



Mercy Health

Care first

VOLUNTEERING STRATEGY

2023-2025



Acknowledgement of Country

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the First Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past and present. This document was produced on Wurundjeri Country.



Title: *wabung-ngetel*
Call of Country
Gunnai Language

Artist
Dixon Patten
Bayila Creative
Gunnai and Yorta Yorta

FOREWORD



Mercy Health is proud to present the inaugural Volunteering Strategy 2023-2025. The development of this whole of organisation Volunteering Strategy is a significant milestone for Mercy Health, setting out the vision for the program over the next three years and beyond.

At a time of great change in volunteering across Australia, we have an incredible opportunity to rebuild and re-engage volunteers in a meaningful and sustainable way. We are proud of our Mercy Health volunteers who continue to show immense kindness, generosity and our renowned Mercy hospitality, connecting and providing support to our patients, residents and clients in new and different ways.

This strategy was informed by the National Standards for Volunteer Involvement; the National Strategy for Volunteering in Australia; and Mercy Health's strategic framework, mission, vision and values.

This strategy focuses on delivering a series of initiatives over the next three years to meet three key outcomes:

- ensuring volunteering is safe, inclusive, accessible, meaningful, and not exploitative;
- celebrating and articulating the diversity and impact of volunteering; and
- continuing to ensure the right conditions are in place for volunteering to be effective and sustainable.

Our volunteers are an integral part of our community, highly regarded by patients, residents, clients and staff for their unwavering compassion. This strategy acknowledges and celebrates the expertise, skill and dedication of our volunteers and the pivotal role they play in achieving our mission of bringing God's mercy to those in need.

We are excited to implement this strategy in partnership with our volunteers, staff, volunteer organisations, those we care for, and the wider Mercy Health community.

Angela Nolan
Group Chief Executive Officer
Mercy Health

INTRODUCTION

We acknowledge and appreciate the hard work, skill and dedication our volunteers bring to our organisation. Our volunteers are highly valued by patients, residents, clients and staff for their generosity and compassion. In turn, we endeavour to make volunteering a positive and enriching experience for everyone involved.

Our dedicated team of Volunteer Coordinators have led the development of Mercy Health's Volunteering Strategy 2023 – 2025. This strategy has been informed by the Mercy Health Strategic Framework, Pillar 1 (serving our people and communities) as well as our mission, vision and values (compassion, hospitality, respect, innovation, stewardship and teamwork).

The purpose of the strategy is to articulate Mercy Health's approach to achieving excellence in the following focus areas:

- Individual potential and the volunteer experience
- Community and social impact
- Conditions for volunteering to thrive

The strategy is a living document, enabling new opportunities and priorities to be added in the future, ensuring we remain responsive and open to change.





HISTORY OF VOLUNTEERING AT MERCY HEALTH

Volunteer involvement at Mercy Health can be traced back to the founder of the Sisters of Mercy, Catherine McAuley, who dedicated her life to serving people in need. Catherine was the ultimate volunteer, spending her inheritance on a house to teach, shelter and assist the needy in Dublin, Ireland. Many other women shared Catherine's passion for helping others and joined her to make a difference. This group of dedicated volunteers became the Sisters of Mercy in 1831.

In 1857, the Sisters of Mercy opened a convent and a boarding school in Nicholson Street, Fitzroy. The school was directly across the road from the Melbourne Royal Exhibition Building which, in 1919, was called into action as a temporary hospital to house the multitude of patients suffering from the 'Spanish Flu' pandemic.

Every day the Sisters volunteered at the makeshift hospital, providing comfort, care and support to those in need. They recognised the wider need for health care in Melbourne and opened their first hospital, St Benedict's in Malvern, in 1920 – the foundations of Mercy Health had been laid.

Mercy Health provides health services in Victoria and New South Wales. In Victoria, Mercy Hospitals Victoria Ltd offers acute and subacute hospital care, mental health programs, specialist women's and newborns' health, early parenting education and support, and palliative care services. We serve the community through Mercy Hospital for Women (Heidelberg), Werribee Mercy Hospital, Mercy Health O'Connell Family Centre (Canterbury), Whittlesea Early Parenting Centre (South Morang, opening late 2023), Mercy Mental Health (south west metropolitan Melbourne) and Mercy Palliative Care.

Our New South Wales services include Mercy Health Albury and Mercy Care Centre Young. We provide sub-acute health services including palliative care, geriatric evaluation management, transitional aged care, aged care assessment, outpatient services, community therapy and inpatient rehabilitation programs. Mercy Health Albury Palliative Care Service was one of the first NSW Palliative Care regional services to be established, with the volunteer component introduced at its formation. This program has two volunteers in their 34th year of service.

We care for over 2,400 people in our residential aged care homes and 10 retirement villages around Australia and more than 4,000 people live independently in their homes with the support of our Home Care services.

Volunteers at Mercy Hospital for Women and Werribee Mercy Hospital provide companionship to patients, support administration, maintain hospital vehicles, assist and/or provide feedback on projects and assist the public to navigate their way around the hospitals.

Volunteers in residential aged care partner with our care teams to support residents to continue active participation in living the life they choose, helping them to keep engaged with personal and spiritual interests and community connections.

Mercy Palliative Care - Sunshine provides free, 24-hour, home-based support patients at end of life in Melbourne's Western Region. In its early years the service was not publicly funded – relying heavily on volunteers and donations to survive. Today, specially trained volunteers visit patients in their homes to provide social support while others provide transport, write biographies or make bereavement calls.

For many years our Health Services have utilised volunteers as consumer advisors. In 2012 Mercy Health formed an overarching Community Advisory Committee (Health Services and Healthy Ageing) with 6 volunteer members and in 2016 the Mental Health Community Advisory Group was started, bringing us to a total of 5 Community Advisory Groups across Health Services. Mercy Health now has over 60 voluntary consumer advisors.

Consumer advisors now sit on the Board Quality Committee and the Health Services and Healthy Ageing Clinical Governance Committees. They participate on our committees, projects and working groups. Mercy Health seeks their feedback when developing policy, procedures, consumer information materials and posters. Consumer advisors were consulted on the development of the Mercy Health Strategic Framework, models of care and other plans.



CONTEXT OF THE STRATEGY

This Strategy comes at a time of great change in volunteering across Australia.

In February 2023 following 12 months of consultation across the country, Volunteering Australia released The National Strategy for Volunteering 2023-2033. The Strategy notes that ‘Volunteering is associated with better life satisfaction, happiness, self-esteem, and perceived mental health ...’ then outlines some of the key issues affecting volunteering today.

Formal volunteer numbers have been declining for many years, reaching a low of 25% of Australian adults in 2022.

The reduction in volunteer numbers was exacerbated during the COVID-19 pandemic and considerable, focused effort is required to rebuild the ranks.

Australia’s ageing population affects both the availability of volunteers and the need for them – particularly in health services and aged care.

Financial barriers such as inflation and housing pressure are expected to prevent some people from volunteering (or returning to volunteering) and/or limit the type of tasks they are prepared to undertake.

Lonely and isolated people have been found to benefit from becoming volunteers. We must ensure that these people can find and access the opportunities to offer themselves as volunteers.

Australia is heavily urbanised, making volunteering an essential component of life in regional, rural and remote areas. Volunteer programs need to consider the unique aspects of these communities when creating new initiatives.

Technology is increasingly being utilised in the management of volunteers, and the provision of remote services. We need to be careful however not to alienate potential volunteers who have limited access to, or do not wish to embrace these new technologies.

Many people between the ages of 18 and 24 would like to volunteer but face many barriers. Finding ways to include young people in our programs may rebuild our long term cohort of volunteers.

The shift from the long-established working conditions of “9 to 5” may provide more opportunities for people to volunteer.

Employers may consider implementing employee volunteering programs. Such programs have been found to increase the connection employees feel towards their jobs as well as higher levels of job satisfaction.

THE MERCY HEALTH EXPERIENCE

During 2020, Mercy Health in line with many of our peers, suspended face to face volunteering roles due to the COVID19 pandemic. Some roles were able to be transitioned to remote (e.g. phone and video calls) but many of our existing volunteer roles ceased.

On-site roles began returning during 2022, with a focus on low-risk roles, noting community visiting roles were able to be resumed through the Mercy Palliative Care Volunteer Program. Volunteers are being reoriented after a prolonged period of absence, and roles must undergo review and approval before returning or being commenced.

Our experience is that many volunteers retired during the pandemic and a significant number of those that remained on our books are yet to return to active volunteering. Mercy Health believes that rebuilding and re-engaging volunteers is of the utmost importance, as is ensuring roles are meaningful, sustainable and appropriate.

The Mercy Health Volunteering Strategy complements other Mercy Health strategies and plans that exist across sites and/or divisions (Health Services, Healthy Ageing, Support Services).

Such strategies and plans may also refer to or include initiatives aimed to strengthen and enhance the volunteer programs at Mercy Health, these documents may include but are not limited to:

- Mercy Health Strategic Framework
- Equity and Inclusion Plan
- Accessibility Action Plan
- Whole Self Action Plan
- Reconciliation Action Plan
- Employment and Workforce Plans
- Communication and Marketing Plans/Calendars
- Learning and Development Plans
- Long term operational business plan
- Divisional, site and service quality and business plans

Mercy Health believes that rebuilding and re-engaging volunteers is of the utmost importance, as is ensuring roles are meaningful, sustainable and appropriate.



OUR FOCUS AREAS AND AIMS

FOCUS AREA	AIM
Individual potential and the volunteer experience	Volunteering is safe, inclusive, accessible, meaningful and not exploitative
Community and social impact	The diversity and impact of volunteering is articulated and celebrated
Conditions for volunteering to thrive	The right conditions are in place for volunteering to be effective and sustainable

OUR GUIDING PRINCIPLES

The Mercy Health Volunteering Strategy is designed to be a living document that is reviewed and adapted as our programs, organisation and communities grow and change.

The following principles will guide how we realise aims, objectives and initiatives outlined in our plan:

We value and respect the voice and perspective of those we care for and of current and potential volunteers, we are committed to collaborating and co-designing programs and roles with them.

We want to make volunteering as accessible as possible, to staff, volunteers and those we care for, we are committed to using plain language wherever possible to help us achieve this.

We work together as a Mercy Health team to achieve the best outcomes for those we care for, our volunteers and our staff. To do this we collaborate within the Volunteer Coordinator Program as well as locally with operational managers and leaders to achieve the best outcomes.

We seek out innovative opportunities and new ways of doing things.

We ensure that our volunteering programs are well resourced and sustainable.

We refer to best practice, evidence and excellence in external programs to help inform our approach.

We use the National Volunteer Standards and National Strategy for Volunteering* to guide us.

*National Strategy for Volunteering 2023-2033

TERMINOLOGY

TERM	DEFINITION
Consumer Advisors	Consumer advisors provide a perspective from those on the receiving end of our care and services. Consumer advisors participate on a voluntary basis, with the exception of some roles that attract optional sitting fees.
Volunteers	Those who give their time willingly for the common good and without financial gain.
Volunteering	Time willingly given for the common good and without financial gain.
Volunteer Management	The function of managing, leading and supporting volunteers.
Volunteer Coordinators	The person's responsible for volunteer management/ engagement in an organisation or group.



OUR PRIORITIES

- 1 Focus on the volunteer experience
- 2 Make volunteering inclusive and accessible
- 3 Ensure volunteering is not exploitative
- 4 Diversify understanding of volunteering
- 5 Recognise the inherent value of volunteering
- 6 Enable a community led approach
- 7 Build strong leadership and shared accountability
- 8 Commitment to strategic investment
- 9 Recognise the importance of volunteer management



Priority 1

FOCUS ON THE VOLUNTEER EXPERIENCE

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> Map recruitment processes to ensure they are volunteer focused 	<ul style="list-style-type: none"> Group Manager Community Experience 	<ul style="list-style-type: none"> Outcomes of recruitment review prioritised and implemented 	<ul style="list-style-type: none"> Roles provide volunteers an opportunity to make a meaningful difference
<ul style="list-style-type: none"> Review and prioritise Better Impact database functions to implement 	<ul style="list-style-type: none"> Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Better Impact database implementation plan developed and implemented 	<ul style="list-style-type: none"> Sustainable and accessible volunteer program in place
<ul style="list-style-type: none"> Focus on matching volunteer expertise/ background to volunteering experience 	<ul style="list-style-type: none"> Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Volunteer matching process developed and implemented 	<ul style="list-style-type: none"> Volunteer roles are meaningful and benefit those we care for
<ul style="list-style-type: none"> Instigate an annual development review for each volunteer 	<ul style="list-style-type: none"> Group Manager Community Experience 	<ul style="list-style-type: none"> Annual review process established for volunteers 	<ul style="list-style-type: none"> Formal, two-way communication pathway established
<ul style="list-style-type: none"> Develop an annual volunteer experience survey 	<ul style="list-style-type: none"> Group Manager Community Experience 	<ul style="list-style-type: none"> Evidence of volunteer program continuous improvement 	<ul style="list-style-type: none"> Engagement of volunteers in improvement and innovation
<ul style="list-style-type: none"> Develop a staff experiences with volunteering feedback process 	<ul style="list-style-type: none"> Group Manager Community Experience Health Services & Healthy Ageing Sponsors 	<ul style="list-style-type: none"> Feedback/ consultation process for staff established 	<ul style="list-style-type: none"> Sustainable volunteer program in place

Priority 2

MAKE VOLUNTEERING INCLUSIVE AND ACCESSIBLE

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> • Provide alternative ways and locations for volunteers to access orientation, education and training sessions 	<ul style="list-style-type: none"> • Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> • Updated education and orientation content and delivery launched 	<ul style="list-style-type: none"> • All potential volunteers have access to training and education
<ul style="list-style-type: none"> • Collaborate across volunteer programs to share training, resources and orientation sessions where applicable 	<ul style="list-style-type: none"> • Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> • Evidence of shared projects, resources and learning 	<ul style="list-style-type: none"> • Volunteer Coordinators contribution to strengthening and advocating for volunteering
<ul style="list-style-type: none"> • Focus on making our volunteering opportunities more accessible (for younger people, culturally diverse populations, people with disabilities, out of hours' availability) 	<ul style="list-style-type: none"> • Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> • Existence of flexible roles to promote inclusiveness 	<ul style="list-style-type: none"> • Diversity of volunteers reflective of our community

Priority 3

ENSURE VOLUNTEERING IS NOT EXPLOITATIVE

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> • Review each role to ensure the position is not exploitative of the volunteer and not replacing paid staff members 	<ul style="list-style-type: none"> • Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> • Outcomes of volunteer role review prioritised and implemented 	<ul style="list-style-type: none"> • Volunteer roles do not replace paid staff

Priority 4

DIVERSIFY UNDERSTANDING OF VOLUNTEERING

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> Focus on creation of more face to face/consumer and community contact roles across all programs 	<ul style="list-style-type: none"> Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Evidence of trends/directions informing new roles 	<ul style="list-style-type: none"> Increased diversity of volunteer roles
<ul style="list-style-type: none"> Review our roles that do not directly interact with consumers and community to ensure they provide tangible benefit to those we care for/our community 	<ul style="list-style-type: none"> Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Outcomes of role review with input from volunteers and staff prioritised and implemented 	<ul style="list-style-type: none"> Volunteer roles are meaningful and benefit those we care for
<ul style="list-style-type: none"> Volunteer Coordinator participation in sector and networking groups to maintain knowledge of volunteering trends and opportunities 	<ul style="list-style-type: none"> Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Volunteer Coordinator professional development attendance rate and feedback 	<ul style="list-style-type: none"> Volunteer Coordinators are proactively included/invited to participate in events and education

Priority 5

RECOGNISE THE INHERENT VALUE OF VOLUNTEERING

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> Creation of a promotional and recognition plan in collaboration with Communications including design of new collateral 	<ul style="list-style-type: none"> Group Manager Community Experience Communications 	<ul style="list-style-type: none"> Promotional and recognition strategy developed and actioned 	<ul style="list-style-type: none"> Greater awareness of Mercy Health Volunteer Program internally
<ul style="list-style-type: none"> Key volunteering dates and milestones are recognised and celebrated by Mercy Health 	<ul style="list-style-type: none"> Group Manager Community Experience Communications 	<ul style="list-style-type: none"> Established recognition events and communication strategy developed and actioned 	<ul style="list-style-type: none"> Volunteers are recognised and celebrated by Mercy Health

Priority 6

ENABLE A COMMUNITY LED APPROACH

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> Establish a mechanism for community feedback to inform volunteer roles 	<ul style="list-style-type: none"> Community Experience 	<ul style="list-style-type: none"> Records of community engagement activities and partnerships 	<ul style="list-style-type: none"> Volunteer roles reflect the needs, priorities and preferences of those we care for
<ul style="list-style-type: none"> Scope partnership opportunities with community agencies and groups to support volunteering 	<ul style="list-style-type: none"> Group Manager Community Experience Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Records of community engagement activities and partnerships 	<ul style="list-style-type: none"> Promotion of Mercy Health Volunteer program externally

Priority 7

BUILD STRONG LEADERSHIP AND SHARED ACCOUNTABILITY

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> Strengthen local volunteer program engagement with site/program (staff promotion/referral process) 	<ul style="list-style-type: none"> Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Stakeholder engagement strategy enacted 	<ul style="list-style-type: none"> Increased number of internal referrals
<ul style="list-style-type: none"> Executive/Leadership integration with volunteer program 	<ul style="list-style-type: none"> Group Manager Community Experience Health Services & Healthy Ageing Sponsors 	<ul style="list-style-type: none"> Volunteering considerations embedded in business and planning tools and processes 	<ul style="list-style-type: none"> Volunteer program embedded in business operations and decision making
<ul style="list-style-type: none"> Reporting schedule and KPIs established (include volunteer experience metric) 	<ul style="list-style-type: none"> Group Manager Community Experience 	<ul style="list-style-type: none"> Established and ongoing reporting schedule 	<ul style="list-style-type: none"> Greater awareness, accountability and knowledge of volunteer program function and performance

Priority 8

COMMITMENT TO STRATEGIC INVESTMENT

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> • Staff EFT allocation appropriate for volunteer coordination in each site and program 	<ul style="list-style-type: none"> • Group Manager Community Experience • Health Services & Healthy Ageing Sponsors 	<ul style="list-style-type: none"> • Outcomes of staff allocation review prioritised and implemented 	<ul style="list-style-type: none"> • Sustainable volunteer management structure in place
<ul style="list-style-type: none"> • Review of volunteer management structure and roles to ensure they are fit for purpose and meet the needs of Mercy Health 	<ul style="list-style-type: none"> • Group Manager Community Experience • Health Services & Healthy Ageing Sponsors 	<ul style="list-style-type: none"> • Outcomes of management structure review prioritised and implemented 	<ul style="list-style-type: none"> • Sustainable volunteer management structure in place
<ul style="list-style-type: none"> • Ensure adequate and appropriate spaces are available for volunteer orientation and training, volunteer coordination and volunteer networking 	<ul style="list-style-type: none"> • Group Manager Community Experience • Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> • Adequate and appropriate equipment and space with volunteers identifiable on site 	<ul style="list-style-type: none"> • Volunteers and Volunteer Coordinators feel recognised and valued by Mercy Health
<ul style="list-style-type: none"> • Appropriate budget allocation to meet Volunteer Strategy priorities (at a corporate and program level) 	<ul style="list-style-type: none"> • Group Manager Community Experience 	<ul style="list-style-type: none"> • Established volunteer program budget approved 	<ul style="list-style-type: none"> • Appropriate budget in place to implement Volunteer Strategy initiatives
<ul style="list-style-type: none"> • Collaboration with the Mercy Health Foundation and other funding bodies to assess suitability of grants or application for funds to support new or revised volunteer programs 	<ul style="list-style-type: none"> • Group Manager Community Experience • Mercy Health Foundation 	<ul style="list-style-type: none"> • Evidence of funding applications for new/ revised volunteer programs 	<ul style="list-style-type: none"> • Additional funding available to strengthen volunteering program

Priority 9

RECOGNISE THE IMPORTANCE OF VOLUNTEER MANAGEMENT

Actions	Leads	Evaluation	Outcome
<ul style="list-style-type: none"> Volunteer Coordinator roles are recognised as people leaders at Mercy Health and are included in relevant forums, consultations and training provided at Mercy Health 	<ul style="list-style-type: none"> Group Manager Community Experience Health Services & Healthy Ageing Sponsors 	<ul style="list-style-type: none"> Volunteer Coordinators included in relevant operational meetings and forums, consultation and education participation rate and feedback 	<ul style="list-style-type: none"> Volunteer Coordinators feel recognised and valued by Mercy Health
<ul style="list-style-type: none"> Enhance staff awareness of Volunteer Coordinator roles and ways to work together 	<ul style="list-style-type: none"> Group Manager Community Experience Volunteer Coordinators (Health Services & Healthy Ageing) 	<ul style="list-style-type: none"> Evidence of shared projects and learnings 	<ul style="list-style-type: none"> Volunteer Coordinator contribution to strengthening and advocating for volunteering
<ul style="list-style-type: none"> Support for Volunteer Coordinators to attend professional development and networking opportunities 	<ul style="list-style-type: none"> Group Manager Community Experience 	<ul style="list-style-type: none"> Evidence of Volunteer Coordinator professional development participation rate and feedback 	<ul style="list-style-type: none"> Volunteer Coordinators undertake internal and external professional development activities

Recognition and thanks to our contributors

We would like to recognise the expertise and vision of the following groups who contributed to the development of this plan

- Our volunteers and consumer advisors
- Those we care for
- Operational leaders and managers
- Clinical and non-clinical staff who work with and support our volunteers

For more information, please contact the Volunteer Program Team:

- Werribee Mercy Hospital - WMHvolunteers@mercy.com.au
- Mercy Hospital for Women - MHWvolunteers@mercy.com.au
- O'Connell Family Centre - MHWvolunteers@mercy.com.au
- Mercy Palliative Care Sunshine - MPCVolunteerCoordinators@mercy.com.au
- Mercy Care Centre Young - (02) 6382 8444
- Mercy Health Albury - MHAvolunteers@mercy.com.au
- Mercy Health Healthy Ageing sites - Volunteer@mercy.com.au
- Consumer Advisor Program - getinvolved@mercy.com.au

Interested in becoming a Volunteer?

Find out more by visiting our website:

www.mercyhealth.com.au/our-organisation/volunteering

or by contacting the Volunteer Program Team at Volunteer@mercy.com.au



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Care first