

# Volunteer coordination

## Introduction

This section describes the requirements for HACC funded volunteer coordination.

Readers should also refer to:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 2: 'Service coordination, assessment and care planning'
- Part 1: 'Employee and related requirements'.

## Scope

Volunteer coordination recruits, trains and supervises volunteers to provide a broad range of services and support including: friendly visiting; telelink; carer support; stand-alone transport services; and host carer programs.

In most instances in volunteer coordination it is the volunteer, not the paid volunteer coordinator, who has a direct support role with the person receiving HACC services.

## Exclusions

HACC funding for volunteer coordination should not be used to support volunteers within planned activity groups. This is the role of the planned activity group coordinator. However, volunteer coordination funding can be used to identify and recruit potential volunteers for planned activity groups.

## Volunteer coordination-other

See Part 1: 'Program funding' for information on funding for Volunteer Coordination including block funding (Volunteer coordination-other) to cover volunteer program costs including volunteer re-imburement.

## Volunteer coordinator role

The role of a volunteer coordinator typically includes:

- marketing and promotion
- recruitment of volunteers for their own and other HACC services — recruitment should reflect the diversity of people seeking volunteer support
- training volunteers in relation to the scope of their role and the active service model
- ensuring that volunteers work within their scope and **do not:**
  - perform nursing duties including medication administration or changing dressings
  - undertake personal care
  - accept money or gifts
  - become involved or responsible for a person's property, assets or financial affairs
  - give legal, financial, medical, professional, cultural or religious advice
- conducting a service-specific assessment of the person's and carer's needs for volunteer support
- liaising with other service providers to ensure that volunteer support for a person occurs as part of an overall response and care plan

- matching volunteers with individuals, taking account of diversity
- overseeing administration and compliance requirements for volunteers such as volunteer Police Record Checks and volunteer Working With Children Checks
- volunteer rostering, monitoring, supervision and recognition
- administration such as data collection, reporting and reimbursing volunteer's approved expenses
- implementing policy and procedures, and continual quality improvement processes.

## Use of volunteers

HACC funds the volunteer coordination activity so that staff are available to recruit, train, support and supervise volunteers to provide:

- friendly visiting, where a volunteer regularly visits the same person to provide companionship
- telelink services, where a group telephone call is scheduled at a regular time
- carer support programs (if necessary volunteer coordinators can also run carer support services themselves, without volunteers)
- stand-alone transport services that use volunteer drivers
- respite, including host carer programs such as those provided by volunteer respite services for families of children with disabilities
- delivering meals for a HACC delivered meals service where the delivered meals organisation does not receive volunteer coordination funding
- respite camps and weekends, where volunteers assist in running the camp
- short-term group activities, such as small local walking groups for people with shared goals. Note that each person's physical capacity must first be assessed by an appropriate health practitioner before taking part in a volunteer-led or facilitated physical activity group
- support to help people develop their own social networks, for example, by linking a person to a community of interest or local neighbourhood group.

Volunteers may also undertake administrative activities such as the preparation of newsletters, office assistance and organising transport.

All volunteers, regardless of whether or not they are in a direct contact role, must:

- be aged 18 years and over
- have completed the necessary Police Record and Working With Children Checks
- provide a minimum of two referees.

While there is no upper age limit for volunteers, organisations should check their insurance policies. For further information refer to Part 1: 'Employee and related requirements'.

## Processes

Organisations funded for HACC volunteer coordination must have a documented process that outlines the recruitment, selection, training, support and monitoring of volunteers. Volunteers must be adequately supervised and supported by the volunteer coordinator, including via regular meetings and communication regarding the person.

Volunteer coordination aims to recruit and have available an adequate number of volunteers.

Potential volunteers should be provided with written information, undergo a formal interview, complete Police Record and Working With Children Checks, and undergo comprehensive reference checks. On the basis of this evidence volunteer coordinators will make a decision about the person's suitability for the role.

As the role of volunteers varies between services and with each person, every volunteer should be provided with a written duty statement outlining their role, responsibilities, information privacy and activities which are outside the scope of their volunteering role. Volunteers must provide evidence of their legal capability to undertake their role such as up-to-date driver licence and insured private vehicles.

All volunteer coordination organisations should have a written volunteer reimbursement policy.

The input and role of a volunteer should be clearly documented in the person's care plan to ensure that the support is provided in the context of their goals and is adequately monitored and reviewed.

People may increase, decrease or cease their use of volunteer support for a range of reasons.

Examples include when:

- the person has achieved their goals
- the person has connected with a community group or other social opportunities
- there has been a change in the person's needs or circumstances
- the person no longer requires support from a HACC volunteer.

In these situations the person should be assisted to transition or exit from the service. Exit from the HACC program is planned with the person according to progress towards their goals or when they require assistance to transition to an alternative program. Before leaving the service, the person should be informed about how they can access the HACC program if required again in the future.

## Requirements for volunteer host carer programs

Volunteers play a key role in host carer programs for younger people with a disability. Volunteers in programs such as Interchange provide respite care in both their own homes and in the community, and assist people to attend recreation and leisure activities, camps and other activities of their choice.

Host carers are requested to make a 12-month commitment to provide support. This commitment ensures a consistent and reliable service to support the person and their care relationship. Host caring involves a high degree of responsibility and therefore funded organisations must have detailed documented policies and procedures.

### Recruitment and selection

In recruiting a host, the wellbeing of the person, their family and other carers are the primary consideration. The selection process should include a visit by the service coordinator to the home of the prospective host carer to assess the physical environment of the home and to discuss the level of commitment involved.

## Volunteer host support

The minimum requirements for supporting volunteer host carers are:

- host carers should have access to adequate training before commencing care and attend at least one in-service each year, in addition to any non-transferable skills training required in relation to their volunteer care role
- host carers must receive quarterly contact by telephone or in person and at least one home visit per year
- host carers should be offered a contribution to expenses incurred, using the volunteer coordination funding specifically designated for the reimbursement of host carer expenses.

Support should be provided to both families and host carers to develop a quality service, including information about other appropriate services. If required referrals can also be made to other appropriate services or for a Living at home assessment.

In supporting host carers, service providers are expected to facilitate activities which engender a sense of community and peer support, such as:

- providing opportunities for host carers and families to share experiences with each other and with their service coordinator
- facilitating opportunities for mutual support structures, such as for host carers to meet each other
- organising guest speakers on topics of interest to host carers and families
- reminding carers and families of the service guidelines.

## Training

Use of a cooperative approach to host carer training may be cost and time effective. For example, shared training sessions with shared family care, HACC respite services and other like services.

In some cases, host carers will require non-transferable skills training to meet the needs of a person with complex medical needs. This should be provided by an appropriate health professional.

## Matching criteria, process and procedure

The coordinator should endeavour to provide a suitable match between the needs and preferences of the person and their family and the availability and skills of the host carer.

Matching is determined on the compatibility of the person and their family and the host carer, not the person's position on a waiting list or their disability. If more than one person and their family are compatible with a host carer, the match is based on an assessment of each family's relative need for respite as determined by the coordinator.

The minimum matching procedure includes:

- interviewing the person and their family, and potential host carers in their homes
- the provision of information and documentation to the person and their family and to prospective host carers, to enable informed, suitable matching choices
- introductory visits by the person and their family with the service coordinator to the host carers' home or other suitable location, followed by independent discussions with each party to assess suitability.

A 'match' is operational when the person and their family, the host carer and the coordinator agree to the arrangement. A match aims to provide at least one occasion per month of respite care. Requirements above this level are negotiable and there is no obligation for the host carer to provide extra care.

At the coordinator's discretion a family and host carers may have more than one match. Host carers may offer daytime care if that is the preference of the person and their family.

After a match the following documentation is distributed to the person and their family and host carer:

- the joint responsibilities and rights of the person and their family and host carers
- agreement about service arrangements
- the review process and dates.

People requesting a host carer, whether matched or on a waiting list, should receive regular contact from the host carer program. This contact can include visits, telephone conversations, newsletters, invitations to social events and other opportunities for participation.

A match may be ended at the request of the person and their family, or the host carer.

The volunteer coordinator must take action if they believe there are risks to the person's physical, social, psychological or emotional wellbeing. Organisations must have detailed policies and procedures to ensure appropriate practices in such circumstances.

## Staffing statement

For detailed information in relation to the qualifications required refer to Part 1: 'Employee and related requirements'.

## Reporting requirements

Organisations funded to provide services under volunteer coordination are required to participate in the quarterly collection of the HACC minimum data set (MDS).

There are two kinds of output target for each volunteer program:

- a formal target, linked to funding which specifies the number of hours of paid time by the volunteer coordinator; these hours are reported through the service activity report
- a second target identifies the number of hours of direct contact with service users by the volunteers; these hours are reported in individual client records through the MDS.

For details, see Part 1: 'Reporting and data collection'.

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## Links

*Supporting Volunteers to take an Active Service approach: Resource Kit.*  
<http://www.iepcp.org.au/active-service-model-emr-hacc-alliance> or  
<http://www.oehcsa.org.au/special-project>

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