

Participation in the Community Visitors Scheme

In the Sydney Metropolitan Area:

A Study of Volunteer Characteristics and

Motivations

By

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Dedication

I dedicate this work to my husband and soul-mate, Damian who encouraged and supported me throughout the length of this project.

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I have had support and encouragement in many forms and from a variety of people over the time it has taken me to see this work to completion. During the early years, fellow students Tania, Cathy, Xanthe and Patrizia assisted with the impetus to begin. My perseverance has, in part, been attributed to the encouragement of fellow academics lecturing on the Bachelor of Applied Science (Leisure & Health). I thank Peta Mudge, Jacki Quirke, Laurence Bathurst, and Gabrielle Koop for their belief in my abilities and their encouragement to continue. I am also indebted to Dr Freidoon Khavarpour for his understanding and assistance to obtain 'breathing space' during a period of personal upheaval. Dr Barbara Adamson has been an enthusiastic supervisor who has guided me while allowing me to maintain control over the focus of the study.

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Abstract

The aim of this descriptive study is to investigate the characteristics and motivations of volunteers participating in the Community Visitors Scheme (CVS) in the Sydney metropolitan area and to determine if previous difficult life experiences influence a person's decision to participate in the CVS. Volunteers in the CVS are recruited and trained, by sponsoring Community Based Organisations (CBOs), to visit on a one-to-one basis isolated and lonely people living in nursing homes. Research into this scheme will assist in the understanding of the use of volunteers in nursing homes, add to the literature on the characteristics and motivations of Australian volunteers, and provide data on a recently implemented government scheme.

A self-administered questionnaire was randomly distributed to 140 CVS volunteers through the CVS Coordinators of fourteen CBOs representative of all localities within the Sydney metropolitan area. The data gathered were analysed using the Statistical Package for the Social Sciences (SPSS). The results of the study are based upon the 64 questionnaires returned.

Overall, the results of this study indicate that an average CVS volunteer is likely to be a married woman, aged 53, with children, who is retired and owns her own home. She is likely to live with her spouse in Northern Sydney or the Inner areas of the city and volunteered over three years ago for altruistic reasons. She continues to visit because of the developing friendship with her resident and finds the experience as a CVS volunteer personally rewarding. Over a quarter of all volunteers (N=17) were influenced by a past experience they had found difficult to deal with. Generally, CVS volunteers find participation in the scheme a rewarding experience.

A number of recommendations have been made based upon the results of this study. These recommendations relate to the areas of recruitment, support and retention of volunteers, appropriate skills development of CVS Coordinators, and specific areas for future research.

CHAPTER 1.

Background to the research

1.1 Research questions

This research is a descriptive study of the characteristics and motivations of people who are volunteers with the Community Visitors Scheme (referred to as the CVS) in the Sydney metropolitan area. There are a number of research questions around which the study has been designed. These are:

- What are the characteristics of a CVS volunteer?
- What motivates a person to become a volunteer with the CVS?
- Is there a relationship between stressful life events and the decision to volunteer?
- Are the motivations to continue to volunteer different from the initial motivations to volunteer?

1.2 Relevance of the research

Two areas of growth within Australia are voluntarism and the aged care sector (Wiles, 1988). The voluntary sector is recognised worldwide as contributing significantly to the economy of a country (Herzog & Morgan, 1992). A survey undertaken in the late 1980's in the United Kingdom revealed that up to half the adult population participated in some form of voluntary activity each year, contributing 100 million hours of work (Smith, 1993). This trend is also seen throughout Europe with 19% of the population of France, 25% of

the population of Denmark and 36% of the population of the Netherlands volunteering in some form each year (Smith, 1993).

“Volunteering, once seen as the domain of the friendly do-gooder, is now a major economic sector. The value of voluntary and community activity in Australia was recently estimated at more than \$18 billion” (Encel & Nelson, 1996, p7). There were 1.3 million volunteers in Australian charitable organisations in 1994, contributing the equivalent work of 50,000 full time employees (Industry Commission, 1994).

Governments, both in Australia and overseas, are seeking to formalise volunteerism, and develop policies for the voluntary sector. For example, during the 1997 Presidential summit on volunteerism in the United States, President Clinton announced a “new \$27 million government initiative to encourage volunteering” (The volunteer state, 1997, p8). The increase in voluntary activity in Australia has been particularly noticeable since the 1970’s (Baldock, 1990). As a result of this increase the Australian government has implemented a process involving consultation with peak organisations in the voluntary sector to define social policies and procedures for the voluntary sector in each state (NSW Department of Community Services & Office on Social Policy, 1995).

The provision of services for the aged care sector in Australia is increasingly becoming a high priority for governments and individuals. The ageing of the Australian society will place increasing pressure on resources provided at a governmental level (Borowski & Hugo, 1997). At the same time, older people in society are becoming more aware of their rights as consumers and are demanding accountability by aged care service providers (Rowland, 1992) and the implementation of policies that support this accountability (Mason & Randell, 1997).

The CVS is a strategy, using volunteers recruited from the community, implemented by the Australian government to enhance the quality of life for older people receiving services in residential care in the aged care sector. Research into this scheme will assist in the understanding of the use of volunteers in nursing homes, add to the literature on the characteristics and motivations of Australian volunteers, and provide data on a recently implemented government scheme in aged care.

CHAPTER 2.

Volunteers

2.1 A history of volunteering in Australia

Volunteering has been a part of Australian culture since colonisation (Baldcock, 1990; Bates, 1978; Dickey, 1987) and is closely aligned to the history of social welfare in Australia (Baldcock, 1990; Dickey, 1987). Although the spirit of 'charity' was never as prevalent as in other countries (Jones, 1996), Australian volunteering owes its origins to early voluntarism in the United Kingdom which has a long history of 'largess' by the upper classes in society (Curtis & Noble, 1993). Historically, voluntarism was the province of the landed gentry and the church who provided assistance to those less fortunate than themselves and to social reformers who fought to change social conditions (Curtis & Noble, 1993; Goodrick, 1993). During and after the industrial revolution in Europe, America, and the colonies, women with higher status within the community were encouraged to spend their time in charitable works (Harris, 1978).

In colonial Australia, government services and charitable organisations such as The Benevolent Society of New South Wales were introduced to meet a growing need within the colony and provided assistance in health, welfare and education. These volunteers were "those in the colonies who saw it as their task to take care of the social residuum of aged, poor, deserted, sick or otherwise vulnerable people – those who could not respond to such calls for thrifty foresight and respectability" (Dickey, 1987, p23-24). Volunteers

were predominantly from 'respectable' Christian backgrounds (Curtis, 1993; Dickey, 1987).

As Australia became more culturally diverse, ethnic specific community groups were formed to meet the special needs of immigrants. Charitable societies such as The Red Cross came to the fore of volunteering during WWI and WWII, using volunteers to provide goods and services to the armed forces and those civilians in need. (Curtis, 1993; Dickey, 1987)

During the 1950's the government began to provide more welfare services with the emergence of the Welfare State as the work of volunteer organisations went largely unrecognised (Curtis, 1993; Dickey, 1987). The introduction of government welfare initiatives such as the aged pension, disability pensions, unemployment benefits, Medicare and subsidised accommodation could not meet the growing social need of Australian society. Non-government organisations and societies are being increasingly funded to meet this gap in services, largely through the use of volunteer labour (Dickey, 1987).

Volunteers in the 1990's are often involved in self-help groups and perceive volunteering as an activity providing mutual benefit to both volunteer and recipient (Curtis, 1993; Gidron, 1980). Australia allows the use of volunteers in the provision of services to clients in the welfare sector, in contrast to government policies of other countries which specifically requires paid professionals to provide these services (Yates & Graycar, 1983).

2.2 Definitions of volunteering

The inconsistencies in defining the term 'volunteer' presents difficulties in undertaking a critique and analysis of the literature on volunteering (Abraham, Arrington, &

Wasserbauer, 1996). The Macquarie Concise Dictionary (Delbridge & Bernard, 1996, p1133) lists a very general definition for a volunteer as "one who enters into any service of his (sic) own free will, or who offers himself for any service or undertaking". Various organisations and researchers have further added to and refined this very broad definition of a volunteer.

The three essential elements of volunteering as defined by the Volunteer Centre of South Australia are:

- "volunteering provides a service to the community;
 - volunteering is done of one's own free will;
 - volunteering is done without monetary reward (excluding out of pocket expenses)"
- (Noble, 1991).

The Volunteer Centre of NSW (1995) adds the proviso that volunteers provide services only in not-for-profit organisations and services, which is consistent with the model of formal and informal voluntary activity proposed by Fischer, Mueller and Cooper (1991).

Fischer et al. make the distinction between voluntary activity under the auspices of an organisation (formal) and voluntary activity outside these organisations (informal).

Australian research tends to define informal voluntary activity under the terms of caregiving, helping, and friendship rather than as an identifiable volunteer activity. The Australian Bureau of Statistics (referred to as the ABS, 1995, p7) further defines the activities of volunteers and the term organisation in the following definition, "A volunteer is someone who willingly gives unpaid help in the form of time, service or skills, through an organisation or group. An organisation or group is any body with a formal structure. It may also be as large as a national charity or as small as a local book club. Pure ad hoc, informal and temporary gatherings of people do not constitute an organisation".

Explanatory notes surrounding a definition of 'volunteer' are often made in the form of descriptions of what a volunteer is not. These include a paid worker, an unpaid worker doing the work of a paid worker (Gotbaum & Barr, 1977), a person under any legal obligation to volunteer, and a person who contributes more than a set number of hours (Curtis & Noble, 1988). There is some disagreement regarding the maximum hours a volunteer can contribute before becoming an exploited unpaid full time employee.

Although the International Association on Volunteer Effort states that no more than 16 hours should be contributed by a person in order to retain the status of a volunteer, many organisations and government bodies do not specify this, including the Australian Bureau of Statistics (Encel & Nelson, 1996). Voluntary activity with a person's immediate family is not generally regarded as volunteering (ACOSS, 1997).

The term 'volunteer', for the purposes of this study, refers to those people who are classified as designated Community Visitors with the Community Visitors Scheme (referred to as CVS) in New South Wales by the Department of Health and Family Services. As CVS volunteers, these people are:

- participating in the scheme of their own free will;
- providing a service to the community;
- not receiving any monetary reward (excluding out of pocket expenses)
- contributing less than 16 hours per week to the scheme
- participating in formalised volunteering activities with the CVS;
- auspiced by a community based organisation which is a non profit organisation.

2.3 Areas in which volunteers are utilised

Volunteers in Australia are under the auspices of a wide spectrum of organisations and groups, often working with more than one organisation or group (ABS, 1995, p10).

Volunteers choose to assist sporting, recreation and hobby organisations/groups marginally more often than welfare and community organisations/groups (refer to Table 2.1). The CVS, although receiving government funding, is implemented within the welfare/community sector via community based organisations.

Table 2.1 Voluntary participation rates in Australia by type of organisation (ABS,1995, p10).

Types of organisations using volunteers	% of volunteers in each organisation
Sport/recreation/hobby	31.4
Welfare/community	29.7
Education/training/youth development	25.3
Religious	17.7
Health	6.9
Emergency services	4.9
Arts/culture	4.1
Environmental/animal welfare	3.7
TOTAL	123.7

Note: Total is greater than 100% as volunteers may work with a number of organisations.

2.4 Characteristics of volunteers

There is some disputation concerning the profile of the average Australian volunteer to the extent that some claim there is "no such creature as a typical volunteer" (ACOSS, 1997, p47), only very broad generalisations. Early studies on volunteering in Australia found that the average volunteer was likely to be female, unemployed and over 50 years of age (Hardwick & Graycar, 1982; Fisher, 1983; Wheeler, 1986). Other research, overseas, has disputed this profile, stating that volunteers are younger, married, well educated and supported by higher incomes, although agreeing that they are more likely to be women (Chambre, 1984, 1987; Herzog,, Kahn, Morgan, Jackson & Antonucci, 1989). The Volunteer Centre of South Australia is more general in giving a description of their

volunteers, who it seems are a diverse group drawn from all sectors of society and from both genders (Curtis & Noble, 1988). The explanation for these apparently opposing descriptions lies with the difficulty in defining the term 'volunteer' and the areas of volunteer activity under investigation (see above discussion). . Curtis and Noble (1988; 1993) base their findings upon Australian Bureau of Statistics reports of volunteer activity within all sectors, including sport, arts and entertainment while Hardwick et al. (1982), Fisher (1983), and Wheeler (1986) concentrate on the welfare sector (Baldock, 1990).

There is evidence to suggest that the type of voluntary activity undertaken differs with a person's progress through the life cycle. For example, voluntary participation with sporting bodies is often associated with the time of life when a person is interested in sporting activities either directly or through their child's sporting activities (Cuskelly & Harrington, 1997).

2.4.1 Gender

Just over twenty-one percent of women volunteer in Australia, while nearly seventeen percent of men become volunteers. There are many volunteer activities that are common to both genders, however some organisations report men and women seek different experiences in volunteering (Encel et al., 1996). A volunteer programme in Tasmania providing transport and social contact for older people living in their own homes found that women were drawn towards the social aspects of the programme while men volunteer as drivers or handymen (Davies, 1989).

Males are more likely to volunteer for recreational or career oriented reasons (ACOSS, 1997; Booth, 1972; McPherson & Smith-Lovin, 1986) and are more likely to exhibit helping behaviours in spontaneous or informal situations (Benson et al.,

1980) rather than formalised non-spontaneous volunteering (Eagly & Crowley, 1986) such as the CVS.

The feminist literature argues that women volunteer because of socially conditioned attributes such as a more caring, empathic nature; patience; dedication and the expectation that volunteering, particularly in the community welfare sector, is women's work (ACOSS, 1997; Belansky & Boggiano, 1994; Di Dino, Saragovi, Koestner, & Aube, 1996; Gerstel & Gallagher, 1994; McPherson & Smith-Lovin, 1986; Spence, 1993). Women volunteers, however, have expressed the belief that volunteering provides a positive avenue for self expression, an opportunity to increase skills and self esteem as well as securing a publicly valued role in their community (ACOSS, 1997; Gerstel & Gallagher, 1994).

2.4.2 Age and retirement

A number of researchers have proposed that age is not necessarily a determining factor in the decision to volunteer (Herzog, Kahn, Morgan, Jackson & Antonucci, 1989; Sundeen, 1989). In fact, it is suggested that volunteering in later life is merely a continuation of a life long activity (Chambre, 1984).

Some sociological theorists believe behaviours are governed by the roles that are chosen or forced upon people and are often dependent upon age, gender, health, cultural diversity and socio-economic status (Hayslip & Panek, 1989).

Gerontological research is often based upon role theory. This assumes that people take on and discard certain roles as they progress through the life cycle.

“Gerontologists speak of role loss in old age, continuity of role, and the act of finding substitutes for lost roles” (Schultz & Galbraith, 1993, p476). Volunteering may be a

way to create new valued roles within society to compensate for those roles lost with the loss of employment upon retirement (Carp, 1968, Cover, 1980). A number of theories such as disengagement, activity and continuity theories have been built upon the concept of role loss theory.

Early research into retirement suggested that this was a traumatic period of a person's life (Miller, 1965). The theory of disengagement was one of the earlier theories and was applied in particular to retirement. Disengagement theory speculates that as people age, and lose some of the roles associated with gainful employment, they gradually withdraw from social interaction and active life, becoming more introspective and self absorbed (Botwinick, 1984; Crandall, 1980; Cummings & Henry, 1961). Disengagement theory does not adequately explain the number of older people who remain very active in old age and who may become volunteers (Perritt, 1991).

These early theories, such as disengagement, have been challenged by recent research based upon more accurate samples of older retirees which includes those with chronic health problems as well as those who are healthy and active (Crandall, 1980). As a result, there have been a number of theories proposed to explain the readjustment in a person's life on retirement, including activity theory and continuity theory (Perritt, 1991).

Activity theory proposes that the more activities and social interactions a person maintains as they age and the more flexible they become in substituting one activity for another one, the higher will be their life satisfaction (Havighurst, Neugarten & Tobin, 1968; Neugarten, Havighurst & Tobin, 1961). Activity theory could explain

volunteering by retirees, if volunteering were used as a substitute on retirement. However, Chambre (1984) found that socio-economic status and gender were more important than the loss of social roles in the decision, by an older person, to volunteer, concluding that the continuity theory is more applicable to volunteering in retirement than the activity theory.

Continuity theory (Atchley, 1971) assumes that people will continue to pursue similar interests and activities after retirement, as those undertaken in the years leading up to retirement. Volunteering, for some older people, may be a part of this continuity pattern.

An Australian government Budget decision, introduced in 1996, may also contribute to the decision to volunteer for older Australians who stop work before the age required for them to qualify for the aged pension. This allows unemployment benefits to be paid to older people who undertake regular voluntary activity at least two days per week (Borowski, Encel & Ozanne, 1997).

A distinction between the motivations of younger and older volunteers was made by ACOSS (1997) in an investigation into volunteering in Australia. It was found older volunteers wanted to use their time and skills by contributing to their community and tended to stay with one organisation for a considerable length of time. Younger volunteers wanted to 'fill in' time and gain skills that could be used to further their employment prospects and were more mobile within organisations and communities.

Older people are currently being targeted as potential volunteers (Sainer, 1977) to provide numerous government funded services to the community in Australia. The

New South Wales government is particularly pro-active in the general recruitment of older volunteers as a means of promoting an active healthy lifestyle for older people and of addressing negative stereotypes surrounding ageing (Encel, et al., 1996; NSWHealth, 1997).

There is little discussion in the literature supporting the proposition that older volunteers should be particularly attracted to a scheme such as the CVS, whose focus is on interpersonal relationships with residents in nursing homes, more so than younger volunteers. In fact, the ABS (1995, p13) reports that there is no significant difference in the ages of people whose main volunteer activity is denoted as befriending, supportive listening or counselling, as shown by Table 2.2 .

Table 2.2 Volunteer activity by age (adapted from ABS, 1995, p13).

Activity	15-24 %	25-34 %	34-44 %	45-54 %	55-64 %	65+ %	Total %
Befriending/ Supportive listening/ Counselling	18.1	16.2	16.0	19.1	20.4	18.2	17.6

In apparently contradictory statements, Encel et al. (1996, p15-16), using the example of the Riverina Community College CVS, state, “Some voluntary schemes consciously use older volunteers to work with elderly people in need of care, because they see a natural fit between the two groups” (Encel et al., 1996, p15). However, they also add that people of all ages are interested in working with “frail and confused older people” and assumptions about “natural affinities should not be made” (Encel et al., 1996, p16).

2.4.3 Socio-economic status of volunteers

Sundeen (1989) argues that the social status of volunteers, particularly the educational level achieved (Fischer et al., 1991), has a great bearing on the decision to volunteer; those with the most resources are more likely to volunteer. The reasoning behind this argument is that people with resources have a greater stake in their community and have the time, financial and emotional resources to give to volunteering. These motivations for volunteering can be a combination of egoistic and altruistic. "To a large extent, service needs (volunteering) depend upon social roles they occupy such as those related to one's place in the life cycle, family life, and employment status" (Sundeen, 1989, p549).

2.4.4 Employment

The compensation perspective suggests that people who are employed seek a type of voluntary activity that allows a different type of experience from their employment routine (Kabanoff, 1980; Staines, 1980). On the other hand volunteer activities that have the same characteristics and use the same skills as a person's employment has been called the spillover perspective (Kabanoff, 1980; Staines, 1980). In this perspective, unemployed volunteers may actually view their volunteer activity as their 'career', giving them an acceptable status within the community (Jenner, 1982; Markham & Bonjean, 1996). With the predicted decrease in voluntary activity by employed women in coming years, it is expected that 'career volunteers' will become increasingly indispensable (Markham et al., 1996).

2.5 Recruitment and retention of volunteers

With the upsurge of volunteering activity there is greater emphasis on recruitment and retention of today's volunteers. The number of voluntary organisations competing for volunteers in Sydney has increased tenfold in number since before World War II (Encel et al., 1996).

The Volunteer Centre of the United Kingdom (1992) recommends that recruitment is targeted towards organisations, and social clubs and groups, instead of appealing to the individual because one of the biggest motivational factors was increased social contact. However, Abraham et al. (1996) argue that a person to person approach is a more positive approach to older people as the probability that someone will volunteer has been known to increase by sixty percent if they are asked to volunteer (Butler, 1997).

Morrow-Howell and Mui (1989) suggest, in their study of older volunteers, that when the original motivations to volunteer are not realised, organisations are not able to retain their volunteers. Studies have found that long term volunteers are often better educated, receive a higher income, volunteer with other organisations and are satisfied with their lives in comparison with short term volunteers (Kuehne et al., 1993; Lemke & Moos, 1989; Monk & Cryns, 1974).

'Burnout' of volunteers who are expected to form relationships with nursing home residents has been found to be high, with volunteers tending to find reasons for not visiting on a regular basis until their visits ceased altogether, rather than consciously deciding to withdraw from volunteer programmes (Savishinsky, 1992).

CHAPTER 3

The Community Visitors Scheme (CVS)

3.1 History of the Community Visitors Scheme

The residential aged care sector in Australia underwent extensive reviews during the 1980's. A significant part of this review concentrated upon the standards of care for older people living in assisted accommodation in nursing homes and hostels (Freytag, n.d; Ronalds, 1991). There were a number of areas of concern identified within the nursing home industry and recommendations were made to ensure the dignity and improve the quality of life of nursing home residents (Ronalds, 1989). These included identification of resident rights in assisted accommodation and the development of Outcome Standards for Nursing Homes and Hostels. Recommendations designed to safeguard resident rights include Recommendation 33.1 (Ronalds, 1989) which refers to the development of avenues to independent advocacy for residents who have difficulty in exercising their rights. Recommendation 33.2 specifically identifies a CVS Model in which a person is employed to visit the residents of each nursing home and hostel once a month and is contactable by residents at all other times. The advocacy role undertaken by this visitor as part of the then Department of Health, Housing and Community Services' monitoring process was envisaged as ensuring "that all residents have access to outside information, support and advice for the times when they chose to use that access" (Ronalds, 1989, p69).

The actual Pilot CVS trialed in South Australia and Queensland in 1990 was a modified version of this original recommendation (Ernst & Young, 1991; Staff, 1991). The most significant changes were:

- the use of volunteers as designated Community Visitors,
- the introduction of community based organisations (referred to as CBOs) as funded sponsors of the scheme and,
- the emphasis on the development of a one-to-one friendship between a resident and a volunteer

(Commonwealth Department of Community Services and Health, 1990; Ernst & Young, 1991).

The subsequent promotion of the CVS in this format emphasises the recruitment, training and matching of volunteers on a one-to-one basis “to residents of nursing homes who receive no, or rare, visitors and whose general quality of life is disadvantaged as a result” (Staff, 1995, p5). The evaluation of the pilot schemes found the scheme “was successful in terms of its management, delivery, the outcomes for most of the residents who received Community visitors and for the visitors” (Ernst & Young, 1991, p3). As a result of this evaluation the scheme was progressively introduced to the rest of the states of Australia, with the CVS implemented in NSW in July 1993.

One of the areas recognised by the Commonwealth funding body was the increasing isolation of nursing home residents from a non-English speaking background (NESB) (Rowland, 1997). There is a great diversity of cultures represented by nursing home residents. In 1991 there were residents identified as being from 47 different European and Asian countries living in nursing homes (Rowland 1991a, cited in Rowland 1997). One of the factors contributing to the isolation of NESB nursing home residents is the reversion to

the childhood language of someone with dementia (Schappi, 1994). CBOs with links to specific cultural groups receive funding to recruit and train volunteers who speak a language other than English to visit nursing home residents from that culture.

While some organisations utilising volunteer labour within the aged care and community sectors do not provide orientation, training and evaluation for volunteers (Encel & Nelson, 1996), the CVS requires the provision of initial and ongoing education and support for volunteers within the scheme.

3.2 Australian Research on the Community Visitors Scheme

There are currently two known research studies of the CVS. The first is the evaluation of the pilot schemes trialed in South Australia and Queensland (Ernst & Young, 1991), the other being an internal evaluation conducted by the Penrith Volunteer Resource Centre Inc (Dew, 1994). The evaluation of the pilot schemes concentrated upon the process of recruitment, training, matching and monitoring of the scheme. There was, however, a short section included on volunteer motivation and reasons for continuing to volunteer as a Community Visitor. The most common reasons for volunteering were listed as:

- “they wished to give pleasure to others;
- their own parents were in nursing homes and they knew how much it meant to them to have visitors;
- they wanted to do something worthwhile
- I’ll be old myself one day and I’d like to think someone would come and visit me
- They liked talking to older people
- They wanted to be more involved in their community, and
- They thought it would be good for their families to have an older person to relate to.

(Ernst & Young, 1991, pp59-60).

Volunteers reported that the development of a relationship between themselves and their matched resident, the difference they made in their resident's life and the fulfilment of a need in their own lives encouraged them to continue visiting (Ernst & Young, 1991).

The research undertaken by Dew (1994) is specific to the CVS in the Penrith/Hawkesbury area and investigated the overall success of the CVS after the first year of operation. Methodology used included self-administered questionnaires to 24 volunteers and 4 Directors of Nursing at participating nursing homes and structured interviews with 11 residents. In depth telephone interviews were also conducted with 10 randomly selected volunteers.

Overall all participants in this evaluation reported beneficial outcomes and made positive comments concerning involvement in the various aspects of the CVS. Demographic data were not presented in this evaluation. The CVS volunteers in this study generally found out about the CVS through a newspaper article, volunteered for altruistic reasons (to give to another person) or to have contact with elderly people. A small majority (N=10) of volunteers who answered a question on experience in nursing homes (N=18) had prior contact with nursing homes before joining the CVS and most reported feeling comfortable with the nursing home environment at present. Prior expectations of being a volunteer were met in the majority of cases, with volunteers reporting feelings of self worth, observable benefits to the residents, and support gained from the group of CVS volunteers. Most volunteers report enjoyment in visiting the resident and feeling good about their visits while a small number visited from a sense of duty or 'dreaded' the visits.

A number of case studies based on residents receiving Community visitors and the Community Visitors who visit (eg. Bauze, 1993; Hudson, 1993) have been compiled and published in magazines and local newspapers to raise public awareness of the scheme, to promote the now Department of Health and Family Services, and as a recruitment strategy for CVS volunteers.

While there appears to be no comparable organised, government funded, formal visiting scheme with similar objectives as the CVS in Australia, there are a small number of Australian studies dealing with organisations that arrange for volunteers to visit, on a social basis, older people in their own homes (Vasey, 1991). In contrast to the CVS, the volunteers of many of these schemes are also required to perform personal care and housework for the older people (Davies, 1989). The focus of these studies is the well-researched (Korte & Gupta, 1991; Seccombe & Ishii-Kuntz, 1994) detrimental effects of social isolation on older people and the need for friendship bonds to maintain quality of life (Vasey, 1991; Thrum, 1996).

CHAPTER 4

Motivation to volunteer

4.1 Theories of motivation

“Motivation refers to the driving force that moves us to a particular action” (Carlson, 1990). Motivation affects the type of behaviour, the extent of the behaviour, and the persistence of the behaviour (Carlson, 1990). There are numerous motivational theories to explain biologically determined behaviour and social behaviour (e.g. Herzberg, 1968; Kolesnik, 1978; Maslow, 1970; McClelland, 1961). A distinction is also made between motivations that originate from outside the person, extrinsic motivations, and motivations that come from within the person, intrinsic motivations (Kolesnik, 1978).

The current literature investigating volunteer motivation predominantly draws upon traditional theories of motivation in the social sciences involving altruism, social-obligation and egoistic theories or a combination of a number of motivations (Baldock, 1990, Cnaan & Goldberg-Glen, 1991, Zweigenhaft, 1996).

4.2 Altruistic motivation

Titmuss (as quoted in Baldock, 1990, p88) described altruism as a gift, freely given, without reciprocity. The goal of altruistic behaviour focuses on the person who is helped,

even at the expense of the person who is helping (Martin, 1994). Davis (1983) contends that altruistic motivations are often preceded by people placing themselves in the other person's situation, or empathising with them. A well developed social conscience, or the desire to contribute to the community, is one of the altruistic motivating factors for volunteering (Howarth, 1976).

The desire to help others has been cited as a primary motivating factor in investigations into the motivation of older adults to volunteer (Kouri, 1990; Morrow-Howell & Mui, 1989; Payne & Bull, 1985). There is also a suggestion that altruism is a stronger motivation in older adults than in younger adults (Frisch & Gerrard, 1981; Morrow-Howell et al., 1989).

4.3 Egoistic motivation

Egoistic motivations focus upon the needs of the person volunteering (Bendapudi, Singh & Bendapudi, 1996). This person seeks rewards, such as feeling good about what they are doing or an increased social acceptance because of the voluntary activity (Martin, 1994).

4.4 Altruistic and Egoistic Motives

There is some suggestion that the more common motivations are a combination of altruistic and egoistic motivations (Bendapudi et al., 1996). As Henderson (1981, p210) proposes, "...the reasons people volunteer are never completely altruistic or selfish.... A volunteer will be motivated when primary interest, obligations and needs can be met comfortably while giving service to others".

4.5 Previous difficult life experiences

The decision to volunteer can be precipitated by a crisis or a change in a person's life (Baldock, 1990; Frisch & Gerrard, 1981). Examples of these crises or changes are death, illness, retirement, divorce, unemployment, moving to a new locality, disablement or terminal illness (Simos, 1979). Crises and change inevitably bring about losses, including changes in life style, income, goals, friends, relatives, environment, social support systems, mobility, to name a few (Simos, 1979) and often require people to reconsider the meanings of different areas of their lives (Frankl, 1987). Some people are not able to acknowledge the feelings associated with their loss and deny their existence until something brings the feelings to the surface (Worden, 1991). Other people begin new activities and are able to cope with their losses, seeing the losses as bringing opportunities for positive changes to occur and develop new meanings in their lives (Simos, 1979; Tait & Silver, 1989).

Frankl (1963) suggests that people can find meaning in their lives through focusing on other people and exhibiting altruistic-like behaviours. "Finding meaning in life is an individual matter. While some people have the way eased by family, local, national or religious traditions, others follow their own path" (Encel & Nelson, 1996, p13). An example of using volunteering to find 'meaning in life' is given by Savishinsky (1992) who describes volunteers visiting nursing home residents, seeking to replace lost relationships in their lives. Joan Modder, Research Officer, Volunteer Centre of NSW (1996) suggests that the application of Frankl's theories to volunteer motivation may provide an insight into the question of 'Why people volunteer?'

4.6 Research into motivation to volunteer

There are myriad reasons given for volunteering. The Volunteer Philadelphia Home Page (1997) lists 63 motivations to volunteer. The motivation to volunteer can be dependent

upon the type of volunteer activity performed. For example, the motivation to voluntarily serve at the school canteen or as manager of the local football team may be entirely different from the motivation to volunteer for 'Meals on Wheels' (Cuskelly & Harrington, 1997).

An analysis of the literature reveals that the lists of motivating factors or reasons to volunteer, based on these existing theories, are similar in content. There may, however, be some justification in the supposition that "...the reasons people say they volunteer may not be the deeper reasons" (Volunteer Centre NSW, 1994, p17). This belief is supported by the contention, made by Smith (1981), that volunteers propose motives for their behaviour they see as being socially acceptable. This could explain the re-occurrence, within the literature on volunteer motivation, of socially acceptable motives such as altruism, wanting to help others, social interaction, usefulness and availability. There may, therefore, be inherent difficulties with questions such as 'Why did you volunteer?' A person may not be aware of their deeper motivations, may not be able or willing to express their motivations (Abraham et al., 1996, Zweigenhaft et al., 1996), or may be uncomfortable with the concept of publicly admitting benefiting from volunteer activity (Ellis, 1996).

Cora Baldock (1990) explored this dilemma further. Thirty women, enrolling in a one-year TAFE Volunteer Training Certificate completed a short essay on their motivations to volunteer. Baldock (1990) reports that the essays contained motives, expressed in general terms, that were the acceptable altruistic motives (Smith, 1981) listed in other studies. These included 'to be there for others', 'to give something back', spare time, and to be of assistance to others less fortunate than themselves.

After six months of the course the motivations the women gave changed to very specific egoistic reasons for volunteering that were divided into “the need to learn and to change...an alternative to paid work, ...the desire to contribute to the community at large... (and)... as a means to paid work” (Badcock, 1990, p90).

Another of the primary reasons for people to volunteer is simply that they are asked to do so (Volunteer Centre of UK, 1993). Fourteen million Americans over the age of 65, who are not currently volunteering, stated they would volunteer if they were asked (Freedman, 1997). Often these people are associated with an organisation or group using volunteers or had links with other voluntary organisations (Volunteer Centre of UK, 1993

CHAPTER 5

Methodology

5.1 The Sample

The population of this study (Henry, 1990) is active designated Community Visitors within the Sydney Metropolitan area during July and August 1997. There were a total of 884 designated CVS volunteers in NSW in July 1997 operating from a total of 60 CBOs in NSW. Approximately 80% of these volunteers were considered to be actively visiting (Mr Tom Easton, Department of Human Services and Health, personal communication, March 1998). A Community Visitor becomes designated when they have completed recruitment and orientation sessions, have made a commitment to visit and signed a Memorandum of Understanding with the community-based organisation who then informs the Commonwealth Department of Health and Family Services. The volunteer's name is officially added to the master list of designated CVS volunteers held with the State branch of the Department in Sydney (Commonwealth Department of Health and Family Services, 1990). This process of designation has been eliminated from the CVS guidelines since October 1997, after the distribution of questionnaires for this study. An 'active' status denotes that the designated CVS volunteer is currently visiting the resident with whom they have been matched at least twice a month.

5.2 Community based organisations

There were 60 CBOs funded by the Commonwealth Department of Health and Family Services to coordinate CVS volunteers in NSW in July 1997. Of these, 35 organisations were in the Sydney metropolitan area (Commonwealth Department of Health & Family Services, 1997). The Sydney metropolitan area for the purposes of this research was deemed to extend from Waterfall in the south, Campbelltown in south-west, Penrith in the west, Hornsby in the north, Narrabeen in the north-east and includes the coastline in between.

The CBOs involved in the CVS come from a diverse range of backgrounds and include a variety of special interest groups. There are church and religious organisations, educational facilities, self-help groups, ethnic specific organisations, neighbourhood and community centres, volunteer and charity groups. In order to have as complete a sample range, as comprehensive as possible, and in a concerted attempt to limit the possibility of bias in the study, it was decided to distribute questionnaires through selected CBOs.

5.3 Sampling procedure

The CBOs were chosen on the basis of geographical location and the type of organisation involved (see Table 5.1). Sixteen CBOs, representing a cross section of the total 35 CBOs currently sponsoring the CVS in the Sydney metropolitan area, were contacted to become a part of this study, although the actual number of organisations finally participating was reduced to 14.

5.4 Distribution of questionnaires

CBOs receive funding from the Department for a specified number of volunteer visitors. This can range anywhere from 10 visitors up to 50 or 60 for some large organisations such

as The Australian Red Cross and The Salvation Army. However, the number of active designated Community Visitors can fluctuate quite significantly from month to month. In light of this knowledge, ten questionnaires were sent to each of the selected CBOs giving a total of 160 questionnaires initially sent. The subsequent withdrawal of two organisations from the CVS reduced the number of questionnaires to 140. The CVS Coordinator in each centre was sent a letter accompanying the questionnaires requesting them to randomly distribute the questionnaires to active designated Community Visitors. The random selection procedure involved selecting every third volunteer from an alphabetical listing of active designated visitors within the centre. This procedure was continued until all ten questionnaires were allotted (Babbie, 1990; de Vaus, 1990). The accompanying letter to the CVS Coordinator detailing the distribution procedure is attached as Appendix A.

Distribution by the CVS Coordinators was the chosen method as the Coordinators were known to the volunteers and were in regular contact with the volunteers. It was anticipated that this personal approach via the coordinators would enhance the response rate for the questionnaire. Issues of volunteer confidentiality and ethical protocol were also considered. A stamped envelope addressed to the researcher was included with the questionnaire to ensure that the respondents remained anonymous to both the researcher and the CVS Coordinator, and were not coerced to participate in any way (de Vaus, 1990). The CVS Coordinator was, however, requested to make general reminders about the research to the volunteers via group meetings and their newsletters.

Table 5.1 Characteristics of CBO included in the research

Description of organisation*	Suburb	Region of Sydney	Size of CBO	Total
Voluntary**	Sydney	Central	Large	1
Church***	Bankstown	South-west	Small	1
Religious	Liverpool	South-west	Large	1
Special interest group	Sydney	Central	Large	1
Education	Randwick	Eastern Suburbs	Small	1
Community	Haberfield	Inner west	Small	1
Education	Killara	North	Small	1
Community	Lane Cove	North	Small	1
Multicultural	Liverpool	South-west	Small	1
Community#	Nth Narrabeen	Northern Beaches	Small	1
Religious	Waitara	Hornsby	Large	1
Special interest group	Lidcombe	Western	Large	1
Voluntary**	Parramatta	Western	Large	1
Religious	Dulwich Hill	South	Large	1
Special interest group	Hurstville	South	Small	1
Voluntary**#	Sydney	Central	Large	1
Total CBO's				16

*Some CBOs which are affiliated with religious, church and charitable organisations operate independently under management committees etc. and are listed in this table under their specific area.

** The description 'voluntary' refers to large well known volunteer organisations such as The Australian Red Cross, The Volunteer Centre of NSW, Lifeline.

*** Church organisations are those attached to a specific local church, rather than a 'religious organisation' which refers to the welfare/community arm of a large religious organisation eg. The Salvation Army, Centacare, Uniting Church etc.

These two organisations decided to withdraw from the CVS at a time concurrent with this research, no data was collected and they were not included in the results of the research.

5.5 Questionnaire design

Self administered questionnaires were used for data collection in this research because of the potential to reach a large number of volunteers over a wide geographical area within a short period of time (de Vaus, 1990). The questions themselves were designed to elicit information to answer the research questions posed:

1. What motivates a person to become a volunteer with the CVS?
2. Is there a relationship between stressful life events and the decision to volunteer?
3. What are the characteristics of a CVS volunteer?

4. Are the motivations to continue to volunteer different from the initial motivations to volunteer?

During the design of the questionnaire, various drafts were distributed to friends, relatives and academics in order to obtain feedback about appropriate, understandable language, length of questions, and the time taken to complete the questionnaire (de Vaus, 1990). Questions designed to gather demographic information on the respondents, section A of the questionnaire, were a mixture of open-ended and closed questions requiring the respondent to either write a reply or to tick an appropriate box. Section B of the questionnaire, specifically related to the volunteer experience and motivations and consisted entirely of open-ended questions (Converse & Presser, 1986). Motivation is a complex concept and open to a diverse range of interpretations (Abraham et al., 1996; Ellis, 1996; Kolesnik, 1978; Zweigenhaft et al., 1996). In an attempt to overcome this problem, a number of questions asking for reasons, decisions and motivations were used. Respondents were given the opportunity to list four motivational factors in order of importance so there was scope to include socially acceptable motives as well as some of the lesser socially approved motivations (Smith, 1981). The complete questionnaire is attached as Appendix B.

5.6 Pilot Study

The final draft of the questionnaire was piloted with a CBO with a community focus in the south-western area of Sydney. This CBO had sponsored the CVS from its' introduction in NSW in July 1993. Ten questionnaires were distributed to Community Visitors whom the Coordinator felt would be likely to respond. Six questionnaires were returned, giving a response rate of 60%. The letter to CVS volunteers accompanying the pilot study questionnaires is attached (Appendix C). Comments written by the respondents indicated

that the questionnaire was easy to read, understandable and took less than the recommended 30 minutes for a self-administered questionnaire to complete (Bailey, 1997). Only one respondent felt that the question about a difficult life event (Question 15 & 15a) was "not something I like discussing". This question was retained in the final questionnaire as it provided information to address the research question concerning the relationship between stressful life events and the decision to volunteer with the CVS.

As a consequence of the feedback from the pilot study, there were no significant changes to the construction of the questionnaire before it was distributed in the main study. In the data analysis, the data from the pilot study was included as it added to the understanding of volunteer characteristics and motivation to participate in the CVS as a volunteer.

5.7 Response rate

One hundred and sixty (160) questionnaires were sent to 16 organisations in the main study, however two organisations had recently decided to withdraw from the CVS with the funding renewal process in July 1997. The questionnaires sent to these organisations were returned to the researcher by the CBOs involved (see Table 5.1). Therefore, the final number of questionnaires distributed by CVS Coordinators totalled 140 and when the pilot study is included this figure rises to 150. Of these 150 questionnaires, 64 were returned, giving a response rate of 42.67%. While this response was less than the anticipated response rate, Bailey (1997) comments that with the use of mailed questionnaires a response rate of 30% is a reasonable outcome. All results of this research need to be viewed bearing the implications of this response rate in mind.

5.8 Data Analysis

Data collected were analysed using the Statistical Package for the Social Sciences (SPSS) programme. Quantitative data were entered directly from the questionnaires under existing codes. Qualitative data from open-ended questions were typed in full, examined, clustered under similar categories, and coded for initial analysis. The data were then re-coded under more specific codes and entered into the SPSS programme for further analysis. Identical specific codes were used for all responses to questions relating to volunteer motivation. Descriptive data and graphs were generated using the frequency and cross tabulation capacities of the SPSS programme.

5.9 Areas of Potential Bias

Apart from the response rate, there are a number of other areas of potential bias within this study (Henry, 1990). The use of this self-administered questionnaire requires that respondents have a mastery of the written English language, or access to people who could assist them to complete the questionnaire (de Vaus, 1990). CVS volunteers from non-english speaking backgrounds may have found the questionnaire difficult to complete and this in turn may have had an effect upon the response rate.

A possibility exists that respondents are volunteers with a small number of the 15 CBOs included in the study rather than representative of all 15 organisations. Participants were not asked to identify the organisation with which they were CVS volunteers to safeguard the anonymity of volunteers and organisations. The percentage of respondents from each organisation is therefore unknown. A total of 10 questionnaires were allotted to each organisation in an attempt to limit this potential bias. Therefore a maximum of just under 15% of all respondents (N=64) are likely to come from one organisation. However, the total number of volunteers with each organisation is not consistent between organisations

so ten questionnaires do not necessarily represent an equal sample percentage from each organisation.

Although instructions were given to CVS coordinators in relation to the random distribution of questionnaires, there is no method of guaranteeing that a random sample was actually obtained. Telephone conversations with a number of coordinators revealed a willingness to assist with this study and a temptation to distribute questionnaires to volunteers who were viewed as more likely to return completed questionnaires. A response rate of 42.67%, however, possibly supports the likelihood that the CVS Coordinators distributed the questionnaires in the requested random manner.

Individual organisations may use strategies to recruit, train, monitor and retain volunteers, or have philosophical differences, or individual interests that differ greatly from other organisations. The possibility exists that different organisations attract volunteers with specific characteristics and motivations. As with any study with such a large non-response rate, characteristics and motivations of non-respondents remain unknown. A majority of respondents (44.4%), in this study, was long term CVS volunteers and therefore the data presented are heavily weighted to represent the characteristics and motivations of these volunteers.

All results based on this research must be viewed with the knowledge that there was no control group of non-volunteers in the sample. Therefore the reasons that people do not volunteer when exposed to the same recruitment publicity or life situations as those who decide to volunteer remains unknown (Rosnow & Rosenthal, 1976).

CHAPTER 6

Results and discussion

6.1 Characteristics of CVS Volunteers.

6.1.1 Age and gender

CVS volunteers who responded to the questionnaire are aged between 19 and 84 years, with a mean age of 53.25 years. People must be at least 18 years old to qualify to become CVS volunteers. The majority of volunteers (65.6%) was aged between 45 and 74 years, and was female (76.6%) as can be seen in Table 6.1.

Table 6.1 CVS volunteers by age categories and gender

	19-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	>74 years	Total
No. of Males	-	3	2	3	1	5	1	15
% of Total volunteers	-	4.7	3.1	4.7	1.6	7.8	1.6	23.4
No. of Females	6	1	5	13	10	10	4	49
% of Total volunteers	9.4	1.6	7.8	20.3	15.6	15.6	6.3	76.6
Total No	6	4	7	16	11	15	5	64
Total %	9.4	6.3	10.9	25.0	17.2	23.4	7.8	100

The higher number of females represented in this study, supports the literature which states women are more likely to volunteer in the social welfare sector (ACOSS, 1997; Eagly & Crowley, 1986). This study has, however, drawn more

than one quarter (26.6%) of respondents from geographical regions with significantly more females than males. The Northern Sydney suburbs have the highest percentage of females per head of population in NSW (ABS, 1996). Any effects this may have had on the study could have been offset by the inclusion of the inner and inner western areas of Sydney which has significantly more males than females per head of population in NSW (ABS, 1996).

More women than men survive in the older age groups within Australian society (Brown, 1994; Rowland, 1992), therefore there may be more women than men available to volunteer in the age groups represented in this study. The CVS, with its' advertising focus on providing friendship for older people (Bauze, 1993; Hudson, 1993), may also be more appealing to a larger proportion of women than men. Women, therefore, may be inherently attracted to the type of volunteer activity offered by participation in the CVS, giving weight to the argument that intrapersonal characteristics are an important factor to consider in volunteering research (Di Dino et al., 1996; Spence, 1993). The positive comments about participation in the CVS made by the respondents provides support to the claim by ACOSS (1997) and Gerstel & Gallagher (1994) that women view their voluntary role as providing a positive experience.

While the range of ages of volunteers in this study was quite broad, the majority of respondents were aged between 45-74 years. This may support the contention of Encel (1996) that older people are being specifically targeted by CBOs as part of their recruitment strategies for the CVS.

The high number of retirees represented in this study could support either the activity theory or the continuity theory, while seeming to discount the disengagement theory. The volunteer's history of volunteering was not investigated in the current study, however several respondents commented on previous or concurrent volunteer activities with other organisations. Although this is beyond the scope of the current study and needs further investigation, this seems to support Chambre's (1984) suggestion that volunteering is a life long activity, rather than an activity commenced in older age.

A number of older volunteers mentioned retirement in the study, three listing it as a difficult life event, however, none of these volunteers felt retirement influenced their decision to volunteer. The availability of spare time was a common thread throughout the responses given in the study. Retirement could provide the spare time for people to volunteer. There is no way to determine if the payment of unemployment benefits for voluntary activity (Borowski et al., 1997) influenced older people to volunteer.

There were no apparent differences in the motivations of older and younger volunteers in this study, contrary to the findings of a number of studies (Kouri, 1990; Howell et al., 1989; Payne et al., 1985).

6.1.2 Marital status

Table 6.2 represents the marital status of volunteers and shows that the CVS volunteers in this study are predominantly married (54.7%). This is a volunteer characteristic consistent with overseas research (Chambre, 1984, 1987; Herzog, Kahn, Morgan, Jackson & Antonucci, 1989).

Table 6.2 Marital status of CVS volunteers

Marital Status	No of CVS Volunteers	%
Married	35	54.7
Living with a partner	2	3.1
Single	11	17.1
Separated	1	1.6
Divorced	8	12.5
Widowed	6	9.4
Missing	1	1.6
TOTAL	64	100

Nearly two-thirds (65.6%) of all volunteers have children while almost one third (32.8%) do not have children. When combined with marital status, 95% of respondents with children are currently married, separated, divorced or widowed while nearly 48% of respondents without children classify themselves as single. The age range for respondents with children is as would be expected, with the likelihood of having children increasing with age (refer to Table 6.3).

Table 6.3 CVS Volunteers according to age and whether they have children

			Children			Total
			Yes	No	Missing	
Age	19-24	No	1	5		6
Category	years	% of total	1.6%	7.8%		9.4%
	25-34	No	3	1		4
	years	% of total	4.7%	1.6%		6.3%
	35-44	No	4	3		7
	years	% of total	6.3%	4.7%		10.9%
	45-54	No	11	5		16
	years	% of total	17.2%	7.8%		25.0%
	55-64	No	9	2		11
	years	% of total	14.1%	3.1%		17.2%
	65-74	No	10	4	1	15
	years	% of total	15.6%	6.3%	1.6%	23.4%
	>74	No	4	1		5
	years	% of total	6.3%	1.6%		7.8%
Total		No	42	21	1	64
		% of total	65.6%	32.8%	1.6%	100%

6.1.3 Socio-economic status of volunteers

The data gathered in this research do not ascertain enough information on social status, employment history of retirees, and income to accurately describe a respondent's socio-economic status (Waters & Crook, 1990). There are, however, some indicators of socio-economic status that were investigated in this study, such as geographical locality, home ownership, education and employment (Waters & Crook, 1990).

There is some evidence from this study to suggest that a volunteer's socio-economic status as indicated by educational level and employment may not have a great bearing upon the decision to volunteer with the CVS. There needs to be further investigation into the tenuous link between volunteers in the CVS and geographical location, and homeownership.

6.1.4 Homeownership and geographical location

Volunteers predominantly own their own homes/units or flats and are owner occupiers (59.4% of all volunteers). Most other volunteers live in rental properties (28.1% of all volunteers).

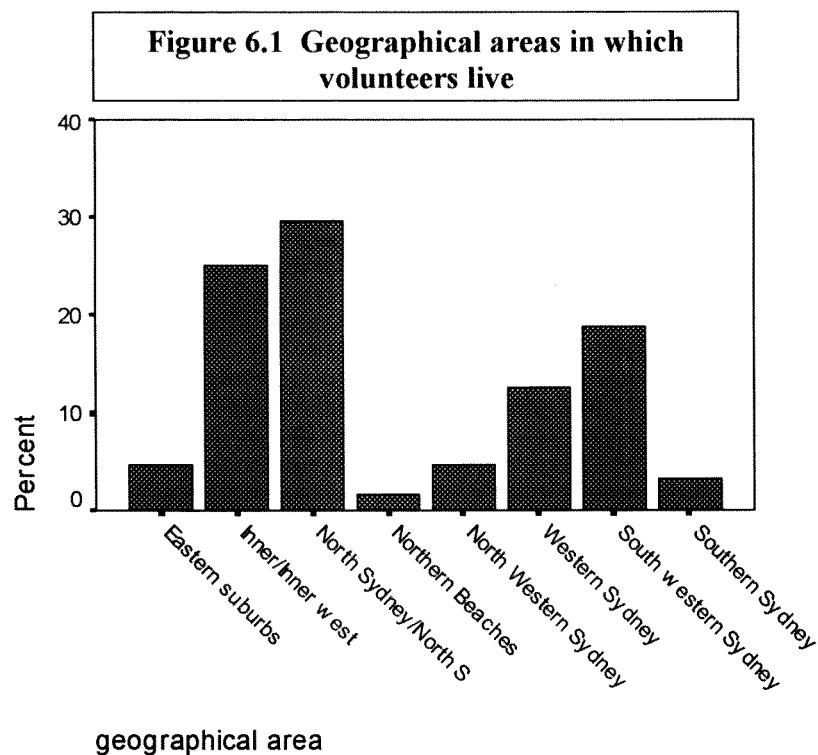
The number of people living with volunteers varies from none to twenty-six (in the instance of student accommodation), however most volunteers live with one or two people (62.5% of all volunteers). For the most part, volunteers are living with one other person (35.9% of total number of volunteers) who is their spouse (28.1% of total number of volunteers). Nine volunteers live with both their spouse and their parents (14.1% of total volunteers) and the rest of the volunteers are living with

colleagues (1.6%), siblings and children (1.6%), parent/s (9.4%), friends (4.7%), other students (3.1%) friends and relatives (6.3%), children (3.1%) or siblings (1.6%).

Nine female volunteers and one male volunteer (15.6% of total number of volunteers) are living alone, five in their own homes, four in rental properties and one in a retirement village. Only three of these volunteers mentioned loneliness as a difficult life event and only two of those felt their loneliness influenced their participation in the CVS. These results further discount the disengagement theory as an explanation for volunteering in later life (Botwinick, 1984; Crandall, 1980; Cummings & Henry, 1961).

All the geographical areas in the Sydney metropolitan area were represented in this study as can be seen in Figure 6.1, although volunteers living in the North Sydney/North Shore and Inner/Inner Western suburbs of Sydney contributed over half (54.7%) of the data collected by questionnaires.

Nearly 69% of volunteers living in central and inner western Sydney live in their own homes/units, slightly more than those volunteers living in North Sydney/North Shore (57.9%).



Nearly 30% of all respondents live in the Northern Suburbs of Sydney, an area that has a higher than average median weekly personal income (ABS, 1996). While income is one of the indicators of social economic status, it was not included in the questionnaire of the current study as it was felt that it was too intrusive and may hinder the response rate. The North Sydney/North Shore areas are among the most expensive areas in Sydney for the purchase of homes. This seems to indicate that a number of volunteers in this study potentially have a high social status, however, more research is needed to investigate the socio-economic status of volunteers.

There is no evidence in this study to support the contention that people supported by a high income are more likely to volunteer. The opposite may be true in the case of the CVS. One respondent in the current study commented that "It doesn't cost anything (moneywise)" (47 year old female, employed part time). As only a small number of respondents are unemployed, and the scheme reimburses

volunteers for out of pocket expenses, the level of a volunteer's income may not be an important consideration for many volunteers. A number of volunteers mentioned the availability of time as an important consideration, rather than monetary cost. "I wanted to do something to help someone, but not to commit myself to too much time in doing so, as I have a foster daughter who is very time consuming" (54 year old female).

6.1.5 Education

The highest educational standard reached by volunteers varied from having no formal qualifications (18.8%) to post graduate qualifications (9.4%). Most volunteers (29.7%) reported that they had achieved their Intermediate or Leaving Certificate or the Higher School Certificate or equivalent. A number had trade certificates (7.8%), Associate Diplomas or Diplomas (10.9%), or Degrees (21.9%) and one volunteer had completed a TAFE Certificate (1.6%). People who prefer to speak English at home were well represented in all educational groups.

Unlike other studies describing volunteer characteristics (Chambre, 1984, 1987; Herzog, Kahn, Morgan, Jackson & Antonucci, 1989) a high educational standard was not perceived by volunteers to be a requirement to participate in the CVS. As one respondent commented "Thought it sounded like a great idea and I didn't need any qualifications" (47 year old female who passed the Intermediate Certificate).

6.1.6 Employment

There was a high representation of retirees in this CVS volunteer sample (43.8% of total number of volunteers). The percentage of males in the retiree group (46.7% of all male volunteers) was just higher than the percentage of females (42.9% of all

female volunteers). This is shown in Figure 6.2. All retired volunteers are over the age of 45 years. However ten retired volunteers (35.7% of all retired volunteers) are under the age of 65 years. No volunteer aged 65 years and over is employed and there are no unemployed males in this group of CVS volunteers.

Most other volunteers are employed either on a full time (21.9%) or part time basis (18.8%). Only three volunteers (4.7%) classified themselves as unemployed, three are students (4.7%), two are receiving a disability pension (3.1%) and two specified home duties as their employment (3.1%).

Those volunteers who are employed reported being employed in a wide variety of areas with the distribution reasonably even between employment categories (refer to Table 6.5) and had been employed in this current position from one month up to thirty- four years.

Figure 6.2 Representing employment status by gender

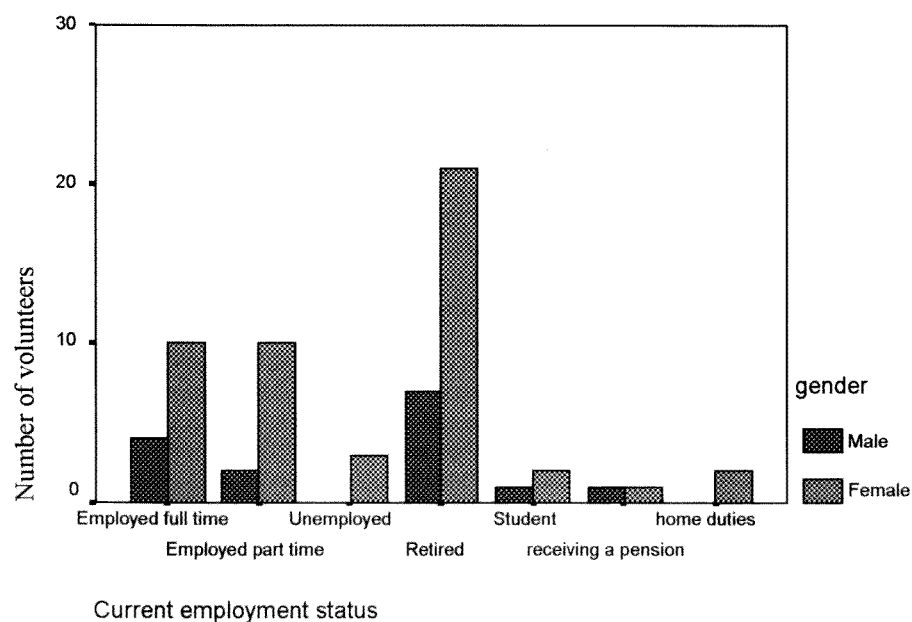


Table 6.5 Employment categories of volunteers

Employment category	No of volunteers	Percentage of employed volunteers
Clerical/ secretarial	3	11.5%
Business management	3	11.5%
Sales/ retail	3	11.5%
Religious	1	3.8%
Education	2	7.7%
Community	3	11.5%
Legal professional	2	7.7%
Specialist professional	2	7.7%
Health professional	2	7.7%
Hospitality	4	15.4%
Missing	1	3.8%
TOTAL	26	100%

Volunteers who are unemployed are not highly represented in this study, contrary to the results of other research which indicates people who are unemployed are likely to volunteer (Hardwick et al., 1982; Fisher, 1983; Wheeler, 1986).

6.1.7 Country of origin

Volunteers who were born in Australia make up just over 50% (34 cases) of respondents while those born overseas identified twenty-two different countries of origin. The results of amalgamating these twenty-two countries into larger geographical regions are presented in Table 6.4, along with the areas of Sydney in which the volunteers live.

Table 6.4 Countries of origin and geographical localities in Sydney in which CVS volunteers live.

Country of Origin	Eastern Suburbs	Nth Sydney /Nth Shore	Northern Beaches	Nth West Sydney	Western Sydney	Sth Western Sydney	Southern Sydney	Inner/Inner West	Total
Australia % of total	2 3.1%	10 15.6%		2 3.1%	4 6.3%	7 10.9%	1 1.6%	8 12.5%	34 53.1%
Sth-East Asia % of total	1 1.6%	1 1.6%	1 1.6%		1 1.6%	1 1.6%	1 1.6%	2 3.1%	8 12.5%
Sthn Europe % of total		1 1.6%						1 1.6%	2 3.1%
British Isles % of total		2 3.1%		1 1.6%	1 1.6%			2 3.1%	6 9.4%
Middle East % of total								2 3.1%	2 3.1%
Sth America % of total					2 3.1%	2 3.1%		1 1.6%	5 7.8%
U.S.A % of total		2 3.1%							2 3.1%
Africa % of total		1 1.6%				1 1.6%			2 3.1%
Nthn Europe % of total		2 3.1%				1 1.6%			3 4.7%
TOTAL	3 4.7%	19 29.7%	1 1.6%	3 4.7%	8 12.5%	12 18.8%	2 3.1%	16 25.0%	64 100%

There appears to be very little research into the area of volunteering by people who speak a language other than English. However, the high number of NESB volunteers representing such a variety of countries may be due to the successful recruitment strategies of CBOs funded to provide visitors for NESB nursing home residents.

Twenty-nine of the thirty volunteers who were born in a country other than Australia answered the question on the length of time they have been living in Australia. For the most part, volunteers have been long term residents of Australia. Over sixty five percent of those born overseas have been in Australia for over ten years, four overseas born volunteers (13.8% of the total overseas born volunteers) have been in Australia for between six to ten years, three (10.3%) have been in Australia for between three to five years, two (6.9%) have been in Australia for between one to two years, and one overseas born volunteer (3.4%) has been in Australia for between six months to eleven months.

A majority of all volunteers prefer to speak English at home (78.1%). Nearly fifty-two percent of volunteers not born in Australia prefer to speak English at home. Seventeen percent of volunteers not born in Australia prefer to speak Spanish, seven percent speak French, seven percent speak Chinese, seven percent speak Tamil, three percent speak Danish, three percent speak Philipino and three percent speak Sinhalese. A number of respondents mentioned more than one language, and in these instances the language mentioned first was the one entered as the answer to the question.

6.1.7 Nursing home experience

Half of the volunteers in this study had previous experience with the nursing home environment, which is a similar result to that found by Dew (1994).

This experience was as a volunteer (28.1%), as a worker (25%), as the relative of someone living in a nursing home (40.6%), or the friend of someone living in a nursing home (6.3%).

6.2 Recruitment

CVS volunteers first heard about the scheme through newspapers (46%), often citing their local newspaper as the source, which is consistent with Dew's (1994) findings on CVS recruitment. As the methods of advertising and recruitment of each CBO is not known, it is difficult to determine if this represents an effective means of recruitment or if publicity or advertising in a newspaper is the major current means of recruiting volunteers.

The current recommendation to CVS co-ordinators to arrange at least one introductory visit by a volunteer with their matched friend before committing to the scheme is supported by Kaplan (1993) who also advocates a trial period of volunteering. This was mentioned by a number of volunteers who spoke of the first visits in positive terms, ".....The man in question had a lot in common with myself. I think we hit it off from day one" (39 year old male).

The CBOs, themselves, were the next most successful method of alerting these potential volunteers to the existence of the scheme (30.2%). Other ways of finding

out about the CVS mentioned were school, university, pamphlets, existing CVS volunteers, friends, church groups, and television.

The numbers of volunteers in this study who mention the development of a friendship with the resident, and the personal rewards gained by them in visiting, as the most important reasons to continue with the CVS would also indicate the importance of stressing the interpersonal aspects of the CVS in promotional material.

6.3 Decision to find out more about the CVS

Respondents were asked, in an open question, what made them decide to find out more about the CVS. This question yielded some information on motivational factors as well as identifying recruitment and orientation strategies that had successfully stimulated the interest of potential volunteers. The full responses are reproduced in Appendix D. The answers were open coded under common themes. The most common response category was that the then potential CVS volunteers decided that the CVS was a worthwhile cause which may be an appropriate way to give community service (N=32). Examples of responses in this group include, "I believe in voluntary work and community work. "What is scarce in Australia/ modern society is time. So I wanted to do something that was not 'for myself'" (48 year old female Industrial Chemist, born in India and living in Australia for the past 25 years). "As a retiree I wanted to become more involved in volunteer community work in particular with older members of society" (69 year old retired male).

Other volunteers gave the availability of spare time as a reason for deciding to seek extra information on the CVS. "I felt this would be a good way to spend my spare

time "(19 year old female student, born in Singapore), and "It interested me. Wanted something to do on my days off. Knew I could do it" (41 year old female).

Still other volunteers (N=8) were impressed by the CBO or by the process involved in the scheme. These responses included comments such as, "Anyone I had visited in the past I had met through organisations eg. Blind Society or church. I wished also in this case to be introduced to someone through an official organisation" (57 year old female).

The catalyst for four of the volunteers was that they were asked to participate in the scheme. For example one volunteer wrote, "I was approached by the centre's director, who asked me to help her with CVS" (51 year old female, born in USA).

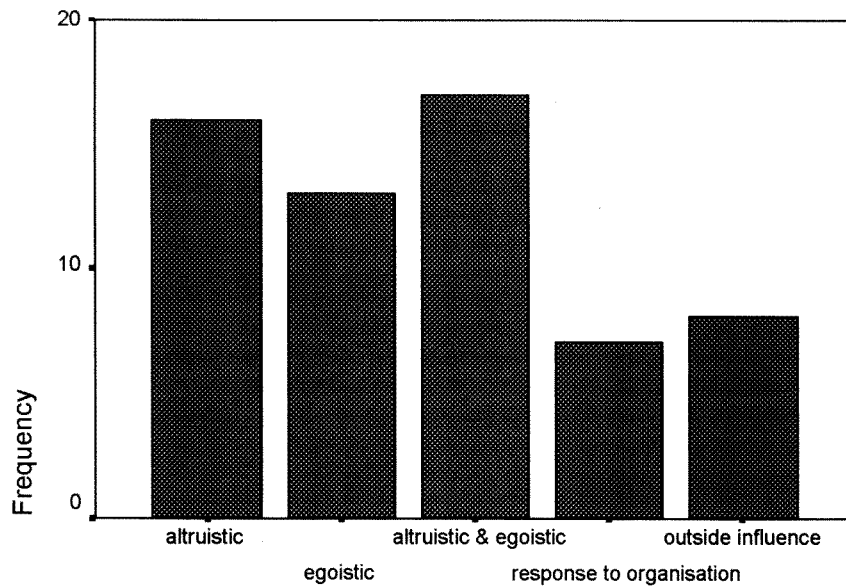
Two volunteers expressed a perceived failure to adequately care for their own older relatives as simply, "Because I fail to take care of my parents" (72 year old female, born in Egypt).

Another two volunteers did not have older relatives in their lives and felt this scheme would fill that perceived gap in their personal lives. One commented, "It was something I wanted to do. Both my grandfathers passed away before I was born. The gentleman I visit is about the age my grandfather would be. He fills a gap for me" (39 year old male).

Other responses to this question included work experience (N=1), that participation in the scheme would help the volunteer (N=1), and that volunteers felt they related well to older people (N=2).

The responses to this question were re-coded into five categories, altruistic, egoistic, altruistic and egoistic, factors related to the organisation, and outside influences. The altruistic category included responses related to the resident's perceived needs (Montada & Bierhoff, 1991), while egoistic factors mentioned a perceived benefit to the volunteer from participating (Ribin & Thorelli, 1984). Factors related to the organisation included information given by the CBOs, and potential volunteers seeking formalised volunteering through an organisation. Outside influences included being asked to join the CVS, and voluntary work as part of church activities. The results are presented in Figure 6.3. As can be seen, most volunteers who responded to this question (N=61) answered with motivational factors of altruism (16 volunteers), egoistic (13 volunteers), and both altruism and egoistic (17). There were 3 missing cases to this question.

Figure 6.3 Factors influencing potential volunteers to find out more about the CVS



Factors influencing decision to find more about CVS

6.4 Final decision to volunteer with the CVS

Respondents were then asked to identify what made them finally decide to become a CVS volunteer. Motivations were expressed in much more specific terms as is seen by table 6.6. Once again the most important factor influencing the final decision to join the CVS was to help other people. Information provided by the CBO was also mentioned by a number of volunteers. A number of respondents mentioned more than one influencing factor (refer to Appendix E for volunteers' answers to this question).

Table 6.6 Factors influencing the potential volunteers' final decision to join the CVS

FACTOR	No. of Volunteers	% of total respondents
Wanted to help others	30	47.6
Influenced by information from the CBO	15	23.81
Peer pressure	1	1.6
Placing themselves in resident's situation	3	4.8
Social responsibility	3	4.8
Religious convictions	2	3.2
Contact with an older person	2	3.2
Spare time available	6	9.5
Saw a need in the NESB community	2	3.2
Preparation for other work	2	3.2
Felt sorry for the residents	5	7.9
Already had volunteer experience	2	3.2
In memory of a parent	1	1.6
Failure/ inability to care for close relative	1	1.6
To get out of the house	1	1.6
It would help me	3	4.8
Personally satisfying	1	1.6
TOTAL	*80	**127.21

*Total number of respondents N=63

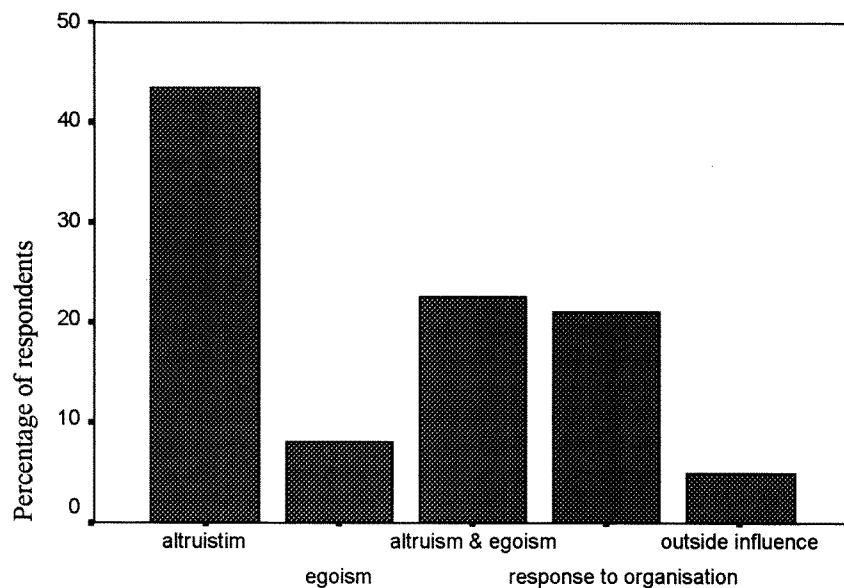
**Percentage is more than 100 as some respondents gave more than one reason.

These responses were then re-coded into the five categories used in the previous question. The altruism category included such responses as "Just a deep concern for another human being in need" (49 year old divorced female, born in Yugoslavia). The egoistic category, included responses such as, "I was hoping to do some overseas service work at the end of the year and thought this would be good preparation" (19 year old female student). The category of altruism and egoistic included responses such as "Because I thought it would help me and at the same time somebody else and thought that it would be a satisfying thing to do" (56 year old female). An example of the category of response to the organisation was, "The volunteer coordinator was very helpful and explained everything and listened to me

and answered my questions. It was something I knew I could do” (41 year old female). Responses such as “To give to the community- part of my ministry in my church” (50 year old female) were coded under the outside influences category.

These results are presented in Figure 6.4.

Figure 6.4 Factors influencing the final decision to join the CVS



Factors influencing final decision to join CVS

Altruism was the major influencing motivating factor (43.5%) in the decision to join the CVS as a volunteer. The combination of altruism and egoistic (22.6%) and the importance of the role played by the CBO in information giving and orientation (21%) were also important factors in this decision.

6.5 Length of time with the CVS

Volunteer experience in the CVS range from less than three months to over three years. Twenty-eight of the sixty-four respondents have been CVS volunteers for more than three years, many commenting that they have been in the scheme since its'

inception in NSW (July 1993). If this is a representative sample of all CVS volunteers, these results may confirm that older people tend to make a long-term commitment to a particular voluntary activity or organisation (ACOSS, 1997).

6.6 The relationship between stressful life events and the decision to volunteer.

Respondents were asked to identify any events in their life they had experienced in the five years prior to volunteering with the CVS they found difficult to deal with (responses are attached as Appendix F). A minority of volunteers (N=28) wrote that they had experienced events they found difficult. Of these volunteers, nineteen wrote of multiple events in their life. Table 6.7 describes the events and the numbers of volunteers who described experiencing them.

Seventeen (60.7%) of the twenty-eight volunteers, mostly aged over 45 years, who described difficult life events prior to their volunteering, stated that these events had an influence on the decision to participate in the CVS. This, coupled with the fact that experiences of over 30 years ago were mentioned, points to the possibility that the feelings associated with difficult life experiences can surface at any time (Sanders, 1993; Worden, 1991).

The types of experiences described by volunteers were similar to those referred to by Simos (1979) as losses in a person's life. Past unresolved losses are known to be compounded by new losses, further complicating the coping process (Worden, 1991). This could be particularly pertinent with the death of a volunteer's 'friend' in the nursing home.

Table 6.7 Description of life events volunteers found difficult and number of volunteers who felt this influenced their participation in CVS

Difficult life event	No of Volunteers (N=28)	% of total respondents (N=28)	Event influenced CVS participation No. of volunteers
Loneliness	3	10.7	2
Retirement/redundancy	3	10.7	0
Conflict in the family	3	10.7	2
Illness in the family	6	21.4	5
Cultural differences/difficult migration to Aust	4	14.3	3
Divorce/ separation	8	28.6	4
Severe illness/major surgery	7	25.0	2
Death of a close family member/friend	9	32.1	4
Carer for a relative	1	3.6	1
Relative became disabled	2	7.1	1
Placing close relative into nursing home/hostel	1	3.6	1
Overseas when family member became ill	2	7.1	1
Second marriage	1	3.6	0
Unemployment	2	7.1	2
Financial difficulties	2	7.1	2
Limited access to children	1	3.6	1
TOTAL	*55	*224.3	*31

*Some respondents to this question described up to four events

Support and validation of the feelings associated with loss is an important component of the coping process (Worden, 1991). While supporting a person with complicated loss issues it is important for the CVS co-ordinator to recognise if and when further referral to an appropriate professional is required (Raphael, Middleton, Martinek & Misso, 1993). This is an added dimension to the role played by the CVS co-ordinator in volunteer support and education.

All volunteers who described difficulty in the migration experience (N=4), and five out of the six volunteers who had an illness in the family felt this had an impact on their participation in CVS (refer to Table 6.7).

6.7 Initial motivations of CVS volunteers

Respondents were asked to list in order of importance four motivations that influenced their initial participation in the CVS. A transcript of these answers is attached as Appendix G. The answers were grouped together in open codes as shown in Table 6.8.

Table 6.8 Initial motivations to participate in the CVS described by volunteers as first, second, third or fourth in importance.

Motivation	No. First	No. Second	No. third	No. Fourth	TOTAL
Feeling sorry for residents	6	3	1	1	11
Social responsibility	10	4	3	1	18
Personally rewarding	1	2	12	11	26
An interest in older people	1	2	1	0	4
Repay help received in life	1	1	2	0	4
Impressed by the scheme & CBO	1	3	1	3	8
To feel useful	4	1	2	2	9
Spare time available	1	4	4	1	10
To fill a gap in life	3	1	1	0	5
Religious convictions	5	0	1	1	7
Wanting to help others	21	10	2	1	34
Making a difference in someone's life	7	12	4	2	25
Locality	0	2	0	1	3
To assist a specific group	0	1	0	0	1
No cost	0	1	0	0	1
Putting themselves in resident's place	0	2	2	3	7
Positive experiences with older people	0	0	1	1	2
Meet new friends	0	0	1	0	1
Relation in a nursing home	0	0	1	0	1
Different type of volunteer experience	0	0	1	1	2
Ongoing education	0	0	0	2	2
To help the government	0	0	0	1	1
Peer pressure	0	0	0	2	2
Missing	3	15	24	30	
TOTAL	64	64	64	64	

The data were then re-coded under the categories of altruism, egoistic, both altruism and egoistic, response to the organisation, and outside influences, used previously. The frequencies of these motivations are shown in Figures 6.5 to 6.8. The number of responses from volunteers declined steadily from the most important motivation (N=61) to the least important motivation (N=34). However, Figures 6.5 to 6.8 clearly show that altruism is considered the most important motivation influencing initial participation in the CVS. An increasing proportion of volunteers mentions the importance of egoistic motivation until it eclipses altruism by the fourth most important motivation.

Figure 6.5 Motivations volunteers consider as most important to initial participation in CVS (N=61)

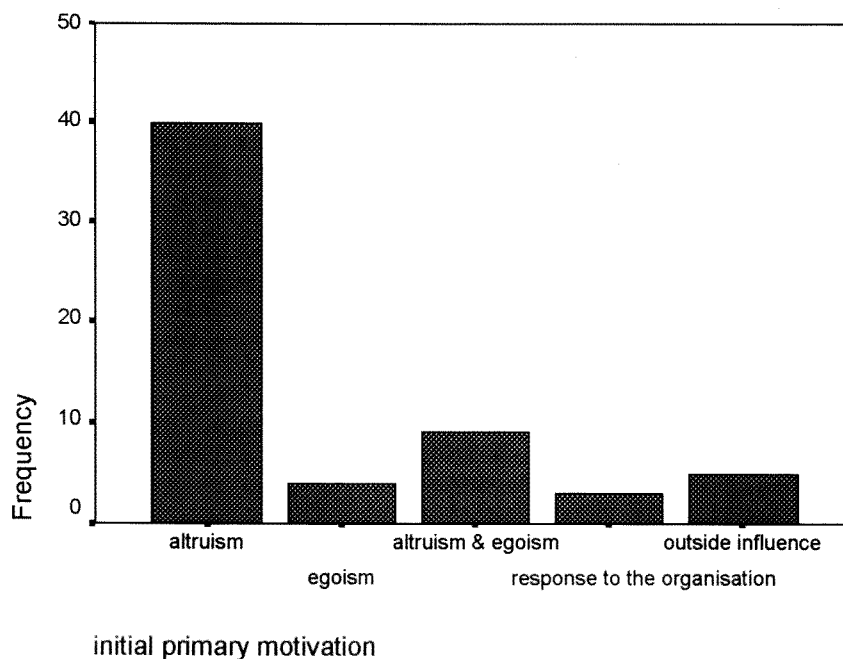


Figure 6.6 Motivations volunteers consider as second most important to initial participation in CVS (N=49)

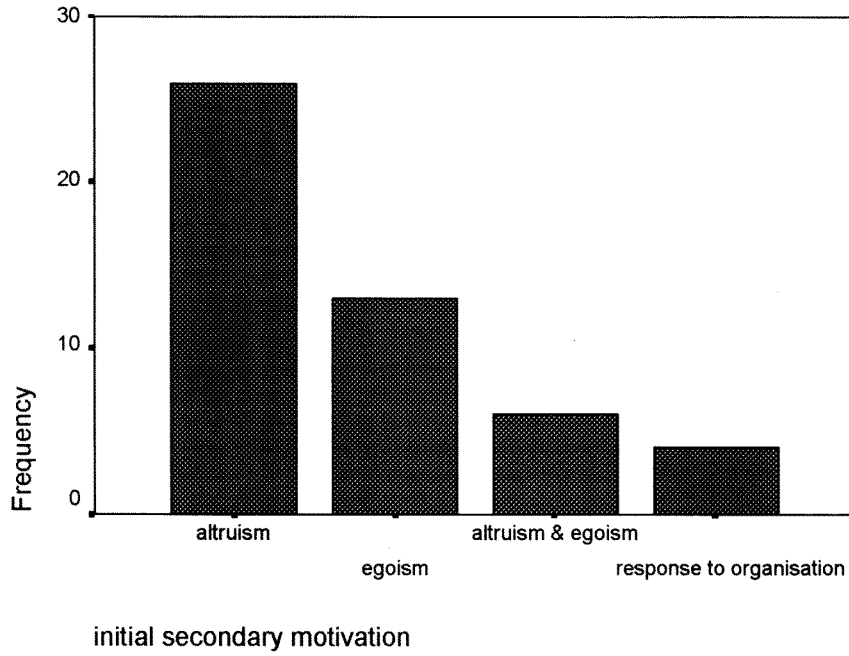


Figure 6.7 Motivations volunteers consider as third most important to initial participation in CVS (N=40)

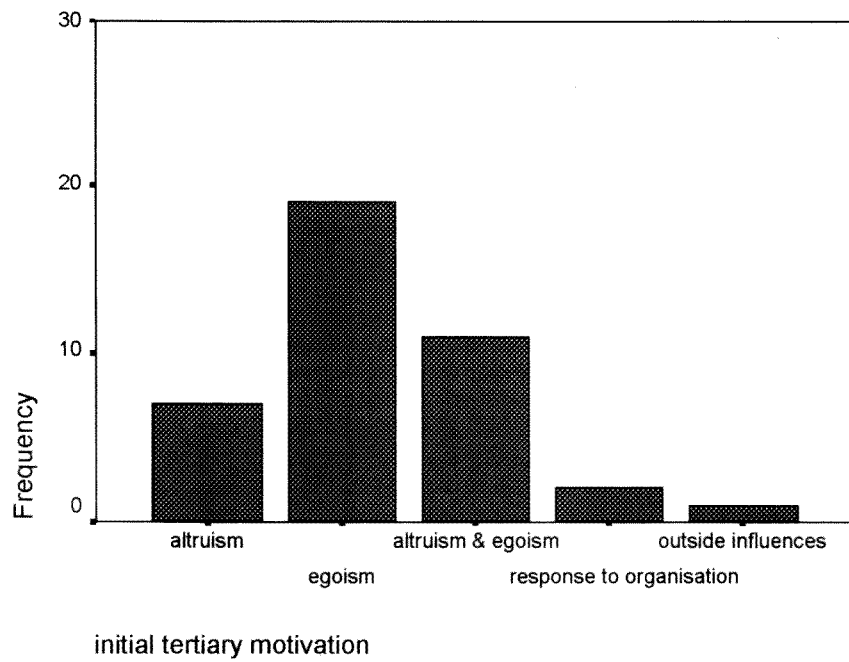
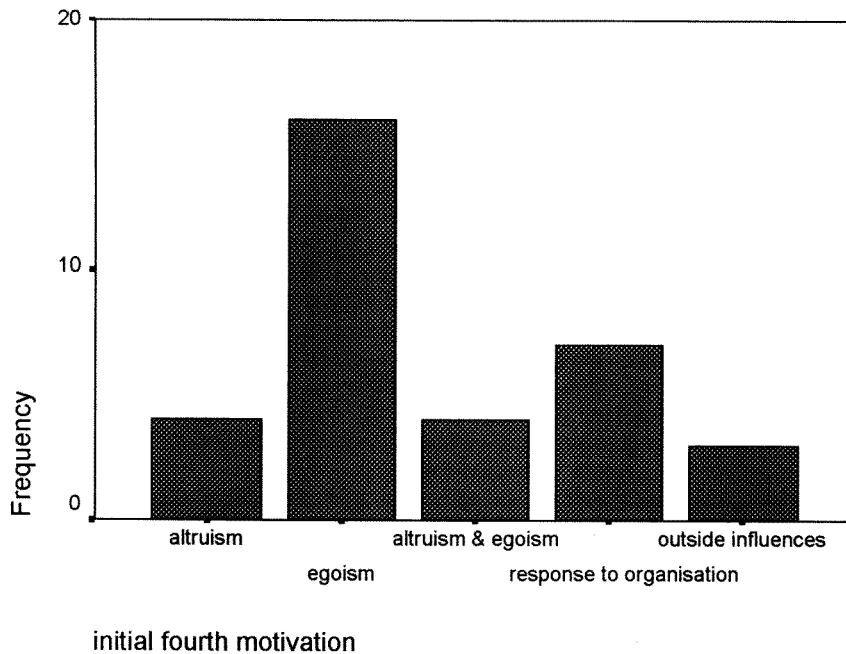


Figure 6.8 Motivations volunteers consider as fourth most important to initial participation in CVS (N=34)



6.8 Motivations for continuing participation in the CVS

Respondents were asked to list in order of importance four reasons for continuing as volunteers in the CVS. A transcript of these answers is attached as Appendix H.

The answers were grouped together in open codes as shown in Table 6.9.

As with the open rated question concerning four initial motivations, respondents did not necessarily give four reasons for continuing with the CVS, with the number of responses declining from the most important reason (N=59) to the least important reason (N=30).

Table 6.9 Reasons to continue in the CVS described by volunteers as first, second, third or fourth in importance.

Reason/motivation for continuing in CVS	First No. vols*	Second No. vols	Third No vols	Fourth No vols	TOTAL No. vols
Personally rewarding experience	11	13	11	5	40
Developing friendship with the resident	11	8	3	3	25
Wanting to help others	9	7	1	2	19
A sense of duty or commitment	9	2	3	6	20
Making a difference in someone's life	10	12	7	3	32
Religious convictions	5	0	1	0	6
Outside social contact for volunteer	1	1	1	1	4
Social responsibility	2	3	1	0	6
Use of volunteer's existing skills	0	1	0	0	1
Putting themselves in the resident's place	0	1	2	1	4
Feeling sorry for the resident	0	2	1	0	3
Spare time available	0	2	2	2	6
To gain more skills	0	0	2	0	2
Easy to do	0	0	1	0	1
Relative is in a nursing home	0	0	1	0	1
Support of the CBO	0	0	2	2	4
Local nursing home	0	0	0	1	1
Feeling wanted/needed	0	0	4	3	7
Contact with older people	1	0	0	1	2
Missing	5	14	21	34	49
TOTAL	64	64	64	64	

* No. vols refers to the number of volunteers.

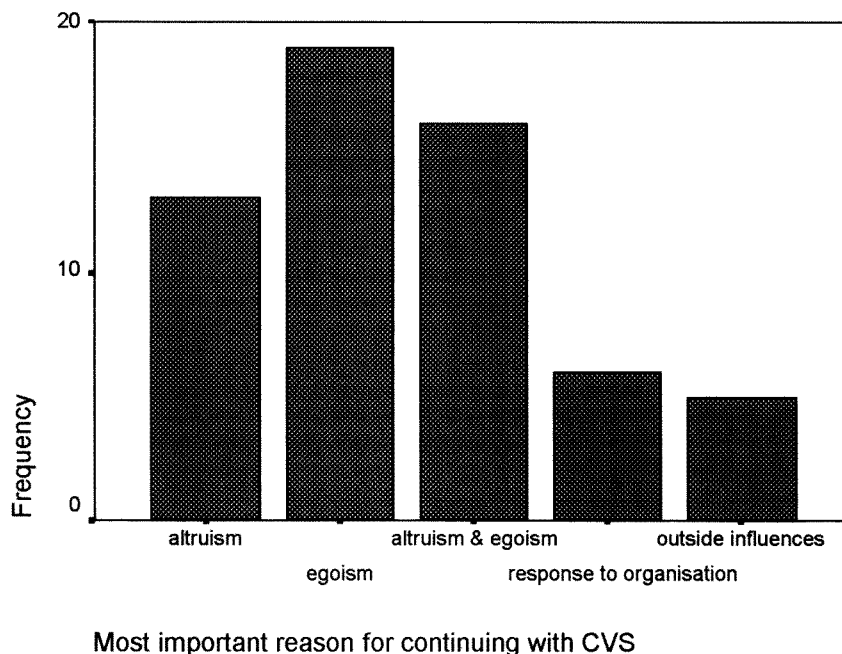
The reasons for continuing with the CVS most mentioned overall and listed as the most important reasons were, a personally rewarding experience, making a difference in someone's life, the developing friendship with the resident, a sense of duty and commitment, and wanting to help others.

These responses were re-coded into the five categories used for the other questions on motivation, altruism, egoistic, both altruism and egoistic, in response to the organisation, and outside influences. As shown in Figure 6.9, egoistic, defined as volunteers receiving non-monetary benefits from CVS participation is the most important reason for continuing for 19 volunteers. Their comments included, "Feeling of making a difference to someone's life- certain element of need" (19 year old student), and "Personal satisfaction at seeing the pleasure my visits bring (I always take my current resident out for a drive)" (48 year old female health professional). The responses of sixteen volunteers were coded into the altruism and egoistic category giving comments such as, "The bond of friendship that becomes established between a volunteer and the visited person" (57 year old female). Altruistic comments included "The realisation of the loneliness of those being visited and the happy times shared together, hopefully providing a better quality of life" (69 year old retired male).

Altruism (N=18), egoistic (N=16), and a combination of altruism and egoistic (N=13) provided the second most important reason for continuing with the CVS (refer to Figure 6.10). Altruistic comments included, "I feel the need to help. These people are so fragile" (71 year old male born in Peru). Egoistic comments included "Because she makes me feel good and I enjoy her company (56 year old female

receptionist). An example of the combined altruism and egoistic category is, "I see it as helping somebody. I am spending my time well" (48 year old female).

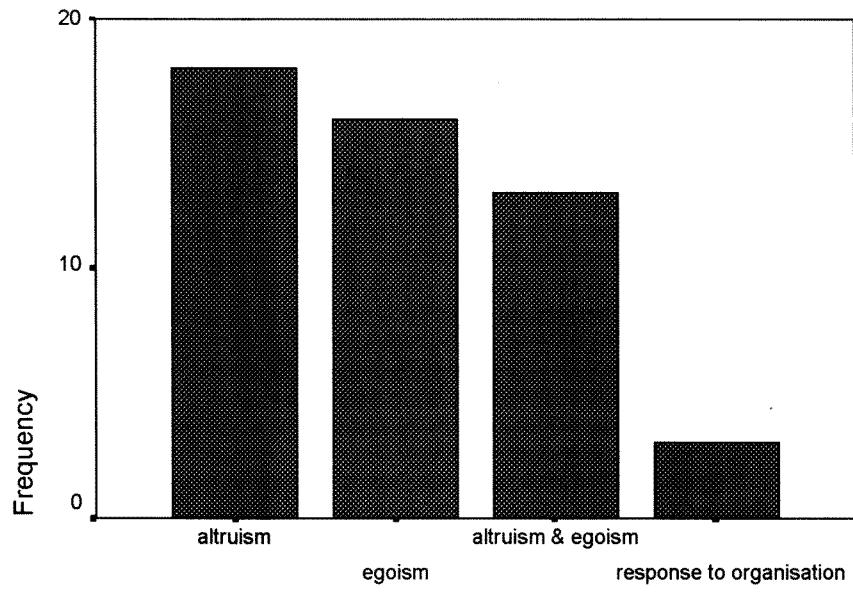
Figure 6.9 Reasons for continuing with the CVS volunteers consider to be the most important



Responses that were coded into the egoistic category were the most mentioned for the third most important reason for continuing with the CVS (refer to Figure 6.11).

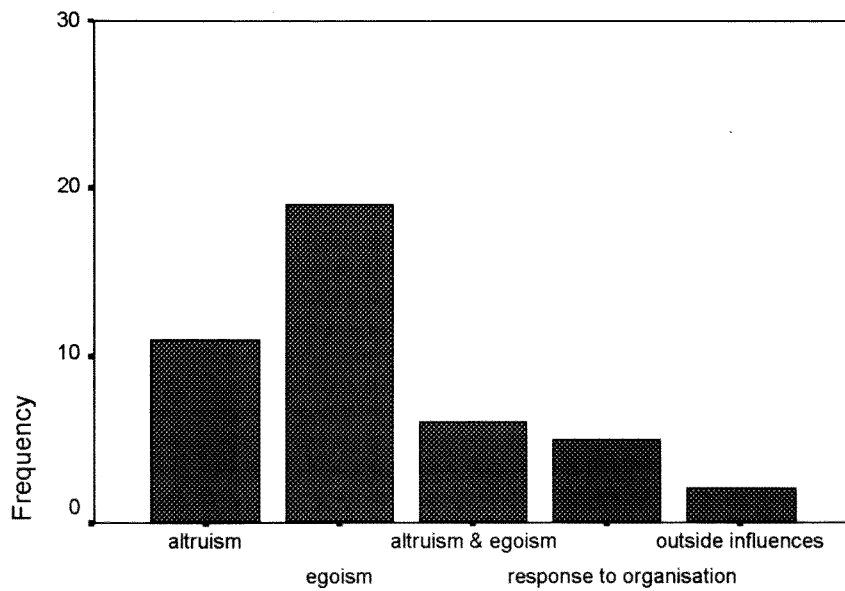
An example of an egoistic comment, "I am a person of the third age and in the future I may need the help as well" (71 year old male).

Figure 6.10 Reasons for continuing with the CVS, volunteers consider to be the second most important



second most important reason for continuing with CVS

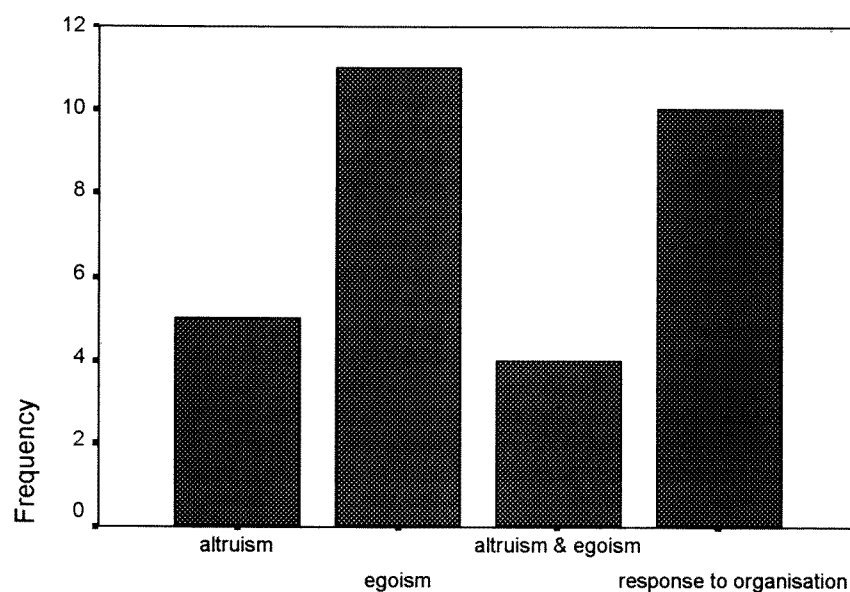
Figure 6.11 Reasons for continuing with the CVS, volunteers consider to be the third most important



third most important reason for continuing with CVS

Egoistic (N=11) and responses to the organisation of the CVS (N=10) were mentioned as the fourth most important reasons for continuing with the CVS (refer Figure 6.12). A sense of duty and commitment to the resident and the CVS were included in the category of responses to the organisation. Comments such as “If I don’t who else will – I guess, a sense of obligation to meet a commitment” (19 year old female) and “Support and information from talks the CVS co-ordinator give is great” (54 year old female) were included in this category.

Figure 6.12 Reasons for continuing with the CVS, volunteers consider to be the fourth most important



fourth most important reason for continuing with CVS

6.9 Similarities between initial and continuing motivations.

A number of volunteers cited reasons for continuing with the CVS that were the same as the initial motivations given for joining the CVS. These motivations/reasons are presented in Table 6.10. Nine volunteers gave the motive ‘wanting to help

others', ranked as the most important motivation influencing their initial participation in the CVS as the most important reason for continuing their involvement with the CVS. Twenty volunteers gave the same initial motivations they ranked as most important to their participation in the CVS as reasons for continuing with the CVS.

Table 6.10 Reasons for continuing with the CVS, in order of perceived importance, that are the same as initial motivations to join the CVS with the same perceived importance

Reason for continuing with CVS that are the same as initial motives	Ranking of reasons and motivations by volunteers				
	Most important	2 nd most important	3 rd most important	4 th most important	Total
Social responsibility	2	3	1	0	6
Religious convictions	5	0	1	0	6
Wanting to help others	9	7	1	2	19
Making a difference in someone's life	4	6	3	1	14
Putting themselves in the resident's place	0	1	2	1	4
Feeling sorry for the resident	0	2	0	0	2
Spare time available	0	2	2	2	6
Relative in a nursing home/hostel	0	0	1	0	1
TOTAL	20	23	14	10	58

Extrinsic motivation (Kolesnik, 1978) is involved primarily in the early stages of finding out more about the CVS, and deciding to join the CVS. It is in these stages that CVS volunteers are influenced by their contact with the CBO, and by peers or other organisations to which they belong. Even in these stages, extrinsic motivation

is overshadowed by the intrinsic motivations, such as altruism and egoism, of volunteers.

Altruism is the most important motivation to become a CVS volunteer just as the two studies specific to the CVS predict (Dew, 1994; Ernst & Young, 1991). However, egoistic motivations and a combination of egoistic and altruistic motivations become more important in the motivations listed second, third and fourth most important.

While inconclusive, this may support the contention by Smith (1981) that volunteers give socially acceptable motivations (altruism) as primary reasons for volunteering and are reluctant to list egoistic motivations. As one volunteer wrote, "To keep myself busy- I suppose that is selfish- but that is how I felt" (56 year old female, in full time employment).

Egoistic motivations, and a combination of altruistic and egoistic motivations became very important in the motivations to continue to volunteer, which is consistent with the research into the CVS carried out by Dew (1994) and Ernst & Young (1991) as well as volunteer research conducted by Henderson (1981). During the orientation sessions, CVS co-ordinators may need to employ a number of different strategies to discover a person's motivation for joining the CVS and to encourage a person to divulge some of their more egoistic motivations. Meeting of these egoistic needs seems to lead to the retention (Morrow-Howell et al., 1989) of the CVS volunteer.

6.10 Comments made by respondents

Respondents were given the opportunity to make further comments concerning any aspect of the CVS in the final section of the questionnaire. Forty-three volunteers took advantage of this opportunity (all comments are attached as Appendix I).

Overall the comments were positive, often expanding upon their experiences as CVS volunteers, with comments such as, "I don't think I've participated for particularly 'selfless' reasons. There have certainly been times when pressures of other work and commitments have made me question whether I can continue- but when I go and visit I always come away feeling enriched and that I'm lucky to have an opportunity such as this" (19 year old female).

Eleven respondents made suggestions to improve the operation of the scheme and a number wanted to see the CVS extended into more nursing homes and as well as being introduced into hostels.

6.11 Profile of the average CVS volunteer in this study.

Based upon the frequencies reported in the results of this study, a CVS volunteer in this study is likely to be a married female aged 53, who has children, is retired, and owns her own home. She is likely to live with her husband in the northern areas of Sydney and was born in Australia. This volunteer is likely to have achieved the Intermediate or Leaving Certificate at school. She may or may not have had any previous experience in a nursing home. If she did it was likely to be as an employee. During the five years before becoming a volunteer, it was likely this woman would not have experienced any life events she would describe as difficult to deal with. This volunteer probably heard about the CVS through her local newspaper and

would have decided to find out more about the scheme because it appeared to be a worthwhile cause. The final decision to join the CVS is likely to have been based upon altruistic reasons. The volunteer is likely to describe her motivations for participating in the CVS in order of importance as wanting to help other people, being able to make a difference in someone's life, and as a personally rewarding experience. This person is likely to have been a volunteer with the CVS for at least three years. The likely reason this person continues to be a CVS volunteer is related to the personally rewarding experience and the developing friendship between herself and the resident she visits. When asked to give other reasons for continuing to visit, this volunteer is likely to mention the sense of commitment and duty she feels to the organisation and the resident. Finally when asked if there are any further comments she would like to make, this volunteer would probably expand further on the positive aspects of being a CVS volunteer, including the benefits she receives personally from visiting her friend in the nursing home.

This profile, although based upon the results of this research, could give an entirely misleading picture of a typical CVS volunteer in this study. Apart from a few descriptions, such as gender, marital status, employment status, means of finding out about the CVS and primary motivations for joining the CVS, the other descriptions do not represent high enough percentages of total volunteers to be able to describe these characteristics with confidence. Particularly when describing sub populations of CVS volunteers, such as specific age groups and volunteers from a NESB, the numbers are so small that it is difficult to describe associations between characteristics and motivations with confidence.

CHAPTER 7

Conclusion and recommendations

7.1 Conclusion

The aim of this descriptive study was to investigate the characteristics and motivations of volunteers participating in the CVS in the Sydney metropolitan area. The study also investigated whether previous difficult life experiences influenced a person's decision to participate in the CVS.

A self-administered questionnaire was developed and trialed with a pilot sample group of CVS volunteers with the final questionnaire being sent to a representative number of sponsoring CBOs who randomly distributed the questionnaires to 140 CVS volunteers in metropolitan Sydney.

The findings of this research are based upon the representative sample of 64 CVS volunteers who returned questionnaires. Further research would determine whether these results could be generalised to the whole CVS volunteer population in metropolitan Sydney and over the breadth of NSW.

This research has generated data pertinent to a variety of areas in volunteerism and many important issues have been raised by the findings. There are, however, a number of specific issues relating to the research questions of this study.

The main findings of the research indicate that CVS volunteers in the Sydney metropolitan area are likely to have some specific characteristics and motivations. These include the likelihood that the volunteer will be an older female, married, have children, be retired, have heard about the CVS through the local newspaper, have volunteered for altruistic motivations and has been in the scheme for longer than 3 years.

The characteristics of volunteers in this study have produced conflicting results with a number of studies, while being consistent with other research. As these characteristics have implications for recruitment and retention of volunteers in the CVS, and potentially in other voluntary activities, further research is warranted.

The influence previous difficult life experiences have on the decision to join the CVS remains unclear, and certainly merits further investigation as there could be implications for maintenance and support of volunteers in the CVS as well as in other areas.

This study attempted to overcome the issue of potential reluctance of volunteers to express their deeper motivations for volunteering by asking a number of questions related to motivation and giving respondents the opportunity to list four motivations in order of importance. The findings on volunteer motivation in this study seem to

support the view that the deeper egoistic or altruistic/egoistic motivations of a volunteer become the same egoistic or altruistic/egoistic motivations that are important in the decision to continue to volunteer. If further research confirms these findings, this issue could have implications throughout the voluntary sector, specifically in terms of recruitment, retention and support of volunteers.

In summary volunteers who participate in the CVS in metropolitan Sydney find their experiences are personally rewarding, are generally supportive of the scheme and would like to see the CVS extended into other areas and the recruitment of more volunteers. One volunteer described the CVS volunteer experience by writing,

“Being a visitor is not for everyone. It is filled with varying emotions from depression, sadness, grief, frustration, to feelings of achievement, happiness and joy – but the one feeling that makes all this worthwhile is the warm feeling I have when I am able to laugh with my ‘special friend’ and see him/her (sic) face light up with a smile”.

Although the study has a number of acknowledged potential weaknesses, there has been some important data gathered which is supportive of existing studies into volunteering in general and the CVS in particular. In considering the following recommendations made, based upon the findings of this study, the areas of potential weaknesses identified should be kept in mind.

7.2 Recommendations

Recommendation 1

Sundeen (1989) suggests that the decision to volunteer is related to the size of the community in which the person lives. This study has been restricted to the greater Sydney metropolitan area. To determine an accurate picture of volunteer motivation throughout NSW, it would be necessary to investigate all metropolitan and rural areas of NSW.

Recommendation 2

A questionnaire, common to all CBOs in the CVS could be administered when a volunteer applies to join the CVS (Kuehne & Sears, 1993). This will provide data relevant to characteristics, motivations, reasons for joining as well as characteristics of people who later decide not to join the CVS or who withdraw from the scheme. This questionnaire should include a number of questions relating to initial motivation.

Recommendation 3

Further research conducted into the CVS needs to include in depth interviews with volunteers, as well as residents, and it is recommended that all CBOs perform regular evaluations of their service. These evaluations should investigate the volunteer's motivations to continue and satisfaction gained by CVS participation.

Recommendation 4

Promotional material published for the CVS needs to continue to focus on the interpersonal relationship between the volunteer and the resident. Promotional material also needs to include reference to the support and ongoing education given by the CVS co-ordinator, that there is no monetary cost incurred by the volunteers, and that no specific qualifications are necessary to become a CVS volunteer.

Advertisements, press releases and feature articles for publicity and recruitment of volunteers are advised to continue to be placed in local newspapers.

Recommendation 5

While recruitment continues to focus on people of retirement age, trial recruitment drives could be designed to focus on other age groups, evaluated and researched to determine which age groups, if any, are specifically attracted to the CVS.

Recommendation 6

CVS co-ordinators need specific education in the area of bereavement and loss issues and support and need to develop an appropriate referral process for volunteers who need more professional support. A discussion concerning the possibility of the volunteer's 'friend' dying should be introduced to the volunteer as early as possible, generally during the orientation sessions and be referred to during group support meetings.

Recommendation 7

It is recommended that a 'trial' visiting period, perhaps two months in length, be implemented by all CBOs before volunteers formally commit to the scheme.

Recommendation 8

A procedure should be implemented to enable CVS volunteers to make direct comments and recommendations concerning their CVS voluntary experiences to the funding body, the Commonwealth Department of Human Services and Health.

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LETTER TO CVS CO-ORDINATOR
ACCOMPANYING QUESTIONNAIRE



The University of Sydney
Faculty of Health Sciences
School of Occupational Therapy

31st July, 1997
(Address of CBO)

Dear (CVS Co-ordinator)

I am currently doing some research into the motivations of Community Visitor volunteers. This research has the backing of the Department of Family Services and Health. I have finally managed to complete and pilot a questionnaire for Community Visitor volunteers to fill out. (Name of CBO) has been chosen as one of the representative organisations from (area of Sydney). I would like to ask you to distribute 10 questionnaires to your visitors for me.

When you distribute the questionnaires I would prefer you to follow a set pattern. From your list of Community Visitors distribute a questionnaire to every third person on the list. Continue running through the list until the ten questionnaires have been distributed. This will hopefully help to prevent the data gathered from showing a bias in any particular direction. If you could also remind your Community Visitors to complete the questionnaire and post it to me in the envelope provided I would be extremely grateful.

Also, as background information, could you send me some basic information on (Name of CBO), its' aims, memberships, affiliations, funding etc. This information will provide a general description of the organisations auspicing the Community Visitors Scheme and your organisation will not be identified in any written material.

Thank you in advance for your assistance. If you have any questions, please contact me on my direct line (02) 9351 9508.

Yours Sincerely,

Diane Pattinson

QUESTIONNAIRE



The University of Sydney
Faculty of Health Sciences

INFORMATION SHEET

*Participation in the Community Visitor's Scheme in the Sydney Metropolitan Area:
A study of volunteer motivation*

Thank you for participating in this project. Your involvement in this questionnaire will help us understand what prompts someone to become a Community Visitor in the Community Visitor's Scheme (CVS). This questionnaire has been given to selected CVS co-ordinators in the Sydney metropolitan area to distribute to their volunteers. This research has the support of the Department of Health and Family Services and may assist CVS Co-ordinators in their recruitment and support of volunteers. To make this project a success you are asked to be entirely frank and open in your comments, and to answer each question as fully as you can.

Participation in this project is completely voluntary. If you choose to participate, the information you supply in this questionnaire will be completely anonymous and confidential. If you choose not to participate it will make no difference to you or your role as a community visitor.

After completion please return the questionnaire in the reply paid envelope supplied. If you have any questions or concerns please contact the researcher, Diane Pattinson, on (02) 9351 9508 or Dr Barbara Adamson on (02) 9351 9228.

Any persons with concerns or complaints about the conduct of a research study can contact the Secretary of the Human Ethics Committee, University of Sydney on (02) 9351 4811.

Once again thank you for your involvement.

Yours Sincerely

Diane Pattinson
Phone: (02) 9351 9508
Email: OT_Pattinson@cchs.usyd.edu.au

SECTION A: DEMOGRAPHIC INFORMATION

Please answer the following questions in the spaces provided.

1. In what country were you born?

1a. If you were not born in Australia, how long have you been living in Australia?

2. What is your preferred language at home?

3. How old are you (in years)?

4. What is the postcode of your current permanent address?

5. How many people are currently living with you?

6. What is your relationship to the people living with you?

Please tick the most appropriate answers to the following questions

7. Are you currently living:

- In your own home/home unit/flat
- In a rental property
- In self care unit in a retirement village
- In a hostel
- In student accommodation
- Other, please explain

8. What is your sex?:

- Male
- Female

9. What is your current marital status?

- Married
- De facto relationship
- Living with a partner
- Single
- Separated
- Divorced
- Widowed

10. Do you have children?

- Yes
- No

11. What is the highest educational qualification you have attained?

- No formal qualifications
- Leaving certificate/ Higher School Certificate
- Trade certificate
- Associate Diploma/ Diploma
- Degree
- Post graduate
- Other, please specify _____

12. Are you currently:

- Employed full time
- Employed part time
- Unemployed
- Retired
- Other, please explain _____

If unemployed, please go to Question 13

12a. If you are employed, what are you employed as?

12b. How long have you been employed in this occupation?

Please go to Question 14

13. If unemployed, how long have you been unemployed?

14. Before becoming a Community Visitor did you have any personal experiences with nursing homes?

Yes

No

If 'Yes', please explain.

15. During the five years prior to your volunteering with the Community Visitors Scheme have you experienced any events in your life which you have found difficult to deal with? If so, please list and briefly describe these events.

15a. Do you feel that any of these events contributed to your participation in the Community Visitors Scheme?

Yes

No

If 'No', please go to next section.

15b. If you answered 'Yes' could you elaborate further?

SECTION B: VOLUNTEERING

16. How did you hear about the Community Visitors Scheme?

17. Why did you decide to find out more about the Community Visitors Scheme?

18. What finally made you decide to become a Community Visitors Scheme volunteer?

19. How long have you been a Community Visitor (in years and months)?

20. List the motivations that influenced your initial participation in the Community Visitors Scheme? *Please number each factor in order of importance and list as many as you wish (ie. 1= the most important factor; 2= the second most important etc.)*

1. The most important _____

2. The second most important _____

3. The third most important _____

4. The fourth most important _____

21. List your reasons for continuing to be a volunteer in the Community Visitors Scheme? *Please number each reason in order of importance (ie. 1= the most important reason; 2= the second most important etc.)*

1. Most important reason _____

2. Second most important reason _____

3. Third most important reason _____

4. Fourth most important reason _____

Thank you for your valuable participation in this research.

Are there any other comments you would like to make concerning the Community Visitors Scheme?

PILOT STUDY



The University of Sydney
Faculty of Health Sciences
School of Occupational Therapy

22nd July, 1997

Dear Community Visitor,

I am currently researching the motivational factors that influence a person to join the Community Visitors Scheme. I have designed a questionnaire and need to 'try it out' on a small sample of CVS volunteers to make sure it is readable and easily understood.

Thank you for being a part of this pilot survey. I have asked (CVS Co-ordinator) to hand them out and you will remain anonymous so please be completely honest in your appraisal of this questionnaire.

I will ask you to do a number of things:

- As you fill out the questions, please make comments in the margins about the questions themselves- do they make sense?, are they clear?, are they easy to answer, are they too intrusive?
- At the end give an approximate time that it took to fill out the questionnaire and make any other comments that you feel need to be included.
- After you have finished the questionnaire, please give them back to (CVS Co-ordinator) as soon as possible so that I can make any adjustments and get on with the research.

Thank you once again for your assistance,

Regards,

Diane Pattinson

APPENDIX D

RESPONSES FOR DECISION TO FIND OUT MORE ABOUT CVS

ID	Data
1	I felt that this would be a good way to spend my spare time
2	When the (<i>Name of CBO</i>) people talked about it
3	Felt it was a worthwhile cause & that I would like to be involved in continuing community service
4	Seemed like a good idea
5	Missing
6	Because it brings you the opportunity to share a bit of your time with lonely people
7	Because I fail to take care of my parents
8	Because was a great program, helping people in nursing homes
9	As a testimonial to my mother's strong independence to see if I could be of some help to other families
10	To help the Spanish speaking people
11	At the time I had an aged grandmother in another state who I could not visit very often, so thought others like her may enjoy a visitor
12	Wanted experience with residents of a local NH
13	Was asked by one of the ladies if I would join the visitors scheme
14	After my redundancy in Sept 1996
15	I wasn't working and had time to commit to an outside interest- I had a friend in the ? who did a lot of charity work and used to hassle me
16	I need to do or help people with disability or the elderly
17	Because I wanted to do something for the needy & lonely etc
18	I missed to have a job
19	I wanted to do something to help someone, but not to commit myself to too much time in doing so, as I have a foster daughter who is very time consuming
20	Liked the idea of bringing some pleasure to someone who is not mobile
21	I thought I might be able to help
22	I've always wanted to do something for the aged and children
23	Anyone I had visited in the past I had met through organisations eg Blind Society or church. I wished also in this case to be introduced to someone through an official organisation
24	Because my girlfriend invited me to seminars
25	I believe in voluntary work & community work. What is scarce in Australia/modern society is time. So I wanted to do something that was not 'for myself'
26	It interested me. Wanted something to do on my days off. Knew I could do it
27	Because I like to be with people & visit them. It helps me to think & do things for others
28	I didn't , I just wanted to become a visitor for someone who had no-one to visit them
29	To do service to the elderly as I have sympathy & passion for them. My own experience with my mother & aunts whom I looked after in Sri Lanka

30	I have always had a caring spot in my life for older people, as long as I can remember
31	To be more aware of what was involved
32	To give to the community- part of my ministry in my church
33	As a retiree I wanted to become more involved in volunteer community work in particular with older members of society
34	Desire how I could help others the CVS way
35	To see what it involved and at my age could I cope
36	I was approached by the centre's director, who asked me to help her with CVS
37	Seemed to be a good scheme
38	Because I get on well with older people
39	I had to be allowed into this particular nursing home which was linked to (<i>Name of CBO</i>)
40	Before I started working full time with the (<i>Name of CBO</i>), I was a part of the church leadership committee who had to decide if we were to run the scheme, so I found out all info through these meetings
41	No I just simply applied
42	I had time on my hands and felt the need to help someone in some way
43	I felt a lot of these elderly people could be very lonely
44	Io wanted to broaden the area of voluntary work I had been doing for that organisation since 1978
45	Because I thought it would help me and at the same time somebody else and thought that it would be a satisfying thing to do
46	I miss having a elderly person in my life
47	I realise the loneliness & isolation of some in nursing homes
48	Looking for some volunteer work to fill "spare time"
49	Asked to participate by my local Salvation Army Officer (minister)
50	I wanted to do something for God to help people and Church
51	As an initial volunteer with our scheme I had access to all the information and my friend was co-ordinator
52	As a retired person, I had time available to participate & so sought more information
53	I felt I would like to be involved visiting nursing home residents
54	To help people that were lonely & needed a friend
55	Felt it was a scheme I would be suitable at
56	Because I was looking to do some sort of voluntary work and this 'felt' right for me
57	My wish to use my spare time in something rewarding
58	Wrote to interviewee
59	Thought it sounded like a great idea and I didn't need any special qualifications
60	To be of help
61	Because it sounded worthwhile and I felt that I should give something back to the community
62	Missing
63	It was something I wanted to do. Both my grandfathers passed away before I was born. The gentleman I visit is about the age my grandfather would be. He fills a gap for me

64	Because I want to learn from there experience and be a friend with someone older than myself
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RESPONSES FOR DECISION TO VOLUNTEER

ID	Data
1	I felt that I would be doing someone in the nursing home some good
2	Because I had the time and wanted to help others
3	I was hoping to do some overseas service work at the end of the year and thought this would be good preparation
4	Because I thought it was a worthwhile thing to do when so many elderly people really need more company
5	Missing
6	I feel very sorry for these people in nursing homes who do not have anyone to talk to
7	To give my friendship and little of my time to lonely people
8	Our volunteering experience and the need between migrant communities
9	As a testimonial to my mother's strong independence to see if I could be of some help to other families
10	By seeing that those people needed someone to visit them
11	At the time I had an aged grandmother in another state who I could not visit very often, so thought others like her may enjoy a visitor
12	Persistence of the then coordinator
13	Family now independent so have the time to give something back to the community. I had been thinking of doing some social work for some time. I wanted to do something while I was still able & did not fancy 'Meals on Wheels' etc.
14	I have always helped people & friends whenever I can. When I left work, I wanted to give some of my time to volunteer work.
15	After an interview with the coordinator an informal chat and overview of what was expected and for the reason mentioned above
16	Someone asked me to become a volunteer and I accepted it
17	Just a deep concern for another human been in need
18	In the hope somebody will do the same to me when I end up in a nursing home
19	The information given to me at the orientation programme
20	It seemed well organised
21	To provide some company
22	I want these old people, who have done so much for the community to get what they deserve- to be loved
23	Was interested in the way volunteers were 'matched up' with an elderly person
24	I've heard too much about the old people don't have anyone to visit them
25	The scheme & the way it was set out looked plausible
26	The volunteer coordinator was very helpful and explained everything and listened to me and answered my questions. It was something I knew I could do
27	I noticed how happy the resident looked & welcomed me each time I visited
28	I just wanted to do something to help others
29	Service to people is serving God. I wanted to be of some help to someone

30	I felt sad for people put in a nursing home and has not had visitors for years
31	Missing
32	To give to the community- part of my ministry in my church
33	The occasion arose that there were nursing homes with residents who would appreciate to have a friend/visitor visit them
34	The need to make use of my available time soonest possible to help others, specially the sick, in their need for moral/spiritual support
35	The need of people
36	Here was the answer to what I had seen was needed in nursing homes
37	Might be able to help some lonely person
38	The need to get out of the house and help others
39	It was already decided before I knew about CVS. I just wanted to visit without doing the course or being linked to Centacare (However I am glad now that I did)
40	Being on staff, time was allowed through the fortnight to support the scheme. Apart from this, I also have a heart for lonely people within society- want to do all I can to help relieve this loneliness
41	I felt I could cheer up someone who is lonely
42	Hearing about the residents and their need for friendship
43	After visiting a nursing home and seeing patients without anyone to visit them
44	I thought I was the right person for the job
45	Because I thought it would help me and at the same time somebody else and thought that it would be a satisfying thing to do
46	I miss having a elderly person in my life
47	I enjoy visiting those whose lives are restricted to bring a little of the world to them
48	Looking for some volunteer work to fill "spare time"
49	More time after retired from teaching & seem to have empathy with older people
50	Elder people need person like me to visit them to contact social "fresh-air"
51	I saw a need and had no hesitation in volunteering
52	A desire to co-operate in such a scheme
53	I felt I could help the person nominated as well as make me feel good
54	To help people that were lonely & needed a friend
55	After attending an induction session at (CBO Organisation)
56	Because I was looking to do some sort of voluntary work and this 'felt' right for me plus talking to the CVS Co-ordinator
57	My interest in the scheme when explained by our local CVS Co-ordinator
58	Merely wished to contribute someone other than friends
59	Just decided to go for it
60	Co-ordinator
61	I felt that it could offer a lot of personal satisfaction
62	Was asked to be a visitor to a local nursing home
63	The interview was friendly. The man in question had a lot in common with myself. I think we hit it off from day one
64	I want to do something for others. I want to do something for Australian people and to Australia, because they did a lot of thinks to me and I hope to do more.

APPENDIX F

DESCRIPTION OF DIFFICULT LIFE EVENT BY CVS
VOLUNTEERS

ID	DESCRIPTION OF LIFE EVENT
2	When my mother had a stroke and had to get her into hostel/nursing home
4	Nothing overly difficult
8	I had the difficulties to learn the language, to integrate myself to the Australian society.
9	Whilst my mother was ill with terminal illness we were living interstate. Therefore trying to look after her & allowing her independence to live to her desires.
11	Divorce
13	After 33 years of marriage my husband divorced me & went back to England to live. I have had a cancerous lump removed from my breast & six weeks chemotherapy
14	1. Divorce- emotional problems overcome quickly - financial problems ongoing to cope with mortgage etc. 2. Death of my brother in 1996
16	Back in my country one of my relatives ws a disabled person and I felt that I need to do some thing about, so I help him the best way I could. He suffer and illness and he become physically disable.
17	Separation, and consequently divorce from my spouse of 24 years has been a very traumatic event in my life- Arriving here in 1963 as a 15 years old and not knowing a word of English language has not been easy. Finding oneself all alone and nearly 50 is heartbreaking.....
19	We had a teenage daughter who went completely 'off the rails'.
20	Not necessarily difficult but challenging: <ul style="list-style-type: none"> • half thyroid removed due to cancer • voluntary redundancy and starting own business • married for the second time
23	Five years ago I was diagnosed with breast cancer, I had no difficulty with dealing with the matter, but where it has influenced my present activity, was that I retired from work. With more time on my hands I returned to volunteer work. I have always been conscious of peoples loneliness and isolation and did 'meals on wheels', a driver for blind people and visited elderly people in nursing homes when in my early 30s. None of these activities were done motivated by 'events in my life, difficult to deal with' but being conscious within myself of people who would need help and felt it mostly correct for me to do so.
25	My grandmother suffered from old age, osteoporosis eyc. & was bed confined before she died. My mother-in-law had cancer in the uterus- suffered for one year & then passed away

	My father died very suddenly last year.
26	Unemployment and boredom and loneliness worry about how to buy the necessities of food & clothes and pay the bills with no money. Not able to go out anywhere. Became housebound because it cost too much to have a night out to the movies etc. or eat out. This was seen as an expensive luxury to go out. I know what it is to be poor, lonely, bored and housebound with no visitors. This has given me the understanding to know what the elderly in nursing homes are experiencing.
29	<ul style="list-style-type: none"> • Paralysis of my mother with stroke high blood pressure • My daughter's illness after polio vaccination- she was totally paralysed with ascending myelitis at 2.5 years age. Now 99% OK.
30	<ul style="list-style-type: none"> • Leaving NZ to come to live in Sydney. Getting used to the big city • Finding it difficult to get a job and trying to settle down
31	<ul style="list-style-type: none"> • I think the most significant was coming to terms with the changing pace of retirement.
32	<ul style="list-style-type: none"> • Dealing with my son • Dealing with my divorce • Dealing with my broken leg • Change of status, less money
36	I accompanied my next-door neighbour to visit another neighbour who was dying in a nursing home. This proved very distressing for both of us- the other neighbour was literally dying of loneliness
39	Going through separation from my fiancée.
41	Sometimes I experienced loneliness & longed for someone to converse with me.
45	Break up of my marriage- due to my husband's excessive drinking (he is either an alcoholic or heavy drinker) but would not go to counselling to find out. Constant put down of myself and our children, physical abuse of myself.
51	My mother's death due to cancer and nursing her for three months before her death.
54	3 nervous breakdowns my husband had heart attack & a by-pass & one of my children left the family but is now back with us.
57	Loss of mobility due to idiopathic osteoporosis. This led to my purchase of an electric scooter to facilitate my mobility around my home suburb & therefore access to the relevant nursing home.
58	Two stays in hospital- underwent major operations both successful.
60	I think most of us have crosses to bear, as one gets older excepts death as part of living especially with older people- losing ones own child is like an amputation- son suicided in 1972 shooting himself. Felt that only happened to other families. Know differently now. Elder brother in coma for 4 months (1967) far worse than death.
63	My divorce, which limited my access to my sons. Two very touchy subjects.
64	It was in the first year when I came to Australia, but I received a lot of help from Australian people and that is why I want to help others now. I want to give Australian community some from what they gave me when I first arrived

to Australia.

I lost my mother one year ago and I was away from home and I felt that elder people a part of my family.

MOTIVATIONS TO PARTICIPATE IN THE CVS

G.1 RESPONSES FOR PRIMARY MOTIVE TO PARTICIPATE IN CVS

ID	Data
1	Felt sorry that old people were being neglected for they must be very unhappy
2	Wanting to help others
3	Desire to have a well rounded life...including service to the community
4	To help the elderly in need
5	Missing
6	I could make someone happier
7	To give friendship to lonely people
8	To support the aged
9	Some company for confined person
10	The people needed someone to visit them
11	Desire to do something useful for the community
12	Interest in older people
13	Wanting to help others
14	I have witnessed a lot of people who are lonely & needed love & care
15	After the informal interview. The feeling that I could make a genuine difference to a person's life
16	The need of help of volunteers
17	A genuine caring for another human being
18	To feel useable
19	To be of help in the community in general
20	AS a migrant I have very few family ties here and both my parents are dead. I felt it would be nice to have an elderly person in my life
21	Provide company
22	I wanted to help people who need help, to help people improve their life
23	Aware of the isolation of people in nursing homes
24	Gives satisfaction to older people
25	I believe in society people should care for each other, in absence of extended family
26	Had the time available. I was able to visit my friend in the nursing home any day any hour.
27	To give love & concern for others
28	I just wanted to do my bit for my fellow man
29	Service to God
30	Kind heart
31	To see it as an ongoing part of ministry
32	To help another human being
33	If possible give elderly members of the community a better quality of life considering their current circumstances
34	Love of God
35	Lonely people

36	I was needed by the scheme coordinator in <i>(Name of CBO)</i>
37	Might be able to help some lonely person
38	Knowing that I was doing something to help myself and others
39	I became a Christian and felt called to visit the elderly
40	Missing
41	I wanted to give some time to a sick lonely person
42	To make some worthwhile contribution to society before I leave
43	Felt I wasn't giving enough of myself to the community
44	Being a close friend on a one to one basis by sharing joy & sorry with them
45	To keep myself busy- I suppose that is selfish- but that is how I felt
46	Having contact with an elderly person who also wanted a friend
47	Compassion
48	No older relatives around
49	Compassion for elderly in nursing homes who do not have visitors
50	It is work of Lord
51	Wanting to give company to a lonely person
52	A desire to assist in a worthwhile scheme
53	Could see a real need
54	To help lonely people
55	Saw so many lonely/abandoned aged persons at the NH where my mother-in-law resided
56	My desire to help others who need companionship and friendship
57	Wish to use my communication skills with a lonely person
58	I had not known of the existence of such an organisation. Thought it a good idea & contacted the TV station, then the interviewee. Noticed an ad in local paper - QED
59	Being able to do something for someone else
60	Missing
61	Wanted to give something back to the community
62	To try and help their improvement in a patients lifestyle
63	I believe the man was lonely in the nursing home and requested some outside contact.
64	The elder people did many thanks to Australia, so, we have to remember them

G.2 RESPONSES FOR SECONDARY MOTIVE TO PARTICIPATE IN CVS

ID	Data
1	I had a lot of time on my hands
2	Having the time
3	'Do unto others as you would have done unto yourself' – I'd like to think others would do the same for me in such a situation
4	Missing
5	Missing
6	I could help to make a more just society
7	Missing
8	To use the Spanish language of volunteers to communicate with the residents of same language
9	Offering a little caring and sharing of simple things
10	I like to contribute to the community
11	Desire to relieve someone's loneliness
12	Local site
13	In some way repay support that had been given to me over the past 2/3 years
14	Missing
15	During the interview the work (<i>Name of CBO</i>) was briefly explained. I was impressed with their work outside the obvious
16	I feel the need to help. These people so fragile
17	To brake the loneliness of residente who has no family or friends
18	Can't drop my nursing home friend
19	To make someone happier
20	The scheme is an official means of 'adopting' a resident. It would be difficult to take on this arms-length type of relationship outside a formal support structure
21	Provide conversation
22	I wanted to do something for the community
23	The importance of outside contact
24	Talk to them & listen
25	Old people are often forgotten. I think they need care
26	Had the means to get there. Was able to get to the nursing home by bus or train after work or on my days off
27	Missing
28	Missing
29	Serving someone
30	To much time to spare
31	Visits may give some friendship to people visited
32	To make a difference
33	Obtaining pleasure & satisfaction to be able to visit those who are isolated from normal living activities
34	Love of neighbour
35	Missing
36	I thought CVS was worthwhile to establish
37	Missing
38	Missing
39	In order to complete the above I had to join the CVS (visiting the elderly)
40	Missing

41	Missing
42	Missing
43	Missing
44	To help them, family & friends in the grief & dieing process
45	To make someone else feel good
46	It could be me someday
47	Enjoyment in talking & listening to those with a story
48	To help some lonely people
49	Worthwhile voluntary service
50	It can raise elder's confidence to enjoy their life
51	The resident with whom I was matched
52	As a retired person I felt I had something to contribute & time to do so
53	Felt I could be of help to person allocated to me
54	Give them understanding & that they weren't alone
55	I felt that a visit from a friend would brighten their life somewhat
56	My desire to do what I can to improve the life of a resident in a nursing home situation
57	My ownership of a friendly dog (Pets as therapy)
58	Missing
59	It doesn't cost anything (moneywise)
60	Missing
61	Personal fulfilment
62	To give a helping hand as a friend
63	I wanted to spend some time with someone from my grandfathers era
64	I want to learn from there experience

G.3 RESPONSES FOR TERTIARY MOTIVE TO PARTICIPATE IN CVS

ID	Data
1	Missing
2	Thinking about my mother who is in a nursing home
3	I've done different types of community service and this seemed worthwhile/different
4	Missing
5	Missing
6	It is a rewarding experience
7	Missing
8	To feel useful
9	Missing
10	When I need someone to visit me I would like that to happen to me
11	Missing
12	Pleasant experiences with older people
13	Now have the time
14	Missing
15	The fact I had the time to make a commitment
16	I am a person of the third age and in the future I may need the help
17	A sense of small but satisfying achievement
18	I'm enjoying to be a visitor
19	Knowing that I make a difference in some-ones life
20	Missing
21	To provide any support that may be needed
22	To meet more people
23	Missing
24	Feel happy what I'm doing
25	The scheme as applied is convenient and easy to participate
26	Perfect match. Me and my friend are very compatible. Both like playing dominoes
27	Missing
28	Missing
29	Know more about people and their lives
30	Seeing the difference in my patient by caring
31	Missing
32	To help myself
33	To be able to perform community service
34	Joy in helping others, as well as helping myself (self improvement) through seminars given by (<i>Name of CBO</i>) from time to time
35	Missing
36	I was needed in the nursing home, by someone lonely
37	Missing
38	Missing
39	Missing
40	Missing
41	Missing
42	Missing
43	Missing
44	Helping them keep in touch with family & friends

45	To put something back into my community
46	Missing
47	Helping communication with outside world
48	Missing
49	Time to see elderly on a regular basis in an unhurried manner
50	Work for church
51	It filled a two-way need.
52	While I had much to learn in visiting I hoped to help a lonely person
53	Make me feel good
54	I felt it was something I could do
55	I felt that I had to give back to the community a little of what I had received, a relatively comfortable life
56	My desire to put something back into society
57	Availability of spare time
58	Missing
59	It makes me feel good and makes my visatee (?) feel important
60	Missing
61	To meet new friends
62	To try and give comfort & solace to their special needs
63	A lot more of the community should be involved at some level. Maybe someone talking to me might do something about it
64	I want to communicate with other generation

G. 4 RESPONSES FOR FOURTH MOTIVE TO PARTICIPATE IN CVS

ID	Data
1	Missing
2	Missing
3	Encouragement by those who are already participating in the scheme who I knew
4	Missing
5	Missing
6	It would make me happy
7	Missing
8	To have ongoing education
9	Missing
10	Satisfaction of feeling wanted
11	Missing
12	Knowledge of how awful it is to live in a NH with a sense of aloneness
13	Still fit and able enough to do this work
14	Missing
15	I had worked with older people in a convalescence situation and enjoyed the company and idea exchanges
16	I will continue to help with the scheme until I can
17	Feeling of helping out, reaching a little bit further...
18	Missing
19	To know that they look forward to seeing me
20	Missing
21	Share life experience
22	Missing
23	Missing
24	See the happiness in their faces when they see me
25	Missing
26	Can ring the coordinator and tell her of any problems etc.
27	Missing
28	Missing
29	We learn from helping others
30	Looking forward to my next visit
31	Missing
32	To be less selfish/ isolated
33	Missing
34	Good use of time
35	Missing
36	The nursing home staff needed CVS help (visiting)
37	Missing
38	Missing
39	Missing
40	Missing
41	Missing
42	Missing
43	Missing
44	Making a difference to routine & bring news & information from outside
45	Hope somebody does it for me one day – if I have nobody

46	Missing
47	Expectation of my being there
48	Missing
49	Keeping the obligation made
50	To help the Government
51	The training provided was very educational
52	I was prepared to be part of community awareness of nursing home residents' problems
53	Wanted to help scheme at Dulwich Hill be successful
54	They seem to need help
55	I felt that God had made it possible for me to give my time freely to others
56	My belief that my visits alleviate (if only for a short period) the pressure put on Nursing Home staff to entertain and empathise with residents
57	Wish to use my electric scooter in a productive manner
58	Missing
59	It is not hard to do
60	Missing
61	Missing
62	The self feeling of giving help to someone in need
63	The interview was very good and organised. This made it very easy to work out what I had to do with each visit etc
64	I want to find myself with a new family

APPENDIX H

H. 1. RESPONSES FOR PRIMARY REASON TO CONTINUE TO VOLUNTEER

ID	Data
1	The fact that I know that my visits make someone happy
2	Wanting to help others
3	Feeling of making a difference to someones life- certain element of need
4	Because my resident really needs visitors
5	Missing
6	I'm making someone happier
7	Missing
8	Is a Federal Government initiative
9	Some outside contact
10	The people needed someone to visit them
11	The pleasure it brings my visitee when I come to see her
12	Pleasant resident, willing to talk with interesting stories
13	Lady I visit looks forward to my visit
14	To put my time to use helping others
15	The relationship I have developed with my resident & a sense of commitment without pressure
16	The need of help of volunteers
17	Getting to know my resident in question gradually
18	Missing
19	I like doing it
20	Personal satisfaction at seeing the pleasure my visits bring (I always take my current resident out for a drive)
21	Socialising on a regular basis
22	I feel good when I see the residents enjoyed my visits
23	The bond of friendship that becomes established between a volunteer and the visited person
24	I feel great, helping them – and listen to them
25	I believe in honouring my commitment
26	Enjoy visiting my friend. Look forward to game of dominoes
27	To give love & concern for others
28	I just wanted to do my bit for my fellow man
29	Service to God
30	To see satisfaction of a job well done
31	I see it as an important part of ministry
32	My visits are important to the person I visit
33	The realisation of the loneliness of those being visited and the happy times shared together, hopefully providing a better quality of life
34	Love of God
35	The pleasure it gives to the one I visit
36	A commitment to CVS and (<i>Name of CBO</i>) was made
37	Might be able to help some lonely person
38	The fun and love you receive from the person to whom you are going to see

39	Still feel that God can use me to be a friend to the elderly
40	Missing
41	To let the elderly know that people do care
42	I have become very attached to my client
43	The response from the person being visited. So happy to see you
44	I have made a positive difference to the persons quality of life
45	Because I think that (<i>Name of Resident</i>)- whom I visit, is just adorable
46	Friendship with my friend
47	Compassion
48	No older relatives around
49	Compassion for the elderly in nursing homes who do not have visitors
50	Work for Lord
51	My resident
52	The feeling that the resident appreciated my friendship
53	My resident really appreciated my visits
54	I feel that I am helping the older people
55	The joy I feel when I see my (NH) resident's eyes brighten up when I walk in
56	The smile of recognition on the face of 'my friend' when I visit
57	The pleasure my visits give to the nursing home resident
58	Would feel guilty if I stopped
59	Imp now committed to my lady
60	Missing
61	Enjoy visiting and meeting people
62	To continue all the previous endeavours
63	We both look forward to the visits. Good time had by all.
64	When I start, I took the right decision and I want to continue

H.2 RESPONSES FOR SECONDARY REASON TO CONTINUE TO VOLUNTEER

ID	Data
1	I still have the time
2	Having the time
3	Enriching for myself I learn about others and helps one not to be so self centred
4	We get on well
5	Missing
6	I'm happier
7	Missing
8	We can use our language for visiting
9	Reaching out and caring
10	I like to contribute to the community
11	Makes me feel good
12	Missing
13	I "feel good" (or uplifted) when I help someone
14	Missing
15	We both look forward to our meetings & exchanges
16	I feel the need to help these people are so fragile
17	Knowing that she also took a liking in my visits
18	Missing
19	To see her happy face when I walk into her room
20	Missing
21	Company
22	To set an example for my friend, hoping I can influence them to become a visitor too
23	Duty Bound. One is aware of so many people who would benefit by a visit from the 'outside'
24	See a happy face when they see a visitor
25	I see it as a helping somebody. I am spending my time well
26	Like to listen to my friends life history and experiences (interesting learning experience)
27	Missing
28	Missing
29	Serving someone
30	The gratitude on my patients face saying thankyou for your kind attention
31	Visits may give some friendship to people visited
32	I like the person I visit
33	Obtaining pleasure and satisfaction to be able to visit those who are isolated from normal living activities
34	Love of neighbour
35	Missing
36	My friendship with the resident of the NH was growing
37	Missing
38	Know that I can help other people some do not see any one from day to day
39	It's become like a part of us (my child & I)
40	Missing
41	Missing

42	My client shows she looks forward to my visits
43	Their loneliness
44	Have been able to bring families together & helped with the grieving process
45	Because she makes me feel good and I enjoy her company
46	Easing her boredom & loneliness
47	Enjoyment
48	To help some lonely people
49	Worthwhile voluntary service
50	It can raise elder's confidence to enjoy their life
51	My resident
52	Consciousness that visits lifted the resident's attitude beyond the affairs of the home
53	If I wasn't visiting then they would not have any visitors
54	I could one day be one of them
55	I have been able to get my resident to talk (and even join in a sing-along at times), things she never did before. I believe she can improve even further.
56	Showing 'my friend' that I care about him/her
57	The pleasure my little dog gives to other nursing home residents
58	I get the feeling the 'patients' actually enjoy a visit
59	Her smile when I arrive
60	Missing
61	Missing
62	To give a helping hand as a friend
63	Other residents enjoy my visits as well. There's a lot of lonely people, who enjoy a different face, to the staff etc.
64	I want to know more

H.3 RESPONSES FOR TERTIARY REASON TO CONTINUE TO VOLUNTEER

ID	Data
1	Missing
2	Thinking about my mother who is in a nursing home
3	Missing
4	You see she appreciates the visits
5	Missing
6	I forget about my problems
7	Missing
8	We are learning all the time
9	Teaching me a little humility and wisdom
10	When I need someone to visit me I would like that to happen to me
11	Missing
12	Missing
13	I have now made a definite commitment to the scheme
14	Missing
15	I am supported by the (<i>Name of CBO</i>) and know I can contact my coordinator anytime for support
16	I am a person of the third age and in the future I may need the help as well
17	Having a chat, about this & that, knowing that we both care
18	Missing
19	She is a very interesting person for me to listen to
20	Missing
21	Conversation
22	To learn more about nursing or visiting skills
23	Missing
24	Help them to feel they are loved by someone
25	I enjoy visiting
26	Feel good about doing some good and being needed
27	Missing
28	Missing
29	Know more about people and their lives
30	Only to please to take over for there family
31	Missing
32	I feel more grateful for my life
33	To be able to perform community service
34	Joy in helping others, as well as helping myself (self improvement) through seminars given by (<i>Name of CBO</i>) from time to time
35	Missing
36	The resident needs continuing encouragement to live
37	Missing
38	I have the time to help other people as well as myself
39	I love the way my child can touch so many hearts (old people light up when kids are around)
40	Missing
41	Missing
42	The need for outside communication is obvious in al the other residents
43	Being able to listen to their problems

44	I receive great satisfaction from my visits & contact with family & friends
45	It makes her feel good and we get on really well
46	Missing
47	Helping communication
48	Missing
49	Time to see elderly on a regular basis in an unhurried manner
50	Work for church
51	My resident
52	That the staff valued the contribution in helping the resident's outlook
53	It makes me feel that I am achieving something worthwhile
54	I like doing it
55	I can see that I have made a difference to a person's life
56	Visiting 'my friend' regularly usually gives him/her something to look forward to
57	Involvement with other visitors at monthly workshop sessions
58	The local organiser is a tremendous person. I enjoy her leadership.
59	Its still not hard
60	Missing
61	Missing
62	To try and give comfort and solace to their special needs
63	I'm able to obtain materials etc. for different projects, craft work for residents.
64	Every day I'm learning something new and different

H.4 RESPONSES FOR FOURTH REASON TO CONTINUE TO VOLUNTEER

ID	Data
1	Missing
2	Missing
3	If I don't who else will – I guess; a sense of obligation to meet a commitment
4	Missing
5	Missing
6	I appreciate what I have
7	Missing
8	To motivate others to be visitors
9	Missing
10	Satisfaction of feeling wanted
11	Missing
12	Missing
13	Missing
14	Missing
15	The (<i>Name of CBO</i>) sought a resident/nursing home close to my area which make visiting easy- which even with the above reasons does help to make it easy to fit in my now altered schedule to when I first started- I am actually visiting my 2 nd resident the 1 st lady was able to go home to her family
16	I will continue to help with the scheme until I can
17	Well, I think that would be my free time wisely spent & used
18	Missing
19	We get on well together
20	Missing
21	Sharing life experience
22	Missing
23	Missing
24	Listen them their stories it's a great help to them
25	Missing
26	It has become a habit
27	Missing
28	Missing
29	WE learn from helping others
30	Missing
31	Missing
32	Visits change the monotony of life at the nursing home
33	Missing
34	Missing
35	Missing
36	Solidarity amongst (<i>Name of CBO</i>) visitors & NH staff
37	Missing
38	Missing
39	Missing
40	Missing
41	Missing
42	Missing

43	Missing
44	Support & information from talks the CVS co-ordinator give is great
45	It keeps me busy
46	Missing
47	Expectation of my being there
48	Missing
49	Keeping regular contact with person who looks forward to the visit- loyalty. Staff also seem uplifted by an 'outsider' showing interest in a resident
50	To help the Government
51	My resident
52	The reward that I gained in learning about the lifestyle & experience of the resident's past work, family, and attitudes to changing living conditions during his lifetime (1st ^t resident for 2yrs 11mths, 2 nd one during past 11 months)
53	I like meeting the other residents in nursing home
54	It makes their day a bit brighter
55	I feel it is my duty to continue
56	The happy feeling I have when 'my friend' feels happy
57	Ongoing availability of time commitment
58	Good to meet co-volunteers who are so different, unexpectedly different, to usual group of friends
59	Still makes me feel good
60	Missing
61	Missing
62	The self feeling of giving help to someone in need
63	Missing
64	I want to give more

APPENDIX I

COMMENTS MADE BY CVS VOLUNTEERS

ID	COMMENT
3	I don't think I've participated for particularly 'selfless' reasons. There have certainly been times when pressures of other work and commitments have made me question whether I can continue- but when I go and visit I always come away feeling enriched and that I'm lucky to have an opportunity such as this.
4	It is a very worthwhile scheme but it is a shame that the elderly don't get more visitors from their own families
6	Personally, what I find that motivates me to go to visit every week to (name of resident) is the fact that as a catholic I'm practising an important work of charity. Everything I do to (resident's name) is like I were doing it to Jesus.
7	No, and I am a volunteer and I do meals on wheels for Ashfield. And I am very happy that I am able to do it. You must excuse me of my English. I am Greek and French educated.
8	The Community Visitors Scheme is a very important project, because help a very special part of the community, the elderly and a the same time give the volunteers the opportunity to do a very rewarding work. Thanks.
15	I have been pleasantly surprised how supportive and relaxed the attitude is with the (CBO), yet highly professional and a fierce commitment to all their causes with one is swept along with.
16	I would like to suggest that the scheme should be for the attention of the patients of the nursing home and they should have the necessary help, physical, material, emotional, and recreational.
17	Not really, as I find the staff at nursing home very caring and dedicated bunch. I really do.
19	I look forward to visiting my 'special person' we both talk a lot and enjoy each other's company. She always thanks me for visiting her and when I leave her I feel good- a sort of sense of well being, knowing I 'brighten up' her day
20	Although I have enjoyed both residents I have had, both had/have serious dementia. This means that they do not get as much from visiting as would a more mentally intact person. I strongly believe that with a few exceptions, the scheme should be aimed at hostel-level residents. These people have the agony of being stuck in one place without outside contact of any kind. They have the insight to understand how cut off they are from contact with the outside world. By the time your mind has deteriorated to the point where you are content to sit and stare into space all day, a visitor may be nice but nowhere near as much value to you. In short, as there will always be fewer visitors than persons wanting to be visited, my own view is that resources should be directed to where individual residents will benefit most- ie. Hostel level.
21	This is a worthwhile organisation. More people are needed to visit.
22	I'd like to see more training given to visitors to help them become more effective visitors.
23	I recognise the importance of well run nursing homes in our society, but I have always disliked the idea of putting people in a home. I prefer the idea

	of services to maintain people in their own homes as long as is absolutely possible- entering the home as a last resort. Part of the services could be the community Visitors Scheme. They may already cover this area and I am unaware of it.
24	I think the Community V S is very good, the oldies feel very happy & it's great when they introduced to others "This is my friend" it's my "adopted sister", it's my angel, you are my only visitor – I'm very lucky to have you as a friend. That makes me happy & relaxed.
25	Some participation or meeting of Co-ordinator, matrons and visitor to help visitor understand individual problems and financial position of patient. Also helps visitor understand what she can & can't do.
26	Before I knew about the Community Visitors Scheme I rang my nearest nursing home and spoke to the second in charge about wanting to visit a resident. I was doing this as my Christian duty. The second in charge was asking me questions etc. about could I make a continuous commitment and other question that I told her I needed time to think about these things before I would be able to give an honest answer. I never rang back. The Community Visitors Scheme that is organised by the (CBO) they prepare you and tell you everything you need to know and they arrange for you to visit the Diversional Therapist at an appropriate nursing home and also match your personality, skills, interests, family history etc with the most suitable resident in the home. They do everything and have the connections on who the right people are to speak to etc. I didn't know how to go about it or who to speak to when I attempted to do it myself.
28	T thing it's a very good idea as the people we visit would not have anyone to visit them at all. Some appeals on radio & TV wouldn't hurt. It would make people more aware of these elderly folk.
29	The Community Visitors do only talk with some residents. But, do we have any rights to improve the performance of the N' home? (I don't know). Sometimes few residents may wait with hunger for breakfast after bath. I think those people should be served first. Visitors scheme is good. Get more people involved. Visitors should be genuine.
30	I think more people should take an interest in the elderly people bring a bit of happiness in to there life's as there is a lot of people unemployed who could give there time and interest to visiting nursing home's like a set of "two" unemployed people going round a lot of nursing homes, saying hullo, how are you. <u>They love it.</u>
32	Easier access to disabled transport It is sometimes frustrating not being able to get things done ie. Having to wait & having no influence/power to change things. It is an important scheme as it overcomes the isolation of the old & makes each visitor more aware. <u>NB</u> I hope I never have to live in a nursing home or if I do my mind makes me unaware.
33	The Community Visitors Scheme has also provided the opportunity to meet other members of the community involved in the scheme and share their experiences and the scheme has also conducted various courses relevant to the situations of those being visited thus providing information on problems confronting the aged population and the latest developments undertaken to improve the scheme and assist those participating in same. Trust the completed questionnaire satisfies your requirement.
35	I fel the Community Visitors Scheme is very important, because there are so

	many who have no living relations. It makes me thankful as I visit as I am the same age & still have a clear mind for this I thank the Lord that I can see the need.
36	This scheme is perhaps the best idea ever initiated by the Government. It's a shame people are left or lonely, but a wonderful thing to develop a real friendship with one lonely person who is then not so alone. The rewards are mutual.
39	CVS is a wonderful organisation.
41	I would like to state that I would only be allowed to visit the Nursing Home at (location of nursing home) as I pass by there almost every day which is good to just pop in and see my friend
43	The Nursing homes I have visited, the staff always make you welcome. This scheme is essential in my community. We should also make young people (16-20 years) to visit the elderly, as they can learn a lot from their experience.
44	I have found other people in the CVS of like mind who care for our wonderful community members & have formed a friendship with them. The CVS is a wonderful concept & I would like to see it spread to retirement villages.
45	I think it is a wonderful idea and you really do not appreciate the benefits until you have done it yourself.
46	Great service, needs more visibility and accessibility to attract interested volunteers.
47	Very worthwhile, rewarding and enjoyable.
48	Excellent scheme! Unknown to a large part of the community.
51	As our co-ordinator has done, there needs to be a lot of training. We had staff from nursing homes, grief sessions with our minister- vital as some visitors in the 4 years have had 3 residents die, videos. Sometimes it is really difficult to fit in a regular visit (I have to travel 10kms) but its worthwhile to see my resident's face when he sees me.
52	<ol style="list-style-type: none"> 1. it is a worthwhile scheme, helpful to the residents and the visitors. 2. Praise should be extended to the organisers of the local scheme, and in the wider sense to the initiative of the gov't dept responsible for its introduction & oversight.
53	The CVS scheme is a great scheme. It is greatly appreciated by: <ol style="list-style-type: none"> 1 residents 2 staff of nursing home 3 visitors. You can actually see it is doing good every time you make a visit.
54	Yes, I find that a few nursing homes that I have visited could be run better & have more feeling to the people in them & some of them are treated like pieces of furniture as I am elderly myself I wouldn't like it if I was in one. I realise that some patients are hard to handle but we all have to get old someday.
55	I believe it is a very worthwhile scheme. With the ageing population, the fragmentation of the family, where there is little emphasis on the concept of the extended family, such a scheme will become increasingly vital. It is a lifeline to those senior citizens who need nursing home care.
56	Being a visitor is not for everyone. It is filled with varying emotions from depression, sadness. Grief, frustration, to feelings of achievement, happiness

	and joy – but the one feeling that makes all this worthwhile is the warm feeling I have when I am able to laugh with my ‘special friend’ and see him/her face light up with a smile.
57	I feel that this excellent scheme could be advertised more widely so that other volunteers could be co-opted for this rewarding and valuable work.
59	It should be more widely advertised as I’m sure if more people knew about the scheme and what it gives to the nursing home residents I’m certain more people would join.
60	Think it is excellent
62	It is a most important part of local support in helping people more unfortunate than oneself, and I hope it and myself can keep up this work for many years to come.
63	Should be more of it!
64	<ul style="list-style-type: none"> - Deal with other as you expect the others to deal with you. - A friend in need is a friend indeed - Actions speak louder than words. - As you sow, so will you reap.