LA TROBE UNIVERSITY | JOHN RICHARDS CENTRE for Rural Ageing Research

Leaders of Health Volunteer Engagement (LOHVE) Network

Developing a competency framework for health volunteer management

May 2020

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Executive Summary

Background

In 2019, La Trobe University, in collaboration with the Leaders of Health Volunteer Engagement (LOHVE) Network, were contracted to develop a competency framework for health volunteer managers. In doing so, the project sought to address the following questions:

- What types of competencies are required to effectively manage volunteers within health organisations, in order to maximise efficiency and quality of volunteer and patient experience?
- What factors influence the capacity of health volunteer managers to manage volunteers effectively?
- What competencies do health service volunteers require?

The project included three connected stages:

- Survey of health volunteer managers (n=65) to rank critical competencies associated with managing volunteers using an existing scale (Safrit et al, 2005)
- In-depth interviews with health volunteer managers (n=25) to expand on these competencies within a health setting
- Co-design of a competency framework, in collaboration with members of the LOHVE network, members of the Project Advisory Group (including membership from Department of Health and Human Services, Volunteering Victoria, the LOHVE Network, Spiritual Health Association, and Safer Care Victoria.

Key findings:

- There was a significant difference between geographical groups in relation to numbers of volunteers managed. Volunteer managers in metropolitan areas manage more volunteer staff than regional or rural areas (metropolitan mean=298; regional mean=178; rural mean=138).

- There was a positive correlation between higher numbers of volunteers managed and higher levels of FTE. Hours dedicated to volunteer management within an organisation tended to increase with higher levels of volunteers.

Time spent undertaking duties relating to the National Standards for Volunteer Involvement

- Health volunteer managers spent most time undertaking duties relating to leadership and management (with some volunteer managers spending up to 60% of their time undertaking these duties), recruitment and selection of volunteers, and planning/resourcing volunteer involvement.

- They spent least time on duties relating to design and definition of volunteer roles, volunteer recognition and workplace safety and wellbeing.

- People managing less than 100 volunteers spent more time on workplace safety and wellbeing duties.

Competencies related to health volunteer management

- Competencies required to manage volunteers within a health setting are consistent with those identified by Safrit et al (2005).

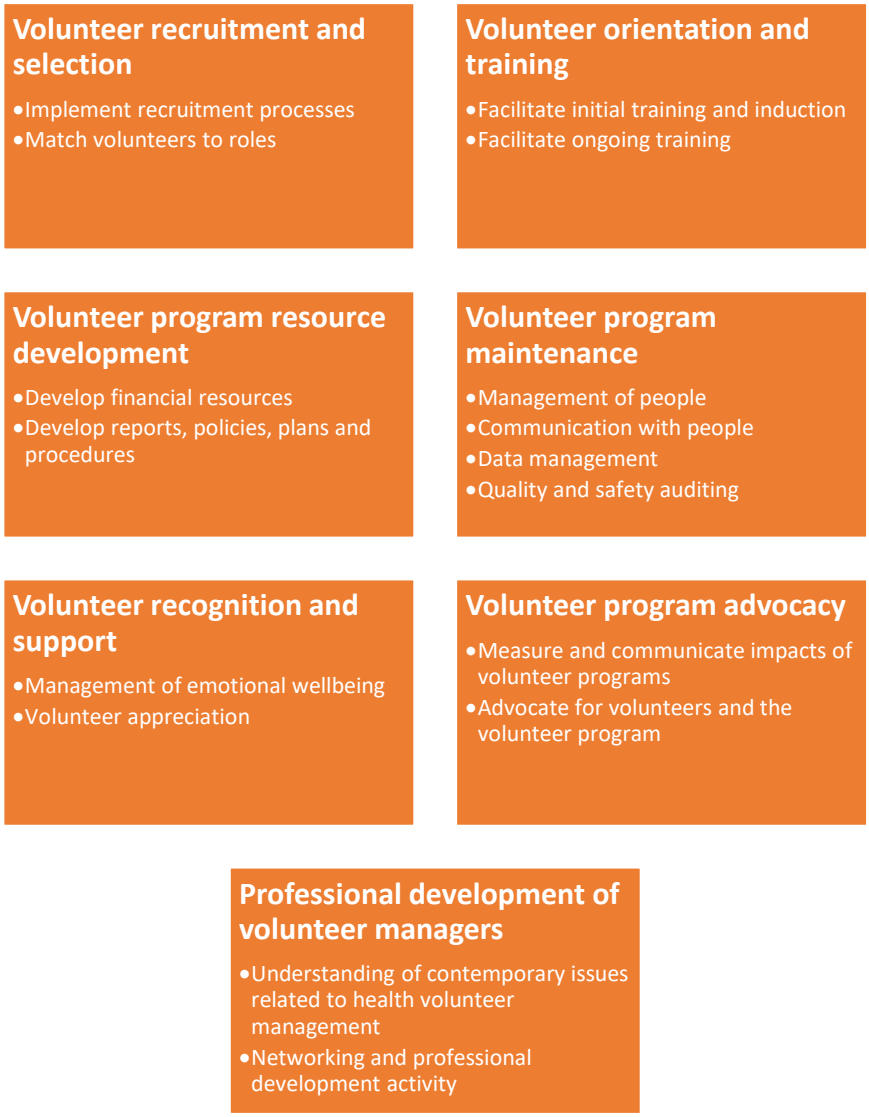
- Across all seven categories of volunteer management (recruitment and selection, orientation and training, professional development, volunteer recognition, program maintenance, program advocacy, resource development) none of the competencies listed received a mean ranking of less than 3 (out of a potential of 5), indicating that they were more than moderately important.

- The highest ranked category of competency (in terms of importance) was volunteer recognition (4.62), and the lowest was resource development (3.57).

- The highest ranked competency was resolution of conflict between volunteers and paid staff (4.84), and the lowest was soliciting funds from prospective supporters (3).

Competencies that health volunteer managers require

In line with the seven categories of volunteer management identified by Safrit et al (2005), volunteer managers identified a set of key competencies that were required to effectively manage and lead volunteers within health settings:



Factors influencing competency development of health volunteer managers

Health volunteer managers identified a series of interconnected factors that influenced their capacity to develop and maintain their competency:

Status of volunteering and volunteer management within the health sector • Lack of recognition/understanding related to volunteer management competency • Lack of mandated reporting or legislation relating to health service volunteering
Resourcing available for competency development • Lack of time and financial support to undertake professional development • Lack of mandated requirements around competency development for health volunteer managers
Availability and suitability of competency development opportunities • Ability to access suitable professional development opportunities both within and external to health service organisations

Competencies that health service volunteers require

Health volunteer managers identified a series of competencies that were integral to volunteering within the health sector:

Interpersonal competencies • Behaviour alignment with organisational values • Ability to use customer service skills • Ability to work autonomously within scope of practice, and be flexible and adaptable • Ability to be culturally responsive and work within a team
Alignment with organisational standards and guidelines • Understanding of volunteer scope of practice (boundaries, patient privacy and confidentiality) • Compliance with organisational guidelines and practices (clinical and non-clinical)
Role specific competencies • Expertise relevant to skills-oriented volunteer roles within health services

Developing a competency framework for health volunteer management

Based on the findings of the consultation phase, a competency framework is presented that encompasses seven areas of competency for leaders of health volunteer engagement across the seven key domains identified by Safrit et al (2005).

- There are five distinct levels of competency (Level 1, Levels 2a and 2b, Levels 3a and 3b), which are aligned with Levels 2-6 of the *Victorian Public Health Sector Classification System – Managers and Administrative Workers*. These levels are progressive, in that competencies at level 1 are implied for Level 2a, with a Level 3b expected to exhibit all the competencies across the various levels. The framework incorporates two sections:

Section 1: Overview of levels of competency	Section 2: Detailed competencies
Provides an overarching summary of the various levels of competency, in relation to key skills, experience and attributes required at each level (which are aligned with the respective levels of the Victorian Public Health Sector Classification System – Managers and Administrative Workers award.	Provides a detailed breakdown of the competencies required within each domain at the various levels (Levels 1-3b). Competencies listed at each level are aligned with the respective levels of the Victorian Public Health Sector Classification System – Managers and Administrative Workers award. Listed competencies also reflect and incorporate guidelines for best practice volunteer management, in particular the *National Standards for Volunteer Involvement* developed by Volunteering Australia.

This framework is intended to be used as a resource for health service human resource management teams, individuals responsible for volunteer managers, and for professional development providers. It is also intended to be a resource for leaders of health volunteer engagement (people responsible for the management and coordination of volunteers and volunteer programs within the health setting). It can be used to:

- Inform the development of position descriptions for leaders of health volunteer engagement, based on the desired requirements of a role
- Determine the level at which a role should be considered, as a reflection of the competencies required and the characteristics of the health service or volunteer program
- Guide the development of education and training opportunities for leaders of health volunteer management
- Assist leaders of health volunteer engagement in determining professional development needs, both at the individual and team level
- Provide a basis for leaders of health volunteer engagement to assess their levels of competency

Key recommendations

To aid in uptake and implementation of this framework, the following key recommendations are proposed:

Recommendation 1:	The proposed competency framework should be implemented for use within Victorian public sector health services, in order to guide appointment and professional development of health service volunteer managers at the appropriate level of expertise.
Recommendation 2:	Formal alignment of volunteer programs with the *National Standards for Volunteer Involvement* should be mandated within Victorian public health services.
Recommendation 3:	Government should provide dedicated funding to health services to support volunteer management, and the support and growth of volunteer programs.
Recommendation 4:	Organisations providing professional development activities aimed at increasing competency for health volunteer managers should consider the specific competencies required within the health sector, and the specific needs of experienced and non-metropolitan volunteer managers.
Recommendation 5:	This competency framework should be reviewed and amended by the broader volunteer management sector for broader applicability.

1. Acknowledgements

This work was funded by the Department of Health and Human Services, and the project team would particularly like to thank Josephine Beer, Perla Protacio and Jen Pascoe from the Volunteering – Disability and Communities Branch for their ongoing support and contributions to this project.

The origins of this work, and its development, was championed by the Leaders of Health Volunteer Engagement (LOHVE) network. The project team would particularly like to acknowledge the leadership of Kerryn Mitchell, and also Sharon Walsh and Tracey O'Neill from the LOHVE network in promoting and contributing to the development of this framework.

The project team also wishes to acknowledge the support of the project advisory group, who provided feedback and guidance across the project:

- Perla Protacio, Josephine Beer (Department of Health and Human Services, Volunteering - Disability and Communities Branch)
- Scott Miller (Volunteering Victoria)
- Cheryl Holmes (Spiritual Health Association)
- Tracey O'Neill (Austin Health)
- Meagan Ward (Department of Health and Human Services)

We would also like to thank the health volunteer managers across Australia who contributed to this work, through their active participation during the data collection and through providing feedback at each stage of the process. In particular, we would like to thank the volunteer managers from the LOHVE network who reviewed the final report and provided constructive feedback.

2. Background

Volunteers play a key role in providing care within health and aged care services, as a consequence of continued resource constraints within the health system (Radha Prabhu et al., 2008). Recent figures demonstrate that 11% of volunteers in Victoria are engaged within health settings (Ministerial Council for Volunteers, 2017), with this support compensating for restricted funding, and increasing quality of care within hospital settings (Rogers et al., 2013). A Canadian study of hospital volunteering found that for each dollar that was spent on volunteers, an average of $6.84 in value was gained (Handy and Srinivasan, 2004).

However, volunteer management is one of the key contemporary challenges facing health organisations (Handy and Srinivasan, 2004, Handy and Srinivasan, 2005), in regard to juggling volunteer demands with organisational requirements, management interaction between paid staff and volunteers, lack of resources for volunteer administration, and poor efficiency and effectiveness of volunteer management programs (Rogers et al., 2013). Studies have determined that effective management and utilisation of volunteers is critical in ensuring patient satisfaction and outcomes, volunteer wellbeing and retention, and positive community perceptions of health services (Hotchkiss et al., 2008, O'Donohue and Nelson, 2009, Ferreira et al., 2015).

Despite studies highlighting challenges associated with volunteer management, recruitment and retention in health services in Australia (Radha Prabhu et al., 2008, O'Donohue and Nelson, 2009), there has been little work conducted exploring the specific competencies required to successfully lead, coordinate and manage volunteers within health and aged care services. This insight is integral in informing key policies and initiatives aimed at supporting volunteering within health services at the state and national level, and in developing the capacity of volunteer managers to better support their volunteer workforce. Given that appropriate induction and training of volunteers are included in the mandatory *National Safety and Quality Health Service Standards* (Australian Commission on Safety and Quality in Healthcare, 2019), having volunteer managers that can deliver this is critical.

Consequently, this project aimed to identify how volunteers can be managed and supported more effectively within health organisations in Victoria. In doing so, it will address the following questions:

- What types of competencies are required to effectively lead, manage and coordinate volunteers within health organisations, in order to maximise efficiency and quality of volunteer and patient experience?
- What factors influence the capacity of leaders of health volunteer engagement (volunteer managers and coordinators) to manage their volunteers effectively?
- What competencies do health service volunteers require?

This data will be used to develop:

- A competency framework for leaders of health volunteer engagement within diverse Victorian health organisations, drawing on existing expertise and frameworks. It is also expected that this will have application to the aged care sector, with some aged care services co-located within health settings.

- A series of implementation and change management recommendations for governments and health services to assist with implementation of this framework.

This work has been championed by the Leaders of Health Volunteer Engagement Network. The LOHVE Network was established in 2011 by health service managers of volunteers Sharon Walsh (Bendigo Health) and Kerryn Mitchell (Northeast Health Wangaratta), as an opportunity to support health volunteer managers and coordinators in the Central and Northern region of Victoria. This network has grown from eight attendees at the first meeting to now more than 170 on a mailing list from all across Australia, New Zealand and USA.

The purpose of the network is to support health volunteer managers and coordinators to provide well structured, integrated volunteer programs that are inclusive, and benefit clients, volunteers, health services and community alike. The objectives of the network are to promote leaders within health volunteer programs, to provide a reference point for benchmarking of services and to provide information back to health services, peak bodies and government to ensure that volunteer programs are understood and supported into the future.

The LOHVE Network aim to share information where possible to assist each other to establish, improve and grow individual health facility volunteer programs. They participate in positive change leading initiatives that will support their mission, including annual benchmarking, and participation in the design of the Inaugural Leadership in Health Volunteering Conference led by Barwon Health and Bendigo Health. In 2017, the LOHVE network worked with the Parliamentary Secretary to have Volunteer Engagement added as a mandatory requirement for all public health services. The LOHVE Network have been committed to professionalising volunteer management and coordination in health since the network's commencement and are proud of the work Kerryn Mitchell (Northeast Health Wangaratta) has done to support the inception of the present project.

3. Developing the evidence base for a competency framework

3.1 Data collection methods

Stage 1: Survey of leaders of health volunteer engagement

Stage 1 sought to identify the competencies that are important to leadership of health volunteer engagement. Leaders of health volunteer engagement within health service organisations (managers and coordinators) were recruited to fill in a short online questionnaire, which asked them to identify competencies that they thought were important in managing, leading and coordinating volunteers within the health sector.

Contact details for leaders of health volunteer engagement within Victorian health services were obtained from organisational webpages. Ethical approval was gained from La Trobe University (HREC 19/061). Health volunteer managers and coordinators were contacted and provided with information on the study and a link to the online questionnaire.

The survey instrument was comprised of three sections:

Section 1: Respondent details

- *Demographic characteristics* (gender, age)
- *Job information* (position title, length of time in role, number of volunteers managed, employment type, employment fraction dedicated to managing volunteers, employment award and level, hours per week dedicated to volunteer management, number of staff and total EFT dedicated to volunteer management within the organisation, and model of volunteer management)
- *Geographical location of the organisation* (metropolitan, regional, rural)
- *Type of health service organisation* (public, private, other)

Data was analysed using the Statistical Package for the Social Sciences (SPSS) version 25, calculating the appropriate statistics.

Section 2: Duties undertaken

Respondents were asked to estimate the percentage of time spent in their role undertaking duties relating to the Volunteering Australia *National Standards for Volunteer Involvement* (Volunteering Australia, 2015):

- Leadership and management
- Commitment to volunteer involvement
- Volunteer roles
- Recruitment and selection
- Support and development
- Workplace safety and wellbeing
- Volunteer recognition
- Quality management and continuous improvement
- Other

A range of statistics were conducted including summary statistics calculating the mean, median and standard deviation for each of the categories. Bivariate analyses (correlation, independent t-tests and ANOVA) were conducted to determine significant differences and associations between groups on each category.

Section 3: Competencies that are important to leaders of health volunteer engagement

Using an existing validated research instrument measuring volunteer management competency (Safrit et al., 2005), participants were asked to rate the relative importance (on a scale of 1-5) of a set of 89 distinct competencies within seven overarching categories:

- Volunteer recruitment and selection
- Professional development of volunteer managers
- Volunteer orientation and training
- Volunteer program advocacy
- Volunteer program maintenance
- Volunteer recognition
- Volunteer program resource development

The Safrit competency instrument was implemented as it is one of the few existing comprehensive measurement tools for assessing volunteer management competencies and encompasses many of the elements of the *National Standards for Volunteer Involvement*. This instrument was developed based on an international literature review of volunteer management competencies. At the conclusion of the questionnaire, participants were also asked to indicate if they were interested in participating in a follow-up interview about the competencies required within their role.

Stage 2: Interviews with leaders of health volunteer engagement

Stage 2 sought to elicit more detailed information on the competencies required for leadership of health volunteer engagement. Respondents who had registered their interest to participate a follow-up interview in the Stage 1 questionnaire took part in a semi-structured telephone interview. Interviews lasted from between 30 – 90 minutes in duration, and focused on the following key topics:

- Competencies that leaders of health volunteer engagement will need in the next ten years
- Barriers that would potentially prevent leaders of health volunteer engagement from acquiring these competencies
- Ways that health services could support leaders of health volunteer engagement to acquire these competencies
- Competencies that volunteers within health services need.

Interviews were audio recorded with permission, transcribed and analysed thematically in accordance with the key topics.

3.2 Key Findings

Stage 1: Survey of leaders of health volunteer engagement

65 responses were returned, with the characteristics of the sample detailed below in table 1.

Table 1: Characteristics of leaders of health volunteer engagement (n=65)

Age	32 -78 years (mean 50.66)
Gender	Male: 4.6% Female: 93.8% Other: 1.5%
Length of time working in the volunteer management sector	1 – 40 years (mean 10.10 years)
Employment status	Permanent: 89.2% Fixed Term: 10.8%
Number of volunteers managed	25 – 1000 (mean 226.65)
Fraction of time in role dedicated to management of volunteers	Full time: 46.1% Part time: 53.9% For those who were part time: 0.1 FTE: 2.6% 0.2 FTE: 15.4% 0.4 FTE: 20.5% 0.5 FTE: 10.3% 0.6 FTE: 17.9% 0.8 FTE: 23.1% 0.9 FTE: 5.1% Not specified: 5.1%
Positions dedicated to volunteer management within the organisation	1 position: 41% 2 positions: 18% 3 positions: 17% 4 or more positions: 24%
Total FTE dedicated to management of volunteers within the organisation	1 FTE or less: 41.2% 1- 2 FTE: 25.5% 2-3 FTE: 13.7% 4 or more FTE: 19.6%
Type of health service	Public: 66.2% Private: 15.4% Other: 18.5%
Geographical classification of health service	Metropolitan: 50.8% Regional: 24.6% Rural: 24.6%

In relation to job titles, most respondents were called coordinators (57%), with 30% holding a manager title. The organisational unit titles were highly diverse, and encompasses volunteer services, community or consumer engagement/participation/partnership, and quality or risk departments. Most participants in the Victorian setting were employed under the Victorian Public Health Sector Managers and Administrative Workers Agreement, with others employed under an administrative, allied health, corporate enterprise, or health professional (administrative, clerical and technical) award.

A one-way between groups analysis of variance (ANOVA) was conducted to explore if there were significant differences between geographical groups and the number of volunteers managed. There was a significant difference between geographical groups, with managers in metropolitan areas managing more volunteer staff than regional or rural areas (metropolitan mean=298; regional mean=178; rural mean=138).

The relationship between the total numbers of volunteers managed and the total FTE devoted to the management of volunteers was investigated using the Pearson Product-Moment correlation coefficient. There was a medium positive correlation between the two variables, r=43, n=64, p<.001, demonstrating that there was a positive correlation between higher numbers of volunteers managed and higher levels of FTE. In short, hours dedicated to volunteer management within an organisation tended to increase with higher levels of volunteers.

Duties relating to the Volunteering Australia National Standards for Volunteer Involvement:

Respondents were asked to estimate the percentage of time that they spent in their volunteer management role undertaking activities or duties relating to the *National Standards for Volunteer Involvement* (see table 2).

As this table demonstrates, leaders of health volunteer engagement spent most time undertaking duties relating to leadership and management (with some spending up to 60% of their time undertaking these duties), recruitment and selection of volunteers, and planning or resourcing volunteer involvement. They spent less time on duties relating to design and definition of volunteer roles, volunteer recognition and workplace safety and wellbeing. Respondents also reported that they spent an average of approximately 4% of their time on duties not related to the *National Standards for Volunteer Involvement*.

A one-way between groups analysis of variance (ANOVA) was conducted to explore if there were significant differences between geographical groups and the percentage of time spent on tasks. This revealed no significant differences between metropolitan, regional and rural health services in terms of the percentage of time that was spent on tasks relating to the National Standards.

Extending the analysis further, an independent t-test was conducted to compare two groups – those managing less than 100 volunteers and those managing over 100 volunteers – and the time spent on workplace safety and wellbeing. There was a significant difference in scores, with those managing less than 100 volunteers spending more time on workplace safety and wellbeing duties.

Table 2: Percentage of time spent undertaking duties relating to the National Standards for Volunteer Involvement

	N	Min %	Max %	Mean %	Std. Deviation %
Leadership and management	62	0	60	18.94	14.12
Planning and resourcing volunteer involvement	62	0	40	13.89	7.70
Designing and defining volunteer roles	62	0	40	8.50	6.11
Recruitment and selection	62	0	50	14.97	10.29
Support and development	62	0	30	12.26	7.54
Workplace safety and wellbeing	62	0	30	8.34	4.71
Volunteer recognition	62	0	20	8.71	4.03
Quality management and continuous improvement	62	0	25	10.52	6.23
Other	62	0	100	3.82	13.35

Competencies related to leadership of health volunteer engagement

As demonstrated in tables 3-9, findings demonstrate that the competencies required to lead, manage and coordinate volunteers within a health setting are consistent with those identified by Safrit et al (2005). Competencies were measured on a scale between 0 and 5, with 0 indicative of the competency not being at all important, and 5 being very important. Across all seven categories, none of the competencies listed received a mean ranking of less than 3.

For recruitment and selection (see Table 3), almost all the competences had a mean ranking above 4. The exceptions to these included involvement of other stakeholders in the selection process, designing recruitment strategies with boards and administrators, and development of individualised plans of action with volunteers.

Table 3: Recruitment and selection	N	Range	Min	Max	Mean	Std. Deviation
Assess needed skills and abilities for specific volunteer positions	57	2	3	5	4.54	.600
Assess organisational climate for readiness of new volunteers	57	4	1	5	4.35	.954
Identify indicators of a successful program	57	2	3	5	4.39	.701
Assess skills/interests of potential volunteers for other positions	57	3	2	5	4.23	.780
Analyse data collected from the evaluation process for volunteers	57	3	2	5	4.19	.833
Conduct targeted recruitment of volunteers	57	3	2	5	4.25	.851
Re-assign volunteers when they are unsuccessful in current positions	57	3	2	5	4.09	.987
Communicate the results of the evaluation with stakeholders	57	3	2	5	4.16	.841
Promote diversity in volunteer recruitment	57	2	3	5	4.54	.600
Match potential volunteers with positions based on skills, abilities and interests	57	2	3	5	4.82	.428
Assess organisational needs for volunteers	57	3	2	5	4.58	.706
Develop selection process consistent with position responsibilities	57	3	2	5	4.44	.756
Develop a comprehensive evaluation process	57	4	1	5	4.30	.865
Include other stakeholders in the volunteer selection process	57	3	2	5	3.74	.897
Develop individualised plans of action with volunteers	57	4	1	5	3.56	.866
Utilise principles of adult education in training volunteers	57	3	2	5	4.21	.796
Design recruiting strategies with boards and administrators	57	4	1	5	3.19	.953
Evaluate selection process against best-practices	57	4	1	5	4.30	.823

A similar trend was observed in relation to professional development (see Table 4), where most competencies had a mean ranking of above 4. Competencies to receive a mean ranking of less than 4 included participation in national professional associations, attendance at professional conferences, reading newsletters, list-serves and professional journals, and calculation of cost effectiveness of the volunteer program.

Table 4: Professional development	N	Range	Min	Max	Mean	Std. Deviation
Participate in national professional associations	57	4	1	5	3.93	.961
Read newsletters, list-serves and professional journals	57	3	2	5	3.82	.909
Pursue sources of professional development	57	2	3	5	4.32	.711
Seek out educational opportunities to enhance professional skills	57	2	3	5	4.32	.711
Assess my professional knowledge, skills and abilities	57	4	1	5	4.26	.835
Participate in local professional organisation	57	4	1	5	4.02	.973
Communicate my professional development needs to supervisors	57	4	1	5	4.30	.886
Attend professional conferences related to volunteer management	57	4	1	5	3.98	1.009
Develop a filing system to manage paperwork	57	4	1	5	4.18	1.054
Develop a personal philosophy of volunteer management	57	3	2	5	4.11	.817
Calculate the cost-effectiveness of the volunteer program	57	4	1	5	3.93	.979
Develop personal philosophy of volunteer involvement	57	3	2	5	4.07	.904
Balance personal and professional responsibilities	57	3	2	5	4.33	.893
Regularly update stakeholders on the results of evaluations	57	3	2	5	4.11	.748
Manage personal stress resulting from professional responsibilities	57	3	2	5	4.46	.734
Develop system for processing paperwork	57	4	1	5	4.16	.960

All competencies related to orientation and training (see table 5) except one received a mean ranking of above 4, with many ranked in the high 4's (indicating that these competencies were very important).

Table 5: Orientation and training	N	Range	Min	Max	Mean	Std. Deviation
Design training specific to volunteer responsibilities	57	3	2	5	4.61	.726
Communicate orientation and training requirements to volunteers	57	2	3	5	4.77	.535
Conduct ongoing training for volunteers	57	3	2	5	4.67	.664
Identify teaching materials for volunteer training	57	3	2	5	4.32	.848
Document volunteer training completed	57	3	2	5	4.67	.636
Develop ongoing training for volunteers	57	3	2	5	4.56	.708

Assess and manage risks associated with volunteer positions	57	3	2	5	4.68	.602
Identify objectives for orientation and training	57	2	3	5	4.42	.625
Design orientation program	57	3	2	5	4.49	.735
Conduct performance evaluation of volunteers	57	3	2	5	4.09	.892
Conduct organisational orientation for all new volunteers	57	2	3	5	4.61	.648
Evaluate training/orientation program	57	2	3	5	4.39	.675
Reject potential volunteers not meeting minimum standards/qualifications	57	3	2	5	4.47	.782
Develop policies to manage volunteer risks	57	3	2	5	4.61	.726
Meet legal obligations relating to volunteer selection	57	2	3	5	4.82	.504
Conduct individual evaluations of volunteer performance	57	4	1	5	3.98	1.044

Mean scores related to program advocacy (see table 6) were somewhat lower than the other competencies, with only four of 13 competencies receiving mean rankings above 4. These included training staff to select volunteers using acceptable procedures, development of ongoing training needs assessment, sharing progress towards goals with volunteers, and representing volunteer interest in program development.

Table 6: Program advocacy	**N**	**Range**	**Min**	**Max**	**Mean**	**Std. Deviation**
Promote leadership opportunities to potential volunteers	57	4	1	5	3.77	1.069
Provide additional leadership opportunities for volunteers	57	4	1	5	3.77	1.053
Engage volunteers to teach components of the orientation and training process	57	4	1	5	3.72	.978
Develop ongoing training needs assessment for paid staff	57	4	1	5	3.82	1.020
Train staff to select volunteers using acceptable procedures	57	4	1	5	4.12	.983
Identify future uses of volunteer program evaluation results	57	3	2	5	3.79	.861
Conduct performance evaluation for those assigned to supervise volunteers	57	4	1	5	3.70	1.068
Identify leadership team for the volunteer program	57	4	1	5	3.84	1.146
Develop ongoing training needs assessment for volunteers	57	4	1	5	4.09	.912
Educate others on how to evaluate components of the volunteer program	57	4	1	5	3.79	.995
Conduct focus groups to identify program needs	57	4	1	5	3.65	.991

Share progress towards goals with current volunteers	57	4	1	5	4.23	.866
Represent volunteer interest in program development	57	2	3	5	4.47	.658

Mean scores for competencies relating to program maintenance (see table 7) were consistently high, with all mean scores above four. One competency in this category, resolution of conflicts between volunteers and paid staff, received the highest mean score across all the competencies (4.84).

Table 7: Program maintenance	**N**	**Range**	**Min**	**Max**	**Mean**	**Std. Deviation**
Resolve conflicts between volunteers and paid staff	57	2	3	5	4.84	.414
Support paid staff when working with volunteers	57	3	2	5	4.54	.657
Support paid staff as they work with volunteers	57	3	2	5	4.49	.685
Recognise paid staff for participating and supporting the volunteer program	57	3	2	5	4.21	.977
Educate new paid staff on volunteer management	57	3	2	5	4.46	.825
Train and educate current staff to work with volunteers	57	4	1	5	4.44	.866
Involve paid staff in the recognition of volunteers	57	4	1	5	4.56	.802

Similarly, all mean scores in the volunteer recognition category (see table 8) were higher than 4, with high scores observed particularly in relation to supporting volunteers during challenging situations (4.82), and resolution of conflicts between volunteers (4.81).

Table 8: Volunteer recognition	**N**	**Range**	**Min**	**Max**	**Mean**	**Std. Deviation**
Identify volunteers who should be recognised	57	3	2	5	4.53	.734
Plan and implement formal volunteer recognition	57	2	3	5	4.75	.510
Implement ongoing recognition of volunteers	57	2	3	5	4.77	.501
Determine how volunteers will be recognised	57	2	3	5	4.74	.518
Keep records of those recognised	57	3	2	5	4.51	.759
Support volunteers during challenging situations	57	1	4	5	4.82	.384
Offer a wide range of opportunities for potential volunteers	57	4	1	5	4.32	.948
Offer alternative opportunities to volunteers other than what they apply for	57	2	3	5	4.40	.753
Resolve conflicts between volunteers	57	3	2	5	4.81	.549

Mean scores in the resource development category (see table 9) were also relatively lower than those in the other categories, with only two out of nine competencies with a mean score of above 4 (development of a recruitment plan and use of diverse media to recruit volunteers). One competency in this category received the lowest mean score of all the competencies that were ranked (soliciting funds from prospective supporters – 3.00)

Table 9: Resource development	**N**	**Range**	**Min**	**Max**	**Mean**	**Std. Deviation**
Identify fundraising needs	57	4	1	5	3.18	1.325
Develop fundraising plans	57	4	1	5	3.12	1.269
Solicit funds from prospective supporters	57	4	1	5	3.00	1.210
Build positive relationships with donors	57	4	1	5	3.42	1.309
Establish marketing plan for volunteer recruitment	57	4	1	5	3.84	1.031
Develop marketing tools for volunteer recruitment	57	4	1	5	3.93	1.033
Utilise a variety of media to recruit volunteers	57	4	1	5	4.04	.906
Implement an ongoing recruitment plan	57	4	1	5	4.04	1.034
Research market for potential volunteers	57	4	1	5	3.61	1.082

Overall, these findings demonstrated good support for the Safrit et al (2005) model of volunteer management.

Stage 2 – Interviews with leaders of health volunteer engagement

25 follow-up interviews were conducted with leaders of health volunteer engagement who had registered their interest in being contacted within the Stage 1 survey. Half of those interviewed were employed in metropolitan health services, and half were employed in regional or rural health settings. The majority (90%) were employed in public health settings, and there was considerable range in relation to how many volunteers they were responsible for managing (20 -1000).

Competencies leaders of health volunteer engagement will need in the next 10 years

In accordance with the validation of the Safrit et al (2005) framework within the Stage 1 survey, data were loosely analysed using the seven domains of this framework as an analytic framework. Where direct quotes are provided, characteristics of participants are denoted at the end of each quote in terms of location (metropolitan/rural/regional), type of hospital (public/private/mixed), and number of volunteers managed (<100, 100-300, >300).

Volunteer recruitment and selection

Implement recruitment processes

The ability to implement recruitment processes within their health organisations was a base competency needed as a leader of health volunteer engagement, as one participant indicated, *'I recruit 100 people per year, I do it all myself including the paperwork, and that's just expected'* (regional, public, 100-300 volunteers). This encompassed tasks such as interviewing prospective volunteers, developing application forms to elicit the required information, and reference checking. Being able to source, or develop role descriptions that clearly defined volunteer roles was also important, as one participant suggested, *'you've also got to be able to develop position descriptions for each role so it's clear for the staff as well as to the volunteers what they can and particularly what they cannot do'* (regional, private, <100)

The ability to develop recruitment plans or strategies was also identified as an important competency. Leaders of health volunteer engagement indicated that these plans or strategies needed to address current/anticipated trends or challenges associated with sourcing volunteers:

> *It's not about just putting an ad in the paper anymore. You've got to have a bit more nous about knowing where else to go to find your volunteers. It's knowing how to actually sell whatever you think you need. So, knowing how to frame your advertising and your marketing to get the people that you need. (regional, public, >300)*

A number also indicated that these plans or strategies needed to increase diversity of volunteers within health services:

> *When you think that organisations like to have a volunteer team who represent the diversity of their service users, you work in health and you think about the number of limitations that our patients have. You know, whether it's demographic reasons or illness reasons, whatever it might be. We need to be able to engage with those groups and try to recruit some of those people in our volunteering (metropolitan, public, >300)*

To do this, competency to build networks and partnerships within the wider community was critical, as one participant noted, *'there is a level of interagency working that needs to happen as well, so we are targeting the right volunteers'* (metropolitan, public, 100-300)

Match volunteers to roles

The ability to match volunteers to roles was also a critical base competency required, as one participant indicated, *'you've more got to be a people person, I think and be able to fit the right person in the right role and make sure that that person's the right fit for the organisation'* (metropolitan, public-private, < 100). This encompassed looking at the needs, skills and preferences of volunteers, and using judgement to match them to the appropriate roles:

> *So you've got to have those interviewing skills as well, so when somebody comes in, normally what we do is we tell them the different areas that they can volunteer in the health system and we find out what their life skills have been and what they're interested in and just work it out from there go (regional, public, > 300).*

However, it was also important to ensure that these roles met the strategic needs of the health service, as one participant described:

> *It is a bit of a tightrope between making sure that you're offering people meaningful and useful volunteer roles and that they understand where they fit within the organisation so that they don't just feel like an accessory. But then from the businesses' point of view they must fulfil a need and they must meet objectives and they must fit the strategic plan and the vision and the mission (regional, public, <100).*

The ability to conduct needs analyses within organisations, and develop volunteer roles to fill these gaps, was also identified as a key competency:

> *You need to be a bit entrepreneurial, because part of your job is seeing a gap and figuring out how to fill it… So, you look at a maternity department and you think, oh, volunteers would be great in that area. Okay. Now, how do I go around researching what I think a good volunteer role up there might look like. How do I - so that's about maybe consulting with the consumers of the department, the staff of the department, doing a bit of benchmarking against other organisations about what they use in their maternity ward if they have volunteers. So then being able to build a role up from that (regional, public, > 300)*

This ability to develop innovative roles was also seen as a critical competency in relation to emergent trends related to volunteering more broadly:

> *One of the things that I think we need to think about - is to broaden our understanding of what it means to engage a volunteer in health. We've not been great at that in the past. So, you know, short term episodic kind of volunteering or flexible volunteering or virtual volunteering, we've not been good at that. I think as a sector; we need to start dabbing our toes into those areas (metropolitan, public, >300)*

At a strategic level, there was also a need for leaders of health volunteer engagement to work closely with senior health executives to develop volunteer roles that could fulfil health service goals, as one participant described in reference to the *National Safety and Quality Health Standards*, which public health services are required to meet (Australian Commission on Safety and Quality in Healthcare, 2019):

> *Looking at the national health standards… You know, it's not just about the standards that have the word volunteer in them, but it's about identifying that volunteers are a part of the workforce. How can volunteers help us to achieve some of the standards we're expected to meet? Because we can probably have better outcomes for some of them if we're utilising volunteers say in information provision or something like that. So just thinking strategically about what volunteers can be doing (metropolitan, public, >300).*

Volunteer orientation and training

Facilitate initial training and induction

The ability to ensure that volunteers within health services were comprehensively trained and inducted using consistent and comprehensive processes was an important competency, and encompassed compliance checking (e.g. police and working with

children checks), development and presentation of training and orientation programs and materials. Participants noted the importance of this in an environment that was so heavily regulated, as one regional participant noted, *'a volunteer manager's responsible for putting volunteers in clinical units, who are interacting with patients, who are doing all these things. So, it's got some implications for patient safety'* (regional, public, >300). The complexity of the training required was outlined by another participant:

> *We look at occupational health and safety, fire evacuation, infection prevention, more about volunteer services and what it means to be a volunteer here. Day two we look at communication skills with the sick, the aged, the dying. We look at getting people in and out of wheelchairs that's safe of the patient, safe for the volunteer. We look at falls prevention, which is costing us millions of dollars a year. We introduce them to the directors of nursing so that they can talk about the impact that volunteers have. Day three we look at change, loss and grief… We look at personal professional boundaries and self-care. Then day four we look at volunteering in an aged care setting, in a psych setting, in a palliative care setting (regional, public, 100-300)*

Some participants in larger health services also saw that they had a role to play in supporting smaller organisations to facilitate training for volunteers, as one manager noted, *'I've supported other organisations, because I'm happy to facilitate the training. Whereas the people employed as manager to volunteers in those organisations didn't feel like they had the capacity, so they were happy for me to facilitate their training'* (regional, private, <100). Being able to deliver this training or induction in a way that was suitable for diverse volunteers, including those from culturally and linguistically diverse background and those with poor literacy, was also noted:

> *I have a good understanding of different methods because people learn in different ways. So, I don't just rely on one form of delivering information. I'll back it up with something else. So, we might be talking, and we might have a PowerPoint at the same time, but also I will have a handout that you can take home and read later. Or diagrams or little video clips (regional, public, 100-300)*

Consequently, many participants noted the importance of having skills in adult education, or in training and assessment practices. Participants also highlighted the importance of being able to support, or build capacity of health service staff to train or orientate volunteers, as one participant noted in relation to their program:

> *I've developed it so that every program I've got, local areas have ownership of, so they're part of the staff team there. They sort of run their own (orientation), yeah. It's set up in a way and I think you need all those skills to be able to set up something that can actually run (metropolitan, public, >300)*

Development of innovative ways to train volunteers was also important, as one participant noted, *'being able to delegate as well and putting together train the trainer programs and having buddy volunteers and being able to promote certain people up and keeping them well trained and interested'* (metropolitan, public, >300).

Facilitate ongoing training

Capacity to facilitate ongoing professional development or training opportunities for volunteers was an important competency, in recognition of its importance to volunteer satisfaction and retention. Often, this training was also required in response to changes in health service priorities or procedures, as one participant described:

> *Any time there's a change to our strategic plan and we're looking at vision and values and our themes, then there's often training that's aligned to that. So, it might be values in action, how does this play out in my day-to-day roles. Then there might be specific stuff, so volunteers in our*

children's area have to do a special training day… we've got cancer services who've just done some training on a system that they're likely to be using (regional, public, 100-300)

There was also a need to be able to advocate for volunteers to access professional development opportunities similar to those provided to staff, as one manager noted *'when we have internal training for staff, where appropriate, I try and make that training available to volunteers as well'* (metropolitan, public, <100).

Volunteer program resource development

Develop financial resources

Participants indicated that competency in understanding and managing financial resources was a critical skill required, with many of those interviewed highlighting the need for business management skill. At a base level, financial literacy and skills in basic finance were required. Participants indicated that it was important to be able to read a profit and loss sheet, to develop a profit and loss sheet, write grants and to manage and/or prepare a budget.

At a more strategic level, participants also noted the importance of being able to write operational plans, budget bids and business cases. In doing so, participants noted the importance of understanding how funding within the health sector worked, with one regional participant suggesting, *'The other skill I think that probably is important is understanding the finance of how health works* (regional, public, 100-300). This was important in terms of knowing how to structure and when to submit budget bids.

Having the ability to lobby senior executives within the hospital to advocate for increased financial resources was also identified as important, given the increased emphasis on funding clinical services within health sector environments, as one participant suggested:

You are not the cherry on the top of the cake. You are constantly having to be able to lobby and fight for whatever you think you need to provide your service. So, I guess a really good skillset in this environment would be someone who can write and craft very strategically about how to get the resources that they need (regional, public, >300).

Develop volunteer program resources (reports, plans, policies, procedural documents)

Competency related to ability to develop written resources to support the execution of the volunteer program was also important. At a base level, competency in preparing well-formatted, high quality written reports, flyers, posters and newsletters was important, with a high level of computer literacy critical:

You have to have be fairly creative as well. I'm often one - even doing artwork for posters or programs or promoting it on websites; I often make up the flyers or things like that or doing our brochure. Even though we've got an in-house publicity team, you basically have to do it yourself in the healthcare service and then get it approved and out there (metropolitan, public, >300)

At a more strategic level, participants highlighted the need to be able to develop program plans (e.g. marketing or recruitment plans), policies and procedures, as one participant noted, *'I've had to write policies and procedures, so you need to have the ability to do that, or to amend policy and procedure'* (regional, public, 100-300). Participants from larger health services also reported the need to be able to develop strategic plans to guide successful operation of the volunteer program.

We've written our model of volunteering. We've written a philosophy statement and a vision for volunteering at (organisation) and we've made it clear that our volunteer roles are to be

meaningful to the volunteer and to enhance patient experience. So, it gives us a framework in which to say do you know what? That role doesn't fit with our strategy of volunteering at (organisation) (metropolitan, public, >300).

We have a volunteer project plan - program plan that we work towards. We are looking at increasing the levels of supporting that goes up to the executive, and therefore, the levels of accountability that's expected of us which gives us a seat at the table (metropolitan, public, 100-300).

Volunteer program maintenance

Management of people

Participants indicated that the ability to coordinate and manage a diverse group of volunteers was a critical competency, with one participant stating:

Leadership skills, leadership management skills. Obviously, you're managing a workforce, and even though it's a volunteer workforce, you still need to be able to have the skills and knowledge in terms of people management' (metropolitan, public, <100).

Most participants referred to the need to be a '*people person'* (rural, public, 100-300), and indicated that their role encompassed a great deal of human resource management, as one participant related, *'I have wondered what my service would be like if I hadn't come from a HR background'* (metropolitan, private, <100). However, managing volunteers required a very specific level of skill that was above and beyond managing a paid employee, as multiple participants described:

Just because they're not being paid, they still are - other than a paycheque, they still need to be managed and treated the same way as staff and acknowledged as such. I think that the volunteer manager needs to have those skills to be able to manage well (regional, public, 100-300)

Because we're dealing with a cohort of people that are - obviously we're employing technically to provide services to our organisation. But also, the motivations aren't financial, so we have to manage the motivations that generally have sensitivities that come along with it. So, it's being sensitive to the needs of the people that you're engaging. In terms of why they're doing it and why they may have particularly chosen this organisation especially. So, dealing with the personalities and the sensitivities around why they're engaging (metropolitan, public, >300)

For some participants from larger health services, this also encompassed management of volunteer staff, and so delegation was important. As one participant stated, *'we need to get good at passing off some of the things that we're expected to do and developing a team around us to support us'* (metropolitan, public, >300). Consequently, ability to demonstrate leadership within the volunteer program was important, as one participant summarised, *'Skills in leadership, particularly team leadership, small teams. Large, for that matter, depending on how big your volunteer workforce is'* (regional, public, 100-300).

Management of people also encompassed competencies related to doing rosters, or re-allocating volunteers based on daily hospital requirements, as one metropolitan participant described;

Can a volunteer play with some siblings? Or we get a call from the department saying do you have a volunteer available to help create some admission packs for us …or to help with surveys and that kind of thing. So, we're constantly dealing with those requests coming in. We have about 40 a day. Our volunteer numbers are about 70 a day… They come on site for a particular role, but then they're moved around as needed (metropolitan, public, >300)

Conflict management and resolution was an essential competency, and this encompassed the capacity to manage conflict between volunteers. However, it also reflected capacity to resolve conflict between health service staff and volunteers.

This was complex, as one metropolitan participant summarised:

> *Whether it's volunteer to volunteer, or volunteer to staff. There could be different issues that have arisen, and we need to address them and look across and resolve different issues there. It's having an understanding that there's - the difference is between being one person is being paid and one person is coming because they want to. However, we still need to be able to be alongside each other ensuring that we're following the organisation's values and purpose (metropolitan, public, >300).*

Consequently, leaders of health volunteer engagement indicated that training health service staff in relation to managing, or working with volunteers, was an important competency. In many cases, this conflict was related to lack of clarity over volunteer roles, or health service staff feeling threatened by use of volunteers, as one participant described:

> *So, in the places where we do have volunteers, they work well together. In the beginning, that wasn't always the case because it was almost like well, what are you doing here, this is my job, that's not your job. Or a bit of a feeling threatened. So, it's just about raising a general awareness of the role of volunteers and what they can do and the limits with which they work in. So, there's this team feel, an understanding of what everyone's role is and so that there isn't that misunderstanding or threat of you're going to take my job, or this is going to be harmful to me (metropolitan, public, <100).*

In line with this, capacity to advise health service staff and senior executives on human resource management issues related to the volunteer program was critical. Primarily, this was discussed in relation to the delineation of volunteer and paid roles, as one participant described in relation to dealing with unit requests for volunteer positions:

> *Sometimes I have to go in with my other hat on and say well is this because you have a staff shortage? I've sat on the union committees and things like that where we're very conscious of not having volunteers perform what should be a paid role. We're very mindful that the unions - and they have enterprise bargaining agreements for staff and that if it should be a paid role then it has to be paid by the health service. We can't substitute paid positions with volunteers (metropolitan, public, >300).*

The ability to undertake performance management with volunteers was also identified as a critical competency, where volunteers needed to be disciplined or terminated due to lack of alignment with organisational values, or a breach of health service policies or procedures. Participants indicated that this was a particularly delicate task in relation to volunteers, given the risk for reputational harm:

> *Managing some of those volunteers, who sometimes come for all of the right reasons and do all of the wrong things, you still have to be able to manage them out in a way that doesn't do your health service any harm. Because if you get people offside, again as different from a staff member who might be disgruntled, sometimes it'll come down to well that was just part of your job, or that's the level we're paying you and it's as simple as that. But when you break a personal contract, it becomes very personal and they will tell every man and their dog. You have to manage that very, very differently, and I don't think that people understand that (regional, public, 100-300).*

For participants from larger health services with volunteer departments, the ability to performance manage staff was also necessary, with one metropolitan participant suggesting, *'I just had to do my first performance management of a paid staff member last year and it was horrible'* (metropolitan, public, >300). However, this also encompassed the ability to ensure that volunteers were gaining personal development through the program, as one participant noted, '*A lot of what you do as a volunteer manager is almost like coaching, I think, in some respects. A lot of what I do is about trying to bring the best out of somebody and giving them the best*

opportunity to really flourish in what they take on' (regional, public, >300).

Assessment of volunteer satisfaction was also important, which was critical for ensuring volunteer retention. This reflected both informal conversations with volunteers, and formal data collection techniques, as one participant noted *'We do reviews annually…. I'm just doing the organisational wide satisfaction survey, I'm going to send out in Survey Monkey'* (metropolitan, public, >300).

Communication with people

The ability to communicate effectively with a diverse range of people was also identified as an important competency, as numerous participants described:

> *Communication skills is vital for communicating with volunteers and with your cohort - as whether it's a hospital, or the community service, you're going to link in the volunteers. Communications across different styles and different levels. Also, CALD issues - from community, linguistics, diversity communities. Issues that come up with that, because that can have an impact on a person who potentially would like to volunteer (metropolitan, public, > 300)*

> *I would say that probably 90 per cent to 95 per cent of the work that I do is about person-centred practice. It's about engaging with people, communication skills, how to read people's verbal messages, as well as their body language when you're face to face, because there's a lot of work over the phone, as well, as you can imagine. It's trying to read between the lines a lot (regional, public, 100-300).*

Being able to tailor that communication to different audiences within health services was also critical, as one participant noted, *'I have got very good interpersonal and communication skills which are key for this role because you're basically dealing with all sorts of staff on various different levels, right up to the executive and right down to the staff on the ward, the ward clerk and with volunteers as well'* (metropolitan, public, >300).

Fostering team engagement and cohesion was a critical competency, with participants describing the importance of developing communication strategies that enabled volunteers (and volunteer program staff where applicable) to feel a sense of belonging:

> *I think that people in our role do it well, but I think sometimes people in higher positions or executive or management positions don't understand the importance of that level of communication and empathy and building relationships. Like you need to really put a lot of emphasis in that in order to retain your volunteers and for them to feel like what they do is appreciated (metropolitan, public, <100)*

This encompassed a diversity of methods to communicate with different audiences, as another participant indicated, *'there's kind of the face-to-face interaction, there are the published interactions through newsletters, there are the visual aids, there's an awful lot of work that has to go into keeping that amount of people engaged and up-to-date and informed if possible'* (metropolitan, public, 100-300)

Data management

Participants indicated that data management was an important competency, and this encompassed use of data management systems for data entry and records storage, and development or use of systems to store relevant policies and procedures:

> *You create your systems for yourself that work well. I've got a master spreadsheet where everything's hyperlinked so that if they need to find a document, they can go in and it's hyperlinked, it's straight there (regional, public, 100-300)*

I've set it up so that we've got a volunteer database that's very usable. I've got lots of processes and forms that align with our organisation and human resources recruitment selection and all that, is all in place. Reporting lines are all in (metropolitan, public, >300).

The use of specifically tailored volunteer management databases was also highlighted as an important competency:

Database management is probably a good one because they're quite smart now in the sorts of things that you can do with them. So, experience there is - again, you can learn it to a degree, but I've got a database that I'm probably not using to its full capacity and there is probably a lot more that I could be doing. So, having that learning is probably important. There are more of those platforms that are available now. So, I think we will be moving more - I think volunteer managers are looking more towards using them and getting away from spreadsheets (regional, public, 100-300)

Participants highlighted a need to abide by, or develop protocols for archiving and document disposal, as one rural participant described, '*How to keep accurate records, yeah, and document destruction and all that sort of, you know, when can you archive documents and personnel files and security'* (rural, public, < 100). In a resource constrained environment, the need for leaders of health volunteer engagement to be able to advocate for better database management was also articulated, as one participant indicated, *'you need to be able to advocate to executive as to why you need volunteer management software'* (metropolitan, private, <100)

Quality and safety auditing

The ability to ensure that the volunteer program was meeting quality and safety requirements was an important competency, as one participant summarised, *'There is a huge level of policy, procedure, expectation, red tape that we have to manage as well'* (regional, public, 100-300). Skills in legislative compliance were required, and participants indicated that having a good awareness of the relevant policies, standards and best-practice requirements guiding management of volunteers and staff in the health and aged care sector was critical:

I think the other thing that's important is just to be mindful about the legislation and rights and responsibilities involved in that area both as yourself as a manager but also rights of volunteers and people that you manage (metropolitan, public, <100)

Broadly, these included policies and procedures relating to specific health services, broader legislation around health and aged care standards, occupational health and safety and human resource management, and the *National Standards for Volunteer Involvement*. Consequently, the ability to audit volunteer program activities against these policies, procedures and requirements was also important, with one participant noting, *'I'm benchmarking our program against the national volunteer standards, and making myself recommendations, then I'm going to try and prioritise them'* (regional, private, <100). Most participants identified the importance of being able to conduct risk assessment relating to developing and auditing volunteer roles and programs:

From your risk management perspective, I think you've got to look at your risks from your program level, where you're running services; you've got vehicles you might be using, you've got people going into people's homes, all that sort of stuff, from that service level. Then there's the organisational risk you've got to think about; how does this affect the organisation and what's the risk to the organisation there? Then there's that risk - the people risk, as well. There's like three levels to your risk and your risk - yeah. Again - that is a big skill you would have to need to have (regional, public, 100-300).

As another participant noted, '*we need those risk assessment skills to be able to look at both the risk of volunteers being involved in an activity but also the benefits in the reduction in risk for patients and for staff and the organisation.'* (metropolitan, public, >300). This was critical in ensuring safety of volunteers and clients, as several regional participants highlighted:

If you've got a volunteer manager, and, say they were doing my job, and it was perceived as more of an admin job, and they get a volunteer to do some bereavement calls. If they don't know the complexity of what's involved, they could be putting the volunteers at risk, they could be putting the client at risk ...you need a skilled person in this role, who understands the implications of what you're asking the volunteers to do, and the potential risk, potential harm to volunteers (regional, private, <300)

At the forefront of everything that I do has to be - at the forefront of every decision that is made has to be the safety of the volunteer. Any role that's developed, any request that I receive, and change to equipment or resourcing or times or location, anything to do with how you actually roll out a volunteer into any type of job, safety's got to be at the forefront of everything you do (regional, public, >300)

Consequently, the ability to develop and amend policies and procedures relating to quality and safety of the volunteer program was a critical skill. Some participants also articulated a need to ensure that volunteers were covered within broader organisational policies, as one metropolitan participant indicated, '*within the hospital, different policies and procedures. Like the insurance for volunteers, understanding what they're covered for and not covered for and things like that'* (metropolitan, public/private, <100).

Volunteer recognition and support

Management of emotional wellbeing

The ability to ensure that the emotional wellbeing of volunteers was supported was raised by almost all participants, as one manager related:

It is a bit of a counselling type of thing. It's about knowing how to work with - if someone has particular issues that come up for them in their volunteering role, in their life, how do you respond to that knowing - having enough emotional intelligence and responsiveness to be able to actually do a bit of that yourself but also to know when to refer to other organisations for them to be able to be appropriately supported (metropolitan, public, <100)

Participants described the skill required, and the need to develop processes in relation to emotional support, which included active engagement through conducting follow up on a regular basis, and post-incident debriefing, with one metropolitan participant noting '*we know if someone has had a bad day volunteering, we just know the next day someone is expected to call them and check in on how they're going and to continue those check-ins as required, as much as needed'* (metropolitan, public, >300).

Volunteer appreciation

Competency in ensuring that volunteers were recognised appropriately within their health services was important, particularly in relation to volunteer retention. This required significant skill in event management, as one participant outlined in relation to developing volunteer appreciation activities:

You've got to think of ways that are rewarding for volunteers. Like referees for people - students and things like that. There's a whole heap of aspects to what we do. I have to be an event planner. You know, we do the volunteer appreciation luncheon, so you're working with - you've got to be able to

set up events. That's pretty massive. To get all the catering right, to pick bands. There's so much involved (metropolitan, public, >300)

There was also a need to use varied strategies to recognise volunteers on a regular basis, through profiling and publicity. As well as raising the profile of volunteers and the volunteer program, this was important in promoting volunteer programs as diverse and inclusive:

We're always trying to get people to acknowledge and respect and recognise volunteer contribution. Some individuals just do that naturally and others don't. So, that's kind of an ongoing thing, just to raise the profile. So, I said I think photographs and stories are important just to keep putting it out there and busting some myths. So, I'll always make sure any photographs that I use have got young people, older people, different cultural groups, all that kind of thing. So, the stereotype of everyone being retired isn't true here (metropolitan, private, >300).

Skill in developing nominations for external volunteer awards was also important, and in developing internal award programs, as one participant described, '*we have a volunteer breakfast, which is an awards breakfast. So, years of service, outstanding volunteer achievement, life membership happens there'* (regional, public, >300). Many participants also identified a need to ensure that health service executives, and department staff were recognising volunteers appropriately within their services:

When we redid our annual appraisals this year, I redid the questions so I could find out from my team, what motivates you? Why are you here? How do you know when you've done a great job? How do you like to be thanked? What that does is then strengthen our program, so I know they're not interested in me thanking them. They're interested in the staff members thanking them. So, then I talk to the heads of department around hey, their satisfaction comes from your staff, not from me. So, how do we make sure that your staff are saying thank you in the right way and regularly and all that kind of stuff (metropolitan, private, <100).

Volunteer program advocacy

Measure and communicate impacts of volunteer programs

The ability to measure and communicate the impact of volunteers within health services was a critical competency. At a base level, this reflected the impact of being able to produce statistics on volunteer numbers and program outputs, and the ability to articulate the broad impacts of the volunteer program to others, as one participant described, '*being able to maintain records and produce clear written reports and oral reports. Monitoring and being able to evaluate the activities to see growth'* (regional, public, <100). At a more strategic level, this encompassed the development of key performance indicators for the volunteer program, that could then be used to demonstrate the value or effectiveness of the volunteer program within the health service. As one manager noted '*I think KPIs a) let the manager know how their program is tracking and b) it can be used as great data to share with the executive about the amazing things we do'* (metropolitan, private, <100).

The ability to use data strategically to tell a story about the success of a program was also critical:

Being able to demonstrate impact. So, I think qualitative and quantitative data collection, knowing what to collect and why you're collecting it. I think related to that is some skills in storytelling. Which I think is a really important part of what we do. Because often what the volunteers do, the impact is intangible (metropolitan, public, >300)

This was particularly important in communicating impact to senior executives within health services, in terms of the impacts on health outcomes and in terms of cost savings for the health service, as one participant described, *'I report on our value to the hospital to try and talk in the*

language of a CEO so she understands we're generating this much money' (metropolitan, private, <100).

Advocate for volunteers and the volunteer program

Ability to advocate for volunteers and volunteer programs was essential, with many participants likening their role to a public relations or marketing skillset. At a base level, this reflected an ability to communicate the importance of volunteering both within and external to the health service, as one participant noted, *'lobbying, I guess, is the best way of saying it. I think it's mainly about making sure that you get heard, that the service is visible, and recognised, like so that it gets the recognition and the support of the organisation'* (regional, public, >300)

At a more strategic level, this encompassed advocacy relating to health volunteer management as a profession, and the volunteer sector more broadly:

> *Advocacy skills both in terms of advocating for the profession and for the sector. So being able to speak to senior leaders and to speak to government, to speak to leaders in other fields and really get them to understand the impact of volunteering for organisations and service recipients and communities (metropolitan, public, >300).*

This required advocating for involvement and consideration of volunteers at every level of the organisation. There was a need to ensure that health service staff were cognisant of the role and importance of volunteers within the health service, as one participant related:

> *We've changed our focus quite a lot in the last few years and that's been a massive shift that's had to be communicated across the hospital. It's a very gradual shift that's starting to happen, so this notion of volunteering as being complementary and enhancing patient experience and being incredibly valuable and impactful is quite new to a lot of people because there can be a sense of oh, they just volunteers and they just do admin. So, trying to kind of counter that message is a big thing. There is a lot of advocacy across the organisation, a lot of messaging that needs to get out, rebranding of what the program is about (metropolitan, public, 100-300)*

Developing this brand was critical, with one participant noting, *'It's about building your brand within the organisation that is known to be - to deliver, to be professional, and to be - have that can-do attitude'* (metropolitan, public, >300). One regional participant suggested that this branding was critical in ensuring that volunteers were supported within health service departments:

> *You need to be able to story tell to your staff members so that they embrace volunteers, because that's another potential barrier is that if staff don't like the volunteers or they've got a bee in their bonnet, the chances are there'll be areas in every health service that rotate volunteers because there will be a staff member there that's treating them poorly (regional, public, 100-300).*

It also encompassed promoting greater involvement of volunteers within health services, and challenging stereotypes and existing procedures around what volunteers could do, as one participant described:

> *We're just always advocating, saying that volunteers sign the confidentiality agreement, therefore they can have access to patient information. We've just had approval for volunteers to be able to have access to all our systems, our IT systems. That was a bit of a no-go zone (metropolitan, public, >300)*

Often, this required selling the benefits of volunteer involvement in relation to health service ability to meet health service strategic objectives:

> *Being able to advocate that having volunteers is often a risk mitigation in itself. So rather than seeing volunteers as the risk, that they're actually helping to reduce risk in many ways if we train*

them appropriately and have the right…there's still people that think volunteers having access to patient information is a huge risk and volunteers should not be accessing any kind of patient information. Then I think about the number of gaps there are in information that people have, or don't have, or think they have, or staff think that they have coming into the health sector - and how we can reduce risks when volunteers are involved in checking that people understand the information that they've been given (metropolitan, public, >300)

We need to have the right communication skills and the right way of framing things and an understanding of the key words and strategies and outcomes that senior leaders are wanting in organisations so that you can link volunteers back into that all the time (metropolitan, public, >300).

Volunteer manager professional development

Contemporary issues relating to health volunteer management

There was a critical need to keep abreast of contemporary issues and trends related to managing volunteers within the health sector, and this primarily related to understanding issues associated with management, recruitment and retention of volunteers:

I think you have to be a bit of a - be able to think outside the square. You need to be - keep abreast of all the current trends and changes. Somebody who doesn't accept change can - would find it very difficult (rural, public, 100-300)

It's good to have knowledge of following the trend in volunteering. Even your community's demographics, so, who might be your volunteer pool, who might need support from various volunteer programs (regional, private, 100-300)

As participants highlighted, this was critical in responding to a need to diversify the health volunteer workforce:

Retention is a huge part of it all as well, especially when volunteers are an aging population, so trying to get - not so much younger ones on board just because of that, but it's also nice to get different ideas from them and different skills, I guess, within the service (regional, public, 100-300)

I think in the future too, we're going to have to be more aware of how we're going to attract younger people. Yeah. I think that's going to become a focus further on, you know? Because I'm dealing with the baby boomers at the moment as my volunteers and they just want to help others and they feel that it's their duty. The next sort of generations that come through are very much about looking after their own families, their own little pods and not so much community minded. So, there's going to be - we're going to have to do much more of a push towards getting younger volunteers. I think it's going to get harder (regional, public, >300).

At a more strategic level, this was associated with understanding the place of health volunteer management within the broader volunteer sector, and knowing the trends, as one participant outlined:

We need to keep ahead of the game in terms of knowing where we fit currently in the public sector and in the charity sector and in that kind of volunteer sector and how can we actually use that to our advantage. In terms of knowing what expectations are from government and from our organisations and from our volunteers (metropolitan, public, >300).

This more detailed understanding was critical in understanding these future issues around recruitment and retention of volunteers:

I think the trend in the next 10 years is going to be more towards an episodic workforce. They're no longer taking up these long-term volunteering roles any more. I think a lot of people like to do short bursts of volunteering. I think that's going to impact heavily on health services. How we can communicate that to the rest of the people that are looking to do volunteering and Centrelink in particular around what we're looking for in the motivation of a volunteer, I don't know. I just don't know where this is all going to go in the next 10 years (metropolitan, public, >300).

Professional development and networking

Competency in facilitating professional development and networking activities, both for leaders of health volunteer engagement and their staff, was identified as important. Participants identified a need to be able to locate and facilitate relevant professional development opportunities, such as conferences and training courses. Engagement in formal networks, such as Volunteering Australia, Volunteering Victoria and other state-based associations, and the primarily Victorian-based Leaders of Health Volunteer Engagement (LOHVE) Network was critical in this regard, as one participant described:

> *But really, if you're on the (state volunteer organization) email list, you get all their newsletters and they will keep you up to date and they will run training on all those sorts of issues. I'm better off to stay connected with a body like that and Volunteering Australia. Stay connected with them so that you find out stuff. Also, to network as much as you can with people in your area and also in your state, and even in Australia, just through the internet. Through email. I think they're your best options because that's how you find stuff out (regional, private, <100)*

These networks were also important in relation to developing competencies in other areas related to health volunteer management, as several participants indicated in relation to the LOHVE network:

> *I know too many people in the health sector who just go it alone because they're too busy. I think that if we go back to the stuff around research and understanding trends, I know that I would not be as articulate as I am today if it wasn't for the LOHVE network. Like you know, to have a group that you can bounce ideas off and that you can practice what you're going to say. You can hear how to term things in a way that is professional or that is not threatening or that is using examples or whatever. I think that you can't expect to do this job without having great networking skills and relying on other people in the sector to support you (metropolitan, public, >300).*

> *Another skill which is really important - is networking and being able to recognise the experts. So, if I had a - and The LOHVE Network is good for this, so there are other people doing jobs similar to me - if I've got a question about OH&S, and I go, I've got no background there, or that's not my skillset or my particular area of interest, but I go, oh, (LOHVE network member), that's her background, I'll ring her. The ability to draw on the skills and strengths of others is important (regional, private, <100).*

Others relied on informal networks, particularly those in rural and regional settings, given their geographical isolation and the costs associated with attending events:

> *I think the ability to have a network and it comes - it sometimes comes to that, especially in a geographical - a regional area, it comes back to budget. I think if we could - networking is so important. I think that - I've reached out to a couple of the hospitals here and I've got a couple of people that I've liaised with. I think it's finding your key people, if that makes sense? Building up a strong support network around yourself because if you're only one person in the job, it can be challenging and be lonely; it can be frustrating (regional, public, 100-300)*

For some of the larger health services, this also encompassed support and mentoring of leaders of health volunteer engagement in smaller services, as one participant from a larger health service suggested, *'so that if anyone needs help, we've got opportunity to be able to help them and assist them'* (regional, public, 100-300).

Factors influencing competency development of health volunteer managers

When asked about the factors that influenced their capacity to maintain, or develop their competencies, leaders of health volunteer engagement identified three primary, interconnected factors. The status of volunteering and volunteer management within the health sector influenced their ability to access resources to support competency development, which then impacted on their training and competency development opportunities.

Status of volunteering and volunteer management within the health sector

Almost three-quarters of those interviewed suggested that the status of volunteering and volunteer management within their organisations, and the health sector more broadly, influenced their ability to develop their competencies. Health services had little understanding of their volunteer programs, and more specifically the level of competency required to resource a volunteer program, as multiple participants related:

> *I think it's just that recognition of the volunteer management role and all that it entails. The challenge that I personally face here is that they've never had a volunteer manager until I started four years ago. Not a paid one, they had a volunteer. They kept having different volunteers trying to do it. So, I think that their depth and understanding about what the role entails is minimal (metropolitan, private, <100).*

> *You know that there is not that level of understanding of what it is that you are working with. Sometimes you just get the most outrageous responses. I was at a workshop recently and the person next to me, we were introducing ourselves to each other and the person next to me said huh, volunteers, I didn't realise they had a manager. I just thought they rocked up and did their thing. But you know, that level of kind of the gap between reality and perception is enormous (metropolitan, public, 100-300).*

A key challenge identified was the lack of recognition for volunteer management and coordination as a leadership role. This was important, as one participant noted:

> *I'm lucky in this organisation because I do get recognised by the heads of departments and things like; so, I'm recognised a head or as a manager in that level. That I think makes it easier for me to do my job because I can swan around, and demand things and they get done. I don't think that happens across a lot of health services (metropolitan, public, >300).*

> *I think some of the other barriers are perhaps, depending on which organisation you work for, not having that authority to actually do your role, as well. That's a barrier (regional, public, 100-300)*

Many participants indicated that they were not viewed as 'managers' within the service, with one relating, '*I don't think they see you in a volunteer management role as being a HR manager. Or a manager of staff. They just go oh, you just manage the volunteers… I think they undervalue and appreciate what you do'* (metropolitan, public, >300). This had direct impacts on participants' ability to access, and engage with senior management, which was critical in terms of accessing resources to develop competency:

> *I think that not valuing the volunteer manager as a senior leader and investing in leadership training for managers of volunteers is a big barrier. So, I think if you don't have the opportunity to meet with other senior leaders and to report into and to provide information, you know, if you're just left to sit in your office and talk to volunteers, that's a huge barrier (metropolitan, public, >300)*

This lack of recognition around volunteering, and volunteer management within the health sector was linked to the relative invisibility of volunteer programs

within health services. Multiple participants highlighted that volunteer programs were considered a *'sub-area of the workforce'* (metropolitan, public, >300), in that they were less important than clinical services. This was exacerbated by a lack of mandated reporting, or expectations around the management of volunteers within health services, as one participant summarised:

> *That mandated stuff. Like there's no acknowledgement from the Health Department that volunteers should be seen as a critical part of the workforce. Therefore, we should, as an organisation, be reporting on it, and we don't have to. If you wanted to, your volunteer program could probably just be invisible and go around and do whatever. It doesn't matter (metropolitan, public, >300)*

Health services were not legally required to meet best practice volunteer management guidelines, such as the *National Standards for Volunteer Involvement*:

> *I had my manager say to me the other day, something about, now the standards, do we have to - do - is there any legal obligation for us to actually meet those? I said, well no, it's self-regulatory in that respect, that's best practice that we adhere to those. I thought, jeepers, you manage volunteers and you don't know? That's a little bit scary (metropolitan, public/private, <100)*

Some participants indicated that the inclusion of volunteering in the Statement of Priorities for Health Services had not had the impact they had hoped for, with one participant stating, *'I would have thought that that would have had a much more profound impact from CEOs. It has in some health services, but not a lot'* (regional, public, 100-300). Consequently, higher levels of standardisation were integral, as one participant described, *'something that is a requirement as well from the Department of Human Services, which makes it really easy for us to say, oh well, hello we're here, we have to have a good process in place'* (metropolitan, public, >300). As other participants noted, this was due to the lack of recognition for health volunteer management as a distinct sector:

> *Having some consistency around the language that we use, about the messages that we give as a volunteer sector so that there's just some commonality or consistency across that, so that we're all sending out the same messages, and therefore across the board it makes it easier to advocate on behalf of the sector because it becomes a standard [unclear], like this is just the way it is. Every volunteer manager should be able to access this leadership training. Other hospitals do it, other health organisations do it. It's just a given, and this is something you need to come on board with because it's just your basic requirement (metropolitan, public, <100)*

> *Once it's been professionalised, then people might - management might sit up and say, well, yep, these are the qualifications you need. These are the - this is the funding we need to put towards it (rural, public, 100-300).*

This lack of standardisation led to considerable variation across health services across what was expected from leaders of health volunteer engagement, in terms of accountability of managers and of the volunteer program:

> *Every health service will expect different things from their volunteer managers. So, for me, for example I have to do a monthly report, a monthly financial report, a three-quarterly report, an annual report, I have to do KPIs to the statement of priorities, blah-blah. There are other health organisations that go just have a chat, tell me how you're going, so it's very diverse (regional, public, 100-300)*

> *With a different manager, I remember asking, can I make myself a bit of an operational plan with some KPIs, so I can measure what I'm doing, and kind of, was told, like, you're getting a bit big for your boots. You know - know your place, kind of thing. Just do your role (regional, private, <100).*

Consequently, there were also distinct differences across health services in relation to reporting lines and departments

in which volunteer management was placed, which also impacted on ability to secure resources and support to develop competency.

Resourcing for competency development

Ability to access resources to enable competency development was critical, and these were primarily related to financial cost of attendance and time release from their duties to attend activities and training. Participants indicated that, in line with the previous section, support from senior management to attend activities that supported competency development were critical:

> *I've had really good support anyway in any of the roles that I've had with (organisation). I've been able to gain new skills and be given time to go maybe early if I need to go and attend something in my own time. Yeah, we've sort of been able to use the fleet car to drive to Melbourne if we've had to go to a conference or anything like that (regional, public, >300)*

However, access to resources to attend activities and training was a significant challenge. Time to undertake competency development was a key issue, with participants indicating that a lack of recognition for the complexity of their role meant that their programs were often under-resourced. Several participants highlighted the large numbers of volunteers that they were expected to manage daily, comparing this to that of a clinical manager:

> *I've got 420 volunteers and as I said to my director the other day, I said you tell me one other staff member in this hospital that has to manage 420 people on their own. I said they would have a team of supervisors and other managers with a team - a workforce that big, but I'm expected to do it on my own (metropolitan, public, >300).*

Within the health sector, there was no mandated ratio of staff to volunteers, as one regional participant highlighted:

> *There is nothing in the world that stipulates a ratio or a - there's no minimum requirement of skillsets to have to be a volunteer manager. There's no maximum number of volunteers you can have under one EFT of volunteer management. There's no - there is no set criteria in any way, shape or form when it comes down to the supports and resourcing of volunteers (regional, public, >300).*

Consequently, many participants found it difficult to allocate the time for developing competencies, as one indicated, *'There are so many other work commitments that take priority to being a - as opposed to upskilling yourself and really investing in the development of your resource, your main resource'* (metropolitan, public, <100). Senior management could also be reluctant to allocate the time, as one participant described in relation to attendance at a course, *'my manager at the time was really hard pushed to even give me a day away from work - it was two days every two months and I was going to take one of my own days and he wouldn't even give me the other day'* (regional, public, 100-300).

This time issue was exacerbated by the fractional appointments of many leaders of health volunteer engagement. Time was also a significant challenge for managers in small health services without a volunteer management team of staff to cover them, as one participant noted, '*For me to actually grow some skills or to access some study, I would need someone here supporting the program to allow me to do that'* (regional, public, 100-300). It was also challenging for rural and regional participants, due to the time and financial cost involved:

> *As you know being in (rural area)- so if we had - went and did training in Melbourne, we've got to factor in transport costs and accommodation and*

all that sort of stuff as well. So it's just not - because it's four and a half hours away, it's just not attending the training course. It's of the other costs associated with it too (regional, public, >300).

I think even the attending of conferences, being resourced to attend conferences, that's a bit of an issue. There are lots of rural health services where there's one EFT for, I don't know, 60 or 100 volunteers, so that's one day a fortnight to try and get everything done. There's no way they can afford to take a day off to go to a conference or to build skills (regional, public, 100-300).

Cost of backfilling staff, and in funding professional development opportunities, was also a significant challenge. While some participants had a budget for professional development, many did not. This was attributed to the low priority of the volunteer program in relation to funding, as one participant described:

In a normal health service, if a service expands, then they are entitled to get additional money from the government. It's called WIES funding, it's activity based. Volunteer services along with many ancillary programs, aren't included in that WIES funding… There's no understanding, well if we've got a volunteer program, how are they going to support our service and what are we doing to resource them to be able to do that? (regional, public, 100-300)

This meant that there was no mandated requirement in relation to staffing or funding volunteer programs, as one participant noted, '*each health service gets to decide what resources they throw at it. If they don't fundamentally understand what resources are required to do the job, then how do they know how to adequately resource it?'* (regional, public, >300). Consequently, while they were required to complete mandatory annual training related to health service requirements, there were no mandated requirements for professional development of leaders of health volunteer engagement within health services, as there were in other professions:

If they allocated me a definite budget and time allocation and made me - sort of had a requirement for professional development or upskilling, then I know that's a requirement for Allied Health for example and other areas; if they did that for me, I'd be happy to take it. That would even be giving, you know, webinar and education hours and things like that as a requirement. It would probably benefit them in the long run. Even though I do try and stay up to date there's always new things happening and new things to learn (metropolitan, public, >300).

This allocation of time and budget to complete professional development was seen as critical, as one participant noted, *'it's almost around placing something like mandatory against some of these things that - if we have to - we get given time or we have to make time to do our mandatory training*' (metropolitan, public >300).

Availability and suitability of competency development opportunities

Another key factor influencing competency development was related to the availability and suitability of available opportunities. It was critical that volunteer managers actively seek opportunities for professional development, and participants highlighted several activities that they had engaged in that were beneficial. These encompassed formal leadership and management training courses (e.g. Certificate IV in Training and Assessment, Advanced Diploma of Community Sector Management), and counsellor training (e.g. the Accidental Counsellor), Involvement in volunteer management networks (local and state volunteer manager networks, the LOHVE network) was also highly valued:

But every now and then an email will go out. I'm doing this, does anybody know? There'll be like 50 million answers. It's quite useful. You can just flick something out there. Even though you've never met most of these people, you've got common problems and I find that probably more useful than going on training sometimes because

they're doing similar things to what we are (regional, private, <100).

Within their organisations, participants also undertook regular training to comply with health service standards, or in key skills such as conflict resolution, leadership and management. In recognition of the cost and resourcing issues identified in the previous section, participants were more likely to access competency development opportunities where they were offered by their organisations, which was more prevalent in large metropolitan or regional health services:

We've got a learning and development department, so we just go to them to discuss with them what training we need or what training our volunteers need. Currently that position - the manager of that's vacant and we're waiting for a manager for that, but normally we would go to them and they would work out our training needs. Yeah. So we don't have that - it's not that difficult for us to source stuff, because we've got that department to help us source it (regional, public, >300).

However, participants highlighted several issues relating to availability and suitability of competency development opportunities. was a significant barrier, with free or low-cost activities prioritised, as one participant noted, '*I'm pretty much aware of trying to do things that are not going to extend, you know, bite into my budget which I could find better use for different things'* (metropolitan, public, >300). Distance and geographic isolation were also a challenge for rural and regional participants, with programs often not delivered in rural areas, or provisions not made for remote attendance:

(The) volunteers support network is based in (regional centre) and they don't have technology to enable me to attend meetings remotely… which does my head in at this time in - with all the technology we've got. Yeah so, I'm unable to attend their meetings remotely to get any - to get support from other volunteer managers in that way (regional, public, >300).

The nature of the activities provided was also problematic in some cases. Several participants indicated that professional development opportunities were often repetitive:

Honestly the courses that they're doing now I think they're every year around management programs and volunteering. It's the same conflict of interest, the same thing the having the hard conversations, blah blah. They do the same things every year and have the same presenters almost. I've sort of done a lot of them (metropolitan, public, >300).

A key issue related to the prevalence of activities for new leaders of health volunteer engagement, with little material targeting more experienced leaders of volunteers, as one participant described:

There's a lot of really, really good support for new volunteer managers, so there is a whole load of really good workshops that Volunteering Victoria run on a regular basis that a really fantastic when you've just started out. Obviously, all the networks that Volunteering Victoria run, plus the LOHVE network are really great for keeping that motivation up and learning. But I think there's not enough out there for people who have been doing it for a number of years and are looking to up the ante on that level (metropolitan, public, 100-300).

It was also suggested that many generalist leadership and management development courses were not well tailored to volunteer management:

If you go to management and leadership type training courses, again, they really struggle with relating it to volunteer management. You either get the perspective of oh, well they're volunteers so that's not really managing [laughs] and you just go what's that, pardon? Or they try to think up scenarios that might fit it but usually with very little success. So, you sort of have to contextualise things yourself to a large extent if you're investing in training that's external. Unless, as I say, it's through Volunteering

Victoria or something like that (regional, public/private, <100).

While some participants had completed specific volunteer management training, others indicated that there was a shortage of specific training around volunteer management or indicated that they did not know where to access it, or what sort of training they needed. As one participant related, *'there's no rulebook on what a volunteer manager is and what they're expected to do. So, without having that, you don't know what you need'* (regional, public, >300). This was discussed primarily in relation to acquisition of specific skills that were needed in the role:

Formal qualifications, I think it could be as, well, as simple as a sort of - I never know what we'd call them, like a TAFE course or something like that that you could do and just - sort of a couple of months or a few sessions just so that people know what's actually involved in the role and managing the database, for example (regional, public, 100-300)

This was particularly prevalent in terms of competencies related to the health sector specifically, with one participant indicating that the resource constraints around leading and managing volunteers within a health setting were particularly challenging:

I think some of the frustration for me in going to these conferences is that they talk about things as if it's an idealistic world and it's not an idealistic world in health. When you look at sporting events and event management with volunteers, there's a lot of support around those. Then for health it all depends on budgets at the time (metropolitan, public, >300)

Consequently, specific training or mentoring relating to the health system was important:

I think giving leaders of volunteers access to senior leaders for mentoring and things like that would be really important. Because there's people who have been in health for a long time and understand how it works and can - particularly because a lot of us are not clinical. We don't have a clinical background. So, we've not had our whole career in health. So, to have someone who can kind of help you navigate what it means to work in the health sector, the kind of complexities that come with that would be a fantastic support (metropolitan, public, >300).

One participant indicated that there was a need for a database specific to health volunteer management, to ensure that health volunteer networks could share resources without relying on emails:

I think if everyone had a - not a joined database, but like a database that you could tap into for resources across Victoria. There's a network called the LOHVE Network, which is the L-O-H-V-E Network, and it's amazing, but if that could be, if everyone could be on the same database and that information was just put on there, that would be great (rural, public, 100-300).

Competencies that health volunteers need

When asked about the competencies that health sector volunteers needed, leaders of health volunteer engagement discussed these in relation to two distinct sets of competencies – those general competencies required by general volunteers, and those that were role-specific.

General competencies

There were a set of general competencies associated with volunteering in a health sector environment, which reflected two primary categories – those associated with interpersonal skills, and those associated with adherence to organisational boundaries and guidelines.

Interpersonal skills

All leaders of health volunteer engagement indicated that good interpersonal skills were a critical competency required among health volunteers. This encompassed a suite of abilities, with many participants noting the ability to demonstrate empathy and compassion. Many participants recruited volunteers in alignment with organisational values, with the ability to demonstrate competency in this area critical, as one participant indicated *'a level of sensitivity to the vulnerability of patients, some of those kind of complex people skills that allows you to be able to support somebody without intruding into their space too much'* (metropolitan, public, 100-300) .

The ability to communicate with other people in an effective manner was also important. Many participants referred to the need for volunteers to be skilled in 'customer service', which broadly encompassed friendly, clear verbal communication, with appropriate body language and tone. It also reflected an ability to accommodate communication barriers experienced by vulnerable groups within a health setting, as one participant described:

> *You have people who really are, can be disadvantaged in so many ways. Could be waiting, or even just navigating around a big organisation. So, we need our volunteers and we need people who understand that, the barriers with language and culture and cognitive ability and all of that. I think it's important to have that understanding (regional, public, >300).*

Awareness and understanding of diversity, and cultural responsiveness was mentioned by several participants, with one commenting, '*There's also an element of - they need to be non-judgemental as well. So, they've got to be able to come in and just approach everybody in the same way'* (metropolitan, public, <100). Subsequently, the ability to communicate with, and listen to patients in a way that was respectful was important, with one participant noting, '*It's always a matter of communication and just making sure they understand what their role is. That matter of coaching them of what to say to patients without being intrusive. Just asking general broad questions'* (metropolitan, public, >300).

Being able to work as part of a team was important, in terms of being able to get along with other people. This was particularly important in relation to having the capacity to cope with the high-pressure environment within hospitals:

> *The people who come to me and they work in customer service, or they have worked in customer service, probably slot easily into the role because they're so used to dealing with lots of different sorts of people in different moods every day. Nothing fazes them. So, kids, for example, who have worked in McDonald's and had all sorts of behaviours, I can put them in the Emergency Department and they can actually then - they see things a bit differently because suddenly they are dealing with people who actually have the right to be cranky… they handle it really well (regional, public, 100-300).*

However, volunteers also needed to have the capacity to work autonomously, which encompassed capacity to work independently and with limited supervision, and to show initiative within their scope of practice:

The staff member that their key contact is may not always be available. So, they need to be able to self-initiate at times, not all the time but at times, or feel comfortable enough to be able to not have to check in with someone for the whole of their shift I think is important. They need to be able to work autonomously, just as all staff do (regional, public, >300).

Consequently, volunteers also needed to be able to be reliable, flexible and adaptable in relation to their work, within a changing hospital setting, as one participant noted, '*being able to go across different roles or different shifts. If one role shift is no longer viable and they get taken out, they can actually feel that they could move across to another role instead of leaving'* (metropolitan, public, >300). They also needed to demonstrate emotional intelligence, in terms of assessing both their own emotional boundaries, as well as patient needs:

So, what's my grief versus the person in bed, and if I become a bit teary is that about me or is that about the patient? But either way how do I manage that (regional, public, 100-300).

A really important skill for volunteers is judgement about when to feed stuff back. So, when to go, oh this person was talking a lot, I think they're really troubled, maybe they need to see a counsellor. A volunteer needs to be good at understanding their role, knowing their boundaries, knowing their capacities, and knowing - they've got a lot to do - knowing when to refer on (regional, private, <100).

A small number of participants also indicated that competency in using technology was important. This was largely a reflection of the high proportion of older volunteers within health services, and could pose problems in relation to congruence of systems, as one participant noted, '*we have a computerised sign-in program that we use at the moment and that has had its barriers in terms of people utilising it to its full advantage'* (rural, public, 100-300).

Organisational guidelines and standards:

Almost all participants indicated that the ability of volunteers within the health sector to understand, and comply with, organisational guidelines, policies and standards was a critical competency. Being able to respect professional boundaries, and understand the boundaries associated with their volunteer role was essential in a health setting, as multiple participants summarised:

So, you know, it's not like volunteering to pick up litter in a park. Or it's not like volunteering to walk a dog. You know, we're working with vulnerable unwell people who are engaged with our service because they want to get well, and they expect our clinical staff to help them get there. So, I think that it's important that we have volunteers who can work within the limitations to understand OHS stuff or to understand why we put boundaries around particular roles. Or why you can't just wander a ward and visit anyone. You know, to really understand the risks involved in what they're doing and to respect the procedures that are put in place (metropolitan, public, >300).

I think with - in the health services, they also need to have some sort of understanding that, they're not the most important person here. It is about the patient and it's - for health services volunteers, the understanding that we're not - as one of them said - one of the clinicians said to me one day - we're not dicking around here, it is life and death stuff (metropolitan, public, >300).

Consistent with this, they often needed to advocate for these boundaries within a resource-constrained environment to

ensure that quality and safety guidelines were met, as one participant described:

They also need to have good assessment and judgment skills, as well. One of the things I say to the volunteers that come in here is that sometimes staff forget that you're a volunteer and that you're not there to do a staff role. Not that they're meaningfully putting you in that situation but if you're in an aged care area and somebody says, can you help? Can you assist Mildred with her dinner or her lunch? And (if) they get you to assist them with their meal and you don't know how to do that, you can actually place that person at risk (regional, public, 100-300).

Consistent with legislative requirements, health volunteers needed to be able to respect privacy and confidentiality of patients, which was a critical competency:

You need to be able to have a level of maturity and understanding of how it is appropriate to act and what's expected of you, and the boundaries that you need to adhere to. Privacy, confidentiality and boundaries are our biggest areas that we have concerns with, with volunteers. Probably, if we are going to dismiss volunteers, it would be based on breaching one of those three areas (metropolitan, public, >300).

This was particularly critical in a rural or regional environment, where patients may be more easily identifiable, as one regional participant described:

Most of my volunteers know the patients that they're going in to visit, or see, or deal with. A big part of our training is really making sure they understand how easy it is to slip up inadvertently on letting the cat out of the bag of seeing someone that they know. So being very mindful of how you communicate with people. Especially if people know you work at a hospital or a health service, being able to give them some skills and tactics to be able to divert and lead someone off the garden path if they're trying to badger them. Because a lot of volunteers get badgered about, oh, you work at the hospital. You must have seen Joan. Joan's in. How's Joan going? So, giving them some skills to be able to deflect that quite well (regional, public, >300).

Across the health services, participants indicated that dependent on their role, volunteers were required to be able to understand, and comply with, organisational guidelines, policies and procedures relating to patient transport, safety and/or falls prevention, occupational health and safety, fire evacuation and emergency preparedness, infection prevention and hand hygiene, manual handling, first aid and CPR, family and occupational violence, and food handling. As one participant stated, *'we ask a fair bit of our volunteers'* (metropolitan, public, 100-300).

Role specific competencies

Approximately half of the participants indicated that there were specific competencies required for certain roles within their health services. This was becoming more common in response to the changing nature of health service volunteering, as one participant noted '*Some of those more basic tasks - with electronic health records and things like that - have gone. So, there's going to be more and more skilled volunteering rather than the unskilled'* (metropolitan, private, >300). For example, ability to drive was a critical competency required for volunteer roles which had a patient transport component. While in general, participants suggested that life experience was more critical than experience in a health sector environment, a number indicated that for more specialised volunteer roles, they often looked to recruit volunteers who had experience in a clinical, health or aged care environment. This was particularly marked where volunteers were working with vulnerable patient cohorts, as one participant described:

Some of our people work in ICU. So, we usually select people for those who are comfortable in a clinical environment, probably who have had experience in a clinical environment before. There's

always a level of maturity that you need (metropolitan, private, >300).

Governance was also an area where specific competencies were required, as one participant noted, *'we're looking for people at the moment who have got more governance type skills to assist us with our - with the governing side of the hospital, which is not an easy task'* (rural, public, <100).

4. Towards a Competency Framework for Leaders of Health Volunteer Engagement

4.1 Co-design process

Through a comprehensive co-design process, which encompassed the following activities, the data obtained from participants was used to develop a competency framework for leaders of health volunteer engagement:

Stage 1: Competency review and assessment workshop

A half-day workshop with LOHVE network members (from metropolitan, regional and rural health services) was held, with the aim to review the competencies identified through interviews and surveys with health volunteer managers, and to rank these in terms of level of expertise required. For each of the seven categories of competency, participants were provided with a raw list of the key competencies identified. They then worked in small teams to identify:

- What is a basic level competency in this area (i.e. base level knowledge for managing volunteers)?
- What does intermediate level competency look like?
- What does expert level competency look like? (i.e. a strategic, expert volunteer manager)

Participants charted these competencies, which were then reviewed at the conclusion of the session.

Stage 2: Development, review and workshopping of a draft competency framework

Data gathered from surveys and interviews with leaders of health volunteer engagement, the competency ranking undertaken at the workshop, and existing international volunteer competency frameworks were used to develop a draft competency framework.

Consistent with discussions held with the project advisory group and leaders of health volunteer engagement within the Stage 1 competency review workshop, the levels of competency within the framework were aligned with the *Victorian Public Health Sector Classification System – Managers and Administrative Workers* award levels. Most participants working within public health services in Victoria are employed under this award. The use of an existing classification tool to guide framework development also addresses a key issue identified within interviews with leaders of health volunteer engagement, which was the lack of classification relating to health volunteer management. The levels of this award that reflected the scope of health volunteer management competency were identified as part of the Stage 1 competency review workshop. These were subsequently checked against initial survey data obtained from health volunteer managers, to ensure that the scope of levels encompassed the range reported by health volunteer managers employed within Victorian public sector health services.

Once complete, this draft framework was reviewed and comprehensively workshopped by the project advisory group, and by the LOHVE network. The project advisory group initially workshopped the draft framework in its

entirety and suggested amendments. The amended framework was then presented for review to the LOHVE network in two parts:

1) LOHVE network members were invited to comment and provide feedback on the level descriptors and the preamble to the framework.

2) LOHVE network members were then invited to complete a Delphi survey, which aimed to validate the competency levels within the framework. 27 leaders of health volunteer engagement participated in the Delphi survey (22% metropolitan Victoria, 11% rural Victoria, 44% regional Victoria and 22% from interstate). The majority (77%) were from the public sector.

For each key area of competency within the framework, participants were asked to rank the competencies listed from lowest level of competency required, to highest level of competency required. The initial calculation of means showed relatively high standard deviations. It was therefore determined that median scores provided a better indication of central tendency. Median rankings for each competency were calculated and used to ensure that the existing placement of competencies within the draft framework was accurate, both in relation to position, and to ensure that competencies with like medians were grouped together.

73% of the competency rankings were consistent with their positioning within the existing framework. Where rankings differed, the framework was amended to reflect this, except in a select number of instances where competencies were specifically aligned with levels of the *Victorian Public Health Sector Classification System – Managers and Administrative Workers* award levels. Some competencies were also moved across levels of the framework to reflect their grouping with like competencies, in relation to their median ranking (however, their ranking position in relation to other competencies was maintained).

After amendments were completed, a final review of the competency framework was undertaken by the project advisory group, and a select number of leaders of health volunteer engagement employed within public sector health services. These individuals were drawn from both metropolitan, rural and regional locations, and were purposively selected for their years of expertise within the sector and their leadership roles within the sector.

4.2 Presentation of framework

This section provides an overview of the framework structure and presents the framework in its entirety. A summary document providing this information is also included as an appendix to this report (see Appendix 1).

This framework is intended to be used as a resource for health service human resource management teams, individuals responsible for leaders of health volunteer engagement, and for professional development providers. It can be used to:

Inform the development of position descriptions for leaders of health volunteer engagement, based on the desired requirements of a role

Determine the level at which a role should be considered, as a reflection of the competencies required and the characteristics of the health service or volunteer program

Guide the development of education and training opportunities for leaders of health volunteer management

It is also intended to be a resource for leaders of health volunteer engagement (people responsible for the management and coordination of volunteers and volunteer programs within the health setting). In the future, this framework can be used to:

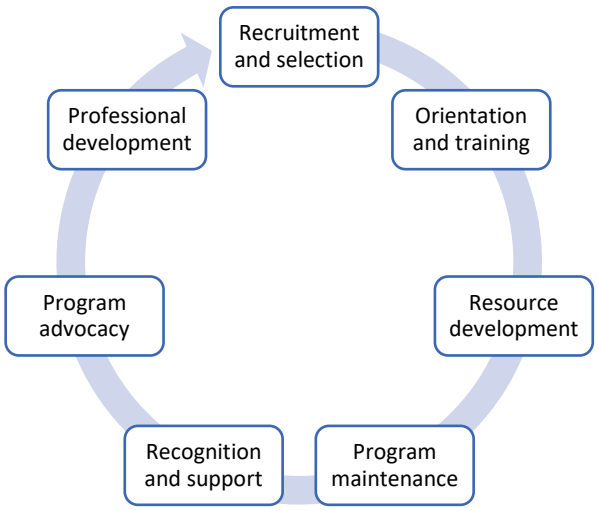
Assist leaders of health volunteer engagement in determining professional development needs, both at the individual and team level

Provide a basis for leaders of health volunteer engagement to assess their levels of competency

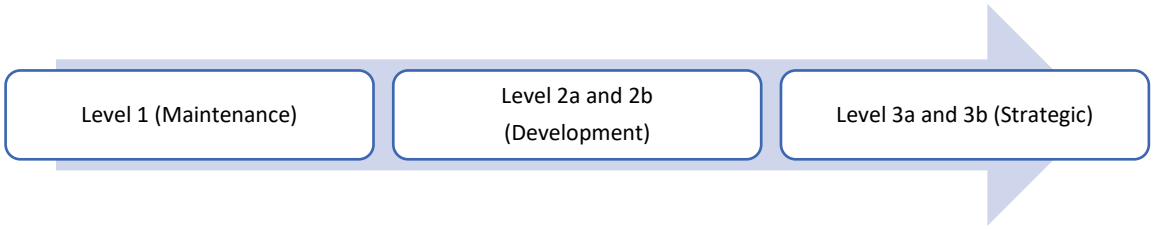
This framework is also intended to provide a basis for the recognition of health volunteer engagement leadership as a distinct profession, and the subsequent development of an award base for health volunteer engagement leadership.

Overview of the framework

The framework presented outlines the expected competencies for leaders of health volunteer engagement across the seven key domains identified by Safrit et al (2005):



There are five distinct levels of competency, which are aligned with Levels 2-6 of the *Victorian Public Health Sector Classification System – Managers and Administrative Workers*. These levels are progressive, in that competencies at level 1 are implied for Level 2a, with a Level 3b expected to exhibit all the competencies across the various levels.



Structure of the framework

- The first section of the framework provides an overarching summary of the various levels of competency, in relation to key skills, experience and attributes required at each level (which are aligned with the respective levels of the *Victorian Public Health Sector Classification System – Managers and Administrative Workers* award.
- The second section of the framework provides a detailed breakdown of the competencies required within each domain at the various levels (Levels 1-3b). Competencies listed at each level are aligned with the respective levels of the *Victorian Public Health Sector Classification System – Managers and Administrative Workers* award. Listed competencies also reflect and incorporate guidelines for best practice volunteer management, in particular the *National Standards for Volunteer Involvement* developed by Volunteering Australia.

Table 10: Competency Framework for Leaders of Health Volunteer Engagement

SECTION 1: OVERVIEW OF LEVELS OF COMPETENCY

Level 1 - Maintenance	Level 2a – Development	Level 2b – Advanced Development	Level 3a – Strategic	Level 3b – Advanced Strategic
A leader of health volunteer engagement (LOHVE) who coordinates a small group of volunteers. **LOHVEs operating at this level:** • Have relevant computer and administrative skills and/or experience. • Supervise day-to-day activities of a small group of volunteers within activities with well-defined objectives, under the supervision of a more senior leader of health volunteer engagement (level 2 or 3). • Share accountability for decision making with a senior leader of health volunteer engagement (level 2 or 3). *Competencies within this level align with Grade 2 of the Victorian Public Health Sector Classification System – Managers and Administrative Workers*	**A leader of health volunteer engagement (LOHVE) responsible for supervision of a small volunteer workforce relative to the size of the health service.** **LOHVEs operating at this level:** • Are proficient in administrative and human resource management processes and have relevant experience in these areas. • Autonomously organise and oversee day to day activities of volunteers within clearly defined parameters, standards, budgets and time frames. • Use standard policies, procedures or instructions related to volunteer program activities to guide decision making. *Competencies within this level align with Grade 3 of the Victorian Public Health Sector Classification System – Managers and Administrative Workers*	**A leader of health volunteer engagement (LOHVE) responsible for management of a medium sized volunteer workforce relative to the size of the health service.** **LOHVEs operating at this level:** • Have several years of experience in volunteer engagement. • Provide leadership within volunteer programs or activities, and coordinate volunteer activities with other activities across the health service. • Are responsible for the scheduling and implementation of major volunteer initiatives within defined budgets and policy guidelines. • Use negotiation skills to encourage successful adoption of operational activities, and to gain workforce cooperation • Employ judgement in selecting appropriate actions related to the volunteer program, within the broad parameters of the role. *Competencies within this level align with Grade 4 of the Victorian Public Health Sector Classification System – Managers and Administrative Workers*	**A senior leader of health volunteer engagement (LOHVE) responsible for strategic management of a volunteer department/service.** **LOHVEs operating at this level:** • Have extensive experience in volunteer engagement and have relevant qualifications. • Coordinate and provide leadership across several activities within a volunteer department or service • Supervise volunteer program staff at levels 1 and/or 2 to undertake operational tasks • Negotiate with staff and volunteers to gain commitment to the volunteer program, and manage progress • Are accountable for managing significant projects or functions relating to the volunteer program • Independently design work programs, control budgets and manage allocation of resources related to the volunteer program • Employ analytical methods to recommend modification or adaptation of techniques and methods that relate to the volunteer program, and that have impacts on the health service. *Competencies within this level align with Grade 5 of the Victorian Public Health Sector Classification System – Managers and Administrative Workers*	**A senior leader of health volunteer engagement (LOHVE) responsible for strategic management of a large, complex volunteer department or service.** **LOHVEs operating at this level:** • Have specialised knowledge resulting from years of experience in volunteer engagement, with qualifications relevant to the health or volunteer sector. • Are accountable for the integrity of the volunteer program, and the achievement of significant standards of performance. • Integrate a range of associated operations as part of volunteer program delivery. • Determine standard systems, methods and procedures relating to the volunteer program, and employ extensive analytical skills in interpreting volunteer program service needs, guidelines, conditions and achievability of results • Strategically advocate for the volunteer program where there are competing objectives and priorities within the health service. *Competencies within this level align with Grade 6 of the Victorian Public Health Sector Classification System – Managers and Administrative Workers*

SECTION 2: DETAILED COMPETENCIES

Competency 1: Recruiting and selecting volunteers

Leaders of health volunteer engagement recruit and select volunteers to meet the needs and strategic priorities of health services.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Implement recruitment processes	You use existing recruitment materials and guidelines to assist with recruitment of volunteers.	You implement a process to recruit volunteers for the volunteer program.	You develop or source written role descriptions that clearly outline the expectations and boundaries of the volunteer role. You develop networks and partnerships across different organisations and agencies to source potential volunteers.	You supervise staff within the volunteer program at levels 1 and/or 2 to implement recruitment processes. You understand contemporary trends that relate to volunteer recruitment and use these to develop a recruitment plan that addresses current needs and barriers associated with volunteer recruitment, and review and amend this in accordance with changing organisational needs. You develop and review policies and procedures related to volunteer recruitment, in accordance with organisational needs and risk management processes.	You have a long-term, proactive strategic plan for volunteer recruitment with defined performance indicators, that ensures the volunteer program is representative of the diversity of the health service and considers how volunteers can be engaged in diverse ways.
Match volunteers to roles	You use existing recruitment materials and guidelines to assess the needs, skills and preferences of volunteers, and determine their fit for a specified role.	You use your judgement to match potential volunteers to areas of organisational need and best fit across the health service.	You develop and implement targeted recruitment campaigns, including community outreach, to source volunteers for areas of organisational need based on needs analysis.	You advocate within the health service for engagement of volunteers in areas they can impact patient experience and improve organisational function. You liaise with health service staff and departments to develop innovative volunteer roles to better reflect the needs, skills and preferences of volunteers.	You liaise with health service staff, executives and consumers to develop innovative volunteer roles that are aligned with the strategic priorities and needs of the health organisation.

Competency 2 - Volunteer orientation and training

Leaders of health volunteer engagement induct and train volunteers to ensure safety of volunteers and quality of care within health services.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Facilitate initial training and induction	You ensure that current policies and procedures related to volunteer compliance checking are adhered to. You induct volunteers into the organisation and provide basic training for specific roles using existing processes and guidelines.	You develop and present training programs, orientation and training materials for volunteers, using adult education principles.	You oversee and contribute to the formulation, implementation and ongoing review of volunteer induction and training programs. You provide flexible options for volunteers to access training and induction, that consider diversity in relation to culture, availability and literacy.	You develop the capacity of health service staff to train and induct volunteers within their areas. You develop innovative approaches to train volunteers. You have a process in place to formally evaluate volunteer training and induction programs against adult learning principles. You develop and implement plans, policies and procedures associated with volunteer training and induction.	You support other health services to provide volunteer training where needed. You advocate for the consideration of volunteers in wider health service training and induction processes. You develop a comprehensive training and induction program that covers both patient and volunteer safety and ensure that this is being implemented by volunteer program and health service staff.
Facilitate ongoing training	You have a process for identifying where volunteers require or desire additional training and know how to facilitate this.	You provide or deliver professional development opportunities for volunteers and encourage them to participate.	You formulate and implement a professional development plan for volunteers, based on their skills, needs and interests, and changes in organisational policy and procedure.	You ensure that volunteer program staff are implementing professional development opportunities for volunteers, in accordance with the program professional development plan. You advocate within the health service for additional professional development opportunities for volunteers.	You incorporate ongoing professional development for volunteers into volunteer program strategic plans.

Competency 3 – Resource development

Leaders of health volunteer engagement develop resources to ensure that the volunteer program can meet organisational needs.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Development of financial resources	You know what financial resources are available to support the volunteer program.	You allocate financial resources to ensure that volunteer program activities are carried out efficiently and effectively, within an externally managed budget.	You manage the volunteer program budget in compliance with organisational requirements.	You prepare, interpret and independently manage financial budgets related to the volunteer program, for approval and adoption by senior management. You have a comprehensive understanding of how funding is allocated in the health sector, and the implications of this for accessing funding for the volunteer program. You plan operational budgets to accommodate for expansion of the volunteer program.	You develop financial control systems, budget guidelines and reporting mechanisms so that the health service executive and board have a complete understanding of the financial viability and efficiency of the volunteer program. You develop strategic business plans to support the expansion and continued resourcing of the volunteer program, and advocate for these at health service executive level.
Development of volunteer program resources	You contribute to the development of written resources related to the volunteer program and assist with preparation of reports.	You prepare plans and procedural documents related to the volunteer program, for approval and adoption by senior management.	You develop high-quality written resources to promote the volunteer program, and coordinate reports related to the volunteer program	You develop volunteer program policies and procedures that are aligned with the health service's organisational priorities and operational plans, and best practice guidelines for volunteer management (e.g. the National Standards for Volunteer Involvement).	You develop a long-term, proactive strategic plan for the volunteer program that is aligned with the health service's organisational priorities and operational plans, and best practice guidelines for volunteer management (e.g. the National Standards for Volunteer Involvement).

Competency 4 – Program Maintenance

Leaders of health volunteer engagement supervise or manage teams of people and program resources.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Management of people	You roster and place volunteers to ensure volunteer program activities are carried out efficiently and effectively.	You coordinate volunteers to ensure that volunteer program goals are met, and current policies and procedures are adhered to, under the supervision of a senior manager. You autonomously organise and oversee day to day activities of volunteers. You assist volunteers and/or staff with problems and recommend actions to be taken.	You take a leading role in inspiring and motivating volunteers. You have a system in place to track performance and satisfaction of volunteers, and to manage and resolve conflict between volunteers, volunteer program staff and health service staff.	You supervise volunteer program staff at levels 1 and/or 2 to undertake operational tasks within the volunteer program. You train and support health service staff in how to manage or work with volunteers. You develop and implement policies and procedures to guide performance management and conflict resolution with volunteers, volunteer program and health service staff, which you modify or adapt where required.	You advise and counsel volunteer program staff and health service staff on human resource issues related to the volunteer program. You advocate for change within the health service in relation to how staff view and work with volunteers.
Communication with people	You communicate regularly with volunteers to ensure that they are engaged and satisfied.	You employ a series of methods to communicate with volunteers, that promote team engagement and team cohesion.	You communicate regularly with senior health service management in relation to the volunteer program.	You employ diverse strategies to communicate information related to the volunteer program to diverse audiences within the health sector (volunteers, clinical staff, senior executives).	You develop a whole of organisation communication plan/strategy relating to the volunteer program, which you modify or adapt where required.
Data management	You manage program resources in accordance with existing policies and procedures, under the supervision of a senior volunteer manager.	You use data management software to manage and allocate program resources.	You have systems in place for the storage and management of data related to the volunteer program; and implement methods to store and organise program resources.	You develop and modify policies and procedures for the storage and management of volunteer program resources, that are aligned with organisational policies and procedures.	You develop business plans for improving data storage and management. You advocate for upgrades and improvements to volunteer program data storage and management resources.
Quality and safety auditing	You are aware of the policies, standards and requirements guiding volunteer management	You ensure that plans and procedural documents related to the volunteer program are	You undertake risk assessment for volunteer roles and monitor volunteer program activities	You ensure that staff within the volunteer program are adhering to policies, standards and	You advise executive-level health service staff on issues relating to quality and safety

	in the health sector and adhere to these in your work (inclusive of those within your health service and the National Standards for Volunteer Involvement).	aligned with relevant health service policies and guidelines, and best practice guidelines for volunteer management (e.g. National Standards for Volunteer Involvement).	and roles to ensure that they are aligned with relevant health service policies and guidelines, and best practice guidelines for volunteer management (e.g. National Standards for Volunteer Involvement).	requirements guiding volunteering and volunteer management in the health sector. You regularly undertake a comprehensive audit of the volunteer program against organisational policies and best practice guidelines for volunteer management (e.g. the National Standards for Volunteer Involvement) and develop a continuous improvement strategy for your volunteer program based on this.	within the volunteer program, and advocate for changes at the organisational level that will improve quality and safety within the volunteer program.

Competency 5 - Volunteer recognition and support

Leaders of health volunteer engagement support volunteers within their roles and ensure they are recognised within the health sector.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Management of emotional wellbeing	You know where to refer volunteers within your organisation if you think they need some emotional support.	You actively engage with volunteers to ensure that their emotional wellbeing needs are met, through activities such as follow-ups and post-incident debriefing.	You have a risk management plan addressing volunteer wellbeing within the health service.	You develop policies and procedures to support volunteer wellbeing within the volunteer program.	You work strategically across the organisation to identify risks to volunteer wellbeing and recommend modifications to organisational policies and procedures where required.
Volunteer appreciation	You ensure that volunteer appreciation and recognition activities are conducted on a regular basis.	You ensure that health service staff are recognising the work of volunteers within their departments.	You use a variety of strategies to demonstrate and recognise the impact of volunteers and their roles within the health service. You nominate volunteers for internal/external awards. You develop criteria for and administer volunteer awards within your health service.	You ensure that volunteers are recognised at the executive level within health organisations.	You have a detailed and innovative volunteer recognition strategy, which you modify where appropriate.

Competency 6 - Volunteer program advocacy

Leaders of health volunteer engagement can demonstrate the impacts of health volunteer programs, and advocate for health volunteer programs.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Measure and communicate impacts of volunteer programs	You can produce basic descriptive reports outlining volunteer numbers and program outputs.	You can identify and communicate the broad impacts of volunteer programs to health service staff and senior management, using a variety of methods.	You develop a set of key performance indicators related to the volunteer program, and track and review these on a regular basis.	You use qualitative and quantitative data to link impacts of the volunteer program with organisational priorities and strategic objectives.	You develop and implement a data collection strategy, analyse data, and produce comprehensive reports that demonstrate the impact of the volunteer program.
Advocate for volunteers and the volunteer program	You use existing methods of communication to promote the volunteer program within your health service (e.g. newsletters) You understand the importance of volunteers within your health service and can communicate this to others within the health service.	You actively promote the volunteer program both within and external to the health service, using a variety of strategies. You apply for awards for the volunteer program, both within the health service and externally.	You actively promote health volunteer management as a legitimate profession, and advocate for volunteering and volunteers. You use marketing and communication to build the brand of the volunteer program within the health service.	You advocate for the volunteer program within the development of organisational policies and procedures. You work with executive level management to gain recognition for the volunteer program.	You advocate for involvement of the volunteer program within new organisational initiatives and programs.

Competency 7: Professional development

Leaders of health volunteer engagement have a good understanding of contemporary issues related to the health and volunteer sector and undertake professional development opportunities.

Key areas	Maintenance	Development		Strategic	
		2a	2b	3a	3b
Contemporary issues relating to health volunteer management	You know why recruitment and retention of volunteers is important.	You can identify the trends influencing management, recruitment and retention of volunteers.	You have a broad knowledge of the key trends influencing management, recruitment and retention of volunteers specifically within the health sector.	You contribute to, and actively influence improvements and development of external policies, procedures and legislative requirements guiding recruitment and management of volunteers and volunteer program staff, both within the health and volunteer sector.	You have specialised knowledge of the local and global demographic and societal trends influencing management, recruitment and retention of volunteers within the health sector.
Professional development and networking	You have a clearly defined position description and can review this to identify professional development activities to address these needs.	You undertake targeted internal and external professional development activities to ensure skills relevant to the profession. You attend, and actively contribute to, sector network meetings or professional conferences.	You are a member of professional networks related to volunteering or volunteer management, and network with other volunteer managers.	You provide leadership and mentoring to other volunteer managers. You refine your position description, and those of your staff, to reflect the changing needs of the health service or volunteer program.	You advocate for professional development activities within and external to the organisation, both for yourself and members of your staff. You advise management and senior staff on professional development needs within the volunteer program. You provide leadership within professional conferences and network meetings, in terms of advising on key issues and trends relating to the health volunteer sector.

5. Recommendations for implementation and change management

Through a comprehensive data collection and co-design process, which engaged over 120 health volunteer managers from public and private health sector services, and a series of health and community partners, this project has identified the competencies required to lead and manage volunteers within health service settings. From this data, a competency framework which outlines these competencies has been developed.

The subsequent section highlights a series of key recommendations, and accompanying key actions, targeted at ensuring that this framework can be successfully implemented within Victorian public sector health services, and in adapting it to fit broader volunteer settings.

5.1. Key recommendations

Recommendation 1:	The proposed competency framework should be implemented for use within Victorian public sector health services, in order to guide appointment and professional development of health service volunteer managers at the appropriate level of expertise.

As a consequence of the lack of consistency and direction relating to the competencies required by health volunteer managers, and the lack of recognition associated with the leadership component of this role, this work recommends that this competency framework should be implemented for use within Victorian public sector health services. This should entail a systematic implementation within health service workflow procedures and inclusion in the Victorian health service Statement of Priorities. This is essential in ensuring that quality and safety of volunteers, and of patient cohorts, is maintained.

To achieve this, a series of recommendations for implementation of this framework and change management have been established, which are detailed in table 11. This change management strategy has been premised on a three-year timeline, to reflect the time taken to routinise change within health service settings at a strategic level, and to allow time for the appropriate level of stakeholder education and engagement.

Should the inclusion of this framework on the Statement of Priorities not be achieved, it is recommended that the framework be rolled out within the LOHVE network member health services, as a means of testing and evaluating the applicability of the framework. This change management framework can easily be amended to support this if required, with minor amendments to the business case. Alternatively, there is potential for this to be rolled out as a discrete evaluation project, where health services can elect into the study.

Table 11: Potential change management strategy for implementation of competency framework into health service settings

Key actions/recommendations	Year 1	Year 2	Year 3
Prepare and engage key stakeholders			
Determine organisational or departmental lead within the Department of Health and Human Services, and develop business case for competency framework rollout			
Make competency framework publicly available through organisational sponsor, and publicise using website, social media			
Hold public launch of competency framework for health volunteer managers (HVM)			
Seek funding to pilot the competency framework tool within Victorian public sector health organisations: ○ To self-audit their positions against the tool and identify current levels of alignment with the tool, potential external training needs associated with this, and perceived usefulness/effectiveness ○			
Liaise with external training and volunteer advocacy bodies (e.g. Volunteering Victoria) to ensure that professional development opportunities are available in flexible form to address levels of competency			
Introduce the competency framework to health service CEOs through the CEO Round Tables series, and gain organisational commitment			
Identify and liaise with relevant individuals and teams to ensure that implementation of the competency framework can be included as a strategic priority for health services within the Statement of Priorities: ○ Year 1: Any new position descriptions to be designed using framework; performance appraisals for HVM conducted using the competency framework and a professional development plan devised ○ Year 2: All existing position descriptions for HVM aligned with the competency framework for health volunteer management ○			
Integrate into existing work processes			
Liaise with health service CEOs and volunteer teams to identify organisational contacts for framework integration (e.g. Human Resource teams)			
Prepare and review implementation toolkit/resources for health service organisations to guide use of the competency framework to prepare or review position descriptions			

• Ensure that, where relevant, each health service have conducted an alignment exercise with their own organisational competency frameworks			
Monitor and evaluate			
Evaluate health service adherence to implementation for the Year 1 Statement of Priorities objective			
Evaluate health service adherence to implementation for the Year 2 Statement of Priorities objective			
Convene project advisory group/workshop to review and evaluate the use and effectiveness of the framework, with potential to refine and update the framework			

Recommendation 2:	Formal alignment of volunteer programs with the *National Standards for Volunteer Involvement* should be mandated within Victorian public health services.

This project has demonstrated that there are no formal standards governing implementation and management of volunteer programs within Victorian public health services. While participants in this project highlighted the role of the Volunteering Australia *National Standards for Volunteer Involvement* in guiding best practice approaches to volunteer management, there is no formal requirement for Victorian health services to adhere to these guidelines. Adherence to best-practice guidelines is critical in maintaining the health and safety of volunteers, and in ensuring that they provide quality, safe services within health service settings. Consequently, it is recommended that Victorian public health services should be required to demonstrate alignment with the *National Standards* as part of the Statement of Priorities, and the competency framework has been designed to support this.

Recommendation 3:	Government should provide dedicated funding to health services to support volunteer management, and the support and growth of volunteer programs.

Health volunteer managers must be allocated resource support, in the form of time and budget release, to ensure that they can maintain and obtain relevant competencies within the framework. Participants indicated that access to resources to develop their competencies was a significant challenge, and achievement of competencies within this framework will require some form of resource commitment from Victorian public health service organisations. This must be supported by dedicated government funding. As non-clinical services, Victorian

public health service volunteer programs do not currently receive revenue from activity-based funding (such as WIES activity funding).

It is recommended that government should allocate a form of funding to Victorian public health services to support volunteer programs, and the professional development of health volunteer managers. This funding should:

- Be contingent on alignment of health volunteer managers with the proposed competency framework (see Recommendation 1)
- Be contingent on adoption of, and progress towards the *National Standards for Volunteer Involvement* (see Recommendation 2)
- Be reported to government as a distinct funding line.

This will assist health volunteer managers to deliver volunteer programs that support health service accreditation procedures within the *National Safety and Quality Health Service Standards*, and that promote positive outcomes for volunteers.

Recommendation 4:	Organisations providing professional development activities aimed at increasing competency for health volunteer managers should consider the specific competencies required within the health sector, and the specific needs of experienced and non-metropolitan volunteer managers.

Findings indicated that there are specific professional development needs associated with managing volunteers within health settings. Health volunteer managers who are experienced and/or work in a rural or regional settings face challenges in accessing opportunities to develop their competencies, Therefore, there is scope for volunteer advocacy organisations, as well as health departments, to ensure that professional development opportunities are tailored to these specific requirements.

Recommendation 5:	This competency framework should be reviewed and amended by the broader volunteer management sector for broader applicability.

While this framework has been developed with specific applicability to the health volunteer sector, the key areas of the framework will have significant application to the broader volunteer management sector. Consequently, it is recommended that this framework be reviewed and workshopped by other volunteer management sectors against the relevant employment awards, and potentially by a representative group of volunteer managers to develop a generic competency framework for volunteer management across diverse settings.

6. Conclusions

In closing, we must acknowledge a series of macro-level processes that have impacted upon the engagement of health volunteer managers in this project. These included the security breach within Victorian health service information technology systems in late 2019, which impacted ability to disseminate and communicate information relating to various stages of the co-design process. In January 2020, the advent of the COVID-19 pandemic has had significant implications for the workload of health volunteer managers, given the immense pressure this health crisis has placed on health services.

Despite these challenges, this project has successfully adhered to the co-design framework it sought to implement, with feedback and guidance from health volunteer managers, state government and health/volunteer sector partners obtained and actioned at each stage. Across the project, over 120 diverse health volunteer managers (in terms of location, gender and health service representation) contributed data and feedback relating to the competency framework, which has resulted in a rigorous, detailed framework which will be of significant benefit to health services looking to professionalise volunteer management. It has also provided rich, detailed data relating to the challenges and opportunities for volunteer management within the health sector.

This competency framework for health volunteer management provides a starting point to enable greater support and guidance to volunteer managers within the health sector, and to their health service organisations. Adherence to this framework, and its future amendments and adaptations, will contribute to greater professionalisation and recognition of the health volunteer management sector. This, in turn, will contribute to increased quality and safety within health sector volunteer programs.

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