Submission to the Select Committee on Mental Health and Suicide Prevention

March 2021

Overview

Overall, we urge the Select Committee to recommend that the role of volunteering is made explicit and advanced as an integral part of the implementation strategies emerging from the various inquiries.

➢ The recent inquiries into mental health have paid little or no explicit attention to the role of volunteering in the nation's mental health. This is despite extensive evidence that volunteering can play a vital role in individual and community wellbeing.

➢ In this submission, we highlight and provide evidence of three key contributions that volunteering makes in the context of mental health and suicide prevention:
  - The protective value of volunteering in sustaining good mental health.
  - The role of volunteering in mental health recovery.
  - The contribution of volunteers to the mental health workforce.

➢ Volunteering is a 'critical gap' in the Productivity Commission's recommendations, which make no reference to the role of volunteering in mental health prevention or recovery, nor the role of volunteers in the mental health workforce. We urge that this is addressed in the implementation process.

➢ The Victorian Royal Commission's 'community collectives' proposal is an opportunity to strengthen the contribution of volunteering. In developing and implementing this recommendation, the voices of volunteers and volunteer involving organisations need to be at the table.

➢ In taking forward the recommendations from the various inquiries, volunteering and the role of volunteers needs to be made explicit. Volunteering does not just happen. It requires leadership, investment and strategic oversight. The role of volunteering in supporting mental health and suicide prevention needs to be highlighted, supported and be an integral part of the implementation process.

Introduction

About the Select Committee Inquiry

The House Select Committee on Mental Health and Suicide Prevention was established by a resolution of appointment that passed the House of Representatives on 10 December 2020. The committee was established to consider a range of strategic reviews of the current mental health system, and whether the recommendations are fit for purpose in the context of the Summer 2019-20 bushfires and the COVID-19 pandemic.

The Committee launched its inquiry into Mental Health and Suicide Prevention on Wednesday, 24 February 2021 and has called for submissions.

About this submission

We welcome the opportunity to provide a submission to the Select Committee's inquiry.

Submission to the Select Committee on mental health and suicide prevention

This submission was drafted by Volunteering Australia in collaboration with the State and Territory peak volunteering bodies.

Our collective expertise relates to volunteering and, hence, this is the focus of our submission. We would like to share information on the following issues relevant to the terms of reference[1]:

- The three ways in which volunteering can support mental health and suicide prevention
- A critical gap in the Productivity Commission's recommendations
- An opportunity in the Victorian Royal Commission's 'community collectives' proposal

Context of bushfires and COVID-19, and longer-term trends

The Select Committee's terms of reference seek input in relation to the findings of the Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, the National Mental Health Workforce Strategy and other recent strategic reviews of the current mental health system in light of events such as the 2019 bushfires and COVID-19 pandemic.

The context of the 2019 bushfires and the COVID-19 pandemic has put into sharp relief the value of volunteering to the nation's mental health. Volunteers played vital roles throughout both the bushfires and COVID-19 in supporting the health and wellbeing of communities and, as we discuss below, the act of volunteering has helped protect the mental health of volunteers themselves.

However, volunteering is facing many challenges, and this jeopardises the protective mental health and wellbeing contribution of volunteering into the future. These challenges include the recent profound impact of COVID-19 and ongoing problems resulting from, inter alia, weak resourcing of volunteer management, poor recognition of volunteering, and an overall lack of strategic development and investment.

Recent Volunteering Australia data[2] shows volunteering is not 'snapping back' as COVID restrictions lift, with nearly three quarters (72%) of survey respondents saying their volunteer programs were not fully operational. Although COVID restrictions have eased considerably across Australia, over half of the 600 respondents surveyed (56%), said their organisations needed more volunteers, with four out of ten (41%) finding it difficult to re-engage or recruit volunteers. Overall, 42% of respondents are not confident that they will achieve pre-COVID levels of volunteering activity in the next six months. During the height of the COVID pandemic in 2020, two out of three volunteers (65.9%) stopped volunteering, equating to an estimated loss of 12.2 million hours per week[3].

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[1] Set out in the Annex to this submission
[2] https://www.volunteeringaustralia.org/research/re-engaging-volunteers-and-covid-19/
[3] See https://csrm.cass.anu.edu.au/research/publications/experience-volunteers-during-early-stages-covid-19-pandemic

These results are particularly concerning, as recent Australian Bureau of Statistics (ABS) data shows that pre-COVID, the rate of Australians volunteering and the time they give, continue to decline. The rate of formal volunteering fell from 36.2% in 2010 to 28.8% in 2019[4]. Although the almost six million Australians who volunteered in 2019 contributed almost 600 million hours to the community, this is a 20% decrease from 2014 (743.3 million hours).

How volunteering can support mental health and suicide prevention

The various inquiries that have been undertaken into mental health pay little explicit attention to the role of volunteering in supporting mental health prevention or recovery, or the role of volunteers in supporting the mental health of those they serve in the community.

This is despite extensive evidence that volunteering has much to offer in protecting the nation's mental health and in supporting the mental health workforce. In this submission, we highlight three key contributions that volunteering makes in the context of mental health and suicide prevention:

1. The protective value of volunteering in sustaining good mental health.
2. The role of volunteering in mental health recovery.
3. The contribution of volunteers to the mental health workforce.

Overall, in implementing the recommendations from the various inquiries, we urge that volunteering and the role of volunteers is made explicit. Volunteering does not just happen. It requires leadership, investment and strategic oversight. The role of volunteering in supporting mental health and suicide prevention needs to be highlighted and supported.

1. The protective value of volunteering

A substantial and growing evidence base demonstrates the mental health and wellbeing benefits of volunteering[5].

A summary of evidence of the beneficial nature of volunteering was set out in the Productivity Commission inquiry's final report (page 291). Our recent submission[6] to the development of the National Preventative Health Strategy sets out further evidence. This includes recent ANU analysis, commissioned by Volunteering Australia, that examined volunteering behaviour and its impact during COVID-19 restrictions. This found that volunteers experienced lower levels of psychological distress and loneliness (between February and April 2020) than those who stopped volunteering and those who had never volunteered in the first place. Most recently (December 2020), the What

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[4] See Table 1 https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release#voluntary-work-and-unpaid-work-support
[5] For example, see review of the literature in Kim et al (2020). *Volunteering and subsequent health and well-being in older adults: an outcome-wide longitudinal approach.* American Journal of Preventive Medicine.
[6] https://www.volunteeringaustralia.org/wp-content/uploads/Submission-to-NPHS-Consultation-2020-FINAL.pdf

Works Centre of Wellbeing in the UK has reviewed the international evidence base on the link between wellbeing and volunteering. The report concludes that most of the evidence demonstrates a positive relationship between volunteering and wellbeing, including improved life satisfaction, increased happiness and reduced symptoms of depression[7].

This evidence base has led to volunteering being promoted as contributing to good health. For example, the Australian Government's Health Direct[8] service promotes the benefits of volunteering and the Head to Health[9] website includes volunteering as one of the 'purposeful activities' that can support good mental health. In the UK, volunteering is one of the activities that doctors can recommend as part of 'social prescribing' initiatives[10] which connect people with non-medical help in communities.

The Report of the National Suicide Prevention Officer[11] demonstrates how key transition points and points of disconnection across the lifespan present unique stressors and opportunities for intervention. Volunteering can play an important role here – whether it is young people making the transition from education to the paid workforce; mothers returning to work after a period out of the labour market; or older people making the transition to retirement. For example, VolunteeringACT[12] and Volunteering WA[13] have recently launched volunteering programs for young people to help improve their job readiness and employability.

Millions of people across Australia are benefitting from the mental health and wellbeing value of volunteering. Across Australia, nearly 6 million[14] (5.897 million) people volunteered through an organisation in 2019[15]. This is almost one third (29.5%) of people aged 15 years and over. In 2019, the ABS also collected data for the first time on informal volunteering in the community. In the four weeks prior to the 2019 GSS survey, over 6.5 million (6.676 million) people aged 15 years and over provided informal volunteering support in their community. This is 33.4% of the population.

However, as discussed above, longer-term trends and the impact of COVID-19 has led to a decline in volunteering. If we are concerned about the future mental health of the nation, we need to be concerned about the future of volunteering.

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[7] https://whatworkswellbeing.org/resources/volunteer-wellbeing-what-works-and-who-benefits/

[8] https://www.healthdirect.gov.au/benefits-of-volunteering

[9] https://headtohealth.gov.au/meaningful-life/purposeful-activity/volunteering

[10] https://www.england.nhs.uk/personalisedcare/social-prescribing/

[11] https://consultations.health.gov.au/suicide-prevention-taskforce/national-suicide-prevention-taskforce-interim-advi/supporting_documents/4.%20Shifting%20The%20Focus.pdf

[12] https://www.volunteeringact.org.au/services/map/

[13] https://www.jobsandskills.wa.gov.au/news/volunteering-pathway-job-readiness

[14] https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release#voluntary-work-and-unpaid-work-support

[15] Australia's definition of volunteering is "time willingly given for the common good and without financial gain." This encapsulates 'formal volunteering' (unpaid voluntary work through an organisation) and 'informal volunteering' (the provision of unpaid work/support to non-family members outside of the household.)

2. The role of volunteering in mental health recovery

Volunteering can play an important role in the lives of people with a mental health condition and on a mental health recovery journey.

The latest official volunteering data (ABS GSS 2019)[16] estimated that, in 2019, nearly 600,000 people with a mental health condition volunteered through an organisation. This is 10% of all volunteers. Over 900,000 people with a mental health condition volunteered informally in their community in the four weeks prior to the survey. This is 14% of informal volunteers.

The Productivity Commission recommends, as a priority reform, a whole-of-government commitment to a new national mental health strategy, stating it should comprehensively integrate the roles played by health and non-health sectors. As the Productivity Commission highlights *"Recovering from mental illness is about so much more than clinical care; it means rebuilding relationships, strengthening skills, finding and maintaining secure housing and employment."* Volunteering and the volunteering sector have a vital role to play here.

The volunteering sector operate 'inclusive volunteering programs' which include providing support to people on a mental health recovery journey. Current initiatives include:

- The 'Inclusive Volunteering Program'[17] run by Volunteering ACT is designed to help people with barriers to volunteering find meaningful volunteering opportunities. Volunteering ACT work with organisations to create inclusive volunteering environments for participants of the program.
- The 'Inclusive Volunteering Pathways to Employment Program'[18] is offered by The Centre for Volunteering (NSW), Volunteering ACT and Volunteering Tasmania. It aims to reduce and remove barriers to volunteering and employment. The Program supports participants to engage in volunteering as a pathway to employment and works with organisations to help them become more inclusive.
- 'Volunteerability'[19] is a new program recently launched in South Australia, run by Volunteering SA&NT in partnership with Orana Disability Services. The program will support people to find meaningful volunteering opportunities, with the support of trained volunteer buddies. Every stakeholder will have access to free training, support, and resources.

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[16] See Table 4 https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release#voluntary-work-and-unpaid-work-support
[17] https://www.volunteeringact.org.au/services/inclusive-volunteering-program/
[18] https://www.volunteering.com.au/inclusive-volunteering-program/
[19] https://www.volunteeringsa-nt.org.au/volunteers/volunteerability .

In addition to these specific initiatives, all the State and Territory peak volunteering bodies provide guidance, support, and resources[20] to volunteer involving organisations to support inclusive volunteering practices and to enable more people living with mental illness to access volunteering.

It should be noted that, beyond those specialising in mental health services, many volunteer involving organisations are not well equipped to support volunteers with mental illness or to engage with community members with mental illness. Further guidance, support and training is needed to ensure all volunteer involving organisations and the volunteers they engage are better placed to deal with mental health challenges within the volunteering sector and in the wider community.

3. The contribution of volunteers to the mental health workforce.

Volunteers support people suffering from mental illness and are an important element of the mental health workforce. The National Mental Health and Wellbeing Pandemic Response Plan[21] (page 33) recognised the role of the unpaid workforce and importance of "attracting, training, accrediting and retaining key professional and *volunteer workforces*…"

The lack of official data on the volunteer workforce in mental health services needs to be urgently addressed. The limited data that does exist suggests a significant contribution of volunteers in mental health services and supports. The ABS (GSS 2019) estimates that 11% of volunteers work in a health or welfare organisation; this is over 680,000 volunteers. Other organisational categories may also capture mental health-related volunteering. For example, ABS data shows over 700,000 people volunteer in 'parenting, children and youth' services and over 680,000 people volunteer in organisations that support 'community/ethnic groups'.

We also know that certain mental health services, for example Lifeline, rely heavily on volunteers to deliver services[22]. Each year, Lifeline trains over 1,000 new volunteer crisis supporters, equipping them with mental health first aid skills[23].

Volunteering is time freely given, but enabling volunteering is not free. Like paid workers, volunteers need induction, training, and ongoing management. Funding needs to be available to support volunteering programs and to comply with sector standards and legislative requirements. For example, it is estimated that since its inception in 1963, Lifeline has provided Lifeline Mental Health First Aid Crisis Supporter Training to over 100,000 members of the Australian community. These volunteer workers need training and ongoing facilitation and management.

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[20] See for example, https://www.volunteeringact.org.au/wp-content/uploads/2019/08/Building-Inclusive-Bridges.pdf and https://www.volunteeringact.org.au/wp-content/uploads/2019/08/Lets-Talk-About-Inclusion-Promoting-inclusion-in-your-volunteer-involving-organisation.pdf

[21] https://www.mentalhealthcommission.gov.au/mental-health-and-wellbeing-pandemic-response-plan

[22] For example, Lifeline Canberra has 23 FTE paid staff and 350 volunteers (ACNC Annual Information Statement 2020).

[23] https://www.lifeline.org.au/media/krdfx53w/submission-to-the-productivity-commission-of-inquiry-into-mental-health-2019.pdf

A critical gap in the Productivity Commission's recommendations

Our analysis of the Productivity Commission's report reveals volunteering to be a 'critical gap' in the inquiry recommendations. The Productivity Commission's report sets out evidence that "volunteering is beneficial to mental health."[24] However, the recommendations make no reference to the role of volunteering in mental health prevention or recovery, nor the role of volunteers in the mental health workforce.

Many of the Productivity Commission's recommendations need to be adapted. Below, we suggest how the recommendations could be adapted to reflect the three contributions of volunteering, discussed above.

Adaption of recommendations to 1) reflect the preventative mental health contribution of volunteering.

Recommendation 5 – focus on children's wellbeing across the education and health systems.

This recommendation needs to reflect that children and young people benefit from structured volunteering programs in schools and learning about volunteering can form an important part of a wellbeing agenda in schools[25]. Volunteering Australia produces resources to support teachers to plan and deliver learning about volunteering in schools. A renewed focus on children's wellbeing across education and health systems should consider the part that volunteering activity can play.

Recommendation 6 – support the mental health of tertiary students.

Volunteering programs are delivered across Australia's tertiary education system. For example, ANU+ is a program delivered at the Australian National University to formally recognise students' experience and contribution achieved through volunteering[26]. Each year, National Student Volunteer Week[27] promotes and celebrates student volunteering across Australia. The role of volunteering in supporting the mental health of tertiary students should be considered and invested in further.

The Productivity Commission's concern with the mental health of young people is particularly welcome. Volunteering Australia[28] has called upon the Australian Government to fund a national youth volunteering initiative to help protect the mental health of young people in the coming years.

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[24] See page 291, Volume 2 of PC report.
[25] https://www.volunteeringact.org.au/wp-content/uploads/2019/08/VCA-Future-of-Education-Submission-29032018.pdf
[26] https://www.anu.edu.au/students/careers-opportunities/volunteering/anu
[27] https://nationalstudentvolunteerweek.org.au/
[28] https://www.volunteeringaustralia.org/wp-content/uploads/Supplementary-Pre-Budget-Submission-FINAL-24-August-2020.pdf

Particularly when paid jobs are scarce, volunteering can provide meaningful activity and help develop skills and capabilities that support a pathway to paid employment[29].

Recommendation 7 – equip workplaces to be mentally healthy.

In advancing this recommendation, it is critical that volunteers are explicitly recognised as 'workers'. References to 'employees' (for example, Action 7.6 of the PC inquiry's report) should be replaced with 'employees *and volunteers*'. This is consistent with work, health and safety laws and with Safe Work Australia guidance[30]. In the not-for-profit sector in particular, volunteers make up substantial proportion of the workforce. The latest ACNC Australian Charities Report (2018)[31] reported that charities engage 1.3 million employees and 3.7 million volunteers. Half of Australia's 55,000 charities operate without any paid staff.

An additional reform to be considered is how to enable more workplaces to offer employee volunteer programs. These can be an important element of promoting workplace wellbeing[32].

Recommendation 18 – support for families and carers.

We welcome the Productivity Commission's recommendation to further assist families and carers and specifically the reform (Action 18.3) to eligibility for Carer Payment and Carer Allowance (evaluating hours over a month rather than a week and lifting restrictions on study and volunteering) that will enable carers to undertake their own economic and social activity, including volunteering.

Many carers and volunteers are older people. Evidence on the link between volunteering and improved health and wellbeing is particularly strong for older age groups. The results of a recent longitudinal study in the US demonstrated that adults over 50 who volunteer for at least 100 hours a year (about two hours per week) have a substantially reduced risk of mortality and developing physical limitations, higher levels of subsequent physical activity, and an improved sense of well-being later on compared to individuals who do not volunteer. Based on this and previous studies, the authors suggest that government policies should encourage more volunteerism. As they highlight, volunteering policies and programs can "simultaneously enhance society and foster a trajectory of healthy ageing in the rapidly growing population of older adults."

Adaption of recommendations to 2) enable more people on a mental health recovery journey to experience the benefits of volunteering

Recommendation 8 – support the social inclusion of people living with mental illness.

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[29] See recent summary of research evidence in https://knowledge.unv.org/evidence-library/volunteer-work-and-its-links-to-the-labour-market-experiences-of-young-people
[30] https://www.safeworkaustralia.gov.au/topic/volunteers
[31] https://www.acnc.gov.au/tools/reports/australian-charities-report-2018
[32] https://www.volunteeringaustralia.org/research/corporate-volunteering-in-australia-a-snapshot/

As detailed above, 'inclusive volunteering programs' support the social inclusion of people living with mental illness. These initiatives should be rolled out nationally and with longer-term funding.

Recommendation 15 – link consumers with the services they need.

As now, Head to Health should promote volunteering as a purposeful activity that can support good mental health (in relation to Action 15.1). There is much scope to develop this platform. For example, it could link directly to GoVolunteer[33] (an initiative of Volunteering Australia) which enables individuals to find volunteering opportunities across the country to support their needs and aspirations.

Recommendation 17 – improve the availability of psychosocial supports.

The recommendation to improve psychosocial supports is warmly welcomed. For example, extending the length of contracts (Action 17.1) will go some way to supporting community mental health programs. As the Productivity Commission highlighted the delivery of psychosocial supports (which includes services to rebuild and maintain social connections, build social skills and participate in education and employment) has been hampered by inefficient funding arrangements and service gaps.

However, as Mental Health Australia[34] has articulated well, there is "a disconnect between the (Productivity Commission) report's enthusiastic support for psychosocial services and its relative lack of commitment to build the workforce necessary to deliver this care." Workforce issues are considered further below.

In the context of Recommendation 17, a further action could be to explore the potential of social prescribing to broaden the range of non-clinical mental health interventions.

Adaptation of recommendations to 3) support the mental health workforce

Recommendation 16 – increase the efficacy of Australia's mental health workforce.

The forthcoming National Mental Health Workforce Strategy[35] should include the breadth and diversity of the mental health workforce and this includes consideration of volunteers alongside paid workers. Principle 8 of Charter 2020[36] articulates the diversity of the mental health workforce well, highlighting the need to: "Invest in systematic workforce development, including peer workers, volunteers, paid and unpaid carers, community workers and clinicians."

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[33] https://govolunteer.com.au/
[34] See page 30 of MHA (2020) Analysis of the Productivity Commission Inquiry into Mental Health: final report. https://mhaustralia.org/sites/default/files/docs/analysis_of_the_productivity_commission_inquiry_into_mental_health_-_final_report_-_dec_2020.pdf
[35] https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy
[36] https://mhaustralia.org/sites/default/files/docs/mhaustralia-charter2020_a1_final_oct.pdf

A comprehensive workforce strategy would support the Productivity Commission's priority reform to develop a new national mental health strategy, which they argue should comprehensively integrate the roles played by health and non-health sectors. As Mental Health Australia has contended, it is critical that the community mental health capability is strategically considered and supported, and that the National Mental Health Workforce Strategy does not focus solely on the traditional clinical workforce.

In Australia, we have built a social support system that relies on the contribution of volunteers. Community programs are often developed to prevent people falling through the gaps of traditional services. Going forward, community mental health programs need to be recognised as integral components of the system.

An opportunity in the Victorian Royal Commission's 'community collectives' proposal

The Victorian Royal Commission put forward a recommendation to establish 'community collectives' to support mental health and wellbeing in communities. In developing and implementing this recommendation, the voices of volunteers and volunteering involving organisations need to be at the table. This means engaging the State peak volunteering body, Volunteering Victoria, and other organisations which support volunteering in the community.

There is potential in this model being a national endeavour, and we look forward to learning from its implementation in Victoria.

As discussed above, volunteering is one of the activities that doctors can recommend as part of 'social prescribing' initiatives which connect people with non-medical help in communities. We support the Victorian Royal Commission's recommendation to establish a trial of social prescribing in each region of Victoria.

Recommendation 15: Supporting good mental health and wellbeing in local communities

The Royal Commission recommends that the Victorian Government:
1. establish and recurrently resource 'community collectives' for mental health and wellbeing in each local government area.

2. support each community collective to bring together a diversity of local leaders and community members to guide and lead efforts to promote social connection and inclusion in Victorian communities.

3. test and develop a range of initiatives that support community participation, inclusion and connection.

4. by the end of 2022, establish one social prescribing trial per region (refer to recommendation 3(3)) in Local Mental Health and Wellbeing Services to support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives.

Conclusion

If we are concerned about the mental health of the nation, we need to be concerned about the future of volunteering. We cannot afford to take volunteering for granted. The role of volunteering in protecting mental health and as part of a mental health recovery journey needs to be further recognised and supported. The contribution of volunteers in the mental health workforce needs to be better understood and strategically considered in workforce planning and development.

We urge the Select Committee to recommend that the role of volunteering is made explicit and advanced as an integral part of the implementation strategies emerging from the various inquiries.

Terms of Reference

On 10 December 2020, the House of Representatives resolved to establish a Select Committee on Mental Health and Suicide Prevention to inquire into:

- the findings of the Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, the National Mental Health Workforce Strategy and other recent strategic reviews of the current mental health system in light of events such as the 2019 bushfires and COVID-19 pandemic, including the capacity of the mental health workforce to respond to such events; and
- other matters not addressed by these recent reviews, including:
  - o emerging evidence-based approaches to effective early detection, diagnosis, treatment and recovery across the general population and at-risk groups, including drawing on international experience and directions;
  - o effective system-wide strategies for encouraging emotional resilience building, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services;
  - o building on the work of the Mental Health Workforce Taskforce and forthcoming National Medical Workforce Strategy, the roles, training and standards for all health and allied health professionals who contribute to mental health care, including peer workers, that are required to deliver quality care at different levels of severity and complexity, and across the spectrum of prevention, early intervention, treatment and recovery support;
  - o the funding arrangements for all mental health services, including through the MBS and PHNs, and whether they are structured in a way that supports safe, high quality and effective care in line with the qualifications of practitioners and needs of consumers across whole of population;
  - o the use, standards, safety and regulation of telehealth services and the role and regulation of domestic and international digital and online mental health service providers in delivering safe and high quality care in Australia; and
  - o any related matters.

Authorisation

This submission has been authorised by the Chief Executive Officer of Volunteering Australia.

Mr Mark Pearce
Chief Executive Officer

Endorsements

This position statement has been endorsed by the seven State and Territory volunteering peak bodies.

About Volunteering Australia

Volunteering Australia is the national peak body for volunteering, working to advance volunteering in the Australian community. The seven State and Territory volunteering peak bodies work to advance and promote volunteering in their respective jurisdictions and are Foundation Members of Volunteering Australia.

Volunteering Australia's vision is strong, connected communities through volunteering. Our mission is to lead, strengthen, promote and celebrate volunteering in Australia.

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