Queensland Community Care Network

Aged Care Volunteer Visitors Scheme

Volunteers Manual

The 100+ Club – Just keep breathing

GenPals – An initiative of Queensland Community Care Network

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Background Reading

QCCN and the Aged Care Volunteers Visitors Scheme

The Aged Care Volunteer Visitors Scheme (ACVVS) has been an extremely successful initiative of the Department of Health. The target group of the ACVVS is isolated residents of aged care homes whose quality of life would be improved by friendship and companionship this is achieved by arranging for volunteer visitors like yourself to visit residents in aged care facilities.

Since 1990 Queensland Community Care Network (QCCN) along with several other organisations has been funded to manage the program. The positive feedback that is received from all recipients of the ACVVS can only reinforce the need for its continuance and ongoing support by volunteers like you. QCCN Board and staff members would like to take this opportunity to thank you for offering your services as a volunteer in this worthwhile cause. As a volunteer your involvement will make the lives of people less fortunate than us richer and more meaningful.

To assist you in your volunteering activities the staff of QCCN are always available and can be contacted by phone on 07 3062 7426, through Facebook Messenger (Facebook.com/qccn.org.au), or via email (info@qccn.org.au) To further assist you this manual has been developed to provide you with information that will guide you through the early stages of your volunteering experience with QCCN and hopefully answer any questions or queries you made have about visiting an elderly person in residential care.

The contents have been written to provide you with some basic knowledge of aged care. Many of our volunteers have found the information invaluable in their own personal lives when dealing with elderly friends and relatives. To further assist you, after each chapter is a self-directed learning page, a few questions requiring you to circle either a true or false answer. We have also included an area for you to make notes on. For any topics that you wish to have explained in more detail please contact the office and a coordinator will arrange for a convenient time to suit you to answer all your questions and queries.

Your time and effort is greatly appreciated by all the Board and Staff members of QCCN, but more importantly it is appreciated and makes a significant impact on the lives of the residents you and many other countless volunteers visit each week.

Chapter 1 – Aged Care Volunteer Visitors Scheme Context

1.1 Objective

The objective of the Aged Care Volunteer Visitors Scheme (ACVVS) is to provide volunteer visitors to conduct one on one visits to residents of Commonwealth subsidized aged care homes who are socially isolated and whose quality of life would be improved by friendship and companionship.

1.2 History

The need for friendly visitors was identified in the 1989 report in the *Residents Rights in Nursing Homes and Hostels,* and pilot programs were established in 1990/91 in 27 nursing homes in South Australia and Queensland through 18 community-based organisations. Originally, the program was called the Community Visitors Scheme. The trial was evaluated by Ernst Young Consultants in October 1991 and recommended for national implementation.

In 1991/92, submissions were called from nursing homes to nominate residents who were isolated from regular contact with friends and family and who benefit from a Volunteer Visitor. At the same time submissions were invited from community-based organisations to act as Auspices for the scheme. Subsequent nursing homes that nominated isolated residents were allocated to organisations auspicing the scheme. Visitors were authorized under the National Health Act 1953 and provided as a condition of nursing home funding. The conditions require proprietors to allow Volunteer Visitors access to their homes but did not authorize visitors to investigate a service.

In 1992 the Australian Law reform Commission was directed by the Attorney General to conduct a review of the legislation by the (then) Department of Human services and health which included consideration of submissions relating to the Community Visitors Scheme. (Australian Law reform Commission, The Coming of Age: new Aged Care legislation for the Commonwealth. Report No. 72 Australian Law Reform Commission 1995)

The Commission reported in February 1995 and recommended among other issues that the community visitors Scheme be extended to include hostels. Field trials were subsequently held to test the appropriateness of the scheme and for hostel residents and with the introduction of the Aged Care Act 1997 isolated

residents requiring either high or low level care became eligible to receive Community Visitors.

In December 1998 the Department of Health and Aged Care commissioned a comprehensive review which made recommendations for further developing the scheme, including the need to review the guidelines.

These guidelines include strict administrative boundaries which all organisations who auspice the scheme must abide by. Regular audits of both financial and administrative compliance are conducted. Queensland Community Care Network (QCCN) the auspice organisation that you have chosen to volunteer with pride themselves on meeting all guidelines.

In 2023 after a further review from the Department of Health, the program was expanded and rebranded to the Aged Care Volunteer Visitors Scheme (ACVVS). Along with the new name and logo, the program received additional funded places and increased eligibility for older Australians.

1.3 Target Group

The target group of the ACVVS are isolated residents of aged care homes whose quality of life would be improved by friendship and companionship.

These include:

- Residents who do not have regular and reasonable contact with friends or relatives from outside the nursing home
- Residents who do not have contact with friends or relatives on a one to one basis
- Residents from particular linguistic, cultural and complex vulnerability backgrounds who may be at greater risk of social isolation. These include people:
    - from Aboriginal and Torres Strait Islander communities
    - from culturally and linguistically diverse backgrounds
    - who live in rural or remote areas
    - who are financially or socially disadvantaged
    - who are homeless or at risk of becoming homeless
    - who are veterans
    - who are care leavers

- who are parents separated from their children by forced adoption or removal
- who are lesbian, gay, bisexual, transgender or intersex
- living with a disability
- who are deaf or hearing impaired/hard of hearing
- living with cognitive impairment, including dementia
- experiencing mental health conditions and/or who have been exposed to trauma.

1.4 Resident Outcomes

The anticipated quality of life improvements for the residents participating in the ACVVS include:

- Increased self-esteem or general feeling of well being
- Diminished feelings of depression and anxiety
- Increased sense of purpose
- Feeling cared for and/or connected to the community
- Reduced feelings of loneliness and isolation
- A sense of achievement through participation in a one to one relationship
- Maintenance or increased in independence

1.5 Rights of a Volunteer Visitor

You, as a Volunteer Visitor have the right to:

- Be provided with information about the Aged Care Volunteer Visitors Scheme
- Receive a job description
- Know to whom they are accountable
- Receive clear and concise written instructions
- Receive information on a resident's health to enable duty of care requirements to be met
- Be respected and supported
- Say no to unacceptable tasks
- Be offered the opportunity to attend information sessions.
- Not be exploited
- Be informed of any changes of circumstances re the person they are visiting
- Have their complaints and concerns addressed
- Be reimbursed for approved out of pocket expenses if requested
- Work in a safe and healthy environment
- Be covered by insurance

1.6 Aged Care Volunteer Visitors Responsibilities

You, as a Volunteer Visitor have the following primary responsibilities:
To visit a designated resident in a residential aged care home on a regular basis (at least once a fortnight) the purpose of which may include:

- To offer companionship and friendship
- By visiting you increase resident involvement in social activities and community affairs
- Aid with small tasks that might be done by a friend or neighbour such as posting a letter
- To provide a record of dates of visits to the ACVVS coordinator
- To respect the rights of residents including confidentiality and privacy
- To exercise duty of care at all times
- To inform the ACVVS coordinator if you are experiencing any difficulties with visiting
- To notify the ACVVS coordinator of any accident or incident that occurs while visiting
- To notify the ACVVS coordinator if there is an intention to cease visiting on a temporary or permanent basis e.g.: 8 weeks or more.
- To inform the ACVVS coordinator if you wish to stop visiting a particular resident

1.7 Confidentiality, Privacy, Dignity

Volunteer Visitors must understand and practice confidentiality and respect privacy and dignity of the resident.

Confidentiality includes the avoidance of discussion of personal details of the resident with other visitors, family and the wider community.

Privacy includes both maintaining confidentiality and respecting a resident's right to maintain control of issues they consider to be personal. This may include respecting a resident's privacy during dressing or toileting, respecting the resident's right not to discuss any issue they may not wish to discuss and related issues.

Dignity includes supporting the resident to maintain their self-esteem. Volunteer Visitors should undertake all their interactions in a manner that

maximizes the resident's self-esteem. This may include for example, not giving assistance with a task unless requested or first asking the person.

1.8 Receiving and giving gifts

Volunteer Visitors should be aware of potential risks associated with receiving gifts inappropriately from residents without offending the resident. Gifts of any commercial or sentimental value may create conflict with family members and may on some occasions be regretted or denied by a resident. Volunteer Visitors **MUST** discuss situations involving gifts of significance with their coordinator and in almost all circumstances ought not to be accepted.

Giving gifts may be appropriate but care must be taken not to offend families and significant others. It is best for volunteers who wish to give gifts to their friend to limit them to small items such as flowers, cards, small clothing items, photographs etc.

1.9 Taking Residents out of aged care homes for day trips.

Volunteers are not permitted to take residents out of their aged care homes as a general rule. For further clarification, please contact your Community Development Officer.

1.10 A Volunteer Visitor May Not

- Monitor standards provided at a residential aged care home
- Be involved in investigation or following up complaints
- Displace relationships between the residents and their family, staff or other relationships
- Have access to resident's care or personal records or become involved in the financial affairs of the resident
- Provide nursing or personal care to the resident e.g.: intimate procedure such as shaving, assisted transfers, wound dressing, giving medication
- Interfere with or have any involvement in the day to day running of the residential aged care home

- In their capacity as a Volunteer Visitor act as an activity volunteer in residential aged care homes, unless in an activity component of the visit with the matched resident
- Replace nursing activities or therapy staff in residential aged care homes

1.11 Aged Care Home Responsibilities

Residential aged care homes have the following primary responsibilities:

- To inform themselves of the organisations providing the Aged Care Volunteer Visitors Scheme in their area
- To identify residents who may benefit from receiving a Volunteer Visitor and make referral to the coordinator supporting that area
- To provide appropriate information to the coordinator to assist with making a suitable match
- To provide to the coordinator information on policy and procedures that the Volunteer Visitor may need to know

- To provide relevant resident needs information to coordinators to ensure that Volunteer Visitors are able to meet their duty of care

1.12 Memorandum of understanding

As a consequence of all of the above a Memorandum of Understanding condensing the information as outlined has been written, as follows. All volunteers must sign a copy. A copy is reproduced on next page.

Queensland Community Care Network

Memorandum of Understanding

Community Visitors Scheme

BETWEEN *Queensland Community Care Network Inc.*

AND **(Volunteers Name)**.....

Of **(Volunteers Address)**.....

In undertaking to be a Volunteer Visitor I hereby agree to:

1. Visit a designated resident on a regular basis (at least once a fortnight) for the purposes of friendship and companionship
2. Provide a record of the dates of visits to the coordinator.
3. Respect the rights of residents including confidentiality and privacy.
4. Exercise a duty of care at all times. Volunteer Visitors duty of care is using commonsense and exercising reasonable caution in any activities undertaken with the resident.
5. Inform the Coordinator if I am experiencing any difficulties with visiting.
6. Notify the Coordinator of any accident or incident that occurs whilst I am visiting.
7. Notify the Coordinator if I intend to cease visiting on a temporary or permanent basis.
8. Inform the Coordinator if I wish to stop visiting a particular resident.

I understand that as a Volunteer Visitor I must NOT:

1. Monitor standards provided at a residential aged care home.
2. Be involved in investigating or following up complaints.
3. Displace relationships between the resident and their family, staff or other relationships.
4. Have access to residents' care or personal records or become involved in the financial affairs of the resident.
5. Providing nursing or personal care to the resident.
6. Interfere with or have any involvement in the day to day running of the residential aged care home.
7. Replace nursing, activities or therapy staff in residential aged care homes; and
8. Visit other residents without the approval of the Volunteer Visitors Scheme coordinator.

- **I further agree to inform the coordinator at QCCN in writing of any change of status in regard to my National Criminal Ilistory Record Check (generally referred to as a "police check") i.e., of any criminal charge or conviction.**

Please initial here .....

Signed: ..... **Name:** .....
(Volunteer Visitor)

Signed: ..... **Name:** .....
(Witness)

Date:

Office Use Only

Signed: ..... **Name:** .....
(Authorised Officer on behalf of QCCN)

Chapter 2 - Queensland Community Care Network

Queensland Community Care Network (QCCN) was established in June 1990 by a group of individuals who recognized the need to provide broad based community services to people in need.

The aim of QCCN was to provide a generic broad based community organisation without affiliation to any religious body that could provide services to those in need with due respect to each individual's needs, beliefs and values. This has enabled services to be successfully provided to a wide cross section of the community. During the last fifteen years QCCN has gone from strength to strength extending services to Queensland country areas, the focus of services being with the Aged Care Volunteer Visitors Scheme.

2.1 Other QCCN involvements

The 100+ Club

The 100+Club Connects Centenarians, Advocating for the positive promotion of the elderly and Celebrates the lives of our members.

The 100+ Club is a club exclusively for people who have reached the age of 100 years. This club was started in 1993 and is constantly growing and improving. The 100+ Club aims to bring centenarians together at different events so that they may talk to someone their own age and share their memories and stories!

For more information on the 100+ Club, visit the website – www.100plusclub.com.au

GenPals

Gen Pals is a program that connects school students with residents of aged care homes through the art of letter writing. Schools sign up classes to participate in the program and they are connecting with one aged care home who encourage residents to get involved. Letters are then traded throughout the school term.

2.2 Management Structure of QCCN

Queensland Community Care Network Inc is incorporated as an Organisation under The Organisation's Incorporated's Act, Queensland. Queensland Community Care Network is also recognized by the taxation office as an approved tax deductible charitable organisation.

QCCN has constitutionally established a management structure to provide the greatest possible representation in all decision making and policy development by both members and client representatives.

The Management Committee of QCCN is elected at the Annual General Meeting (AGM) of the organisation as outlined in QCCN's constitution and is empowered to oversee the day to day running of the organisation.

The annual general meeting of the organisation is the largest and most important tier of management of Queensland Community Care Network. The constitution requires that the AGM elect all members to the Management Committee and imposes accountability provisions on all decision making.

Queensland Community Care Network has a presence in Brisbane, Sunshine Coast, Gold Coast and many country areas including Roma and Dalby. This activity in country areas provides a focus for local care and support's local initiatives. All activities and services provided are customer / client focused and QCCN holds itself accountable to the consumers it seeks to support.

Objectives and Principles of QCCN Inc.

2.3 Objectives

The sole objective of which the organisation is established is to provide programs to assist the elderly, the disadvantaged and the disabled in crisis.

2.4 Principles

In furtherance of QCCN's objectives the following principles will be observed:

- To promote the provision of a comprehensive and integrated range of services and home care designed to provide basic maintenance and support service to clients as an alternative to intensive care situations such as admission to aged care facilities/hospitals
- To assist clients of Queensland Community Care Network to maintain or enhance their independence in the community

- To identify gaps in service delivery and quality assurance and to monitor community services to ensure that these services are provide equitably between regions and are responsive to regional differences and the needs of clients
- To provide increases client participation in the decision-making process in community situations
- To sponsor and/or initiate innovations in programs in the areas of community care and to test and evaluate new and differing approaches to planning, coordination and service delivery
- To ensure that community services are delivered to clients in a manner that is cost effective achieves integration, promotes independence, is innovative and flexible and avoids duplication
- To promote and provide resources and information on quality assurance on services available to services and all care providers
- To act in advisory capacity to service providers on issues and needs of Queensland Community Care Network clients
- To lobby Governments and funding bodies as to the issues and needs of clients in the community and more particularly to ensure access to appropriate forms of community care
- To lobby Governments and funding bodies to ensure that realistic resources are available and that priority is directed to those most in need of community care
- To ensure for clients and effective and integrated means of assessment of their needs and for referral to community services
- To ensure recognition of the role and needs of clients in the systematic monitoring of the effectiveness and efficiency of relevant welfare programs and to ensure client recognition in the assessment of priorities
- Act in an advisory capacity to services providers on the issues and needs of clients
- To promote an integrated and coordinated approach for clients between delivery of community care and other related health and welfare programs which includes programs providing residential or institutional care
- To provide advice to Commonwealth Ministers and State Ministers on the needs and priorities of clients under relevant welfare programs

2.5 Privacy Policy

Queensland Community Care Network Inc (QCCN) is a not-for-profit incorporated association, we recruit and train volunteers to visit residents of aged care homes in accordance with the terms of the Aged Care Volunteer Visitors Scheme (ACVVS). The ACVVS is a Federal Government initiative to help establish links between people living in an aged care home and their local community.

QCCN is committed to protecting your privacy. We will collect, use, disclose and hold your personal information in accordance with the Privacy Act 1998.

YOU HAVE A RIGHT TO KNOW;

- How we collect information about you
- What information we collect and why we collect it
- Who we disclose that information to and why
- How long we hold that information
- How you can access that information

How we collect information:

All information collected by QCCN is obtained from you, we do not contact other parties for any information about you, except, if you have supplied to us, a reference and given us permission to contact that person to obtain any further information that we may require in our day to day business.

The exception to the above is when a police check is required as per the policies and procedures of QCCN. In the event a police check is required. You will be asked to sign the appropriate form supplied to QCCN by the police department.

What information we collect and why.

The information collected by QCCN is listed on the volunteer application form. This information is required to enable us to carry out our duties matching volunteers to clients supplied to us by various aged care homes and aged care providers.

Who we disclose information to

Information collected by QCCN is made available to the appropriate staff of the aged care home you are visiting. The case manager of a client provided by an

aged care provider, or with your permission, to another similar agency, if you live or move outside our catchment area.

The information made available to outside sources as described above, is used for the sole purpose of matching you as a volunteer, with a client, either in an aged care home or as provided by an aged care provider. The Department of Health may also request volunteer information under their reporting requirements which may include volunteer's name and date of birth. Under no circumstances will QCCN supply your personal information to a third party without your permission.

How can you access that information?

You can access all information we have compiled on you, by writing to QCCN and requesting access to them. If at any time we deny you access to your information, we will provide you with a reason in writing why you have been denied access.

QCCN may from time to time contact you for more or updated information. You may at any time contact QCCN to update your information.

If you have any complaints with the way we handle your personal information please do not hesitate to contact the Executive Officer at QCCN.
Phone: 07 3062 7426
Email: kieran@qccn.org.au
Mail: PO Box 63, Petrie QLD 4502

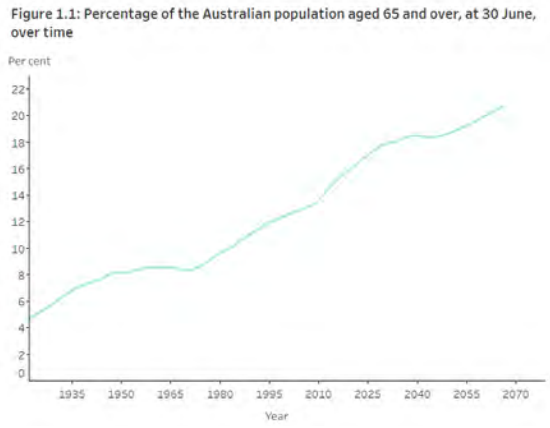
If you are not happy with the way your complaint has been handled by the manager, you may contact the Privacy Commissioner.

2.6 Insurance

QCCN has a duty of care to provide all volunteers with adequate insurance. To find out more about the volunteer insurance that QCCN has, please contact the Brisbane office for further information - info@qccn.org.au

Chapter 3 - Aged Care in Australia

Australia has an aging population. Australia had 1.0 million people over 65 years in 1970 equating to 8.3% of the population. In 1995 there were 2.1 million people over 65 years of age, or 12% of the population. By the year 2020 there were an estimated 4.2 million older Australians (16% of the population), and it is projected that by 2066 older people in Australia will make up between 21 and 23% of the population.



Graph courtesy of the ABS 2018, 2019

Currently we are witnessing the biggest growth in demand on social services in history as the baby boomers reach their mid-50's and with improved health care many of their parents, friends and relatives are living longer than ever before. Declining birth rates since 1965 are anticipated to continue furthering the burden on resources. A significant effort has been made in reducing both hospital admissions and length of stay. Acute patients are not kept in hospital for anywhere near the length of time they used to be and chronic patients are moved out of the acute hospital environment into long stay facilities.

A few years ago, people who would have been in residential care are now cared for in their own homes with many support services. People who would have been in hospital are now cared for in residential care facilities and so we see the dependent, very frail and sick people in permanent residential care. Many are physically frail and fully dependant but mentally alert. If they happen to come from a distance away from where they have been admitted and as in most case's their family and friends are elderly too, in this case visitors are usually a rare treat. These people in particular welcome regular visits from volunteers.

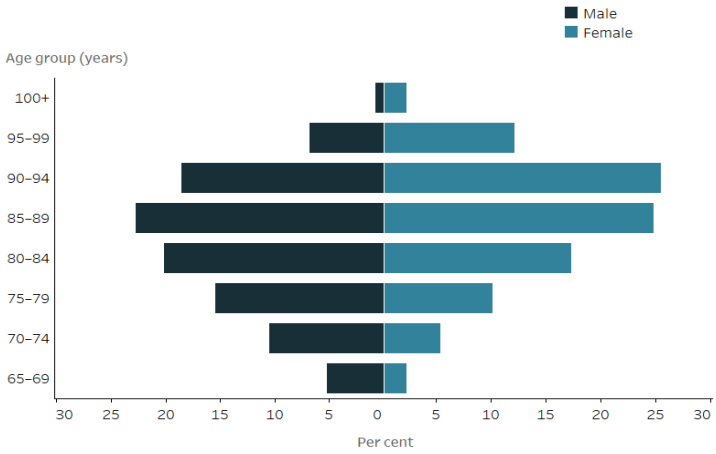
Another significant effort to reduce the burden on hospitals and residential care facilities has been in taking support services out into the community and into people homes. These support services range from nursing services, home help, Meals on Wheels, day care and structural changes to homes. It is much cheaper

not to mention the psychosocial benefits of maintaining people in their own home for as long as possible as opposed to placing them in hospitals or residential care.

Unfortunately, there occasionally comes a time when staying at home is longer a viable option. No one willingly relinquishes their independence and freedom to stay at home. So having to go into residential care can become a traumatic time for all concerned.

To be considered for full time residential care the person will have been assessed by a member of the ACAT (Aged Care Assessment Team). The ACAT team member is a skilled, professional person with experience in caring for the elderly. Their job is to consider all aspects of daily living, evaluate the person in their home environment and make sure that there are no other home services that can be offered before recommending that they go into residential care.

In 2021-22, research showed that 41% of new entrants to permanent residential care entered the care within 3 months of their ACAT assessment. The graph below from the Australian Institute of Health and Welfare shows the age groups residing in aged care homes as of June 2022.



According to this data, the majority of people residing in aged care homes are between the ages of 70 and 94.

Chapter 4 - Welcoming to volunteering

Thank you for offering your time and effort to join QCCN as a volunteer. The previous information will have provided you with an overview of QCCN and the volunteer program that you will be participating in. Some people join QCCN with a vast experience in volunteering for others it is a new experience. No matter how much or how little volunteering you have done in the past we would like you to take the time to read through the following.

Information, knowledge and experience are constantly changing and never more so than in the area of aged care. Not only is our management of people suffering from certain conditions changing, in particular in the area of dementia, but the whole social approach to aged care is now vastly different from how it was a few years ago. It is hoped by reading the following you will have many of your queries answered and also gain some knowledge and skills in how to deal with the frail and elderly.

This manual is not to be viewed as an academic book but as a resource document for you. Many of our volunteers have found the information invaluable in personal situations when family and friends have suddenly found themselves requiring assistance. QCCN staff and board members, with many years of experience in all facets of aged care are only too willing to offer any help that you may require in either your volunteering capacity or on a personal level with regards to aged care resources.

What to do next

Step One

By now you will have gone through the first few stages of becoming a volunteer with QCCN. You will have made the initial application and have met with the volunteer coordinator. This meeting should have provided you with the opportunity to have any/all your questions answered. You would have been given and asked to sign the memorandum of understanding. This is a very simple document outlining some guidelines that we as an organisation need to be sure that you have read.

The volunteer coordinator will at this time have asked you some simple questions with regards to your hobbies, likes and dislikes, availability for volunteering and your locality. This is to help the coordinator and aged care home match you to a suitable person and in a facility close to where you live. Frequently, hobbies and interests, life experiences such as growing up in the country make an excellent introduction to volunteering if the person you visit has a similar history.

Step Two

When your police check comes back clear, we will provide you with the contact details for the volunteer contact (generally a Lifestyle Coordinator) in the aged care home. It is up to you to make contact with the home to arrange your first visit. The volunteer contact in the aged care home will have been given a copy of your application forms, memorandum of understanding and cleared police check approval.

Initially you should ring the volunteer contact and introduce yourself and arrange for your first visit to the home. This volunteer contact will be your future contact person at the aged care home.

The first visit is usually one of introduction and formalities. This includes meet and greet opportunities and potentially completing a small amount of additional paperwork for the aged care home (Although we encourage aged care homes not to require unnecessary paperwork). As you can imagine all homes have a duty of care to ensure that residents are safe and secure in their environment. This includes all visitors, family; friends and volunteers the focus being to make sure that no visit is in anyway detrimental to the health and wellbeing of each resident.

This is not a reflection of you but a safeguard for you, the home and the residents. Legally the home is also bound to explain some workplace health and safety issues such as what to do in the event of a fire. Once these formalities have been completed the volunteer contact will give you a

tour of the site and introduce you to the resident they are planning on matching you with. You can either complete your first visit at this time or arrange to come back at a future date to visit your new friend.

Additional Tips

When speaking with your volunteer contact, it is a great time to ask if there are any boundaries or situations you should be made aware of. For example, if you are visiting a person who is a diabetic you will be advised that you cannot give them a sweet treat without approval.

If you are asked to visit a resident with dementia, you may need to discuss this, either with the volunteer contact or with the Community Development Officer from QCCN. Visiting a resident with dementia is not for everyone, and you must feel comfortable in your role as a volunteer.

Your contact person in the facility should be able to provide you with enough information about your new friend without breaching any confidentiality. At this stage whilst you may be a little anxious about volunteering our experience tells us that very soon into the relationship volunteers invariably develop a warm and rewarding friendship with the resident they visit. One important aspect of visiting someone in a home is that you also form relationships with the staff. Introduce yourself; get to know the names of the staff this will enhance your sense of belonging and staff become familiar with your presence.

Your first volunteering experience

The first volunteering experience can be likened to the first day at work, it can be an emotive experience and you may feel like the proverbial fish out of water. Don't worry this will soon pass. For those of you who have never visited an aged care home before you may find some confronting situations, however, for most it is an interesting, rewarding experience and a very pleasant surprise.

It is suggested you contact the Community Development Officer at QCCN after your first visit. This allows you to debrief with them and discuss any questions

or queries you may have after your first visit. It is then up to you to schedule your visits to the aged care home. It is suggested that you try and make a regular time and day. While this is entirely up to you our experience has shown us that the residents respond very well to planned visits giving them a sense of anticipation and once staff become accustomed to your schedule they reinforce and remind the resident of your impending visit. A good idea is to write your next visit on a calendar in the resident's room if available.

If it is your first time into an aged care facility you may see or hear situations that you don't understand or are concerned about. Your Community Development Officer is always available to offer advice and support to you; they are only a phone call away. Please don't hesitate to phone. No question is too silly or unimportant to have answered. You might be surprised to find out that most of the questions you want to ask are common.

Aspects of Volunteering

Volunteering is a noble thing to do; giving back to the community in which you live is a generous gift of your time and effort. We have lovely stories especially from first time volunteers who are amazed at the pleasure they receive from the residents they visit and from staff after participating in the facility activities. As a volunteer you will not only give but receive. People frequently forget that all relationships are a two-way exchange.

The relationships you develop will enhance the lives of all participants, most notably the life of the resident you visit. There are issues worth considering in your role as a volunteer. The first issue is for you not to fall into or assume the role of the rescuer.

The very fact that you have asked to volunteer says that you are a caring, unselfish person. It is very easy to see others, in particular the person you visit as needing help and without thinking you can innocently take over or do even the smallest task such as reaching to get something off a table, put a shawl around someone's shoulders or comb their hair. This is not to say you should not do these things but bear in mind that frequently this is the only physiotherapy that the person gets. It is suggested you speak with your facility

contact person and / or physiotherapist and ask what level of activity the resident is supposed to do and offer assistance and encouragement within these boundaries.

We are rescuing not helping when:

- We do something for someone they can do for themselves
- We do something for someone just because we feel uncomfortable saying no
- We do something for someone because we don't know how to encourage them to do things for themselves
- Put so much effort into helping someone that the person doesn't have to contribute to the task even though they are capable

It takes knowledge and skill to learn these boundaries and put them into action. Use the volunteer coordinator and staff at the facility as your resource for advice and support. Remember the adage, if in doubt ask.

Manual Handling

Manual handling refers to any moving, pulling, lifting or transferring of any object or person. Aged care facilities have very strict and legal rules regarding all aspects of manual handling that occur in the aged care facility or with residents under their jurisdiction whilst out on a day trip. Two significant areas of concern for volunteers in this regard is the level and permission required to assist in manual handling with a resident and that includes the simple act of helping a person transfer from a bed / chair / chair.

It is a great idea to discuss manual handling with the aged care home's volunteer contact during your first visit. Ask for clear directions on exactly what you are allowed to do regarding manual handling with the person you are visiting. Some people may appear agile but in fact some medical conditions can impede the simple activity of getting out of a chair or walking that you may not be aware of.

The permission for you to assist in the activity of getting a person out of a chair and walking must be sought and then a physical demonstration with you by either the physiotherapist or a designated person should occur supported by a written record that you have been instructed to assist a particular resident and who provided the instruction.

Do not assume that once you have been given instructions to assist a person to get out of a chair and walk that you are able to provide that assistance to others. Every person is different and only those qualified or trained to do so can provide that assistance on a general level.

These skills will not only help you during your visits as a volunteer but also assist you in daily life outside the facility. Many of us have elderly relatives and friends, having this knowledge can be invaluable.

A lot of Volunteer Visitors feel more comfortable asking aged care home staff to assist an older person with any manual handling activities. This is entirely valid if preferred and aged care home staff including nurses are generally happy to assist.

Daily Activities

Aged Care homes welcome volunteers. Volunteers provide the personal intimate time and support to residents that busy staff are unable to do. Your matched resident has been specifically selected because for whatever reason they do not have access to regular visitors or contact with the outside world. Your visits enhance their life; never underestimate the value of your visits. Your visits are to be viewed as any other visit you might make to a friend, and this may include you doing little things to help them.

However, it should be noted that you should not do any of the jobs that staff are paid to do.

Occasionally a resident may require assistance with a meal. Should this occur, you should not on any account take that role upon yourself unless you have had specific training and permission given to you by the person in charge of the facility. If you are given permission and training this only relates to the person you are visiting on the ACVVS program. While assisting someone to eat may seem a harmless activity some

illnesses can cause swallowing difficulties that you may be unaware of.

Chapter 5 - Trauma Associated with Relocation to an Aged Care Facility

As stated previously not many people willing leave their home to go and live in an aged care facility. Many residents may be forced into residential care through illness, frailty or the lack of an appropriate carer. This can result in the relocation to an aged care home becoming a traumatic experience for the residents and their family.

If you have been chosen to visit a person who is relatively new to residential care the following will be of relevance to you and your new friend. By you gaining an understanding of the stresses associated with relocating to and aged care facility situation your approach will be one of understanding and therefore helpful and supportive to the person you visit.

To try and explain the stresses associated with relocating we have a suggested activity that you might want to try yourself in the privacy of your own home. It will only take a minute or two following the prompts below.

Imagine you have just lost your spouse and/or carer of many years. You are forced to go and live in a residential home. If your need is urgent then the choice of an aged care home can be decided upon by availability as opposed to you having a choice. As a frail, sick or dependant person you will require assistance to pack your belongings up and sort out your private affairs.

Given the above information close your eyes for a moment and imagine a friend or relative has arrived to help you pack up your things in preparation for your transfer to a new home you have had little or no say in choosing. Your new room will be approximately 3-5 metres square, with a hospital bed in the middle of it to allow room for the nurses to get to both sides of the bed. Take a moment, still with your eyes closed to consider what things would you ask your friend or relative to pack for you? What would you leave behind?

Trying to condense a lifetime of memorabilia and treasures into one room is no easy task and that is assuming you have the freedom to play an active part in the packing. Frequently relatives or friends, as an act of kindness will take over

this role with little thought to the impact the whole process has on the resident. For example, the chipped vase, the last present your spouse bought you before they died is replaced by a new one.

Your family or friend insisting that there is no way you could take an old broken vase into a new home. Favourite photographs and paintings are distributed to family members or packed. New photographs with little meaning to you are packed and new paintings that would not be your choice are purchased, because they look better than the one you had.

The new bedspread in your favourite colour that you and your spouse chose together when you redecorated your bedroom is too big for the single hospital bed so a new one has been purchased for you, in a colour you don't like. Your clothes are thrown away and new ones bought, in colours and patterns you don't like.

The packers of your life having the best of intentions, don't want to send you to a new home with old and broken things. In many instances we see people new to aged care facilities surrounded by beautiful new ornaments and clothes distraught because nothing they have is familiar to them.

The person about to move into an aged care facility is usually too stressed, or ill to challenge people on what is being packed, thrown away or replaced. And frequently when people do challenge those willing to help they are met with frowns and disregard, so sit quietly as memories of their life disintegrates before their eyes.

Another aspect of relocation is the unfortunate situation where some aged care homes require people to go into shared rooms. Modern designs for aged care facilities are focusing on single rooms but many of the old ones still have multiple shared rooms. Try and imagine how difficult it might be to share a room with someone you have never met before. Living in our own homes allows us the freedom to choose. Community living reduces or removes that freedom. While aged care facilities make a huge effort to try and develop a home like environment ultimately the freedom of being in our own home can never be replicated.

Mealtimes are usually preset. Many homes offer a choice of meals but again the choices are limited and we all know that no one can cook a meal like the ones we have been used to.

Having said all the above, one must not view living in residential care as all negative. There are many people for whom moving into a residential care facility has made an enormously positive impact upon the quality of their lives. The important thing is to recognize the limiting factors, especially the trauma of the initial decision and move and then weigh those with the positive aspects of care and support.

There are many stories of people who have reluctantly gone into an aged care facility only to find that the social interaction, mental stimulation, good regular meals and regular medical care has made a huge positive impact on their lives. Frequently we hear people say they are sorry they did not go into care beforehand, despite their initial trepidation and trauma through the settling in phase.

You will know if a person is suffering from relocation trauma by listening for several clues; their constant talking about their situation, the experience and how it has affected them; the loss of certain items dear to them. Frequently people complain about almost everything about their new home and more frequently about the staff.

Having conducted the closed eye exercise above will be able to imagine the situation some aged people find themselves in when having to relocate. Your empathy and understanding of this will be vital if you find yourself visiting a person who has only recently gone to live in an aged care facility.

The words empathy and sympathy are frequently used interchangeably. The Collins Dictionary describes *empathy* as an intellectual or emotional identification with another; it describes *sympathy* as the sharing of another's emotions. One very easy way of distinguishing between the two words is that providing empathy is helping someone out of the gutter, providing sympathy is getting into the gutter with them. The latter provides little help.

Empathy can be demonstrated by you having a listening ear. Don't say you know how they feel, even if you have had a similar experience yourself there is no way you can really know how the other person feels as your experiences will have been different, viewed through the filters we all develop during our life's experiences.

A good response is for you to listen, tell them you hear what they are saying and that you can only try to imagine how difficult it must have been for them. Let them talk through the experience. It is not helpful to tell them to stop talking about how they feel or to try and forget the past. The past is still very real for them and they may at this point not be too happy about the present.

Time and having supportive and listening friends will help them through the experience. Do not make judgmental statements about family or friend's actions; ask if there is anything you can do to help them. Often the most significant thing you can do is have a willing and receptive ear.

Chapter 6 - Grief & Loss

We have all experienced some levels of loss and subsequent grief at some point in our lives. The loss of a pet, a family member, a job, a home, or even a limb or body part all will have forced us to experience the sense of grief and loss. Some incidents will have had a much more profound effect on us than others. Understanding this chapter will also be of benefit to you in everyday life with your family and friends and not just as a volunteer.

It is very important to acknowledge someone's grief. Grief is a normal and natural response to the loss of no longer having something or someone you once had. Most frequently people think of grief and loss in terms of the death of a loved one. And while this may well be the most significant loss any of us can imagine there are other situations that can be as traumatic to the sufferer.

Considering the previous chapter, you may well appreciate the sense of grief and loss that a person may feel when they are forced to leave their own home, family and friends. On top of this, many residents feel as if they have lost some if not all their independence by moving into an aged care facility.

When sharing time with someone who is suffering from a loss and the subsequent grief that follows it cannot be stressed enough that we should never say we know how that person feels when for example they tell us how bad they feel at having to leave their home and familiar surroundings, because we never will. No one can ever know how another person feels because feelings are directed by thoughts and experiences. Every one of us has had many different experiences and thus different thoughts related to those feelings.

Understanding that we all have different feelings it is important however, that you do acknowledge that a person does have the right to experience grief in whatever form it takes over their loss. Let them choose the words. We each have our own vocabulary that is meaningful to our lives and our form of expression. As individuals we need to own our feelings expressed in our own way. Part of a healthy grieving process is to own and express the sadness and anger feel. It is worth noting that in the initial stages of grief our bodies move into a protective

state so much so that people can forget even the most basic of information like their full names, telephone numbers and so forth.

Should you witness this then the most appropriate thing to do is to move on in the conversation and come back for the required information if you need it later.

There has been much work done on grief and loss and the most recognizable and highly esteemed work was that done by Dr Elizabeth Kubler-Ross. In her studies she identified five stages of grief that everyone goes through.

The five stages are:
1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

Denial

We have all heard the cry 'Oh no, that can't be true" when someone hears some bad news. In that split second we are denying the truth. Another example is people may seek a second opinion, convinced the doctor has made a wrong diagnosis; frequently you will hear people say they saw or they heard the deceased person speak to them. Whatever the situation don't rush in and try to bring them back to reality at this point. Acknowledging their stress and depth of feeling is far more supportive than challenging what they think and feel. This denial can continue for some time.

A person who has been admitted to an aged care home may be convinced that it is only temporary and as soon as they feel better, they will be able to go back to their own home and take care of themselves. Whilst we, the non-sufferers of the loss may know the reality of the situation trying to force the truth at this point is not necessarily the best solution. It would be much more appropriate to acknowledge what they are saying by asking them to tell you what they are feeling and thinking. Only if they ask you an outright question such as "He is coming back, isn't he?" in reference to a deceased spouse would you answer no and confirm reality. (Dealing with people who suffer from dementia is slightly different and will be dealt with in another chapter).

However, if they asked you if once they get better then would they be able to go back home to their own home, your answer should convey your lack of knowledge and authority in this situation by saying that will be up to the medical staff to determine.

Expressing denial can occur in many ways, the obvious, with questions, as above, crying, silence and even misplaced aggression. Don't take any of these expressions of hurt personally just allow them to wash over you. You are really helping the person suffering by providing them with the comfort of a safe and non-judgmental place to express themselves.

Anger

We all know the feeling of anger. Depending on our upbringing and role modelling we will display and feel anger in many ways, some healthy some not so healthy. Some people scream and shout, yell at others, throw things, give the silence treatment, sulk or go quiet while other put their energy into diversions by busying themselves with other tasks such as exercise or working.

Whatever method a person has deployed to deal with anger during their lifetime then this behaviour will most doubted be exhibited during the anger phase of any grief. If you are in contact with someone who is suffering from grief and in the anger phase and their way of dealing with it is different from yours then now is neither the time nor place to comment if you think the action is inappropriate.

Having said that, neither do you as a volunteer have to be subjected to a behaviour you dislike or feel uncomfortable with. If for example the person is shouting at you, you would be perfectly correct in stating that you can see they are angry and will come back and visit them when they are feeling less angry and not shouting so you can talk and listen to what they have to say.

Bargaining

Many of us have been in the situation when hearing bad news, we have pleaded to other or whoever we perceive our God to be not to lets things happen, promising to make amends, do things different or even be a better person. This sense of desperate bargaining is last resort pleas for things to be different. Frequently a sense of desperation creeps in with a distorted perspective of

reality. However unrealistic you may view someone's pleas and bargaining for help may seem to you again listening to them is the answer.

Don't be judgmental; comments with your view point are unnecessary and usually not welcomed.

Depression

It is important to separate the difference between grief and depression. Grief is our normal emotional response, the sorrow and heartache we feel at a loss. And although it initially grief can be all consuming we can still have moments when we can appreciate a beautiful sunset or be happy to see a friend.

Eventually the symptoms of grief will diminish and while our memories of the loss will never go away completely ultimately the person or thing we have lost will fit into our schema of life and no longer consume us. Depression on the other hand can be all consuming but it also deprives us of the ability to appreciate things such as sunsets.

Depression is like being a dark tunnel with no end in sight. During the five stages of grief people will go through periods of depression but they are for short periods only and do not seriously affect day to day activities in the long term.

If the depression seems all consuming, seriously affects day to day activities and there are other symptoms such as sleep or eating disorders then medical assistance should be sought immediately. Seeking medical assistance is vital as there are many different types of depression that need to be diagnosed by a physician with skills and experience in this area.

When someone is experiencing grief, they may suffer from reactive depression. Reactive depression is a bout of depression triggered as a response or reaction to some event or situation. Whilst it can be a terrible thing to suffer it usually has a finite end and most people recover without requiring medical assistance. Some people do require medical help but again the outcome is good in that the person eventually gets completely well. The concern is if someone suffers from reactive depression and gets "stuck" in the depressive phase.

Acceptance

Acceptance is the healing phase. Where a person has processed the situation, experienced all the feelings, the sadness and in many cases the associated joy with pleasant memories and finally accepts the loss. It's important to know that people go through the five stages in different time frames and in different orders. You don't necessarily go through the stages from one –five, nor do move into a stage, deal with it and the n move on to the next phase not going back to a previous stage. Moving through the stages is flexible and varies from one person to another. Each person may move in and out of each stage in any order, moving back and forth and for different time frames. This is healthy and quite normal.

One of the most significant things to note is that it is important not to force people into a particular phase. Following is a common example of one family's perspective on a loss. Imagine a family who loses an elderly relative dear to all. Invariably each person will deal with their grief differently and in different time frames. An adult child may feel sad at the loss but have a sense of relief that their parent is no longer suffering. They may have even gone through the bargaining stage in a pre-emptory manner praying to God to take the person soon to elevate the pain and suffering.

The spouse of the deceased on the other hand may have stayed in the denial phase right up until the death always thinking a cure would be found and then move into the anger phase because not enough was done to help them, blaming the medical staff for insufficient care.

A relative who has travelled a long way may be angry that the person died before they were able to visit them and allowed them the opportunity to right some wrongs that had been left unsaid.

A younger family member may be moving in and out of denial, too young to fully understand the cycle of life and eventual mortality of all humans and angry and the loss of a grandparent who they barely got to know.

In the above situation it would be inappropriate for the person who has accepted the death to tell everyone else how the deceased person is no longer suffering and the loss was for the best and that it would be best for them to accept the loss. Conversely it would be just as inappropriate for the relative who is still angry at not being able to talk about the deceased person to vent his anger to the others. It is important for each person to have their feelings validated and not be forced into thinking and thus feeling different emotions. This can be achieved by listening and telling the person you hear what they are saying and can appreciate why they are feeling that way.

The above scenario highlights the need for each person suffering from the loss to experience their grief at their own pace. Translate the above scenario to a person who has been forced through circumstances to be admitted to an aged care facility. It would be just as inappropriate for anyone to tell that person that the move is for the best and they should just accept it.
Acceptance will occur when the person has moved through the necessary stages and in their own time frame. This process will be greatly assisted by your support, understanding and most importantly listening and validating their feelings.

Unfortunately, being a volunteer visitor with the ACVVS program can ultimately result in you losing your matched friend and some point. While this can be anticipated, when it happens it can still be a shock and you might find yourself experiencing loss and grief as mentioned in this chapter. When this happens, we encourage all volunteer visitors to do the following:

- Treasure the memories with your matched friend. Know that you made a difference to this person's life and were a friend to them when they needed it.
- Allow yourself time to grieve. If you wish to stop visiting temporarily or even permanently, please let us know.
- Reach out to your Community Development Officer. We are here to help you and happy to discuss your feelings or experiences.

Chapter 7 - Communication

Communication is a process whereby information is exchanged between individuals through a variety of ways. The communication process is dissected into several parts; writing which accounts for 5%; reading 16%; talking 30%; and most importantly listening at 45% and observing body language.

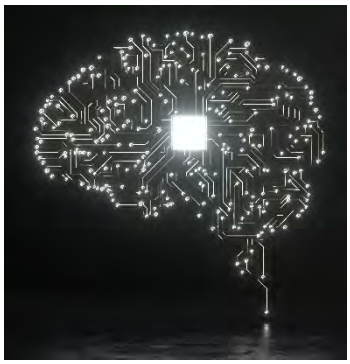
An example of the above is when you meet a friend who you haven't seen for some time. They usually smile; they may hug you and say something to the effect that they are thrilled to see you. You interpret all this information and know they are pleased to see you. Conversely, if the person was to say they are pleased to see you but have their arms folded and scowl, you would hear the words but be confused as the other messages, from their posture and facial expressions give contradictory messages.

Many failures in human relationships can be traced back to a lack of inadequate or inappropriate communication. Unfortunately, not everyone has good communication skills. As a volunteer, good communication skills are invaluable. Conversely as an organisation QCCN must also ensure good communication with all volunteers and with each nursing home.

Having reached adulthood we have all learned different communication styles and maturity invariably allows us the insight into identifying what works effectively for us and what does not. Most volunteers are excellent communicators, hence their success at relating to others with the skill acquired through everyday life. However, there are a few situations where there are specific communication skills required most notably when communicating with the frail aged and those suffering from dementia.

Our brains are a unique piece of equipment that still amazes scientists. While there are regular discoveries about how the brain works, we are a long way off from understanding the intricate nature of its total function. It is estimated that we only use approximately 10% of our brains.

We can make a crude analogy and liken our brain to a computer. Everything that is entered, through all our senses, is recorded, interpreted and stored. The brain has an incredible recall system that works at break neck speed allowing us to pull out information and memories at an instant. As we get older this recall system still works but at a much slower rate.



Understanding this reduced recall speed will greatly assist you in communicating with the elderly. How often have you seen or been guilty of saying something to someone elderly and they have looked at you with a vague look and so you have jumped in and repeated the statement, frequently in louder voice.

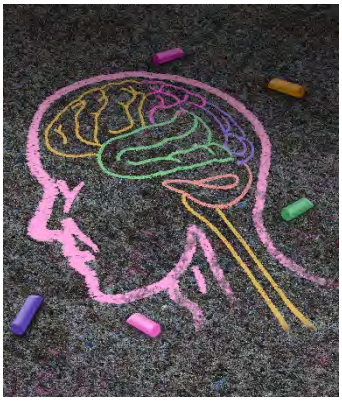
What is usually happening is the person receiving the message is processing the information, albeit slower than we might have allowed for. The best response is for you to allow the elderly person time to recall the information and formulate their response. It is only when they say they don't understand what you said do you rephrase the question. It's no good saying the same words only louder, they did not say they did not hear, they said they did not understand. Sometimes elderly people may need another trigger word to assist in the recall process hence the need to rephrase using different words to ask the same question.

This does not mean every elderly person has dementia just that things are working less efficiently than before. In some cases, this can be the natural decline in bodily functions. Similar to when we forget simple everyday things, like where we put the car keys, or go shopping having left the shopping list at home. We have all experienced situations like this and probably can relate to it more when we have been in a stressful situation. This does not mean we have dementia, it is our body's way of saying we are in overload.

Remember if you are visiting an older person, give them time to formulate responses. Don't overload their brain by asking them too many questions at once. An example of this might be you asking "Do you want tea or coffee/ black or white? With or without sugar and would you like a cake?" Ask one question at a time and wait for the response before moving on.

Unfortunately, many times elderly people have been found to be suffering from dementia like symptoms and yet after tests it has been found not to be the true cause. There are several types of dementia, each with different causes Alzheimer's being the most commonly known and talked about disease.

However, frequently misuse or overdose of medications can cause dementia like symptoms. This usually happens when elderly people are living alone or with a partner who is also frail and aged and misunderstanding of medication orders occur or poor sight causes incorrect interpretation of the dosage.



Another cause for concern with symptoms mimicking dementia in the frail aged is malnutrition sometimes combined with incorrect medication dosage. Unfortunately, this occurs more frequently than we care to admit. However, once a person has been admitted to an aged care facility and given a diagnosis you can be assured all other possible cause of the symptoms have been investigated. People with dementia suffer from a disease that affects their brain and ultimately manifests in other bodily symptoms.

In the early stages of the disease it might be that the person is forgetful or unable to choose the correct words. Sometimes they may say they want something but are using either a word that is not correct or even a made-up word. Once you have identified what they want it is ok to simply say the word but don't go into a situation where you try and teach them the correct word because they will be unable to relearn.

In the early stages of dementia, the person is aware that things are not right and correction and lessons will only reaffirm that they have a problem and cause upset. Possibly the most significant symptom that affects dementia sufferers is the loss of memory especially that of recent memory. This happens because in simplistic terms the brain of someone suffering from dementia shrinks and dries up. To explain this in basic terms imagine your brain is made like an onion with layers. The outside layers are

where new memories are laid down or recorded. So, when you have breakfast the memory of what you eat is recorded in the outside layer. In someone with dementia this outside layer dries up and become ineffective so there is no capacity to record the memory of what breakfast consisted of.

The more advanced the dementia the more layers become dried up and so the record of memories is reduced. However, deeper inside the brain memories recorded from a long time ago are stored and not damaged. It is only in the very final stages that even these memories are lost along with the ability to communicate.

It is this phenomenon on recent memories not being recorded but old memories still being intact that results in dementia sufferers being able to talk at great length about things that happened years ago, but they are unable to tell you what they ate for breakfast or did yesterday. Understanding this aspect of communication will enable you to converse with your new friend a situation that many people find difficult.

To put this into a practical situation it is far more successful for you to ask the people with dementia where they grew up rather than what were they doing on the day before your visit. This takes the person to a very early memory of child hood.

Following on from this you can lead and keep the conversation in an area that they are happy to talk about. The conversation may go through different stages of their life to early and even late adult hood, including hobbies, stories of their family and interesting and happy times they had during their life. If you see the person is getting lost in the memory or getting upset when recalling a certain memory, then go back and restart the conversation with an earlier conversation that you know they were able to participate in and enjoy.

Sufferers of dementia need prompting to recall memories otherwise they live very much in the moment. Imagine living in a world where you are unable to recall recent events and none triggers an early memory therefore you are unable to initiate conversation.

Living in the moment is hard for us to understand but if a person suffering from dementia appears agitated it is worth trying to identify what might be wrong at that very moment. Are they hot or cold? Do they want a drink of water? Do you need to call the nurse to take them to the bathroom? Frequently a sign for this might be them pulling at their clothes.

Eventually if you are visiting the same person for a while it is amazing how you learn their "language". In some cases, dementia even affects the filter that we develop that allows us to curb our thoughts and only say what is socially appropriate. We have all experienced times when we think something about someone or a situation that we know is not appropriate to voice out loud, so decide to keep quiet so as not to be thought bad of. That is our social filter at work; people with dementia can lose this filter and say things that are inappropriate but not realize that is the case. Hence don't be shocked if when visiting a person with dementia they say something that shocks you.

The isolation must be horrific, and one that we can only try and imagine, we can never say we know how they feel because we don't. In the early stages the frustration is beyond belief. Many books have been written by people who newly diagnosed with Alzheimer's have written a journal of their journey into the great unknown. These stories are heartrending and reiterate how much the support of friends and relatives are appreciated.

As a visitor to a person suffering from dementia you can be proud of the support you provide. While the response you get from the person may not be as obvious as you might like, don't underestimate the joy you give to that person. Their inability to express gratitude as you might be used to is regularly witnessed by the staff who say after a visit the person is much happier; eats more; or is more settled and sleeps more peacefully.

Further information

This manual should have given you an insight into volunteering, aged care homes, the Aged Care Volunteer Visitors Scheme and Queensland Community Care Network. If you have more questions or would like more information, contact QCCN using the information below.

Thank you for your contribution to the Queensland Community Care Network and the ageing population in general. From everyone at QCCN, we hope you thoroughly enjoy your volunteering experience!

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