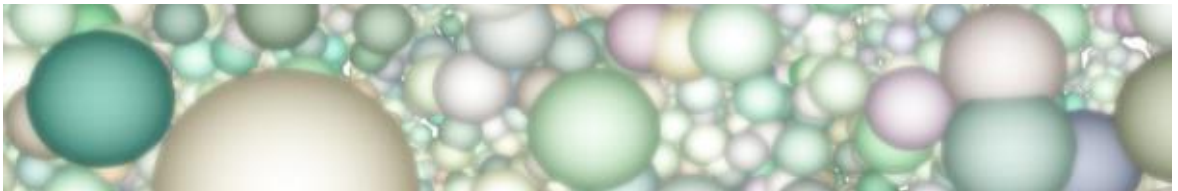




Victoria ALIVE: Eastern Metro Community Forum

FINAL REPORT



Avisé la fin Consulting

25 July 2019

Acknowledgement

Avise la fin Consulting acknowledges the traditional owners of the land on which this consultation took place, and pays respects to their Elders past, present and emerging.

Thank you

We would like to acknowledge and thank the collaborators in this project – the Victoria ALIVE project team from Volunteering Victoria, Eastern Volunteers Chief Executive and personnel, and Department of Health and Human Services personnel from the Participation and Inclusion Division, together with the Assistant Director, Diversity and Community Participation. Without their collegiate input, this event would not have achieved the significant outcomes that it has.

Several people volunteered for roles that supported these consultations, notably Table Hosts and Scribes; we thank them for taking on their roles on the day with grace, enthusiasm and skill.

Finally, a special thank you to our three volunteer guest speakers on the day – Callum Lydiard, Samantha Buis and Melanie Edge – whose powerful stories had such an impact on participants at the forum, and engendered the rich discussions which followed.

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Introduction

Victoria ALIVE (Ability-Links-Inclusive-Volunteering-Everyday) is a collaborative project which aims to improve disability inclusion in the community sector, by working with community sector organisations to encourage greater inclusion and involvement of people with a disability through volunteering. Victoria ALIVE is being delivered by Volunteering Victoria in partnership with Neighbourhood Houses Victoria and Victorian Men's Sheds Association, with support from the Victorian Government. The project has been funded through a 2018-19 Information Linkages and Capacity Building Transition Grant.

Victoria's volunteer-driven organisations are welcoming, inclusive and accessible for people with all abilities.

Project vision, Victoria ALIVE

This vision is being achieved through a number of interlinked activities:

- **Undertaking research**, to better understand barriers that can stop people with disability from volunteering and leading volunteer organisations
- **Training community organisations**, to build on the strengths of organisations so people are empowered to be more inclusive
- **Developing resources** that are tailor-made for community sector organisations, to help involve volunteers
- **Promoting change**, through highlighting stories of lived experience and enabling cultural change in community organisations.

Governance for Victoria ALIVE projects is being provided by the Project Governance Group. A Project Advisory Group (PAG) comprised of people living with disability informs the development of Victoria ALIVE project activities.

In Australia, one in five people live with disability. Their poorer health, wellbeing and social outcomes can be attributed to social and economic disadvantage, poorer engagement in the workforce, lower education levels, reduced access to health and social services, higher health costs and limited opportunities for social and community inclusion. Structural and institutional discrimination, together with discriminatory attitudes and stigma, are contributing factors to these poorer outcomes (Chia 2018).

Volunteering is an enabler that can lead to positive health, wellbeing and social outcomes through increasing social connectedness, providing pathways to employment, promoting self-esteem and building capabilities.

Victoria ALIVE has conducted a mixed methods research project to enhance current understandings of how to improve the inclusion of people with disability into the volunteering community sector. In addition to a literature review, the project team consulted with people with lived experience of disability and volunteering as well as personnel from community sector organisations. This research suggests that key success factors in improving opportunities for volunteers with disability include:

- capability building of staff in community sector organisations to work with volunteers with disability
- re-design of systems, policies, procedures and practice
- partnerships to support both volunteers and organisations
- enabling leadership and culture¹.

¹ Perry and Buckingham (2019)

The concept for Victoria ALIVE community forums was developed to engage volunteer-involving organisations, other community sector organisations and volunteers with disability in working together to understand and address the systemic and cultural issues that impact on providing meaningful opportunities for volunteering for people with disability, and successfully coordinating, managing and working with volunteers with disability.

In the eastern metropolitan region of Melbourne, there is a supply and demand mismatch, with many more people with disability seeking volunteer opportunities than there are places available. There is an identified need to address this mismatch and Eastern Volunteers has provided leadership to secure commitment from organisations to provide meaningful volunteering for people with disabilities. The Victoria ALIVE Eastern Metro Community Forum was planned as a way to promote a regional collaboration and provide active leadership in identifying effective and sustainable solutions that meet the needs of identified local issues and contexts. This forum was the first of a number of proposed forums in metropolitan, regional and rural areas. The eastern metropolitan region was selected as the location for the first forum because the leadership and planning of their place-based Volunteer Resource Centre², Eastern Volunteers, had progressed further than some other areas; for example, the Chief Executive Officer had already completed work on a draft outcomes framework for this initiative.

This report summarises the findings from consultations undertaken as part of the Victoria ALIVE Eastern Metro Community Forum held on Thursday 28 March 2019 at Box Hill.

² These organisations may be known in different locations or contexts as Volunteer Support Organisations (VSOs) or Volunteer Resource Centres (VRCs). The term Volunteer Resource Centre has been used throughout this report, as that is how Eastern Volunteers is more often described and known.

Methods

The agenda and methodology for the forum were developed as a collaboration between Victoria ALIVE project team members, personnel from DHHS' Volunteering Team (Participation and Inclusion Division), the workshop facilitator and key Eastern Volunteers' personnel. Members of the PAG provided feedback during the development phase. The final agenda for the forum is summarised in Table 1 below.

Table 1: Forum agenda

Time	Session	Forum content and intent
9.00	Registration	
9.30	Welcome, acknowledgement and introductions	
9.35	Panel discussion	A conversation with three people with disability discussing their experience of volunteering
10.00	Report of research findings	Summary of case studies developed from the Victoria ALIVE research project
10.20	World café consultation – session 1	Exploring issues and challenges to enabling meaningful opportunities for volunteers with disability
11.20	Morning tea and performance by High Street Bells Choir	Facilitator and forum organisers summarise consultation findings
11.45	World café consultation – session 2	Exploring opportunities and action planning Identifying key actions
12.45	Closing summary, next steps Postcards Thank you to participants	Outlining future planning Commitment to personal action
1.00	Lunch and networking	Opportunity to provide feedback and/or nominate to be involved in future planning activity

Participant expectations

When registering, participants were asked to identify what they hoped to get from the forum. While improving their (and their organisation's) capabilities in working with volunteers living with disability was the main response (48%), other responses indicated participants were: interested in ways of strengthening inclusive volunteering across the sector (17%); seeking information (11%); keen to improve access to opportunities for inclusive volunteering (8%); and, networking (8%). This information was useful in confirming and refining the structure and methodology of the forum.

Pre-consultation activities

Three volunteers with disability were recruited to speak at the forum about their experience of volunteering. These volunteers were provided with information about the aims of the forum, their role and the range of questions that could be used to explore their lived experience. These volunteers also had the option to discuss their involvement with the facilitator prior to the forum. Two of the three volunteers took up this option, while the third volunteer worked with their support person in preparation for the forum.

As an introduction to the consultation component of the forum, the facilitators interviewed these three volunteers with disability about their lived experience as volunteers, setting the scene well for the discussions to follow. These volunteers spoke of their different experiences of volunteering, varying from one volunteer in their first role through to a volunteer who has held several roles in different organisations over several years. Their voices were reinforced by the brief research presentation which followed, citing three case studies from the research of Perry and Buckingham (2019).

Consultation activities

Consultation occurred over two sessions of modified world café style discussions, and involved participants in nine table groups. The first session focused on issues and challenges that organisations face in providing meaningful opportunities for volunteers with disability. A series of questions were designed to elicit information about the topic from a community organisation's perspective and a complementary set of questions explored the issues and challenges from the perspective of a person with disability seeking a volunteering role (see Table 2). All table groups had the opportunity to respond to both sets of questions, with volunteer Table Hosts taking notes from the discussions of two table groups.

Table 2: Question sets exploring issues and challenges

Organisational perspective	Volunteer perspective
1. What challenges might your organisation face in developing pathways for volunteers with disability?	1. What challenges might be faced in finding out about opportunities for volunteering for people with disability?
2. What challenges might your organisation face in recruiting and matching volunteers with disability into meaningful roles? Are organisations planning the right roles?	2. What might make volunteers with disability feel more confident about finding a meaningful volunteer role, and being successful in it?
3. What challenges might your organisation face in supporting volunteers with disability in their roles?	3. What contributes to a volunteer with disability feeling well-supported in an organisation, being 'culturally safe'?
4. What challenges might your organisation face in creating an organisational culture that values volunteers with disability?	4. How will a volunteer know that the organisation is one that values volunteers with disability?
5. As an organisation, how do you plan to best use the skills that your volunteers develop?	5. How can volunteers influence organisations to make a sustainable commitment to meaningful volunteer roles for people with disability?
6. What challenges might an organisation face in making volunteer opportunities for people with disability a priority?	6. How do/can volunteers progress as their skills and knowledge develop through volunteering?

At the conclusion of this first consultation period, facilitators scanned the scribed notes from all tables to identify emergent common themes. These themes were summarised for the audience to inform the discussion in the second session.

The second consultation session explored actions that could be taken at a local level to address the issues and challenges identified in the first session, the resources required to achieve these actions and the stakeholders that need to be engaged in implementing a plan to address identified issues. A series of questions (see Table 3) guided discussion in this second round of consultations.

Table 3: Planning for action discussion

Planning for action

1. What key actions need to be taken in my region?
2. Who are the stakeholders that need to be involved in each of these actions? Are they at the table for these discussions today? If not, how do we engage them?
3. How do we garner the required support and leadership for these actions?
4. What capability building measures need to be taken to ensure we can implement a plan for successfully increasing the uptake of meaningful roles for people with disability?
5. What partnerships needs to be developed or strengthened for success?
6. What resources will we need?
7. Who is doing this work well, that we might learn from? Can we share their resources?
8. What are our top priorities for action and why?
9. Are there quick wins that we can consider, that will give us a great start, and help us to maintain or increase engagement, commitment and enthusiasm?

At the conclusion of this consultation session, each table group was asked to nominate the top two actions that they believed would be effective in addressing identified issues at the local level. These were then presented to the audience as a summary of discussion.

Participants were also invited to make an individual commitment to action, through completing a *What's your plan?* postcard. The postcard posed the question,

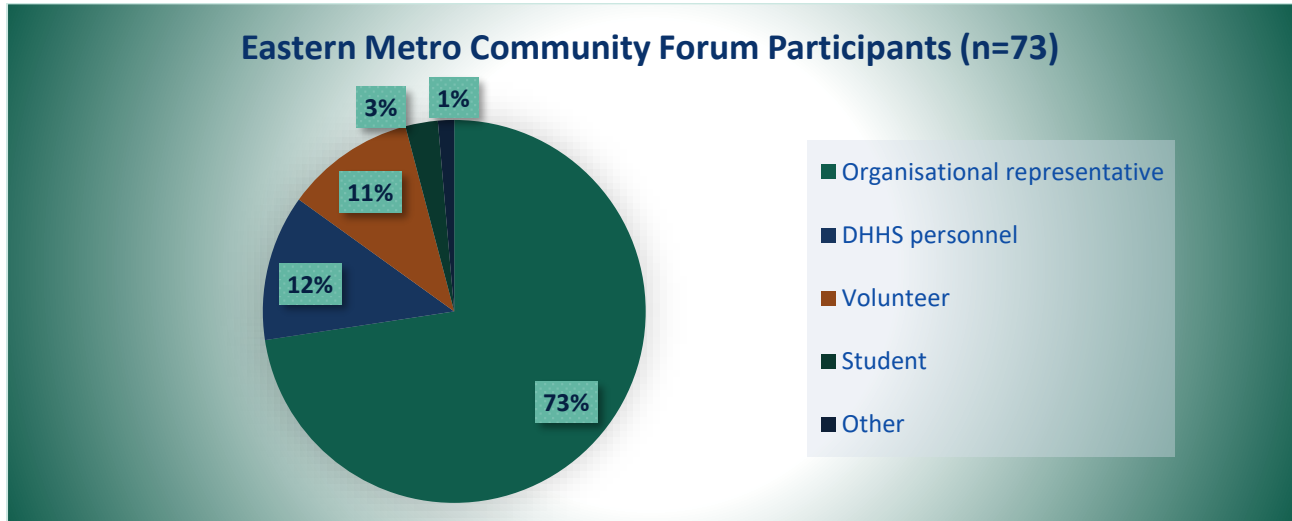
'What will I do in the next three months to increase volunteer opportunities for people with disability in my organisation?'

Participants had the option to include up to three actions they would commit to, and add their name, organisation and address. The project team collected these postcards, with the intention of posting them back to participants after a three-month period, as a way of maintaining engagement and encouraging continued commitment.

Forum participation

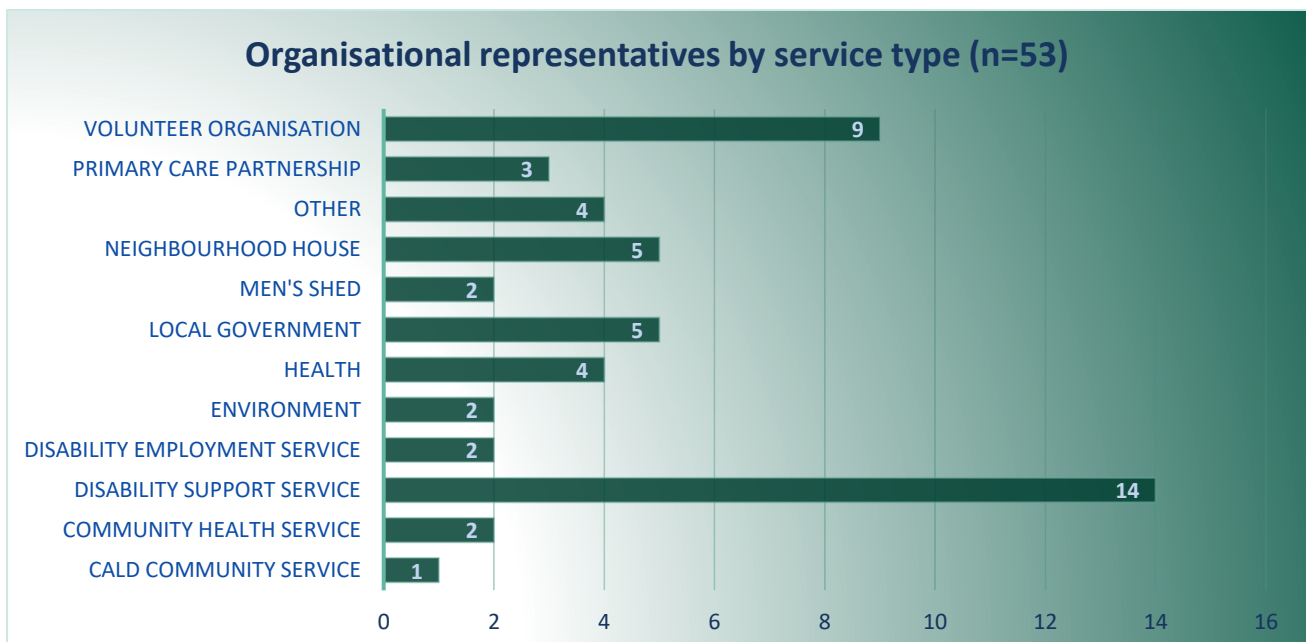
A total of 73 participants attended the forum – volunteers with disability, organisational representatives, other stakeholders and project personnel. Further details about the forum audience can be found in Figure 1.

Figure 1: Forum participation



The strong commitment and interest from government was evidenced by the number of participants from Department of Health and Human Services from both local and central offices. Organisational participants came from a range of service types, details of which can be found in Figure 2. Excluding participants from DHHS (n=9) and Volunteering Victoria and Volunteer Resource Centres (n=9), participants from other service types (n=44) held a diverse range of positions within organisations; almost one-third (32.1%) had responsibility for volunteer coordination and/or management, and a further 11% (n=6) had executive roles in their organisation. This speaks well of local interest and commitment in creating and sustaining volunteer roles for people with disability. Eight volunteers attended.

Figure 2: Organisational representation by service type

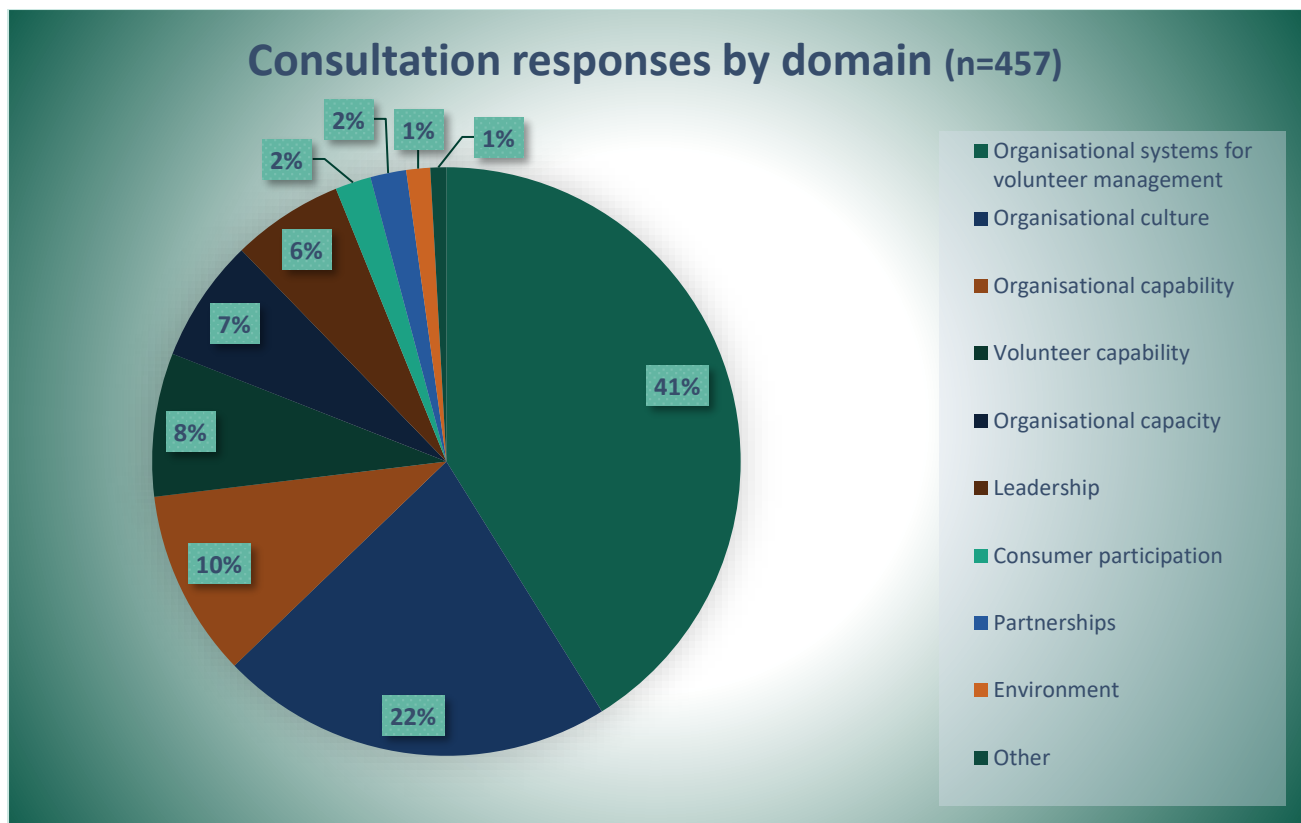


Analysis of findings: Identifying issues and challenges

Across the issues identification session, a total of 457 responses (data points) were collected across the nine table groups. These responses reflected table groups' discussions against the series of questions (see Table 2 for details) asked from two perspectives: that of an organisation wanting to provide meaningful opportunities for volunteers with disability; and, that of a person with disability seeking a volunteering opportunity. As the questions explored similar concepts, albeit from those different perspectives, the data from both perspectives has been aggregated to provide a more coherent analysis, which may be useful in determining what recommendations and future actions the Victoria ALIVE project team, Volunteering Victoria, Eastern Volunteers and other stakeholders might consider.

The data from responses has been analysed, with each data point allocated into a domain of best fit. From this series of identified domains, data points have then been allocated into sub-themes to develop a summary of the issues relating to each domain area. The emergent domains are: organisational culture; leadership; organisational capacity; organisational capability; volunteer capability; organisational systems for volunteering; partnerships; organisational environment and facilities; consumer participation; and, other un-themed discussion. The relative frequency of responses in each domain are shown in Figure 3.

Figure 3: Response domains - issues and challenges



A summary of key points relating to each of these domains is reported below. For each domain, the data may be reported against a number of sub-themes.

Organisational culture

n= 99

For the purposes of this report, organisational culture is defined as *'the shared values and beliefs that guide how members of an organisation approach their work and interact with each other. It is expressed and manifested through the behaviours, customs and practices these members collectively display'* (Victorian State Services Authority, 2013).

Inclusion

There was a strong theme (n=11) that creating and sustaining meaningful volunteer opportunities for people with disability would be more achievable in organisations that include inclusion and diversity in their core values and, conversely, that the absence of a commitment to inclusion and diversity was a significant barrier. Valuing diversity and inclusion was seen to offer messages of welcome to people with disability, whilst at the same time, organisational exposure to people with disability fostered inclusion. Importantly, valuing inclusion would assist organisations to recognise and avoid tokenism.

Equity

Linked to inclusion and diversity is the notion of equity, of ensuring everyone is enabled to access the same opportunities. Respondents spoke of not 'othering' people with disability, or volunteers, such that volunteers with disability could fully participate in the life and work of the organisation, and be valued for their contribution (n=4).

Strengths-based approaches

Respondents (n=10) saw organisations that took a strengths-based approach to their work were more likely to focus and build on the benefits of volunteering to organisations, staff and volunteers, rather than the challenges. These organisations were more likely to celebrate and recognise the work of their volunteers with disability, both formally and informally.

Commitment

Several respondents (n=10) spoke of a need for an organisation to make a genuine commitment to being inclusive, if they were to create opportunities for volunteers with disability to engage successfully with the organisation. This included committing time, resources and leadership to cultural change and systems design/redesign to be inclusive of volunteers with disability, especially for organisations with limited experience in working effectively with people with disability in their workforce.

Change management

Respondents (n=12) acknowledged that managing change to enable roles for volunteers with disability was likely to be a significant factor for many organisations. Changing organisational culture and staff attitudes were predominant factors featured in the responses. Participants cited interesting and diverse examples of the need for change – overcoming fear of difference and resistance to change, breaking away from a 'medical model' or balancing needs of the organisation with needs of volunteers. Another useful insight was the potential need for change strategies to manage clients who may be less inclusive of people with disability.

Valuing volunteers with disability

The above organisational strengths translated into more practical ways in which organisations can strengthen and demonstrate how they value volunteers with disability (n=28), a key theme when discussing organisational culture during this consultation. A number of participants spoke of seeing this not as an opportunity to meet quotas or targets but rather real meaningful opportunities for this cohort of volunteers, and the consequent

benefits for organisations. Others elaborated on the importance of organisations understanding the value that volunteers' skills and life experiences bring to the organisation, and the depth and breadth of volunteering that exists. Organisations need to understand the principles of volunteering, and uphold the rights of both volunteers and organisations in their interactions. Organisations that listened to and learned from volunteers, worked collaboratively with them for mutual gain, valued volunteers as part of the team, ensured volunteers with disability were visible in the organisation (rather than *'hidden away in a back room'*) and promoted internally and externally, demonstrated that they valued their volunteers with disability. These organisations were more likely to attract others, due to their reputation for valuing volunteers with disability. Conversely, organisations were less attractive to volunteers with disability if they could not communicate these values, appeared tokenistic or conveyed a belief that they create burden for the organisation.

Cultural safety

One of the key factors in valuing volunteers is the ability of the organisation to ensure cultural safety of people living with disability (n=20). A culturally safe workplace for volunteers with disability:

- Creates a welcoming and supportive environment
- Creates systems and practices that are inclusive of volunteers with disability, and monitors systems to ensure inclusion
- Enables the volunteer to speak safely about their disability and the supports they might need, to succeed in the volunteer role
- Builds the capability of staff to enable culturally safe and competent practice
- Ensures that volunteers have a voice, and creates opportunities for those voices to be heard, respected and valued
- Meets the volunteer's needs as they change over time
- Enables staff to be aware of discrimination, stigma and unconscious biases, and assists with strategies to address these
- Ensures everyone has a role and responsibility for maintaining cultural safety
- Ensures meaningful opportunities for critical reflection on practice, and feedback about volunteer performance.

Organisations need to be transparent about their ability to provide cultural safety, and that this is a journey. Importantly, cultural safety sets people up for success, not failure.

Organisational leadership

n= 28

The need for organisational leadership to drive cultural change and enable systems development/redesign was acknowledged. The commitment and leadership of the organisation's governance body and senior management to inclusion and valuing volunteers were seen as important to success; some identified the need for training for these groups to enable strong leadership and effective planning and implementation of change. While some participants encouraged the use of organisational champions, this may be counter-productive to sustainability if champions leave before change is embedded, culturally and systemically. A few participants cautioned that changes in governance and management personnel can result in changed attitudes and priorities, and a loss of momentum, and that governance and leadership groups who had a poor sense of the organisation culture *'on the ground'* may not be well-positioned to provide effective leadership.

The issues for small volunteer-led and managed organisations was raised here, and their unique challenges in managing 'red tape' and sustaining leadership in providing opportunities for people with disability to volunteer with them.

Finally, the role of organisational leadership in promoting the organisation to potential volunteers with disability and other stakeholders was identified, with open days and other communications/events flagged as promotional opportunities for leaders.

Organisational capability

n= 47

For the purposes of this report, capability is defined as '*the competencies (skills, knowledge and strengths), attributes, attitudes and behaviours required, and the ability to use these to achieve a particular outcome or performance level*'.

Training

The need for staff training was identified as significant, if staff are to develop the required competencies to work with volunteers with disability (n=12). Participants emphasised the need to train all staff, not just those with close links to, or management responsibility for, volunteers. It was suggested training should include understanding of disability, working towards strengths, strengthening inclusive practice, making organisations accessible for the diversity of disabilities and resources for further information. A number of participants, however, questioned the accessibility of training in terms of cost and time, and several were uncertain where to access reliable training for their staff.

Behaviours

A small number of participants spoke of attitudes and behaviours (n=4), building on the aspects of culture discussed earlier. They encouraged behaviours which see a person, not a disability, that showed respect for people's intellect, and worked to address fears of the unknown for people whose disability is invisible.

Skills building

Building skills based on new learnings was a key focus in building organisational capability (n=31); much of this discussion centred around communication skills, including:

- Being confident and skilled to explore the impacts of a person's disability and the resulting needs, and overcoming fears of '*asking the wrong questions*'
- Being confident and skilled to work with volunteers whose disability is not visible/physical
- Skills to identify a volunteer's capabilities and explore their aspirations
- Training and supporting volunteers to build their knowledge and skills
- Being confident and skilled to have difficult conversations with volunteers with disability
- Working with carers of volunteers with disability, especially in constrained environments
- Balancing meeting volunteer and client needs
- Skills to modify roles to enable volunteer matching.

Volunteer participants also spoke of the frustration of workers speaking with a carer/support person rather than with the volunteer themselves.

Participants also recognised the importance of the organisation providing support and opportunities for reflective practice for staff to reinforce staff skills.

Organisational capacity

n= 31

For the purposes of this report, organisational capacity is defined as *'the amount of time and (human and other) resources required, to achieve a particular outcome or performance level'*.

Quite a few participant comments related to organisations having limited capacity to work successfully with volunteers with disability (n=31). While a small number of comments were raised about conflicting priorities for organisations, most comments related to workload and resourcing.

Workload

Responses here focused on limited time and money to work with volunteers with disability (n=11); this was perceived to be especially the case for (small) organisations that are primarily volunteer led and run. Examples were given of the need to close one's doors to provide the necessary staff training, or having constraints on time available to mentor volunteers.

Resourcing

While some focus here was on funding security and budgetary constraints (n=5), others (n=11) focused on a range of limitations and challenges relating to resourcing – for training, meeting adaptive equipment costs, making fair and reasonable workplace adjustments, marketing to attract volunteers, lack of information technology equipment and poor high-level skills for working with and mentoring volunteers with disability. One organisation flagged issues when organisational priorities and directions changed, especially in response to short-term funding, and the impact this might have on stretched resources. Another organisation commented on being overwhelmed with enquiries from volunteers with disability, with little capacity to meet this demand.

A few noted that resourcing the work to open up opportunities for volunteering is critical to achieving a scalable program, and that much of the responsibility for enabling this rests with Volunteer Resource Centres (VRCs). Some felt VRCs were poorly resourced for the quantum of work.

Participants also noted that disability services, in their transition to NDIS client-centred funding models, would be less able to support and resource change to improve volunteer opportunities than they may have been in the past.

Organisational systems for volunteer management

n=187

Organisational culture, capability and capacity are enablers for providing meaningful opportunities for volunteers with disability, and need to be embedded into organisational systems to achieve their effectiveness. The ability of the organisation to sustain change over time is assured when cultural change and systems (re-) design work together.

Responses relating to organisation systems for volunteering comprised more than 40% of all responses in the consultation, reflecting the significant number and perceived complexity of processes involved in such a system. These processes are grouped into the themes below.

Planning the system

Planning a system for volunteer management that was inclusive of people with disability was a common theme in responses (n=29). Several groups felt that organisations should have and display publicly a Disability Action Plan, as a living document. Others suggested that companion documents could include an organisational diversity and inclusion statement, rights and responsibilities policies, inclusion statements in all

position descriptions, and continuous improvement frameworks that were inclusive of volunteers. It was suggested that volunteers could have lead/key roles in writing relevant policies and procedures, or a manual describing the system.

In planning for systems design/re-design, participants suggested:

- Conducting a review to better understand what organisations currently do well in terms of disability inclusion, and identifying gaps that could be included in improvement processes
- Identifying the types of roles the organisation might consider for volunteer positions, and building an understanding of roles were of interest to volunteers with disability; this needs to build on an organisational understanding of the diversity of people with disability
- Ensuring the system was grounded in seeing volunteers as people first, and living with disability second
- Building a system that ensured safety, inclusion and representation
- Including processes that continuously raise awareness of volunteers with disability across the organisation, and break down siloes e.g. volunteer attendance at staff meetings, volunteer newsletter
- Including volunteer management and activity in service governance and other organisational reporting
- Understanding the organisation's risk appetite for working with volunteers with disability; identifying and managing risk for volunteers, staff and the organisation proactively in system design and review
- Being prepared to trial the system and improve it based on the results
- Considering pathways for volunteers as part of the system
- Engaging leadership in committing to the plan and resourcing systems implementation
- Resourcing and providing the required training that underpins successfully implementing a new/revised system
- Monitoring and evaluation processes developed as a part of the system, so that success can be monitored and measured.

Providing accessible information

Responses (n=22) here varied considerably. Volunteers noted that it was difficult to know where to find information about volunteering opportunities. They suggested organisations need to be more explicit in their messaging to potential volunteers, through having the right promotional material readily available in accessible language and formats, and delivering strong messages of inclusion. Lack of access to information is further exacerbated by the poor funding of Volunteer Resource Centres (VRCs) which prevents them from systematically reaching out and engaging with people who want to volunteer. VRCs are a logical the first 'go to' place for information. However, their capacity is severely restricted by historically poor funding levels, a factor not well known or understood by the sector, or volunteers whose expectations cannot be met.

Expos, website pages and brochures were given as examples of suitable methods for communicating information to volunteers, with a caution that multiple media sources should be used to reach the broadest audience. Participants also suggested organisations: consider graphics and photos to improve information accessibility; demonstrate inclusion in any graphics used; avoid jargon and technical language; and, be more aware of how some approaches may exclude particular cohorts of people with disability (e.g. accessible information for people with low vision). Organisations were also encouraged to promote their information to other organisations to improve accessibility to volunteers (e.g. ensuring local disability support services know about volunteering opportunities in their organisation). One group suggested that undertaking a process of reviewing information access had the potential to raise awareness of barriers to volunteering within the staff group.

Application processes

The application process was seen as problematical (n=12). Some organisations queried whether they should advertise and, if so, were they advertising in the right places, to get their message out to volunteers (including internal advertising).

Aligned with accessible information, participants commented that advertisements, the application process and associated forms/templates need to be simple, accessible, flexible and jargon free. Role descriptions need to make sense to potential applicants.

Volunteers commented about the challenges faced by some in making the first call, or walking into an organisation for the first time where you are unsure or lacking confidence, so the application process can be an important indicator of being able to see that one could 'fit in'.

Recruitment

Volunteer recruitment processes featured often in the discussion (n=24). Participants linked clarity of job description, flexible recruitment processes and a commitment to exploring the skills, interests, background and needs of a volunteer as essential elements of a sound recruitment process that would, in turn, enable effective matching of volunteer and role. This means that the organisation needs to be willing to customise the role to ensure a good fit. The recruitment process was seen as a time when skilled and open communication was required, to ensure volunteer needs, capabilities and aspirations were identified, as well as barriers and challenges they may face in a volunteering role. Plans could then be developed and put in place at the individual level to meet needs and address barriers, as well as to enable the person to achieve their own personal goals for volunteering. Individual volunteer planning can also identify the need to undertake a broader review of process and/or system.

Several groups believed there was great value in including people with disability in recruiting other people with disability into volunteer roles, and considering co-volunteer roles.

Participants cautioned against potential traps – of pigeonholing people, or making assumptions about skills, needs, barriers or aspirations, of using recruitment processes that exclude, rather than include/support – and commended flexible, tailored approaches.

Matching and meeting needs

Matching (n=10) can only occur successfully if the recruitment process enables the organisation to understand the motivations, skills and lived experience of the individual so as to identify and shape a role that suits well. Part of good matching was to identify the appropriate support person/s for that volunteer within the organisation, as well as externally. Matching may involve trialling roles and/or tasks, breaking down tasks, considering the physical capabilities of volunteer and the demands of the role, and boundary setting.

Closely aligned with matching, organisations will need to meet the needs of volunteers they recruit (n=10). This might take the form of providing greater flexibility for the role (e.g. start and finish times, days of work), regularly reviewing a volunteer's development plan, providing required support/s, providing accessible and inclusive spaces, or providing information about policy or support processes.

Flexibility was identified as a common need of volunteers (n=8). Flexibility can be beneficial in the organisation's approach more broadly, or can be a more specific requirement – for example, to be responsive to changing needs of a volunteer in terms of mobility, health, skills or aspirations. Volunteers may also be

more attracted to time-limited or project-based volunteering roles and organisations should consider this in their strategy to enhance volunteering opportunities.

Where needs are not met, there are a range of consequences, including the volunteer self-selecting out, or the volunteer suffering harm or losing confidence or self-esteem.

Role clarity

Participants commented about the importance of role clarity, but not rigidity (n=8). In particular, transparency in terms of role requirements, commitment, opportunities and pathways (especially for paid employment if that is one of the volunteer's goals) and organisational expectations were seen as important elements of successful volunteer placement.

Support processes and mentoring

The need for effective mentoring and support for volunteers with disability is an essential systems component (n=22).

Having an induction process for volunteers is an important way of creating a sense of belonging, and an understanding of *'the way things work'* in an organisation. It also provides timely and respectful information about ongoing support to volunteers – about the role, addressing barriers, organisational assistance, communication pathways and strategies.

Different ways of providing support were identified – through specialist organisational roles such as Volunteer Coordinator/Mentor, by having people with disability in peer support or mentoring roles, having a 'go to' person or nominated mentor, having people around a volunteer with a 'can do' attitude, pairing experienced volunteers with newer volunteers, internal volunteer networks supported by a staff member, and developing a collaboration with a disability support organisation. Internal mentoring or coaching support roles were the most common support identified as beneficial; where this is to be the case, consideration should be given to clearly describing this mentoring role and responsibilities in relevant staff position description/s.

One group commented on the importance of support processes to overcome potential social isolation for volunteers with disability, especially where lack of confidence, networks, adaptive technologies or other barriers may impede inclusion. Another group emphasised the importance of identifying and offering the specific support that an individual wanted for themselves. Just one group identified that organisations might be too time-poor to provide adequate support.

As noted earlier, participants felt that disability services, in their transition to NDIS client-centred funding models, would be less able to support and resource organisational change to improve volunteer opportunities than they may have been in the past.

Performance management and providing feedback

A small number of participants suggested that performance management systems in an organisation should be extended to include volunteers (n=3). This could include traditional workforce processes such as probationary periods, supervision and regular review meetings.

Both volunteers and organisational personnel spoke of the importance of enabling open and respectful feedback and critical reflection on performance (n=7). This might take the form of *'feeling heard'*, providing and receiving open and honest feedback (through formal and informal mechanisms), being able to put issues forward, and having honest conversations about capitalising on skills development.

Pathways

Having pathways for volunteers was noted in several responses (n=17). Pathways created:

- equity in terms of opportunities for people to 'fit in'
- opportunities for volunteers to grow and flourish, and develop new skills
- opportunities to experience different roles and tasks
- opportunities for future paid employment
- opportunities for other learning options.

Having pathways for progression available to volunteers depends on intentioned work by the organisation to plan such pathways, and having appropriate processes in place to enable this.

Some barriers to pathways were noted – these included:

- having only one way of working with volunteers
- priority systems which disenfranchise volunteers e.g. internally advertised positions only being available to paid staff.

Similarly, having no pathways for progression of skills and experiences may be seen as a significant disincentive to volunteers.

Some participants noted the State Disability Plan appeared not to acknowledge the role of volunteering as a pathway to employment, and suggested that advocacy was required to ensure that policy makers recognise and actively support volunteering as a legitimate and valuable employment pathway.

Outcomes

Several groups spoke of the importance of having measurable outcomes for systems for volunteer management (n=12). Success factors included:

- that volunteers reported their voices are heard
- that volunteers' contributions and performance are recognised
- volunteer experience being measured and showing continuous improvement
- quantitative measures of volunteer input e.g. number of volunteers with disability, and trends
- showcasing successful outcomes through narrative in public/professional spaces
- organisations becoming better known and respected for their volunteer management and outcomes, both in the community and within the service sector.

Environment and facilities

n= 8

Comments about environment, facilities and equipment drew relatively few responses, when the impact may be considerable. Participants spoke of physical accessibility issues in organisations being a barrier to volunteers with disability, together with lack of access to adaptive technologies. One group suggested auditing their buildings and services to identify opportunities and barriers, however they were unsure how to go about this.

Partnering

n= 9

The benefits of partnering were noted in several comments (n=9). Participants spoke of developing a range of partnership for different purposes:

- working with disability support organisations and other services to improve organisational capability and provide opportunities for volunteers with disability
- working with disability support organisations and specialist services to establish and/or improve support processes for volunteers with disability
- collaborating to develop systems and processes and leverage change
- developing communities of practice to share ideas and learn from each other
- partnerships to develop pathways for volunteers with disability.

There was broad agreement that working together with a planned approach would reduce the burden for individual organisations.

Consumer Participation

n= 9

Comments in this section include interactions with community, in addition to more accepted view of the meaning of consumer participation(n=9). Participants spoke of the importance of organisations consulting with consumers and fostering their interests, of regularly checking in with people with disability and of enabling people with disability to lead and shape change. They also spoke of how word-of-mouth enabled other community members to hear about the volunteering experiences of people with disability.

Other

n= 5

While most comments in this section relate to NDIS (n=4), one comment relating to the importance of maintaining and respecting confidentiality stood out, as it impacts on several other domains – importantly on culture, capacity, capability and systems. It has been included here as a timely reminder about how privacy and confidentiality underpin all aspects of an organisation's work with volunteers.

Other comments related to ways participants felt NDIS' structures and processes create barriers for people with disability who want, or choose, to take up volunteering opportunities, or how the needs of those people who are ineligible for NDIS but who nevertheless require support to explore volunteering can be met.

Volunteer capability

n= 36

Comments relating to volunteer capability cover autonomy (n=4), building competencies (n=12), empowerment (n=11), experience (n=5) and self-esteem (n=4).

Autonomy

Although small in number, these are important comments. Two relate to the influence and impact of parents and family. On the one hand family may be over-protective or place barriers in the way of volunteering if they are not supportive, while on the other, families may be too pushy, and not allowing the person with disability to exercise choice and control.

One other comment related to loss of autonomy through poor organisational practices, especially where recruitment and onboarding are inadequate and may set a volunteer up to fail. Opposing this is the enabling of autonomy when volunteers with disability are encouraged to speak out to ensure the best fit for their volunteering role during these processes.

A final comment related to lack of computer access and/or digital literacy disenfranchising some people with disability, especially older volunteers, in either application processes or fulfilling the requirements of the role.

Building competencies

Building competencies featured in several comments. A person with disability may be unaware or have limited understanding of the benefits to them of volunteering, hence not have the opportunity to build competencies in this way. Several comments related to 'on the job' learning and skills development through volunteering across diverse roles, and having the ability to *'say yes to something and see where it takes you'*. Other cited different benefits to volunteers with disability – learning safety, improving literacy, increasing their chances to grow and improved training opportunities. A couple of groups spoke of becoming a Board or committee member as a skills development opportunity.

Empowerment

Many of the comments in this sub-theme relate to advocacy – self-advocacy, becoming a consumer advocate, using lived experience to advocate and educate and strengthening advocacy for people with disability. In terms of self advocacy, participants spoke of being proactive, opening up discussions about pathways to employment or other roles, and advocating for opportunities that are important to them. Others spoke of empowerment through the support of peers, friends, family, school and networks.

Experience

A few comments here related to negative experiences – through pre-conceived ideas, past experiences or lack of confidence that the opportunity is right for them. One group spoke of the time pressures associated with life for some people with disability, and that their available time may not meet the organisation's needs, or enable fulfilment for the volunteer themselves.

One volunteer however spoke of the positive experience of representing the organisation in external forums.

Self esteem

Some participants identified barriers to self-esteem that may arise through volunteering:

- the cumulative effect of role rejections upon confidence and self esteem
- lack of confidence broadly, or in their capability for the role (e.g. thinking the role is too complicated for them)
- insecurity and lack of confidence in 'fitting in' with the organisation and its staff and/or other volunteers.

Analysis of findings: Planning for change

The second element of the consultation focused on action planning for change. A summary of the key discussion points against each of the prompt questions is included in Table 4 below.

Table 4: Action planning - summary of key points

Discussion question	# responses
Q1. What key actions need to be taken in my region?	65

Collaboration

Collaboration was the strongest theme identified by participants (n=20). A preference was noted for using existing local service platforms and networks, working together to: share information; develop frameworks, policies and procedures; build capability and capacity; address cultural change; advocate for resources and resourcing; and, address local issues and challenges.

Participants suggested that peak bodies, industry peaks, local business and NDIS would be useful inclusions to this collaborative effort.

Developing a framework

One of the key actions of this collaboration is to develop a framework, implementation plan, policy, procedures and other resources to guide work towards improved opportunities for volunteers with disability (n=13). Participants felt that this framework could be successfully grounded in inclusion principles and the National Standards for Volunteer Involvement. Two key areas of focus in the framework centred around capability building of organisations and their workforce, and having a strong overarching communication strategy and plan. While there was some support for all organisations providing volunteer opportunities for people with disability, there was little support for introducing quotas within the framework.

Accessible resources

Participants were keen to work together to improve access to reliable and reputable resources (n=13). The predominant need was to have ready access to a centralised source for information and resources that could include:

- links to key bodies
- legislative considerations
- mapping of service providers
- training resources
- resources for cultural change
- databases of reputable training programs and providers
- examples of good practice in working with volunteers with disability.

Involving people with disability

Several groups (n=6) discussed the importance of people with disability and experience of volunteering informing the development of frameworks, implementation planning and the provision of resources. They spoke of the ability of people with disability to engage and inspire action, and to improve organisational understanding of lived experience, the human impact of volunteering and the barriers and challenges some face in taking up volunteering roles. One example given was the involvement of volunteers with disability in Victoria ALIVE project work, and how positive an impact this has had. Another group identified that involving people with disability had the potential to enable organisations to become better co-advocates for people with disability.

No wrong door for volunteers

A number of comments (n=6) were made about the value of having excellent communication pathways for community members with disability who were seeking volunteering opportunities, whether this be a centralised local intake point to which volunteers were referred, such as a VRC, or a broad-based information dissemination strategy. Whatever the

Discussion question

responses

strategy and structure, volunteers need to be able to easily navigate to viable opportunities for them – a sense that there is 'no wrong door' to start the process.

The importance of social media and to supporting media uptake of stories that celebrate and showcase disability inclusion was also mentioned.

Resourcing

Several comments (n=6) were made about resourcing activities to improve opportunities for volunteers with disability. Whilst most of the comments related to funding support, especially for staff training, other comments highlighted a preference for resourcing that took a more individualised approach to meet organisational needs, and ways of helping organisations get started, thus reducing the burden on organisations.

Q2. Who are the stakeholders that need to be involved in each of these actions? Are they at the table for these discussions today? If not, how do we engage them?

36

Stakeholders

Participant responses to identify stakeholders (n=15) expressed a preference for an inclusive and place-based approach. Several service types were specifically identified, however, including funding bodies, industry, (disability) employment providers, disability support organisations, local government, health organisations, peak bodies in disability and volunteering, volunteer-involving organisations, volunteer resource centres and NDIS (as NDIS has been perceived as both a potential enabler and a blocker). Two responses identified the need for governance bodies and leadership personnel of organisations to be engaged in taking action. Finally, volunteers with and without disability are important stakeholders.

Engaging stakeholders

A range of different ways of engaging stakeholders has been suggested (n=21), including:

- valuing volunteering initiatives, including cultural change activities and leadership summits
- developing resources to support/guide organisations through the process
- promoting a central resource point so that organisations can easily access resources and support
- promoting and highlighting success stories
- collective action initiatives e.g. strategies to support people with disability to volunteer, advocacy around resourcing National Criminal Record Checks
- promoting uptake of VCOSS *Healthcheck* as a way of highlighting strengths and weaknesses
- community service organisations cross-promoting volunteering opportunities
- advocating for NDIS interventions – e.g. NDIS transition support, more flexibility for core supports; item number for volunteering; lower hourly rate
- introducing hard targets.

Q3. How do we garner the required support and leadership for these actions?

15

Advocacy

Several initiatives (n=6) were suggested:

- initiatives which focus on senior leadership positions in organisations, to promote a call to action
 - focusing on mentally healthy workplaces and the value of volunteering
 - lobbying to put volunteering for people with disability on the agenda of Municipal Association of Victoria (MAV), Mayors, Councillors and local government Chief Executives
 - looking at potential levers e.g. Disability Action Plans, and leveraging what is already done well.

Collaboration

Some groups saw value in leveraging collaboration effort to garner the required leadership and support for action (n=3). These groups felt that collaborative information gathering from a diverse range of organisations, mentoring relationships between experienced and inexperienced organisations and coordinated ways of working together to

Discussion question

responses

engage in corporate social responsibility activities were effective and efficient methods to engage leadership across organisations.

Other strategies

Other identified strategies included:

- policy change at state government level e.g. engaging volunteers with disability as a condition of funding
- advocating for a ministerial role focused on social inclusion for all
- measuring and reporting on improved health and wellbeing outcomes for volunteers with disability
- showcasing positive outcomes – for volunteers with disability and the organisations that recruit them.

Q4. What capability building measures need to be taken to ensure we can implement a plan for successfully increasing the uptake of meaningful roles for people with disability?

22

Skills building

Skills building was the most common response to this question (n=11). Organisations sought to improve skills in working with people/volunteers with disability more broadly, but also sought specific support in accessing peer mentorship and training resources, and tailoring organisational documentation (e.g. inclusive role descriptions). Organisations also considered that communities of practice would be a valuable mechanism for sharing documentation and resources, developing improvement approaches and sharing success stories and lessons learned. Place-based communities of practice incorporating skills building in disability volunteering could be facilitated by VRCs, given sufficient funding.

One interesting suggestion was that of measuring attitudes towards volunteers with disability through a cultural audit process, which would be helpful in targeting training needs.

Framework development

Organisations sought specific input (n=6) into developing their framework and systems for working with volunteers with disability, including developing their Disability Action Plan and appropriate policies and procedures, and in some cases a related charter. Other were concerned about understanding the legislative framework and insurance obligations involved in working with volunteers with disability.

Several groups noted that a symbol denoting disability inclusion, similar to the *Rainbow Tick* for lesbian, gay, bisexual, transgender and intersex inclusion, would send a strong message of inclusion to volunteers with disability, as would a consistent statement that was widely adopted on promotional materials.

Other strategies

Collaboration was again seen as a viable strategy to enhance capability building effort, especially partnerships or initiatives with organisations that have better-developed approaches and systems. One group commented about the importance of organisations understanding the organisational benefits of inclusive volunteering, and using this as leverage for capability building.

Q5. What partnerships need to be developed or strengthened for success?

7

A key partnership approach was linking with volunteer resource centres, disability support services and volunteer involving organisations for mutual benefit. Other suggestions were more purpose oriented, for example, sharing policies and practice wisdom, conducting forums. Others were keen to develop relationships with proactive NDIS providers.

Q6. What resources will we need?

5

Organisations identified the following resource needs:

- Funding boost for training, resources, accessible equipment
- Support workers; support service hotline or other timely support linkage

Discussion question	# responses
<ul style="list-style-type: none"> • Databases – of training options, sample documentation • Tool kits for organisations • Videos. 	
<p>Q7. Who is doing this work well, that we might learn from? Can we share their resources?</p> <p><i>Note: Some groups may not have had time to respond to this question.</i></p> <p>Neighbourhood Houses, Men's Sheds, smaller community organisations</p>	1
<p>Q8. What are our top priorities for action and why?</p> <p><i>Note: Some groups may not have had time to respond to this question.</i></p> <ul style="list-style-type: none"> • Enabling more flexible and episodic opportunities (and capacity to make this happen) • Acknowledging that organisations need volunteers more than volunteers need organisations 	2
<p>Q9. Are there quick wins that we can consider, that will give us a great start, and help us to maintain or increase engagement, commitment and enthusiasm?</p> <p><i>Note: Some groups may not have had time to respond to this question.</i></p> <ul style="list-style-type: none"> • Inner East Primary Care Partnership taking a leadership role in this • Consulting with volunteers and people with disability about activities they would like to lead, drawing on their strengths and passions • Networking and learning from each other • A <i>Rainbow Tick</i> equivalent for disability inclusion • Adopting/amending VCOSS <i>Healthcheck</i> to be meaningful for this work • Leveraging available resources e.g. Eastern Volunteer's suite of governance support services, which offer hands-on support to organisations to enable them to effectively use the resources and toolkits available to them. 	5

At the conclusion of the consultation session, each table was asked to report on their top two actions; these are shown in Figure 4 overleaf.

Figure 4: Nominated priorities for action

- Organisations need to undertake an initial audit to understand their current capabilities and address gaps, in order to effectively engage volunteers with disability (this may be part of the Victoria ALIVE project, or perhaps an adaptation of VCOSS *Healthcheck*)
- Focus on place-based strategies
- Practical and active support to organisations wanting to participate and strengthen their systems
- Build capacity/capability and confidence in working with people with disability – taking a multi-faceted approach
- Capability building for senior leaders, managers, work teams
- Assistance to identify training that is affordable, value for money, high quality and incorporates the lived experience of volunteers with disability
- Working together collaboratively to map, share, access existing resources, develop new resources where necessary
- Undertaking systems re-design and/or co-design
- Resources, tools and workbooks to support understanding/awareness, planning, implementation and review processes – providing structure without adding more 'red tape' or compliance obligations
- Develop resources to help organisations to be able to provide inclusive volunteer opportunities to the end user
- Establishing a hotline, point of access, backup service, advice service, IT applications, webinars – involving Eastern Volunteers, Metro Access and Eastern metropolitan region staff in this initiative
- Implement a communications plan that promotes resources.
- Integrating the work of VRCs and Disability Employment Services so they work in parallel to promote volunteering as an employment pathway.
- Ensuring bipartisan support for initiatives, including state government, MAV, Metro Access, local government
- Strategies that simplify people with disability finding out about volunteer opportunities
- Incentivise volunteering roles in organisations, especially those for people with disability (e.g. giving tax concessions)

Notes on nominated priorities:

Small and under-resourced organisations may not have the internal capability to apply some tools without support; again, a well-funded VRC would be able to provide the necessary support.

It may be that the work of the 'call to action' governance group needs to incorporate plans to synthesise and tailor tools to be more easily accessible and applicable to organisations with limited capability and capacity.

VRCs, if they are to be a first point of contact, may need to invest in strengthening systems to be accessible to people to apply for volunteering positions.

Call to action

Leadership

Following the consultation sessions, participants were invited to express their interest in being part of the leadership group to progress action planning in the outer east metropolitan region, or to be involved in action planning initiatives.

A number of people nominated to join the Inner East Primary Care Partnership Governance Group, to progress action on disability volunteering which arose from this forum. This pre-existing mechanism was chosen as it contained VRC members from the East and South East who had been working on opening up meaningful opportunities for people with disability to volunteer. Following the forum this group added people with lived experience as well as people with a disability and/or volunteering mandate in their organisation. This expanded group has become the governance group to guide future action and has already applied for ILC funding to progress the action plan. It has met and reviewed an action plan based upon the forum findings contained in this report and determined four pillars of action which are now being acted upon through an Eastern Volunteers' set of volunteer resources.

Participant commitment

At the conclusion of the forum, all participants were invited to complete a *Call to action* postcard, nominating three actions they committed to taking as a result of their participation today, actions that would improve access to meaningful opportunities for volunteering for people with disability. Twenty-three postcards (32% of participants) were completed and returned on the day. Sixteen organisations were represented in the postcards completed, including local government, health and community health, large not-for-profits, disability, neighbourhood houses and employment services, in addition to DHHS and VRC personnel. The majority of postcards contained three commitment statements. The range of actions participants committed to included (in rank order of themes):

- **Reviewing documentation and systems** – disability action plans, position descriptions, recruitment advertising, gaps in policies and procedures, accessibility and inclusion statements, application forms for volunteers, promotional materials, pathways
- **Providing information to others** – awareness-raising, promoting available resources and networks, sharing new knowledge, championing volunteering
- **Seeking information** – through consulting with volunteers, learning about models, options, pathways and local networks, finding out about opportunities
- **Collaborating and networking** – to create opportunities, enhance inclusion, for capability building
- **Creating opportunities** – providing opportunities within our organisation, seeking other organisations that might provide opportunities
- **Building our capability** – through training and professional development
- **Advocating to leadership** – building awareness, planning for disability inclusion in volunteering, increasing disability support capacity in our organisation, advocating for internally advertised roles to be open to volunteers
- **Resource development** – creating accessible resources for organisations
- **Structural change** – Board/organisational committee positions for people with disability, inclusion as a standing agenda item in organisational meetings.

Recommendations

These recommendations are made primarily to assist in the planning for future forums in the Victoria ALIVE project; however, they may have application to other Victoria ALIVE projects, or the broader work of Volunteering Victoria. Each recommendation is preceded by a short discussion to give context to the recommendation/s.

This forum was developed with a highly motivated Volunteer Resource Centre that had progressed its thinking considerably in its efforts to achieve the goal of increased opportunities for meaningful volunteering for people with disability. Where the context is different, modified or new approaches may be required.

Recommendation

1. Ensure that each forum is designed in such a way that it meets the specific needs of local volunteers with disability, the Volunteer Resource Centre (VRC) as the place-based catalyst for action and volunteer-involving organisations, taking into consideration the local context and the resources available to the VRC. Consider the existing relationships between disability and volunteering sectors in forum planning, and the impact of NDIS implementation on the capacity of disability sector to engage.

High levels of coordination, collaboration, support, relationship-building and event management were provided by the Victoria ALIVE project team in the development and organisation of the forum, and on the day. The project team are to be commended for their skills, enthusiasm and commitment to the forum, and for the outcomes they achieved. The project team were keen to elicit feedback that would build on the success of this forum, and learnings they could take forward to future forums.

Recommendations

2. That Volunteering Victoria recognise the achievements of the Victoria ALIVE team for their excellence in the management of this event.

3. That learnings from the review of this event, many of which are included here, are taken forward to future events.

Enabling volunteer participation in the forum was an important component in the planning process. In addition to broad oversight of the planning, PAG members provided specific feedback about the content of questions to be used in the panel discussion with volunteers with disability, and about the consultation session questions.

Recommendation

4. Ensure that PAG members continue to play a strong role in advising facilitator/s, especially if the forum program is modified, to ensure that impact of any change is maximised.

The project team set a cap of 80 people for the forum, although the room was notionally able to cater for greater numbers. Although registration numbers did not exceed this maximum, other participants arrived on the day who had not registered. Had all registered participants attended in addition to these non-registered participants, the room size and layout may have proved inadequate. Due to the numbers and the dimensions

of the room, movement between tables was difficult and would have challenged many people with low vision and/or physical disabilities. The room size also meant a very noisy consultation, *albeit* a great atmosphere due to the buzz of enthusiastic conversation. Due to the noise generated by that number of people, a table limit of eight participants is needed to ensure that people are able to hear and be heard.

Recommendation

5. Consider the room size, features and dimensions for future forums, and use this information to determine the maximum number of participants. Ensure equitable access for all participants.

6. A table size of no more than eight participants should be retained for future consultations. Where numbers are smaller, groups of six participants should be considered.

Volunteers who have roles on the day (e.g. the panel participants, table hosts) were well-supported by project personnel, facilitators and others in the lead up to the event, and on the day. This assisted in ensuring the forum was a safe space and a positive experience for them. Those panel participants who spoke with the facilitator prior to the event had the opportunity to raise concerns about any questions they were not confident to answer, enabling the questions to be shared across the panel members in a safe way. This contact also enabled the facilitator to reduce anxiety, discuss key messaging, and to provide some coaching support for those less confident panel members.

The impact of these volunteer interviews at the start of the day was quite profound. Several forum participants commented about the power of the volunteers' voices, and noted '*you could hear a pin drop when they were speaking*'. Volunteers interviewed also provided great feedback; the less-experienced volunteer reported:

I just want to say that I had a great time at the forum yesterday and my dad took some photos of my speech I just want to say thanks again for having me at the presentation! It's been a wonderful experience and I hope to see you again soon.'

Recommendations

7. Ensure that volunteer participants who are speaking at future events, or have other roles, are well supported to meet their needs and aspirations, and empowered to be active participants.

8. Encourage VRCs at future forums to retain this component of the forum.

Table Hosts were recruited by the project team and VRC personnel and, in the main, Table Hosts were not known to the facilitator prior to the event. The facilitator provided Table Hosts with information prior to the forum about World Café events and the role of Table Hosts, including information about how and when the consultation process required them to transition from one table group to the next. Table Hosts were invited to contact the facilitator to clarify their role, as required. Table Hosts were also requested to meet with the facilitator prior to the event commencing, to ensure they were clear about their role, and importantly the transition from one table group to another, while retaining their focus on the same set of questions. This was confusing for some Table Hosts when the time came. Not all Table Hosts attended the initial briefing and one nominated Table Host was unable to attend on the day.

Large bright post-it pads were provided for scribing, to enable as many participants as possible to view the notes. Table Hosts were also asked to indicate on each notes page the perspective (V or O) from which their Table Groups were asking the question; not all Table Hosts did this consistently. Because of this, it was difficult to determine the perspective of some of the notes for analysis purposes, and led to a change in the method used for analysis.

Recommendations

- 9. Where possible, ensure a reserve Table Host is recruited to assist on the day if required. This may also be of benefit if more participants arrive than expected, requiring an additional table to be used on the day.***
- 10. That the facilitator/s reinforce the importance of a pre-forum briefing to ensure clarity of role, and to enable Table Hosts to identify which table they would move to at transition.***
- 11. If the perspective (i.e. volunteer or organisational) is a key consideration in the analysis, alternate methods are required to code the notes pages used by Table Hosts, prior to the forum.***
- 12. It may be useful to have a table name plate that focuses participants on the perspective they are considering during different phases of the consultation e.g. 'think like a volunteer', and sufficient copies of the discussion questions for ease of access for all participants.***

The consultation was the major component of the forum, being 2 x one-hour blocks of discussion in a 3.5-hour forum. The planning group were keen to explore as much as possible in the time available. As there were six questions to be covered in 30 minutes in terms of issues and challenges, some tables were asked to start at Question 4 and progress from there, while other tables commenced at Question 1. Participants provided feedback during the session that they were keen to have more time to cover all questions, and that six questions were too much to cover in the time available.

Recommendation

- 13. Review the consultation questions with a view to reducing the number of questions, while not losing key data that will inform outcomes and/or change processes.***

As noted earlier, the six questions about issues and challenges gave rise to large numbers of responses, which were to be scanned by a small team for key themes during the morning tea break. This was a difficult task to attempt in the time available.

Recommendation

- 14. Review the way in which key themes are identified during the forum. It may be that table groups could nominate their top priority issues and challenges, in the same way that their top priorities for action were identified in the second consultation session.***

The project team used postcards as a way of prompting the continuing engagement and commitment of participants to take action. Uptake of the postcard strategy was limited. It was noted that the wording of the postcard was not as inclusive as it could have been, with one of the planning team capturing feedback from volunteers that the postcard's wording in fact excluded their participation, as it seemed to be written for

organisational participants only. Some organisational participants felt it excluded them also, as they did not have direct responsibility for volunteer support, coordination or management.

Recommendation

15. Review the wording of the postcard for future forums, to enable it to be relevant for all participants.

16. Review how the postcard can be better promoted in the forum, to increase the completion rate.

It was decided to use graffiti boards as a mechanism to gain feedback to evaluate the forum. Large bright wall papers were placed near the hospitality area, each page featuring one of the following series of statements/questions in bold print:

- My expectations of today were met.
- My views were heard by others and respected.
- I am committed to improving my organisation's capacity to offer volunteering opportunities for people with a disability.
- I will commit our organisation to providing an opportunity in 2019.
- If we were to run another of these forums, what could we do better?

Pictograms (happy, neutral, sad faces) were drawn onto the graffiti pages where this was relevant (for example, in answer to expectations being met, or being heard and respected), so that participants could just tick the area that best represented their feedback, or leave a comment. Although feedback was invited by facilitators during the forum, and at the conclusion, few people availed themselves of the opportunity to provide feedback. Several, however, did leave business cards in answer to the questions asking people to nominate if they were keen to be part of the change process, or to be part of a governance group for future initiatives that arose from the call to action.

Recommendation

17. Review the method of capturing evaluation feedback from forum participants.

Many participants seemed unaware of the support, resources and training available through Eastern Volunteers or Volunteering Victoria more broadly. This was apparent in several table discussions during the consultation during the day.

Recommendation

18. Ensure that the resources being developed as part of the Victoria ALIVE project are promoted to forum participants in a range of easily accessible ways.

19. Consider ways in which a broader marketing strategy can be supported, to enable the services provided by VRCs to be better known in the sector.

Due to the efforts of project and Eastern Volunteers' personnel, working in collaboration with project partners in DHHS centrally, the level of engagement of regional DHHS personnel in supporting the project's aims was notably positive, resulting in the strong interest demonstrated by the number of DHHS regional staff attending the forum.

Recommendation

20. Consider what has been learned from engaging with regional DHHS personnel and how that can be leveraged in the other regional forums to come.

21. Include strategies in the action plan from each forum to maintain and enhance engagement of DHHS at the local level.

Following an internal process evaluation session it was the view of the planning group for this forum that, while future forums can be improved, this first forum achieved its aims and supported local efforts to engage volunteer-involving organisations, organisations interested in improving their capability for inclusive volunteering and other stakeholders in working together to increase meaningful opportunities for volunteers with disability in the eastern metropolitan region of Melbourne.

It is testament to the event that Eastern Volunteers and collaborating organisations have completed their regional action plan for the East and South East metropolitan areas, set a target for 50 organisations having new opportunities for volunteers with disability as one of the plan's outcomes, and having already engaged with the first organisation, Carrington Health.

When the Chief Executive Officer of Eastern Volunteers, Viv Cunningham-Smith, was asked recently how she hoped to see inclusive volunteering in the future; she responded:

There will be no need to discuss inclusivity as this will be normal – the expected starting point. Not-for-profits and For-profits alike will be well-resourced and capitalising on the benefits that come from building communities within their walls which reflect those beyond them.

People of all abilities who want to volunteer for an employment pathway, for their own good health and identity or to give back to community can do so without impediment.

This forum, and the results it has achieved to date, demonstrate a creditable step forwards to achieving this vision.

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