

VOLUNTEERING *and* CONTACT ACT

Volunteering and Contact ACT Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health April 2019

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Volunteering and Contact ACT acknowledges the Ngunnawal people as the traditional custodians of the Canberra Region. Volunteering and Contact ACT pays respect to Aboriginal and Torres Strait Islander peoples, and their vital ongoing contribution to the community.

Volunteering and Contact ACT acknowledges the contribution of volunteers from all sexualities, genders, cultures, and with all abilities, and the volunteer involving organisations that contribute to the health and happiness of our city.

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Volunteering and Contact ACT (VCA) welcomes the opportunity to respond to the Productivity Commission Issues Paper *The Social and Economic Benefits of Improving Mental Health*.

VCA also supports, in its entirety, the submission made by Volunteering Australia in its role as the national peak body for volunteering.

Recommendations

In response to the information presented and questions raised in the issues paper, we make the following recommendations in relation to the social and economic benefits of improving mental health:

1. The Productivity Commission revises its model of the flow-on effects of good mental health.
2. Volunteers and volunteer involving organisations are adequately resourced and supported.
3. Community mental health programs are recognised as a vital component of the mental health system.
4. More efforts are directed towards lowering or removing barriers to volunteering and participation for individuals living with mental illness.

About Volunteering and Contact ACT

VCA is the peak body for volunteering and community information in the Canberra Region. We have a vision of an engaged community, enriched by volunteering, participation and knowledge. Through our services and programs, we foster community networks and undertake research, advocacy, projects, training and events. VCA is a people driven, service-focused organisation that represents the interests of 165 member organisations, and engages with the broader Canberra community.

Through a variety of funding mechanisms, VCA provides training, support and advice for volunteer involving organisations; provides community information services at our shopfront, via phone and through our ACT Community Directory and Diary; and runs two programs for people who are experiencing barriers to connecting with community. Our programs have a focus on including and assisting people living with a mental health condition.

VCA is also the mental health peak body for volunteering and information and referral in the Canberra Region. Our focus is on improving mental health literacy and awareness through well-supported volunteer involvement in community based mental health programs, and promoting participation in volunteering in the ACT mental health sector. Through regular, ongoing consultation with community mental health stakeholders, we have identified contemporary issues and are advocating for improvements in policies and programs affecting volunteering in the ACT community mental health sector.

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This submission is informed by ongoing consultations with our members and the broader community, and by our direct experience in the community mental health sector and as a volunteering support service.

Mental health and wellbeing, social inclusion and volunteering are inextricably linked In the ACT, and across the country, countless community organisations rely on volunteer involvement to deliver their services. Vulnerable individuals in the community benefit from accessing services from these community organisations or participating in their programs. In addition, people who volunteer on behalf of these organisations experience greater social inclusion, self-confidence and improved mental health and wellbeing.

People living with mental illness, social isolation or vulnerability experience a greater sense of social inclusion and improved mental health by volunteering their time to community organisations, by receiving support from community-based volunteer involving organisations, or by participating in community groups.

Volunteering and Contact ACT recognises the indisputable link between volunteering and good mental health. As such, we advocate that recognition of and support for volunteering involving organisations, volunteers and vulnerable members of the community is fundamental to improving the overall mental health of the community.

Volunteering

Volunteering Australia defines volunteering as “time willingly given for the common good and without financial gain.”

Volunteering spans every aspect of Australian life, with an estimated 31 per cent of the population engaging in formal volunteering activities and programsⁱ. In the ACT, 36.8% of adults and 57% of young people volunteer in excess of 10 million hours each year, contributing an estimated \$1.5 billion to the ACT economy^{ii iii iv}. For every \$1 invested in volunteering there is a \$4.50 return to the community^v.

In addition to the economic benefits generated by volunteerism there are also significant social and cultural benefits. Volunteers play a pivotal role in creating connected, diverse, and inclusive communities.

The volunteer workforce is a critical component of the mental health system across Australia. It should be recognised that this unpaid workforce is at the coalface of delivering services to mental health consumers and people in crisis. Given that research shows nearly half of adult Australians (45 per cent) will experience a mental illness in their lifetime^{vi}, the contribution of volunteers who work in early intervention and prevention services cannot be understated.

Research conducted by Volunteering Australia identified that 57 per cent of staff in volunteer involving organisations are unpaid.^{vii} Further, in the ACT alone, 58.9 per cent of volunteers identified as having a lived experience.^{viii} These statistics demonstrate the importance of the volunteer workforce in delivering programs and services to mental health consumers and people in crisis.

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Mental health benefits of volunteering

Considerable scientific and medical research has been conducted internationally on the impacts and effects of volunteering on mental health and wellbeing. This research consistently demonstrates a positive correlation between volunteering and improved mental health. Volunteering can not only result in people feeling more socially connected, thus warding off loneliness and depression, it can also promote positive physiological changes in the brain associated with happiness resulting in a 'helpers high'^{ix}.

Case study - Successful programs linking mental health and wellbeing, social inclusion and volunteering

As well as providing volunteering support services to the Canberra Region, Volunteering and Contact ACT delivers two programs that successfully demonstrate how volunteer involvement can positively impact mental health and wellbeing, and reduce social isolation. Both programs reconnect people who are isolated through disadvantage, mental illness or disability with their community.

The Connections Program provides one-to-one social support and mentoring for people living with a mental illness. Participants are matched with a trained volunteer 'buddy' who accompanies them as they reconnect with their community. The benefits flow both ways: the participant experiences a reconnection with their community and the associated mental health benefits, while the volunteer also experiences the mental health benefits associated with volunteering. One participant who has seen life changing results from the program reported that he was at a point in his life that he had lost touch with himself and the world around him. Being part of the program, and catching up with his buddy every two weeks, has been a positive influence and has improved his self-esteem, confidence and perception of the world.

The Inclusive Volunteering Program places people who identify as having barriers in their lives, including those living with a mental health condition, in volunteer roles with supportive volunteer involving organisations. One on one support and/or training is provided to participants and organisations to help remove or reduce any barriers to volunteering. Since 2012, the program has facilitated more than 100 successful volunteering placements in different sectors. Through the program, individuals have reconnected with their community, gained confidence and built on their personal capabilities. Participants have recognised the positive benefits of volunteering, noting pride in their volunteer work and that volunteering brings them joy and makes them feel valued. One participant stated, "I feel proud to be a volunteer and it always puts a smile on my face".

A 2012 review of over 50 investigations into the benefits experienced by individuals who act sincerely for the benefit of others found that 'giving' helps volunteers to lead happier and healthier lives. The author of that study suggested that healthcare professionals should consider recommending 'giving' activities, including volunteering, to patients^x.

Further studies have also shown that:

- formal volunteering has a beneficial effect on depressive symptoms^{xi}
- volunteering had a favourable effect on depression, life satisfaction and wellbeing^{xii}, and reduces stress^{xiii} by building networks, bonds, trust and common values with

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other people, volunteering increases people's access to help and support from others which can be drawn on in difficult, stressful and potentially harmful situations^{xiv}.

The following recommendations are intended to bring to the Productivity Commission's attention the importance of volunteers and volunteering to those on a mental health recovery journey. The recommendations capture the groups the Commission has identified as having the largest potential improvements in population mental health, participation and contribution over the long term: people with a mild or moderate mental illness, young people and disadvantaged groups.

Recommendation 1: The Productivity Commission revises its model of the flow-on effects of good mental health

This recommendation responds to the following questions posed by the Commission:

- What suggestions, if any, do you have on the Commission's proposed assessment approach for the inquiry?
 - Why have past reform efforts by governments over many years had limited effectiveness in removing the structural weaknesses in healthcare for people with a mental illness?
 - Which forms of mental health promotion are effective in improving population mental health in either the short or longer term?
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The issues paper takes the position, as illustrated in its Figure 1, that an improvement in an individual's mental health can provide flow-on benefits in terms of increased social and economic participation, engagement and connectedness, and productivity in employment. The remainder of the issues paper is premised on this model with references throughout as to how improving mental health is the first step to better social and economic outcomes, and that these benefits rely on first improving mental health. Only in the section on facilitating social participation and inclusion is reference made to the correlation between participation in social and community activities and improved mental health.

Based on our experience, and that of our members, VCA does not view the linearity or simplicity of this model as an accurate reflection of the mental health journey. The model presented takes a too formulaic approach – that an individual is defined by being either 'well' or 'unwell', and only after improving mental health can a person participate more, reduce social isolation and become productive. The reality is that participation and social inclusion, including through volunteering, is an important part of the mental health recovery journey. These 'benefits' do not occur only as a result of improved mental health, but are themselves a valuable pathway to improving mental health and wellbeing.

It is essential that underlying models and assumptions reflect reality before reform efforts are developed that are premised on these models.

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VCA proposes a more realistic and flexible model be considered for use by the Commission in developing its recommendations for government. This model should accurately reflect the realities of the many different mental health recovery journeys. It should:

- recognise that the level of an individual's mental health and wellbeing can vary – it is not simply a case of applying interventions to bring a person from mental ill-health to mental health
- include the importance of social engagement and connectedness, and of volunteering itself, on improving mental health and wellbeing. That is, it should recognise that increasing participation, engagement and connectedness leads to improved mental health outcomes.

The following case studies provide examples of the importance of social engagement in a mental health recovery journey. Reconnection with community is part of the journey, not merely the end goal.

Case Study 1 – Mental health recovery journey through volunteer supported participation

Alice (not her real name) is 56 years old, lives alone, is creative, loves music and art, walking and meeting people. Alice has a diagnosis of schizophrenia, depression, anxiety and Post Traumatic Stress Disorder. In January 2018 Alice was referred by her doctor to the Compeer Program, an international volunteer program administered in Australia by the St Vincent de Paul Society.

The Compeer officer arranged an assessment with Alice who disclosed she was having a hard time dealing with everything in her life. Alice said that she was calling Lifeline up to three times a day. The Compeer officer was able to match Alice with a likeminded volunteer Elizabeth (not her real name) in May 2018. The two agreed to meet up with a visit to the National Gallery of Australia. Alice said that other volunteers told her how privileged they felt to be part of the program. On another outing, Alice said, "I was thinking that everyone else have good people around them and do things which brings a lot of positive engagement and interaction with one another on a daily basis. I can't remember when I last had the opportunity to be among people. My life was so lonely."

With Alice's confidence growing, the two started to meet on a weekly basis. Alice commented that she had been so well since she joined the Compeer program and had stopped drinking and smoking. Alice was really enjoying her friendship with Elizabeth and they had lots of interests in common. Alice enjoyed drawing and trusted Elizabeth enough to share her drawings. Elizabeth then encouraged Alice to think about completing an Art Therapy course at Canberra Institute of Technology (CIT), and Alice has now enrolled in CIT for 2019 and has decided she would like to complete her Certificate IV in Mental Health.

Elizabeth has said becoming a Compeer volunteer has made an impact in her life, and she has learnt so much more about herself through her friendship with Alice, and about loneliness, schizophrenia and the struggles Alice goes through every day. Through their friendship Elizabeth has seen Alice grow and become more confident. Alice is a great cook and has been giving Elizabeth cooking lessons. The friendship is reciprocated with both ladies learning from one another.

Case Study 2 - Mental health recovery journey through volunteer supported participation

Laila (not her real name) moved to Australia with her children from Afghanistan a number of years ago and described facing many challenges during this time. She initially found it difficult to make connections with people due to the language barrier and she worked hard to learn English, particularly "Australian" English. She also felt a great deal of stigma around her cultural background that left her feeling quite fearful of putting herself in social and community situations where she may be harshly judged or discriminated against. While she longed to embrace Australian culture and be part of the community, these barriers were incredibly challenging for her and led to further isolation and worsening of her mental health, which she also felt great stigma around.

Before participating in Wellways 'Life in Community' program (LinC), Laila's only interactions were with her children, doctors and her clinical manager.

With the support of a volunteer, Laila attended a number of activities in the community that were of interest to her including a walking group and gardening workshops at Bunnings. This helped her to engage in community activities and build her confidence in attending activities on her own. This increase in confidence has seen Laila begin to learn to trust other people, build on her confidence in communicating in general and particularly in English, pursue hobbies and activities of interest, become less worried about being "different", become less fearful of other people, show increased interest in what is going on in the community along with an increase in wanting to participate, and begin to feel hopeful about making friends.

The changes that were observed by Laila and the volunteer happened through meeting on a weekly basis at various locations in the community. Laila was able to discuss the difficulties she was experiencing with the volunteer who she found to be very friendly and non-judgmental. She also felt it was helpful that the volunteer treated her as an equal and took the time to get to know her. Before beginning LinC, Laila felt quite scared about interacting with strangers which prevented her from pursuing hobbies and interests in the community. The support of the volunteer has helped her to begin exploring these things. She expressed that the walking group and Bunnings workshops now feel safe enough for her to attend on her own and that she is hopeful that she might be able to try other things in the future. Along with clinical supports, the LinC program has supported Laila's ability to connect with interests in the community, build her confidence and feel more hopeful for her future.

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Recommendation 2: Volunteers and volunteer involving organisations are adequately resourced and supported

This recommendation responds to the following questions posed by the Commission:

- What evidence is there that public investments in social participation and inclusion are delivering benefits that outweigh the costs?
 - What role do non-government organisations play in supporting mental health through social inclusion and participation, and what more should they do?
 - Are the current arrangements for commissioning and funding mental health services – such as through government departments, PHNs or non-government bodies – delivering the best outcomes for consumers. If not, how can they be improved?
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As outlined above, there is considerable evidence available to support the mental health benefits of volunteering for individuals and the community. It is therefore vital that the infrastructure to facilitate volunteering and to support volunteers and volunteer involving organisations are adequately valued and resourced.

Volunteering Australia defines volunteering as “time willingly given for the common good and without financial gain.” While volunteers donate their time willingly, their contribution is not free. There are operational costs associated with delivering volunteering programs and this requires resource allocation, consideration of volunteering in policymaking, grants and funding, and investment. There needs to be more understanding of the critical role undertaken by managers of volunteers in the recruitment, induction, training, support and management of volunteers, and this expertise requires investment. There are also administrative overheads, such as insurance and reimbursement of volunteer expenses that organisations need to account for.

As identified earlier in this submission the volunteer workforce in Australia is substantial, comprising some 5.8 million adult Australians. This workforce delivers considerable economic, social and cultural benefits to society and are the driving force behind connected, resilient, and productive communities. Volunteering spans every sector of society and even volunteers working outside the mental health sphere, such as those volunteering in sport or the environment, collectively contribute to the health and wellbeing of Australia. Further, all volunteers reap considerable physical and mental health benefits through volunteering irrespective of the field they volunteer in.

In the mental health sector, adequate, appropriate and continued training and support of volunteers is critical. The sector engages, and needs, highly skilled volunteers with a good understanding of mental illness. Further, many volunteers in this sector bring lived experience to their role. It is vital that organisations provide appropriate support structures to protect the continued mental health and wellbeing of their volunteers and their clients.

Case Study – Impacts of uncertainties around funding

A Canberra-based program has been reducing the stigma associated with mental illness and social isolation for over 20 years. The program has seen hundreds of Canberrans who live with mental illness connect with their community.

Volunteers are central to the program, but the program is not run without costs. The volunteers receive appropriate training, and appropriately skilled paid staff are required to supervise, provide support and manage the volunteers as well as the logistics of the program.

Over the course of its history, the program has been funded from numerous sources, typically under grants of two to three years' duration. The current grant is soon to expire, with no indication from Government that it will be renewed. Significant efforts are therefore being directed to identify alternative funding sources. In the midst of this uncertainty, participants are still being referred to the program, although there is no guarantee it will continue.

This uncertainty impacts adversely on the participants, and those on the waiting list. Most of the participants on the program are very isolated, are not linked in with formal supports, and are not accessing services through the National Disability Insurance Scheme (NDIS). Not knowing whether this program will be able to support them in future adds additional stress. The uncertainty also impacts adversely on the volunteers, who are genuinely seeking to make a difference to the community and to an individual's life. It also impacts on program employees who require funding to remain in employment. Programs such as this rely on the contribution of skilled and experienced employees and volunteers, and are competing against offers of longer term roles in other organisations and sectors.

In the ACT, and around the country, there are many community organisations offering mental health programs supported by volunteers and funded by Government. The policy rationale behind the guidelines and criteria for Government grants needs to explicitly acknowledge that specific funding is necessary to support the significant volunteer cohort working in community mental health programs.

Currently, many community organisations that do receive government funds are limited to short-term grants. Such funding arrangements do not allow for the strategic workforce planning that is required to operate and deliver successful programming and puts enormous strain on the sector. Longer-term, ongoing funding is essential to build stability and ensure valuable outcomes within the sector.

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Recommendation 3: Community mental health programs are recognised as a vital component of the mental health system

This recommendation responds to the following questions posed by the Commission:

- How could non-clinical health support services be better coordinated with clinical mental health services?
 - Are there significant service gaps for people with psychosocial disability who do not qualify for the NDIS?
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In Australia we have built a social support system that relies on the contribution of volunteers. Many community programs are being developed and run to fill gaps in services that individuals might otherwise fall through. Community mental health programs need to be recognised as a vital component of the system, not just as a way to fill gaps in NDIS and clinical services.

Increasing pressures throughout the system are resulting in more reliance being placed on the contribution of volunteers, and this puts the entire system in a precarious position. Community mental health organisations in the Canberra Region have spoken of the impacts of a system under pressure, including:

- an increase in the number of requests for volunteers to undertake paid work to cover gaps for NDIS participants,
- disability support providers potentially replacing and/or supplementing paid staff (such as support workers) with volunteers,
- health professionals referring clients to community programs and immediately cutting their support for that client. In many cases, clients need the continued involvement of a health professional.

As a result of these pressures, there has been an increasing reliance on volunteers to fill gaps in services. Fundamentally, this is problematic in that it can lead to volunteers being exploited or pressured to fill gaps that should be filled by paid workers. An additional, and very real consequence of this situation is that because community mental health programs are filling gaps as they arise, these programs may not always be providing the most appropriate support for mental health consumers.

Volunteers in the mental health sector are themselves being placed under increasing pressures. The impacts, especially on those bringing lived experience to their volunteering role, can be devastating. Feedback from our stakeholders has suggested that these skilled and committed volunteers are experiencing greater levels of stress and burnout.

Policy and thinking at all levels of Government needs to recognise that community mental health programs are not just a way to fill gaps, but are a vital component of the mental health system. Indeed, there is a need for community mental health services that are free, easy to access and be accepted into, and do not require a referral. Removing administrative barriers to make it easy for people to apply for a program is essential to participation and inclusion for many people.

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Further, it should be recognised that volunteers are an essential aspect of community mental health programs and volunteer involvement should be adequately resourced to ensure volunteers are a prioritised and protected component of the workforce.

Recommendation 4: Workplaces are supported to lower or remove barriers to volunteering and participation for individuals living with mental illness

This recommendation responds to the following questions posed by the Commission:

- What alternative approaches would better support people with a mental illness (whether episodic or not) to find and keep a job?
 - What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally health workplaces?
 - What could be done to reduce stress and turnover among mental health workers?
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Despite the recognised benefits that social inclusion, participation and volunteering can bring to a person on a mental health recovery journey, individuals can still experience barriers to engaging through these means. Negative perceptions and stigma associated with mental illness remain prevalent in the community and within workplaces. As outlined in Recommendation 1, there is still a pervading assumption or bias that an individual cannot begin to participate until their mental health has improved.

There are several ways that volunteering can help to lower or remove barriers that are faced by individuals living with a mental illness seeking to enter or remain in the workforce.

Volunteering has been demonstrated as an effective way of assisting people to gain entry or re-enter the workforce. It can foster key work-related skills and boost the confidence of jobseekers. This is particularly relevant for those on a mental health recovery journey. Despite these benefits, barriers can still remain. Community-based programs that directly support an individual seeking a volunteering role, such as Volunteering and Contact ACT's Inclusive Volunteering Program, have been successful in overcoming these barriers. Success relies not only on working closely with a participant to identify their needs, but also working with organisations to embed a culture of understanding and inclusiveness.

Many volunteers in the mental health sector combine their voluntary contributions with paid employment and/or study. Appropriate workplace support for these employees can ensure that they continue to benefit from their volunteering role, alongside their paid employment. Such support can come in the form of workplace mental health policies and programs, genuine flexibility in work arrangements, and an inclusive working environment and culture.

With an increasing focus on corporate social responsibility, many organisations are supporting their employees to be involved in volunteering through mechanisms such as volunteering leave, corporate volunteering programs or recognition of volunteering efforts. Research is demonstrating that recognition of volunteering in the workplace may boost morale, workplace atmosphere and brand perception, bringing benefits both to the organisations as well as to the employee^{xv}.

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For volunteering to contribute to the lowering or removal of barriers, there must be adequate support and resourcing for volunteer involvement and for volunteering support services.

Case Study - The importance of a supportive workplace in overcoming barriers

Roberta (not her real name) grew up in Australia as the youngest of five children in a stable middle-class family. Despite her comfortable situation, she experienced significant and ongoing interpersonal trauma from a young age. However, it was not until Roberta was in her 20's that her mental health declined significantly and she was formally diagnosed. She felt strongly discriminated against due to her diagnosis and became increasingly isolated and unable to maintain employment. After a significant period focusing on improving on her mental health, she began studying a Certificate IV in Mental Health, making friends and volunteering.

Through studying and volunteering, Roberta found she felt more connected to others and felt a sense of purpose and direction. She stated that "helping someone else get out into the community also helped me get out and feel more comfortable". She had a strong desire to return to work and be able to support herself. After completing her Certificate IV, Roberta also gained full time employment in mental health and disability support, which she said "made me feel good". However, after working for around two months, Roberta noticed that she was struggling with her mental health and felt "totally overwhelmed". This resulted in a hospital admission and subsequent re-evaluation of her capacity to maintain full time employment. She stated that she "felt like a total failure" when she was unable to maintain her full-time employment.

With support, Roberta was able to renegotiate her employment under reduced hours. She has maintained this level of employment for the past five months and feels she can better manage her mental health at this level of employment. She now receives partial Centrelink payments to supplement her employment which has enabled her to maintain her housing, mental health and wellbeing.

Roberta felt that the expectations she had for herself were quite high, and not realistic given her mental health diagnosis. She felt that connection to others while still having enough time to care for herself were the most important things in maintaining her mental health and wellbeing. She said it was "great to be working and contributing but not at the expense of my own mental health". Roberta felt it was critical to find that balance for herself that would be most helpful. She also stated, "I was lucky to have an employer who understood my difficulties and helped me to keep working".

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Conclusion

Volunteering and Contact ACT advocates that recognition of and support for volunteer involving organisations, volunteers and mental health consumers is fundamental to improving the overall mental health of the community. In developing its recommendations to Government, the Productivity Commission needs to recognise and embed in its modelling that increased social connection and participation and reductions in isolation are not merely an outcome of improved mental health, they are themselves a vital part of the mental health recovery journey.

Working together to support volunteering and community connection in the ACT

VCA would like to acknowledge that it receives considerable support, including funding, from the ACT and Federal Government. We look forward to continuing to collaborate with all levels of Government, our members, and other partners, to advance volunteering and community information in the Canberra Region.

VCA welcomes the opportunity to provide further information and evidence to support the recommendations in this submission, and to discuss our submission in further detail.

ⁱ Australian Bureau of Statistics (2015), General Social Survey, Summary Results, Australia, 2014, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0>

ⁱⁱ Ibid, Table 24

ⁱⁱⁱ Mission Australia (2017) youth survey report, <https://www.missionaustralia.com.au/what-we-do/research-evaluation/youth-survey>

^{iv} Volunteering ACT (2013) Selfless Service: The State of Volunteering in the ACT 2013

^v Volunteering Western Australia (May 2015) The Economic, Social and Cultural Value of Volunteering to Western Australia, https://volunteeringwa.org.au/assets/downloads/vwa_report%20book-web.pdf

^{vi} Australian Bureau of Statistics. (2009). National Survey of Mental Health and Wellbeing: Summary of Results, 4326.0, 2007. ABS: Canberra.

^{vii} Volunteering Australia (2016) 'State of Volunteering in Australia Report' <https://www.volunteeringaustralia.org/wp-content/uploads/State-of-Volunteering-in-Australia-full-report.pdf>

^{viii} Cortis, N. and Blaxland, M. (2016). The State of the Community Service Sector in the Australian Capital Territory, 2016 (SPRC Report 19/16). Sydney: Social Policy Research Centre, UNSW Australia.

^{ix} Luks, A., 1988, 'Helper's high: Volunteering makes people feel good physically and emotionally', Psychology Today, vol. 10, no. 10, p. 39.

^x Post, S., 2012 'It's good to be good: 2011 fifth annual scientific report on health, happiness and helping others', International Journal of Person Centred Medicine, Vol 1, No 4

^{xi} Musick, M.A, Wilson, J. 2003, 'Volunteering and Depression: The Role of Psychological and Social Resources in Different Age Groups', Social Science & Medicine, vol. 56, no. 2, p.259

^{xii} Jenkinson, C.E. et. al., 2013, 'Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers,' BMC Public Health, vol. 13,p. 773, <<http://www.biomedcentral.com/14712458/13/773>>

^{xiii} Citizens Advice, 2014, 'CAB Volunteering – How Everyone Benefits', United Kingdom, June 2014, <https://www.citizensadvice.org.uk/global/migrated_documents/corporate/value-volunteering-final-external-versionmay-14.pdf>.

^{xiv} Sixsmith, J., Boneham, M. 2003, 'Volunteering and the concept of Social Capital', Voluntary Action, vol. 5, no. 3, pp. 47-60, <www.ivr.org.uk/evidence/bank/evidencepages/Volunteering+and+the+concept+of+social+capital>

^{xv} <https://www2.deloitte.com/us/en/pages/about-deloitte/articles/citizenship-deloitte-volunteer-impact-research.html>