



VOLUNTEER ONTARIO
THE CENTRE FOR VOLUNTEERISM

VOLUNTEER FOR THE HEALTH OF IT
REPORT OF THE FINDINGS FROM A HEALTH PROMOTION GRANT
FUNDED BY THE ONTARIO MINISTRY OF HEALTH

by

Linda L. Graff
Project Coordinator

JUNE, 1991

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Linda L. Graff,
Consultant - Project Coordinator.
Hamilton. June, 1991.

EXECUTIVE SUMMARY

There is a duality in the nature of volunteering. It benefits both those who are served by it and those who are involved in it.

Volunteering contributes billions of dollars worth of work each year in Canada to individuals, communities, and organizations, and recent scientific findings indicate it is extending the well-being and longevity of volunteers themselves.

This report explores that relationship between volunteering and health. A review of pertinent literature from the fields of volunteerism, medicine and psychology is presented to illustrate that participation in voluntary action does, indeed, contribute to the health, vitality, self-esteem and longevity of volunteers themselves.

Volunteering can generate a heightened sense of self-esteem, self-worth and confidence, reduce heart rates and blood pressure, increase endorphin production resulting in greater feelings of well-being and calm, boost immune system and nervous system functioning, reduce life's stresses, and overcome social isolation.

In addition to the literature review, this study included five focus group sessions which were conducted in five different Ontario communities in the fall of 1990. The primary topic of each session was the relationship between volunteering and health.

The focus groups revealed that the everyday experience of volunteering substantiates the medical research findings. Volunteering can offer a sense of control and empowerment. It can offer a new perspective on one's own problems, generate feelings of being needed and being productive, offer social contact and provide motivation for rehabilitation. The rewards of volunteering can take many forms but the participants in the focus groups eagerly confirmed that maintenance and enhancement of health rank prominently among those benefits.

Focus group participants also began to itemize barriers that exist to volunteering, with particular emphasis on obstacles for members of five target groups - seniors, youth, those who are unemployed, physically disabled and psychiatrically disabled.

Interestingly, while the benefits of volunteering may be particularly valuable to members of these target populations who are at higher risk of health problems than the general population, these same populations regularly encounter barriers which discourage or even prevent participation in voluntary action.

Thus, barriers to volunteering constitute barriers to health-promoting opportunity.

Volunteerism experts from five Ontario Volunteer Centres also gathered in a forum in the fall of 1990 to identify a larger range of barriers to volunteering for both the five target groups above and for the general population. This list of obstacles can serve to direct future efforts to make volunteering more attractive and more accessible.

Since the volunteer movement in this country is greatly under-resourced, it is suggested that the multidimensional return from volunteering more than justifies greater efforts to support and promote volunteering in this country.

This report starts to identify strategies to overcome the obstacles to wider participation in volunteerism. Suggested strategies include: education about and promotion of volunteering, development of placements suited to the varying needs and interests of volunteers, and the operation of supported volunteer programs for 'special needs' volunteers. Government policy is required to establish and confirm the importance of volunteering and to direct resources and further research in support of voluntary action.

The recent evidence which links volunteering with health suggests that a great deal of responsibility for such action and support clearly rests with the developing field of health promotion within the health sector.

"VOLUNTEER FOR THE HEALTH OF IT"

Exercise regularly, eat a well balanced diet and do something nice for someone. That's the advice you're apt to get from your doctor in the near future. There's more evidence than ever helping others has definite health benefits for those who lend a helping hand. In an explosion of new research, the benefits of altruism ... long praised by moralists ... are being proven by psychologists, epidemiologists and neuroscientists.

(Growald and Luks, 1988: 1)

INTRODUCTION

Volunteering And Health

That volunteering contributes to one's sense of self-esteem and well-being is something that most people would intuitively sense to be true. It is widely acknowledged that volunteering makes valuable and often essential contributions to clients, to communities, and to society. Among volunteers and those who work with volunteers, it is equally well accepted that volunteering bestows significant benefits on volunteers themselves.

Often the benefit is simply the good feeling that one experiences from helping others - from doing good. Sometimes volunteering provides a sense of control and personal empowerment. In other cases, there are more tangible physical, psychological, or social rewards from voluntary action that can be stimulating and energy-creating.

Increasingly, these benefits, observable in everyday experience, are being studied and scientifically substantiated. As will be detailed below, it is now accepted as fact that volunteering contributes to self-esteem, health, longevity, and vitality.

This relatively new certainty confirms an essential duality about volunteering. That is, that it benefits those who are served by it - clients, communities, and society as a whole - while it, at the same time, contributes important rewards to those engaged in it.

When this "win-win" nature of voluntary action is combined with the fact that volunteering is often the most cost effective method of human service delivery, it seems self evident that efforts to promote and stimulate volunteering should be widespread.

Volunteer Movement Under-Funded

In fact, the volunteer movement in Canada is urgently under-resourced. Volunteers are in desperately short supply for many community programs and resources are rarely available to promote volunteering or to educate the general public regarding the nature or range of opportunities available in voluntary action. Serious barriers keep many citizens from health-promoting participation in community activities.

This may be due, in part, to the somewhat twisted and certainly incorrect notion that because volunteer workers receive no monetary reward, it follows that volunteerism has no monetary requirements. In fact, volunteerism is cost effective but it is not free.

For example, human service agencies and organizations need adequate budgets to operate their volunteer programs - salaries for managers of volunteer services, supplies, space, training and recognition resources, and so on.¹ Volunteer Bureaux and Centres require resources to promote volunteering in their respective communities, to educate, to recruit and refer prospective volunteers to agencies which need them, to sponsor training events for volunteer management professionals, and to consult with agencies on the development of new volunteer programs.²

Current government strategies across almost every department at every level call for volunteer involvement in service provision to a degree never before contemplated. Sometimes other terms are used: 'community participation,' 'community involvement,' or 'citizen participation,' but 'volunteer' is most often at the heart of what is really meant. It is ironic that governments have recognized the importance and cost-effectiveness of voluntary action in service provision, but have not yet accepted responsibility, assumed any leadership, or developed any substantive policy about volunteering.

¹. See Ellis (1986) for a comprehensive discussion of the resource requirements of volunteer programs.

². Research completed in 1987 by The Ontario Association of Volunteer Bureaux/Centres (now, Volunteer Ontario) surveyed all Volunteer Bureaux/Centres in Ontario regarding their resource requirements. The report from this project documents the priority areas for development and financial support. (Ontario Association of Volunteer Bureaux/Centres, 1987).

One is perhaps reminded of the first wave of de-institutionalization in the mental health care system where the burden of care was shifted from institutions to the local community without the provision of adequate resources to support needed community services. (Graham, 1988: 30) As a parallel, governments are now calling on volunteer resources to supplement, enhance, and even be partners³ with paid staff in the human service system, while at the same time hesitating to provide the resources necessary to make that happen.

The problem of the under-funding of the volunteer movement in this country stems partly from the fact that because volunteerism cuts across all departments, services, and sectors, responsibility for volunteerism does not clearly reside with any one department or ministry. Education, citizenship, social service, health, the environment, multiculturalism, justice - just about everywhere one looks volunteers are indispensable in service delivery. However, in the case of volunteerism, 'everywhere' in general means 'nowhere' in particular.

However, given the recent emergence of evidence that a relationship exists between volunteering and health promotion, participation in volunteering becomes an obviously key component of 'health promotion' as the latter has been defined within the new, international public health movement. This evidence suggests very strongly that at least some responsibility for the promotion and support of voluntary action needs to be accepted by the health ministries/departments of governments.

New Definitions Of 'Health' And 'Health Promotion'

'Health' is no longer perceived as simply, or even primarily, the absence of disease. The more current and widely-accepted definition describes health as a state of physical, mental and social well-being. It is 'a state which individuals and communities alike strive to achieve, maintain or regain, and not something that comes about merely as a result of treating and curing illnesses and injuries.' (Epp, 1986: 2)

Increasingly, in public health and health promotion circles, a strong emphasis is placed on the World Health Organization's definition of health promotion: 'The process of enabling people to increase control over, and to improve, their health.' This concept

³. As an illustration in the health sector, the recent Premier's Council on Health Strategy (1989:5) 'supports a deliberate shift in emphasis and related resources to the development of community services as an equal partner with the institutional sector in the provision of health services.' It indicates that a significant attribute of community services is the 'partnership of professionals, non-professionals and volunteers' in service provision.

of health promotion was expanded in the 'Ottawa Charter For Health Promotion,' developed at the first International Conference on Health Promotion in 1986:

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

(World Health Organization, 1986: 1)

Defining health in broader terms than had previously been considered, and extending the responsibility for health promotion beyond the health care sector brings the larger community into the field of health services more than ever before. Community based services are being called upon to be partners with the institutional sector in the provision of health care. (Premier's Council on Health Strategy, 1989)

Health Policy

The new emphasis on healthy communities and healthy environments in the field of health promotion is moving thinking and policy development away from the concept of personal lifestyle changes. There is a move away from 'victim-blaming' which characterized an earlier era of health promotion. The invitation is 'to advocate for healthy public policy, or to develop community health actions.' (Lord and Farlow, 1990: 2)

Health promotion is directed toward action on the determinants or causes of health.... Government, at both local and national levels, has a unique responsibility to act appropriately and in a timely way to ensure that the 'total' environment, which is beyond the control of individuals and groups, is conducive to health.

(Kickbusch, 1989: 2)

As a consequence of this focus on health promotion, health policies and practices are being framed in a much broader context. Public policy in the health field now must acknowledge that policy itself 'has the power to provide people with opportunities for health, as well as to deny them such opportunities.' (Epp, 1986: 3)

Health promotion stands for the collective effort to attain health. Governments, through public policy, have

a special responsibility to ensure basic conditions for a healthy life and for making the healthier choices the easier choices.

(Kickbusch, 1989: 4)

Purpose Of The Study

The purpose of this project is to explore and document the relationship between volunteering and health both through a review of literature on the health-promoting aspects of volunteering, and through focused discussions with those who work in the field of volunteering and with volunteers themselves.

The study's purpose is based on the following premise: While the cost effectiveness and client benefits of volunteering should be more than sufficient to justify greater promotion of voluntary action in Canada, recent scientific confirmation of the contributions which volunteering makes to the health of volunteers themselves should stimulate new interest within the field of health promotion toward support for the healthy lifestyle choice provided by, and the healthy community environment enhanced by voluntary action.

If volunteering is a health-promoting activity, then barriers to participation in voluntary action are obstacles which deny individual citizens access to health. This study, therefore, not only points to the wisdom of supporting voluntary action as one element in health promotion, but further, suggests that:

- * there is a responsibility on the part of governments to include volunteer involvement as a principal component of health promotion policy and strategy, and
- * access to volunteer opportunities should be made easier or possible through education about volunteering, through the promotion of volunteering, and through the removal of barriers to volunteering.

The report goes beyond documenting the importance of volunteering to health promotion and begins to identify existing barriers to volunteering as targets for health promotion policy and strategy.

Report Structure

The following section describes the methods used to gather evidence regarding the healthful benefits of volunteering and presents a brief review of pertinent scientific and medical literature.

A review of findings from both a forum of volunteerism experts and a series of focus groups rounds out the discussion of volunteering and health.

The report identifies many of the existing barriers to participation, especially as experienced by five selected target populations, which groups, it can be convincingly argued, may be even more in need of the health promoting benefits of volunteering than the general population. While most members of these groups are 'well' individuals in the broadest sense, they are also at higher risk for health problems than the general population.

The final section suggests examples of what might be done to reduce barriers to volunteering and outlines areas for further exploration and development.

METHODOLOGY

The central task of this preliminary study was to collect evidence in support of the hypothesis that volunteering has an important and measurable positive impact on the self-esteem and the health of those individuals engaged in it. A second focus of this study was to document barriers which serve to discourage or prevent people from becoming or staying involved in voluntary activity.

Health promotion literature indicates the importance of targeting certain groups of people such as youth⁴ and seniors who are more likely than others to develop specific health problems. (Ontario Ministry of Health, no date: 7). While still part of the 'well' population, these and other groups are nevertheless at risk for specific kinds of health problems.

It was assumed at the outset of this project that while various barriers to voluntary action are experienced by the population in general, certain populations are more likely than others to be discouraged or prevented from volunteering. The hypothesis was that members of certain groups whose self-esteem is often already impaired may be effectively barred from one of the very activities that could lead to improved self-esteem, lessen their social isolation, and/or enhance their health.

This study therefore focused on five specific target groups seen as both at particular risk for health problems and possibly benefiting most from health promoting activity: youth, seniors, unemployed, physically disabled, and psychiatrically disabled.⁵

Three specific methods were employed in the preparation of this report:

A search of literature on volunteering with particular emphasis on volunteering and health has been undertaken. A brief review of this literature and the major themes which run through it is presented below.

⁴. Youth for example, are at high risk for certain health-related problems such as alcohol and drug abuse and unwanted pregnancy.

⁵. The decision to choose five target groups was almost entirely one of practicality and logistics, based on the time and resources available to the study. The choice of these five in particular was a function of the interests and expertise of the five Volunteer Bureaux/Centres which participated in the study and taking into consideration of other efforts in the field, exploring other potential target groups such as members of Canada's multicultural community.

The second part of the project methodology involved a day-long forum held with the senior staff of five Ontario Volunteer Centres. These staff are experts in the field of voluntary action in this province. Their positions afford an overall perspective on volunteerism and its role in communities across all service sectors, and extensive experience with both volunteer-based agencies and volunteers themselves. These Volunteer Centre representatives met to discuss and record barriers to volunteering they have perceived in their respective communities. Each of the five Centre representatives concentrated on barriers for one of the five specific target populations. This forum not only generated a comprehensive list of barriers to volunteering but also assisted in the finalizing of focus group objectives and questions.

The third methodological approach involved focus group⁶ discussions with volunteers, with managers of volunteers, and with other staff who regularly work with volunteers. Five discussion sessions were undertaken - each with a different one of the study's five target populations, and each in a different community:

- * Timmins - unemployed
- * Ottawa - psychiatrically disabled
- * Milton - youth
- * Etobicoke - seniors
- * Hamilton - physically disabled

The purpose of these group discussions was to gather qualitative data from volunteers and managers of volunteers about whether their experience supported the hypothesis that volunteering promotes health, and most importantly, to identify barriers to volunteering.

The five Volunteer Centres were responsible for the logistics of the focus group in their community and for contacting prospective focus group participants. Invitations were extended:

- * directly to volunteers who the Volunteer Centre knew to be members of the target group selected for their own community,
- * to volunteers (target group members) through agency contacts, and
- * to representatives of agencies which had made some commitment to involving target group members as volunteers.

Participation in the five focus groups breaks down as follows: 17 volunteers; 19 agency representatives; 8 Volunteer Centre staff.

⁶. The 'focus group' is a qualitative data collection method developed in the field of market research. It is ideal in circumstances where, for example, there is a need to understand attitudes or motivations, or where the subject matter under study is too subtle for the more conventional and direct questionnaire method. See Chakrapani and Deal (1987: 71 - 90) for a full discussion of this method.

The Project Coordinator facilitated the focus group sessions. Each was an average of one and a half to two hours in duration.⁷ An audio tape was made of all sessions. Themes and quotations appearing below have been excerpted from the verbatim transcription and analyses of those tapes.

The three-part methodology of this study combines evidence from the literature, evidence from experts in the field, and evidence from those directly involved in volunteering.

⁷ . See Appendix A for a list of the questions asked in all focus group sessions.

LITERATURE REVIEW

Volunteerism is a field which, for the most part, has been taken for granted. While it is a massive, economically critical movement in Canadian society, relatively little is known about it or the people engaged in it. (Duchesne, 1989: 5) Most of the literature in the field is of a practical, instructive nature for practitioners of volunteer management. Little research is being done. As Ross and Shillington point out, "Volunteer activity as a whole is little understood beyond the anecdotes of individual efforts many of us are familiar with." (1989: 3) In fact, it was only in 1987 that the Canadian government for the first time attempted to survey, in depth, volunteer activity in this country.

The National Survey of Voluntary Activity in Canada conducted in 1986-1987 begins to document the scale and significance of volunteering in this country. For example the survey data identified that:

- * 5.3 million Canadians performed some organized volunteer work in the twelve month period covered by the survey.
- * Slightly more than one quarter of all working-age Canadians were volunteers in 1986/87 and an additional 3.2 million people had volunteered in the past. Therefore, in 1987, 43% of Canadians (fifteen years of age and older) either were currently, or had been, volunteers.
- * Volunteers filled 9.2 million different volunteer placements during the year.
- * Volunteers contributed a combined total of 1.016 billion volunteer hours in 1986/87. This represents approximately 615,000 person years - the equivalent number of full-time paid workers in the Saskatchewan and New Brunswick labour forces combined. (Ross and Shillington, 1989: 7)
- * The value of this volunteer work, using an average service sector wage, was estimated at \$12.0 billion in 1987 (or approximately \$13.2 billion in 1990). (Ross, 1990)

These data substantiate the importance of volunteering to those persons and communities served by volunteering. Despite the magnitude of the movement itself and the essential contribution of labour and effort volunteering provides our society, governments (while applauding the contributions of voluntary action) have been slow to acknowledge or confirm its significance in policy or in resource allocation. (Robichaud, 1985; National Voluntary Organizations, 1981)

Despite the fact that volunteers articulate over and over again that the benefits of volunteering to themselves are at least as

great as the benefits to others, information and research in this area remains sketchy. The National Survey indicates that 93 percent of volunteers say volunteering was 'very' or 'quite' important to themselves, while less than one percent indicated that volunteering was 'not important at all.' (Ross and Shillington, 1989: 14)

Often the literature on volunteering identifies the benefits to volunteers only in terms of skills and knowledge gained through volunteering. Such is the case, for example, in the promotion of corporate volunteering where marketing programs centre on the skills and contacts employees can bring from volunteering to their paid work. (c.f. Allen, 1983: 170)

References within the volunteer literature concerning the health or psychological benefits of volunteering to the volunteer appear most often in discussions of motivation. For example,

Studies of why people volunteer and why they continue to volunteer support the view that it provides important psychic benefits. In the 1985 Gallup survey on volunteering {U.S.A.}, for example, 52 % of those who volunteer indicate that they continue to do so because they 'like doing something useful and helping others'; 32% said they 'enjoy doing the volunteer work and feeling needed.' Volunteering, in short, makes people feel good about themselves.

(Vizza, 1986: 8)

A report on a project aimed at enabling individuals with mental health problems to participate more fully in the community by becoming volunteers states:

... in volunteering there is a meshing of altruistic motives with the volunteer's self-interests. Volunteering is of benefit not only to the client or receiver of the action, or to the organization or community involving the volunteer, but also to the volunteer - disabled or not.

(Central Volunteer Bureau of Ottawa-Carleton, 1990: 41)

That project report concludes that the "greatest gain made by those who participated as volunteers was in self-esteem." (Central Volunteer Bureau of Ottawa-Carleton, 1990: 43)

The same publication reviews a survey by the Edmonton Volunteer Action Centre, the responses to which identified the key rewards of volunteering as "personal satisfaction, feelings of self-worth, experience and knowledge, and companionship." (p. 43)

In a report that looks at volunteering for many different 'special needs' populations, the Victoria Volunteer Bureau contends:

...volunteering is very beneficial for individuals who are recovering from schizophrenia. Volunteering provides an opportunity for involvement without the stress created by the expectations of a full-time job. It is therapeutic because it enables individuals to feel they have something valuable to offer.

(Victoria Volunteer Bureau, 1991: 11)

A monograph which presents information on volunteering in Ontario collected from the National Survey notes:

When asked to indicate the quality of their health, 85% of volunteers reported their health as 'good' while 79% of non-volunteers gave this same answer 2% of volunteers reported their health to be 'poor' while 6% of non-volunteers reported 'poor' health.

(Graff, 1989: 4)

The data do not permit one to infer that a causal relationship necessarily exists between volunteering and health. That is, one cannot say on the basis of these data alone that volunteering makes or keeps volunteers healthy(ier) but the question of such a relationship is certainly raised.

In a study of youth at high risk for problems such as substance abuse, dropping out of school and teen pregnancy, researchers identified self-esteem as an important variable "because it is an individual's view of his/her abilities to succeed. Positive feelings about oneself appear to increase successful performance." (Smith, Havercamp and Randol, 1990: 19) The project staff hypothesised that volunteering would contribute to an increase in feelings of self-esteem. The project engaged high-risk youth as volunteer teachers. Researchers reported that "the results of the Volunteer Teacher Program were dramatic" and that "the treatment group showed a significant increase in self-esteem." (1990: 21)

In another study, the relationship between volunteering and increased self-esteem has been tied to both greater personal empowerment and enhanced health. Lord and Farlow discuss the profound sense of powerlessness experienced by people, whether poor, disabled or elderly, who had been rejected by their communities and marginalized. These authors noted that certain of these individuals were still able to experience a strong sense of personal control -empowerment - and found that 'involvement in community life was mentioned by most as being key to the growth in their personal empowerment.' (1990: 4)

We found that the process of participation itself was both empowering and self-reinforcing. As people gained in self-confidence, they would seek more avenues for participation; their involvement in community activity

would, in turn, enhance their self-confidence and sense of personal control... Participation appears to contribute to empowerment because it increases social contact, reduces isolation, and enables people to take part in meaningful activity. ...When people feel more in control, their stress level is reduced and they are freer to make decisions that will have a healthy impact on their lives....

(Lord and Farlow, 1990: 6-7)

Interestingly, it is within the fields of psychological and medical research that one can find the strongest evidence of the benefits of volunteering to the volunteer. And, in the relationship between volunteering and health, the concept of self-esteem may play a key role. It is suggested that the "high" that follows moderate exercise may result from "powerful psychological factors - including heightened senses of self-esteem and self discipline." (Hopson, 1988: 32) A similar "high" and a sense of heightened self-esteem have been shown to be a by product of volunteering. (Luks, 1988: 39)

It is also suggested that helping others may offer protection from life's stressors.

Altruism is the currency with which we buy the social support that sustains us. In his classic, *The Stress of Life*, Selye coined the phrase 'altruistic egoism' -or, as we might call it, selfish altruism - to describe his idea.

(Growald and Luks, 1988: 2)

Luks reports on a survey in which many respondents reported experiencing a greater calmness and enhanced self-worth from volunteer work:

One elderly woman wrote that doing something nice for someone actually snapped her out of periods of depression. Another reported more self-esteem after volunteer work. (1988: 42)

Using the term 'helper's calm', Luks says doing good for others may be related to reduced emotional stress:

One woman wrote that she treated her stress-related headaches by shopping for clothing for poor children. Another actually uses her volunteer work at a nursing home to keep her blood pressure under control.

(1988: 42)

Many techniques have evolved over centuries to decrease blood pressure, heart and metabolic rates, and to achieve the health benefits which follow. Harvard cardiologist Herbert Benson says:

"Altruism works this way, just as do yoga, spirituality, and meditation." (quoted in Luks, 1988: 42)

In a further extension of this relationship between volunteering and health, Growald and Luks (1988: 2) suggest that not only **doing** good but "even thinking about altruistic action - may give the immune system a boost." Luks states that although the good feelings which come from touching or listening to someone are most intense while actually engaged in the activity, it can apparently be recalled. (1988: 42)

Other research indicates that doing good for others may stimulate the release of endorphins into the blood stream. Endorphins are the body's natural opiates which produce good feelings (Luks, 1988: 39), and endorphins are linked to improved nervous system (Growald and Luks, 1988) and immune system function. (Hopson, 1988; Growald and Luks, 1988)

In real physical terms the rewards obtained from contact with other people through voluntary associations are clear in the work of epidemiologist James House and his colleagues in Michigan who studied 2,700 people for more than a decade to monitor the link between social relationships and health. "After adjustment for age and a variety of risk factors for mortality, men reporting a higher level of social relationships and activities in 1967-1969 were significantly less likely to die during the follow up period." (House, 1982: 123)

People's need for connections to other people is related to longevity. In a large survey in Alameda County, California, Berkman and Syme studied almost 5,000 people over a nine-year period.

They found that those who were unmarried, had few friends or relatives and shunned community organizations were more than twice as likely to die during that time than people who had these social relationships. This was true regardless of race, income, level of activity and other lifestyle factors.

(Growald and Luks, 1988: 1-2)

Control seems to be an important dimension in the connection between volunteering and health. Luks reports that the pleasure which flows from altruism does not appear to arise from simply donating money. He says that "being in control is crucial to the health benefits of giving." (1988: 42)

That volunteering can have a significant and measurable effect on health has become undeniable. What has been known on an intuitive level for a long time is now clearly proven in the scientific, psychological and medical research fields. Voluntary action can enable people to increase control over and improve their health.

So not only does volunteering help the client, the agency, the community and society as a whole, but the decision to volunteer represents, for the volunteer, a choice of a healthy lifestyle.

Taking time to help, then, may be a basic step to protect health.

(Luks, 1988: 42)

Although rehabilitation programs are needed as well, volunteering is a bigger step, because the individual is not a 'client,' but a contributor. This provides increased self-worth: the physiological and emotional boost that is key to recovery.

(Victoria Volunteer Bureau, 1991: 33)

THE 'FORUM'

Senior staff from five Volunteer Centres participated in a day-long discussion of barriers to volunteering that they could identify for members of the five target groups in this study. This event took place on October 24, 1990 at the headquarters of Volunteer Ontario in Etobicoke, Ontario.

The Project Coordinator and the Executive Director of Volunteer Ontario facilitated the discussion throughout the day. The process was primarily one of generating a comprehensive list of barriers to volunteering.

Forum participants also assisted with the planning, scheduling, and question content of focus group sessions.

The barriers identified at the forum have been synthesised and organized within a framework as noted below.

- 1. BARRIERS WITHIN VOLUNTEER CENTRES**
- 2. BARRIERS COMMON TO ALL TARGET GROUPS**
 - a. WITHIN THE VOLUNTEER
 - b. ABOUT VOLUNTEERING
 - c. WITHIN AGENCIES
 - d. OTHER
- 3. BARRIERS WITHIN VOLUNTEERS, BY TARGET GROUP**
 - a. PHYSICALLY DISABLED
 - b. SENIORS
 - c. UNEMPLOYED
 - d. PSYCHIATRICALY DISABLED
 - e. YOUTH
- 4. BARRIERS WITHIN AGENCIES**
 - a. UNEMPLOYED
 - b. PSYCHIATRICALY DISABLED
 - c. SENIORS
 - d. YOUTH
 - e. PHYSICALLY DISABLED
- 5. BARRIERS WITHIN REFERRING AGENTS**

Proceedings from the forum have been produced and excerpts concerning barriers appear as Appendix B in this report. These proceedings can stand alone as a record of barriers to volunteering and will receive no further elaboration here.

FOCUS GROUP RESULTS

The purpose of the focus group portion of this study was twofold:

1. To determine if the experience of volunteers and managers of volunteers supports the hypothesis that volunteering contributes to the health of volunteers; and
2. To receive input on barriers to volunteering which exist for the general population and particularly for members of five target populations selected for special focus in this study.

The following review of themes which surfaced in the focus groups is structured according to these two aims.

1. Volunteering and Health

a) General

The contributions of voluntary action are most often recognized and framed in terms of the good to the client or the community. Discussions of the returns to volunteers themselves appear much less frequently within the literature on volunteering. People who volunteer themselves or who work with volunteers will confirm, however, that the benefits to the volunteer are at least as great as the benefits to others. (Allen, 1979: 212)

In response to the general questions of "Why do you volunteer?" and "Do you think you get anything back from volunteering?" focus group participants had no difficulty identifying a range of answers covering all kinds of benefits.

Skill Development

The development of skills, knowledge, and expertise through volunteer experience is a common theme throughout the literature on volunteering and it surfaces frequently when talking to volunteers:

I've really had the opportunity to get a lot of skills through volunteering that I wouldn't have had if I had just stayed at home in the house and been a psychiatric patient.

Coping With Isolation

Filling in time that weighs heavily because of retirement, unemployment, or other forms of isolation is a frequent benefit for volunteers:

I found time a little heavy on my hands. I had retired a little bit early... It's a feeling you can do more with your time. I would like to think {of myself as a do gooder} but that's not the motivating factor that got me into it... In my case it fulfils a need. When you leave the business world and everybody's busy in their retirement years - the cutoff is a little too traumatic... It takes care of that gap.

I was at home with my children for about ten years and you lose - like you want to be there and that's great - but you lose a lot of confidence. ... I have nobody to talk to all day long except these little ones so I find I'm searching for words. ... So I think just getting out and having contact with other adults, you make a success of that and that's a first step.

{Volunteering} will fill in some empty hours. Quite often you sit at home and wait for job interviews or whatever and while you're doing that time does stand still. Waiting, I think, is the worst thing in the world.

Give Back To Society, Return The Favour

Being able to "give back" for specific favours or just in general ranks high among the benefits volunteers enjoy from their volunteer activity:

I enjoy doing it and I think I'm putting something into the community... As long as I can continue to do a job that is fundamentally helping everyone, I'll do it.

{Volunteering is} a pleasurable experience. It's a way to put things back in society. We are all social animals. We all take away from society so it's a way of helping less fortunate people.

I have trouble expressing feelings but I'll try anyways. I have a brother who is mentally handicapped and working with the developmentally handicapped people - I get a warm feeling basically because my brother has received a lot of help and I feel I am giving some of that back.

I see how they are disabled. A lot of people don't come in to visit them. They're stuck there with nothing to do a lot of the times...there's no outside involvement. And for me, I had trouble when I was younger because I couldn't get out to a lot of places because of my disability. So now I'm giving them something that I never had.

Meet People

Meeting people, learning from people is a classic reward:

I was getting a lot of people together and it gives me a nice feeling of gratification. ... I learn from all sorts of people. ... I've met all sorts of interesting people. I wouldn't have missed it for the world.

Check Out A New Career, Make Contacts, Build A Resume

Identification of new career options or making business contacts, whether one is or is not currently employed, can be attractive bonuses to volunteering:

...you volunteer and you discover a whole other area of interest to you that you could pursue in the line of employment. Like a different career completely that you never thought would be some place you would end up. And it's just by chance - you took a chance on becoming a volunteer in this area. ... As a volunteer ... you get a good bird's eye view of a totally different environment and being a volunteer you can pick and choose....in volunteerism the opportunities are endless that you can investigate....

You feel like you need to be out there looking for work and any time you spend doing other things is kind of wasted. But then if you really think about it, even when you are volunteering you are building up contacts. You are helping yourself.

If you're volunteering, from an employer's point of view, it looks excellent on a resume. They'll see that on your resume and say 'Well, you are interested in working,' especially at our age. We are so busy with other things and its hard to take time out to do those kinds of things. But if they see that you are volunteering they see that you will possibly be a devoted employee and be a benefit to their company.

Personal Growth and Development

Relating to people through volunteering can teach one a great deal about oneself:

I think volunteering is an excellent way for self exploration. I think unemployed people have to do that. They have to find out what's inside there, what can they do.

Flexibility

For a person with an illness that periodically requires attention or disrupts employment, volunteering can offer what paid employment can't:

I'd say the kinds of volunteer jobs I have taken on have been quite challenging. But, although I'm committed, there's a recognition that I have been able to have personal time off which might not be available to me in a paid job. I've had experiences with paid jobs where I've become ill and that's terminated the employment. It's sort of unjust, but that's the way it goes....

Control

Gaining a sense of personal empowerment over aspects of one's life can be vitally important, particularly for those persons who have lost control because of illness or disability:

...it's nice to have some control. It's nice to know that you can do what you want to do ... you can get as involved as you want and there's nobody telling you. ... It's your choice. And for a lot of disabled people that is something that has been taken away from them and it's hard for them to build back into their lives.

A New Perspective On One's Own Problems

Life can sometimes be disheartening, immobilizing, isolating. Volunteer work can offer a new perspective, help dissipate resentment or anger:

One of my problems before I started volunteering was I had a big chip on my shoulder. For me, volunteering helped me get the chip off my shoulder.

One thing that really struck me is this idea of seeing other people who are worse off than you are, really struggling with things. I find it really encouraging when I see a mentally handicapped person going out swimming. I go, jeez, here I am feeling sorry for myself because I can't get a job. This person is really showing you what courage is all about, you know?

These and many other rewards of volunteering contribute to a general sense of belonging, recovery, ability, or self-worth within volunteers. These may be particularly valuable for some volunteers who have a heightened need for connection and positive reinforcement.

b) Self-EsteemIt Feels Good to Give

When volunteers are asked, "Why do you volunteer?" the initial response is often, "I want to help others." For some volunteers pure altruism may be what they really mean and feel. For many if not most, however, the desire to help others is based, consciously or unconsciously, on the desire to receive the feelings of "being a good person" that derive from helping others. Perhaps volunteers are after the 'helper's high' which appears in the literature on how volunteering contributes to health. Certainly seeking the helper's high is as valid a motivation for volunteering as any other. If helping another helps the helper, then so much the better.

I think it's important that you feel that you're giving - to give back or just give. You get a good feeling when you're giving.

Feeling needed is really important. Especially for seniors who have had a family. They are no longer needed and when they volunteer, it fulfills that.

One of the things that I find is that we spend a lot of our lives looking after people in some form. Whether it's in a relationship as a parent or a friend or whatever. And when those relationships are not there any longer because of a spouse dying or the friend moving away or whatever.... people do go into a kind of a slump. So I think volunteering provides that caring relationship. It allows the opportunity to care about someone else and thereby care about themselves.

Many of the people {I work with} are looking for something to do on the outside. There's lots of programs and interest groups going on at home but people want to be part of the community. That's one of the reasons I've heard physically disabled people say they want to work as a volunteer. They want to be in a position where they can give something rather than always getting something. For a lot of the people I work with that would be a tremendous benefit because they have always been in a position of receiving and seldom in a position of giving. And they're at the point many of them where they don't know how to give. So those kinds of things then affect personal relationships and other parts of your life. So just in terms of healthy emotional kind of life, I can see where it would really benefit our clients.

The Need to Be Needed

For some the benefit is as straightforward as the need to be needed:

When I'm not at {my volunteer work}, and I have a day off or something, and I go back, they say 'We missed you!' I don't get that - I never got that anywhere else.

I'm involved with a group that has a wide range of ages from teenagers to fairly senior adults and for the senior adults it takes on such a great deal of importance in terms of feeling like they still have a purpose in life, their skills are still being recognized and appreciated. And I think when your psychological well-being is enhanced, I think that has an impact on your physical - yes there definitely is a 'connectedness' between your well-being and volunteering.

Feeling Worthwhile

It's often the sense of increased self-esteem and self-worth that comes from doing good that prospective volunteers seek their participation. This theme surfaced throughout the medical literature and it was confirmed many times in the focus group sessions. Volunteers, themselves, say:

It's a good experience because it makes you realize about other people. It makes you kind of feel good about yourself, what you're doing.

If we can do something that we enjoy and we can get good marks from it and get self-esteem from helping others and realizing we are actually benefitting the community by helping them.

It makes you feel good about yourself in the sense that you know that you're doing something for someone that they couldn't do for themselves.

It's almost fulfilling. It's hard to describe. It's just a good feeling about it 'cause you know that an hour of your time means so much to someone else and I wouldn't have known that if I hadn't gotten involved in volunteering. It's just an hour here or two hours there and it makes you feel good about yourself. It's a good feeling.

You feel good and you're there to serve the people. To feel appreciated. They can always count on you...It makes you feel worthwhile. You're a human being. You're

here to help people who need your help. People listen to you, talk. You feel good really, deep inside. You can say, 'I've done something good for my fellow man.'

You need it. People need it. People need to feel that they have a sense of worth. A purpose. It keeps the drive going. You've got to do something, you can't just sit around.

When you are unemployed you may feel that you are not needed or you're no use to anyone. So if an agency can let you know that they feel that you will make a difference with their program, it makes you feel that you are worthwhile.

Staff in the focus groups echoed the same theme from the volunteers and/or clients they work with:

We have {disabled} clients {where I work} who volunteer within our volunteer department and I've noticed a great difference in their confidence and how they feel about themselves when they are asked to do a job and when they know they can do a job well.

I have a clerical volunteer who was referred to me from an agency. Her handicap is very minimal - like a setback in life and her self worth was down. So they suggested that she volunteer with me. She's been with me three months now. This lady came to me with black under her eyes, drawn, stressed. {Now,} she's got lipstick, perked up, hair fixed up and everything..... Now she feels really good about herself and is feeling able to focus back in to the workforce eventually.

They see it as a means of feeling like they are making a positive contribution and therefore get back a great deal - self-esteem and self-satisfaction and a sense of accomplishment.

c) Volunteering Promotes Health

Focus group participants solidly confirmed the hypothesis that volunteering contributes to the health of volunteers. What was unexpected here was the many ways in which that contribution can take place.

I Don't Have Time To Hurt

Being busy with volunteering can help one ignore aches and pains when they might otherwise be immobilizing.

I'm usually so doggone busy, I can't figure out whether I have a pain or an ache. I just keep right on going. ... If we have a little twinge or something, we don't have time to pay attention to it so consequently you don't tend to dwell on all these little odds and ends. I think you're healthier for it.

If you know that the program is depending on you to be there, you can't allow yourself to be sick and so you have that you mentally stay fitter.

Volunteering And Rehabilitation

In some cases it may be that volunteering provides the motivation to get better - despite the odds against recovery:

We have a volunteer who actually is a resident but that's beside the point and she volunteers four days a week for about four hours each day. She is in her eighties and she broke her hip eight months ago. Everybody told her she would never get out of the chair. Well, she had a responsibility and she is now walking. Like, they told her she could not do this and I really think it was her attitude, her desire to get back and do what she was doing before, her knowledge that she was relied on by other people - she's told me that she wasn't going to sit in that chair. And I really think this is a good example of how her volunteering aided in getting her to the condition she is now.

In other cases it may be that people can receive, through volunteering, the nurturing, support, and caring that they need to recover:

I work with ex-psychiatric patients as volunteers and it was tremendous because when they first came in there was a lack of confidence and an 'Oh, I can't do this.' With a lot of encouragement and time, they've turned around and now they're employed. Now I meet them on the street and they say 'I haven't been sick in four years!' It's good to hear because you have the time to nurture them through the volunteer process and to help them rebuild their lives.

I Have to Go, They Need Me

Being depended upon, having to be there, was a theme that surfaced often in the focus groups, typically as a reason for continuing to stay active, fit, and alert when otherwise it might be tempting to just sit at home and deteriorate. This was a popular chord,

particularly among seniors, the unemployed and the physically disabled focus group participants:

I think it's a motivating force that's there. You realize you have to do something so you ignore the things that would hold you back and say 'Well I have to be there.' And you go.

And another thing that I've found - sometimes if people are unemployed for a long time you lose your heart and you don't see any reason to keep getting up day after day. But if you've got somewhere to go it can keep you in the employable mode so that you're ready when a job does come. You're still in the right mind set to be employed.

... if a person is feeling a little down but knows they have to get up, get going, they have a commitment, they know there are people relying on them, then that is the impetus to ... get on with your day.

Sometimes being stuck in four walls is really depressing. If you are volunteering and you know people are relying on you, then it increases your sense of self worth and it acts as an impetus to get up, get going, and get on with it.

Volunteering is a big part of my life. It gives me a reason to get up for.

You try and make yourself busy instead of sitting at home and staring at the four walls and going crazy.

Active Mind

Some volunteers said straight out that volunteering helped to keep their mind active:

If you get out and volunteer you keep your mind active. At least get out and socialize with people of your own age.

Social Isolation

Having the opportunity to be around people, to overcome social isolation was acknowledged as an important dimension of maintaining health:

I think that just being around people is healthy - especially for a lot of seniors. Their family is away,

their kids have grown and they only have themselves. So just being around people. They can be depressed and it {volunteering} brings them right out of it...It gives them a reason to get up and go out.

I'm single. I live alone. So when I find myself unemployed I find myself socially isolated and I find it's helpful to go out and meet people {through volunteering}.

We have a person at the {agency where I work} who, when he first began volunteering for us, was walking with a cane and now like, he's - I don't think he's on a disability pension necessarily, but he's just become a part of the fabric in terms of what he does and his interest in it that he's become well in a sense. His mind has become well anyway and his body seems to be keeping up.... If he was sitting in his house looking at the four walls you can be sure he'd be starting to atrophy or something by now. ...It's really improved his physical well-being.

Community and Belonging

Linked to the important social connections which volunteering can offer is another theme which surfaced repeatedly in the focus groups - a sense of 'community.' Perhaps particularly for members of some of these target groups for whom isolation and an absence of belonging are critical, the chance to join a group, work for a cause, and be accepted as a peer becomes enormously important.

I think the most immediate thing that comes to mind is the companionship and the sense of shared purpose because I chose the positions I'm involved in and have been over the past ten years - I did choose to be involved in them. I think I'd really miss the sense of formal shared purpose with those people and the kind of community and social interaction that comes out of that.

When I was unemployed for a year....I did a lot of volunteer work at that point....and I felt it was nice going in and volunteering and when I did have a job interview I found that these strangers were very interested in buoying me up for the interview and encouraging me and saying 'don't feel down' and that sort of thing. So there was a lot of personal growth in that - that a stranger would have a personal interest in what I was doing.

{In volunteering} we have immediate acceptance. You are one of us immediately. You make new friends, new contacts. That's important if you are unemployed.

I've been involved in a variety of settings as a volunteer and with volunteers. I don't know if I would make the match in terms of physical well-being and volunteering, but definitely in terms of psychological well-being. Increased awareness of your abilities and strengths, the socializing aspects of it, feeling being connected to something. I think that has a great deal of impact.

Normalizing

For some target group members, their physical or psychiatric disability has served to isolate, cut off, and stigmatize their existence. One participant discussed how her passage through the psychiatric system had destroyed her trust. For these people, volunteering had become a 'normalizing' kind of experience:

I've been involved in volunteering really since I've been a teenager - on and off, prior to having a psychiatric problem - and I'd say probably in terms of my own wellness the kinds of volunteer work that have been most helpful have been ones that haven't been related to my illness but they've sort of kept me in the community and they've been very normalizing.

... They were very welcoming for me to come back after I had had a bad time. It wasn't a problem and they were able to accept me as a high-functioning person when I was high-functioning and they were some comfort when I wasn't.

My involvement with the community centre - I guess it's been about three years now that I've been sitting on the board and doing various work - and again, it's being part of the neighbourhood and it's really helped me a lot to be involved in those very normal kinds of ways when I've also been faced with a stigmatizing illness which has kept me from achieving in some of the more regular kinds of ways like getting along with a career or whatever.

Summary

That the staff and volunteers in these focus groups were able to articulate the nature and rewards of volunteering is not atypical. Very often volunteers will say of volunteering that 'it gives me back at least as much as I give out.' When one considers the

character of volunteer work, it is obvious that it's not a monetary reward that keeps volunteers returning week after week to do their shifts. By far the most critical motivating factor for volunteering is in the nature of the work itself and the rewards to the volunteer of that work. Duchesne (1989: 9) reports from the National Survey of Voluntary Activity that the most important factors motivating Canadians to volunteer are:

- * helping others
- * helping a cause one believes in
- * doing something one likes to do
- * feeling that one has accomplished something

The benefits of volunteering can take many forms but the participants in these focus groups eagerly confirmed that maintenance and enhancement of health rank prominently among those benefits. They describe in everyday experience what medical and psychological researchers are proving in their studies: volunteering is good for health.

A focus group participant said it very clearly:

When I get in with my people, it's like getting in the pool to have fun. So I get a release of endorphins. It makes me a better person. It makes me a happier person and it will probably make me live longer.

2. Barriers to Volunteering

The National Survey of Voluntary Activity indicates that 27 percent of adult Canadians volunteer. (Duchesne, 1989: 9) While this is certainly an impressive proportion it seems reasonable to question why more adult Canadians are not active volunteers. Volunteer opportunities are available in virtually every community in the country. Volunteers are urgently needed in the majority of voluntary organizations and governments are increasingly seeking the assistance of volunteers in their own direct and indirect services. According to volunteers, volunteering gives back at least as much as it demands. Why don't two or three times as many Canadians volunteer?

More to the point, since volunteers are urgently needed, since volunteering is such a rewarding experience, and since volunteering can offer enhanced health status, vitality and longevity, why aren't people racing to volunteer?

There are, in reality, a great many factors which keep people from volunteering. In anticipation of finding support for the hypothesis that volunteering is a health-promoting activity and therefore something that warrants greater support and promotion, an

objective of this project was to begin to identify barriers which discourage or prevent people from volunteering. If access to the benefits of volunteering is a problem, then the barriers to involvement in voluntary action are a logical target for strategic action.

As noted above, the senior staff from five participating Volunteer Centres who met in the 'forum' portion of this study, identified long lists of items which serve to discourage or prevent people from volunteering. A great many of those barriers were mentioned and confirmed in the focus groups and are outlined below. The first two sections deal with barriers which apply across the general population; the remaining sections deal with barriers pertinent to specific target groups.

a) Barriers Applicable To The General Population

Attitudes, Myths, Ignorance

Voluntary action has always been an important element in Canadian society although its form has radically changed and evolved since the 'Lady Bountiful' work of administering unto the poor and the orphaned in the early years of this century. Interestingly, however, in a movement which has grown to dramatic magnitude and importance, the public image of voluntary action remains shrouded in sorely-outdated stereotype and myth.

Many people who have not volunteered continue to believe in the old stereotypes. Others simply do not know what volunteering is today. Participants in every focus group noted the problem of misunderstanding of the nature of volunteering among the general public as a critical barrier to increased volunteer involvement.

...What I do encounter with some people is that they have some very negative thoughts about what volunteering is. Even though they may have done volunteering on an informal basis before. And part of what I see in getting seniors involved in volunteering is overcoming the negative stereotypes around volunteering. Some of them we have mentioned such as {the mistaken belief that} you have to make a commitment for life, or ... there are some people who think it is rather insidious -you volunteer for one thing and the next thing you're volunteering for four things. So I think there are certain negative stereotypes to be overcome and that will help in terms of getting people involved.

I think if students were more educated regarding volunteering there'd be such a larger portion of the students volunteering than actually do.

I don't think that really a lot of parents are aware and I think that if the parents were made aware of what you can get from volunteering, what it does and all the good aspects of it, I think that they would talk to their kids about it and I think parents do tend to have a lot of influence on kids - especially people our age {adolescents}.

I think a lot of blue collar workers, which I used to be, really have no idea of this world out there.

There are a lot of physically disabled people in this community. We see you, we see a few...What is stopping these hundreds of {prospective} volunteers who are sitting home alone? Attitude.

I think that's why some people don't want to volunteer - because they think they're committing themselves for the rest of their lives.

There is a multitude of other misconceptions and outdated stereotypes about volunteering that are widely held to be true among the general public. While they are far from reflecting the reality of what volunteering is today, these myths are nonetheless effective barriers that prevent prospective volunteers from involvement in voluntary action.

Out-of-Pocket Costs of Volunteering - The Need For Enabling Funds

There can be monetary costs to the volunteer from their volunteer work -transportation, meals away from home, child care, uniforms, parking, additional car insurance premiums, to name just a few. It is estimated that the average, per volunteer cost, is \$158.00 each year when calculated across all volunteers but rises as high as \$243.00 if only the volunteers who actually claimed expenses are included in the calculation. (Ross, 1990: 16)

While these costs are obviously most significant to people on fixed incomes, such as those in the target groups in this study, many other people in the general population may also find such costs prohibitive. In fact, the National Survey found that 44% of all volunteers said the out-of-pocket costs of volunteering were an important consideration. (Zenchuk, 1989: 8)

Many not-for-profit organizations now recognize volunteering can cost money and that at times those costs can be significant. Unfortunately, very few agencies have sufficient resources - now called 'enabling' funds - to reimburse their volunteers.

People might feel that they don't have the extra money for transportation to and from the agency where the volunteer work is and that's a reality.

I don't think I've seen it a lot in volunteering but I think it's one of those hidden things. People aren't likely to say to you I can't afford to volunteer, especially more so amongst seniors. Younger people are more likely to come to you and say "Look, I'll give you my time, but look, my resources are diminished so are you going to pay my bus fare?" ...A senior is more likely to wait and see whether or not you are going to offer it.

b) Barriers Applicable To Target Group Members

While many barriers to volunteering exist for the general population, as has been outlined above, many other barriers to volunteering exist for particular sub sets of the population. Focus group attendance was structured by target group and in each session, participants noted the barriers they could identify as being most pertinent to their own target group.

This is not to say that the barriers noted above do not apply to members of the five target groups. Rather, it would appear that some barriers are particularly acute for certain populations and, consequently, represent a greater impediment. Such barriers constitute logical targets for strategies directed toward involving more people in volunteering.

i) Youth

The Need To Earn Money

You don't get paid for volunteering and you could be out working somewhere....earning money instead...

A lot of teenagers are trying to buy their cars or put away for college or what ever. Like, I have to pay for insurance so I need money so I can't really, like, take two hours from my job and go volunteer 'cause I need money to pay for either gas or insurance.

When you think about it, feeling good about yourself and self-esteem doesn't buy a car. I'm not saying one's better than the other.

So Many Things To Do

A lot of teenagers have time but they have a lot of other things they need to do too...

ii) Seniors

Seniors Want To Retain Their Flexibility And Freedom

I think a lot of people don't want to commit themselves to volunteering because they want to go away in the winter or they have a large number of grandchildren and they want to have time to see them. And sometimes I think they wonder if their health is up to volunteering.

They might be perhaps more ready to volunteer if they knew that there would be somebody to take over when they couldn't or if they wanted to have their time or whatever.

Fears, Anxieties and Confidence

It gets worse as you get older. You think, well, here's my last kick at the cat sort of thing and if I couldn't do it, where do I go from there?

You run into a lot of people our age group, the ladies didn't work all their lives.... a lot of wives didn't work in my generation. They stayed home and all they had was the house and children and making cookies and saying hello to the kids when they came home from school....So they felt that they cannot do anything outside of serving hot dogs. When you ask them for something a little bit more involved....they're frightened. They're absolutely terrified to do something. And I run into that all kinds of times.....

Sometimes when you say the word 'volunteer' that sort of scares them right off the bat. If you tell them to make a loaf of sandwiches, well, everybody will make a loaf of sandwiches.

What I found was that applying to be a volunteer was like applying for a job and applying for a job is probably the most traumatic experience for young people. For old people, double the problem because you're taking your ego along. ...It's like applying for a job later in life when you're kind of concerned about your capabilities anyway.

I think of the women when I was growing up. We were said to be - we were either going to be a secretary or a nurse or a teacher or a mother at home....Today the world is totally open. There is no career that a woman can't do and the young women of today know that. So we just sort of trundled along in our path that was very clearly laid out for us never thinking that we could do anything else. And I know for myself, it's just been discovery upon discovery that I can actually do something different than what I was educated to do and I never thought I could. But it takes a certain amount of courage for people to put that foot forward when they have been programmed....

iii) Unemployed

Looking For Paid Work Has To Come First

But looking for work is very important. Let's face it, the job I get is going to have a big bearing on my lifestyle so it's still the first priority for me. If I have to choose between a job interview and showing up for my volunteer assignment, the choice is clear.

Why should I have to be doing something that I don't get any pay for, especially if you've got to worry about feeding your family, paying the rent. Like some of the people who have just been laid off at the mine, some of those lose their home and everything and so if someone suggests to them - well fill some time by volunteering - that may seem too trivial to them at that time. I've got a home to get, I've got a family to feed.

An Unfamiliar Area

Well, the type of work that's available - if you're a fifty year old ex-welder who's spent his life fabricating things - it'll be hard to become interested in doing work with the mentally handicapped.

iv) Physically Disabled

Transportation

A lot of people are afraid to use {special transportation services for the disabled}. They feel that if they have to be downstairs by ten to ten they're scared they might miss it...If they miss it more than two or three times they are taken off the list. And also if they go for a

doctor's appointment or a dentist's appointment, they might not get out in time.

Another thing that happens sometimes is if you want to be somewhere at 10 o'clock, because of the route that they have to follow, you have to get picked up at 8:30 so you are an hour and a half on the bus just to get to your 10 o'clock appointment. So transportation can be a big problem.

Physical And Emotional Limitations

...there are a lot of people who have a physical limitation. Part of their limitation may be that they cannot work unsupervised. In addition to their physical limitations or because of their physical limitations they may have been denied education or social involvement and they may in fact need a different kind of volunteer environment.

v) Psychiatrically Disabled

Fear Of The Unknown - What Is Volunteering?

It was scary at first. It was something that was unknown, something you're not sure about, not even sure about yourself. I knew absolutely nothing {about volunteering}.

Prejudice, Ignorance

I still remember when I {worked at a mental health service} years ago trying to set someone who had a physiotherapy background up as a volunteer in one of the hospitals and when they found out she had psychiatric problems they refused her as a volunteer. And my greatest joy was when she was hired there about five years ago when they didn't know that she had psychiatric problems!

Staff Resistance To The Integration Of Clients As Volunteers

...when we have tried to introduce the concept - in the mental health field - the concept of bringing in volunteers from within the target population that you're actually serving, there's a resistance problem from the staff for a variety of reasons. The more professional

orientation of an organization and the more knowledge they have, often there is a bit more resistance to the target group they are working with.

A lot of people who are there in arts companies and other groups like this that aren't in the caring business - I have trouble getting them to work with volunteers in the first place.... So you're already dealing with a resistance there. And then it is compounded when you ask those same people to deal with something special on top of that, making accommodations. They don't want to make accommodations for junior staff that work for them let alone volunteers.

Mental Illness - Fear Of The Unknown

...the stigma that was attached to the psychiatrically disabled ... the individual would come into the Volunteer Bureau whether they were referred by a professional or just dropped in and the staff at the Volunteer Bureau didn't know what to do with them - they didn't know what to do, they were frightened, they knew something was different but they didn't know what - all the usual.

I did have some vague, undefined concerns {about taking on a special needs volunteer} just because I didn't know what would be involved. I didn't really know anything about the field or the people or what would be involved or expected. It's just a lack of knowledge that makes you not quite know what to do. So for me the more information you could give a volunteer coordinator in an agency about what's going to be involved - I think that's a way to break down barriers - particularly for those who don't know anything about the field.

Volunteering In A System That Has Been Harmful

We're talking about barriers here and having a mental illness and going through the system, probably anywhere, but certainly in this system, it's a very negative experience and it really leaves you with a lack of trust. One learns quite effectively not to trust those agencies.... I'll own that a lot of that barrier was within myself, from my own sense of being kicked around by the illness and by the system.

Summary

Focus group participants stated very clearly that they have experienced significant barriers to meaningful, useful, and health-promoting volunteer involvement. General ignorance and the persistence of stereotypes about volunteering discourage participation. The out-of-pocket expenses associated with volunteering also constitute an obstacle to involvement, particularly for anyone on a fixed or limited income.

For students, the need to earn money and the extent to which they are engaged in school, home, and social activities can leave little time for volunteer work.

For seniors, the desire to maintain flexibility in their free time, and their lack of confidence in abilities and/or self-worth generate reluctance to pursue volunteering.

Some unemployed persons need to concentrate on job searches, while others, unemployed blue collar workers for example, may never even consider the unfamiliar sphere of the human service system as an appropriate or possible site for involvement.

The public transportation system for many physically disabled persons appears costly, cumbersome or frightening; physical limitations also present real obstacles to volunteering (e.g., accommodating wheelchairs, special equipment needed, extra supervision).

Fear of the unknown in volunteering, combined with prejudice, ignorance, fear and resistance about mental illness are obstructions for the psychiatrically disabled. Some may hesitate to work as a volunteer within a system that has been harmful.

Certainly this is not a complete list of barriers to volunteering. Taken together, however, with the list generated in the forum aspect of this study, the above comments on barriers go a long way toward rounding out an understanding of why more people don't volunteer. In particular, they suggest why some of the very people who might benefit the most from the self-esteem boosting, personally empowering, and health-promoting aspects of voluntary action remain uninvolved.

STRATEGIES

While an exploration of strategies to overcome barriers to volunteering was determined to be beyond the scope of this project, some suggestions arose in the course of focus group discussions. They are noted here to more or less 'set the stage' for what might be required in the future to make volunteering more appealing and accessible.

1. Education

a) Discussions of widespread myths, stereotypes and ignorance about volunteerism arose in all five focus group sessions. The strategy needed here is education about what volunteering is today, the range of opportunities available, the flexibility it offers, and the benefits that can be received from involvement:

{People} have to find out or be shown or be convinced that they're going to get some fun out of it {volunteering}; that they're going to get something out of it.

So I think part of the message to get out is that there {is} quite a variety of things that you can do to volunteer....It's not all social activities, but some of it is...not working directly with people but to the advantage of people.

Maybe if more kids knew about it, that would be better too because I think a big thing is people know what volunteering is but they just don't know where to go and who to talk to about it. It isn't something that is {well} advertised, especially if you're not that into volunteering and you don't know what it is.

One thing that I think the act of volunteering can do is advertise itself more so that people know that there's such a thing. A lot of people who are involved in the mines and that sort of thing just don't know that there is this world out there, these opportunities.

b) Professionals in the community who might be in a position to refer clients/patients need to know more about volunteering. Often they have the same kinds of misconceptions about volunteering as are found among the general public. Sometimes they see volunteering as a 'dumping ground' for clients they don't know what to do with. Often they don't think about the needs of the organization or the demands of the volunteer position. Sometimes

the clients or patients they try to refer to volunteering are just not 'volunteer-ready.'

I think some of the care givers too have to be made more aware too of what's out there for people to do so that doctors and people like that who are trying to build people's self-esteem up can direct them to those avenues.

c) Managers of volunteers need lines in their budgets to facilitate the involvement of special needs volunteers - money for transportation, money to provide a meal for a volunteer on a fixed income, money for clothes or an iron to help a special needs volunteer feel proud of him/herself and learn to behave 'professionally.' Managers of volunteers also need to know more about how to integrate special needs volunteers into their agencies:

We need to promote volunteering in a way that is inviting to everybody. But also we need to educate managers of volunteers as well as agency staff about integrating all kinds of volunteers. We can't just assume that the managers that we have in the field are receptive or have sufficient knowledge to integrate all kinds of volunteers.

2. Promotion

a) Beyond education, volunteerism needs promotion. As proof, half of the respondents in a Gallup survey said that they would have done volunteer work during the past month if they had been asked. (Gallup, 1984) Prospective volunteers are out there if they can just be motivated to take the step to get involved.

This is the theme that surfaced most often in focus groups. The profile of volunteerism is too low. Resources are required to make volunteering a household word, an option that everyone seriously considers for themselves.

They should make it like a non-smoking campaign - make it like a volunteering campaign because - the non-smoking campaign you see it everywhere. It should be more visible. Not just like volunteer week once a year. Maybe every day there should be something on T.V. or on the radio so it becomes embedded in everybody's mind: 'I should do volunteering'.

An overall barrier is the profile volunteerism has in our community which has nothing to do with the psychiatrically disabled.

b) There is some debate about specialized promotion campaigns aimed at various target groups. Some caution against what may be interpreted as tokenism. Others think specific populations need to be able to see that they too are welcomed as volunteers:

In many cases we are not getting the message across to disabled individuals that their help is needed. They're just plain not being asked. Nobody thinks to put the message out. Can we not do something within our volunteer recruitment program in our various agencies that just says 'By the way, it doesn't matter if you're in a wheelchair or whatever, there's still a place for you here, there's still a job for you.'

How should volunteering be promoted? It needs to be advertised. It needs a high profile. The word 'volunteer' should be seen on a daily basis throughout all communities. Then when volunteering is promoted on a one-to-one basis - by word-of-mouth which has always proved to be the most effective recruitment method in volunteering - there will already be an understanding and a receptive mind-set to ensure a positive response.

So we need... ambassadors of volunteering who will then go out and draw people into the field and show them it's not something that's going to take over their lives, but rather add to their lives.

The message should come from someone to whom the prospective volunteer can relate:

I think the best way that you're going to get a response is with actual people. You'll see something {poster} in the hall and you'll just kind of think about it, you don't actually go through with it. It's a lot different when you can relate to something or in some way actually understand it through the kid's eye experience.... It hits you a lot harder than just reading a poster.

Promote volunteering through the schools. Make it part of the curriculum to give students a 'kick start.'

The people that are here all got involved through school, right? The first time you go out I think then you decide if you're going to volunteer or not. I think you need that push in the beginning. Like, make it part of the curriculum or something like that.... Once you get them out there because they have to be out there, then they see what it entails and you want to do it more.

3. Government Commitment

Participants saw very clear reasons for the government to support volunteerism - to promote, to educate, to provide training funds, enabling funds, to provide the resources needed within the volunteer movement - so that the potential in volunteerism can be maximized:

If it wasn't for the volunteers those programs wouldn't exist. So if you could sell it to the government that if they sponsor advertisements asking for volunteers then it's going to save them money to put on programs to help the public in general, not just seniors, but the public in general, it would be a selling feature.

Perhaps in some sort of a plan, if the government is serious about this and wants to kick in some funds, there might be some training sessions for organizations who want to include volunteers with disabilities so there are {staff} there that make it possible for that {volunteer} to function at their optimum.

The other thing is if somebody is willing to come out and make that time commitment - and they have done numerous studies and found that volunteers provide X number of dollars worth of service to the government or government agencies - there should be some sort of tangible, financial something back in terms of tax cuts, transportation grantsso that people who are on fixed incomes do at least get a tangible {reimbursement}.

There are lots of volunteers on fixed incomes - unemployed,seniors, maybe there could be transportation breaks for these people.

4. PARTICIPaction Expanded

A specific suggestion regarding how governments could promote volunteering surfaced many times in the focus groups. Its merit rests in the fact that it is a logical extension of an already existing program:

{The government} puts out the advertising - 'PARTICIPaction, get involved, exercise for better health' - and the end product that they're hoping for is that people will be healthier, will need less health care, will be more productive members of society, will contribute and so on. Then maybe this {volunteering} needs to be incorporated as part of that PARTICIPaction. Not just fitness, not just getting out there and jogging, etc., but part of your PARTICIPaction in terms of your

health is volunteering. Part of your fitness, your mental fitness, wellness.

What if you were to turn on your T.V. and in the *PARTICIPaction* ad, instead of having someone jogging along had someone going in to volunteer. *PARTICIPaction* can be a much larger thing than just physical.

I think it would be an interesting thing if you did write about *PARTICIPaction*. Let's explore the possibility of working with a program that is already in place and successful. Volunteering is a natural outgrowth.

5. Placement Development

Volunteer placements need to be tailored to the needs, interests and limits of all prospective volunteers. Positions which need to be done during the day will not be attractive to those who work 9 to 5. Positions that offer little supervision, support, or training will not appeal to volunteers with low self-esteem or little self-confidence. This is true in general terms and even more relevant for volunteers with 'special needs.' But this requires extra effort on the part of Managers of Volunteers who are almost always stretched to their limits already.

Most {volunteer positions} involve going to a centre or going to a place. The kinds of jobs available in the home are definitely in the minority. There is a need to develop those kinds of opportunities for people who are less able, because of health reasons, to get out to volunteer.

It depends on the agency as well - on the time and resources they have available to tailor make a position for someone. Is it going to be of enough benefit to them to spend the time making this special position?

Sometimes the difficulty I think is finding a placement for people with various disabilities. We can handle in some cases physically disabled - in the office - a wheelchair you have to worry about providing the right desk at the right height, that sort of thing. That's a difficulty. It depends on what that agency needs.

Our agency, because we work with people with a variety of disabilities, we assume we should be more caring, more understanding, we should be taking more time but you won't always find that in every agency. They want you to come in, they want you to have a certain skill and do it. So it requires patience on the part of the supervisor or the part of the administrator to take that initial time.

The expectation is that the person with the disability is expected somehow to adapt. And I think we would be better off strategizing about how to change work places so they are more accepting and more supportive.

To invite people who are disabled to become volunteers is extremely important but we can't do that very successfully unless we do the other things at the same time and make sure that when those people come to the front door there is training provided, there is support for the staff that are working with those volunteers, there {are} job descriptions. All these things need to be in place. ...

6. Supported Volunteering Programs

- a) In a recent study of Volunteer Centres across Canada, most centres reported a concern over handling the recent influx of volunteers with special needs. (Victoria Volunteer Bureau, 1991: 6)
- 6) In recognition that most 'special needs' volunteers require extra support, encouragement, or contact in order to become and stay involved, the notion of 'supported volunteering' has arisen.

A supported volunteer program can be operated at the Volunteer Bureau/Centre level and/or within an agency. Volunteers will receive added time and effort in placement development or selection, orientation, training, and supervision.

Typically the Volunteer Centre maintains a connection with a referring agent -a mental health professional, for example, in the case of a volunteer with psychiatric illness - to ensure that the volunteer is sufficiently able and stable to pursue volunteering ('volunteer-ready').

A three-year demonstration project at the Volunteer Bureau of Ottawa-Carleton reported good results in a supported volunteering program for individuals with mental health problems. (Volunteer Bureau of Ottawa-Carleton, 1990) The Victoria Volunteer Bureau also operated a supported volunteer program and clearly demonstrated its importance to the success of volunteer placements:

Of the volunteers with special needs that came to the Bureau in 1988 and 1989, 20% were successfully placed. With the Volunteer Access Project the placement rate is now 50% which is equivalent to the Volunteer Bureau's statistics for all volunteer applicants. It could be concluded that the reason for the improved placement rate is the increased support provided for both the special needs volunteer and the placement agency.

(Victoria Volunteer Bureau, 1991: 6)

In the case of the agency, the Manager of Volunteers must agree to accept special needs volunteers in the first place.⁸ She must be willing to explore and develop creative placements which meet the particular needs of volunteers. She must be willing to devote extra effort to training and supervision and to organizing or reorganizing workload requirements and the physical setting if and when necessary.

These programs require additional resources - financial and human - and are, consequently, rare. Where they exist, they constitute a viable and effective strategy to ensure the successful involvement of special needs volunteers. Focus group participants clearly confirmed the importance of supported volunteer programs.

b) Volunteers need a supported program:

The feeling was they needed that little extra support {Volunteers} would say "Doing it on my own, I don't know if it will work out. I think it might work out if I had that little extra support." So they were hesitant to do it on their own, would have liked the support...

In this situation, if she had been subjected, this particular {volunteer} - she was almost afraid of herself and afraid of the typewriter which was her own means of employment - if she had been exposed to a normal training and orientation - one that was not personalized for her - and {if she had not been} given the support she needed - she wouldn't have lasted one day there {in her volunteer placement}. She never would have gone back.

c) Managers of Volunteers need extra support from their local Volunteer Centre in such a program:

I'm very pleased that all of this is on the table because once we realize that support for volunteers is a valid issue, then maybe we can say 'How are we going to do that?'

If I were to say anything, I, as a placement person, feel even now - more so now - I feel I need more information. I need to know more about our {special needs volunteer}

⁸. The report from the Victoria project outlines several reasons why agencies may be hesitant to place volunteers with special needs. While the author grants that all of these concerns are valid, she also suggests that Coordinators of Volunteers sometimes overestimate the potential disruption individuals with special needs may bring to their programs. (Victoria Volunteer Bureau, 1991: 27)

who is still with us. What her medical condition is and how I should be responding because I don't know how I should respond to situations.

This is a case where an important thing is not only support from the Central Volunteer Bureau for the {volunteer} but support from the Central Volunteer Bureau for the placement person who has questions about what is the right way to deal with this.

d) The Volunteer Centre needs to work with the community to create and develop specialized volunteer placements, encouraging Managers of Volunteers to look at new and alternative ways of 'getting the job done.' And, the Volunteer Centre needs to develop elements of a supported program within its own operation including expectations of referring agents, referral guidelines, tailored interviewing and follow-up procedures, staff training, and closer relationships with placement agencies. This is how a Volunteer Bureau representative described the process for volunteers with mental health problems before the Bureau had a specialized, supported program:

The individual would come into the Volunteer Bureau, whether they were referred by a professional or just dropped in, and the staff at the Volunteer Bureau didn't know what to do with them - they didn't know what to do, they were frightened, they knew something was different but they didn't know what - all the usual. A lot of these volunteers went to agencies.... and the Bureau got feedback from agencies - 'This is not working out.' What would happen is that the volunteer would be rejected from the position, would have a negative experience. It wasn't working. There's got to be a way to integrate people, but it can't be done with the mainstream process.

The Volunteer Bureau/Centre requires that important connection with the referring agent:

There had to be some statement from someone that this individual - someone had to take the responsibility for saying this individual - is stable enough that they can go into the community so that we could then say to the placement people 'Yes, we have that confirmed.'

The preceding is by no means an exhaustive discussion of strategies that would facilitate greater involvement in volunteering by the general public or by individuals of selected target populations. A great deal of work is required to explore such strategies and to propose specific plans and objectives for action. It is hoped, however, that the above discussion will help to point future work toward the areas where effort is required.

CONCLUSIONS

Volunteering is a health promoting activity for those persons engaged in it. This fact is grounded not only in the day-to-day life experience of volunteers themselves, but most recently, in medical, psychological and epidemiological research.

The ways in which voluntary action can enhance health, increase vitality and longevity are complex. For example, volunteering can:

- * overcome social isolation
- * reduce life's stresses
- * increase personal empowerment
- * boost immune system and nervous system functioning
- * increase endorphin production resulting in greater feelings of well-being and calm
- * generate a heightened sense of self-esteem, self-worth, and self-confidence
- * reduce heart rates and blood pressure
- * provide the motivation for physical activity, mental alertness, and, perhaps, even rehabilitation

At present, approximately 27 percent of adult Canadians volunteer. Given the urgent need for more volunteers, the cost effectiveness of volunteer-based service delivery and the returns to volunteers themselves, there exists a strong case for the promotion of voluntary action in this country.

Inclusion of voluntary action as a health promotion strategy makes most sense in light of recent scientific research which proves that the move to volunteer is, indeed, a healthy lifestyle choice.

Encouraging greater numbers of citizens to volunteer must take into account that a range of barriers currently exist which serve to discourage or prevent volunteering. These barriers are numerous and substantive and require further exploration and understanding before successful promotional and educational activities are undertaken.

Ultimately, those who would work to encourage volunteering, particularly among members of selected target groups of persons who might benefit the most from volunteering, must recognize that some of the most significant obstacles exist where the greatest good could result. Certain populations need extra time and effort in the interview, placement development, placement, orientation, training, and supervision processes of volunteer management. The

need for 'supported' volunteer programs for such populations is clear.

That such efforts will require resources should be self-evident. However, many at administrative, funding, and decision-making levels still take volunteering for granted and incorrectly assume that 'volunteering' is synonymous with 'free.'

Certainly the case for the promotion of volunteering is sound, but the health enhancement potential in voluntary action will only be maximized when the complexities of volunteering itself are both fully understood and appropriately funded.

Health promotion stands for the collective effort to attain health. Governments, through public policy, have a special responsibility to ensure basic conditions for a healthy life and for making the healthier choices the easier choices.

(Kickbusch, 1989: 4)

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APPENDICES

APPENDIX A

FOCUS GROUP QUESTIONS

1. HOW LONG HAVE YOU BEEN VOLUNTEERING?
2. WHAT KIND OF VOLUNTEER WORK DO YOU DO RIGHT NOW?
3. WHY DO YOU VOLUNTEER?
4. DO YOU THINK YOU GET ANYTHING BACK FROM VOLUNTEERING?
5. HOW DID YOU FIRST GET INTO VOLUNTEERING?
6. WAS OR IS THERE ANYTHING THAT MAKES IT HARD TO VOLUNTEER?
{OR, COULD YOU SUGGEST SOMETHING THAT WOULD MAKE YOUR VOLUNTEERING EASIER?}
7. YOUR {TARGET GROUP} FRIENDS WHO DON'T VOLUNTEER
 - WHY DON'T THEY?
 - WHAT DO THEY THINK OF VOLUNTEERING?
8. AGENCY REPS, DO YOU THINK {TARGET GROUP} VOLUNTEERS ARE HARDER TO WORK WITH OR HARDER TO INVOLVE IN YOUR PROGRAM?
9. WHAT COULD BE DONE TO MAKE VOLUNTEERING EASIER? AND WHO SHOULD DO IT?
10. ANYTHING ELSE TO ADD?

APPENDIX B

VOLUNTEER ONTARIO - HEALTH PROJECT PROCEEDINGS FROM FORUM

EXCERPTS ONLY

DATE: October 24, 1990

LOCATION: Volunteer Ontario Headquarters

PRESENT: Jan Siim [Hamilton], Gilda Good [Ottawa], Joan Oliver [Timmins], Jean Smith [Etobicoke], Lorraine Street [Milton]. Margaret Stanowski [Volunteer Ontario Executive Director], Linda Graff [Consultant].

1. BARRIERS WITHIN VOLUNTEER CENTRES

- limited resources:
 - staff to interview, work with referral agents, work with and educate agencies, develop placements, follow-up, manage the program
 - staff training - sensitization, disabilities, interviewing, assessment
 - program overhead costs - equipment, space, supplies etc.
 - some Centres are not physically accessible
 - specialized promotion
- need for Volunteer Centre (V.C.) Board training in "special needs" volunteering to develop commitment
- low profile of V.C.'s in their respective communities
- current funding structure may mean having to go to different sources for different special needs target groups
- current funders commitment to two thirds funding makes it difficult to raise the other third - United Way restrictions, time to fundraise, competition for shrinking charitable dollar etc.
- not worth extra investment in interviewing and placement because they may not stay as volunteers
 - particularly the unemployed

2. BARRIERS COMMON TO ALL TARGET GROUPS

2.a WITHIN THE VOLUNTEER

- low self-esteem/self image among all target populations - "I have nothing to offer," 'I'm not productive any more'
- don't know they can contribute, that they can make a difference
- have abilities and talents they are not aware of
- different priorities or pressures - eg. youth need to make money; unemployed need to find a job etc.
- may need enabling funds - transportation, meals, day care, uniforms, etc.
- may need short term positions

2.b ABOUT VOLUNTEERING

- perceptions/stereotypes of volunteering pose barriers to involvement - volunteer work is not important, is peripheral, is not direct enough
- don't know that there is a wide variety of volunteer work available and that there likely is or could be a volunteer position for them
- don't know that volunteering offers many rewards - eg. seniors say "don't ask me, I've done my bit," not realizing that they can gain from the experience of volunteering; unemployed don't know that job skills and resume points can be gained

2.c WITHIN AGENCIES

- special needs volunteers pose greater liability risk
- positions suited to the needs/limits of special needs volunteers may not be available
- may take more time or require more resources to interview, screen, train, place, supervise, and support
- agencies don't have resources/creativity/will to redesign volunteer positions for special needs volunteers

- Managers of Volunteers don't have the expertise, skill or training required for interviewing, selection, placement, supervision of special needs volunteers
- agency staff and/or clients may be unwilling to work with or uncomfortable being around "unusual"/different volunteers

2.d OTHER

- volunteers may be referred, not really wanting to volunteer
- there are many other attractive options to volunteering - spare time, recreational, personal growth opportunities
- target groups have only limited time available for volunteering (seniors in Florida for winter, cottage in summer; youth after school; disabled available only when transportation is available; unemployed after meeting job search requirements, etc.) and:
 - volunteers don't know there are short term positions available
 - there aren't enough short term positions available
 - there isn't enough flexibility in the scheduling of volunteer positions to accommodate such time restrictions
 - V.C.'s don't advertise availability of short term positions

3. BARRIERS WITHIN VOLUNTEERS BY TARGET GROUP

3.a PHYSICALLY DISABLED

- each case is unique - each has special limits, different needs, different levels of ability - more work required by V.C. to interview, assess, develop placement, locate proper match, follow-up; greater sensitivity needed by agency to explore abilities, needs, limits case by case
- physical barriers at the V.C./agency level may be prohibitive, discouraging
- may require extra help while volunteering - eg. help through doors, interpretation for hearing impaired at meetings, etc.
- may require positions with short shifts due to physical needs
- transportation, to/from volunteer work - schedules not convenient, wait may be long, cost is greater than public transit

- volunteer may feel awkward, embarrassed, may need extra support
- volunteer may feel subject to tokenism

3.b SENIORS

- climate - too hot, too cold, ice can pose discomfort and/or danger
- fear/security - muggings etc.
- attitudes of others - condescension
- need for prestige
- may have outdated notions, stereotypes of what volunteering is
- may have elderly partners/peers to care for, limiting available time
- need time to socialize in their volunteer work
- seniors need a slower pace - the way you walk, talk
- inability to handle lots of information - "overload"
- perception that volunteer work is equivalent to social/recreational club and can fill those same needs
- declining ability - perhaps don't acknowledge that they are more limited than they were in the past; their abilities may decline over the course of their volunteer work and placement adaptations may be in order
- don't know that volunteering offers many rewards - eg. "don't ask me, I've done my bit," not realizing that they can gain from the experience of volunteering, that they can make a difference
- tendency to become more rigid in habits, thinking, or the tendency to ignore policy with increasing age may make seniors less attractive as volunteers in some positions
- too much time, dedication to volunteering (want to volunteer full time) can be disruptive - "try to take over jobs, replace staff or other volunteers"

3.c UNEMPLOYED

- fear/threat of loss of Unemployment Insurance (UI) benefits as some UI Commission staff incorrectly interpret regulations to clients
- need positions that can be left if paid employment is found
- may sometimes have a lowered commitment to volunteering as they are "just putting in time" until they get paid work
- unrealistic expectation that volunteering will lead to paid work
- unaware that letters of reference can be obtained from volunteer work
- attitudes of others - unemployed "have bad attitudes," "have poor work habits," "could work if they looked hard enough"
- don't feel much like giving when they're down about being unemployed
- lack understanding that skills are transferable - from previous work to volunteer work, or from volunteer work to paid work
- not motivated to work at all - paid or unpaid
- entrenched seasonal unemployment in some communities results in attitude of working for six months and doing nothing (or drinking) for the other six months
- out of the habit of getting up and getting out
- may feel isolated, alienated, immobilized, despair
- feel worthless since our culture defines individual worth by what one does for pay, how much one is able to earn

3.d PSYCHIATRICALY DISABLED

- uncertainty of ability
- lack of knowledge of possibilities
- third party referrals can sometimes be coercive "my therapist said I should volunteer"
- previous bad experience in paid work force or in public may discourage

- need: good support, awareness, good supervision, very careful matching
- therapists don't know what else to do with client and "dump" them into volunteering
- real limits - hear voices, fears, inability to deal with stress
- "non-formal" referrals and "drop-ins" mean full information is not available to V.C. or agency
- require skilled interviewers at V.C. "I had a client who threatened to commit suicide in my office because they thought they could do more.."
- grandiose notions of volunteering
- V.C. personnel are not trained to assess abilities/illness
- need low stress, high supervision, simple etc. positions - every one is unique, with own special needs
- medication can be an issue - some may go through stages of reactions to meds as meds are adjusted
- may need to go for treatment, into hospital etc. - may need to be away from volunteer position

3.e YOUTH

- "what can I do?" particularly for very young volunteers
- peer pressure, "not cool"
- pressure to make money, more paid jobs available for youth
- never been asked, don't know they can contribute, make a difference, be a local hero
- forcing students to "volunteer" as part of course work can "taint" volunteering
- placements through schools often not managed well and students get warped notions of what volunteering is all about
- perceptions of others - youth are relatively limited by age and experience, need high supervision, pose greater liability risks,
- positions may not be available that suite the experience, expertise or maturity levels of young people

- no acknowledgement within schools of the volunteer work that youth do (eg. students often volunteer to help peers or younger students), or that youth could do inside school or in groups outside of school
- different priorities/demands on time - school, extra curricular activities, friends, paid work, personal and family commitments
- absence of opportunities for families to volunteer together
- cultural pressure/programming of kids - taking range of lessons, engaged in all kinds of programs
- seeing parents overburdened or over extended by volunteer work - perception that volunteer work is too demanding, or that the kids themselves end up being neglected because of volunteer commitments of parents
- don't see possibilities for spontaneity, creativity - eg. to do things they can think about and decide to do; perception that volunteering is formal, programmed, organized
- youth being alone and being angry, feeling middle class neglect, pressures of economic need
- may require special, additional training
- physical/safety risks - fear of attack, swarming,
- should youth be alone on volunteer duty,? go home alone?
- don't know that skills gained in volunteering are transferable to paid work/career goals

4. BARRIERS WITHIN AGENCIES

4.a UNEMPLOYED

- attitudes working against the unemployed
 - won't give a long-term commitment, just passing through
 - see them as failures
 - see them as not having skills
 - think unemployed volunteer should be happy to take any volunteer position
- staff in agencies feel threatened by presence of unemployed
- don't think of volunteers as short term workers

- too much investment in unemployed volunteers for short term return - cost benefit balance not in favour of unemployed volunteer
- lack of vision by agencies that investment in volunteer training is an investment in community leadership even if volunteer leaves position
- certain volunteer needs/motivations are more acceptable than others eg. a homemaker getting back into the workforce is ok but an unemployed person seeking a job is not
- agencies don't acknowledge the importance of offering good letters of reference

4.b PSYCHIATRICALY DISABLED

- lack of knowledge about abilities
- shortage of staff to offer extra supervision
- facilities may not lend themselves to sufficient space, quiet
- agencies reticence to take on psychiatrically disabled volunteers, sometimes for good reasons (psychotic episode in my office), often for not so good reasons
- "lowers image" of agency to have psych patients in the agency - eg. Board member asked for removal of volunteer receptionist
- lack of information about volunteer's diagnosis, limits etc. particularly with volunteers not formally refereed
- restrictions on ability to ask for complete information (Human Rights etc)
- lack of information/expertise re various mental illnesses
- perceived less reliability
- think they "won't fit in" - different, unknown
- difference in the quality/nature of social interaction
- personal hygiene
- agency "image" to maintain

4.c SENIORS

- attitudes working against seniors
 - seniors have diminished abilities
 - behind the times
 - too conservative
 - too rigid
 - won't follow policies, procedures
 - unwilling/unable to deal with new technology
 - moralistic
- "snowbirds" don't fit scheduling needs of positions
- unwilling/unable to commit time to seniors who need extra socializing time
- stairs and other physical barriers
- seniors' abilities may decline and agency may not be sufficiently flexible to accommodate changing needs, limits

4.d YOUTH

- attitudes working against youth
 - lack of skill, experience
 - need to start at the bottom
 - less commitment
 - less responsible
 - second class volunteer, acceptable only because of shortage of adults
 - suspicious of motives
- under age
- agency client resistance to work with youth
- lack of understanding of social needs of youth
- appearance (pink hair)
- not considering individual merits, uniqueness of each
- resentment of youth
- limited number of short term, one-shot, or group positions

4.e PHYSICALLY DISABLED

- appearances

- physical accessibility, physical space adjustments
- need for extra support - pick up dropped items, can't get own coffee etc.
- discomfort with disability
- physical disability equals mental disability
- lack of knowledge of various disabilities and their effect
- inconsistency in transportation arrangements may reduce availability, reliability

5. BARRIERS WITHIN REFERRING AGENTS

(schools, CEIC, UIC, Vocational Rehab, therapists, families, churches)

- ignorance of
 - V.C. services, roles, limits
 - volunteering
 - requirements of volunteers
 - matching process and time required
- "dump" clients into volunteering for lack of other alternatives
- no sense of "volunteer ready"
- not honest about "volunteer ready"
- look to volunteering as a "cure all"
- volunteering should be happy to take anyone
- not available for consultation, follow up
- confidentiality limits available information
- volunteer work as respite relief for care giver
- misinterpretation of regulations by UIC staff