016 – 2021), which states: Goal 3, Strategy 1: *Respect and actively seek the views of people with disability, their families, carers and other significant persons in the design and evaluation of supports and services to participants*. Activity 4, *Interviews with people with disability and family members*, addressed research questions 3, 4, 5 and 6.

Research Methods

Recruitment

Organisations responding to survey 2 indicated their willingness to circulate an 'invitation to participate in an interview' that included the researcher's contact details to their network of volunteer-supported service recipients with a disability. Individuals were interested in learning more about the project contacted the research team via phone or email. A research assistant contacted the potential participant to answer any questions and to provide interested individuals with a plain language statement about the study and a consent form. Once provided with written informed consent, interviews occurred over telephone or video conference.

Interview content

Findings from survey 1 and 2 informed the semi-structured interview schedule (see Appendix 3 for a copy of the interview schedule). The primary focus of the interviews was to determine the benefits and outcomes of volunteer-supported services to people with a disability and family members of people with a disability. The ILC framework guided interviews in order to ascertain how well the perceived outcomes of volunteer-supported models align with the outcomes of this framework.

Findings

Participants

Twenty-one people with a disability or family members of people with disabilities expressed interest in participating in the research between October 12, 2018 and February 2, 2019. Of the 21 people contacted, 14 people (males = 1; females = 13) provided written informed consent of which two later withdrew due to illness leaving a total of 12 people (people with disability, $n = 3$, family members, $n = 9$) that participated in an interview. These activities resulted in transcriptions of 186 minutes of interview data.

The interview data and its analysis were subsequently incorporated into Activity Six (Organisational Case Studies). They are reported in Chapter 7.

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Chapter 5: Interviews with volunteers

Activity 5: Interviews

Methodology

Aims

In order to comprehensively understand the outcomes of volunteer-supported services for people with a disability, it is essential to obtain views from multiple perspectives. Interviewing volunteers who provide services to people with a disability occurred to facilitate a better understanding of the outcomes of these services for people with a disability through the *triangulation* of data. Triangulation is a powerful technique that facilitates validation of data through cross verification from two or more sources. Collecting information from multiple sources on the same phenomena (in this case, outcomes of volunteer-supported services for people with a disability) assures the validity of our interpretations. Therefore, our aim in undertaking interviews with volunteers who provide services to people with a disability is to ascertain *their* perceptions of the benefits and outcomes of volunteer-services for people with a disability and to explore how these outcomes align with the outcomes of the ILC framework. As noted above for Activity 4, this approach is consistent with the NDIS Corporate Plan (2016 – 2021), Goal 3, Strategy 1, which states the importance of involving *other significant persons in the design and evaluation of supports and services to participants*. Activity 5, '*Interviews with volunteers*' addressed research questions 3, 4, 5 and 6.

Research Methods

Recruitment

Organisations responding to survey 2 indicated their willingness to circulate an 'invitation to participate in an interview' that included the researcher's contact details to their network of volunteers - Individuals who were interested in learning more about the project contacted the research team via phone or email. A research assistant contacted the potential participant to answer any questions and to provide interested individuals with a plain language statement about the study and a consent form. Once provided with written informed consent, interviews occurred over telephone or video conference. Interviewing continued until reaching data saturation, that is, until interviewing ceased to yield new information/themes.

Interview content

Findings from survey 1 and 2 informed the semi-structured interview schedule (see Appendix 3 for a copy of the interview schedule). The primary focus of the interviews was to determine the benefits and outcomes of volunteer-supported services to people with a disability and family members of people with a disability. As with Activity 4, the ILC framework guided interviews in order to ascertain how well the perceived outcomes of volunteer-supported models align with the outcomes of this framework.

Findings

Participants

Forty volunteers of volunteer-supported programs expressed interest in participating in the research between 22 October 2018 and 13 September 2018. Of the 40 people contacted, 23 people (Females, n = 18; Males n = 4) consented to and participated in an interview. Overall, 209 minutes of interviews transcribed were subject to analysis.

Analysis

Inductive thematic analysis of data relating to the key research questions was undertaken using a progressive process of classifying, comparing, grouping and refining groupings of text segments to create and then clarify the definition of categories, or themes, within the data, occurred.

Benefits of volunteer-supported programs for people with disabilities and their families

Presented below are the themes derived from descriptions of the benefits of volunteer-supported programs to the lives of people with disabilities from the perspective of volunteers. The themes identified and described below include increased engagement in community activities, increased independence, information sharing and increased knowledge, protection of rights, social connection and expansion of social networks, sense of belonging, personal development and increased confidence.

Increased engagement in community activities

Volunteers commonly report that volunteer-supported programs enable people with a disability to engage in community activities that, without the program, would have been impossible for them:

To allow people to get out into society so they're not just home bound sort of things. To get them to safely meet with other people. Give them a chance to do the things that they want to do.

For example, one volunteer described a program that enabled children with a disability to take part in “fun” activities. Without the program and the support of volunteers, these children would have been unable to have these experiences:

It gives them the chance to get out into the community and do different activities and things like that. There was this one time when I did one program with a little girl. She was non-verbal and we took her to a jump arena, a trampoline arena, and she just was having the best time ever. Because she has a lot of energy, so she was able to go out and just jump around and get rid of some energy. And I feel for the family as well because they have two older boys in the same situation, they're all non-verbal...So seeing...them all be able to get out and just enjoy themselves. Whereas the family wouldn't have been able to do that just them, so they were able to get out into the community with people, have that one on one support, so they're getting all the attention that they need.

Two volunteers spoke about how their role as traveller aides enabled clients with disabilities to navigate city streets, utilise transportation, and to generally “go about [their] business” in the community:

So, if you have, say, this young girl with a visual impairment, I didn't realise as a visually able person, how truly terrifying it must be to walk through a very busy city street. And she's quite a small person anyway, and very young. So just her getting through the streets with a stick, and people often didn't see the stick, but people were coming in front of her, jumping across the stick, it was just terrifying for me, and I could see what was coming. So, for her, I just can't imagine what it would have been for her. So just to have someone there who could make sure that if people did get too close, you just kind of block them a little bit, and just make sure she got to the place she needed to get to, meant that she could go about her business, and do the things she needed to do.

It helps them deal with trams and buses and, occasionally, taxis. They have difficulty on their own sometimes. Especially getting on and off trams. Dealing with the busyness of the city. I think a lot of them would have a lot of trouble forcing their way into a tram if I was not there saying, "Excuse me, excuse me.", to the people around, and making way for them...people tend to be looking at their phones and I need to warn them that we're coming. Probably they're more blind sometimes than the people I'm helping. Yes, it would be very, very difficult. Even with a dog with blind people. I help quite a lot of people who are vision impaired and even with the dog, busy footpaths are difficult to deal with, extremely difficult to deal with.

Increased independence

A key program outcome for many program participants was the development of increased independence. Programs often allow participants to develop their independence within the context of a “safe space” in which volunteers supervise them:

It helps a little bit with the social skills, because they're meeting... it's not always the same people on these activities and its always different volunteers so they're learning how to interact with new people and make friends with people around their own age. I feel like it gives them a little bit of an independence. The staff and the volunteers are there to make sure they enjoy themselves, we don't necessarily be like, "You need to do this, you need to do this." Say we're at the trampolining place, we're not going to say, "Right, you need to be on this trampoline, or." We give them that independence, to say, "Right, where do you want to go?" And we just follow them, and we're there to help them if they need help, or just to keep an eye on them, so they're safe and stuff like that.

Some volunteers feel that programs enable participants to learn new skills which, in turn, lead them to be less reliant on other people:

I think the aim of the program is wherever possible to treat the child the same as we would a normal completely functioning child, and I think that's a great thing. I think that needs to be reinforced more right the way through from young children right the way to older adults because people often tend to treat people with disabilities as people who need to be pitied, and need things for them, and we need to take care of them a lot. And I really think that we need to try to let people with a disability do as much as they can for themselves and not take over because it's quicker, and to let them do something that they can do to get that sense of satisfaction out of doing it for themselves. Also, by doing that with children, we're creating an adult who can function...there's a little girl there who when I first started, I used to always put her shoes and socks on. She's a terror for taking off her shoes and socks mainly because she loves the sand pit. As soon as she sees the sand pit off come her shoes and socks. So, it got to the stage where I was putting on her shoes and socks and she'd talk them off. I'd be putting them on probably eight times a day at least, maybe more. And so, I now make an effort and make sure that she can...and now she's getting to the stage where she will actually just automatically do it herself. Instead of just sitting there on a little chair and sticking her feet out to have it done for her, she'll actually do it herself, and I think that's great.

Another volunteer who designed innovative technological solutions for people with a disability outlined how his role enabled people with disabilities to have more independence freeing them up to live a “more complete or fuller life”:

Seeing other people become independent, asking people what they want to do and helping them to achieve it. I mean, it can be as simple as someone wants to have a clamp or a bracket made so he can support his camera to take photographs from his wheelchair. The things (a) that they want to do, and (b) that are necessary for their life without necessarily having to ask their assistance all the time.

Information sharing and increased knowledge

Program participants often gain knowledge from their interactions with volunteers and through their participation in programs:

Mostly, it's just really satisfying because she always has such a great time and really enjoys it and you can see her learning things from our time together.

Whenever she brings me to, for example, bowling or something... And there she will know that the place they would have a companionship card, let's say. And then she learns how to use her own travel and companionship card. Yeah. And then she knows the resource is out there, which she has the rights to enjoy.

Some programs facilitate the sharing of information between program participants:

Well they enable them to meet with other people that have got other various disabilities and they can see that they're not the only person that has a mental health problem or whatever else might be and because other people talk to them maybe they can find ways of other things that they can do that can help them. Other programs, et cetera they might not have been aware of unless they went and got this personal interaction.

Protection of rights

Protecting the rights of people with a disability was seen as a particular benefit of some volunteer programs as highlighted by two volunteers whose roles involved being advocates/supports for people with a disability engaged with the criminal justice system:

I get a satisfaction of knowing that the client is being treated fairly.

It means that the person who is in the – obviously they're in a strange environment, which attending a police station and that is a strange environment to most of us. It enables them to participate fully and clearly in the process.

Social connection and expansion of social networks

Several volunteers feel that their programs allow participants to interact socially with other people and expand their social networks. Respondents indicated that this happens either through participation in group activities where the formation of social connections occurs or through one-on-one interactions with volunteers. For example, one

volunteer whose role involved hosting a child with a disability in her family home felt that participation in the program had opened up new connections and experiences for this child:

Well, I think it's opened up another lot of - another social network to her...I've got...girls who are older than [] and they've been - since [] has been staying with us they have both met their partners and they've been married. So [] had a network with not only my daughters but with their partners as well - - - - - and their families. So, it's a broader - a broader family social area that she's been exposed to.

Another volunteer described the positive impact of program participants interacting with one other in a group environment:

They get to interact with people around their own age and kind of with the same level of disability to help them interact, help them socially and get them out and about. I would imagine it would be very isolated majority of the time...they would want to do like go to the beach and be you know ten disabled people all around the same age out have a good time and watching them interact and you know laugh and have fun together.

Sense of belonging

Program participants develop a sense of belonging by being in an environment where they feel accepted and included:

It's a very fun, enabling environment where everyone is treated like - I don't want to say normal. Often when you go out into community or go with the groups, you see people walking by and they look at you - it would be quite isolating to have an intellectual disability or a physical disability. But, within the group, everyone doesn't even notice anything different, and it's just enabling and it's beautiful.

Personal development

Personal growth and the achievement of goals is a benefit of some volunteer-supported programs:

So instead of it being...let's do this activity to pass the time so your parents can have a break, it's more what would the clients like to be doing to become more involved in their community. And they're doing things like working themselves to get a volunteering spot or to get a job, a supported job or things like be able to go to a café and order and pay for their meal completely independently and I think that is a great new initiative that [organisation] has that shifts it from being a sort of respite care service to a personal development of the individuals.

Increased confidence

Through their relationships with volunteers and the trust that develops through this relationship, people with disabilities are seen to develop greater confidence:

I think so because there's a huge difference between at the beginning when I worked with her, and now...So she's really changed. And she's more confident, and sometimes she would just like joke with me and like, "Oh, [], you're so weird." So, I'll be like, "Yeah, I know." So, we've become like friends. And then she would say whatever she'd want.

Benefits of volunteer-supported programs for families

Volunteers were asked how the program in which they volunteered benefited the families of people with disabilities. Themes are presented below.

Respite for families

For families, volunteer-supported programs were seen to give them some much needed respite. Having this time was seen to give family members the opportunity to engage in activities that were not possible when performing their caring role such as going to work, attending social events, exercising or performing housework.

It's taking care of the children for the day and it's helping the parents to just sort of have that little bit of freedom.

It gives them [carers] some, sort of, relief...They can go off, they've got two or three hours where they can go off to the movies, go for a walk or whatever else. Which, if they didn't have someone come in to look after this person, to take them to these social events et cetera, then they would be stuck there with

this wheelchair bound person or whatever, all day long...Because people don't really understand, what the role of a carer is, and what sort of pressures it puts on them, whether it be mental or physical.

I think, well firstly it is time for the families to do other things like us. Yeah, those things like go to work or it helps if sometimes I pick [____] up from school so that her mum can work a full day, that sort of thing.

I think, first of all, it's quite handy for them [family] because I'll go and pick her up and take her out for half a day. Quite often, the mum will time that with when she wants to go and do something.

To give the parents or carers a bit of a break for a few hours.

I think that mainly just in the respite side of the program just probably, and it's a horrible thing to say, but just taking that child away for the day I think would be a huge help because they are full on children. And especially the extremely disabled ones, they just need a lot of time and a lot of care, and often there are other siblings in the household. But even just to have time maybe just to do your washing and ironing and stuff that you wouldn't be able to do with them around because they're just full on really attention soaker uppers. They just need a lot of attention...it enables the parents to have a bit of a break.

I've heard when parents have dropped their child off to do one of the programs, it's meant that they could go out to do their things for themselves as well.

Families feel that their children are in “safe hands” and are well-protected by volunteers. This allows them to “relax” and make the most of their “free” time:

It gives people, particularly parents of people with a cognitive disability, some comfort to know that someone's sitting there ready to help their person... so, having someone who seems to know what's going on, and is willing to be supportive of whatever the matter is. That's a big comfort.

It gives the parents time to relax...because they know they're [person with disability] in capable hands.

That young girl, say for instance that I was talking about, lived with her family out in the suburbs, and it meant that her parents could feel confident that she was going to be safe, and looked after.... I guess, indirectly it's helping families, because it means that they know that their loved ones are looked after, and they don't have to fear that anything's going to happen to them.

I guess for them knowing that you know that their child is in good hands then you can have a night to go out for dinner or to just sit at home and not having to you know look over their shoulder and worry about what they're up to.

Gives families the opportunity to spend one-on-one time with their other children

Having their child with a disability take part in a volunteer-supported program gives parents the opportunity to spend time with their other children.

So, what happens, is the activities usually run from like 10:00 till 5:00. During that time, the parent — and it's usually on the weekend or in the holidays — the parents aren't with them, unless it's like a family camp or family day thing. But normally the parents just leave them with us, we take them out for the day, and that's their own time. With camps as well, we take them out on camps and stuff. So it would be from Friday to Sunday, so then they've got the weekend to themselves, or to give their attention to other siblings, if they've got other siblings, whereas they might usually have to give this child a lot of their attention, and then other siblings are losing out. So, it gives them time to relax, or give the other siblings or other children that attention that they might be wanting...

So, it's also given them [parents] a bit of - a bit of time to spend one on one with their other child.

Like I know they went to her brothers soccer final not that they couldn't go with [____] but when she wasn't there, their attention was solely focused on their son and I know that meant a lot to him that because I know that siblings of people who, well from my experience, the siblings of people with disabilities often feel like they don't get all the attention that the person, the sibling with the disability gets. So, I know that meant a lot to her brother that the parents could go to his soccer match and were just there for him and they weren't sort of distracted and they had sole focus on him and this important day for him.

Appreciate their child having opportunities for self-development

Parents appreciate the opportunities for social engagement and skills development that programs offer their children.

I'm sure lots of parents would be very pleased with the personal development of their children by having all these interactions so working on their social skills with different people.

Emotional support for families

Volunteers are a source of emotional support not only for the person with a disability but also for family members.

I can be the ear for [_____] mum... at different times, you know, I am there for the family as well.

Benefits of volunteers versus paid staff

Volunteers were asked how program outcomes might be different if their role was undertaken by a paid staff member, and whether they felt there were any special benefits volunteers bring to the role. Themes identified and presented below include 'volunteers empower program participants to increase independence', 'volunteers are caring and genuinely desirous of friendship', 'volunteer are low-cost and available resource', 'volunteers have no conflict of interest', 'volunteers and paid staff both have complimentary and necessary roles', 'volunteers are compassionate and committed to improving the lives of people with a disability', 'volunteers have a greater focus on "fun"', 'The volunteer role is more informal and more flexible', 'volunteers are able to provide individual attention, volunteers are less prone to "burn-out"'.

Volunteers empower program participants to increase independence

Compared to paid support workers, volunteers believe that they are better able to empower program participants to become more independent.

Her mum always told me before...because I think she's only got one support worker, a paid support worker. And also, they participate in this [_____] program. They just don't need the support worker anymore. Yeah. Because they told me that the volunteer actually can really empower her daughter. And she became more happy...So this is an empowerment program. So, we empower her and then she feels like, "oh yeah, I'm valued. And also, I've got the ability do things." But the support worker, they just support her all the way from dressing...help them with everything...And you know, for them [family], it's not really progressive. And it's not what her family wants.

Volunteers are caring and genuinely desirous of friendship

Program participants are seen to value their time and relationship with volunteers more highly than that of paid staff. This is because volunteers choose to spend time with them without any financial incentive. Volunteers believe that participants see that they have a desire for friendship and a genuine concern for their wellbeing.

So, I think she's always really excited to see me and I know she, we both really enjoy spending time together. I know she feels comfortable with me and she's always excited when we get a chance to do something together...I think paid staff members with training could have a similar outcome but I do think the fact that it's volunteer driven and that I or any volunteers are doing it because they want to and they're not getting a financial gain out of it I think that makes a difference. I'm sure there are some, there are plenty of paid disability workers who really love their job and get a lot of enjoyment out of it and really like doing it but I think the fact that it's volunteer and not paid shows that all of the people are there because they really value it and really want to do it.

I think it just changes the nature of it if you're getting paid. Sometimes we've gone out and met up with one of her friends who's with a paid carer, and I'm, obviously, there as a volunteer. Effectively, we're doing the same thing. But, I guess, because it's not paid, maybe she feels more comfortable or more relaxed and maybe it's a bit more of a friendship type relationship.

Volunteers are low-cost and available resource

Volunteers are seen as a low-cost resource, often available to people with a disability when paid staff are not.

They [volunteers] bring a benefit that they're often available when paid staff wouldn't be or there is a cost to the community if you don't use volunteers...Could we afford to do it as a community if we had to pay people to do it because we're available seven days a week, 24 hours a day.

The [program] wouldn't at all, without the volunteers. The people in the office basically help with administrating the program. They organise a bit of training for, well quite a deal of training for us. Then the volunteers basically are on call through email. They send us emails saying, "Can you do this one?" We

email back if we can. Yes, the organisation probably wouldn't be able to survive without volunteers because people being paid to do that would be enormously expensive.

Volunteers have no conflict of interest

Volunteers feel that paid staff may sometimes have a conflict of interest with regards to their ideas and motivations; whereas volunteers come from a place of “neutrality”.

Neutrality. No vested interest.

I personally don't want to be paid for this. I suspect a paid person would want to be billed based on time or effort. With anything that's related to paid employment, you can end up with gaming the system, which means you've got conflicting ideas or motivations in regard to helping someone. So, I'd rather just do it purely on a voluntary basis.

Volunteers and paid staff both have complimentary and necessary roles

Some volunteers felt that there is equal value in both volunteer and paid staff roles. The skill sets and roles of volunteers and paid staff were seen as complimentary and equally necessary.

I think it's great that the disability sector that I'm in has a combination of volunteers and paid staff. I think the combination works really well...I think there's some responsibilities that need to be assigned with pay such as personal hygiene and toileting and that sort of...I think that is a high responsibility that needs a bit of training and that I definitely think should be a paid role because it is a more responsible position..

I guess, they're [volunteers] there because there's no conflict of interest; they're not going there to get paid or get anything out of it, other than to have a good time. But, then, I guess, at the same time, we're less looking out for risks and things, whereas the staff will be making sure that everyone is really safe, and they wouldn't get into trouble and those kinds of things...So, it's good having both.

Volunteers are passionate and committed to improving the lives of people with a disability

Volunteers are perceived to be more “passionate” and generally more dedicated to improving the lives of people with disabilities. Paid staff are perceived by some as being primarily there to “collect money”.

Well, the paid person's only doing it, basically for money. They're not really there for the, for the client. Whereas a volunteer, they're not getting anything out of it, other than, a satisfaction of a relationship or a job well done et cetera. So, there's no financial incentive. It's there because you want to do it, you want to help people. I'm saying, that some paid people, they want to be there, to do it for the same reasons. But people, you take, nurses in an old age folks place, they're there just to collect their money, do their nine to five and get out of the place. The fact that they're dealing with all these elderly people whatever, in between time, it's just a burden, they have to do to get their money. I'm not saying they're all nurses are like that, you know, a lot of them are very caring.

Volunteers have a greater focus on “fun”

While paid staff are often engaged in performing routine care tasks, volunteers are often in the position of being able to “help everyone have a really good time”.

The volunteers just get to be – we are usually there for social and building relationships...The carers sometimes are just focusing on the physical things like clothing and food. We don't really do that. We're just there to help everyone have a really good time.

I'm very clear on what I could do and what I couldn't do as a volunteer. All we had to do is make sure that everyone was having fun. We wouldn't you know kind of tell anyone what to do or like if anyone kind of did anything wrong you would grab one of the paid workers...we were purely there to kind of interact, chat to them and find out how they are. Kind of encourage them to interact with each other and really to just make sure they are having fun. Paid workers you know did all the checking, head counting them and taking them into the toilet and things like that.

Volunteer role is more informal and more flexible

Compared to the role of paid staff, the role of volunteer is seen to be more flexible and informal. Volunteers feel that if their role was performed by a paid staff member it would be necessary to have greater structure in their engagement with program participants.

I would think, if I was getting paid, I would need to have some kind of format to what I was doing, and thinking okay today, we're going to focus on these three tasks. Whereas, it's much more relaxed.

Volunteers are able to provide individual attention

Given the demands of the paid staff role, volunteers are frequently able to provide more uninterrupted, individual attention to program participants.

I feel like the paid staff have got more responsibilities, they've got to oversee everything, whereas the volunteers can concentrate actually on the child they're matched with that day, or if we're not one-on-one and it's just group activity and there's a couple of us, I usually are able to put more thought into the children, rather than thinking about anything else that needs thinking about.

Volunteers are less prone to “burn-out”

Compared to volunteers, paid staff are more likely to experience “burn-out” performing a role they may not have chosen if they were not being paid. By contrast, volunteers have freely chosen their role and are “happier to be there”.

I feel that volunteers, when they do things, they... If you're doing it, not because you're getting paid, but you're doing it because you want to do it. Whereas sometimes, not always but sometimes, a paid person could be having a bad day, or doesn't really want to be doing it, they may be a little bit grumpy, I don't know. That's worst-case scenario, but realistically, the mechanics of the job will be the same.... Many years ago, I volunteered at Lifeline, and they used to say that volunteer burn-out was less than paid counsellors' burnout. It was because the volunteers were there because they wanted to be there, they didn't have to be there, and generally volunteers were happier to be there.

Chapter 6: Interviews with service providers

Activity 6: Interviews

Methodology

Aims

The aim of undertaking interviews with service providers directly involved in the provision of volunteer-supported programs is two-fold. Firstly, to allow for us to ascertain their perceptions of the outcomes associated with people with a disability and their family members receiving volunteer-supported services. Secondly, to allow for an in-depth *organisational* exploration of current models of volunteer-supported services and how well these models align with the ILC framework. Activity 6, Interview with service providers addressed research questions 1, 2, 3, 4, 5 and 6.

Research Methods

Recruitment

Participants responding to survey 2 indicated their willingness to participate in an interview and, if so, to provide their contact details. A purposive sampling strategy employed sourced potential participants through researcher, DHHS, and 'Critical Friend' Advisory Group networks. From there, snowballing sampling occurred to identify further participants. A sample of participants representing a range of models of volunteer-support was sought. A research assistant contacted the potential participants to answer any questions and to provide interested individuals with a plain language statement about the study. An interview commenced over telephone or video conference at a mutually beneficial time once a participant consented. Interviewing continued until reaching data saturation, that is, until interviewing ceased to yield new information/themes.

Interview content

Findings from survey 1 and 2 informed the semi-structured interview schedule (see Appendix 3 for a copy of the interview schedule). The primary focus of the interviews was to explore in greater detail various models of volunteer-support (including how implementation occurs from an organisational perspective) and how well these models do or do not fit with the current ILC framework. For those models that do not currently fit with the ILC framework, further exploration to determine how these models could be modified to align with ILC framework or how the framework could be modified to incorporate the outcomes of these models.

Findings

Participants

Thirty-eight paid staff members of volunteer-supported organisations expressed interest in participating in the research between 19 June 2018 and 13 September 2018. Of the 38 people contacted, 25 people (Females, n = 20; Males n = 5) consented to and participated in an interview. Overall, 209 minutes of interviews transcribed were subject to analysis. Interview respondents described up to three volunteer-supported programs that the organisation implements. In describing the program and the Organisation's characteristics (including the target group for a volunteer-supported program or programs) many demographic variables were represented in at least one description indicating a good representation across disability types (with the exception of psychosocial disability and cerebral palsy), diverse cultural populations (with the exception of an ACCO organisation), age (with the exception of children less than 3 years of age), location and organisational sizes.

Table 8. *Target group, Organisation Size, Program Location and Type represented in interview data.*

		Represented in interviews
Target group characteristics	CALD	Yes
	ACCO	No
	Psycho--social	No
	Intellectual Disability	Yes
	Autism	Yes
	Cerebral Palsy	Yes
	Spinal cord or brain injury	Yes
	Permanent Blindness	Yes
	Permanent bilateral hearing loss	Yes
	Deaf blindness	Yes
	Amputation	Yes
	Early childhood (0-7)	Yes
	Childhood (7-14)	Yes
	Young adults (15-24)	Yes
	Adults (25+)	Yes
Organisation size	Small	Yes
	Medium	Yes
	Large	Yes
Program Location	Metro	Yes
	Regional	Yes
	Rural	Yes
Program type	Stand-alone	Yes
	integrated	Yes

Analysis

Inductive thematic analysis of data relating to the key research questions was undertaken using a progressive process of classifying, comparing, grouping and refining groupings of text segments to create and then clarify the definition of categories, or themes, within the data, occurred.

Identifying volunteer-supported service models

The interview data revealed examples of all volunteer-supported service models identified via Survey 2, providing further validation of Survey 2 findings. The identified volunteer-supported service models were:

1. Social support and community participation models
2. Supported activity models
3. Skills development models
4. Out of home support model
5. Practical support models
6. Organisational support models.

In addition to the above models, the analysis of interview data revealed an additional volunteer-supported service model not identified through Survey 2. The seventh model, known as the 'advocacy model', is discussed in detail below.

Model 7. Advocacy models

Several programs within the data were determined to be representative of an advocacy model. The principal aim of programs within this model can be described as that of protecting and safeguarding the rights of people with disabilities. Examples of programs representative of this volunteer-supported service model are provided below.

So the first one we've got is the [____], and that's where we sit in on police interviews for people with a cognitive impairment or a mental illness, and our volunteers are trained to meet with the person and assess whether or not they think they can understand the cautionary rights, and they have sufficient communication ability to be able to participate in the interview. And if they assess at the outset that they don't think the person can sufficiently understand, then they would be raising that with the police. And they then... if the person is capable of going through the interview, they then sit in the interview with the person. They're there to facilitate communication, so they might be asking police, for example, to break a question down into smaller parts; they might be asking them to speak more slowly; they might be asking them to rephrase things. They might ask for things like a break for the person...And what the [volunteer] does is actually ask the person's permission to record a brief summary of the interview, that comes to us, in relation to what's happened in the interview, and what happened in the pre-interview, whether the person understood their cautionary rights.

The [____] Program [is] where we go into prisons for people with a diagnosed intellectual disability...and that's where we sit in governor's discipline hearings for people who have breached the rules or regulations in the prison, and they're making sure... that the person actually understands what's happening, and that the process is done in a fair manner for the person, and that the person can actually participate and understand. Because the consequence of the governor's hearing is that the person might lose privileges, and potentially it could eventually impact their sentence, if it's really severe.

Then the other program I've got, which is one of my other large programs, is [____] Program, and that's where we visit residential accommodation, to make sure people's human rights are protected, and that they are able to live a meaningful life. And that is done by volunteers; all the visits are done by volunteers.

Evaluation of volunteer-supported programs

Service providers were asked whether any of their volunteer-supported programs had been evaluated, and if so, how they had been evaluated. Themes are presented below.

Feedback from program participants, volunteers, family members and key stakeholders

Most service providers report that they routinely collect data about the program experience from volunteers and/or program participants. Others also obtain feedback from family members and organisations involved in program delivery. Data is usually collected through surveys and verbal feedback, and sometimes through observation.

We've done surveys over the years, and client surveys.

We get feedback from our volunteers, and that's the only form of evaluation that it's had.

I guess we do annual evaluation through surveys each year, separate for volunteers and clients.

Outcomes measurements could be feedback from work placement...General conversation and a lot of observation, I take journal notes on every participant every week as well, so I'm looking at that. It might be whether we look at attention span or we look at how you cope with that task, or what your level of enjoyment was, or how was your behaviour in this situation? I will review it all, but I have parent conferences every term as well, so I have a conversation with how people are tracking and what it's looking like. I've already had two conversations with families about pathways already. Generally, a lot of it's observation and feedback from external parties.

Only one service provider described attempting to gain an understanding of program impact through the collection of pre and post-program data from participants.

At the very beginning the students are given a questionnaire about how they feel about a range of things, which includes meeting strangers, going out by themselves, being independent, what they know about employment, types of jobs et cetera, employability skills. They do that the very first session on day one. They then do it on day seven of the program, so the last day, they do that, that's the last activity they do before they go to graduation. So that gives us an extent of their feelings.

No evaluation

Many service providers reported that there have been no evaluations of their volunteer-supported programs. Often limited resources prevented them from being able to undertake evaluations.

We do not have a formal evaluation. We wish that we did. I wish we had more time to do that, because at the moment we are so stretched thin. We are stretched thin with our time and our resources.

It's been a been an area that we've been working on and we've still got some more work to do...we'd like to have a baseline and a bit more sophisticated evaluation process but again it's about the resources to really do that. It would be great to be able to look at those outcomes in a greater way.

Feedback used to refine program development

A number of service providers reported that feedback collected from program participants and volunteers was used to improve the design and implementation of their programs with the aim of "continuous improvement".

In the more formal programs like the Family Fun Day, we get feedback from volunteers. Asking; did they feel supported; did they have all their questions answered; was the role correctly described. All sorts of information that we use to inform the next event. So, if there's been a gap identified, we can address that at the next event.

I think because we moderate and validate the work as we go along, it's sort of continuous improvement...I know that with the work experience, for example, we're going to drop it down. It was too long and things like that. There's sort of been a lot of moderation and validation. When I look at the program for next year, all those things will be adjusted.

Formal evaluation

Three service providers reported that an academic evaluation of their program had been undertaken. One service provider felt that the evaluation of their program was not especially informative while another felt that the evaluation did not adequately capture the value of the program to program participants and their family members.

"There was an evaluation done, was it this year or last year, and it was a [University] evaluation. That's the only one to my knowledge, and possibly the only one, because the program's only been running for 18 months. The evaluation is huge, it's kind of Bible size, it's a massive, very big thing. So, I have read it, haven't read it back to front, cover to cover, because it's huge. But in terms of how helpful it was – I mean, I probably don't think it said anything that we didn't already know in terms of the struggles and

the challenges that the program was experiencing, and what we could do differently. I don't think it highlighted anything new to us".

There was an evaluation done on whether the program actually contributed to weight loss and health outcomes for the participants. And the results were not significant. But an hour's exercise a week, when you think about it, it's not a lifestyle change, there's only limited – you can't expect to lose kilos and all of that kind of stuff, so that's the only evaluation I knew of. It was a joint study with, I think it was [University]. I mean, the parents and the participants felt like they had achieved outcomes even if there was no measurable difference in heart rate and all of that kind of stuff, so they felt like there was a difference, so that's good.

Benefits of volunteers versus paid staff

Service providers were asked what they felt volunteers brought to their programs that paid staff did not. Themes are presented below include 'meaningful relationships', 'specialised knowledge, skills and experience', 'expanded program capacity', 'enthusiasm, fun and innovation', 'increased community connection' and 'genuine commitment'.

Meaningful relationships

Compared to paid staff, volunteers were seen to have stronger, more meaningful relationships with program participants. These relationships were often characterised by genuine connection and trust. The fact that a person has chosen to willingly spend time with them without any financial incentive was seen to be especially "meaningful" to program participants.

I'm sure you've heard this many, many times, the people who are supported by volunteers really appreciate it, because they know, in many cases, the volunteers are the only people who are there because they want to be, not because they're paid to be. So, the connection they have with their volunteers is a much more genuine and more relationship based, rather than transactional based relationship.

I think that for a lot of people with a disability, the only people they often have routine contact with are people who are paid staff, and I think it's really fantastic for people with disability to actually have an ongoing engagement with someone who is not a paid staff member, who has done it for purely altruistic means. So, they have got out of bed at midnight and come down to a police station to support someone purely because they want to do some good in the community, and they want to support a person with a disability. And I actually think that a lot of them reflect how astonished they are that those people volunteer.

This relationship with a volunteer was also perceived to have a positive impact on the self-esteem of program participants.

It increases their sense of self-worth, because they're not mixing with just people with disabilities, or they're not mixing just with workers. They're mixing with people who want to be a part of their life, and not receive any benefit from it.

Parents also value the fact that volunteers freely choose to spend time with their child and form a relationship with them.

They know that this person is choosing to give their time to their child, and I think the value of that to a family is extraordinary.

The friendship formed between volunteers and people with a disability is often enhanced by a shared experience of disability.

There's a lot of trust because people understand the volunteers are there really to help, there's no ulterior motive. There's no commercial motive, and especially being lived experience there's a real feeling of trust and the feeling that they're part of the tribe and their community and that they're not going to be mistreated, which are the key issues for our members.

Compared to paid staff, volunteers were seen as having more time to spend with program participants. This allows genuine friendship to grow.

It's probably that individual connection that sometimes isn't always able to be delivered by staff, or it's extra time, as well, I think. Volunteers are very generous with their time and more than happy to have a chat, so I think it's partly that social connection.

For programs with the goal of ongoing friendship/companionship, it was seen as integral to the success of programs that the participant with a disability be matched with a volunteer and not a paid staff member.

I think this program specifically is actually very important in terms of the volunteer being the mentor and not a paid staff member, and that's highlighted even more so in the sense that the people in the participants' world are all paid, so I think there's a huge value there...especially when it comes to matching up our participants with someone who has common interests, the possibilities in how that relationship can grow past the program, or past the six to 12 months is actually really quite valuable. It might be something that initially they think is only going to last 12 months, but there could be relationships that years from now are still really quite strong, and they're quite formed, and established. So I think that there is a huge amount of potential for somebody who isn't paid, and who isn't kept within the confines of a role and what they can and can't do, because a volunteer can come into a participant's world and have a substantial amount of impact on that person, without them being a paid staff member.

They [person with disability] more or less become part of the volunteer's extended family as well. It's not uncommon for volunteers to, for example, invite participants to their home for Christmas. Rather than being alone on Christmas day, they'll be part of a family environment.

Specialised knowledge, skills and experience

Many service providers feel that volunteers bring specialised knowledge, skills and experiences to programs. Often, programs are only able to be offered because of the knowledge and skills that volunteers bring into the organisation.

It's a very old world thinking that volunteers often are just well-meaning citizens, and there's not a great understanding of the skill and capability that they bring to the role. So, outside of the listening skills, which is incredibly important, but they also come with amazing sets of skills...they are retired clinicians and, you know, retired lawyers and all sorts of incredibly capable and skilled people.

So, without belittling the rest of the staff, volunteers are the key part of this organisation, they are the people with the skills and the expertise and what they deliver is truly amazing.

Quite often volunteers bring a skillset that staff don't necessarily have. So, staff may be trained in disabilities, but remembering that under the NDIS, it's very choice-driven by participants. So, if participants might say, "I'd like to learn about art," "I'd like to get my learner's permit," "I'd like to go fishing," and "I'd like to do hospitality as my future employment." All of it, our staff may not be trained in those areas. Staff may not have ever fished in their lives. So, by recruiting a volunteer that's got a skill set in fishing, they've already got the expertise. The staff only need to support the participant to engage with them. If we recruit a volunteer that's got, like we've had with our cooking programs, we recruit a volunteer who's been a caterer or a lot of experience in cooking, then they're going to have the diversity and understanding of cooking our staff can support participants to learn to cook.

I think that they bring a kind of fresh energy and an interesting knowledge that isn't necessarily in these four walls.

Volunteers also bring a wealth of experience and are, in some cases, more experienced than paid workers.

There are many people who have been involved for a long, long time. We've got a couple of folks who have done more than 100 camps with [_____]. Even though they may not be qualified in say disability support work, they are so experienced they often provide a far better service than the paid workers do, who may be young, just starting their careers, and maybe just simply newly qualified....we find the volunteers themselves are highly, highly trained by us, and also highly experienced, they just may not be qualified if that makes sense.

Her extensive experience is fantastic because I'm trialling new work. She might do moderation and validation on some of my documents. She might read something and say, "Another word might be better here," or something like that. She's helping me test out the content because she's a content specialist. She brings that skill, years of experience working with disability, so she's very good with behaviour management and support.

The café, or the tea rooms, as it's called, is a great example of how it works best. We have a team meeting, we meet together about every six weeks; so that includes staff, community volunteers, and client volunteers...And certainly one of the things that happens is we've gathered a whole bunch of people that we wouldn't otherwise hear from, who have got their own life experiences, their own creativity, their own energy, and that's incredibly valuable...our community volunteers they come in with their own energy, and their own interests, and their own particular perspectives, and that makes a contribution to what you do.

Service providers report that paid staff often benefit from the knowledge, skills and experience of volunteers.

So, staff spending time with volunteers also gives that opportunity for the staff member to think outside of the square, to use someone who has worked in another part of the industry, or another role or commercial, whatever it is to think differently about what we're doing, so that we can really question what we deliver to clients all of the time. And, to treat them like a colleague, and to really embrace those opportunities to learn from each other...volunteers have got this incredible skillset that we could learn from in the paid workforce. So, we need to recognise that, and we need to support that, and we need to invest in it.

Expanded program capacity

Having volunteers in addition to paid staff allows organisations to expand the capacity of their programs. With the assistance of volunteers, they are able to provide programs to a greater number of participants and/or provide individual attention and support within group programs.

They actually bring so much more than we as an organisation could provide without them. Because we are a not for profit, our staffing is quite small and there's not the money to run lots of new programs. The volunteers enable us to do that. So, the volunteers hugely expand our capacity to support clients, they broaden that network of support...paid staff could do it, but we don't have capacity to have paid staff doing it.

I think that they provide that additional support. So, with our programs...if we have a volunteer or a few volunteers on that day, they can provide us that extra bit of engagement and added level of interaction. Yeah, and like you know we might have a more challenging child and they can just go help that worker ...so they're definitely invaluable to our programs...

Volunteers are also able to assist program participants when paid staff do not have the time.

They deal with other complex issues that the staff just don't can't deal with at the time. For instance, going back to the individual who was put onto the NDIS, he's also mentioned to the volunteer – because of the bond that they've built – that he has a sister somewhere in country Victoria that he hasn't spoken to for 40 years. So, the volunteer is now looking into trying to connect those two together...There was another similar case, where we matched a lady to a younger gentleman, and found out that he's got a grandmother somewhere in [____]. The staff had lost all of that information, and that was his only family member...So, she's trying to trace down his grandmother to see what happened to that relationship.

Enthusiasm, fun and innovation

Compared to paid staff who have additional duties and responsibilities that consume much of their time, volunteers were seen as bringing “fun” and “enthusiasm” to programs.

The advantage is the enthusiasm that they [volunteers] bring and their willingness to want to give back and learn.

The volunteers bring fun, they're not hung up on time, not hung up on boundaries, they know there are boundaries of course...the volunteers add to the fun.

With their “fresh eyes”, volunteers are often able to come up with new and innovative program ideas.

In a way a volunteer has a certain freedom that a paid staff member doesn't have. I don't mean to do anything they want, but there are things that they don't have to worry about which is part and parcel of the position of a paid staff member. They bring fresh eyes; they bring different ideas. A lot of our staff have been here for quite some time now, so we had a big turnover issue about 10 years ago and now no one's leaving. So fresh blood and fresh ideas are always good.

Increased community connection

Volunteers often have extensive community connections and are able to share these networks with program participants.

Look, a lot of our volunteers are really connected to their local community, as well. A lot of our volunteers live within the city of [____], as well, so they're really connected.

Genuine commitment

Compared to paid staff, volunteers were perceived to be more strongly committed to improving the lives of people with a disability. This was because they were choosing to give their time freely.

I think volunteers have far greater commitment, and genuine concern for what they're doing. It would be sometimes very difficult to find the right people to do this kind of work. You can advertise it and have a selection criteria and people can tick off KPIs, but they don't necessarily have what comes from within themselves to be genuinely committed to the young people above all else. When you put the young person first and foremost, you sometimes have to step back and say "Well, that takes a lot of time, and my KPIs in my paid employment wouldn't expect anywhere near that", but you give it as a volunteer. You know, why do I go shopping? Why do I take on buying clothes for 17 young people with varying disabilities? Because it's just so rewarding, and it doesn't matter that it takes all that time, or all that energy. Would I be so committed to my paid employment? I try to do be committed, I do everything that's asked of me, but it's that personal thing. That to me is the difference.

Benefits of volunteer-supported programs for people with disabilities and their families

Service providers were asked how their programs benefited the lives of people with disabilities and their families. Themes are presented below.

Friendship

The friendships formed between volunteers and program participants were seen as one of the primary benefits of volunteer-supported programs. For the person with a disability, these friendships led to a sense of belonging, increased confidence, a shared understanding of their needs and aspirations, and increased community participation. These themes are discussed in detail below.

Sense of belonging

Having the opportunity to form a friendship with an individual who was not a paid staff member, or a family member was seen as very valuable to people with a disability. Service providers report that people with a disability are often socially isolated so having a "friend" provides them with the opportunity to feel "normal". This friendship is also beneficial for families as it gives them the opportunity to broaden their circle of support.

One of the clients said he just wanted to be like a normal person and have a friend, and he felt like after he was matched, he just felt normal like his brother. So that's a really big statement, you know, to actually come across with such simple things, friendship and, you know, what the program does, that it's really massive in people's lives.

The value of volunteering, it's powerful...I've mentioned families feeling that often their children only have paid staff and don't have genuine relationships. So, it is about that. It reduces isolation for both the participant, the child and the family, the parents. It's really connecting people up, so there's that, it's almost like, it really is building connection..

So the [____] mentor program, in terms of how it benefits the participants and the people with disabilities, it really provides them, in a nutshell, it provides them with a friend, the majority of the people that the program actually engage with don't have, are quite isolated from the community, and they don't necessarily have anyone in their life that isn't there because they're being paid to be there. So, the program provides them with a friend. And over time how that benefits them, and their greater circle of family is that actually just means that they are able to feel more included within society.

Increased confidence

Friendship with a volunteer often leads to increased confidence for the person with a disability. Service providers report that this confidence often translates into other areas of the person's life and enables them to grow and try new things.

I think the most powerful thing is just that being connected, being liked, being loved, being recognised for value, the self-esteem and value by having someone who's interested in you and cares for you and engages with you, is really powerful. That obviously happens through that relationship, but it's then the confidence...that children can take into other settings.

I have one quote with someone saying what a huge change that they've seen in the client since being involved in the program, that she appears to be so much more confident, speaks louder, and she was such a quiet withdrawn person, and then they said she doesn't really stop talking when they catch up. You know, just that she'd sit down and have a laugh, and how shy at the start she was, and how the volunteer's really tried to encourage her, and it's great to hear that she's been doing some things outside of the match as well that she likes to do, so that was a real benefit from there. And...it can be just encouragement, like she encouraged the client to publish something in the Big Issue, because she mentioned that she liked creative writing, and she sells the Big Issue. And then you know, when she met, she said she had the biggest smile on her face, and she was really proud to say that she had done that.

Shared understanding of needs and aspirations

Compared to paid staff or family members, volunteers are frequently able to spend more “quality” time with a person with a disability. Through their friendship with a program participant and their often-exclusive focus on “getting to know” the participant, the volunteer is able to develop an in-depth understanding of their particular needs and aspirations.

The benefit that a volunteer has for spending time with a client is a benefit of time. And, what that means is that with the benefit of time a client will often talk more or elaborate more on what their disability does, how that impacts on their life. And, what that does is creates the opportunity for the volunteer to have a conversation with a client that is outside of the general scope of discussion of what they need. And, what it means is that the volunteer often gathers intelligence about a client that the staff may not have picked up on because of time limitations.

Increased community participation

The friendship between a volunteer and a person with a disability often involves doing activities in the community and this enables the program participant to take part in everyday, ordinary life in a way that would not be possible without this friendship.

The benefits of the community bus program is really sort of increasing people's social network. A lot of the clients we support are socially isolated, so getting people out and about, meeting other people, you know, enjoying activities of their choice and really getting more connected to the community.

So, sometimes we get connected in our community and it just happens through our interest of activities, but sometimes people need help to be finding those connections. So, I hear families talk about the fact that their child now, not only knows a volunteer, but is connected into the volunteers' network in some way.

Empowerment through shared experiences and information sharing

Several service providers spoke about the value of peer-mentoring programs in which volunteers share the same disability as program participants. Sharing information as well as their own personal experiences with program participants was viewed as extremely empowering.

Years ago, they did research of people with MS and asked them what the top three things they wanted was. The number one came back that they wanted a cure, number two was accurate and up to date information and number three was to talk to someone else. So, the peer support program absolutely ticks that box of connecting with someone who is sharing that lived experience of a chronic illness and comes at it with a positive frame of reference, so is able to share that positivity with the people that they're matched with. All the literature that you read about peer support is amazingly positive and our program fits really well into that. It empowers people, it informs them and gives them confidence to seek their own resources. It's an incredibly positive program.

The second element that I think is really important within our business...is having a minimum of 15% of our volunteers who are also blind and low vision, is that they can share experience and they can also share and empower the client to think about what's possible through their own experience. So, we run peer programs, we run coaching programs, and we run mentor programs for our volunteers. We run, you know, living programs, we run all sorts of programs to aid our clients from early diagnosis through to

later diagnosis, in terms of how to live independently...And, they are all low vision volunteers who provide those services, because they are sharing their lived experience with the client. They're not saying, "You can do X." What they're saying is, "In my experience when I had that issue, this is what I tried, and for me that worked." And, it's just generating that discussion and idea with the client about what might work for them.

Well the peer groups...they realise there's other people who feel the same way and have similar issues, and they can share life experiences and that's quite empowering because they realise they're not alone and there are other ways to manage their mindset so they can live a productive life. That's a key one. It's really helping them see that they don't have a disability as such, it's actually just a different way of operating. A lot of what we do tries to highlight that.

Families are also empowered through the sharing of information and experiences. One service provider gave the example of a volunteer-led dance class for children with Down syndrome. The service provider felt that the parents of the children attending the dance class actually benefited from the program just as much as their children. Attending the program gave parents the opportunity to meet up with other parents of children with Down syndrome and exchange information and resources.

The parents actually probably got more out of it in some ways than the participants, because it was a place that they could come to after hours, they could sit and they would talk to each other, they would talk to each other about the roll out of the NDIS, and "Don't talk to this planner", and "Ask for this person", and then they'd formed this real social community. Sometimes I'm not sure it was really about the participants, whether it was the parents who wanted to go and have a chinwag with their friends every Monday.

Some organisations run programs that specifically target family members of people with a disability, giving them the opportunity to share experiences. One service provider described their program designed to support the siblings of people living with epilepsy.

Our vision is that no one with epilepsy should go it alone, so those programs absolutely meet that goal. See it's not only for the children with epilepsy it's also for their siblings. So the opportunity for siblings of children living with epilepsy to meet other siblings and to have someone understand what it's like for the focus to be on the child with epilepsy and they tend to feel like they're missing out because there is so much attention on the child living with epilepsy. It's a revelation to some siblings. They just make these wonderful connections, as do the families...the greatest benefit for all of those people is to feel included, to know that they are not alone, to know that there's people out there that understand and to offer the opportunity to make connections.

Respite and support for families

Many programs have the benefit of providing family members with some respite from their caring role. This was considered as critical for sustaining the family unit and the longer-term support of the person with disability.

We totally recognise that families need a bit of respite as well, although that's not the purpose of this program, that's a side effect. So, having kids away, or adults away, for two, three, four days does give families a chance to take a breather, that's important.

Some volunteer-supported programs provide assistance in the form of practical and emotional support to families of people with disabilities.

So a family who has a pre-school child with a disability, and very complex difficulties that go hand in hand with that, and they also have another pre-schooler who's two years old, so they have two pre-schoolers and one with very, very high needs, so we've been able to put them with a volunteer who's actually a medical student...so this volunteer attends the appointments with her and...she might be at say the Children's Hospital for two hours or two and a half hours, which includes sitting in the waiting room sometimes for 45 minutes, those kind of things, with two pre-schoolers, and one with high needs, you know, behaviours and patience and all those things can be very tested in that environment, when they're sitting and not much to do. The volunteer goes along and provides support to the mum and interacts with the children. When they're in the appointment the volunteer will keep the children busy as much as she can and keep them sort of quiet and entertained. But because she's a medical student she's also very much listening to the conversation...and then she can chat with the mum afterwards, and say, yes, that's right, "I think they were talking about that," and she'll be able to confirm...so provide some really practical support in that way.

We've got a volunteer who worked with a family...so we've got mum and dad and two young people, they're both adult men now, over 18, both of the boys have disability, and in the last two years dad was diagnosed with a brain tumour, and... this mum's trying to support the husband who is terminally ill, and he's passed away about a month ago, and so having the volunteer there who can help to pick up a little bit of the slack here and there was just brilliant. So she would – even at times when they had palliative care in the home – I mean it wasn't suitable for her to visit, they would have phone catch-ups, and so she would spend, you know, six hours a month on the phone with this young man, just chatting to him about what's happening and how he's doing, and when he was able to catch up, they would do – they would schedule things to look forward to for down the track. So quite a variety of different ways, I guess, that our volunteers have helped to support a young person and their family.

A service provider whose program involved the design of assistive technology to support people with disabilities gave an example of how their program's technology, designed by volunteers, was able to relieve some of the care burden on family members.

An example was a lady who wanted...a specialised walker...so not only did she need the walker, but she had no strength in one hand, so it was a specialised walker that allowed her to just use one hand for brakes and so forth. That allowed her to independently go to the toilet at night or at any time of the day sort of thing. So, I'm bringing this one up, it was a crisis about a month ago, there was a problem, the old walker had broken, we brought a new one in and modified it. And the family wasn't prepared to not have this over the weekend, because it meant they had to be up two or three times at night to get their - I don't know whether she was direct family or not, but anyway this family member to the toilet and back during the night.

Empowerment through meaningful contribution to society

Some programs give participants the satisfaction of making a meaningful contribution to society through supported volunteering or employment. One service provider gave an example of a program participant who volunteered at one of their organisations retail outlets.

They walk away knowing what a wonderful day and how much contribution they've given to people living with MS, there is so much self-esteem goes on.

Another service provider gave an example of a program participant who was supported by a volunteer to achieve his goal of working in a data entry role. The program participant gained great satisfaction from knowing that his work was genuinely valued by the organisation.

First of all, I'll talk about a young man who wanted to do genuine data entry, he was very interested in computers. He has significant visual impairment. He has significant and frequent seizures, but he is actually a client of another disability organisation which is in the next suburb. So, I worked very closely with the volunteer co-ordinator there and he secured a volunteer who was actually volunteering with their organisation. He enabled this young man to come to our office every week, they caught the train. It was only the next suburb, but that volunteer didn't have a licence and he was supported for two years to come every week. Some days it was really wet, some days it was really hot, and they would come and spend from about 10am until 2pm every week for two years. He was looked after by the one on one volunteer when he had a seizure, but our staff were also very aware that it could occur and very supportive to that young man. He became part of the furniture and a very well-regarded member of staff...I assure you it was genuine work; it was work that we needed done in the fundraising department. Data entry, which is capturing information about donors, so a contribution to our stats. So, he understood that was genuine work that was of genuine benefit to us.

Another service provider spoke about how their volunteer-supported program enabled a person with a disability to achieve their personal goal of being able to vote. This goal had previously been overlooked by both family members and service providers.

In terms of the Community Visitors Program, we've also done things where I think it really is about making sure that the person gets an opportunity to participate in a more meaningful way in society; and one of the examples that I recently pulled out was in relation to a person living in a disability accommodation who wanted to vote in an election, whose family had repeatedly said to them that they would be unable to do it, and the service provider had done nothing to support them, and community visitors took that issue up and made sure that the service provider assisted the person to be registered, and then to be taken on election day to be able to vote. So, you know, that meant that person told

community visitors subsequently that they are very, very proud to have been able to have that opportunity to vote, and it was something they had wanted to do for years, but nobody else had actually made it happen for them.

Increased confidence and motivation

Programs increase the confidence of people with a disability and help them overcome “self-imposed limits”. Confidence developed within programs often translates into increased confidence and motivation in other settings. For example, one service provider spoke about the increased motivation of program participants who took part in their program designed to assist young people with disabilities to aspire for and transition into open employment.

One of the mainstream school’s teachers told us yesterday that the morale, the general personal wellbeing almost of three of her students [who had taken part in the program] had been increased. That was evidenced by greater effort at school in doing things like a maths test, where there’s never been any effort in the past, wanting to participate in outdoor activities with other students, where previously there’d never been any interest in engaging or playing the games as such, there was always a reason or an excuse.

This newly developed confidence can also lead to new opportunities for personal growth.

So, we have about 12 clients who are in our tea rooms every week, and one of those has been offered a part-time job at a local bakery, who is the sponsor of our program; they support our program. She is now working two hours a day, four days a week, part-time, on award wages. Basically, because she got confidence working in the tea rooms, to be able to go and get a real job. It’s a modest job, and she’s not going to be able to live on those eight hours a week, but it’s for her a massive boost to her confidence, and a massive encouragement to her, to recognise that she’s able to hold down a job. A real job not just making do.

Protection of rights and welfare

Several service providers feel their programs protect the rights and safety of program participants. One service provider provided an example of their program in which volunteers attend police interviews with people with a cognitive impairment or mental illness. The role of the volunteer is to facilitate communication and ensure participants’ rights are upheld. Feedback from program participants has revealed that they feel they are treated much “fairer” as a result of having taken part in the program.

There were also a large number of people who we supported who said they had no family or friends to actually provide that support to them; and many of them had been to police interviews on their own, and subsequently had had a [volunteer] sitting with them, and their view was that they had been treated in a much fairer and better manner when they had a [volunteer] in the room supporting them, who understood the processes and made sure that they were treated appropriately, and that the processes of fairness were followed fully, in their case.

Similarly, another volunteer-supported program ensured that people experiencing abuse in residential accommodation were removed to safety.

In terms of the Community Visitors Program, I think there are lots of case studies of individual issues where we’ve actually made sure that someone stops being abused, where they were moved to a safer environment.

Another service provider described how their delivered meals program ensured the wellbeing of program participants by providing the opportunity to “check-in” on program participants.

The other real benefit of the delivered meals program, I think, is that there’s a welfare check for vulnerable people of the community. So, we hear a lot from the individual getting the service, but also family members, that they really enjoy and appreciate a volunteer checking in with their mum or dad each day, or a few days a week. It’s a monitoring service, as well, and a welfare check, which I think is really, really valuable for the clients and for family members. The same goes for younger people who might have a disability, accessing the program. It’s the same sort of arrangement, it’s a monitoring check, and the volunteers report any concerns that they have about the clients and then we do follow ups from that. Yeah, it’s just another line of support in relation to that.

Increased engagement with mainstream programs and community support

Often volunteer-supported programs led to program participants accessing mainstream community programs. One service provider gave the example of children participating in a volunteer-led dance program for children with Down syndrome. Many of the children taking part in this program also went on to attend mainstream dance classes.

There was another mainstream dance school in [____], and...a lot were attending both classes. So it was a mainstream access for all abilities class, so yeah, they were doing the one just for people with Down's syndrome, then they were doing the access for all ability....I'd like to think that they were able to go into that mainstream school because their parents actually saw that they didn't really need that much more support than anybody else in the dance class. And while that mainstream school was access for all abilities, it was only staffed at a normal ratio, with a normal instructor, just the one instructor and things like that. And I saw one of their performances, and they did very, very well.

Another service provider felt that their program, designed to assist young people with disabilities to aspire for and transition into open employment, led to greater engagement with the community and an increased sense of community support among the families of program participants.

Parents at graduation commented that they were really pleased and surprised that there was so many different people working for their young person, that they weren't aware of how much interest there was in the community to support their young people, and that they could see that through the program so many different players from the TAFE college to employers to people who work in other organisations going out of their way to help the young person, but all in a coordinated and structured way that brought it all together, and provided an opportunity to continue doing this. When we had the parents together, we had 60 people at the graduation, that was mums, dads, siblings, et cetera, and the participants, and we started it by using that phrase, 'it takes a community to educate a child', and explaining that this was the community that their child was part of. And the parents were just so pleased to think that that was happening, weren't aware of many of the support services that were there for their young person.

Increased skills

Several service providers feel their programs benefits participants by increasing their work and life skills. These themes are discussed in more detail below.

Work skills

Some programs benefit participants by assisting them to develop and refine their employment skills. Participants usually developed these skills in genuine workplace environments.

Some of our people who have got mental challenges, who have had breakdowns, actually do get skills, because as they get more and more confident, they go out into the shop, they then start to use a point of sale, and they have that interaction with people. And many of them have gone on and got retail jobs, because they've had the confidence to do so, and the skills. And our shop, we're not just a little op shop on the corner that's got a little cash box under the counter, all of our shops have policies, procedures, the way you do things, how you use the register. So, people are gaining what I consider to be real skills of the workplace.

Life skills

Life skills were reportedly gained through participation in some programs. Participants developed these skills through participation in the community and engagement in "everyday" activities.

It teaches the skills that matter. It teaches the stuff that we assume that people know. Example: I took the guys out for lunch at the very start. We went to [____] in [____] after we'd been bowling. They spend all their money on chicken parmas, and no one had anything to drink. I said, "Well, what are you going to drink?" They said, "We're not going to drink anything." I said, "Come up to the bar," and there was a water jug and glasses. I said, "Did you know that this is here for you? You can have this if you want to." They said, "Oh, no, no. We didn't know anything about that." That's when the light bulb went on. There's so many things we just assume that people know, they don't know.

The development of life skills often leads to program participants developing greater independence.

I've interviewed heaps of families for next year and I was astounded how insulated they are. A lot of it's their parents as well. So, I'm like, "Do you go out to the shops?" "No, mum takes me." "Do you have a

wallet?" One young man didn't even have a wallet. "Oh, mum buys everything for me." I said, "Come on, mate. You're 18." You know? So, I'm noticing that part of it is the disability, part of it is definitely coming from the parents, too. It's giving them the skills and confidence to be able to do it and to do it in a safe way, so parents aren't stressing out about it.

Raised awareness and increased inclusivity within mainstream community

Some programs, particularly those involving the participation of external mainstream organisations, were seen to benefit people with a disability and their families by raising awareness about disabilities, changing attitudes, and encouraging mainstream community groups to be more inclusive of people with disabilities.

We've worked with different clubs, and different groups, and we see their change in attitude, so there's a fantastic – the [] Cricket Club who actually brought inclusion into their constitution, into their basis. So, they're supportive and embracing of new people and diversity, and people with a disability. Other clubs didn't understand and also didn't feel confident that is now much more confident to take on and being involved with people with a disability.

The lady from [] is a classic example. She hadn't done a lot with people with disability. She told me she'd give me one hour of her time, teach the guys how to shake hands, how to say... you know, how to hold a conversation, and she stayed for two and a half hours. She was absolutely overwhelmed. I took a photo....and we were blessed to have her for two hours. So, it's education for her, but the education that the group got was amazing. There's that reciprocity, I think, is hugely important as well.

Mapping volunteer-supported outcomes against ILC Outcomes

The table below (p. 108 – 111) provides an overview of how reported program outcomes map against the ILC Outcome Framework. As can be seen from this table, all outcomes described by service providers have corresponding ILC Outcomes.

Table 9. *Mapping of volunteer-supported outcomes against ILC outcomes.*

Benefits of programs for people with disabilities and their families as identified in the current study	Corresponding ILC Outcomes
Friendship and increased social networks outside of the immediate family	<p>Connections and Relationships</p> <ul style="list-style-type: none"> - Increased connections, relationships and support networks in community
Sense of belonging	<p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased self-advocacy, independence and relationship building - Increased participation in community life - Increased contribution to community life <p>Connections and Relationships</p> <ul style="list-style-type: none"> - Increased connections, relationships and support networks in community - Increased opportunities for active participation and feelings of belonging in community
Increased confidence	<p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased motivation, confidence & empowerment to act
Shared understanding of needs and aspirations	<p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased motivation, confidence & empowerment to act - Increased self-advocacy, independence and relationship building - Increased participation in community life - Increased contribution to community life <p>Connections and Relationships</p> <ul style="list-style-type: none"> - Increased connections, relationships and support networks in community, - Increased opportunities for active participation and feelings of belonging in community - Increased shared understanding, experiences, collaboration and leadership

Benefits of programs for people with disabilities and their families as identified in the current study	Corresponding ILC Outcomes
Increased community participation	<p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased participation in community life - Increased contribution to community life <p>Connections and Relationships</p> <ul style="list-style-type: none"> - Increased connections, relationships and support networks in community, - Increased opportunities for active participation and feelings of belonging in community
Empowerment through shared experiences and information sharing	<p>Information, Linkages and Referrals</p> <ul style="list-style-type: none"> - Improved knowledge about disability and/or where to find support from mainstream and community services - Increased use of information to make decisions to shape and plan an ordinary life <p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased motivation, confidence & empowerment to act
Respite and support to sustain the person with disability's family and consequently their longer-term supports	<p>Connections and Relationships</p> <ul style="list-style-type: none"> - Increased connections, relationships and support networks in community
Empowerment through meaningful contribution to society	<p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased participation in community life - Increased contribution to community life <p>Connections and Relationships</p> <ul style="list-style-type: none"> - Increased opportunities for active participation and feelings of belonging in community
Increased confidence and motivation	<p>Individual Capacity</p> <ul style="list-style-type: none"> - Increased motivation, confidence & empowerment to act
Protection of rights and welfare	<p>Community Capacity</p> <ul style="list-style-type: none"> - Increased community understanding of rights and barriers for people with disability - Positive change in individual attitudes and community culture - Increased understanding of rights, obligations and barriers surrounding disability within mainstream services - Positive change in attitudes and culture within mainstream services - Increased knowledge and capability within mainstream services - More inclusive behaviour within mainstream services

Benefits of programs for people with disabilities and their families as identified in the current study	Corresponding ILC Outcomes
Increased engagement with mainstream programs and community support	Community Capacity <ul style="list-style-type: none"> - More inclusive behaviour within communities - Active involvement and collaboration in the community to drive inclusion for people with disability - Positive change in attitudes and culture within mainstream services - Increased knowledge and capability within mainstream services - More inclusive behaviour within mainstream services
Increased skills	
Work skills	Individual Capacity <ul style="list-style-type: none"> - Increased skills and capacity - Increased motivation, confidence & empowerment to act - Increased self-advocacy, independence and relationship building - Increased participation in community life - Increased contribution to community life
Life skills	Individual Capacity <ul style="list-style-type: none"> - Increased skills and capacity - Increased motivation, confidence & empowerment to act - Increased self-advocacy, independence and relationship building - Increased participation in community life - Increased contribution to community life

Benefits of programs for people with disabilities and their families as identified in the current study

Corresponding ILC Outcomes

Raised awareness and increased inclusivity within mainstream community

Community Capacity

- Increased community understanding of rights and barriers for people with disability
- Positive change in individual attitudes and community culture
- Increased knowledge and capability within business and community-based organisations
- More inclusive behaviour within communities,
- Active involvement and collaboration in the community to drive inclusion for people with disability
- Increased understanding of rights, obligations and barriers surrounding disability within mainstream services
- Positive change in attitudes and culture within mainstream services
- Increased knowledge and capability within mainstream services
- More inclusive behaviour within mainstream services
- Active involvement and collaboration in mainstream services to drive inclusion for people with disability

Chapter 7: Case studies

Activity 7: Organisational case studies

Methodology

Aim

The aim of the case studies was to conduct an in-depth analysis of the critical elements of volunteer-supported models that have been identified through the survey (Activity 2 & Activity 3) and interview processes (Activity 4, Activity 5, & Activity 6), and to consider these in light of the existing evidence-based models identified through the systematic review (Activity 1). Through the case studies we were able to better understand the elements of various operating models, what is necessary to sustain them, and how they might be replicated. This allowed for the provision of targeted advice concerning the support of models that currently fit within the ILC Framework, and how existing models that do not currently align with the ILC framework might be adapted to do so. Activity seven addressed research questions 1, 5 and 6.

Method

Participants

One case study representative of each of the seven volunteer-supported models identified through the projects previous activities was conducted. Models selected for case study were chosen in collaboration with DHHS and the 'Critical Friends' Advisory Group. The identification and in-depth exploration of 'good practice' examples of each type of model was undertaken.

Procedure

Information used to formulate case-studies were primarily be derived from the service provider interviews (Activity 6), the analysis of data provided by people with disability and family members (Activity 4), and data provided by volunteers (Activity 5) also informed this process. Specifically, information gathered from individuals employed at organisations implementing models of interest were used to formulate the case studies. Service providers were also re-contacted to obtain further information where necessary, such as organisational information and/or evaluation data pertaining to models under examination.

Data analysis

Narratives of case study models are presented below using data from relevant service provider interviews, descriptive organisational data, and any evaluation data made available to the research team.

Findings

Results

A total of 7 program models were identified based on analysis of the online survey data, reflecting on the results of the literature review, and considering prior knowledge of the service sector in Victoria. These are described in detail elsewhere in the report.

The seven models were then used to classify each of the organisations which had agreed to and undertaken an initial management level interview. Also, for each organisation, demographic data including target group, geographic location, governance arrangements, the type of volunteers involved, and sources of funding were all mapped. Discussions were held to ascertain and prioritise examples of the seven program models currently operating in Victoria.

Subsequently, to conduct in-depth case studies (one for each of the models identified in the earlier analysis), seven volunteer-supported programs were identified and approached for their consent to participate in the case studies. An overview of the Case Study characteristics is highlighted in table 1, and summarised at a high-level below:

Case Study 1 is a Social Support and Community Participation Model. The program is a parent-led social support program for people with Autism. The program operates in metropolitan Melbourne and is funded via organisational memberships.

Case Study 2 is a Supported Activity Model. The program operates in Metropolitan Melbourne and is supported by organisational fundraising activities and Department of Health and Human Services (DHHS) funding.

Case Study 3 is a Skills Development Model. The program operates in regional Victoria and is supported by philanthropic organisation and community donations.

Case Study 4 is an Out of Home Support Model. The program operates in Metropolitan Melbourne and is supported by DHHS funding.

Case Study 5 is a Practical Support Model. The program operates in Metropolitan Melbourne and regional Victoria.

Case Study 6 is an Organisational Support Model. The program operates in Metropolitan Melbourne.

Case Study 7 is an Advocacy Model. The program operates in Metropolitan Melbourne and is funded by the DHHS.

Table 10. *Program model characteristics.*

Program Model	Social Support and Community Participation Model (Social Support)	Supported Activity Model (Supported Activity)	Skills Development Model (Skills Development)	Out of home support Model (out of home)	Practical Support Model (Practical Support)	Organisational Support Model (Organisational Support)	Advocacy Model (Advocacy)	Metro-Melbourne	Regional	Family-led	Volunteers with disability	DHHS funded
1.	X							X		X	X	
2.		X						X				X
3.			X						X			
4.				X				X				X
5.					X			X	X			
6.						X		X			X	
7.							X	X				X
Totals	1	1	1	1	1	1	1	6	2	1	2	3

Organisations were then contacted and invited to participate in the case study. The plain language statement provided to each potential participant described what their involvement in the research would entail. The researchers contacted eight organisations in total. One organisation declined to participate. Once informed consent was obtained, senior organisational staff participated in an interview. Recordings of interviews were taken using a *Live Scribe* pen. Publicly available information (i.e. strategic plan, annual report, service agreement) and relevant available supporting documentation (i.e. position descriptions, organisational policy documents) were uploaded to *NVivo* and analysed. The researcher's contact details and an invitation to participate in an interview was extended to program volunteers and volunteer recipients by senior organisational staff. Interested participants contacted the researcher and with written informed consent interviews were conducted. Interview transcripts were also sourced from earlier stages of the research and in one case, a publicly available report, where clear evidence of program model descriptions was noted and included in the analysis.

Participants in the volunteer group and volunteer recipient group (people with disability or family/carers) were compensated for their time to participate in the interview with a \$35 online voucher from a major supermarket chain. *Digital Transcripts* transcribed telephone interview recordings before analysis using *NVivo* software. Storage of electronic and paper-based documents are managed by the Faculty of Arts at the University of Melbourne.

Table 11. *The type of respondent and number of interview transcripts included in the deductive analysis.*

Program Model	Volunteers	Family/carers	People with disability	Paid staff	Total
1	1	1	1*	0	4
2	1	0	1	2*	4
3	0	0	0	2*	1
4	2 ¹⁰	2	N/A	3*	7
5	1	N/A	1	1	3
6	1	N/A	N/A	2	3
7	2	0	9 ¹¹	1	12
Total	10	3	12	8	32

Note: Case Study 1 Social Support and Community Participation; Case Study 2 Supported Activity; Case Study 3 Skills Development; Case Study 4 Out of Home Support; Case Study 5 Practical Support; Case study 6 Organisational Support; Case study 7 Advocacy Model.

¹⁰ One volunteer interviewed identified as having a disability

¹¹ Interview transcripts were analysed from a publicly available research report as the volunteer recipients were not in scope to be interviewed as part of this research due to the vulnerability of the population.

Additional transcript analysis

Program Model 1, 1 person with disability. Program model 2, 1 paid staff. Program Model 3, 1 volunteer. Program model 4, 2 paid staff. Program model 5, 1 paid staff. Program model 6, 1 transcript (2 paid staff). Program model 7, 9 transcripts of people with disability and 1 paid staff.

Data analysis

Deductive thematic analysis of the data relating to the key research questions was undertaken. Participant transcripts were read through and coded against Activity Outcomes as defined in the Information Linkages and Capacity Building framework (ILC) (National Disability Insurance Agency, 2016b).

Further supporting documentation that informed the deductive analysis include the ILC policy framework - revised (National Disability Insurance Agency, 2019) and the ILC Strategy Towards 2022 (National Disability insurance Agency, 2018). The researchers read through each transcript to assign codes of evidence where program outcomes aligned with NDIS-ILC Activity Outcomes. Quotes were mapped to a code when a substantive element of the coding was present. Re-coding of some items occurred upon review of data (for example, if an item was mistakenly coded against a community service when it was in fact a mainstream service) and did not make a substantial difference to the results. To demonstrate how quotes were coded; the quote below provides evidence of (as underlined in figure 1) *'People with disability participate and benefit from the same community activities as everyone else'* as it aligns with Activity Outcomes *Positive Changes in Individual Attitudes and Community Culture, More inclusive behaviour within communities and Increased knowledge and capability within business and community-based organisations*. Activity outcomes are *italicised* throughout the report for the reader's reference.

A causal relationship between the program outcomes and NDIS-ILC Outcomes cannot be inferred as this requires the program to be subject to experimental research design. Merged Activity Outcomes described in Figure 3 inform the final proportion of evidence aligned to the NDIS-ILC Outcomes.

The front of house staff are fantastic. I've had things like – I had five people fly down from Sydney, all totally blind, to come to a show at the [name] theatre, and that was just a matter of, at the end of the show, they said, oh, we've got a taxi coming to pick us up outside, and I said, oh, there's about eight flights of steps and they were like no, that's fine. You know, the ushers are great... they just form a daisy chain and walked them out the front and hailed the taxi, but they're the sort of things that happen...

Goal 2. People with disability are included in all aspects of community life

Activity 3. Community awareness and capacity building

Outcome 4. *People with disability participate and benefit from the same community activities as everyone else*

Positive changes in individual attitudes and community culture

More inclusive behaviour within communities

Increased knowledge and capability within business and community-based organisations

Increased community understanding of rights and barriers for people with disability

Active involvement and collaboration in the community to drive inclusion for people with disability

Activity 2. Capacity Building for mainstream services

Outcome 3. *People with disability use and benefit from the same mainstream services as everyone else*

Positive change in attitudes and culture within mainstream services

More inclusive behaviour within mainstream services

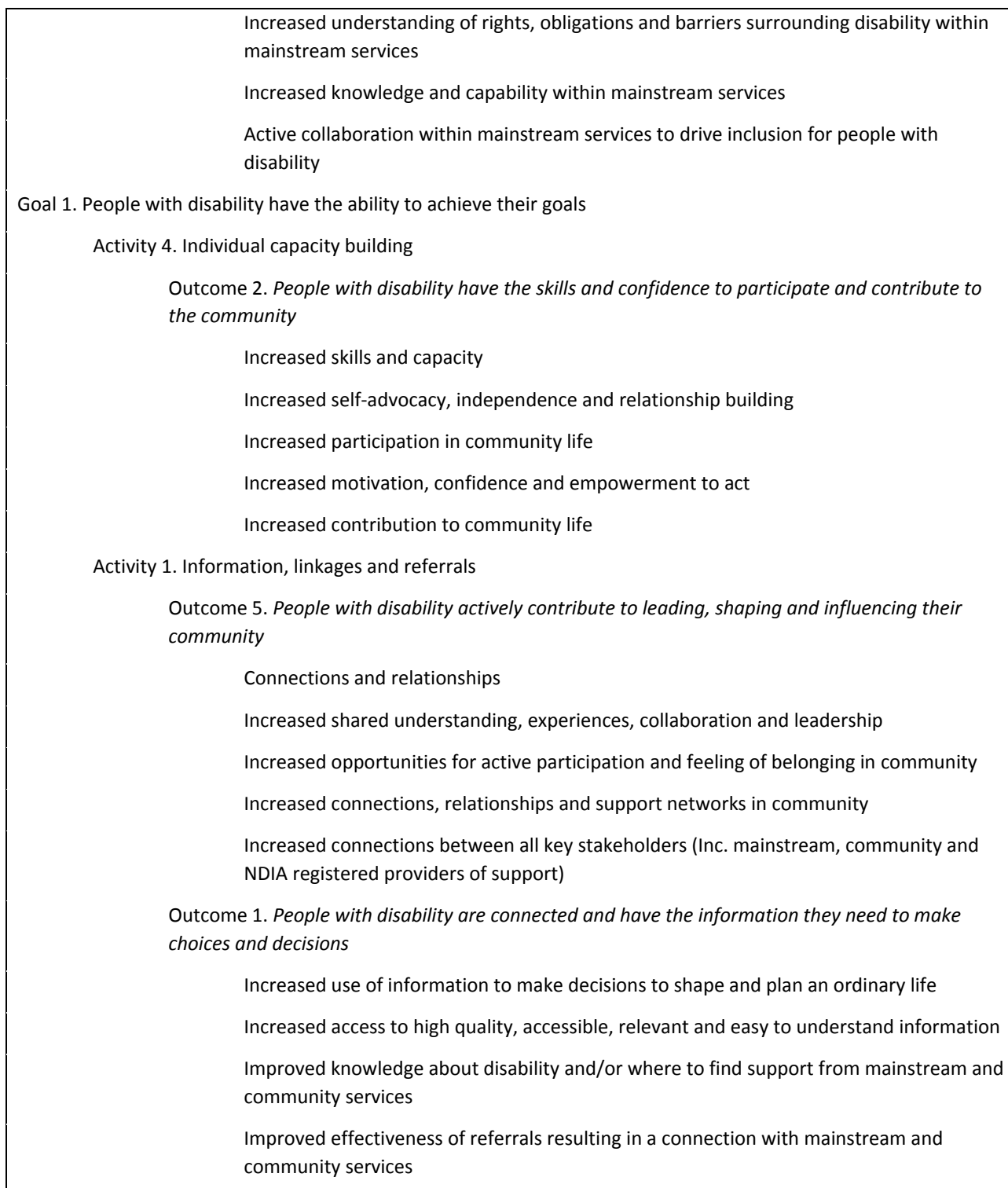


Figure 3. NDIS-ILC Outcome Framework goals, activities, outcomes and activity outcomes¹².

A narrative of case study models will be formed using data from the deductive analysis, relevant service provider interviews, descriptive organisational data, and any evaluation data made available to the research team.

Findings

Interview transcripts revealed a total of 322 coded responses emphasising alignment between the program and NDIS-ILC Activity Outcomes. The figure amount against each code does not reflect a higher weighting of one code over

¹² The goals, activities, outcomes and activity outcomes in this figure are not in numerical order. There are inconsistencies in the numbering of outcomes (i.e. outcome number 1) across NDIS descriptions and reports.

another. As such, the distribution of comments across various codes is the focus of the analysis. Exploration of the distribution of comments across various codes allows for exploration of the factors of the NDIS-ILC Outcomes that the research participants were emphasising.

Except ILC Outcome 3, *People with disability use and benefit from the same mainstream services as everyone else* (Out of Home Support Model and Organisational Support Model) and Outcome 1, *People with disability are connected and have the information they need to make choices and decisions* (Organisational Support Model) whereby 0% of responses align with NDIS-ILC Outcomes, all other volunteer-supported program models that were the focus of the case study attributed some proportion of their program outcomes with the NDIS-ILC Outcomes.

The highest proportion (33%) of all participant responses aligned with Outcome 5 (*People with disability actively contribute to leading, shaping and influencing their community*) indicating that this was the most emphasised outcome.

Coded responses in program models 1 (Social Support), 4 (Out of Home Support) and 5 (Practical Support) also placed the most emphasis on Outcome 5 with 5%, 54%, and 28% of responses discussed by participants respectively.

Respondents most frequently reported responses demonstrated alignment with Outcome 4 (23%; *people with disability participating and benefiting from the same community activities as everyone else*). Three program models (2, Supported Activity; 3, Skills Development and; 6 Organisational Support) placed the most significant emphasis on Outcome 4.

The next highest proportion of responses aligned with ILC Outcome 2 (*people with disability demonstrating skills and confidence to participate and contribute and contribute to the community*; 22%).

Outcome 3 and Outcome 1 (*People with disability are connected and have the information they need to make choices and decisions*) demonstrated the least number of responses emphasised. Only 7% of respondents emphasised Outcome 1, demonstrating the least frequency of reported alignment between program outcomes and ILC Outcomes.

Results detailing the proportion of responses coded against each ILC Outcome are found in table 1. The total percentage of responses emphasised by case study interview participants that demonstrate alignment between program and ILC Outcomes are presented in figure 2.

The descriptions of programs that follow highlight the emphasis of program outcomes that align with ILC Outcomes, quotes are included to provide examples of responses. It is noted that some quotes demonstrate alignment with multiple ILC Activity Outcomes, however due to the amount of data coded, it is beyond the scope of this report to include and describe every coded item. Rather, themes and emphases in data and supporting quotes are included.

Table 11. *The percentage of coded responses emphasised by respondents that align between program model outcomes and ILC Outcomes.*

Case Study	ILC Outcome 1.	ILC Outcome 2.	ILC Outcome 3.	ILC Outcome 4.	ILC Outcome 5.
	People with disability are connected and have the information they need to make choices and decisions	People with disability have the skills and confidence to participate and contribute to the community	People with disability use and benefit from the same mainstream services as everyone else	People with disability participate and benefit from the same community activities as everyone else	People with disability actively contribute to leading, shaping and influencing their community
	National Info	Individual capacity	Mainstream	Economic and comm part	
1	5%	23%	4%	20%	48%
2	8%	20%	2%	39%	31%
3	6%	24%	18%	33%	18%
4	3%	26%	0%	16%	54%
5	2%	23%	25%	22%	28%
6	0%	25%	0%	63%	13%
7	19%	13%	47%	8%	13%
Total	7%	22%	15%	23%	33%

Note: Case Study 1 Social Support and Community Participation; Case Study 2 Supported Activity; Case Study 3 Skills Development; Case Study 4 Out of Home Support; Case Study 5 Practical Support; Case study 6 Organisational Support; Case study 7 Advocacy Model.

1. Social Support and Community Participation Model

Program description

The goal of the program is to raise awareness about Autism. The purpose of the program is to connect organisations, autistic teens and adults to support mental health, employment and education outcomes. As one parent volunteer described, “Yeah, so our mission, really, is to raise awareness about Autism. Connecting with organisations, offer opportunities for autistic teens and adults, to reduce the prevalence of mental illness, and increase the employment and education opportunities for them.”

A substantial amount of the program activities occurs in a private function room at a mainstream local dining venue. Autistics (the preferred term as used by service recipients) and their family members/carers attend a function at the venue once a month. Community service organisation representatives also attend which allows attendees to meet new people and dine in a supportive and ‘safe’ environment:

So basically in simple terms, what we do is we have a private function room and a venue and we're completely self-contained, so we're not mixing with the public, so we're offering a safe and supported environment, for our autistic teens to come in and there's free Wi-Fi, there's games, they get to order what they want off the menu, they've got a line up. So, there's all these transferrable life skills that they're learning within this safe and supported environment.

Cohort

Volunteer parents of Autistics lead the program that engages people with disability and their family members as volunteers and program attendees. The program activities connect attendees with peer-led community groups who also attend the dinners.

So, we're offering a wide range of opportunities, but at the same time we also are connecting, we have, I don't know if you've heard of an organisation called [Peer-led Organisation]. They provide a mentor to every one of our events as well, to connect in with our youths.

Program attendees consist of Autistic teens and adults with low, medium and high support needs - both National Disability Insurance Scheme participants and people who do not access the scheme attend the program.

Program funding

The program obtains finances to support the program from, self-funding (\$6.50 administration fee) and a one-off government grant.

Program evaluation

The outcome of an evaluation by [University 1] in the previous year was to develop strategic objectives for the program¹³. One respondent indicated a gap in the research on supporting connections and relationships between families of Autistics. A parent volunteer highlighted that the organisation collects evaluation data including attendance rates and program feedback in the form of surveys and emails.

We had evaluation done by [University 1] last year, but what [they] found and it was a, I guess it was very hard. We had to really scale back about what our mission is, because we offer so much on the night. There's very limited research about combining families. There's lots of research on autistic individuals and carers, but there's nothing on combining both of them and the results and successes. It's actually an interesting concept. There's like heaps of research on peer support, and well there's lots of documented evidence about why we should be doing it, but on our own program now. I mean we keep a lot of evidence ourselves when we hear all the, if we get a nice email and all of that and people say things on the night, we keep all of that stuff. If you want the hard-cold facts, no, on our specific event, no, but other than what they did at [University 1] last year.

One respondent described a partnership with a second University to undertake ‘marketing’.

¹³ It is noted that below the data states that the program has undergone another evaluation.

Story 1 – Program attendee

My experiences with [Organisation 1] has been going really, really well. I mean I recommend it to all my friends who--and anybody who has a disability, or is struggling with depression, or struggling with anything else, like with family violence, or family, or anything like that. It's a perfect way to meet new friends and get along with new people. I met some of my granny's friends as well, who have been there and the head--everybody loves me down there, so yeah; it's pretty darn cool.

Well, [when] we saw a flyer on a notice board and from the flyer, I saw one of my friends that I went to primary school with and I recognised him from the face. I was like, "Oh, my friend's on the poster. I wonder if he is going to be at that event most of the time." So, when I went for the first time, I saw, not only just one friend, I saw like five of them from my primary school and recent schools I had been to. It was a wonderful experience. It was good to catch up with them too.

Mainly it's kind of like an adult kind of environment with Youth group. So, we do activities, we also--some nights we also do like a Kahoot program with kids. We talk about, with the social workers there, how our day has been and usually on some nights I like playing with a group, a specific group who like playing a game called *Cards Against Humanity*, which is one of my favourite card games.

There is a few volunteers who are nice and there are a few volunteers who are--it depends on, really, the person. It doesn't really matter if someone is getting paid [or volunteering] it just matters on the personality of the person and how they connect with the person.

So, I don't know if any of them get paid at all. Most of the volunteers I know, so, for example, there is this woman and I think she is head of [Organisation 2] and I really connect with her very well. I tell her about my day and how it has been going and granny said--my granny is there with me all the time comforting me. If I'm going through some stuff--yeah.

At the moment, the program is actually going--like it's perfect just the way it is. I mean, it would be great if they did more events that I could go to and the dates as well. But, at the moment--excuse me, the volunteers are supported, and they are encourage able [sic] and they kind of--they care about you, if you know what I mean? They care about what you do, like kind of like a psychologist would, or like a teacher at your school, or something like that would care about what you learn and what you do.

[What I would like more is to] Definitely connect and usually have a good conversation, which I am already doing already, but usually like--it would be great if there was volunteers that actually get me, like they understand what I am going through, because most of them sometimes do and sometimes don't depending on the person. It all depends on the person really.

What I get out of it is like happiness more, like whenever I am going through depression, usually the depression like instantly disappears as soon as I see old friends and like stuff like that. But what I get out of it is definitely like having a great time with the volunteers and the people who support me in [Organisation 2].

Findings

Respondent interview data from model 1 reported the highest frequency (48%) of alignment with ILC Outcome 5. The next most frequently reported program outcomes aligned with ILC Outcome 2 (23%) and ILC Outcome 4 (20%). ILC Outcomes 1 and 3 show little alignment with reported program model Outcomes accounting for 5% and 4% of coded responses respectively.

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

Program outcomes relating to NDIS-ILC Outcome 1 showed little emphasis with only 5% of the frequency of responses aligning. One respondent discussed how the program connects people with community services either via referrals, networking and by inviting representatives from services to attend the program and talk with the families:

So, connections in the way of friendships, connections in the way of services in the community or other opportunities, and then we create communities... So that's our little ethos we've created... So, we do a lot of peer support, and we do a lot of referrals, I'm out networking all the time in the community, finding out what's available.... School is a major issue we're finding, and we have a lot of service providers that

attend our events as well, they sit with families and talk about their services that we advertise through a PowerPoint on the night.

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

The second most frequently reported (23%) program outcomes align with ILC Outcome 2 of the NDIS-ILC Outcomes framework. There is strong evidence to suggest the program provides an opportunity for attendees to build individual capacity as highlighted by the emphasis on Activity Outcomes that the program respondents reported.

Respondents highlighted that attendees are not provided with support from a 'carer' while they are at the dinner, rather the program provides an opportunity for people with disability to *participate in community life* by dining with peers with the support of their family members in a 'safe' environment. The program aims to enable Autistics to build on skills that they can then develop outside of the program:

So essentially, they provide games there, like board games, card games, that the young folk can go and avail themselves of. But in terms of support while he's there, no, they don't offer support, individual support or group support. It's just that they create the venue, and then I guess if you like they do the marketing, they let people know, people can find out about them, and then come along. So, they bring the opportunity for other people to come so they can meet other people.

Opportunities that the program offers individuals with disability to *contribute to community life* was evidenced when a respondent described how individuals with disability volunteered their time to the running of the program. One parent volunteer described accounts of people with disability undertaking record keeping; meeting, greeting attendees and presentation activities:

We've got a resource section, we've got volunteers facilitating, a lot of filling out forms because that's the downside. Setting up the night. We've got volunteers helping with the ordering, volunteers saying "Hello" and "Goodbye." We've got our volunteers, they get up and actually speak on the microphone, and do public speaking.

Volunteers also undertake training activities that might facilitate further development of *skills and capacity*:

We've got our own training package that we do. Because we've had to make it autism specific and so if people are standing out to volunteer, they've got to go through an induction program which they talk about occ [Occupational] health and safety, privacy, confidentiality, there's the standard things. And we've got some more training.

In describing the reasons for attending the program, a parent of an Autistic adult named 'Sarah' stated 'I go, because Sarah has no idea about money at this stage, that's one of the [NDIS IFP] goals for her. So, I go so I can support her with that.'

Such program activities highlight the potential for attendees and their carers to build individual '*skills and capacity*' both in a specific skill (i.e. ordering and paying for a meal) and having a facilitating environment to teach and learn.

One family member shared a story highlighting the '*motivation and confidence*' their family has to access the local community, and they attributed this to the skills their children learned at the program:

So, like I know for me personally prior to these events, we couldn't go out in the community as a family, but it always ended in disaster because the kids thought they were ordering something and it didn't come and then, it was a meltdown and we'd all leave and everyone in the restaurant knew who we were. And now as a result of these dinners, we can go anywhere in the community. So, the transferable skills that the kids have been able to learn through actually being in a safe and supported environment to learn.

One responded described how their child has built relationships, advocated for and independently arranged activities outside of the program:

Now, what she's done since then, she's already gone about, she has a group of friends now, there's about five of them, and they go to the movies once a week. Now they met at [Program]. So, there is purpose to that.

In describing how the program potentially impacts attendees' *skills and confidence*, 'Suzie', a parent volunteer stated '*But we've had friends that have had their first ever play date at 17 [years old]. We've had relationships start; we've had the opportunity for them to actually regularly leave the house when they previously weren't leaving the house.*'

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

A limited frequency (4%) of responses emphasised Outcome 3. Some evidence of ‘*changes in attitudes and culture within mainstream services*’ are evident as one respondent highlighted mainstream service collaboration activities and changes in attitudes and culture.

A parent volunteer said ‘*[Local] Council who also help us, they’ve seen so many gaps in what they’re doing that they’re changing some of their operations and their views on Autism and learning and opening themselves up to new possibilities.*’

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

There was some evidence of alignment between program outcomes and Outcome 4 of the NDIS-ILC Outcome Framework with 20% of the frequency of responses coded. The most robust aligned outcomes related to the collaborative activities undertaken as part of the program as highlighted by one respondent when they said:

I think that is the most successful component of why we've been successful, is because we haven't tried to do it alone. We've actually connected in with other organisations who offer different things, but we all complement each other. I think that's why part of the success has been too

When discussing the organisation's business model, one respondent emphasised how program activities might facilitate *community collaboration*:

So rather than us going out and being our own incorporation and DGR (sic), and all of that sense which costs a lot of money, we needed to have restaurants with insurance, so [Community Service Organisation] actually auspice us. So, we come under their umbrella for insurances, which actually also helps us adopt their policies and we can – because it's already a functioning organisation, we can adapt them to our own needs. So, it's actually been a major collaboration which has been really successful and it's quite interesting... So, there's amazing resources already existing and working together.

A parent volunteer ‘Jo’ further elaborated on the benefits they attributed to the Auspice arrangements with a larger community service organisation:

And imagine we're sharing resources and so that by being auspiced by [Organisation], we're able to share resources with them. We're able to share ideas. I've got someone to... If there's... And we probably still wouldn't be here if it wasn't for this auspice arrangement because we had some complaints and we didn't know how to handle it. But [Organisation] already had a complaints policy and procedure, we just had to follow it.

The sharing of ideas between the two organisations of *knowledge and capability in community-based organisations*. ‘Jo’ also described *knowledge and capability in business* when they said, ‘we’ve done quite a bit of training with [mainstream business venue] where we have the events and so their staff have come on board and they’ve changed their way.’

One respondent, a program attendee ‘Jon’ indicated that the *behaviours* of program volunteers facilitated feelings of *community inclusion* when they said “...they [volunteers] care about you, if you know what I mean? They care about what you do”.

Another respondent highlighted what they perceived as a significant impact of the programs marketing and fundraising activities when they said ‘*So the aim was to obviously advertise [Organisation] and also advertise [fundraising project] and get votes, but really the outcomes were actually more than that, so we raised awareness about autism, we celebrated autism, we celebrated.*’

In summary, the program activities involve a significant degree of networking, collaboration and leadership.

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

With close to half of all responses aligned with NDIS-ILC Outcomes, Outcome 5 is the most emphasised program outcome. Interview respondents discussed program outcomes related to connections and relationships in 48% of responses.

Story 1 highlighted the program experiences from ‘John’s’ perspective as an Autistic adult in his early twenties and demonstrated how the program might impact the *connections and relationships* that he has in the community:

So, when I went for the first time, I saw, not only just one friend, I saw like five of them from my primary school and recent schools I had been to. It was a wonderful experience. It was good to catch up with them too.

Respondents spoke about the networking activities undertaken and described how a parent volunteer connects with mainstream services, community organisations, people with disability and their family. Respondents highlighted the impact of the connections they made and the opportunity to meet people and share experiences.

The program respondents highlighted the connections and relationship between parents and carers, and this was coded to outcomes, while it is recognised that parent/carers are not explicitly stated within the ILC Activity Outcomes, it may be presumed that such activities indirectly benefit people with disability. For example, *increased connections and support networks in the community* is highlighted by a respondent who stated:

Some parents are coming along without their children because they can't get their child out of the house and it's for them to connect in and know that they're not so alone. So, to reduce the isolation in the community and to find other options.

Experiences of connections and relationships differed between individuals. One respondent highlighted the importance of the connection and mutual understanding between people saying that the 'connection' 'depends on the person' and highlighted to the Impact that the connections have on their mental health, 'usually the depression like instantly disappears as soon as I see old friends and like stuff like that'.

Another respondent highlighted the value of the opportunities the program provides for *connections*:

And he goes because he's met a group of young people that he gets along with really well, so he's happy to go and have dinner with them.

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2. Supported-activity model

Program description

The goal of the supported-activity program is to make arts performances accessible to people with low or no vision on an equal basis as others. The purpose of the program is to assist a person to access the experience of arts performance through live audio description, ticketing and venue support. Program activities take place in art galleries and live theatre locations.

Audio Description (AD) is a kind of literary art form in itself, to a great extent. It is a type of poetry-a haiku. It provides a verbal version of the visual-the visual is made verbal, and aural, and oral. Using words that are succinct, vivid, and imaginative, AD conveys the visual image that is not fully accessible to a segment of the population and not fully realized by the rest of us-the rest of us, sighted folks who see but who may not observe (Snyder, 2001; p. 936).

Cohort

The organisation provides supports and services to people with low or no vision. The supported-activity volunteer program is available to National Disability Insurance Scheme participants and to people who do not access the scheme.

Program funding

Revenue from a pool of organisational funding sources (including organisational fundraising activities and State Government Department funding) support the program.

Program evaluation

The program's evaluation is overseen by the program manager who contacts the customers in the days after the performance to obtain qualitative outcome data. The data obtained subsequently informs program activity developments:

I work closely with the clients using the service, it's a great feedback mechanism, to find out if we're hitting the mark with their needs. So we, I guess the best examples I can give you is people just emailing me or speaking to me and saying: this is great, I went to the show the other night, I experienced this, I never used audio description before and while it really opened my eyes to a whole new world for me.

The program manager works closely with the partners of the program to improve the quality of the service. For example, people with low or no vision may have difficulty in making an online booking if there are webpage accessibility issues. The program manager makes arrangements with the theatre company to reserve seats for people who would like to access the audio description (AD) service. The customer can then book tickets via a dedicated phone number. The details of the AD service, including how to book are made available on the organisation's website.

The people who don't have access to online content or the Web site [if] it's not accessible, they [people with low or no vision] are at a disadvantage. So, I level that out by allowing people a little hold on their tickets.

Volunteers receive verbal feedback from people who access the program as exemplified in the story describing the program below:

Story 2 – Volunteer Audio Describer¹⁴

I'm a Volunteer Audio Describer; I'm not assuming you know what that is so I'll tell you shall I? It primarily means that we go and see a show, several times, we make some extensive notes before the show, and we usually describe a matinee and an evening performance to people with low or no vision. For each show, we'd probably put in about 20 hours preparation.

People with low or no vision choose to come to the show. We usually sit in the bio box at the back of the theatre, with broadcasting equipment. The equipment is all owned by [organisation], and they coordinate between the theatres, for the viewings and for us to get there, and the ticketing is done, usually, through e-ticketing, although we do have people that turn up on the night because it's advertised in the program.

¹⁴ Some minor details have been omitted to protect the confidentiality of participants.

Before the show, we tell them [people with low or no vision] about what's in the program, give them highlights and things that they need to know about the set, the costumes and the characters. Then, during the show, we talk, hopefully not over the actors, but to tell them [people with low or no vision] what's happening on stage, so that they can keep up with the plot of the show.

AD is quite specialised. The way I describe it is, we're like a camera. We're just saying what we see because you don't want to spoil the show. We're not the actors, we say what's happening, the whole time. You've got to have a good memory; you need to remember when the gaps in the dialogue might be, that you can squeeze in that little bit of description of what's going on.

The example I give is, if somebody gets shot and falls on the stage, you don't say they're dead because you don't know that, you say they fall and lie motionless. We don't interpret; we are like a camera that tells people what's happening.

It's mostly theatre that we do, now, but in the past, I've done things like the [car show], art displays. I have done arts exhibitions, where they let people with low or no vision go behind the barriers and touch the costumes. Most theatres will offer a tactile tour service where they actually escort the people with low or no vision into the theatre, or up onto the stage, and they bring out props and costumes that they can touch, so that they get a good idea of what's happening on the show.

One of the things I described was a circus show, and we had a nine-year-old vision impaired guy come. This was something the parents were so grateful for, because they said, there's not a lot that you can do as a family, so he was one child within the family, had his older brother there, and it completely opened up a new avenue to them, for a kid, and it was circus, and he loved it.

I like to think of us as a host if that makes sense. We have to make them feel comfortable. We show them how to use the equipment, we tell them what's going to happen and then we send them on their way. At the interval, we'll come out, just in case there's a problem with the equipment, and help them there, and at the end, we collect it, and we always try to get some feedback on what they thought of it and how we could improve. Not so much the show itself, because that's up to them, whether they liked it or not, but how our description was. Some of the feedback I get, there are two things. One is, for people who have never had sight, they've never even considered going to some of these events, and it's opened it up for them. Others have lost their sight later in life, and it reminds them of, the fun they used to have at these events.

Findings

The most substantial evidence reported aligned with Outcome 4 (*People with disability participate and benefit from the same community activities as everyone else*) and accounted for 39% of the frequency of responses. The second most emphasised outcome accounted for 31% of the frequency of responses and demonstrated clear alignment with Outcome 5. There is some evidence of alignment between the program outcomes with Outcome 2 as 20% of the frequency of responses is attributed to this outcome. Outcome 1 and 3 least frequently aligned with program outcomes accounting for 8% and 2% of responses respectively.

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

There was some evidence of alignment with program outcomes and the NDIS-ILC Outcome 1. There is evidence to suggest that the program facilitates *increased access to high quality, accessible, relevant and easy to understand information* as one respondent described the program's purpose:

Essentially, it's about access. It's about people accessing the art world on a level footing with their sighted peers so they can go to a performance or an art gallery and have the visual information conveyed to them in a way that they can make their own mind up about what is happening.

Examples of program activities facilitating opportunities for people with *disability to be connected and have the information they need to make choices and decisions* was evidenced in descriptions of an 'ideal describer' when one manager said '*the thing with audio description is to describe the aspects allowing the end user to come up with their own interpretation*'.

One respondent highlighted that the program is seeking accreditation for AD; *'we are currently looking into that [accreditation]... The program is very, it's very well established but it would be nice to have some accreditation'*.

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

The proportion of participant responses attributed to Outcome 2 is 20%, demonstrating some evidence of alignment with the NDIS-ILC Outcome Framework. The program provides one-off, low level or episodic supports for people to access community activities.

One respondent emphasised program activities relating to participating in community life such as attending the theatre, subscribing to the theatre company, the 'full experience' the program facilitates and the frequently attended shows in the season:

But no, I've been doing audio description with [Organisation] for probably 20 years, going. Nearly 20 years. So, it started off just going to one or two plays, and then now I subscribe to [Theatre Company], and probably go to seven to... I don't always get the full season, but seven-plus plays each year.

I suppose they offer it for two plays per... you know, a Tuesday night and a Saturday afternoon. The Tuesday night suits me better. So yeah, it's opened up that world of going to the... Well, I go to the theatre anyway, but it just gives me a better experience.

Two respondents highlighted that the program upholds human rights and facilitates non-discrimination when an organisational manager stated, *'Essentially it's about access. It's about people accessing the art world on a level footing with their sighted peers.'* (C29) A volunteer also remarked on accessibility when they said: *'Yeah, well it's to give another avenue, to make, I guess, other arts available to people with vision impairment, that they wouldn't otherwise be able to participate in.'*

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

There was no evidence of alignment with program outcomes and the NDIS-ILC Outcome 3.

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

Outcome 4 is the most emphasised program outcome that aligns with the NDIS-ILC Framework Outcomes. Interview respondents discussed program outcomes related to community inclusion in 39% of responses.

Respondents discussed examples of *active involvement and collaboration in the community to drive inclusion*. The program manager spoke about his role in facilitating 'ongoing partnerships' and 'relationships' with theatre companies and how the program's communication strategy involves him trying to 'ingrain' himself in the arts performance organisation in order to *drive inclusion*.

A volunteer respondent highlighted collaborative activities undertaken with the theatre staff when they said, *'Perhaps we're very confused about what's going on in a particular scene, we can always call the director and they'll always help us out, to understand, so that we can describe it to our patrons'*.

One of the service managers spoke to examples highlighting collaborative efforts between business (i.e. theatre companies) and the organisation that *facilitate people with disability being able to access the same community activities* (i.e. theatre performances) *as everyone else* when they described the preparatory activities required for quality audio description:

We need access to the sound booths and technical things. So, a lot of those relationships are all pretty much what I do is its relationships to keep them here flowing and also ensuring the ticketing set up for our clients.

Respondents stories of the support that ushers provide to people with disability and their canine companions highlighted examples of *inclusive behaviour, culture and understanding of barriers* people with disability face. Respondents spoke of ushers setting up water before patrons arriving and on one occasion, taking an assistance dog outside when it needed a break in the middle of a performance. These activities facilitate inclusion as, without it, a person with low or no vision would not be in a position to experience live theatre in the same way as others.

One respondent described how people with no or low vision are shown backstage to feel the props that they later hear described. These activities were also perceived to allow for a change in attitudes of people with low or no vision in differences in how 'touch' is sensed:

The [Stage Production] was my favourite, because the costume people said, you know no one gets to touch these costumes, but they brought out all the masks and everything else, and I think we had about 25 vision impaired people there, and they realised they don't touch in the same way that we might touch fabric. They do run their fingers over it, and they're extremely gentle, but the beading and the masks and the way they work was really of interest to the vision impaired people.

The role that the program plays in supporting *improvements in knowledge and capability within business* was also described by a volunteer when they said:

It's got to be coordinated with the front of house, and the backstage team, to get us in the right spot. Then, we turn up on the day with equipment, about an hour and a half before, and some of the theatres are very well organised, others are not so organised. They're all welcoming, but they sometimes don't quite know where we should be or what we should do.

The descriptions mentioned above highlight the potential for increased *knowledge and capability within businesses to ensure accessibility, participation and inclusion in community activities*.

A high degree of collaboration was also highlighted through the interviews:

INTERVIEWER: *I'm just wondering also how many different partnerships you have with different external stakeholders?*

INTERVIEWEE: *Easily, I'd say three dozen.*

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

There is some evidence of the program outcomes aligning with NDIS-ILC Outcome 5, as 31% of the frequency of responses highlighted activities people with disability were engaged in to facilitate feelings of belonging:

One is, for people who have never had sight, and we've got some of those, they've never even considered going to some of these events, and it's opened it up for them. Others have lost their sight later in life, and it reminds them of, you know, the fun they used to have going to these events, so both those things.

No, it's a great experience to have a play audio described. Because there's so much non-verbal communication going on in the background, and I don't know, you just get a fuller experience.

There is evidence to suggest that the program activities enable people with disabilities to feel accepted inclusive of their 'assistive technology'.

Well, now, some of the theatres, they just have the bowl of water next to the description. They'll set up a desk for us, and our equipment, and they have their bowl of water there, so they've learnt, as well. The ushers love having vision impaired people come to the show. (Volunteer, A24)

A manager also discussed the impact participating in the program can have on subsequent interactions with people as it can allow for people to say to others, *'I went to the show the other night. I experienced this...'*

3. Skills development model

Program description

The goals of the program are to build the capacity of children with disability to participate in training and development activities and to build confidence and assist in obtaining work experience opportunities. The purpose of the program is to develop a community network collective that facilitates opportunities for youth with disabilities to build employability skills and confidence:

The goals of the program are to build, significantly build the confidence of young people in their understanding of the workplace, their understanding of employability skills, and to build their confidence in dealing with people that they've never met before, moving outside the comfort zone of their schools, and being in a different setting and then taking them into a workplace setting, and finally the graduation is really about showing them that they have achieved something. Which is really important.

Cohort

A total of 17 high-school-aged children participated in the 7-week program in 2018. Program participants were typically from rural areas and from low socioeconomic backgrounds. One respondent reported that the program comprised of participants with a range of disabilities including intellectual, sensory and physical disabilities.

Program funding

One respondent indicated that the organisation partners with other organisations to source funding for the program from a local philanthropic organisation:

Well, it's an informal link but we combine together to get funding for the program... We do have an MOU [Memorandum of Understanding] in place between the three organisations¹⁵, but we've always worked together in partnership because we all have similar philosophies and they're all certainly aligned strategically. The MOU just formalises that for the funding that we've got at the moment through [Philanthropic Organisation]. [Philanthropic Organisation] is a [Regional City] based charitable foundation and we receive [funds].

Program evaluation

The students complete a questionnaire on the first day of the program and again on the last day. Students also provide verbal feedback at the end of each session. Employers that undertake mock interviews also note feedback for the students. Family members complete a voluntary survey on the day of graduation.

At the very beginning the students are given a questionnaire about how they feel about a range of things, which includes meeting strangers, going out by themselves, being independent, what they know about employment, types of jobs et cetera, employability skills. They do that the very first session on day one. They then do it on day seven of the program, so the last day, they do that, that's the last activity they do before they go to graduation. So that gives us an extent of their feelings. They do a very basic feedback sheet each session, what did you like, what didn't you like. We also have a parent survey, which is completed at graduation night, we didn't get 17 parents completing it, I think I got about probably seven. We have employer feedback about the mock interviews, what they thought of the process, and their feedback for young people. For employers, parents – and the debrief meeting with all the volunteers yesterday was a very informal conversation, so we didn't have anything written down about that, we probably should have. I took the notes, that's why I have those comments. But we probably should have a formal evaluation with our volunteers, but we don't.

The program activities include the completion of questionnaires that inform the evaluation. Data collected include: the period of the program, the location, partnering schools, organisations and the number of students participating in the program. Quantitative data collected on student outcomes include the number of students who completed the program and found a work placement or employment. Qualitative data collected include anecdotal evidence and quotes from students, parents, project partners and the program coordinator. Data on media releases also inform the evaluation. One respondent detailed how student feedback is incorporated into program development activities:

We had a few students who dropped out early on as they had mild ID, they weren't managing well yet did not identify themselves as having a disability. It was actually quite confronting for them to arrive at

¹⁵ The three organisations comprise of a national network organisation, a disability-led organisation and the community service organisation implementing the program.

the program to see other students who clearly had a disability there. We brought this feedback to a planning session, where we discussed the issue amongst the organisations. Everyone agreed that we should name the elephant in the room and so since then, we have included an activity at the very first session where we talk about 'what is disability?'. It was really quite interesting, we had this one girl with Autism who spoke up about her experiences and this sparked a big discussion amongst the group, it worked really well.

Story 3 – Describing Benefits

INTERVIEWER: Can you describe some of the benefits that you've seen that the program has had for people with disabilities and their families?

INTERVIEWEE: The interaction with the strangers in the mock interviews, that was considered to be a huge benefit for the young people, who initially walked in the door a little bit shy, but soon became engaged and excited about the process, and were quickly connecting with everybody else, and were competing, who could do the most number of interviews. So, it became quite an interesting, supportive and wonderful day, where they were each encouraging each other, "I've done six, how many have you done?", and this kind of thing.

The schools, a couple of the schools commented that having a teacher – each school has to send a teacher aide with their students, and the teacher aides all worked together, there was five of them, they all worked together to support the whole class, and they built a relationship within themselves, sharing information about what works for different students at schools. One commented yesterday that there was a practice at one school that they thought was really helpful, and they've taken it back to their school, and are starting to implement it there. So, the teachers got something out of it.

Learning from the other schools – and the one school that is a special development school, where three young people are in that same school from prep to Year 12, they commented their students are fairly isolated from the general population of other students, and it was very, very helpful for them to go out and meet other students, and know that there were students with disabilities in other schools as well. Whilst they have their community in their special development school and supports, they're fairly isolated in that regard, all the way through prep to 12.

INTERVIEWER: ...do you think there's anything that's particularly innovative about the program, that's different to others?

INTERVIEWEE: I think it's innovative that it's not dependent upon any one person, or organisation, or school, it's very collaborative, it's a collective of people who come together to make this happen. And it has happened twice previously as a pilot program and then a 'let's see if we can make it better', and then this year it was funded by [Funding organisation], so that made a huge difference to what we could actually put in the program.

Findings

Three of the five outcomes all report a similar frequency of responses, accounting for approximately one-quarter of the responses each. Outcomes 3 and 5 have equal frequencies of reporting (18%) with outcome five falling just short at 18%. The next frequently reported outcome is Outcome 2 reporting 24% of responses. The least frequently reported alignment between program and NDIS-ILC Outcomes was Outcome 1 at 6%.

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

The least frequently reported (6%) Program Outcomes coded against the NDIS-ILC Outcomes framework emphasised Outcome 1, indicating little alignment. There was some evidence of program activities facilitating *improved effectiveness of referrals resulting in connection with mainstream and community activities* due to the networking and collaborative efforts by the program leader. One respondent highlighted how community organisations (i.e. business, community services) connect with the program and subsequently with people with disability:

And the volunteers come from organisations, predominantly the volunteers come from organisations who have some connection to working with young people with disabilities. But they add in the work they do with me into their everyday paid role. So, it's a really tricky thing. So, they're paid to do a job, but they go over and above by participating in this particular program that I would talk about. So, there would be maybe 12 volunteers in that category. Then we have 22 employers in [Regional City] who own businesses who volunteer their time to participate in part of this program as well.

One respondent spoke of the impact that the program had on parents' knowledge, and awareness of the community and mainstream supports available to their children. The 'program leader' highlighted that at the graduation ceremony parents were '*pleased and surprised that there was so many different people working for their young person*' as they '*weren't aware of many of the support services that were there for their young person*'.

One respondent reflected on the program activities that facilitate decision making support when they said:

They are also provided with choices about different types of occupations, and [are] provided with information on how to assess the workplace. An example of that, students who recently visited a hospitality industry, then upon reflection students remarked on the heat of the kitchen and how they would not like to work there.

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

Respondents indicated some emphasis of alignment between program outcomes and NDIS-ILC Outcome 2. Interview responses coded against Outcome 3 emphasised *increased skills and capacity; motivation, confidence and empowerment to act; participation in community life; self-advocacy, independence and relationship building*.

The program's leader explained that over 7 weeks, program participants attend a weekly lesson on topics relating, but not limited to; to 'healthy eating', 'interview skills', 'putting your CV together', 'hygiene in the workplace' and other skills relating to appropriate workplace behaviour.

The program leader highlighted an example of a mainstream school teacher giving feedback relating to the impact they perceived the program activities had on the students' confidence to engage in academic and social life at school.

The program leader recounted feedback from a mainstream school teacher highlighting a positive impact on the students 'moral' and 'personal wellbeing' after noticing 'greater effort at school' and improved academic and social engagement after participating in the program.

And the third was a girl who was just so excited about the possibility of getting a school-based apprenticeship out of this program that she is just totally focused and committed on how she goes about getting the job.

An increase in *confidence and connections* with peers was also reportedly observed by respondents throughout the program:

The confidence of the students when you look at them in Week 1 to Week 6, it's almost like they're different children and that's what I've heard a lot, you know, you've got children who are so much more confident. Coming to one of these mock interview days, they're just terrific. So, a huge learning curve but just enormous increase in confidence by the kids. So, I would say overwhelmingly beneficial for the kids.

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

Interview participants emphasised program outcomes that align with NDIS-ILC Outcome 3 in 18% of responses.

One respondent pointed out collaboration activities with mainstream services including 'mainstream schools', 'hospitals', 'TAFEs'. The mainstream services provide 'in-kind' support to the program in a variety of ways. The local TAFE provide a 'classroom setting' for students to experience lessons on campus, some 'catering', 'hair and makeup' services for the graduation and a 'bus' to transport the students. The local 'hospital' is visited by the students to meet potential 'employers', and the schools provide a teacher aid, and a \$100 cash donation per student to go towards purchasing an interview 'outfit'.

The program leader revealed their account of the impact that the program activities had on skills, knowledge, attitudes and culture within mainstream schools:

A couple of the schools commented that having a teacher – each school has to send a teacher aide with their students, and the teacher aides all worked together, there was five of them, they all worked together to support the whole class, and they built a relationship within themselves, sharing information about what works for different students at schools. One commented yesterday that there was a practice at one school that they thought was really helpful, and they've taken it back to their school, and are starting to implement it there. So, the teachers got something out of it.

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

Interview participants emphasised program outcomes that aligned with NDIS-ILC Outcome 4 in 33% of responses suggesting the strongest degree of evidence.

The network coordinator reported the involvement of 40 different business and community-based organisations involved in the program:

I'm the coordinator of a network of [organisations] who work with young people, comprising 18 schools, 20 something organisations that participate, from training providers, DES providers, SLES providers, and all sorts of other community programs that are provided for young people with disabilities.

Participants also reported collaboration efforts between the program, a Disabled People's Organisation (DPO) and local businesses engaged with the project. One participant detailed the involvement of local business in volunteering their time to conduct mock interviews with the students:

The employer side of it, we have 22 – we had 25, but only 22 turned up, volunteers who came from businesses in [Regional City] and took part in what we called a mock interview process. So, they acted as an employer interviewing a young person for a job. It was all mock interviews. The purpose of doing that was to give the young people practice at job interviews in a real setting with real employers, and also to educate the employers into who were some of the young people in [Regional City] who may well be looking for work, and how they could interact with those young people.

While another participant, an employee of a DPO spoke about their role in supporting diversity and equity practices in the local small-medium business that participate in the program:

I work for the [name] Service which is an initiative by the [DPO] at [University] to work with employers to build their disability confidence, to employ staff, to welcome customers and to retain staff. So, in [Regional City], at this stage we work with up to about 90 businesses and we are a partner to the [Skill Development] program.

The DPO employee further explained their role in the program is to 'bring the businesses in'. They described the benefits of collaboration and suggested that it 'gives our businesses an experiential and an experience of talking to people with disabilities to increase their confidence' and; allows for connections between the student, their carer and the business to be established:

But also, after the mock interviews are finished, each of the employers then do a feedback form. One of the questions on it is, "Would you be interested in... and having someone for work experience and if so, who? Is there anyone that you've met this morning that you'd be happy to offer work experience to?" So, what we then do after the mock interview is, we try and match up the student and the school and the parent with the employer. We only come in in the last week and then we do some work after that to try and connect the dots.

To summarise, the participants accounts suggest the program supports *active involvement and collaboration in the community to drive inclusion for people with disability*. Our data suggests the program provides opportunities for *increased understanding of rights and barriers for people with disability, increased knowledge and capability within business and community-based organisations, positive changes in individual attitudes and community culture and more inclusive behaviour within communities* to be facilitated.

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

Interview participants emphasised program outcomes aligning with NDIS-ILC Outcome 5 in 18% of responses.

Participants discussed the connections that the program facilitates between all key stakeholders including mainstream (i.e. schools, hospitals, TAFE's, a university) community (retail, hospitality, sports clubs) and NDIA registered providers (DPO's, SLES and community service providers).

One respondent described the 'brokerage' nature of the service, highlighting that the program is not a service provider per se, rather, it operates to facilitate the development of a network. The network coordinator said "Technically we don't provide services we provide – well, the major service we provide is brokerage, so we bring people together. That's the best way to describe what we do. We match up people's needs with people who can support the needs".

One respondent reflected on the phrase that was the used at the graduation, “it takes a community to raise a child”, and described the pleasure that families felt when learning that so many community supports were available to their child with disability:

When we had the parents together, we had 60 people at the graduation, that was mums, dads, siblings, et cetera, and the participants, and we started it by using that phrase, ‘it takes a community to educate a child’, and explaining that this was the community that their child was part of. And the parents were just so pleased to think that that was happening, weren’t aware of many of the support services that were there for their young person.

The aforementioned responses highlight accounts of *shared understanding, experiences and collaboration, active participation and feeling of belonging in community* outcomes that respondents attributed to resulting from the program’s activities.

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4. Out of home support model

Program description

The goals of the program are to provide a break to support carers of children with disabilities who live in the family home and to promote social inclusion of children with disabilities via activities that aim to build social capital. The purpose of the program is to link volunteers with people with disability to facilitate the formation of relationships based on shared experiences. A network of disability service providers across three states in Australia implements the program. Members subscribe to a peak body that oversees capacity building initiatives across the network.

Cohort

The out of home support model program¹⁶ provides support to families and children with disability¹⁷ between 3 - 18 years of age who reside in the family home.

Program funding

The program is funded by the Victorian Government Department of Health and Human Services.

Program evaluation

Output data regarding the number of hours of volunteering occurred is reported to the funding body on an annual basis. One respondent indicated that a review assessment is conducted annually with volunteers and program participants: *'And then there is a review assessment done annually, and for that I just provide the extra time and catch up and make sure that everything's running smoothly and there's no extra support they require'*.

Story 4 – Volunteer

I volunteer at [Organisation] which gives respite care to a young lady with a disability. It was usually one weekend a month.

Ayra has been staying with us for over a decade now. So, when she was younger, we did a lot of children, you know, activities for kids. But now she's older not so much of that stuff. She just stays with us and it's just like a normal family, watching TV... we go to the shops, things like that.

There's a number of reasons why we volunteer, but I think one is to give respite care to the family of the person with the disability. The other thing is to, I think, give access to the child or the person with the disability to other networks, and other experiences outside the family home.

I think that, although we're strictly, as I said, respite care so that's the night that Ayra stays with us her parents can go out or do whatever they like. She interacts with our family, her younger siblings, my daughters as well.

I think we had always wanted to give something back to the community. We... wanted to give any help that we could, and it's also for enriching our own children's lives to be having close contact with another person outside of our family.

I think its [respite support] opened up another lot of - another social network to her [Ayra]. My daughter - I've got twin girls who are older than Ayra... and they've been - since Ayra has been staying with us they have both met their partners and they've been married. So Ayra's had a network with not only my daughters but with their partners as well... and their families. So, it's a broader - a broader family social area that she's been exposed to.

So now... when they [Ayra's parents] want to have free time for themselves Ayra has... as well. So, it's also given them a bit of - a bit of time to spend one on one with their other child. We saw Ayra's parents and Ayra last night just to catch up with them as well. We would regard Ayra's family - Ayra and her family as family friends.

¹⁶ Based on the cohort characteristics, a distinction is made between the program model in the current case study and a foster care model, whereby people with disability and their family have complex support needs and Foster Volunteers require specialised training and accreditation (see; <https://services.dhhs.vic.gov.au/foster-care>).

¹⁷ People with a primary diagnosis of psycho-social disability, physical disability, ADD or ADHD are not eligible due to funding body criteria.

Findings

More than half (54%) of the frequency of responses aligned with Outcome 5 of the NDIS-ILC Framework; suggesting strong emphasis on *People with disability actively contribute to leading, shaping and influencing their community*. The next most frequently reported program outcomes align with Outcome 2 (23%). Outcomes 4 and 1 demonstrated a little degree of alignment, accounting for 16% and 3% of coded responses respectively. There is no direct emphasis of alignment between the out of home support model program outcomes and Outcome 3 of the NDIS-ILC Framework.

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

Respondents placed little emphasis (3%) on program outcomes that align with the NDIS-ILC Outcome 1. There is slight evidence to suggest that the program Activity Outcomes might facilitate *increased use of information to make decisions to shape an ordinary life* when a volunteer described the 'learning curve' that the person with disability experienced when the volunteers mother passed away, *'he learned about death and dying through my mum and he learned something before his dad died about funerals'* the volunteer elaborated on the child's decision to write 'the eulogy' and do 'a photoshoot at the funeral'.

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

Respondents placed some emphasis on Outcome 2 of the NDIS-ILC Outcome Framework as 26% of the frequency of responses are aligned.

Respondents discussed *participation in community life* in conjunction with shared activities that a relationship might foster. As described earlier, one respondent, a volunteer with disability recounted a story of how a volunteer program participant (VPP), was included when a close family member (whom they had also built a relationship with) was terminally ill and passed away. The respondent, a volunteer, suggested that this experience provided an opportunity for *increased skills and capacity* as the child learnt about death and dying; ultimately giving them life experience in preparation for when their father passed away:

So yeah, things have changed dramatically and of course it would. Things have been [difficult] for Sam. My mum actually died... She was given two years. So, this was a learning curve for Sam because he learned about death and dying through my mum and he learned something before his dad died about funerals. It was incredible the way he approached his dad's funeral... I was just so proud of him. He wrote the eulogy. Somebody else read it out. He's into photography. So am I. He did a 10-minute photoshoot at the funeral. I was so proud of him.

One respondent, a volunteer, provided examples to suggest the program activities might facilitate opportunities to *increase skills and capacity* when she spoke about the relationship that has developed with the child:

I love photography. I have a great interest in being with people. I have a degree of intellectual disability myself. So, there's interests there anyway... So, there's certain bonuses that... that have just come [from being a volunteer] that we didn't realise to start with.

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

There was an absence of program outcomes emphasising alignment with Outcome 3 of the NDIS-ILC Outcome Framework.

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

Program outcomes align with NDIS-ILC Outcome 4 in 16% of responses suggesting some degree of emphasis.

One respondent spoke of the benefits the program has for people with disability, volunteers and their families; noting that each volunteer 'will have different purposes' in relation to what they 'want to get out of the program' including; wanting to 'have their children have exposure to have another child with disability'. Increasing 'exposure' and building relationships with people with disability suggests that the program provides opportunity for *positive changes in individual attitudes and community culture and more inclusive behaviour within communities*.

Increased knowledge and capability within business and mainstream organisations were exemplified in descriptions of the perceived benefits of subscribing to a network of organisations implementing the model:

Because [organisation] is like a membership organisation for the [model] brand... So, we're part of this network and this branding and each year we pay, I think... for the membership and then we get information through [organisation] and network opportunities... so the membership pays for the

branding. And then you also get access to training... we advertise through their website... [organisation] runs volunteer campaigns [to] raise awareness of volunteers in disability (sic).

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

Program outcomes aligned with NDIS-ILC Outcome 5 in more than half of coded responses suggested the strongest degree of emphasis.

Many respondents discussed program outcomes relating to *connections and relationships* between VPP's, volunteers, family members, community service organisations and NDIA registered providers.

An out of home support volunteer, with disability, spoke about the *shared experiences* that occurred when they would spend time with the volunteer recipient:

So, we started off seeing Sam every Sunday, one Sunday in the month for six hours and it progressed from there. Sam has a love of trains and from there on, we'd take trains to the swimming pool, trains to the cinema and to picnics and all sorts of places.

The out of home support volunteer further elaborated on *shared understanding, experiences and leadership* when she spoke about spending time with Sam based on their shared passion of photography when she said, '*Sam's love of photography and my love of photography means we've been able to meet up on a Sunday [to do photography]*'.

One respondent spoke about the relationship between the family and the volunteer when they said:

For both my husband and myself it's been terrific, a wonderful experience... so it's another young child involved in the family. So, it – they [organisation] also introduced us to Pat's family who are very very good friends of ours as well

Another respondent reflected on the interactions and relationship that they have with the family of the child that they volunteer for saying, '*I think also at different times I can be the ear for Sam's [child with disability] mum and she's respectful that I am there for Sam. But at different times, you know, I am there for the family as well....*'. Such interactions with the VPP's family might further facilitate; *shared understanding, experiences, collaboration and leadership; connections, relationships and support networks in community and; opportunities for active participation and feeling of belonging in community* between volunteers and the more extensive family network of the person with disability¹⁸.

One respondent reflected on the nature and risk¹⁹ of the relationships between volunteers, family members and people with disability and remarked on the value of support from a community organisation:

What I feel, as a volunteer of an organisation... because I'm working with the whole family, I've never had issues with the family. But I do stay with [organisation] in case I ever did, you know, because they've been terrific in the past year with [family members] passing and everything else, just making sure that I'm okay and I'm on board with it all. I have been but they're lovely, you know, they sent me a condolence card as well as Sam's family, you know, and there was a couple of phone calls over the time of the funeral and everything.

Respondents also emphasised scenarios of the building of relationships between people with disability and extended family members, highlighting alignment between the program and NDIS-ILC Activity Outcomes relating to *connections, relationships, support networks, active communication and feelings of belonging*, as highlighted in Story 4.

¹⁸ The NDIS-ILC Outcome Framework does not clearly measure the relationship between volunteers and family members/other 'natural'/'unpaid' support networks in the community and how this might inadvertently support the person with disability.

¹⁹ The interface between the NDIS-ILC Outcomes framework and National Quality and safeguard practices such as the example mentioned above is not clear. There is no mention of safeguarding in the framework.

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5. Practical support model

Program description

The goal of the program is to ensure that all people can engage, connect and participate in their communities. The purpose of the program is to encourage the independent use of public transport and support the implementation of the Victorian Public Transport Standards.

So, we're all about using public transport and where that infrastructure fails, that's where we try and come in and alleviate some of those pressures.

Program activities take place in the local community including mainstream services (e.g. health care, justice, public transport) and community programs and activities (e.g. businesses, community groups). The program activities promote the independent use of, and accessibility of, public transport.

Cohort

The organisation provides supports and services to the general public. The Practical Support Volunteer program is available to any person who travels independently on public transport. A typical customer of the program (referred to from here as a volunteer program participant; VPP) includes people with disabilities, seniors, and any person experiencing mobility limitations. One-third of the programs VPPs have sensory disabilities. In 2017/18 FY the majority (more than three quarters) of VPPs travelled from and around regional Victoria. The next largest was VPPs that travelled from Metropolitan Melbourne. A small number of VPPs travelled from Interstate.

Program funding

A pool of organisational revenue sourced from donations, philanthropy, local council grants supports the program. The organisation has evaluated the potential of charging scheme participants through individualised arrangements and identified barriers, which include: the extensive resources required to register and operate as an NDIS service provider; a combination of scheme participants and people who are not eligible for the scheme or do not identify themselves as having disability (i.e. people with mental illness); and the service is accessed by people infrequently and unexpectedly.

Program evaluation

The program measures the service outputs by counting the number of volunteer-supported services undertaken. Necessary demographic data records collected include the VPP's contact details, age and disability type.

Story 5 – Joan

I see Volunteers through [Organisation name]. I only used it for the [program] service to go... well I haven't been to the markets with them for a while. I have used them [the service] ever since 2014. At one stage I was [using the service] every month but now and [with] my other commitments, it would be periodic [now] with the NDIS, it's like every couple of months maybe.

I think that I'm a client of [organisation]. So, I think someone told me about the volunteer companion... oh, that's right, it started off as a medical companion service. And I found out when it expanded into the shopping companion service.

One of the things I like [about having a volunteer] is its people who enjoy assisting someone who... I think they enjoy the outing themselves. I enjoy meeting a new person. And learning about someone else's background. Well. I haven't actually made long 'friends'. But I just enjoy the moment. I don't expect to make long friends through it. Look I often describe them as companions that's all.

I get some encouragement when out, and about that, I need... Well, I just wouldn't be able to go to the market or do something different [without the service] I just would have missed out on going somewhere new or to enrich my experiences. And it's just a way of getting assistance where [Volunteers] assist to make up for a lack of eyesight. It hasn't really increased skills no.

I think the [organisation] do a pretty good job in training 'em [Volunteers]. They do a lot of that stuff.

Findings

Overall, the practical support model has some evidence of alignment with the NDIS-ILC Outcomes Framework. The role that the volunteer program has in providing opportunities for people with disability to independently access the community and the potential associated benefits is noted.

Except for NDIS-ILC Outcome 1, whereby 2% of the responses aligned. Outcomes 2 (23%), 3 (25%), 4 (22%) and 5 (28%) were emphasised relatively equally.

With a result of 28%, the most frequently cited program model outcome that aligns with the NDIS-ILC Outcomes is Outcome 5. The next most frequently aligned (25%) outcome is Outcome 3. Outcome 2 and 4 have a similar proportion of alignment; 23% and 22% respectively. Respondents placed little (2%) emphasis on program outcomes that align with Outcome 1.

The data suggests that the program provides an opportunity for inclusion; however, further research is required to ascertain how the program activities might build individual and community capability.

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

Program outcomes emphasised by the respondents show little alignment with NDIS-ILC Outcome 1. The goals of the program are to encourage the independent use of public transport. The program builds the opportunity to access mainstream services, community programs and activities as opposed to providing informed-decision making support as emphasised by one respondent:

So, I get to hear lots of other points of view, and I do a lot of listening and not much talking because they tend to talk about... Because they're concerned about either their legal event that's coming up or their medical appointment. They talk about that to me. Not that I ask, I'm very careful not to ask, but they do anyway.

One respondent emphasised how the program activities demonstrate increased access to *high quality, accessible, relevant and easy to understand information*. A volunteer detailed how they relay information to people with disability during the program concerning the number of vehicles they will be accessing and the distance to their destination of choice, *'It's just a matter ... chatting to them about ... how many tram rides it's going to be or how far they're going to have to walk. That sort of thing.'*

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

The proportion of participant responses attributed to Outcome 2 is 23% and demonstrates some alignment with the NDIS-ILC Outcome Framework. The program provides one-off, low level or episodic supports for people to access the community. One respondent with disability stated that the program provides them with 'encouragement' that they need when 'out and about', indicating *increased motivation, confidence and empowerment to act*. Another respondent made a similar remark when they said, *'a big component of the role is to instil confidence in people who are in a new situation'*.

One respondent, a volunteer, reflected on the support that they provide to people who lack confidence in new environments:

So, if they are concerned and I just try to say, "I know how to do this. It'll be easy. We'll do this together. I've done it lots of times so just follow me or hold onto my arm," if they're blind.

It's just a matter of making them [VPP] feel safe in the best way that I can by chatting to them about me knowing the city well and I'll get you there quite easily.

One respondent, a program manager, emphasised program outcomes relating to *Independence, skills and capacity* when they said, *'[access to a volunteer] ... means that people can go out and about without having to have their carer'*.

The same respondent also emphasised program outcomes relating to *increased participation in community life* when they said, *'the overall goal is to ensure that people with mobility challenges can engage, connect, participate in their communities. Connect to medical appointments and social activities, whatever it might be'*.

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

Interview participants emphasised program outcomes that aligned with NDIS-ILC Outcome 3 in 25% of responses.

The program provides an avenue for people with disabilities to *use and benefit from the same mainstream services as everyone else*, such as attend a medical or legal appointment and access public transport as one volunteer described:

Lots of visits to hospitals where we sit and wait while the person has an appointment with a doctor or a specialist. Then when they're finished, we take them back to the station and get them back onto their train... I help quite a lot of people who are vision impaired and even with the dog, busy footpaths are difficult to deal with, extremely difficult to deal with. Also, finding their way around a hospital or legal rooms is also difficult.

There is little emphasis placed on program outcomes that aim to build the capacity of mainstream services beyond facilitating an opportunity for community access. Respondents emphasised program outcomes that facilitate opportunities for people with disabilities to increase their independent presence in the community:

It helps them [the VPP] deal with trams and buses and, occasionally, taxis. They have difficulty on their own sometimes. Especially getting on and off trams. Dealing with the busyness of the city. I think a lot of them would have a lot of trouble forcing their way into a tram if I was not there saying, "Excuse me, excuse me", to the people around, and making way for them.

A volunteer highlighted examples of how public transport users adjust their behaviours in response to their verbal prompts — suggesting that volunteer support might play a role in promoting modifications of public transport through *promoting positive attitudes, culture and behaviour amongst community members*. Respondents reflected on examples of *positive change in attitudes and culture, more inclusive behaviour and increased knowledge and capability within mainstream services*:

They hear me, if they're blind, they hear me saying, "Excuse me, would you please move out of the way." They hear me do that. They talk to me about that later and say, "Well, couldn't have done that because I wouldn't have known the person was standing in the way or wouldn't move," or whatever in a tram. Most people are pretty good in the city. They get up off their seats and give their seats to people who are blind or people who are struggling, people who are very old.

One respondent, a program leader, described the interaction between public transport services and the volunteer service when they said, *'Sometimes the conductor rings and says, I've got two people here on the train, they need assistance when they get into [Metropolitan train] Station or [Regional train] Station, and then people [Volunteers] will just pick them up.'*

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

Respondents placed emphasis on program outcomes aligning with Outcome 4 of the NDIS-ILC Outcome Framework in 22% of responses. One VPP with disability confirmed that the program facilitates community engagement:

INTERVIEWER: *Yeah okay so that's not your expectation but it helps you engage with the community?*

VOLUNTEER RECIPIENT: *Yes*

One volunteer described *Positive changes in individual attitudes and community culture* when talking about the program's training and activity outcomes:

I probably get more out of it than them because I meet all the different people. They're usually from a very different demographic from me. They live in the country. I live in the city or they live in the outer suburbs. Usually their politics is different from mine. Usually their social class is different from mine. So, I get to hear lots of other points of view, and I do a lot of listening and not much talking because they tend to talk about.

Volunteers undertake an online training program to raise their awareness of disability. The purpose of the training is to *'instil confidence in people to interact with people with disabilities and to understand the point at which a qualified person should undertake support.'* The online training is available to and undertaken by employees in the retail, hospitality and tourism industries, demonstrating evidence of how the organisations broader activities build community service capacity.

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

Outcome 5 is the most emphasised program outcome that aligns with the NDIS-ILC Outcome Framework. Interview respondents discussed program outcomes related to connections and relationships in 28% of responses. Volunteers discussed in great detail how they have gained insight into the barriers that people with disability encounter in their

daily life. Volunteers discussed the 'helping' relationship that they bring, while the volunteer recipients spoke about the value of the social encounter that results from participating in the program.

One respondent, a person who accesses the services, confirmed the *opportunities for active participation and feeling of belonging in community* that the program facilitates during the interview:

INTERVIEWER: Yeah. So, it really enriches your experiences and helps you engage with the community

VOLUNTEER RECIPIENT: Yes

The volunteer recipient further elaborated on *feelings of belonging* when they described what they liked about having a volunteer, *'Well I think one of the things is they, they, its people who enjoy, enjoy assisting someone who, I think that enjoy the outing themselves'*.

There is evidence to suggest that the program might facilitate *opportunities for active participation* by linking people with disability with mainstream and community supports, *'we, as the volunteers, help people who arrive at this station get to a destination that's usually a medical appointment or a legal appointment, mostly be medical and legal. There's a few other appointments.'*

One respondent, a volunteer discussed the support that is also provided to the families of people with disability suggesting the indirect or 'flow on' impact that the program facilitates.

Sometimes family members come as well but the family members aren't familiar with the city either. it's to do with language. A person from another country comes with a person who's a son or a daughter who helps deal with the language difficulties. They don't know the city at all, and they don't know how to get their way around the city. Most of them don't have the money for taxis. Even if they do have money for taxis, sometimes when I've had to deal with taxis, the drivers aren't very accommodating either.

6. Organisational support model

Program description

The goals of the program are to fill service gaps that clients of the organisation are experiencing and to provide volunteers with an opportunity to make a valued contribution. The purpose of the program is to provide office-based administration support and short-term project support. Upon reflecting on the goals of the program, one respondent said:

On a really broad scale I would probably say that the goal of that program has always been to fill gaps in service. It's tricky it's because its dual isn't it. You've got the goal of filling the need for the client, but you've also got the goal for the volunteer of providing them with a valuable contribution.

Cohort

The program is open to any person. One respondent described the cohort of volunteers to be people with and without disability, 'There are a mixture of people that volunteer who have [disability] and some who do not.'

Program funding

The organisation funds the program.

Program evaluation

The volunteer program is undergoing an internal evaluation to better understand the return on investment and, the value and awareness of the program.

Story 3 – Program manager

When we get to volunteers it's going to get quite complex because we have volunteers in a whole range of services. We are an NDIS provider, so we have engagement support and support co-ordinators. We also have an employment support service, so again, providing support for people to remain in work as well as a job seeker service. We do have an accommodation service as well. That's possibly the breadth of it in the client service area. In the NDIS space we also have occupational therapy and physiotherapy services...

There are volunteers in my side of the building... There's a volunteer program; peer support are all volunteers; all the peers are volunteers. There are volunteers in our ambassador program, and they are public speakers and they fall under marketing maybe. We have our [organisation] shops that have volunteers, then we have the events volunteers and there are thousands of them.

... just over the last fortnight we've put the volunteer program on hold because we don't have a coordinator in the role. So ordinarily and we'll talk about it, usually there's a volunteer program coordinator and I have a peer support program coordinator. So, I don't have to directly manage the volunteers, but as you would imagine in most workplaces, I do know lots of the volunteers and have some contact with them.

... we have admin volunteers. We have project volunteers who might help with a project for six weeks or short term like that. Then there's a couple of roles, some of the peer support groups have a volunteer that helps them with the pack up and set up of the tables and chairs. Or we might have volunteers that do meet and greet at an event, so if we're running a Wellness Lunch, we might get a volunteer along who can tick the attendance list. So, there's a whole range of roles that the volunteers perform in that space.

...paid staff could do it, but we don't have capacity to have paid staff doing it. That's actually one of our dilemmas in the volunteer program is that we are seeing a shift with the NDIS. We are seeing a shift in what has previously fallen into a volunteer space because it wasn't a service now has the potential to be covered by the person's NDIS package and driving is a key one of those. There was never anything for being able to get people to appointments or social activities. Now they can write that into their plan, and we are wondering if that is going to reduce the need for volunteer drivers.

Not everyone is eligible for NDIS, we get that too, but in the scheme of things that might change. So again, we're conscious of trying to look for, what are the gaps, what are the clients identifying that doesn't fit into a funded service because that's where the volunteer program really comes to the fore.

My head has jumped to the admin type volunteering, the roles of the volunteers helping us here in the office, which my team find very valuable. It's very hard to get the other areas of the business to see where a volunteer

could help; Finance, HR, those kind of areas. It's hard to help them identify what parts of a job could be done by a volunteer and I don't know what that is, maybe its experience.

Findings

Interview respondents placed some emphasis on program outcomes that align with NDIS-ILC Outcomes Framework. Respondents emphasised the value of the programs volunteers and highlighted that many of the organisation's services might not be viable without them. One respondent emphasised the changing nature of volunteerism in the organisation and suggested that many supports that were previously being undertaken by a volunteer are now funded by Individual Funding Plans.

Overall, interview respondents placed the greatest emphasis (a frequency of 63% of coded responses) on program outcomes that align with Outcome 4 of the NDIS-ILC Outcomes Framework. Respondents placed some emphasis on program outcomes that align with NDIS-ILC Outcome 2 (25%). Respondents placed little emphasis on program outcomes that align with Outcome 5 (13%). There is no emphasis of alignment between program outcomes and Outcome 1 of the NDIS-ILC Outcome Framework.

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

There is no evidence of alignment between the program outcomes and NDIS-ILC Outcome 1.

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

One in four of the responses emphasised program outcomes that align with Outcome 2 of the NDIS-ILC Outcome Framework.

One respondent reflected on an administration volunteer role that a person with disability has undertaken at the organisation for many years. The story highlights opportunity for *increased participation and contribution in community life* that the program brings to their volunteers with disability:

When they're volunteering it directly helps them because it gives them a sense of community a sense of value in being part of a work place... [volunteers are] thanked... welcomed, all those nice things... it's all the social stuff that comes with work that is what we love. I think the sense of self-worth and contributing is enormous. We have a chap [Ed] who came in again today. We struggle to come up with jobs for Ed. He's really quite limited [in what he can do] but he was doing the mail out today, so we were okay. I'm sure he gets the value of contributing. His wife also really appreciates him having something to do out of the house.

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

There is no evidence of alignment between the program outcomes and NDIS-ILC Outcome 3.

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

Respondents emphasised program outcomes that most frequently (63%) aligned with Outcome 4 of the NDIS-ILC Outcome Framework.

An organisational support volunteer remarked on how their role might *increase knowledge and capability within community-based organisations* when discussing how they, as a data entry volunteer, can pick up on anomalies in case notes and then highlight these to program managers:

What happens is each month, each of the [Volunteer] visitors will be asked to fill out a form and it dates and when they go to visit their [VPP]... And so, what they do is they report on when they visited, how long they visited and any notes they might put in. So, they may go in and see that the recipient isn't very well that day or they might report on ... their dementia is getting to the point where they're wondering if they're of any value going. They report on all those sorts of things. They might just say we went to a movie or down for coffee or something like that. So, what I do is I will get documents that come in and I will transfer information in to the database that the staff use. So that's what I do. So, I do read those reports. Basically, skim them and if I see anything there unusual, because occasionally I've found out that a recipient has in fact died and no-one's actually bothered to tell our staff. And the visitor turns up, only to found out that the person they're visiting has died within the last week or so. So, there's stuff like that. I quickly skim through that and if I see something that maybe they don't know, I'll shoot them an email if they're not office bound where I am. And let them know that - did you know this. So, I do that kind of

stuff. So that's how I do - that's more one on one supporting role that I have directly with the staff, in that I can see stuff before they actually see it.

The example above highlights the potential safeguarding role of an organisational volunteer.

The same respondent, who is a qualified retired professional, also spoke about the supportive nature of the role again emphasising how the role might *increase knowledge and capability within community-based organisations*:

I don't think me as a person brings anything special to it, other than reducing the workload of the staff that are there. I'm also there for them to - I don't know, I guess I'm someone they'll often talk to about things because I have no allegiances to the organisation in like this manager against that manager and I get - I'm outside of, I guess, in-house politics, which can be a different situation and I guess you build up different relationships. I go in to the office and I quite like meeting with the staff and... So, I guess I'll keep doing it for a while.

One volunteer noted that advances in technology is decreasing the workload for staff when they said:

Well, it's now they've made some digital changes in the program that I'm currently working in and since that's happened and they've lost two other volunteers but I think I'm the only one left that's still doing the work I do but then the workload has reduced considerably and their working systems. So, the reality is that work still has to get done and staff will actually have to do it and I spend probably between two, three - yeah, easy three hours a week doing what I do.

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

As highlighted in story 6, one respondent discussed some examples of how the program activities might indirectly make a difference to individuals with disability (i.e. providing support to volunteer-led peer support groups for and by people with disability). Therefore, suggesting slight emphasis on program outcomes that align with NDIS-ILC Activity Outcome *increased opportunities for active participation and feeling of belonging with community*.

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7. Advocacy model

Program description

The goal of the program is to protect the rights of people with disability. The purpose of the program is to provide people with complex communication needs who are involved in the Criminal Justice System with functional communication support in preparation for and during police interview processes.

People with a disability are more likely to be charged with a crime, are more likely to be refused bail, are more likely to be found guilty and are likely to have longer sentences than the general population and, they are less likely to be paroled early. Because all of the impact of their disability means they just don't understand often what is happening to them in the system. And they have often been conditioned to try and be compliant with the system or not understanding the consequences of what they have said in a police interview. So all of that led [the programs founder] to believe that we needed some program to support people in police interviews... he thought it was really important that civil society be engaged in supporting people with a disability and that broadened the number of people involved and that you know volunteers who come with these good intentions bring the attention of the entire society to it.

Cohort

The program supports alleged perpetrators, victims and witnesses of crime who require communication aids to facilitate communications received and produced during a police interview. One respondent described how the program was originally developed to support people with disability presenting at a police interview:

So, they didn't have ongoing family contact and so they really had no one to come and support them when they were in the criminal justice system sitting in the police interview where a whole lot of terminology was being thrown at them which, average people probably don't understand. But if you (sic) got a disability it means you're less likely to understand it.

Program funding

The Victorian Government Department of Health and Human Services funds the program. The Victorian Government Department of Justice funds a small proportion of the program.

Program evaluation

The organisation has evaluated the program in collaboration with a tertiary institution, government departments, people with disability and their family members. The evaluation report is a publicly available document published on the organisation's website. One respondent described the barriers to recruitment when conducting the evaluation and also what was learned as a result of the project evaluation activities.

INTERVIEWEE: So, there was a [university] study in relation to the [volunteer program] I think it was looking at the value of it, I think that's what it was about.

INTERVIEWER: How did you find the report, was it useful?

INTERVIEWEE: ... That's right yeah. I mean I think that's one of the things... most of the investigations we've done about the program [have found it to be] very useful... We actually got data from [mainstream community service]... and we did actually did interview a number of people who used the program... but as you know this is sort of the other issue about [interviewing people who access the program]... because I know they had a lot of difficulty in this [recruitment] [so] we did a little information sheet and we gave it out to [program volunteers] and they gave it out to people to contact the researcher that was here doing the research, if they wanted to be interviewed. And a number of people did but then... it was often difficult to go back and contact them again because they'd lost their phone, they've got a different phone number or... they lose their phone or, you know, a whole lot of things because obviously they live a fairly transient, unfortunately a lot of people we see live fairly transient lifestyles... we certainly have a number of case studies [from] that [evaluation]... I think in one of my annual reports we did a follow up because I wanted to see to what had happened for at least one of the people in that year in terms of what had happened to them... and what they showed is that person's life had actually deteriorated further and that they had actually a couple more serious offenses that they'd been interviewed for that we'd sat in with them.

And we just don't have data about looking at people and how many interviews they've had, cause we have one person we've sat in for 50 interviews for them and you know what we try and do with that sort of thing here with our systemic advocacy group is sort of think about what are the things we should be

advocating for and what opportunities are there. So, you know the parliamentary inquiry into Autism, we made a submission to that, 84 people we'd seen with Autism in six months.

Story 3 - Volunteer

I am a volunteer within the [organisation] of the [program]. And in that capacity, I deal with people with cognitive disabilities who are involved in the justice system insofar as they're being interviewed by police whether as alleged offender, a victim, or a witness.

... [the objective of the program is] to assist in how to maximise their human rights. That's what the [organisation] is there for. It means that the person who is in the – obviously they're in a strange environment, which attending a police station and that is a strange environment to most of us. It enables them to participate fully and clearly in the process.

My parents were great people for community.... And we as children have never been allowed to not participate in our community whether it was school or sports or other community activities, or churches or whatever those things are. Just so as long as we did something within our community, that made our parents happy. And usually that's the feeling of the community.

I think for some of them [people with disability], certainly not all of them, but for some of them it's tough for [them] because it's a strange environment that these people are coming into. None of us, or very few of us, apart from the police and, you know, and their associated staffs [are] very aware of what goes on behind, - on the station side type thing. It [the program] gives people, particularly parents of people with a cognitive disability, some comfort to know that someone's sitting there ready to help their person.

Look, just being in that environment at a police station and you persistently have to be on guard. You don't make judgements; you don't seek to impose a view on these people. They're often in difficult circumstances for them, you don't... We don't act as advisors. In fact, the first thing we tell people when we meet them, we are not police, we're not lawyers. That's important. We're independent, we're certainly not setting up a judgement or giving them a means to resolve all the problems of the world, and that's tough too because we don't like to solve troubles for people, but that's not our role.

Could we afford to do it as a community if we had to pay people to do it, because we're available seven days a week, 24 hours a day; that would be a huge impost if you divert your resources to that. It means you don't have resources to use for other things, so there's a cost. I think it's [as] simple as that, that's why we have volunteers because that's the community wanting to give anyway. That's my contribution to the community and it's just one way of doing it.

Findings

Overall, interview respondents placed the greatest emphasis (a frequency of 47% of coded responses) on program outcomes that align with Outcome 3 of the NDIS-ILC Outcomes Framework. There is some evidence of alignment between program outcomes and Outcome 1 (19%), Outcome 5 (13%), and Outcome 2 (13%). Respondents placed little emphasis on program outcomes that align with Outcome 4 (8%).

ILC Outcome 1. People with disability are connected and have the information they need to make choices and decisions

Respondents placed some emphasis on program outcomes that demonstrate alignment with Outcome 1 of the NDIS-ILC Outcome Framework, comprising of 19% of the frequency coded responses.

Many respondents emphasised program outcomes that align with NDIS-ILC Activity Outcome *Increased access to high quality, accessible, relevant and easy to understand information*. Specifically, an emphasis was placed on the role of the volunteer to 'assist with communication'. A few respondents with disability highlighted how the volunteer 'listens', 'reassures', and 'explains', what police officers are saying in a way to 'help you understand'.

There is little evidence for *improved effectiveness of referrals resulting in a connection with mainstream and community services*. To the contrary, one respondent spoke in detail about the barriers of the current referral system due to the transient nature and complex support needs of the people supported. Mechanisms to address the barriers have been identified through a collaborative research project as described by a program manager:

I've always thought that the [program] could actually work quite effectively with the NDIS-ILC Outcome Framework because we see a lot of really hard to reach people.

And if you look at some of the people that we seen (sic) they have no supports, yet they're not connected to the service system in any way.

And if you asked if an [program volunteer], because this is often what happens you know there's long period of time in an interview... an interview might start or they might need some other evidence or there might be a long delay because you know they might need to do a pre-interview before the actual interview starts. So [program volunteers] often get to know the person quite well...

... we've had some times when they've [Volunteers] spent 24 hours with the person [VPP], it's gone for a long time but quite often they would be spending a couple of hours with the person because normally what we do is pre-interview that [is] sort of about 10 – 15 [minutes] half an hour max but then so that's to assess whether or not they are fit to be interviewed.

Then the interview is supposed to happen but quite often they're not ready... So, they often spend a couple of hours with the person so they often can get to know them, and you know they might be asking them:

Volunteer: So, do you have a case manager?

INTERVIEWEE: You know and and (sic) quite often they'll [VPP] say "Oh yeah I've got this case manager named Sam".

Volunteer: How do you get in touch with Sam?

VPP: Oh, I don't know

Volunteer: Where is Sam located?

VPP: Oh, I don't know.

Volunteer: How long since you've seen Sam?

VPP: Oh, a couple of years.

INTERVIEWEE: So, you know once upon a time they had a case manager named Sam from somewhere, but they've got no idea about who Sam is and where Sam comes from.

[A program volunteer] will often contact us and say, you know, this person [has] got no connection to anybody and [so then] we'll be asking police to do referrals through their system.

But often those people [VPP], you know if a worker contacts them that does, and says "oh can you come in next week to our office"? That doesn't work for most people here because that sort of arrangement where you have to connect up with the service system often doesn't work particularly well.

Actually think [program volunteers] are often in a really good place because they've actually got to know person and built a rapport with the person and can actually get a lot of information out of the person that they wouldn't necessarily tell others because I think this is one of the issues about the program, the good will, a lot of people are very surprised when the person says I'm a volunteer not a staff member and it often breaks down a lot of barriers because they go, 'you know the person isn't being paid to be there.

They are being there just because of their goodwill towards another human being. And most of our people [Volunteers]... they've had some engagement in say disability or ... my volunteers are relatively well educated now and have quite a good understanding about systems and that sort of thing.

The respondent elaborated further on the opportunities that the program might be able to facilitate when they said:

So, they might be saying to the person 'you know well what about if we talk to the police about trying to do this this and this for you because that's what the options are at the moment'. But I actually think their position that they could actually assist in a much greater way. And that's part of what we hoped with [research project] report that we would get the capacity to support people into the service system.

One of the things that happens now is that they [program volunteers] leave them [people with disability] at the door of the police station. You know and I think that they, a lot of them think, oh I think really it would be good if we can actually follow up with that person. And because they've developed rapport with the person - the person might not have had, anybody that that's really happened with before and you know they're often as I say, there for quite a long period of time... So, they're with the person all that

sort of period of time we [could] be talking to them about what supports could be put in place for them and what help they could actually organise.

ILC Outcome 2. People with disability have the skills and confidence to participate and contribute to the community

Respondents placed some emphasis (13%) on program outcomes that align with the NDIS-ILC Outcome 2.

Respondents reflected the Impact that the presence of the Volunteer has on their behaviour; one person with disability stated that they were more 'calm'. Another respondent, a program manager discussed the way the volunteer program supports 'understanding' and 'participation'. A program volunteer highlighted *Increased skills and capacity* and *advocacy* when describing outcomes resulting from the activities of the program, 'No one [person with disability] is being encouraged to say yes when they don't understand the question or [have] said yes when they wanted to get it over and done with...'.

ILC Outcome 3. People with disability use and benefit from the same mainstream services as everyone else

Almost half (47%) of the frequency of coded responses emphasised program outcomes that most closely align with Outcome 3 of the NDIS-ILC Outcomes Framework.

A few respondents emphasised program activities that demonstrate *active collaboration within mainstream services to drive inclusion for people with disability* when discussing how a government department, Police Officers and courts work together to develop and deliver information sheets, conduct referrals, share information, and work on Justice System improvements based on recommendations arising from the program.

One respondent spoke of a document that was developed to inform Police Officers on when to seek a Volunteer through the program:

So we've got what's called a [document name] which is a document that we [Organisation] and the police have worked on together which is a bit like a simple guide for police about how you might identify with someone with disability or mental illness it kind of gives them some assistance in terms of trying to flag that.

The Police Officers contact a 24/7 call centre that is supported by paid staff members responsible for providing information, advice, on-call support and rostering of Volunteers:

... between the program staff we share a 24/7 duty phone, and it's available to anyone during business hours, to ring the duty phone if they need assistance from us, but only available to volunteers after hours.

The same respondent also recalled communications and advice that Police Officers are provided with by the Volunteers of the program when they said, 'Or what we might say - we don't think they're fit to be interviewed and the police go, oh, 'okay'. We thought that is what you might say, so they don't actually do an interview...'.

Another respondent, a Volunteer, emphasised evidence of *collaborative efforts to drive inclusion* when they reflected on the value the program had to the Justice System when they said, 'The assurance for the Justice System when it gets to court process that the evidence that is being gathered by Police has been done in a supervised manner'.

One respondent suggested outcomes that have been achieved for people with disability due to activities mentioned above and identified gaps for people with mental illness:

Now, one of the issues I think we've got in that program is, I think we get really good penetration now with them [Police Officers] calling for us for people with a cognitive impairment. It's not as good as it should be for people with a mental illness. But we're really working on that now.

Many respondents emphasised that the program activities impacted the *increased understanding of rights, obligations and barriers surrounding disability* and attributed this to the Volunteer's advocacy efforts.

One respondent with disability said that the Volunteer that supported them was '*welcomed at the police station*' and said that they felt that their '*rights were protected*'.

Another respondent spoke of how the Police Officers '*encouraged*' them to have a Volunteer present despite hesitations and upon reflection said that it was '*a good thing that she [Volunteer] came*'.

A program manager interviewed recounted stories of Volunteers advocating on behalf of the person with disability to ensure that their rights were understood, for example, asking police officers for a ‘blanket’ (on a cold night), ‘food’ (during a lengthy proceedings), and a ‘rest’ (when sleep deprived).

The program activities were reported to allow further exploration of barriers for people with a range of disabilities within the Justice System as one volunteer respondent highlighted the role that they play in *increasing knowledge and capability within mainstream services*:

The autism spectrum is becoming more and more relevant. We seem to be running across more and more people, who, whether they self-identify or medically identify as suffering from it, I would like to know more about it to make that a little easier. The illnesses such as schizophrenia. It's only, funnily enough, yesterday I found out that we've got 5 major groups of sorts of schizophrenia. The only reason that I needed to know that yesterday was because I ran across a client who suffers from a particular type and I will now go and find out a bit more about it, because there is a different approach in how we are asked to manage that. There's a lot of things, just things like that, that training might make it a bit easier.

Two respondents with disability commented on the Impact that program activities had to facilitate *positive change in attitudes and culture within mainstream services* when they reported that in the presence of a volunteer, the police show more ‘respect’ toward them.

ILC Outcome 4. People with disability participate and benefit from the same community activities as everyone else

Respondents placed little emphasis (8%) on program outcomes that align with the NDIS-ILC Outcome 2.

Responses that aligned were mainly in reference to the Impact that the program has on community members (i.e. volunteers). One volunteer spoke of *increased community understanding of rights and barriers for people with disability* when they said:

Look, just being in that environment at a police station and you persistently have to be on guard. You don't make judgements; you don't seek to impose a view on these people. They're often in difficult circumstances for them, you don't... We don't act as advisors.

ILC Outcome 5. People with disability actively contribute to leading, shaping and influencing their community

There is some evidence of alignment between the program outcomes emphasised by respondents and Outcome 5 of the NDIS-ILC Outcome Framework, comprising of 13% of the frequency coded responses.

Respondents highlighted the ‘transient’ nature of the relationship between the person with disability and the volunteer. One volunteer described examples of *shared understanding, experiences and connections* when they said:

Well, it's a transient relationship because I may only may ever meet them once for a very short time. It's not an ongoing relationship but in that very short time, you can quickly establish a – I was going to say relationship but that sounds a bit grandiose. There is a relationship you have to establish, and you can establish, and I think most people I do help in their circumstances. And I must add, not all of them are there because they're seen as having committed an offence, but often they're simply there as witnesses or victims. Most people at the end of the process will thank me.

One respondent emphasised the rapport that is developed between the volunteer and person with disability:

I think it's really fantastic for people with disability to actually have an ongoing engagement with someone who is not a paid staff member, who has done it for purely altruistic means. So, they have got out of bed at midnight and come down to a police station to support someone purely because they want to do some good in the community, and they want to support a person with a disability. And I actually think that a lot of them reflect how astonished they are that those people volunteer... Because the person has come and provided some assistance to them purely out of their own goodwill; that then often builds a rapport with that person that wouldn't be there if you were just a service provider turning up to offer those services to them.

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Appendices

Appendix 1

Ethics Approval letter

05 November 2018



Prof K.R. Mcvilly
Social and Political Sciences
The University of Melbourne

Dear Prof Mcvilly

Project title: **Volunteer-Supported services and the NDIS ILC framework: Opportunities and challenges for programs supporting people with a disability.**
Researchers: **Dr G D Marks, Prof K R Mcvilly, Ms J Anderson, Ms J I Crosbie, Mrs G Dodevska, Dr D C Newton**
Ethics ID: **1750411.3**

I am pleased to advise that the amendment to this Project was approved by the Humanities Law & Social Sciences Human Ethics Sub-Committee on 5 November 2018.

Please note it is your responsibility to ensure that all people associated with the Project are made aware of the amendment.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Belinda Kelly'.

Ms Belinda Kelly – HESC Secretary
Phone: (03) 903 59095, Email: belinda.kelly@unimelb.edu.au

Research, Innovation and Commercialisation
Incorporating UoM Commercial Ltd

Alan Gilbert Building, Level 5, The University of Melbourne, 161 Barry Street, Victoria 3010 Australia
T: +61 9035 5943 | W: research.unimelb.edu.au | unimelb.edu.au

Appendix 2

Survey 1 Plain Language Statement



Default Question Block

PLAIN LANGUAGE STATEMENT

TO:

CEO

Date:

December 2017

Full Project Title:

The social and economic outcomes of volunteer-supported services

Principal Researcher:

Professor Keith R. McVilly

School of Social & Political Sciences

Why You Have Been Contacted

You have been sent this information via publicly available email addresses. None of your personal details has been released to The University of Melbourne.

You are invited to volunteer to participate in a research project investigating the social and economic outcomes of volunteer-supported services for persons with disability. The project is a collaboration between Interchange Incorporated and the University of Melbourne.

This project will gather the information needed to better understand the role volunteers play in supporting people with disability; how volunteers help people with disability to experience a quality life and be included in the community. Such evidence could be used to support applications for funding such services and informing government policy. This project has been jointly funded by Interchange Incorporated, the Melbourne Humanities foundation small grants scheme and the Victorian Government.

What You Will Be Asked To Do

You will be asked to complete an anonymous online survey. The survey will ask you questions such as whether your organisation runs any volunteer supported services, the number of volunteer-supported programs run and the stage of NDIS transition your organisation is at.

The survey is anticipated to take about **5 minutes** of your time. The survey can be taken online via the link provided below.

Risks Anticipated and Safeguards Provided

This project has been reviewed and given clearance by the University of Melbourne Human Research Ethics Committee. There are no anticipated risks to you.

Your privacy will be maintained in the strictest confidence. No identifying information will be released by the university as part of the research report. Your computer IP address will not be stored in the survey results. When writing reports, presenting project findings or publishing articles, only aggregate data will be reported.

The research will be monitored by a steering committee, comprising representatives of Interchange Incorporated, Moira, Melbourne City Mission, and The University of Melbourne, as well as The University of Melbourne Human Research Ethics Committee (see details below).

Participation is Voluntary

You have the right to decline to participate or discontinue participation at any stage. However, once data has been collected it cannot be withdrawn.

Questions or Complaints

If your organisation requires specific ethics clearances and you require more information or, if you have any questions or concerns about the project, please contact:

Professor Keith R. McVilly

School of Social & Political Sciences, The University of Melbourne

Tel. 03 8344 5366; or

E-mail: keith.mcvilly@unimelb.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted, or any questions about your rights as a research participant, then you can contact:

The Manager, Office for Research Ethics & Integrity

Telephone: +61 3 8344 2073

Email: humanethics-complaints@unimelb.edu.au

Quoting the HREC Reference Number: 1750336.1

[Link to survey](#)



Default Question Block

PLAIN LANGUAGE STATEMENT

Date:

August 2018

Full Project Title:

Volunteer-supported services and the NDIS ILC framework: Opportunities and challenges for programs supporting people with a disability.

Principal Researcher:

Professor Keith R. McVilly
School of Social & Political Sciences

Why You Have Been Contacted

You have been identified as someone who, in your professional role, has experience and knowledge in the provision of volunteer-supported programs to people with disability. You are therefore invited to participate in this research project. The aim of this project is to learn more about the range of volunteer-supported programs supporting people with a disability in Victoria. As part of this project, we hope to be able to clarify the opportunities offered by the NDIA Information, Linkages and Capacity Building (ILC) framework.

The Department of Health and Human Services (DHHS) has funded Interchange Incorporated to commission this research project. Interchange Incorporated has

commissioned the University of Melbourne to undertake the research. Interchange Incorporated and the Melbourne Humanities foundation small grants scheme have also funded components of the project.

What You Will Be Asked To Do

You will be asked to complete an anonymous online survey. The survey will ask you about your organisations current and previous volunteer programs, the geographic regions in which you provide these programs, funding sources for your programs, the goals and outcomes of your programs, and why you choose to use volunteers as part of these programs.

We anticipate the survey will take approximately 30-45 minutes of your time. The survey can be taken online via the link provided below.

There will be no payment made to you for participating in the survey.

Risks Anticipated and Safeguards Provided

This project has been approved by the University of Melbourne Human Research Ethics Committee. There are no anticipated risks to you above those normally associated with completing the survey. If responding to the questions causes you concern, or raises issues for you, we encourage you to identify and make contact with appropriate services to address your needs at the time. This could be your supervisor, your GP or other appropriate services.

Your privacy will be maintained in the strictest confidence. No identifying information will be released by the University as part of the research report. When writing reports, presenting project findings or publishing articles, only aggregate data will be reported.

The research will be monitored by a project management group comprising of representatives from the DHHS, Interchange Incorporated and the University of Melbourne, as well as the University of Melbourne Human Research Ethics Committee (see details below).

Participation is Voluntary

You have the right to decline to participate or discontinue participation at any stage.

PLS – People with disability, family members or carers



Default Question Block

PLAIN LANGUAGE STATEMENT

To:

People in receipt of volunteer-supported programs for persons with disability

Date:

October 2018

Full Project Title:

Volunteer-Supported services and the NDIS ILC framework: Opportunities and challenges for programs supporting people with a disability.

Principal Researcher:

Professor Keith R. McVilly
School of Social & Political Sciences

Why You Have Been Contacted

You have been identified as someone who has experience and knowledge in receipt of volunteer-supported programs to people with disability. You are therefore invited to participate in this research project. The aim of the project is to learn more about the range of volunteer-supported programs supporting people with a disability in Victoria. As part of this project, we hope to be able to clarify the opportunities offered by the National Disability Insurance Agency Information, Linkages and Capacity Building framework for organisations providing these programs.

You have the right to decline to participate or discontinue participation at any stage. However, once data has been collected it cannot be withdrawn.

Questions or Complaints

If you have any questions or concerns about the project, please contact:

Professor Keith R. McVilly

School of Social & Political Sciences, The University of Melbourne

Tel. 03 8344 5366; or

E-mail keith.mcvilly@unimelb.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted, or any questions about your rights as a research participant, then you can contact:

The Manager, Office for Research Ethics & Integrity

Telephone: +61 3 8344 2073

Email: humanethics-complaints@unimelb.edu.au

Quoting the HREC Reference Number: 1750411.3

If you have experienced distress due to participating in this research, we encourage you to seek support via your GP or Lifeline on 13 11 14.

I consent to be contacted by the University of Melbourne's research team.

☐ Yes

☐ No

Please enter and submit your details below. A member of the research team will contact you shortly.

First name

Telephone

Powered by Qualtrics

The Department of Health and Human Services (DHHS) has funded Interchange Incorporated to commission this research project. Interchange Incorporated has commissioned the University of Melbourne to undertake the research. Interchange Incorporated and the Melbourne Humanities foundation small grants scheme have also funded components of the project.

What You Will Be Asked To Do

You will be asked to participate in a semi-structured interview via telephone. You can register your interest below. We will ask for your consent and telephone number.

We will then ask you to schedule a preferred time to be contacted to participate in the interview. The types of questions we will ask include *why do you volunteer, what benefits volunteering has for different groups of people and what volunteering supports do you provide?* The telephone interview will take about 30 minutes to complete. The telephone interview will be audio recorded and the recording will be transcribed.

Risks Anticipated and Safeguards Provided

This project has been reviewed and given clearance by the University of Melbourne Human Research Ethics Committee.

Your privacy will be maintained in the strictest confidence. Individual interviews will be de-identified to ensure the anonymity of you and the organisation that you volunteer for is maintained. No identifying information will be released by the university as part of the research report. Any information/data that has the potential to identify you and/or the organisation you volunteer for will be omitted from reports. When writing reports, presenting project findings or publishing articles, only aggregate data will be reported.

You can stop the interview at any time. If you want to stop the interview, you can tell the interviewer. If you do this, the information you have given the interviewer, including the audio recording will be destroyed.

The data from this research will be kept securely stored at the University of Melbourne and will be destroyed 5 years after the last publication.

The research will be monitored by a project management group, comprising representatives of Interchange Incorporated, the DHHS and the University of Melbourne, as well as The University of Melbourne Human Research Ethics Committee (see details below).

You will be compensated for your time and expenses incurred to participate in the interview with a \$35 e-voucher from a major supermarket chain.

Participation is Voluntary



Default Question Block

PLAIN LANGUAGE STATEMENT

To:

Volunteers

Date:

October 2018

Full Project Title:

Volunteer-Supported services and the NDIS ILC framework: Opportunities and challenges for programs supporting people with a disability.

Principal Researcher:

Professor Keith R. McVilly
School of Social & Political Sciences

Why You Have Been Contacted

You have been identified as someone who has experience and knowledge in the provision of volunteer-supported programs to people with disability. You are therefore invited to participate in this research project. The aim of the project is to learn more about the range of volunteer-supported programs supporting people with a disability in Victoria. As part of this project, we hope to be able to clarify the opportunities offered by the National Disability Insurance Agency Information, Linkages and Capacity Building framework for organisations providing these programs.

Questions or Complaints

If you have any questions or concerns about the project, please contact:

Professor Keith R. McVilly

School of Social & Political Sciences, The University of Melbourne

Tel. 03 8344 5366; or

E-mail keith.mcvilly@unimelb.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted, or any questions about your rights as a research participant, then you can contact:

The Manager, Office for Research Ethics & Integrity

Telephone: +61 3 8344 2073

Email: humanethics-complaints@unimelb.edu.au

Quoting the HREC Reference Number: 1750411.3

If participating in this research has resulted in you experiencing feelings of distress that exceed discomfort, we encourage you to seek support via your GP or Lifeline on 13 11 14.

I consent to be contacted by the University of Melbourne's research team.

☐ Yes

☐ No

Please enter your details below. Once submitted, a member of the research team will contact you.

First name

Telephone

Email

Powered by Qualtrics



Default Question Block

PLAIN LANGUAGE STATEMENT

To:

Senior Organisational Staff

Date:

November 2018

Full Project Title:

Volunteer-Supported services and the NDIS ILC framework: Opportunities and challenges for programs supporting people with a disability.

Principal Researcher:

Professor Keith R. McVilly
School of Social & Political Sciences

Why You Have Been Contacted

You have been identified as someone who, in your professional role, has experience and knowledge in the provision of volunteer-supported programs to people with disability. You are therefore invited to participate in this research project. The aim of the project is to learn more about the range of volunteer-supported programs supporting people with a disability in Victoria. As part of this project, we hope to be able to clarify the opportunities offered by the National Disability Insurance Agency Information, Linkages and Capacity Building framework for organisations providing these programs.

The Department of Health and Human Services (DHHS) has funded Interchange Incorporated to commission this research project. Interchange Incorporated has commissioned the University of Melbourne to undertake the research. Interchange Incorporated and the Melbourne Humanities foundation small grants scheme have also funded components of the project.

What You Will Be Asked To Do

You will be asked to participate in an interview. We will then ask you to provide some documentation relating to the organisation's volunteer-supported services (for example, the volunteer policy, recruitment policy and annual report). We will then use these documents so they can inform a description of the volunteer-supported programs that your organisation delivers. Prior to publication, we will provide you with a copy of the report to clarify the accuracy of its contents.

You can register your interest below. We will ask for your consent and telephone number. We will then ask you to schedule a preferred time to be contacted to participate in the case study.

Risks Anticipated and Safeguards Provided

This project has been reviewed and given clearance by the University of Melbourne Human Research Ethics Committee.

Your privacy will be maintained in the strictest confidence. No identifying information about you or your organisation will be released by the University of Melbourne. We will not publish details deemed by your organisation to be 'commercial-in-confidence', nor will we publish details of any matters that could be interpreted as having an adverse effect on your organisation's reputation. As a safeguard, our description of your program will be made available to you for checking prior to inclusion in the report and its subsequent publication. However, due to the small sample size, we cannot guarantee people who are familiar with your organisation's volunteer-supported services will not identify your organisation. Any information/data that has the potential to identify you and/or your organisation will be omitted from reports. When writing reports, presenting project findings or publishing articles, only aggregate data will be reported.

You can stop your participation in the case study at any time. If you want to stop your participation in the case study, you can tell the researcher. If you do this, the information you have given the researcher will be destroyed.

The data from this research will be kept securely stored at the University of Melbourne and will be destroyed 5 years after the last publication.

The research will be monitored by a project management group, comprising representatives of Interchange Incorporated, the DHHS and the University of Melbourne, as well as The University of Melbourne Human Research Ethics Committee (see details below).

Participation is Voluntary

You have the right to decline to participate or discontinue participation at any stage. However, once data has been collected it cannot be withdrawn.

Questions or Complaints

If you have any questions or concerns about the project, please contact:

Professor Keith R. McVilly

School of Social & Political Sciences, The University of Melbourne

Tel. 03 8344 5366; or

E-mail keith.mcvilly@unimelb.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted, or any questions about your rights as a research participant, then you can contact:

The Manager, Office for Research Ethics & Integrity

Telephone: +61 3 8344 2073

Email: humanethics-complaints@unimelb.edu.au

Quoting the HREC Reference Number: 1750411.3

If participating in this research has resulted in you experiencing feelings of distress that exceed discomfort, we encourage you to seek support via your GP or Lifeline on 13 11 14.

I consent to be contacted by the University of Melbourne's research team.

☐ Yes

☐ No

Please enter and submit your details below. A member of the research team will contact you shortly.

First name

Telephone

Email

Appendix 3

Survey 1

Plain language statement picture. Contact the author if you would like an accessible copy.



Default Question Block

We would like to find out the cost and infrastructure necessary to run volunteer supported services for persons with disability in Victoria.

Clicking 'yes' infers that you:

1. Have read and understood the contents of the [Plain Language Statement](#), and;
2. Consent to participate in this research and;
3. Understand that the information we are asking for relates to volunteer supported services in Victoria.

- ☐ Yes, I have read and understood the PLS and agree to participate in the research
- ☐ No, I do not agree to participate in the research

We are interested to find out how many different volunteer programs are being coordinated by different organisations. For the purposes of this survey, the following definitions apply:

Service: An organisation that supports and coordinates volunteer programs (i.e. volunteer recruitment and retention activities).

Program: A volunteer program with an aim to address the specific needs of a group of people (i.e. the Interchange 'host program' whereby persons with disability stay with a host family one weekend per month).

Is your organisation a registered disability service provider with the Victorian Department of Health and Human Services?

- ☐ Yes
☐ No

In the past 5 years, has your organisation run any type of volunteer supported service?

- ☐ Yes
☐ No

Does your organisation currently run any volunteer supported service programs?

- ☐ Yes
☐ No

Do the **people in receipt** of the volunteer supported service your organisation runs include persons with disability?

- ☐ Both people with and without disability
☐ Only people with disability
☐ Only people without disability

How many volunteer supported service programs does your organisation run?

What are the sources of funding supporting your organisations volunteer supported service programs?

(select all that apply)

- ☐ Government (Home and Community Care)

- ☐ Government (Other - please specify)
- ☐ Philanthropic grants
- ☐ Other (please specify)

Have any of your organisations volunteer supported service programs closed in the past 2 years?

- ☐ Yes
- ☐ No

What was the main reason for the closure of your organisations' volunteer supported service programs?

Is your organisation a registered NDIS provider?

- ☐ Yes
- ☐ No, the organisation has not yet transitioned
- ☐ N/A, NDIS registration is not relevant to my organisation

Considering what you know about the NDIS, has your organisation planned to transition its volunteer supported services?

- ☐ Yes
- ☐ No

Do you envisage any volunteer programs closing during the transition to the NDIS?

- ☐ Yes
- ☐ No

Considering what you know about the NDIS, how likely do you think your organisation will expand volunteer program/s in the next 5 years?

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Extremely unlikely

Thank you for taking the time to complete this survey.

There is an increasing demand to demonstrate the value in voluntary action.

We will be sending you an invitation to participate in a second survey in 14 days. The second survey will enable us to gather the information we need to establish an evidence base for the efficacy of volunteer supported services for persons with disability. The exercise will also enable your organisation to gather important information to meet its reporting requirements.

If you click the next button you will be redirected. Alternatively, you can close this window.

What is the reason for the closure of the volunteering program/s?

Thank you for considering taking part in this survey.

Powered by Qualtrics



Default Question Block

Thank you for taking the time to complete this questionnaire.

Clicking 'yes' infers that you:

1. Have read and understood the contents of the [Plain Language Statement](#), and;
2. Consent to participating in this research.

- ☐ Yes, I have read and understood the contents of the Plain Language Statement and consent to participate in the research
- ☐ No, I do not consent to participate in the research

As part of this survey, we are interested in learning about volunteer-supported programs supporting people with a disability.

For the purposes of this survey we are interested in volunteer-supported programs for people with a disability that have been in existence since 1st July 2016. We are interested in programs that are still operating and those that have closed.

For the purposes of this survey the following definitions apply:

Volunteer-supported programs: *Volunteer-supported programs* are any programs delivered by an organisation that include volunteers in some capacity. These may be programs that are solely staffed by volunteers as well as programs that function using a combination of volunteers and paid

staff. *Programs* in the context of this survey are any form of service delivery designed to support people with a disability.

People with a disability: These are any people that *your organisation* classifies as having a disability.

Volunteer recipients: people with a disability who directly benefit from the work of volunteers.

Survey tips

1. Hover your cursor over key terms in **red**.
2. Access Frequently Asked Questions (FAQs) by clicking the link underneath the survey.

Does your organisation currently provide volunteer-supported services or programs to people with a disability?

- ☐ Yes
- ☐ No

Has your organisation previously (since 1st July 2016) provided any volunteer-supported services or programs to people with a disability?

- ☐ Yes
- ☐ No

What were the primary reasons for the closure of this/these volunteer-supported programs or services? Please provide as much detail as possible.

In what Victorian region/s did/do your organisation's **volunteer recipients** with a disability live? Click all that apply.



In what metropolitan local government areas (LGAs) did/do your organisation's volunteer recipients with a disability live?



Why did/do you use volunteers for some of your services or programs?

What did/do volunteers bring to your programs that paid staff do not? Please provide as much detail as possible.

We appreciate that your organisation may currently have or may previously have had a number of volunteer programs supporting people with a disability. We are interested in finding out more about these programs. In order to minimise the amount of time taken to complete this survey, we would like you to provide further information on up to three of your volunteer-supported programs for people with a disability. Please select programs that are as diverse as possible.

For each program, please enter the name/s:

- ☐ Program 1
- ☐ Program 2
- ☐ Program 3

Program 1

Is \${q://QID92/ChoiceTextEntryValue/1} a currently operating program or a previously operating program?

- ☐ Current program
- ☐ Previous program

Please describe \${q://QID92/ChoiceTextEntryValue/1} and how it works in as much detail as possible.

Please click on the sources of funding for your organisation previously accessed or currently accesses for \${q://QID92/ChoiceTextEntryValue/1}. Please select all that apply.

- ☐ Home and Community Care Program For Younger People (HACC-PYP)
- ☐ Organisational fund raising (social enterprise, donations)

- | | |
|--|--|
| <input type="checkbox"/> NDIA (individual package) | <input type="checkbox"/> Self-funded |
| <input type="checkbox"/> NDIA (Information Linkages and Capacity Building) | <input type="checkbox"/> Philanthropic grants |
| <input type="checkbox"/> Individual Support Package (Victorian DHHS) | <input type="checkbox"/> Victorian DHHS (other) |
| <input type="checkbox"/> Government, other (please specify) | <input type="checkbox"/> Non-government other (please specify) |
| <input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Pay for service (service user) | <input type="checkbox"/> Local Council |

What was/is the volunteers' **role** as part of \${q://QID92/ChoiceTextEntryValue/1} ?

In what **setting** was/is the volunteers' role **mostly** performed as part of \${q://QID92/ChoiceTextEntryValue/1} ? Please provide as much detail as possible.

Please describe the **goals** of this volunteer program (\${q://QID92/ChoiceTextEntryValue/1}) in terms of its impact on people with a disability. Please be as detailed as possible.

What were/are the **key outcomes** of \${q://QID92/ChoiceTextEntryValue/1} ?

How did/do you **find and recruit** volunteers for \${q://QID92/ChoiceTextEntryValue/1} ?

Did/do you have any difficulties recruiting volunteers? If yes, please describe why.

- ☐ Yes
- ☐ No

If yes, please describe why.

Did/do you have any difficulties retaining volunteers for \${q://QID92/ChoiceTextEntryValue/1}?

- ☐ Yes
- ☐ No

If yes, please describe why.

How else did/do you **support** your volunteers?

How did/do you connect or match volunteers with people with a disability? Please describe in as much detail as possible.

Has your organisation ever evaluated this program or measured the outcomes of `#{q://QID92/ChoiceTextEntryValue/1}` ?

- ☐ Yes
- ☐ No

In your own words, please describe how this program has been evaluated including any outcome measures that may have been used to measure the effectiveness of `#{q://QID92/ChoiceTextEntryValue/1}`.

Did/ do you have a wait-list of **volunteer recipients** for \${q://QID92/ChoiceTextEntryValue/1}?

- ☐ Yes
- ☐ No

Program 2

Is \${q://QID92/ChoiceTextEntryValue/2} a currently operating program or a previously operating program?

- ☐ Current program
- ☐ Previous program

Please describe \${q://QID92/ChoiceTextEntryValue/2} and how it works in as much detail as possible.

Please click on the sources of funding for your organisation previously accessed or currently accesses for \${q://QID92/ChoiceTextEntryValue/2}. Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Home and Community Care Program For Younger People (HACC-PYP) | <input type="checkbox"/> Organisational fund raising (social enterprise, donations) |
| <input type="checkbox"/> NDIA (individual package) | <input type="checkbox"/> Philanthropic grants |

- | | |
|--|--|
| <input type="checkbox"/> NDIA (Information Linkages and Capacity Building) | <input type="checkbox"/> Victorian DHHS (other) |
| <input type="checkbox"/> Individual Support Package (Victorian DHHS) | <input type="checkbox"/> Non-government other (please specify) |
| <input type="checkbox"/> Government, other (please specify) | <input type="checkbox"/> Local Council |
| <input type="checkbox"/> Pay for service (service user) | |

What was/is the volunteers' **role** as part of \${q://QID92/ChoiceTextEntryValue/2} ?

In what **setting** was/is the volunteers' role **mostly** performed as part of \${q://QID92/ChoiceTextEntryValue/2} ? Please provide as much detail as possible.

Please describe the **goals** of this volunteer program (\${q://QID92/ChoiceTextEntryValue/2}) in terms of its impact on people with a disability. Please be as detailed as possible.

Group A (volunteers):

Thank you for choosing to take part in this interview today. I understand you have already had an opportunity to read the Plain Language Statement which describes the project. We will take your agreement to be involved in this interview as your consent to participate.

You can ask questions about the project before we begin. But to summarise what we will be doing today: As someone who has particular experience providing volunteer-support to people with a disability and/or their family members, we are interested in your views, opinions and experience concerning volunteer-supported programs for people with a disability. Interviews will be recorded, but any information that can identify you will remain confidential. This interview will typically take between 30-45 minutes. You do not need to answer every question and can stop the interview whenever you wish to. Do you have any questions?

Before beginning the interview, I would just like to clarify what we mean by volunteer-supported programs. Volunteer-supported programs are any program delivered by your organisation that include volunteers in some capacity. These may be programs that are solely staffed by volunteers as well as programs that use a combination of volunteers and paid staff.

Some of these questions, you may have already answered.

Date/time/

Beginning of interview

Code: Interviewer to start recording and begin the recording with the code below:

“This begins the recording of < I/Group A/interview#>”

Demographics

Age Range (category):

Gender:

Post code:

Work status:

Can you please tell me about the volunteer work you currently undertake with people with a disability and their families?

What is your understanding of the objectives of the program(s) for which you volunteer; what is their overall purpose? How does your role help the program achieve its goals?

Can you tell me about why you decided to become a volunteer for this program? Has it met your expectations? What do you get out of it?

Overall, how do you feel the program you volunteer for, benefits people with a disability? Please provide examples where possible.

Overall, how do you feel the program you volunteer for, benefits the families of people with a disability? Please provide examples where possible.

What are the challenges involved in your volunteer role?

How might the program outcomes be different if your role was undertaken by a paid staff member?
What special benefits do volunteers bring to the role?

What issues for the person(s) you support can you foresee arising if you did not volunteer?

Why do you continue to volunteer?

How would you describe the relationship you have with the person you volunteer with and/or their family?

When you first started volunteering with the program, were there any special checks or procedures you needed to undertake? How did these work for you?

When you first started volunteering with the program, were there any induction or training programs, or other supports offered to you? If so, please tell me a little about them. If not, what would have made it better when you first started?

How were you matched with, or introduced to the person with disability with whom you then worked? Can you tell me a little about how this initial process worked, and / or how it could have been better?

How does the organisation you currently volunteer with support you in your volunteering role? Are there any other ways you would like to be supported in your role?

What supports do you need to continue to be a volunteer?

If you were concerned about the safety or wellbeing of the person you were supporting, where might you go for assistance or advice?

Group B (persons with disability in receipt of volunteer supports):

Instructions to interviewer

(Tick when complete)

☐ Completed Informed consent form received from each participant?

☐ PLS and consent form read to participant, informed consent confirmed? *Please circle*

Yes / No

If yes, continue with the interview

If no, discontinue interview and thank the participant for their time.

Thank you for taking part in this interview today. I understand you have already had an opportunity to read the Plain Language Statement which describes the project. We will take your agreement to be involved in this interview as your consent to participate.

You can ask questions about the project before we begin. But to summarise what we will be doing today: As someone who has received help from volunteers, we would like to ask you about your experiences. We will be recording our interview today but your name and any details about yourself will be confidential and private. This interview will take between 20-30 minutes. You do not need to answer every question and you can stop the interview whenever you want to. Do you have any questions?

*Notes: Rather than use the term 'volunteer', use the volunteer's name.

Date/time

Beginning of interview

Code: Interviewer to start recording and begin the recording with the code below:

"This begins the recording of < I/Group B/Interview #>"

Demographics

Age Range (category):

Gender:

Post code:

Work status:

Can you tell me about how volunteers spend time with you?

Tell me about how you came to receive volunteer support?

What do you like about having a volunteer?

What would happen if you did not have a volunteer?

How would you describe your relationship with your volunteer? (i.e. unpaid-worker, friend, helper)

Is there anything that would improve the level of support you receive from your volunteer?

Are there other things for which you would like to receive volunteer support? Please tell me about these.

If you had a concern or problem about the volunteer who supports you; who could you speak to, or where could you get help?

Interview schedule for family members of people with a disability (i.e. support person/guardian of person with disability)

Thank you for choosing to take part in this interview today. I understand you have already had an opportunity to read the Plain Language Statement which describes the project. We will take your agreement to be involved in this interview as your consent to participate.

You can ask questions about the project before we begin. But to summarise what we will be doing today: As someone who has particular experience receiving volunteer-support for a family member with a disability, we are interested in your views, opinions and experience concerning volunteer-supported programs for people with a disability. Interviews will be recorded, but any information that can identify you will remain confidential. This interview will typically take between 30-45 minutes. You do not need to answer every question and can stop the interview whenever you wish to. Do you have any questions?

Before beginning the interview, I would just like to clarify what we mean by volunteer-supported programs. Volunteer-supported programs are any program delivered by an organisation that include volunteers in some capacity. These may be programs that are solely staffed by volunteers as well as programs that use a combination of volunteers and paid staff.

Can you tell me about how volunteers help [insert person's name here]?

Tell me about how [] came to receive volunteer support?

How does having volunteer-support help []?

How does having volunteer-support help you?

What would happen if [] did not have a volunteer?

How would you describe [] relationship with their volunteer?

Is there anything that would improve the level of support you or [] receive from your volunteer?

What do you prefer more, volunteer or paid support? Why?

Are there other things for which you would like to receive volunteer support? Please tell me about these.

If you had a concern or problem about the volunteer who supports [____]; who could you speak to, or where could you get help?

Group C (volunteer program staff):

Thank you for taking part in this interview today. I understand you have already had an opportunity to read the Plain Language Statement which describes the project. We will take your agreement to be involved in this interview as your consent to participate.

You can ask questions about the project before we begin. But to summarise what we will be doing today: As someone who works with an organisation involved in providing volunteer-supported services to people with a disability, we would like to ask you about your experiences. We will be recording our interview today but your name and any details about yourself will be confidential. This interview will take between 30-45 minutes. You do not need to answer every question and you can stop the interview whenever you want to. Do you have any questions?

Before beginning the interview, I would just like to clarify what we mean by volunteer-supported programs. Volunteer-supported programs are any program delivered by your organisation that include volunteers in some capacity. These may be programs that are solely staffed by volunteers as well as programs that use a combination of volunteers and paid staff.

Some of these questions you may have already answered.

“This begins the recording of < I/Group C/interview#>”

Demographics

Age Range (category):

Gender:

Post code:

Work status:

What are the sorts of volunteer activities your organisation undertakes?

Can you tell me about the organisation you work for (you don't need to use its name)?

Can you tell me a bit about your clients with a disability?

What is your role at the organisation?

What kinds of volunteer-supported programs does your organisation provide for people with a disability and their families? [If organisation has many programs, ask them to discuss three of these programs].

How do you think these particular programs benefit the lives of people with a disability and their families? [As above, if organisation has many programs, ask them to discuss three of these programs].

How are these volunteer-supported programs funded?

What (if any) accreditations/registrations does the organisation hold that apply to these programs?

What is the intended timeframe a person with disability will access this program, from initial enquiry through to exit; hours, days, months, years?

Typically, how frequently do volunteers have contact with individual people with disability; daily, weekly, monthly?

Typically, how much time do volunteers spend with a person with disability when they see them; minutes, hours, days?

What do volunteers bring to your programs that paid staff do not?

In what ways does your organisation support its volunteers?

Have any of your organisations volunteer-supported programs for people with a disability and their families been evaluated? If so, how? If not, why not?

Do you have a process in place for volunteers to provide feedback on their experience? If yes, please describe how this process operates.

What is the level of demand for your volunteer-supported programs?

Please tell me about your organisations most successful strategies for recruiting volunteers.

In the current environment, what do you see as the key challenges to the provision of volunteer-supported services to people with disability and their families?

In the current environment, what do you see as the key opportunities for improving the provision of volunteer-supported services to people with a disability and their families?

Are there any volunteer-supported programs that your organisation offers to people with a disability that you think are especially innovative?

Are there any other volunteer-supported services that you would like to offer to people with a disability but currently do not? Why / Why not?



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