

WORKSHOP SUMMARY REPORT AND PROCEEDINGS

"EXPLORING THE NEW WORLDS OF VOLUNTARISM"

A Workshop for Directors of Volunteer
Programs in Health Facilities and Community
Agencies

Substantially Financed through Title I
of the 1965 Higher Education Act

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" EXPLORING THE NEW WORLDS OF VOLUNTARISM "

A WORKSHOP
for
DIRECTORS of VOLUNTEERS
in
HEALTH CARE FACILITIES
and
COMMUNITY AGENCIES

Conducted by
CENTER for the STUDY
of VOLUNTARISM

School of Social Work
University of Maryland

In collaboration with
THE MARYLAND COUNCIL
OF DIRECTORS OF
VOLUNTEER SERVICES

November 10, 11, and 12 1969
Holiday Inn, North
Baltimore, Maryland

Substantially Financed by a Title I Grant
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Higher Education Act of 1965

PREFACE

Voluntarism in 1969 clearly reflects the violent changes and upheaval in our society. The middle-class white female suburban volunteer is no longer the only type of volunteer worker needed or actively participating. The horizon for volunteers has expanded a thousandfold in recent years to include activities never before undertaken by large numbers of volunteers. The volunteers themselves are being drawn from many new groups - the young, the elderly, the poor, the minorities - whose own personal benefits from the experience are as important as their contributions to those served. Volunteer programs increasingly reflect the changes occurring within the communities and the population groups of this country.

Many directors of volunteer programs are becoming more and more aware of the significance of social change and the impact of change on their programs. This growing awareness began to be expressed in terms of concern about what might be done. Expressions lead to action and the result was the development of a proposal that there be a workshop about social change and how it relates to voluntarism.

A Workshop titled "Exploring the New Worlds of Voluntarism" was held on November 10, 11 and 12, 1969. This Workshop was conducted by the Center for the Study of Voluntarism of the University of Maryland School of Social Work in collaboration with the Maryland Council of Directors of Volunteer Services. Substantially financed through Title I of the 1965 Higher Education Act, the Workshop sessions were held at the Holiday Inn North, Towson, Maryland. Most of the participants were from Maryland communities and the District of Columbia, and included directors of volunteer programs in hospitals, OEO community action agencies and community organizations. (See

list in Appendix). The Workshop reflected the increasing professionalism of the directors of volunteer services. Although voluntarism is as old as humanity itself, as a profession it is in its infancy.

Although official registration of participants totaled sixty, as many as eighty persons attended some of the workshop sessions. The Workshop provided a good opportunity for those in attendance to meet and talk with colleagues from a wide variety of institutional and organizational settings. Each participant was provided a take-home kit which consisted of a selected group of articles on changes in voluntarism, the major thrust of the Workshop.

ACKNOWLEDGEMENTS

The November Workshop was a cooperative effort. The chairman of the Workshop Planning Committee of the Maryland Council of Directors of Volunteer Services was Mrs. Vivian Raskin, Chairman of Volunteer Services at the University of Maryland Hospital. Members of the hard-working committee were Mrs. Jennie Jenkins, Volunteer Services Supervisor, Baltimore Community Action Agency; Mrs. Vivien Ross, Director Department of Volunteer Services, The Johns Hopkins Hospital; Mrs. Sylvia Scherr, MCDVS President and Director of Volunteers, Sinai Hospital; and Mrs. Jessie Sweeley, Coordinator of Volunteer Services, Sheppard and Enoch Pratt Hospital.

An excellent panel of reactors served, following the Tuesday morning General Session of the Workshop. We are indebted to Mrs. Betty Blackburn, Director of Volunteer Services, Rosewood State Hospital; Mrs. Jennie Jenkins, Volunteer Services Supervisor, Baltimore Community Action Agency; Mrs. Marlys Kreckow, Director of Volunteer Services, Prince Georges General Hospital; George A. Seymour, Executive Director, Big Brothers of Baltimore.

The discussion leaders were members of the faculty of the University of Maryland School of Social Work. Serving in this capacity were George Beschner, Godfrey Frankel, Dr. Harriet Haas, Patrick McCuan, Dr. Aina Nucho, Leonard Press, Dr. Leonard Simmons and Dr. Harriet Trader. Their skillful performances contributed to the success of the Workshop.

Capably presiding at the General Sessions were Mrs. Vivian G. Raskin, Chairman, Department of Volunteer Services, University of Maryland Hospital;

Mrs. Willia Bland, Director of Volunteer Services, U.S. Public Health Hospital; and Mrs. Rae Smith, Director, Department of Volunteer Services, Church Home and Hospital.

The General Sessions were highlighted by four outstanding speakers who are individually recognized in another section of this report.

We are also indebted to all of the participants who individually and collectively created an atmosphere of interest and enthusiasm within the Workshop. Their positive participation ensured the success of this experimental venture.

Baltimore, Maryland

December 1969

Stanley Levin

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THE OBJECTIVES AND FORMAT OF THE WORKSHOP

The primary aim of the Workshop was to examine the changes that have occurred and are occurring within volunteer programs. Participants were given the opportunity and extended time to discuss specific concepts and problems of direct significance to their own programs. Examples of the issues posed were the providing of uniforms by the institution, staff-volunteer relationships, reimbursement of volunteers, recruitment from new sources, the effect of unionization and the utilization of paraprofessional personnel.

Four major speakers addressed the General Sessions: Dr. Bertram S. Brown, Deputy Director, National Institute of Mental Health; Donald G. Shropshire, Administrator of the Tuscon Medical Center; Mrs. Margaret Duffy, Executive Assistant to the Eastern Area Chairman of Volunteers, the American National Red Cross; and Stanley Levin, Director of the Center for the Study of Voluntarism.

The program format was organized into four components. On Monday evening the theme, set by Dr. Brown, was voluntarism's changing and meeting of new conditions in a rapidly changing world. Tuesday morning some of the changing socio-economic conditions were described and analyzed by Mr. Shropshire. Following the speaker four Workshop participants reacted with concerns of their own as well as to issues raised by Mr. Shropshire. Tuesday afternoon was devoted entirely to small group discussions in which the speech and other subjects of interest were pursued. On Wednesday morning, acknowledging the theoretical analysis of the changing situations, the speaker, Mrs. Duffy, considered the questions: What do we do? Where do we go from here? Following this presentation the participants again met in small groups to continue their discussions. Wednesday afternoon began with a general session which included reports from these groups by assigned recorders. This was followed by an open discussion including a

question and answer period. Later Wednesday afternoon Mr. Levin, the final speaker, proposed that voluntarism can serve as a unifying force and as a vehicle for reducing the trend in our nation toward racial and economic polarization.

An evaluation form was distributed at noon on the last day of the Workshop to help analyze the value of this Workshop. All persons present were asked to complete the form by the conclusion of the Workshop. A quick reaction was requested. Fifty evaluations were returned. By design, a number of the questions on the evaluation form were open-ended to give participants a chance to express themselves more spontaneously and, hopefully, in greater personal detail. The responses of participants are tabulated in the Appendix of this report. Certain of the open-ended questions eluded numerical values and are therefore described narratively. It is planned to measure long-term value and effects of the Workshop by sending another evaluation form to participants at a future time.

EVALUATION OF THE WORKSHOP

A copy of the evaluation form and specific data tables are presented in the Appendix. Because of the small number of evaluations, results are given in figures rather than in percentages. The following is a summary of the responses on the returned evaluation forms. Due to the fact that some people did not answer all of the questions and that some people gave two different answers to the same questions, figures will not always add up to the same total.

Twenty-nine participants listed the discussion groups as what they liked best about the Workshop. They also reported that sharing experiences with other people facing similar problems was very meaningful. Fourteen respondents indicated that the best aspect of the Workshop was a specific speaker (or speakers).

In response to the question asking what they liked least about the Workshop, twenty-six said that the discussion groups had elements which they did not find satisfactory. The groups were seen as too large, too superficial, as having an unsuitable structure or poor leaders, and/or as being too social-work oriented. Four people stated that the physical facilities were poor. Four felt that the speakers were the least desirable feature. One evaluation said that ~~the~~ recorders' reports were poor. Seven listed the whole Workshop program as too superficial.

Thirty-nine participants recorded interest in having another workshop. Such a future workshop should include more specific information relating to each respondent's own responsibilities, e.g., recruiting, coordination of volunteers in a community, or some other particular assignment. Nine participants were not interested in another workshop. Some objected to being grouped with predominantly similar institutions. Others were disappointed with the group discussion sessions. One participant felt that there was no need for a follow-up to the Workshop because it had been complete. Another objected because there had been no speaker from the mental health field. One particular objection referred to the lack of any discussion of the University and/or the students.

There were forty-five answers to the question: What information or ideas had been obtained from the Workshop? The answers fell into several general areas. A large group of answers indicated that the respondents had received technical information on such subjects as: the possibility of cooperating with other agencies; relationship between staff, volunteers and directors; administrative procedures; communication; involving the volunteer in a meaningful way; recruitment. Another group of answers indicated a growing awareness of, and the necessity to respond to, social change. Individual comments referred to the need to involve all segments of the population (minority groups, the young and the elderly), and the consideration of ways to make this possible (paid parking fees, free uniforms, free lunches). The participation of volunteers in OEO community action agencies and social service agencies was recorded as significant. A third group of responses reflected the need to involve the local neighborhood in the volunteer programs and to strengthen relationships between institutions and the people residing nearby. A fourth group of answers indicated an awareness of the need for directors of volunteer programs to look critically at themselves and their relationships with their agencies or institutions.

As a result of the Workshop, twenty-five of the participants decided that they would take a closer look at their programs and needs, and seek to strengthen communication with everyone involved in volunteer programs, including individual volunteers, other agencies and the community at large. They felt they should try to implement some of the new ideas in keeping with new trends. Three respondents indicated that they would try to work with the neighborhoods immediately adjacent to their institutions. One person expressed plans to

look for new financing. Ten participants felt they could change very little, if anything, about their programs because they were projected, new or circumscribed by regulations.

In response to the question about the numbers of persons with similar responsibilities they had met for the first time, answers ranged from zero to fifty. The average was seven and one half. Many of the participants had known each other prior to the Workshop.

In response to the question about the number of persons the participants were able to speak with through organized Workshop sessions or informal activities, the range of answers was zero to sixty. The average was fifteen and two-fifths.

As can be seen by the tables, each section of the program received high rating with the exception of the panel of reactors. It should be noted that attendance was lowest for the reports by group recorders and for the last speaker. This decline in attendance is reflected by lower numbers appearing in responses to question seven.

In response to the question about the most serious change being experienced by their volunteer programs, nineteen people either did not answer, or indicated their programs were too new or that the question did not apply to their situation. Many identified a serious change as the need to give more personalized services to larger and different groups of people (patients, clients) through the participation of a wide variety of volunteers (young, black, elderly, nonprofessionals). Others reported changes in the use of financial assistance, in the changing nature of their neighborhoods and in the need to develop flexible structures based on neighborhood groups. Using new methodology for training and changing

staff attitudes was also reported.

One question asked if the Workshop helped the participants to understand or deal more effectively with change. Thirty-nine responded yes; twenty-one responded no.

These respondents were asked if they would plan to revise or change their volunteer program, or particular procedures, as a result of this Workshop.

Eighteen answered yes; twenty-three answered no. Those who felt they would change something indicated that they view this as a continuing process. They want to implement some of the new ideas obtained during the Workshop: who is a volunteer? who pays the expenses of the volunteer? how do we expand recruitment? what are the roles of Volunteer Advisory Committees? how do we evaluate each volunteer? how do we get out into the immediate neighborhood and develop leadership among volunteers?

Some of the participants who stated that their programs will not be revised may supervise a very small group of volunteers or direct as progressive a program as is possible at this time. One respondent stated that the control of the program is in the hands of volunteers and would not be amenable to change by the director. Those who felt they had gained no information based this response, in some cases, on the fact that their programs were operating without major difficulties. Others stated as the fault of the Workshop: that it was too general, presented no new ideas or ideas not related to the participants' specific interests.

There were a number of suggestions for ~~the~~ improvement of the Workshop. Some respondents wanted more specific information including one request for personnel management. Other responses proposed longer general sessions, improved

format for the discussion groups, different speakers and moderators from the volunteer field (rather than the social work profession). It was suggested that it would have been helpful to have had volunteers participating in the Workshop. Two people wanted more emphasis on mental health institutions. One person was disappointed that rural problems were not discussed. Several felt that the Workshop was geared too strongly to the hospitals. Three persons indicated complete satisfaction.

Another question listed nineteen attitudes about the Workshop as a whole. Forty-four check marks indicated satisfaction with the Workshop and thirty said that it had merit. Forty answers indicated some disappointment in the Workshop. No one felt that it was uninteresting, that nothing had been learned or that it had been a waste of time.

The evaluation reflected the heterogeneity of the participants. For example, well established and large hospital programs can be viewed at one end of the spectrum and the OEO community action agency programs at the other. There were people representing agencies in which volunteer programs are new or about to be established. Large and small programs were represented. There were directors from urban and rural communities. While this may have produced some lack of interest on the part of those responsible for large, well established programs, it also made for a lively exchange of ideas.

EXPLORING THE NEW WORLDS OF VOLUNTARISM

Meaning of Recent Changes and Future Trends

A Talk

By

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At the Workshop on Exploring the New Worlds of Voluntarism
Center for the Study of Voluntarism
Baltimore, Maryland
November 11, 1969

References and Recommended Reading:

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- b. THE GRADUATE EDUCATION OF PHYSICIANS; Report of the Citizens Commission on Graduate Medical Education; American Medical Association, 1966.
- c. THE IMPACT OF CHANGING MEDICAL PRACTICE ON HOSPITAL ADMINISTRATION: Health Affairs Symposium Proceedings; Graduate Program in Hospital Administration; University of Chicago.
- d. HEALTH SERVICES IN A LAND OF PLENTY; Owin W. Anderson, PhD.; Health Administration Perspectives, No.A7; Graduate Program in Hospital Administration; University of Chicago.
- e. PROCEEDINGS 2ND NATIONAL VOLUNTARY HEALTH CONFERENCE; Council on Voluntary Health Agencies, American Medical Association; 1966.
- f. SOCIETAL DEMANDS ON THE VOLUNTARY AGENCY; Richard O. Stock; Social Casework; January, 1969.
- g. THE VOLUNTARISM PROJECT: An Interim Report; Frank Hertel; Community; March-April, 1968. (Voluntarism Project of the United Community Funds and Councils of America).

Directors of volunteers, especially among hospitals, are among my favorite people. I guess I feel very close to them because I know of no more hazardous careers than for hospital administrators, football coaches, and directors of volunteers. We have a wild life to lead sometimes.

I really cannot claim valid qualifications for being on this platform. I think of the time when one of our physicians went home dead tired at the end of an extremely busy day, absolutely pooped. He took a quick shower, jumped into bed, and told his wife, "I just don't think I can see or talk to another patient until I get some

rest." "If that phone rings during the night, you take the call and sort of repeat back what you're hearing on the other end, and then I'll whisper to you what to tell them so you can take care of the problem for them." And, sure enough, the phone rang. His wife answered and followed his instructions, permitting him to respond softly so she could answer the other party. Finally the conversation came to an end and the party calling said, "Mrs. Conrad, I'd like to know just one thing further: is that man who seems to be in bed with you, fully qualified?"

I do not feel fully qualified, but I am going to try to throw out a few things for you to think about as you contemplate the recent changes and future trends in voluntarism. Later, when you get back home, look up some of the references listed above. They have had much impact on my thinking, and I believe you will also find them helpful.

Perhaps there is one overriding message which I wish to leave with you today; that is, voluntary health and welfare agencies and institutions are social institutions--products of the public need. Being a part of society, these must reflect social changes. To be effective, as Dr. Edwin L. Crosby suggests, they must be responsive and responsible.

So let's look at the changing scene and some of the effects on us and our work.

US

Looking at ourselves, we see that there are more of us. In 1900 we had 76,000,000 people in this country, and by 1960, the figure had increased to 181,000,000, more than doubled in 60 years. In

1969, we have about 200,000,000+, an increase in 9 years of 19,000,000. By 1980, the predictions are for about 240,000,000 people in this country.

And the greater number of us are on the extremes of life. In just five years from 1965 to 1970 the age group from 20 to 24 years increased by 25%. And the next fifteen years, we will have 21,000,000 women between the ages of 20 and 29. We have about a third more teenagers today than ten years ago, and for each person in the 25-30 year category, there are two in the 0-5 year group. As you can see, this is going to be a youthful society, influenced by the attitudes and motivations of our youth. Someone said that there is only one thing wrong with the younger generation: a lot of us don't belong to it anymore!

At the other extreme of life, we are finding increasing numbers. In 1960 the 65 years-plus group represented 8.7% of the population. Nine years later in 1969, it represents 10% or about 20,000,000. I regret that there are no figures available for the awkward age, when you are too old for income tax exemption and too young to claim social security. This age composition of the population influences the demands on what we are to deliver, and the effects on our supply of potential personnel in the voluntary efforts with which we are concerned.

We are a mobile people, too. It is like a game of upset the fruit basket, with more playing. We are told that one in five families are on the move. We have seen the tremendous shift from rural to urban areas. In 1900, 40% of our people lived in urban areas; in 1960, 70%. And this urbanization is creating some interesting things.

Recall some of the lethargy you have seen in suburbia. Or the hopelessness of the ghettos and slums. In the cities, we have seen the highrise "monastaries" in which lonely people have simply removed themselves from the rest of life. Have you ever tried to get to some of these folks? They are so electronically protected that you cannot get anywhere near. You are lucky to reach them through the United States Mail.

Yet we are better educated and better informed. We have a greater variety of skills in jobs for men and women. There are greater choices, and we are better prepared to accept those choices.

The mass communication media has created in us awareness and expectation. This has probably been a significant influence in some of the attitudes, concerns, motivations, desires, and priorities of our younger people. My eight-year old son has never seen a day when there was no television available. He is undoubtedly being influenced, and I often wonder in what direction.

INDUSTRIALIZATION

Let's look at the industrialization and unionization of our society. On one side, it has created great affluence, and on the other side, abject poverty. For the lucky ones, the convenience products of cars, homes, foods, gadgets have given us pleasure and time; for the unlucky, they are to be seen, but not touched. Some of us have leisure time because of job benefits and modern conveniences; for others, the leisure time is there because there is no work. And time available applies to teenagers as well as to adults. Prepaid health care plans have given most of us expert help when we needed it, and employers have greatly assisted us in meeting family health needs. But for some, health care is crisis oriented and the door to the system is a confused one even when there is assistance available.

But you don't have to be from a poverty area to have trouble finding your way into the health system of this country. You can just move from Baltimore to Tucson with a comfortable salary, and care is so specialized it is difficult to know just where to turn for help.

Industrialization has affected us in other ways. Take a look at our full employment policy, the increased division of labor, and technical complexity. We may have moved in all this to a perception, as Anderson suggests, of personal services with less relative attractiveness, especially as these services relate to direct body care. Haven't we seen this as we have sought to recruit people to meet these needs? Some of us wonder about whether or not we may be losing some of the missionary spirit of health endeavors which for so long has provided strong motivation to persons to give of themselves in a fuller, compassionate measure.

Unionization has meant direct confrontation in the hospital field of late. One can hardly pick up the weekly publication of the American Hospital Association without reading about your labor conflicts in Baltimore. I was anxious to hear from you directly of some of your reactions to some of the unionization experiences and how this is affecting your hospitals and especially your volunteer activities. Even as advantages may be gained for some, it does introduce more rigidities. There will be more careful definitions of work experiences and there will be less room for deviations on those experiences in which volunteers may be utilized. We will probably see sensitivity to those in the institutions who are giving their services away, and you may expect to see some efforts to replace volunteer help with paid help.

Another price we have paid for industry is the pollution of our environment. Experts are warning us of the increasing dangers in the air we breathe and the water we drink. Even in our efforts to rid ourselves of pests for better quality of food production, we are told that we may be absorbing crippling drugs in our bodies. We're worried about the air in Tucson, one of the very few places in this country left as a haven for those who wish to escape the compromising air of more industrialized sections. Our dilemma is yours. We want jobs, things, travel, yet jobs, things, and travel contribute to the problems which adversely affect us.

And, of course, another thing affecting us which has emerged from our more industrial and urbanized state is the greater predominance of crime and the breakdown of law and order. This has affected our sense of security. Our movements from place to place and from assignment to assignment have not been without concern, especially in some areas and at some hours.

GOVERNMENTAL INFLUENCE

The changing scene must also include the factor of greater governmental influence. Some problems have been seen as so big as to require the intervention of government. More controls are exerted on the free enterprise system. Research and demonstration projects have prompted new ways of doing things. Employment conditions are being altered by law.

Licensure laws in the interest of public protection have staked out claims for certain people for certain services. As new things are learned, we have often seen the scope of practice defined in the law lagging behind, thus producing confusion, status claims, inefficient manpower utilization, and litigation. There are times when we feel that the laws are more for the protection of those licensed than those

served. It surely has affected some of the roles that volunteers might have played.

Surely, government's heavy hand has been seen in health and welfare programs. Good health is pronounced as a right by government itself. Titles 18 and 19, Medicare and Medicaid, are great issues before us today, and a plan of national health insurance is being discussed with great seriousness.

While I have pronounced concern for the improper reimbursement to hospitals under Medicare and Medicaid, I would like to touch briefly on some positive elements of these programs which affect our destinies. Even as changes occur, the impact of these programs will be felt for time to come.

It seems to me that what the government initially had in mind was basically good for us. The government had the choice of going into the direct operations of these programs as opposed to the utilization of existing structures of service in the health field. I'm glad the latter was chosen instead of building their own hospitals and clinics and services by direct operation. The effect on community services has been tremendous. Better assurance of payment has stimulated expansion to achieve the capacity required. The programs set quality standards for participation which has had an upgrading effect on care; things like, civil rights, utilization committees, incentives for accreditation, and recognition of other levels of care. Such a massive effort was meant to have, and has had, positive effects on the coverage provisions of other types of health insurance. Don't overlook the expectation of local decision with respect to shared participation. Even though some states may have proceeded to set up programs faster than fiscal integrity and public support was ready, the impetus to

move off dead center was important to many states. This meant that for some, at least, a little more than crisis medicine was available. And all this came about because a breakthrough had been made by a broader tax base in health matters. Why must it take so long for us to learn in financing health what we learned long ago and now accept in education?

Zero in on costs for a minute. The costs of these programs have not skyrocketed just from the increased raw costs of hospital care and higher physicians' fees. Certainly, these have felt the effects of "catching up", fantastic technology, inflation and a few cheaters. The real factor behind the higher expenditures is a higher utilization than anybody ever imagined. While it can be argued that we have those who misuse our facilities, this is insignificant compared with the plain truth that more people were in need of care than we had supposed.

One thing which added to our surprise was that we had been lulled to sleep by our attention focused on crisis medicine alone and by failing to be sufficiently aware of the millions upon millions of dollars in free services provided by physicians, institutions, and others. These services had to be given because throughout this land we had made inadequate provisions for our neighbors. It is sad, sad that the overwhelming numbers of health personnel and agencies who have tried to play the game straight, must now take the unreasonable abuse which comes from unilateral decisions for inadequate reimbursement and being placed in the same category with those relatively few who have exploited this revolutionary new approach to care. It is time now to move on to better things, but I hope we will not throw out some of the better concepts as we try to clean up the system.

There are other governmental influences on us--model cities programs; regional medical programs in heart, cancer, and stroke problems; government volunteer programs, like VISTA, with the effects on our programs because of its pay considerations; Title VI with its tremendous impact in breaking down the discrimination barriers in our health and welfare programs; and the government's full employment policy with hours, wages, conditions, and social security legislated. Beside the influences on costs, we have experienced manpower shortages, with faithful volunteers tempted to switch to employment for pay or raising questions about financial assistance. Institutions have been forced by labor laws to preclude volunteer work in their own environments by their own employees, in spite of the strong desire of some to volunteer in off hours in areas other than their own.

In looking at some rational way of establishing and maintaining health services in a community, the name of the game is "comprehensive health planning." It is currently designed to encourage local communities to determine their own priorities and balances. Public disclosure and accountability are essential ingredients. Any closed system of care and welfare is now an open one. It may be some time before we learn how to effectively use this new opportunity because the principals are not well prepared to deal with such drastic changes.

Consumers are knocking at the door expecting to be heard. They are becoming more organized than ever before, as we see the growth of self-governing organizations especially in the low income and poverty areas. Unfortunately, they are not always prepared to be effective planners and participants. Often the facts and issues are obscure. Perhaps this problem can be seen to be an area of responsibility of the people in this room--to assist with the orientation and understanding of the facts, so that the consumer representative

is an effective participant. You just cannot go out and take every tenth person and say, "Alright, we've selected you; just come on in and tell us how we can better serve your needs." As you are willing to teach, they must be willing to learn. It is sad that some appear more interested, as Stock suggests, in "confrontation than solution."

SOCIAL AWARENESS

As we continue to look at ourselves and what is happening to us, we see change through social awareness. Social ills are moving into sharper focus. These matters are more intense and emotional, and sometimes we see a whole new set of "ills" created in our attempts to solve the old ones. There is sensitivity in our planning; what soothes some may offend others, and this makes our jobs more difficult. This social awareness is manifested in health care with the broader relationships of individual health within one's environment; public assistance programs; housing; job training; hometraining; education; transportation; etc. The better life is more visible and within attainment for more of us. This is stirring those who have heretofore been complacent. Stock suggests that there is pressure to make all social institutions more "democratic and humanistic."

The resulting demand appears often to reach beyond the resources available, creating more unrest. Curiously, resulting irritation occasionally may hold back available resources required to deal with the demands on a more effective basis. Thus more unrest and more conflict.

Ineffective responses from well-meaning groups have added more fuel to this fire. Frank Hertel had some interesting observations to make about agencies which seek to deal with some of the problems around us and yet have some problems of their own in contending with

change and some resulting failures. He listed:

"Fragmentation of efforts tending to isolate agencies from the main stream of community problems.

Too many specialized agencies too small to be effective.

The volunteer, divorced from direct participation, has become more and more a spectator.

While voluntary agencies stress their role as innovators, too many perform this function in minor key, if at all.

Voluntary agencies have not responded often enough to their opportunity to identify weak spots in our social welfare system and advance proposals for remedial action."

HEALTH CARE INSTITUTIONS

Changes have occurred within our health care institutions. While I appreciate that not all present are directly involved in this field, I believe it is important for those of you who are and those who have indirect association with health care institutions to get a bit of a feel for what has been going on lately.

In a very short time, we have gone from the day of the doctor's little black bag to a fantastic array of people and hardware. In easy memory, we have seen the hospital go from a place of care to a place of cure. Specialization has emerged from unbelievable technology. When I walk through the urgent care areas of my hospital, I see electronic gadgets which were not even on the drawing boards eight years ago.

And there are more people. In 1940, we used about 5 health workers per physician; now we use 17 per physician. No longer will rejects from the labor market get the job done; now we use the upper third of the skilled market. The competition in the market place is unbelievable. A salary survey conducted about three years ago by the American

Hospital Association and the Public Health Service revealed about 275,000 budgeted vacancies in American Hospitals.

I'm amazed that we have done as well as we have considering the labor supply and the activities of hospitals to bring in people like the engineer, the economist, the behavioral scientist, the physicist, the accountant, and the educator. We have taken all these and thrown them in with people who normally are accustomed to giving health care, and we have said: "Now all you folks get along well together!"

To meet the pressures, we have regrouped people and jobs. We have developed various levels of care. And we have seen an emphasis on community responsibility, beyond our walls. No longer can anyone in my hospital just sit on the corner of Beverly and Grant and say that "this is my little world." Our little world now goes beyond that. And if our little world goes beyond those walls, the world of our volunteers extends beyond those walls, too.

It has disturbed us that the traditional sources for volunteers--the classic volunteers--have been drying up right in front of our eyes. In the requirement for flexibility, the classic volunteer feels a bit challenged and compromised. The fact that we have had no recent great emotional event to stir a universal interest in volunteering with common motivation, has contributed to the difficulty of recruitment, and the diversity of interests of volunteers.

We have looked--just glances, really--at changes in us, industrialization, unionization, governmental influence, social awareness, and health care institutions. It is obvious. The status quo is no more. (Status quo--that's Latin, for the mess we're in.) It is a new day. It is more complicated. It is emotionally charged. The stakes are high! We are in the business of dealing with the lives and emotions

of people, our neighbors. Surely we are products of social revolution, and someone commented that "revolution is never tidy."

EFFECTS OF IMPLICATION

What are some more of the effects and implications of these changes on voluntarism. Here are just a few. You finish the list, or revise it.

It appears to me that we have to prepare volunteers for the complexities of the society which shapes us. This involves working on attitudes for the acceptance of change with enthusiasm. We must help them to plan and to organize to avoid being out of step with what is going on around us. It is easy to be out of step too, when the bigger picture is not visible and the volunteers' roles are not seen as vital parts of the new emerging structures. An essential part of preparation is to be able to recognize and to contend with failure. The old methods may prove embarrassing to us at times, and as we step forward, we are going to get our fingers burned. I hope our discomfort will drive us on to try again and again.

An important thing to remember is that our volunteer manpower may well be available to us at the extremes of life. This calls for the recognition of varying motivations and priorities of the young vs. the old. What may satisfy one may be an irritant or a discouragement to another, and a blend will doubtless test the best volunteer organizations which exist. The very young and the older volunteers may not be able to bear the expense of volunteering. Limited resources may stimulate pressures to depart from the traditional position of not subsidizing volunteers for certain expenses like transportation, uniforms, and meals. If it is important to some and repulsive to others, how will you manage this?

Social status will hold some of our volunteers as tradition has placed certain advantages for personal recognition on "belonging". A new group is now around which may reject this source of satisfaction completely. Yet there are so many things to do around health and welfare agencies, we have places for them all, with varying depths of service. But how do you blend these different interests in a productive organization? Are your volunteers prepared for these new problems?

While we are concerned with the extremes of life, a closer look is warranted at the people over 60 years of age. There are 20,000,000 of them, 10% of the population! And a lot of them are men! Why aren't we doing more about using this great source of volunteer manpower? And you can be sure that they will turn you a deaf ear if you require them first to join the ladies' auxiliary before being a volunteer. This foolishness will not get the job done, and you must find ways of taking these valuable folks and putting them to work with meaningful and interesting responsibilities in keeping with their interests and talents. Our rituals may require careful scrutiny and appropriate changes.

We have said that there are those who are standing at the door, knocking to get inside our health and welfare activities. We have talked about the responsibility of the hospital extending beyond its walls. Looking outside, we can see another group of talents which could be put to work to meet some of our broader responsibilities. Volunteers from disadvantaged areas possibly could be trained and given the opportunity to assist us with our outreach. The blending of

Sally Jones and Agatha Gotrocks could be fraught with all kinds of headaches, for us and for them, but what a new dimension of service if we could pull it off! It will require a special kind of volunteer to train these newer participants in the mechanics, attitudes, and skills to lead volunteer programs in these emerging self-governing projects in our inner cities. I would hope we could help develop the information and the self-assurance required for quality responses.

Surely, we can expect problems as individuals from all walks of life come to work on community needs. We have already seen some people subordinate the goals of the organization to which they have been invited, to the aspirations and demands of their own minority groups. Hypersensitivity with militant approach can turn some of us off just as our reactions may remind them of tired prejudices which have been special kinds of barriers for too long. This suggests a lot of training and conditioning on both sides.

Classic voluntarism is also being challenged by the availability and interests of the volunteer with "professional" skills. This is a specialized volunteer who may not be interested in getting involved in the organizational and social structure of the Auxiliary, but whose talent is sorely needed by the recruiting organization. This person may be a businesswoman, nurse, physical therapist, secretary, or a computer programmer who wants to keep close to the field of interest without assuming a full-time paid responsibility. The desire may be strong to provide a volunteer service without further encumbrance. Are we going to be able to blend these services and personalities into our existing structures? And what problems will be encountered in dealing with licensure and legal requirements and restrictions? Add some of the sensitivities of unions to all this and you

get a greater feel for the complexities of volunteer life. Some of you in Baltimore already know how it feels to be called to service when the unions have pulled people off their jobs with patients left in beds requiring service.

These rigidities of life around us are going to mean more conflicts ahead for volunteers. There are going to be times when someone will challenge the use of a volunteer in a particular area of activity. I would suggest to you that we need approved and stated agency policies on the use of volunteers in our environments prior to the time when these may be challenged in negotiations with employee organizations. How to deal with the proliferation of licensure laws and the resulting little kingdoms being carved out for exclusiveness, is one which must receive national attention at the earliest possible time. Is this the best way to assure public protection? There must be something better.

The problems of the inner city raise other questions of concern for you who are concerned about the volunteer effort. Who among you has not experienced a concern by you, the volunteer, or the family for the volunteer's safety, especially if it involves night service? And regardless of the time of day, the everlasting nuisance of parking and traffic aggravation is ever upon us. Transportation, private or public, is often a pain in the neck and frequently a serious obstacle to recruiting and retaining good volunteers.

I hope that all of us can work harder in blending the agency personnel and the volunteers. A volunteer worth his salt is not content just to stand on the sidelines looking in. And if he does get content, we must "uncontent" him; an uninformed, don't care volunteer will kill us. Too, the "kid gloves" treatment vs. "one of the team" seems never to get thoroughly resolved; and it involves both sides.

Some of us perpetuate this by handling employees and volunteers so separately, we are afraid even to let them start out together in orientation. Why can't common educational and orientation needs be met with both involved simultaneously? Volunteers and employees must share the worst, as well as the best of experiences together. Neither should expect an exclusive on the realities of the environment.

Manpower problems are not only real for the Director of Volunteers, but they hold nightmare-potential for the agency administration who sees budgeted needs going unfilled. I believe the volunteers can make a sizeable impact in the area of health careers. If just the hospital auxiliaries of this country could plan together with one mighty effort to convince young people to look at the potential of health careers, revolution in response would come to the field with great speed. The work to be done with young people, high school counselors, and parents is worthy of serious commitment of volunteer groups everywhere.

Another suggestion which is projected from the changing world around us is that we and our volunteers must learn to understand, accept and live with the involvement of government. It is here to stay. We must be careful that it does not scare our volunteers away.

Of course, we must not abdicate. Volunteers, as a political influence, must "bear witness to needed changes" (Hertel). They have the opportunity to run down new possibilities of service, to demonstrate programs of value, to seek support from other sources, and to be willing to turn programs over--while the search continues for other reasons to start the process all over again. Political muscle, within the overall direction of the agency authority, should not be avoided by those who know how to play the game. Volunteers should not

sit on the side lines being neutral when strong partisans are required. State legislatures and city councils should feel the heat of volunteers' wrath when there is a message of social need to be delivered. We have powerhouses of influence for the good in volunteers who have really never been asked. Why should we continue to ignore so great a service?

Let us not overlook the importance of fund raising. While it is not likely that our agencies will be able to meet their community responsibilities for service exclusively through resources given or earned through volunteer projects, it ties the community and the agencies closer together, with the former left with the feeling that it has an investment to protect by its continuing interests. This, I submit, is good for us , as long as we do not get too exclusive and start drifting away from an overall community awareness. It is not uncommon to see a community fund-raising project carry on long after the initial need has been met; no one has the nerve to suggest that it should stop and have its energies redirected. Stock suggests that a community multi-service center be considered for coordination, evaluation, accountability, balance, and "preserving and fostering the specialized competency of the voluntary organizations."

In the future, planning will become more important. Currently, it involves the issue of local option with a wider base of decision makers. I think we have to try to do it well, or we shall surely have it forced down our throats by governmental authority, possibly removed from the local needs and sensitivities. In other words, if we do not get in there and do our own planning for greater use of resources, somebody else will do it for us. I happen to believe that volunteers must be involved in this planning process. They may even be the ones to bring about some cooperative efforts between

the city-county planners and the health and welfare planners, who unfortunately often go off merrily planning without regard for one another.

Planning starts at home, right in the hospital or agency. And how can we expect to get along in the community if we can't get along in our own institutions? There is a rumor going around that some directors of volunteers, auxiliary presidents, and volunteer services chairmen have problems getting along sometimes.

But in all this hodge-podge of change and problems, keep an eye on the patient, the client, the child, or whatever is the object of the volunteer's affection. I worry about the specialization, the bigness, the cold and professional tones and under tones, the aloofness of "status", the disguise of public interest, the big-brother of government, the limitations of a busy society---all those things which may distract us from the warmth of one neighbor to another. The business of voluntarism is not just that of a "Lady Bountiful", but that of a neighbor, whose presence conveys what a good pot of chicken soup did when our mothers took it next door when illness struck. I hope we don't get so sophisticated and so organized and so categorized that we forget that this business of human warmth is the important part of our responsibilities.

I'm excited about the future! I feel we will make out OK. People like you have guided us through many a change in our country's history, and I figure we are just as able to cope with reality as were our forefathers. A minister asked a little boy once: "Boy, who made you?" And like a flash, he replied, "I ain't done yet!"

And we ain't done yet! The longer we live, the greater our opportunity. Let us keep our goals sensible, with full reflection on the realities of the past, the present, and the expectations of the future. We'll have fun as we explore together the wonderful New Worlds of Voluntarism.

Thank you very much.

COPING WITH TODAY'S REALITIES AND
PREPARING FOR TOMORROW'S CHALLENGES

It is a great privilege for me to attend and participate in your workshop concerned with "Exploring the New Worlds of Voluntarism." I feel very humble before all of you who are daily involved with volunteers. I also feel very comfortable because most of my "working life" has been closely related to voluntarism.

To avoid bringing only my personal beliefs and observations on the subject assigned, "Coping with Today's Realities and Preparing for Tomorrow's Challenges," I spent a good bit of time this last month discussing the subject with a variety of people who have a vital interest in voluntarism today and tomorrow. Among these were directors of volunteers in large hospitals and nursing homes, a consultant in the Health Resources of Health, Education and Welfare with primary responsibility for volunteers in hospitals throughout the country, and the coordinator for volunteers in the Child Welfare Department covering a large county. Last week I attended a workshop for 65 directors and coordinators of volunteers sponsored by the Health and Welfare Council of the Metropolitan Area in Washington, D. C. Their subject, "Where is Volunteer Services on the Totem Pole?" provoked a variety of opinions. I also sought Eva Schindler-Rainman's ideas. She is well known to some of you, a consultant to many agencies across the country including the

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Presentation by: Mrs. Eugene B. Duffy, Director of Volunteers for the Eastern Area American National Red Cross; presented at the Workshop for Directors of Volunteers in Health Care Facilities and Community Agencies, conducted by the Center for the Study of Voluntarism, School of Social Work, University of Maryland, in collaboration with the Maryland Council of Directors of Volunteer Services, on November 10, 11, and 12, 1969 in Baltimore, Maryland.

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Center for the Study of Voluntarism, and one who has great commitment to voluntarism. I, of course, consulted with our area chairman of volunteers, Mrs. Kester L. Hastings, my teammate with whom I work daily, and other Red Cross colleagues.

It was great fun recalling and examining my own experiences with volunteers, beginning with the early 30's the depression years, as a caseworker in the Welfare Department in Nashville, Tennessee, when caseloads were the largest ever and volunteer involvement was limited to the destruction of old files. Then in the late 40's in Japan and Korea, I served as consultant on Volunteer services to the Japanese and Korean Red Cross Societies during their reorganization following World War II. In the Japanese language, there was no word that meant "volunteering" as we know it; so a new word was coined. And even then the concept was strange to the Japanese, as indicated by the title printed on my "professional cards." The title, "Consultant on Volunteer Services," came out in Japanese, "Drafter of Volunteers."

Enough of the past, and now let's take a look at some of the things directors and supervisors of volunteers are facing today. I'd like to repeat a highly significant statement made by Dr. Brown on the first night here. He said, "We must recognize the people's desire to have a voice in their own destiny -- the main theme in our current times. There has never been such a group of well-educated young people. Today's changes are not only in technology -- landing on the moon -- but a change in the concept of what man is - and what will be the nature of this change?"

A provocative question for this group.

Mr. Shropshire outlined in broad terms yesterday the social and economic factors that have impact on all phases of our lives, including volunteering. I would like to add one in particular:

The President's Voluntary Action Program

President Nixon promised in his inaugural address the creation of a non-profit, non-partisan National Center for Voluntary Action to be located in Washington -- a depository for information on successful volunteer programs throughout the country. The goal -- A creative partnership between Government and the private sector in helping to master the common needs and problems. This Center is well on its way.

What does this all mean? in the 70's? 80's? 90's?

- The unprecedented need for more and more people to help.
- A revival of the spirit of volunteering.
- A new dynamism in the voluntary effort for our society.

Before we talk about and examine how you as directors of volunteers can cope with the realities of today and tomorrow's challenges, I would like to feed back to you some of what you said in the work groups about your roles and functions today.

In relation to volunteers, you --

help define jobs	handle problems
recruit	lend "listening ear"
interview	give recognition
orient	evaluate
introduce to job setting	eliminate
insure support and further training	follow up
give pat-on-back	
You furnish a home base -- a personnel office for volunteers	

In relation to agency staff, you --

interpret role and value of volunteer
maintain good relationships
assist in developing realistic job descriptions
assist in planning job induction and skills training
explore areas for new volunteer jobs
consult regularly with supervisors, identifying significant matters,
problems, potential leaders, etc.
interpret to the administrator in factual and specific ways how
things are going and recommend action for
improvement. "Put cards on the table."

In relation to the community, you --

serve as liaison with other agencies
interpret your agency's function and need for volunteers
work jointly with other agencies regarding training, meetings, etc.

You even coined new titles for directors of volunteers -- "Mesher of Attitudes," "Social Change Agent," "Jack of All Trades," "Community Organizer," "Today's Solomon," and in military jargon, the "G-1-2-3 & 4" of an operation.

The responsibilities inherent in your jobs are tremendous. There seems to be only one realistic direction to pursue to insure that these multiple responsibilities will be met. This is the development of volunteer leadership with a structure to fit each agency. By this, I mean volunteers involved in a variety of administrative and functional leadership positions, i.e., involvement in defining jobs, working with supervisory personnel, recruitment, training, follow-up, evaluation, and every function that you have mentioned.

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This concept could mean a volunteer chairman with vice chairmen as needed, day chairmen, and special project chairmen. Some of you mentioned this type of organization. I know there are several chairmen of volunteers here which gives support to such a plan. For others this may be a new idea.

Recently I was in Rochester, New York, conducting a "Working with Volunteers" training session. Attending were representatives from ten community agencies considering a "first time" venture with volunteers. As we discussed this idea of volunteers in key leadership roles, there was strong reaction on the part of some participants who posed the question, "Well, what will we do if the volunteers take over the administrative responsibilities?" We spent a lot of time exploring the idea of the paid staff being the coordinator - supporter of a group of volunteer leaders who would then extend their "know how" and "skill" far beyond to recognize the soundness and excitement of helping volunteers assume key roles and growing and developing to their full potential.

Each one of us is limited in our capacity to supervise and support others; therefore, if we as directors of volunteers are to even begin plans for coping with future challenges, delegation to volunteer leaders is a must. To "cut out and arrange" sections of our total job so that volunteer leaders can handle these sections with satisfaction and success is, I believe, the secret of accomplishing the task ahead. This requires skill, time, and in the early stages, patience particularly. Another highly important factor is attitude. The giving up of something that is your responsibility is not the easiest thing to do. Yesterday

one of the group's discussion centered around the hospital auxiliary members who found it difficult to release and give to the paid director of volunteers responsibilities that the auxiliary had carried for years. This prompts a question: Is there danger that some of the paid directors might become just as possessive of "my job" and "my volunteers?" It's human nature! But think about it. This team concept, the volunteer leader and the paid staff member, can be the cornerstone around which a foundation can be built -- a sound one on which we can expand in order to cope with tomorrow and its exciting challenges.

If you are similar to other groups including some of my colleagues with whom I've discussed this idea, you have a variety of reactions. Although you can accept this concept intellectually, it is far from simple to put it into everyday practice. Even in the Red Cross, historically a voluntary agency, there are staff people who find it difficult to involve volunteers in leadership roles.

To get this concept of "the volunteer-paid team" underway in an agency or to expand it throughout an agency is not easy. It takes some doing. First of all the management of the agency -- the administration -- must have a thorough understanding and acceptance of the idea, and give it full and active support. There must be realistic goals and functions defined for both the paid staff and volunteer leadership positions. Be clear about which one is the "head". In the final analysis, who is accountable? Equally important is the need for everyone in the agency to have a clear understanding of the roles and relationships of those persons in the paid and volunteer leadership positions.

Then there are the intangibles. You talked about some of these in your groups yesterday -- faith, trust, openness, and what I call "Don't be concerned about who gets the credit." What this boils down to is good human relations -- not always easy to practice in our complex and hourly changing times.

Now I'd like to touch on a few specifics that some of you brought out, and I have asked four participants to help me by telling the entire group some things they mentioned in the subgroups yesterday, which seem to me relevant to coping with our jobs today and tomorrow. As they report, I hope you will relate these ideas to your own agencies.

You know from Dr. Brown, Mr. Shropshire, and all current news, the tremendous young population in this country; so how do we get them involved, this group who thinks differently from many of us who are "running the show." Can we afford to have only a summer program for these teenagers which we older adults plan and operate? Do we try to involve the young adults - young marrieds in special projects, committees, boards; or do we just assume they are too busy with their families? Do we ever ask them for a "one time" meeting to test ideas and let them speak for themselves? I have asked Mrs. Vivien Ross, Director, Volunteer Services Department, The Johns Hopkins Hospital, to tell about some experiences with a group of young volunteers.

Mrs. Vivien Ross:

"Mrs. Duffy asked a question about utilization and involvement of young volunteers, and whether we could afford to limit them to summer programs alone.

"Our teenage volunteers at Hopkins are involved in many different ways and all the year round. They themselves help in the planning of their own programs. They contribute ideas as well as service. For example, the Junior Auxiliary Committee of the Summer Program has made suggestions ranging from how to subsidize lunch and parking, to a different kind of uniform (or none at all), to a more sophisticated and practical award system, with a paid summer job rather than a gold pin or bar as a reward for outstanding service.

"Young volunteers, those working on the year round program as well as in the summer, are also helping to change the kinds of jobs they are doing by telling us quite frankly what they expect of hospital volunteer service, and what sort of jobs they want to do. And these often are NOT the usual gift cart, supply truck or escort/messenger jobs, but ones in which there is as much emphasis on learning a skill as on providing a service; for example, in the labs, or on special research projects.

"They involve themselves; we need to listen to them."

Another concern for us today and tomorrow is one of communication with the groups that up to now we don't know - - certain neighborhoods, ethnic groups, rural communities, etc. I have asked Mrs. Ann McDowell, Coordinator of Volunteer Services, Baltimore City Hospitals, to describe what is being done to improve contacts between the hospital and the adjacent community.

Mrs. Ann McDowell:

"I am coordinator of volunteer services of a large municipal hospital which has the problem of never having enough volunteers. There is no point in setting up beautiful programs unless there are people to carry them out. So our problem has always been recruitment to try and find more volunteers. We have people who come from all sections of the city who travel a great distance and who spend a lot of time on the buses.

"We are in a community called Highlandtown in East Baltimore, from which we have drawn very few volunteers. We feel this is the group that should be and for all practical purposes we would like to be volunteers in our hospital.

"The Volunteer Advisory Board has taken on a project just within the past month of doing door to door visitation of our immediate neighbors. We have gone through the "Criss Cross" (telephone book listing streets) and made up a card on each resident. The caller is then prepared with the person's name and is not just a door-to-door salesman. These neighbors have always been a suspicious group who keep their doors locked, and who keep very strict households, therefore, the day before the visit, a flyer ~~was~~ sent out so that they are forewarned that someone is coming to see them. The interviewers start out in teams and after they get a little confidence in themselves, they separate and just one person goes into each home. They have gone into the homes of our immediate neighbors and some places have been received very nicely and in others rather coolly, but to date we have not had a door slammed in their face. The people we find are responding to the person to person touch. We can read in the paper about volunteer openings, or your minister can say "We need volunteers," but if someone comes to your door and says: "We would like you." "There is something in that hospital that you can do," people are much more likely to respond.

"I can't report that we have had many volunteers found but this may come in the interview. After the girls have made their initial pleas for the persons help, they then sit back and begin to talk about this monstrous hospital up on the hill. They have found the following things which the administration might not have found out. We just put in

a new road, a new entrance to the hospital and this has created tremendous problems for our neighbors which nobody in our administration knew anything about. When the new road was put in we didn't light it and didn't make any signs clear enough for the evening visitors to come up the new road. As a consequence, visitors were out to use the old street which is closed off, therefore, the people spent the summer directing traffic for us. Another thing that has come out of this survey is that our employees are parking on their streets and we have plenty of parking space on our grounds, but in order to make a quick get-a-way after work, employees were crowding their streets and denying them their own parking space. This is a real problem, a real annoyance to these people and the administration had no idea this was happening until this survey.

"Consequently, we're not getting a great number of volunteers, but we are getting feedback which is important to the hospital administration and many of our hospital people working in community medicine and working in the community are extremely helped by this survey. So it has been a lot of fun, we feel that we are getting to know our neighbors better, and they are getting to know the hospital better, and we hope we are getting a good public relations image.

"A Neighbor's Day will be held in March exclusively for those living in the immediate neighborhood. Personal invitations will be sent and tours of the Hospital will be given as well as programs on the latest projects begun at Baltimore City Hospitals."

In addition to demonstrating a different way of "connecting" with this particular community, this is a valuable tool for developing volunteers, providing new opportunities for them to grow as people. I would bet that the volunteers involved in the Project Mrs. McDowell described gained new perspective and understanding.

What do we do about training volunteers, once they are recruited? Do we examine the content and methods regularly? Are we willing to let

go of our "hallowed outlines" and make training fun, encouraging every body to participate? Do we have to use a word "training"? In the Watts Area in South Los Angeles according to Eva Schindler-Rainman, they called one training course "Tutoring the Tutors to Toot." It must have been fun.

You may think that some of my remarks are rather strange because in Red Cross we have had traditional standards for a long time related to training particularly. We are working hard to adapt much of our content and method, to be flexible and relevant. Yes, we want to maintain standards, but we must be sure about what we mean by standards --- not just a required number of hours for attendance, but that the content is relevant and the methods used are appropriate to those who participate.

Also, training must be ongoing and not thought of as a "one shot" experience. Its got to be fun for the leader and the participants. How long has it been since you asked for "feedback" on the training you plan? Do you have a volunteer training committee with some recent participants as members??

Mr. Shropshire commented on the matter of uniforms. Any agency today which declares a welcome to volunteers from all sections and segments of the community and then requires volunteers to purchase uniforms as a requisite to serve, is in real trouble. We've been doing some changing about this in the Red Cross. There were times when we were pretty rigid. Now smocks, armbands, pins, or stick-on patches suffice in many situations.

Another concern in volunteering is that of equal opportunities to volunteers: Are we moving away from only the "purist" or "classic" volunteer -- those who can defray total costs, transportation, meals, etc.? More and more agencies are providing some or all out-of-pocket expenses and even some fringe benefits for volunteers. Many of you told about these changing policies yesterday. This must be a main concern for all of us.

Another subject that often comes up when volunteering is discussed is that of recognition, too often traditional in terms of formal ceremonies, pins, teas, etc. These have a place, but, we've got to be more creative in saying "Thank you." I have asked two members of the group to tell about what has been done for volunteers in their shop. The first is Mrs. Ruth E. Holmes, Director of Volunteer Services, The Baltimore League for Crippled Children and Adults.

Mrs. Ruth E. Holmes:

"Teenage volunteers feel that by being civic minded-----by helping someone to gain independence, instead of dependence, they are adding a new facet to their lives,

"Since, as volunteers, they are such a valuable asset to any organization, I think our appreciation should be magnified. As an example: Betty, a teenage summer volunteer, who was too young to be employed and had done an incredible job for me, took the responsibility of her assignment seriously; she was punctual, courteous, congenial with the other volunteers, thorough and conscientious about completing her assignments correctly and in the time specified for completion. I felt I should show my appreciation of her loyalty by giving her more than the pin awarded to volunteers. I wrote a letter of recommendation for her which she could present to any

employer when applying for a position. I later learned that she was elated over receiving the letter and was eager for the opportunity to present the letter on her first job interview.

"I was very happy to know that the letter of recommendation had meant so much to her. This letter is one way of giving extra recognition to the teenage volunteer."

Perhaps one of the most satisfactory kinds of recognition for a volunteer involved in a professional service is to be included in a session with professionals and given an opportunity to participate. I have asked Mrs. Margaret Kirkpatrick, Director Volunteer Case Aides Program who came all the way from Canton, Ohio, to attend this workshop, to tell you an interesting story about involving the volunteer case aides in a session with out-of-town visitors.

Mrs. Kirkpatrick:

"In our Volunteer Case Aide Program in Canton, we have formed two rather effective ways for giving satisfying recognition to our volunteers. We urge the agencies using our aides to involve them in staff meetings, and in-service training sessions so they feel a real part of the agency.

"Recently our juvenile court was visited by twelve Magistrates from England. Their study of our court and detention facilities lasted several days. Our Aides were deeply involved. They acted as hostesses, tour guides, but also helped actual court cases. The Magistrates were extremely impressed with the work of our Aides and the volunteers felt a sense of recognition.

"Some of our Volunteer Aides have shown unusual ability and are actually functioning as volunteer supervisors since professional staff in some agencies is so limited in their time. This is one of many

attempts to give depth and meaning to volunteers.

"The recognition that all of our volunteers feel is in direct relation to their acceptance and involvement by the agency staff."

Pins and ceremonies have their place; but let's not forget the multiple ways to give recognition that open new vistas and provide new experiences.

I want to thank these four participants, and I only wish that we could hear from all of you who are engaged in many exciting and similar activities with volunteers.

There are a number of other ideas to think about as we look towards our roles tomorrow; but, one has special significance and had the support of every person with whom it was discussed. This one concerns the need for training and retraining of paid staff, you and me, who work as "teammates" with volunteer leaders and, furthermore, the need to train volunteers and paid staff together. Fortunately, a great deal more of this is being done today than ever before. Your workshop is an example. Our organization receives frequent invitations to participate in similar events throughout the country.

A new national training course, "Working with Volunteers," was developed and piloted last year by the Red Cross. This is recognition of the fact that special skills training is needed by paid - professional staff who work in a voluntary agency.

Perhaps today we are seeing a new profession emerging. In the role of director or coordinator of volunteers, you are helping to carve out a rather unique profession - one that has as its primary mission the enabling of vast numbers of volunteers to serve.

It's an undisputed fact that man's ability to produce technologically has far surpassed his ability to handle the practical problems related to people -- patients, clients, airports, traffic, pollution, hunger. Here is an idea I'd like to test with you: Could this emerging profession -- directors and coordinators of volunteers -- have an impact on this out-of-kilter condition? Can you foresee you and your counterparts enabling many more people to serve as volunteer leaders who in turn will involve increasing numbers of volunteers to help in solving many practical problems in everyday life that technology has passed by in terms of individual human beings -- patients, clients, airports, traffic, pollution, hunger?

You have exciting roles in exploring the new worlds of voluntarism. Don't delay the involvement of volunteer leaders. Only with them can we meet the challenges ahead.

Neil Armstrong's words as he stepped from Apollo 11 onto the moon are surely applicable to you. These were set to music:

"One small step for a man - One giant leap
for mankind. There isn't a thing that man
cannot do if he takes one small step at a time."

THE ROLE OF VOLUNTARISM IN AN ERA OF EXPANDING HORIZONS

During the last week of October I was in New York for a meeting about curriculum development on the subject of volunteer service. While waiting on a corner I overheard a man say, "May I help you across the street?" Turning to see the man who had spoken, I saw he was addressing another man wearing dark glasses and carrying a white cane. The man with the cane responded, "No, thank you. This wonderful lady on my right has volunteered to escort me to my destination."

About one week later there was a national/regional workshop on voluntary action in Boston. The date was November 4th and it was election day in Bean City. Approaching the site of the workshop, which was also serving as a polling place, I noticed the poll workers for several candidates. It was raining lightly and it was cool, but there were some volunteers participating in one of our nation's most important traditions.

These observations impressed upon me the diverse nature of voluntarism, and underscored the wide range of activities in which volunteers engage. Consideration of these and other current events heighten my awareness of the difficulties inherent in speaking on the role of voluntarism in an era of expanding horizons.

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Presented on November 12, 1969 by Stanley Levin at the workshop

"Exploring the New Worlds of Voluntarism" Mr. Levin is Director of the Center for the Study of Voluntarism, University of Maryland School of Social Work (Baltimore Campus).

During this workshop the previous speakers have reviewed, illustrated and examined some of the significant socio-economic changes that have occurred within a brief span of about one decade. Dr. Brown noted the dynamism that young people generate, and the challenging opportunities becoming increasingly available within this era of our nation's history. Mr. Shropshire identified trends within economic, governmental and social institutions. He proposed that societal institutions must be responsive and responsible. Mrs. Duffy focused on the managerial capacities required of directors of volunteer programs. She pinpointed the idea of delegating responsibilities and leadership roles to volunteers.

All of the speakers, reactors, and you--the participants--have cited and discussed the impact of changing socio-economic conditions on volunteer programs. However, there is a distinction to be made between changing conditions which produce and reflect "new worlds" and the idea of expanding horizons. New worlds are created and discovered. They are tangible products of human effort--some positive and some negative. In contrast, horizons are related to vision, physical or mental. While appearing to have a limit, a particular horizon may also suggest infinity or can encourage interest in what may be beyond the physical dimensions of human eyesight.

This distinction is important to the concept of voluntarism and its current status. The importance and implications of this distinction can be illustrated through a few brief references to historical and current situations.

How can "new worlds" be identified? One way is to consider the subject from a geographical perspective; i.e., where humans have lived over the centuries. Life is reported to have begun in the Middle East. Men methodically, or accidentally, discovered new continents on this planet. These discoveries represented "new worlds" to people of previous eras. This land of ours is a good example. Remember how Columbus is recorded as having discovered a new world on his first daring voyage in 1492. Another example is the current space program in which earthmen are actually exploring other planets. And there is the fascinating, though less publicized, exploration of the oceans and the seas.

Another approach to identifying "new worlds" is the recognition of the impact of inventions and scientific discoveries. The wheel and fire are really so historical that it is difficult for people living in the age of atomic power to comprehend the new worlds that were produced by such basic discoveries of thousands of years ago. A few meaningful examples of this second approach can be selected from within the short span of the past 300 years. There is Eli Whitney and the cotton gin, Madame Curie and radium, and Edison and the incandescent lamp. In addition, there is the automobile, the radio, television, open heart surgery and heart transplants. It can be overwhelming

to consider the results of these inventions and advancements, and the "new worlds" each produced for humanity.

There is something artificial about a discussion of "new worlds" of voluntarism. Worlds are usually tangible in nature; voluntarism is an intellectual concept. However, volunteer programs are tangible manifestations of the concept of voluntarism. Further, the dramatic social and economic changes of the past decade have produced real and tangible repercussions within volunteer programs. Thus, one can construct "old worlds" of voluntarism such as that characterized by the phrase "Lady Bountiful." Characteristics of "new worlds" of voluntarism are governmental sponsorship and material reimbursement.

Reconsideration of some of the events that have produced "new worlds" may help to distinguish between new worlds and expanding horizons. Picture Columbus sitting on a dock in Portugal. He watches ships going out to sea. He observes the outline of the ships against the visible horizon. The ships do not suddenly drop out of sight, although there is a popular notion that a ledge exists over which ships will fall if they sail too far. But Columbus dreams and imagines and reasons that he can discover something new and of benefit to mankind if he sails far enough west.

Consider the fantastic imagination of Jules Verne who wrote in the 19th century about submarines, traveling around the world in 80 days, and many other subjects that had little scientific basis at the time. He foretold the automobile, the air brake, cross fertilization of plants and a thousand other devices which the critics of his day

laughed at, but which are commonplace in our lives. Many people of about 100 years ago had their horizons extended beyond all reasonable belief by the novels of this imaginative writer.

Worthy of consideration are the imaginative efforts of Edgar Allen Poe, the Wright brothers, and the dreams of individuals such as Clara Barton, Woodrow Wilson, Jonas Salk and Martin Luther King, Jr. These and others nurtured their imaginations and shared their dreams. In so doing they have expanded horizons for many others. In addition, the widespread stirring of imaginations and sharing of dreams have often resulted in "new worlds" or tangible products that have profound impact on the lives of thousands, if not millions.

While it may not be direct, there is a relationship between imagination, dreaming and voluntarism. The individuals mentioned earlier and described as imaginative or dreamers all engaged in programs of voluntary action. Columbus and his crew were volunteers. The Wright brothers pursued their dreams of a flying machine as a matter of personal choice. Indeed, the astronauts of this decade are volunteers. In addition, these persons portray a spirit of enthusiasm and adventure. How vital is the need for enthusiastic and adventuresome people in today's volunteer programs!

It would be difficult to dispute that people living in this decade enjoy an era of expanding horizons. Advancements in communication, transportation, scientific-technological capabilities, and the widespread endorsement of sharing and exchange have resulted in a daily

barrage of ideas, theories, concepts and proposals from which few escape. Indeed, the knowledge explosion reaches the majority of our population in some form almost every day. The previously neatly arranged arenas of life have been bombarded to such an extent as to obliterate or make fuzzy what once were fairly rigid limits of belief and behavior. Our horizons in most important aspects of living--religion, education, politics, government, health, and human relations--are being extended and reshaped on an increasingly frequent basis. This may not be good or convenient, but it is the way it is and the way it will be in the future.

The previous remarks outline the bases and prospects for a special role to be performed through voluntarism. Of course, there is no single role of voluntarism. Volunteer efforts have commonly been described through three categories: direct service, administrative, and policy formulation. These three might be interpreted broadly enough to encompass any conceivable type of voluntary activity. However, recent events require at least some direct recognition of roles that might be specifically referred to as "catalyst for societal change" or "agent for individual development." Whatever categories or terms are used, it is essential that there be clear understanding of the interrelatedness and interdependence of the roles fulfilled through voluntary action.

It will always be important that volunteers perform direct service. The increasing complexity of social institutions will sustain a certain need for administrative volunteers. The strong traditions of our

nation will continuously reinforce the volunteer role of decision-maker and formulator of policy. Indeed, this last mentioned role of voluntarism may expand rapidly and substantially in the immediate future.

There will be a few people surprised by voluntarism serving as a vehicle for societal change. Whether through processes of public education, programs of social action, or formulation of movements--voluntarism can promote and should help produce revisions in the institutions of society. In addition, voluntary activities should provide opportunities for each member of society to participate and develop to the fullest extent of his or her potential.

Our nation is resplendent with resources. Our short existence as an independent country has been full of great accomplishments. Despite this great progress and potential, we are a society with many serious problems. In recent reports, such as that produced by the Commission on Civil Disorders, our nation has been described as being on the brink of near-total polarization--racially and economically. The problems of discrimination, poverty, and the generation gap defy the capacities of this country. There is clearly an urgent need for a force that can unify and constructively channel this nation's resources into effective problem-solving programs.

It may be rejected as foolish but it is a thesis of this paper that voluntarism can serve as a potent unifying force so desperately needed by this country. The precedents are numerous and documented. Many volunteer programs have demonstrated the ability to successfully bring together blacks and whites, rich and poor, young and old, and

other segments of the population which may otherwise be going in separate directions. Despite certain serious differences, the setting of a voluntary program has succeeded in bringing people of diverse characteristics together. As a nation, we must get ourselves together. What better way might we try than the uniquely American tradition of voluntarism which can unite people in common causes and simultaneously benefit individuals and the entire society?

In an era of expanding horizons voluntarism can effectively facilitate societal change. Voluntary programs have the capacity to stir the imagination of men and women, to nourish creativity and innovation, and to expedite action in the best interests of our society. Voluntarism cannot simply or singly solve all our social problems, but it can serve to unite people, to nourish understanding, and to increase our compassion and love for one another.

This proposition does not suggest the elimination of government or any large-scale reduction in existing institutions and programs. However, it does suggest the examination of existing governmental and non-governmental mechanisms operating within our society. Such an examination should proceed with the purpose of improving the effective and meaningful involvement of all human resources in order to achieve the goal of life, liberty and the pursuit of happiness for every American.

Is this an impossible dream? I ask this question, but also propose it as a challenge. I do this deliberately within the context of this workshop. For it is my belief that the role of voluntarism--indeed the future nature of voluntarism--in America will depend to a considerable extent upon the leadership provided by directors of volunteer programs.

Some years ago the late President Kennedy wrote the following passage: "The poet, the artist, the musician continue the quiet work of centuries, building bridges of experience between peoples, reminding man of the universality of his feelings and desires and despairs, and reminding him that the forces that unite are deeper than those that divide."

It is hereby proposed that the director of volunteers be added to the list of persons who unite people. Further, it is contended that directors of volunteers are as creative as artists, as imaginative as poets, and as harmonious as musicians. Add the qualities of adventuresome and leadership and the result is a unique personality who can achieve the impossible.

Indeed, directors of volunteer programs are in key positions relative to unifying divergent segments of our population. In addition, directors of voluntary activities can be instrumental in expanding the horizons of individuals and groups which express concern about this nation's present and future.

Horizons can be limited by narrow or fuzzy vision. Horizons can, on the other hand, be flexible and limitless; projections of dreams and imagination. Our horizons--yours and mine--can be expanded by our dreams, desires and dedication.

What then, shall we do? See the horizon that is visible and limited? Or allow our imaginations to accelerate freely? To paraphrase a famous poet, "Is the achievement of brotherhood and societal harmony through voluntary activities so wild a dream?" In any event, will we direct our energies toward such an impossible dream?

These are not simple questions. And the answers--whatever they are--will not provide easy pathways for persons who work with people on human conditions and situations. Either way there will be difficulties, controversies, and obstacles. I recognize the many implications of these statements, and regret time limitations prevent further consideration of the suggested thesis.

This workshop has explored many changes, many challenges, many--if you will--"new worlds" of voluntarism. Perhaps many questions were not answered. It is certainly safe to assume that there will always be changes and challenges. Nevertheless, the new worlds must be explored. They must be analyzed and discussed. Courses of action must be proposed, rejected, modified, and accepted.

Who is equipped and prepared to help guide the exploration? Who should be ready to encourage creative approaches to social problems? Who shall provide leadership in the quest for realizing the impossible dream? Yes, WHO?

SUMMARY REPORTS OF GROUP DISCUSSIONS

GROUP A

Discussion Leaders: Tuesday -- Dr. Harriet Haas and Dr. Aina Nucho;
Wednesday -- Dr. Harriet Trader

Recorder: Betty Ann Smith

Definite written policy on volunteer programs are needed. When volunteers treat patients as normal people by taking them to their homes and out into the community, it often results in other members of the community more positively accepting patients. Staff attitudes toward the volunteer are changing, and volunteers are now being accepted where they were previously rejected. Volunteer programs are changing; not necessarily in general, but on an individual basis.

There was discussion about lobbying for reducing the size of institutions. Some hospitals are quite large, with populations of thousands of patients. There is considerable difference between the coordinator of volunteers within a large institution, and one coordinator operating within a 200-300 bed hospital. Related to this situation is the extension of professional staff and services into the community through out-patient clinics. This raises the question of greater need to supplement the staff which remains in the hospital; and the ultimate impact of this situation on the volunteer program was discussed. One point related to this was the opportunity for college students to participate and perhaps receive graduate credit.

Many in the group mentioned that they lose volunteers due to the volunteers getting jobs or going back to school. It often happens because volunteers find hospital or agency work interesting and decide to pursue their interests through education or employment.

It was mentioned that some professional staff often feel threatened by volunteers. Usually, the less confident staff members are more threatened. Staff members must be continuously reminded that : Volunteers do not supplant staff, they supplement. Volunteers may add extra hands, or special skills, but they require staff guidance.

Volunteer efforts sometimes result in creation of jobs. An example was given of how volunteers would teach deaf patients during the summer months but the program was not provided on a continuous year-round basis. The need for a full-time teacher was thus demonstrated, and such a staff person was employed.

Volunteer programs exist in Turkey due to the interest and efforts of the Sultan's mother, who was one of the country's first volunteer. An example of a unique volunteer program in Turkey was that of one employment agency staffed entirely by volunteers.

Agency administration must be shown how volunteers contribute to the operation of the agency by carrying out householding services.

It is important that directors of volunteers believe in and enthusiastically support the value of volunteer service. Other professionals must be convinced of the values of volunteer service. Volunteers should not be belittled, but there should be recognition of their abilities and talents. Volunteers should be given responsibility

commensurate to their experience and competence. Forget the issue of no-pay, and consider the volunteer as part of the agency team. Some suggested treating volunteers as employed persons. This led to the suggestion that the phrase "Unpaid staff" should replace the term "volunteer". There were questions about defining the term "volunteer."

Attention was directed toward furthering the education of directors of volunteers. Some inquiries have been made, including an approach to the University of Maryland to offer courses for directors of volunteers. It was reported that special courses can be provided if at least 10 people will register. Anyone interested should contact Miss Burrier. Mention was made of educational opportunities outside Maryland. These included the programs at Columbia University and Northeastern University. Interest was expressed for a college course within Maryland that would give credits to directors of volunteers who enrolled.

The subject of delegation of responsibilities was discussed at length. Questions about the authority to delegate and what types of responsibilities should be delegated were raised for consideration. The social changes are having an impact on the institutions and agencies. In turn, the role of the volunteer is changing and the role of the director of volunteers is changing. Agency needs change because patient needs change and the result is the need to review and redefine roles and responsibilities. Volunteers and directors work within a changing structure, and a very practical

approach to coping with immediate and future needs may well depend upon the degree and nature of delegation.

Volunteers can be a tremendous source of strength in the community. Community, agency, and patient needs may be met if volunteers can be given more responsibilities, perhaps even supervisory roles. This is one form of delegation. Types of delegation identified: (a) being a coordinator (b) observing the volunteer grow (c) evaluation.

Emphasis must be continuously placed on the most important person--the patient. Volunteers may be given opportunities to act as change agents within hospitals. There should not be fear of innovation. Communication is vital. Volunteering is important.

GROUP B

Discussion Leaders: Tuesday -- Mr. George Beschner
Wednesday -- Mr. George Frankel

Recorders: Mrs. Vivian Ripple

Change was a major topic of the Tuesday discussion. The philosophy of volunteering and how volunteering is changing received considerable attention and discussion. Some models for volunteer programs in a changing society were identified in terms of objectives:

- (1) To provide better and more service to the community. With so much to be done, it is unrealistic to believe that staff can do it all. It is desirable to broaden the base of the source of volunteers. Clients of the agency, as well as the socially elite, can participate as volunteers.
- (2) To help volunteers become more informed, including the outlining of limitations on volunteer service. These objectives can be obtained through effective training. By becoming involved in an agency or system, volunteers (particularly client volunteers) learn how difficult it is to change a system. They expand their understanding of the complexity of society, and the need to obtain approval for change -- often through bureaucracy and legislation.
- (3) To help the agency become better informed so it may internally initiate change. Sometimes volunteers working within an agency or institution can raise issues about needed changes and they can serve as a tool for social action. An organization can often bring about change by recognizing the necessity for revision.
- (4) To directly assist client-volunteers by helping them gain self-esteem and help them experience improvement in their own self-image. This can particularly result as they learn to identify with professionals. As they work side by side with professionals they begin to enjoy the ability and feeling related to helping people. This can have a meaningful effect on volunteers. Another way in which client-volunteers are assisted is by increasing their skills. Volunteer experience can develop abilities that can lead to paid jobs.

A second area of change discussed was the recruitment approach. One of the most effective recruitment techniques is to recruit for a single specialized need. To advertise in the paper that individuals are needed for some specific situation obtains better results than a generalized appeal for volunteers. It does help to advertise in the news media as this conditions people and sets a community tone. This should be followed up with a personal approach, because this is the way to get people actively involved.

It is important to know as much as possible about the potential volunteer in order to match his interests with opportunities for service, keeping the needs of the community in mind because the people being served remain the primary concern.

Some administrative changes should be made to help the community need to become more effective. For example, some of the storage for transportation of bulky materials and the use of the space should be expanded. There are several other administrative and volunteer problems, and these need to be explored and solved.

By consensus, Group 2 recommended that the Bureau for the establishment of a central volunteer bureau. This bureau would be a registry, clearing house, and a central coordinating device for the use of all agencies and individuals in the community. The suggestion was that such a Bureau be located in the community center itself.

It was noted that the Federal Government and the City of New York require local departments of social services to have volunteer programs. This prompted great interest in knowing more about these programs.

It was agreed that a well thought out plan is absolutely essential before anything is done. It is necessary to have agreement on the need for a volunteer program. There must be a very firm commitment from the administrative and political action. Without such commitment, the program will not be successful. Administrative support will help to assist in the development of the program.

Staff supervisors and key staff persons should be involved early, and administrative support will help attract volunteers.

Staff members should be asked how volunteers can be involved, and should be asked to participate in the planning of the volunteer program. Initial resistance and concern of staff should be expected and dealt with directly. It is better to have a program to unexpectedly confront staff with a volunteer program and assume there will be easy and immediate acceptance.

It is important to develop a staff job description or job descriptions that clearly indicate that the volunteer staff is available to the agency or institution. The agency has authority and responsibility for volunteers in accordance with the agency's mission, goals, and interests. Other components of a volunteer program should also be carefully worked out, including recording hours or service, training and orientation, an evaluation system, and procedures for the selection and supervision of the volunteers. All of these factors should be considered before starting to recruit because how you recruit and who you recruit is partly determined by the design of the volunteer program. Volunteers should be involved as early as possible in the program planning. This is more likely because people will be more interested in a program that incorporates their ideas, and in which they had a part in developing. The volunteer program was designed by delegating leadership roles and responsibilities to volunteers.

GROUP C

Discussion Leaders: Tuesday - Mr. Leonard P. ...
 Wednesday - Dr. Leonard Shuman
 Recorder: Mrs. Anna McDonald

Volunteers are performing more non-clinical tasks. Professionals have accepted volunteers more readily in the past. However, some administration, medical and teaching personnel require orientation to new attitudes and approaches.

Change has resulted from several recently developing conditions.

(1) expansion of programs (2) advances in technical procedures (3) a better informed public (4) improved communication systems (5) more effective public relations programs.

Volunteer services never replace paid personnel. The volunteer union demands requires carefully written volunteer policies.

Professionally trained volunteers cannot be utilized as professionals; they can serve as aides to paid personnel.

Factors which helped to expand volunteer programs: (1) attitudes of professional staff and administration (2) leadership in the past, have kept themselves isolated from the community (3) problems of poor distribution of health services has existed for a long time (4) the recent initiation of new programs (5) increased vocal expression by the public (6) realization that we really want a "piece of the action."

Two specifically identifiable changes of significance were noted as (1) the widening range of volunteer opportunities combined with increasing interest in serving as a volunteer (2) previously isolated programs began moving directly into the community.

There was discussion of the role of the director of volunteers in the hospital. Emphasis was given to the point that fundamental goals have not changed. These goals can be a common bond between the traditional volunteers and the new breed of volunteers. Orientation and education can help enforce the correlation between established goals and current needs and resources. People are people; they still feel the same and share common goals. There is a place for everyone.

A key consideration is the recognition of the director of volunteers as a department head. This requires the sanction of the hospital administrator.

Another core topic was the need to redirect the thinking of the hospital auxiliary. This difficult task must be tackled by the director of volunteers, who assumes responsibility for educating the auxiliary about changes in the nature and range of voluntarism. The director of volunteers must serve as a bridge between the traditional and new breed volunteers, and direct all groups to work together in harmony. To achieve this effect requires a director of volunteers to have a positive attitude, ability to communicate, and have the characteristics of enthusiasm, fondness, toughness, and sainthood.

Each participant was requested to identify a challenge which he expected to face in 1970. The problematic situations were expressed as follows: rechallengeing of auxiliary, extension of services to out-patient clinics, training of volunteers before placement in patient areas, enlarging volunteer programs and recruiting volunteers, organizing a volunteer program, staffing emergency room and out-patient clinic which has become community health center, securing evening volunteers, developing an effective health careers program for junior volunteers, inspire department head cooperation, and orientation of professional staff to volunteer program.

The position of director of volunteers is one of great complexity. Every director must work out each option in the program.

Several questions prompted discussion of specific concerns. One director inquired about the problem of compensating volunteers with lunches, uniforms, or transportation costs. Responses included furnishing uniforms, free lunches, and in a unique situation parking was paid.

There was an inquiry about the number of agencies that involve low-income persons as volunteers. Positive responses were given by community action agencies, community organizations, and the large centrally located hospitals. It was noted that it is difficult to answer the question because in 1969 no one was separately identified according to income level. Only one agency was noted as including low-income

volunteers is the Baltimore Senior Citizens group. In addition, groups that receive federal funds encourage participation by low-income persons, e.g., departments of social service.

A question was raised about the representative nature of volunteer programs. It is not realistic to expect low-income people to participate in volunteer programs and hold activities that involve expensive luncheons in hotels that require difficult transportation situations or high parking fees. These practices prohibit low-income persons from participating in volunteer programs. If there is interest in having more low-income persons participate then money would have to be obtained in order to subsidize such participation. The problem of finances is within the jurisdiction of the administration. One source of such funds might be donations from interested groups.

Attention was called to the public relations value of volunteer participation. Some persons who never have been served by the hospital or agency may volunteer in order to find out what the hospital is really like. Volunteers who enjoy their participation will promote positive attitudes within the community about the agency -- particularly within their own neighborhoods and circle of friends. The public relations value may be especially helpful to the small community hospital to whose volunteers can effectively convey a positive image of the agency to the community.

Several specific comments were suggested for consideration by the workshop participants. (1) Directors of volunteer programs concerned with the expansion of volunteer programs -- one way is to make it possible for anyone

in the community who wishes to volunteer to actually have the opportunity to serve. Low-income persons should never be deprived of volunteer participation due to expenses. Opportunities should be numerous and flexible in order to expand volunteer participation. (2) Attention must be given to the time and place of volunteer meetings (3) Each volunteer should receive individual consideration and assistance that will help them serve as volunteers.

Specific suggestions were provided in order to help expand volunteer opportunities for low-income persons: (1) maternity clinic area to care for children (2) hospitals can set up child care unit, (3) mothers can care for each other's children. There are important contributions made by facilitating the participation of lower-income persons as volunteers. To accomplish this objective will often require changing ideas of key staff members and volunteer leaders.

GROUP D

Discussion Leader: Mr. Patrick Holman

Recorder: Mrs. Elizabeth Lotrich

Student volunteers require greater supervision by agency staff. Volunteer service offers students learning as well as serving experiences. No special skills are required for young volunteers who work with the retarded; guidelines are outlined and copy are direction is provided through in-service training.

Several problematic situations were expressed. A great deal of time is required to coordinate the large numbers of people eager to serve as volunteers. Some directors of volunteers feel there is not enough time for them to organize and direct orientation and training and also be able to effectively work to change volunteer or staff attitudes on race and poverty.

Other problems included: predominance of middle class, insecurity of volunteers, a gap between volunteers and professionals which may be based on feelings of being threatened, poor public image of the term volunteer, recruitment for small jobs that are "dirty" and non-professional lack of adequate training, omission of involving paid staff in requesting volunteers which reflects need for staff orientation and working with board and auxiliary in order to clarify potential involvement of volunteers, seldom giving volunteers important status or real responsibility, volunteers are not deeply involved in planning efforts or in simultaneous training sessions with staff, boards are ignorant of volunteer capacities and activities, expenses related to volunteer service, consideration of family obligations and complicated situations, and attitudinal gap between types of volunteers -- board, direct service, and grass roots.

Mental hospitals promote the concept, through their training programs, that volunteers can and should give back to the community effective persons who become active volunteers and assist former mental patients in staying out of the hospitals. There was mention of the recruitment

of "patient" volunteers who serve their peers and fellow patients. This kind of peer-service-relationship can be very effective.

In connection with the transportation situation, one agency has had some success with a Taxi Captain approach. The captain arranges for a taxi to pick up several volunteers in the neighborhood. They all get in the taxi, and the captain gets reimbursed for the taxi expense.

In-service training, under good supervision, can lead to increasing levels of more professionalized service. Often the end result is the volunteer becomes a full-time or part-time paid employee.

Interest was expressed about ways to obtain improved inter-agency cooperation. One agency indicated that one staff person was shared between the two agencies. This has some stabilizing impact. Joint programs was another suggestion. And the use of existing agencies and organizations which can and do coordinate facets of the community that are sometimes confused and chaotic.

Through a role playing situation, this group considered the premise that volunteers are little more than middle-class "do gooders" who are working off their guilt feelings. They have inadequate knowledge of the agencies. They are adequate money-raisers, but are usually ineffective in direct service assignments.

This role playing situation prompted considerable response from the participants, much of which was lively and animated. The board of directors included too few minority group members. The qualifications of the board members were attacked, as was the practice of middle class volunteers to set standards and criteria for lower-income volunteers. Too little money and staff time is spent on training of volunteers. In addition to the black-white gap, volunteer programs must face the youth-older person gap. The choice of the volunteer is directly related to the image the agency projects. Middle class motives are often suspected. However, the volunteer can and will be prepared to be very useful. The rating system used by the federal government seems to show preference for in-kind values of volunteers from suburbia rather than the indigenous inner-city areas.

If the director of volunteers can focus on the right status needs then effective recruitment can be achieved. In addition, the image of the volunteer can be improved. However, caution must be applied in situations where volunteers are seeking an "underdog" role. This type of motivational force can affect the entire program and demoralize the agency.

Young volunteers are "turned off" by emphasis on money. They show much more interest in humanity.

Blacks can accept white middle-class volunteers if the volunteers can

work with what the neighborhood has to offer, if the volunteers do not press their demands, if the volunteer program truly permits maximum possible participation, and if the volunteer is prepared for possible rejection.

It is important that emphasis in recruiting be placed on obtaining quality people rather than accepting almost every volunteer applicant. Recruitment of quality persons requires lots of time.

In selecting volunteers, some of the following characteristics might be observed:

- (1) prejudicial attitudes
- (2) emotional stability
- (3) awareness of self
- (4) motivating forces
- (5) sincere interest in people
- (6) performance during interview
- (7) the participation in training

APPENDIX

WORKSHOP: "Exploring the New Worlds of Voluntarism"

EVALUATION

Selected Questions:		Number of Participants Responding
I. What did you like the <u>best</u> about this workshop?		
The discussion groups (sharing experience)		29
The speakers		8
Dr. Brown		4
The organization of the workshop		3
Mr. Shropshire		2
No answer		3
II. What did you like <u>least</u> about this workshop?		
The discussion groups (too large, too superficial)		15
The subject-matter was not considered in depth or in detail		7
The speakers		4
The physical facilities		4
Too social-work oriented		4
Too much emphasis on hospital volunteer programs		2
Too few small group activities		1
Reports by recorders		1
No answer or no criticism		12
III. Would you be interested in participating in another workshop of this nature?		
YES		39
NO		9
No answer		2
Uncertain		1

Appendix

Evaluation		Number of Participants Responding		
IX. (a)	Did this workshop help you understand or more effectively cope with a serious change being experienced by your volunteer program?			
	UNDERSTAND			
	YES	23		
	NO	10		
	COPE			
	YES	16		
	NO	11		
X.	Do you plan to revise or change your volunteer program, or particular procedures, as a result of this workshop?			
	YES	18		
	NO	23		
VIII.	Using the numbered statements below, place one number next to each of the items.			
	1. Very helpful			
	2. Interesting			
	3. Of little or no value			
		1	2	3
	Dr. Brown's address	11	27	5
	Mr. Shropshire's speech	13	25	4
	Panel of reactors	7	19	15
	Tuesday afternoon discussion groups	14	19	9
	Mrs. Duffy's speech	23	13	5
	Wednesday morning discussion groups	17	16	9
	Reports by group recorders	11	13	5
	Mr. Levin's speech	11	14	4

Appendix

Evaluation	Number of Participants responding
XII. Please read the following statements. Then, check those that best describe how you feel about this workshop as a whole.	
It was one of the most rewarding experiences I have ever had.	4
Exactly what I wanted.	6
I hope we can have another one in the near future.	11
It provided the kind of experience I can apply to my own situation.	11
It helped me personally.	12
It solved some problems for me.	5
I think it served its purpose.	13
It had some merits.	12
It was fair.	5
It was not exactly what I needed.	12
It was too general.	4
I was mildly disappointed.	4
I am not taking any new ideas away.	7
It didn't hold my interest.	0
It was much too superficial.	11
I leave dissatisfied.	5
It was very poorly planned.	2
I didn't learn a thing.	0
It was a complete waste of time.	0

EXPLORING THE NEW WORLDS OF VOLUNTARISM
Workshop: November 10-12, 1969

(Condensed Form)

EVALUATION

- I. What did you like best about this workshop?
- II. What did you like least about this workshop?
- III. Would you be interested in participating in another workshop of this nature? YES _____ NO _____
- IIIa. If YES, what should the next workshop have as its primary concern?
- IIIb. If NO, why not?
- IV. What information or ideas did you obtain from this workshop? List three most significant points.
- V. What will you do differently in your official position as a result of this workshop?
- VI. How many people with similar responsibilities did you meet for the first time?
- VII. How many people were you able to speak with through organized workshop sessions or informal activities?
- VIII. Using the numbered statements below, place one number next to each of the items.
1. Very helpful
 2. Interesting
 3. Of little or no value
- _____ Dr. Brown's keynote address
- _____ Mr. Shropshire's speech
- _____ Panel of reactors
- _____ Tuesday afternoon discussion groups
- _____ Mrs. Duffy's speech
- _____ Wednesday morning discussion groups
- _____ Reports by group recorders
- _____ Mr. Levin's speech
- IX. What is the most serious change being experienced by your volunteer program?
- IX a. Did this workshop help you understand or more effectively cope with this change?
- Understand YES _____ NO _____
- Cope YES _____ NO _____

X. Do you plan to revise or change your volunteer program, or particular procedures, as a result of this workshop ?
YES _____ NO _____

Xa. Please explain your answer to Question X.

XI. What would have improved this workshop?

XII. Please read the following statements. Then, check those that best describe how you feel about this workshop as a whole.

- ☐ () It was one of the most rewarding experience I have ever had.
- ☐ () Exactly what I wanted.
- ☐ () I hope we can have another one in the near future.
- ☐ () It provided the kind of experience I can apply to my own situation.
- ☐ () It helped me personally.
- ☐ () It solved some problems for me.
- ☐ () I think it served its purpose.
- ☐ () It had some merits
- ☐ () It was fair
- ☐ () It was not exactly what I needed.
- ☐ () It was too general.
- ☐ () I was mildly disappointed.
- ☐ () I am not taking any new ideas away.
- ☐ () It didn't hold my interest.
- ☐ () It was much too superficial.
- ☐ () I leave dissatisfied.
- ☐ () It was very poorly planned.
- ☐ () I didn't learn a thing.
- ☐ () It was a complete waste of time.

If you have any additional comments on this workshop, please write them below.

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EXPLORING THE NEW WORLDS OF VOLUNTARISM

Baltimore, Maryland

November 10-12, 1969

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