UniMinistry

VOLUNTEER ORIENTATION BOOKLET

GENERATIONS CONNECT

Everything you need before your first visit — the role, your police check, dementia, the keepsake booklet, privacy and safeguarding — with the self-check answers.

Your copy to keep. Finish your induction online at uniministry.com

UniMinistry Foundation Ltd · ACN 670 161 430 · ABN 25 670 161 430
ACNC-registered charity · DGR Item 1 endorsed · Erina NSW 2250
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What is in this booklet

> The knowledge check in this booklet shows the correct answer to every question, with the reasoning. It is a self-check, not a test — there is no pass mark. The version on the website works the same way.

MODULE ONE

The program and your role

Generations Connect pairs a trained student volunteer with an older person — in a residential aged care home, in a retirement village, or through a specialist dementia, palliative or veterans' service within one of those settings. You visit the same person each week for about an hour across a twelve-week block. You listen to their story, take notes with their permission, and at the end you hand them a printed keepsake booklet of their own life — their words, their photographs, their people.

Why it exists

UniMinistry Foundation is a charity whose dominant purpose is advancing wellbeing and preventing or relieving social isolation. Loneliness in residential aged care is common, measurable, and responsive to exactly this kind of regular, unhurried attention.

What you actually do

You turn up on time, you ask good questions, you listen, and you write it down faithfully. That is the whole job. You are a visitor and a companion — not a carer, not a counsellor, not a chaplain, not staff.

What you get out of it

Real communication skills with older adults, a documented volunteering record for your CV or placement requirements, a reference from the Foundation after you complete a full block, and a booklet a family will keep for decades.

The line that matters most: you are there for the resident's company, not their care. If anything involves their body, their medication, their food and drink, their money or their mobility, the answer is always the same — find a staff member.

MODULE TWO

Who can volunteer, and what we ask of you

You are eligible if you

- Are 18 or over
- Are enrolled at an Australian university, TAFE or college (or are a recent graduate)
- Can commit to a weekly visit for a full twelve-week block, at a time that suits the home
- Hold a current police check — see Module 3. You pay for this yourself
- Are covered by your university's volunteer or student placement insurance — see Module 3. Arrange this before your first visit
- Can get yourself to and from the home
- Are comfortable talking with people much older than you, including people who are frail or living with dementia

What we ask of you

- Reliability above everything. A cancelled visit is a real disappointment to someone whose week is shaped around it
- At least 24 hours' notice if you cannot attend, to the home and to your coordinator
- Confidentiality about everything you see and hear
- Honesty with your coordinator when something is hard, awkward or upsetting
- Respect for the home's rules, even when they seem inconvenient

The volunteer code of conduct in eight lines

- Treat every resident with dignity, patience and respect — including on days when they are confused, repetitive or blunt.
- Stay inside your role. No personal care, no manual handling, no food or drink, no medication, no money.
- Never visit a resident outside the arranged times or take them off the premises.
- Do not give or accept gifts, money, loans or property. Politely decline and tell your coordinator.
- Do not share your home address, or add residents or their families on social media.
- Do not post photographs, names or stories from your visits on social media — ever, and regardless of consent given for the booklet.
- Do not proselytise. UniMinistry is a non-denominational Christian charity, and Generations Connect is a listening program, not an evangelism program. If a resident raises faith, you may follow their lead warmly and respectfully.
- Report anything that worries you, the same day. Module 10 tells you exactly how.

MODULE THREE

Your police check, what it costs, and your insurance

Two things have to be in place before your first visit, and both are your responsibility to arrange: a current police check, which you pay for, and insurance cover through your university. Australian law requires everyone who works or volunteers in aged care to be screened, so start the check now — before you finish this orientation if you can. The rules are the same whether you visit someone in a residential aged care home or in a retirement village.

What you need

- A National Police Check — also called a police certificate or a Nationally Coordinated Criminal History Check — that is less than three years old and does not record certain offences.
- Or a current NDIS Worker Screening Check clearance. If you already hold one for a disability support job or placement, you generally do not need a separate police certificate. Tell your coordinator and have the clearance number ready.
- The aged care home must sight the original or a certified copy before your first visit. Bring it with you.
- A national worker screening check for the care and support sector is being phased in and will eventually replace the police certificate. Until your provider tells you otherwise, the certificate is what you need.

Apply through your state or territory police, or through any organisation accredited by the Australian Criminal Intelligence Commission — Australia Post and a number of online providers are accredited. Most checks come back within a few days, but some are referred for manual review, so allow up to six weeks.

You pay for your own police check. UniMinistry Foundation does not reimburse it. The good news is that it is yours to keep: a National Police Check stays valid for three years and can be used for other volunteering, placements and jobs in that time, so it is rarely money spent only once. Always ask for the volunteer or student rate — it is often less than half the standard fee, and in some places it is free.

Roughly what it costs

Where you apply	Approximate cost	Worth knowing
Any state — A CIC-accredited online provider	$45–$60 standard $20–$40 volunteer or student rate	Usually the fastest option, often back within 24–72 hours. Many providers list a student discount at checkout — look for it before you pay.
New South Wales	About $56 through NSW Police About $15 volunteer rate	The Centre for Volunteering offers a reduced volunteer rate in partnership with the NSW Police Force. NSW residents only.
Victoria	About $52 online through Victoria Police, discounted for volunteers and students on placement	The discount needs a Community Volunteer Fee (CVF) number from a Victorian-based organisation. UniMinistry is NSW-based, so ask your university placement office for theirs.
Queensland	About $55–$62	Through the Queensland Police Service or an accredited provider. Ask about the volunteer rate.
South Australia	About $50–$60 for a police check Free for the DHS check	If the home requires the DHS Aged Care Sector Employment Check, screening checks are free for South Australian volunteers — but the organisation has to lodge it, so talk to your coordinator before you pay for anything.
Western Australia	About $60–$72	Typically the dearest of the states. An accredited online provider may work out cheaper.
Tasmania	About $55–$65	Through Tasmania Police or an accredited provider.
Northern Territory	About $55–$70	Through SAFE NT or an accredited provider.
Australian Capital Territory	Police check as above Free WWVP registration	Working with Vulnerable People registration is free for volunteers and lasts five years. Allow about four weeks.

These figures are a guide only and change without notice — check the current fee on the provider's site before you apply, and keep your receipt and your certificate. If the cost is a genuine barrier for you, say so to your coordinator before you give up on the program: ask@uniministry.com.

Find your state or territory

New South Wales

Apply for a National Police Check online through the NSW Police Force, or through any ACIC-accredited provider. NSW has no separate registration scheme for working with vulnerable adults, so the police check is normally all you need. A NSW Working with Children Check is a different thing and is not required for aged care.

Victoria

Apply for a National Police Check through Victoria Police online, or through an ACIC-accredited provider. Victoria has no separate vulnerable-adults registration, so the police check is normally all you need.

Queensland

Apply through the Queensland Police Service or an ACIC-accredited provider. A Blue Card is for child-related work and is generally not required for aged care volunteering — but if the home tells you they want one, follow their instruction and tell your coordinator.

South Australia

South Australia is the exception. As well as a National Police Check, many SA aged care employers require an Aged Care Sector Employment Check issued by the SA Department of Human Services Screening Unit. It is valid for three years and is continuously monitored. Ask the home which they require before you apply, so you do not pay for the wrong one.

Western Australia

Apply for a National Police Certificate through WA Police, or through an ACIC-accredited provider. WA's Working with Children Check is a separate scheme for child-related work and is not required here.

Tasmania

Apply for a National Police Check through Tasmania Police or an ACIC-accredited provider. Tasmania's Registration to Work with Vulnerable People covers child-related and NDIS work; ask the home whether they also require it for their volunteers.

Northern Territory

Apply through SAFE NT (NT Police) or an ACIC-accredited provider. The Ochre Card is a working with children clearance and is not the aged care requirement.

Australian Capital Territory

The ACT needs two things. Alongside your National Police Check you will generally need Working with Vulnerable People (WWVP) registration through Access Canberra, because the ACT scheme covers vulnerable adults as well as children. Registration is free for volunteers and lasts five years, but allow around four weeks for processing — apply early. Tell Access Canberra you are volunteering with UniMinistry Foundation.

If you have lived overseas since you turned 16

If you have lived outside Australia for 12 months or more since the age of 16, you will usually also need to make a statutory declaration stating that you have not been convicted of a precluding offence, and in some cases an overseas police check as well. This is completely routine for international students — tell your coordinator early and we will walk you through the wording and the witnessing.

Insurance — you must be covered by your university

UniMinistry Foundation does not provide insurance cover for Generations Connect volunteers. You must be covered under your university's volunteer or student placement arrangements, and that cover must be in place before your first visit. Aged care homes will usually ask to see evidence of it.

1. Contact your placement, work-integrated learning or student volunteering office. Ask whether you are covered for volunteer activity at an external organisation — specifically, visiting a resident in a residential aged care home as a companion volunteer, with no personal care duties.
2. Ask for it in writing. A certificate of currency or a short email confirming public liability and personal accident cover is usually enough for the home.

3. Check what they need from us. Some universities will only extend cover if the activity is registered with them, or if there is an agreement in place with the host organisation. Tell your coordinator what they require and we will supply it.
4. Send the evidence to your coordinator before your first visit, and record its status on the induction form at the bottom of this page.
5. If your university will not cover you, do not start visiting. Tell your coordinator — there may be another route, but it has to be sorted out first, not afterwards.

MODULE FOUR

Where you might visit

Generations Connect runs in residential aged care and in retirement living. The conversation is the same in both — an hour a week, listening to someone's life. What changes is who else is around and what the rules are when you arrive. Your coordinator tells you which setting you are going into before you are matched, and you can say no to either.

Generations Connect does not do home visits. Every visit takes place inside a service or in the shared areas of a village, where other people are present and someone knows you are there. We do not place volunteers into private houses or units through home care providers, and we do not place volunteers into disability services. If anyone asks you to visit someone at home, say no and tell your coordinator.

Residential aged care

A home where people live and receive care around the clock. Staff are always nearby, there is a sign-in desk, a call bell in every room and clear infection control rules. This is the most structured setting and the easiest one to start in.

Retirement living

Independent units or villas in a village. The person is a tenant, generally independent, and there are usually no care staff on site. You sign in at the village office and meet in a shared space — the community centre, café, library or lounge — not in their villa.

Integrated providers

Organisations running both of the above, often on one campus. Your visits stay with one person in one setting, and you follow that setting's rules — even if the building next door works differently.

Specialist services

Dementia-specific units, palliative care and veterans' services, delivered within a residential home or a village. A briefing applies before your first visit, and your coordinator arranges it.

What changes between settings

Setting	Who else is around	What people are usually called	If something is wrong
Residential aged care	Care staff on site 24 hours	Resident	Staff on shift, then your coordinator
Retirement living	Neighbours and other residents in the shared areas; village staff during office hours	Resident	The village office, then your coordinator
Dementia, palliative or veterans' services	Specialist staff on site	Resident — but ask; many prefer their name and nothing else	Staff on shift, then your coordinator

Ask what they would like to be called, and then use their name. "Resident" is a word services use for their paperwork. Nobody thinks of themselves that way. Get the pronunciation right, and ask whether they prefer Mrs Nguyen or Thuy.

The specialist settings, briefly

Dementia-specific services

A unit or program built around people living with dementia, often with secure entry. Everything in Module 8 applies, and applies more. Expect repetition, expect to reintroduce yourself every visit, and expect some visits to go nowhere — that is not failure. Staff will brief you on the person's particular triggers and what settles them.

Palliative care

The person you visit may be dying, and may know it. Life-story work matters enormously here — for many families the booklet becomes the thing they keep. You will be briefed before you start and supported throughout, and you can decline this setting or step back at any point with no explanation needed.

Do not discuss prognosis, treatment or what the doctors have said — that is not your role and you will not have the facts. If they want to talk about dying, you can listen without needing to have an answer. Ask your coordinator for the debrief after any visit that stays with you. Grief for someone you have visited is real and expected.

Veterans' services

Service history can be the richest part of someone's story and the hardest. Follow their lead entirely: some will want to tell you everything, some will not mention it in twelve weeks, and both are fine. Do not push for detail about combat, and do not treat a difficult memory as material for the booklet unless they say it belongs there.

If a conversation brings up something they are struggling with, you do not have to fix it. Tell your coordinator. Open Arms provides free counselling for veterans and their families on 1800 011 046.

MODULE FIVE

Getting matched with an aged care home near you

You choose the home. We make the approach. Nominate an aged care home near you, or ask us to recommend one — either is welcome. What we ask is that you let us make the formal contact, because homes need a written volunteer agreement, screening records and insurance evidence before anyone walks through the door, and a student arriving unannounced usually gets a polite no.

How the matching works

1. Tell us your area and availability. Email ask@uniministry.com with your suburb or campus, how far you can travel, whether you drive or use public transport, and two or three time windows that work every week.
2. Nominate a home, or ask us to recommend one. Both paths are equally welcome — pick whichever suits you.
3. We make the approach and set up the agreement. That covers the volunteer agreement, screening evidence, your insurance evidence, visiting hours and a named contact at the home. If the home you nominated says no, we will look at the next one on your list.
4. You meet the home. Most homes run a short site induction of their own — sign-in procedure, fire exits, infection control, and who to find if you need help. Attend it, and tell us when it is done.
5. You are matched with a resident. The home's lifestyle or recreation coordinator chooses the resident, briefs you on anything you need to know, and introduces you at your first visit.

Nominating a home yourself

Good reasons to nominate one: it is walkable from your campus or home, it is where a relative or friend lives, you did a placement there, or it serves a community you have a language or cultural connection with — which matters more than you might think to a resident who has nobody to speak their first language with.

- Search the Australian Government's My Aged Care service finder for residential aged care near your suburb.
- Or simply note the homes you pass on your way to campus.
- Send us the names — two or three if you can, in order of preference — and any connection you already have there.

Asking us to recommend one

Tell us your suburb or campus and how far you can travel, and we will come back to you with options.

- If we already visit a home near you, you will usually be matched within a fortnight.
- If we do not, we will search your area and approach suitable homes — allow four to six weeks for a new home to come on board.
- Either way you will be told which home before anything is confirmed, and you can say no.

If a home asks you directly

It does happen — you mention the program at a placement, or a relative works there. Do not agree to anything. Say something like this, then send us the contact:

> "Thank you — I'd love that. I volunteer through UniMinistry Foundation, a registered charity, and they handle the agreement, insurance and screening with the home. Could I pass your details to their coordinator so they can call you? They can send you the program outline before you decide anything."

MODULE SIX

Visiting a home: arrival, safety and infection control

Read the part that matches where you are going. If you are visiting inside a residential aged care home or a dementia or palliative unit, start here. If you are visiting someone at a retirement village, the second half applies as well.

Visiting inside a service: every single visit

- Sign in at reception and wear the visitor or volunteer badge the home gives you. Sign out when you leave. This is a legal record of who was in the building.
- Wash or sanitise your hands on the way in, before and after contact with the resident, and on the way out. Hand hygiene is the single most effective thing you do.
- Follow the home's current infection control rules — masks, screening questions, vaccination requirements or visitor limits. They change, sometimes at short notice. If the home says no visitors today, that is the end of it.
- Do not attend if you are unwell. A cold that inconveniences you can hospitalise an 88-year-old. If you have any respiratory symptoms, fever, vomiting or diarrhoea, or you have had diarrhoea or vomiting in the last 48 hours, cancel — ring the home and email your coordinator. Nobody will be annoyed with you.
- Check with staff before you go to the resident's room. They will tell you if the resident is unwell, resting, or having a difficult day.
- Meet in the agreed space. Many homes prefer a lounge, courtyard or activity room. If you visit in the resident's room, keep the door open.

Do

- Arrive on time and leave on time
- Introduce yourself by name every visit, even if you have met many times
- Sit at eye level, on the resident's better hearing side
- Ask staff where the nearest call bell is
- Report a spill, a fall or anything unsafe to staff immediately

Do not

- Help a resident stand, walk, transfer or use a wheelchair — even if they ask you to
- Give food, drink, lollies or chewing gum. Many residents have swallowing plans or fluid restrictions
- Touch equipment, oxygen, bed rails or medication
- Take another resident's photograph, or one that includes them in the background
- Enter a room with a sign on the door without asking staff first

Visiting someone in a retirement village

Visits happen in the village's shared spaces, not inside someone's villa or unit. The community centre, café, library, lounge or a courtyard table are all fine. This keeps other people nearby and means someone always knows you are on site. If the person presses you to come inside, say that your program asks you to meet in the community areas — then tell your coordinator, who will sort it out with the village.

- Sign in at the village office every visit, and sign out when you leave, exactly as you would at a residential home.
- Agree the meeting spot in advance so nobody is left waiting in the wrong place, and book the room if the village asks you to.

- Village staff are there during office hours only. Know who is on the desk, and keep the office number in your phone.
- Everything else in this module still applies — hand hygiene, not attending if you are unwell, no personal care, no mobility assistance, no food or drink.
- Never drive them anywhere, and never accept a lift. That rule holds in every setting, however short the trip.
- If they seem unwell or very different from usual, tell the village office before you leave, and tell your coordinator the same day.

MODULE SEVEN

Talking with someone living with dementia

Roughly half of people in residential aged care live with some form of dementia. You may be matched with someone who repeats themselves, loses the thread, mistakes you for someone else, or believes something that is not true. None of that means the conversation is not worth having. People with dementia often retain long-term memories vividly — which is exactly what a life-story program is built on.

How to be easy to talk to

- Approach from the front, make eye contact, say your name and why you are there: "Hello Margaret, it's Aisha. I've come to hear more about the farm."
- Reduce the noise. Turn the television down, or move somewhere quieter. Background noise makes comprehension much harder.
- Short sentences, one idea, one question at a time. Then wait. Silence of five or ten seconds is normal and is not a failure.
- Ask about feelings and long-ago things, not recent facts. "What was your mother like?" is kind. "What did you have for lunch?" can be a test they fail.
- Never quiz. Avoid "Do you remember me?" and "I told you last week." Just reintroduce yourself, every time, cheerfully.
- Repetition is not a problem to solve. If a story comes round for the fourth time, receive it as if it were the first. It is often the story that matters most to them.
- Watch the body, not just the words. Tone, face and posture will tell you when to slow down or change direction.

When what they say is not true

A resident may tell you her husband is coming to collect her, though he died in 1998. Do not correct her, and do not lie by agreeing he is on his way. Respond to the feeling underneath: "It sounds like you're missing him. What was he like?" Then gently move towards something comforting — a photograph, a memory, a walk to the window. Correcting someone into fresh grief helps nobody, but neither does a promise that will not come true.

If someone becomes distressed or agitated

1. Stay calm and lower your voice. Distress is usually communicating an unmet need — pain, fear, needing the toilet, too much noise.
2. Give them space. Step back, do not block the doorway, never hold, restrain or grab.
3. Stop the topic that upset them and do not argue the point.
4. Get a staff member. This is their job, not yours, and asking for help early is the right call every time.
5. Tell your coordinator afterwards. If it shook you, say so — that is normal, and we will talk it through.

Free specialist advice: the National Dementia Helpline is on 1800 100 500, 24 hours a day, for anyone — including volunteers.

MODULE EIGHT

The life-story conversation

In palliative settings this work carries more weight and often moves faster — take the story in whatever order they want to tell it, and do not save the important parts for week ten. Otherwise: you are not conducting an interview and you are not filling in a form. You are having a conversation that happens to be about someone's life, and you are the one who writes it down afterwards. Follow the resident wherever they want to go — the twelve-week shape below is a map, not a timetable.

Visits	Where the conversation usually goes	Openers that work
1–2	Getting to know each other. No notebook yet — just talk.	"Tell me about where you grew up." "Who was in the house when you were small?"
3–4	Childhood, family, school, the place they came from.	"What did your street smell like on a Sunday?" "Who did you look up to?"
5–6	Working life, service, migration, the years of building something.	"What was your first pay packet?" "What were you good at?"
7–8	Love, marriage, children, friendships, losses.	"How did you two meet?" "What made you laugh together?"
9–10	Faith, values, turning points, what they believe about the world.	"What got you through the hard years?" "What do you still believe in?"
11	Their message forward — and reviewing the draft booklet together.	"What would you want your grandchildren to know?"
12	Presenting the finished booklet, thanking them, saying goodbye properly.	"This is yours. Would you like me to read a bit of it to you?"

Better questions

Ask open questions that invite a scene, not a yes or no. Ask about the senses — smells, songs, food, weather. Ask "what happened next?" more often than you ask anything else.

Handling hard material

War, poverty, stillbirth, estrangement, abuse. If they choose to tell you, listen without flinching and without pressing for detail. Say "thank you for telling me that." Ask before writing it down: "Would you like that in the booklet, or is that just for us?"

Taking notes

Write brief notes during the visit only if the resident is happy with it, and the fuller notes in the car park or on the bus afterwards, while it is fresh. Capture their exact phrases — the booklet lives on their voice, not your summary.

MODULE NINE

Making the keepsake booklet

The booklet is usually 12 to 20 pages, A5, printed and bound simply. Your coordinator will send you the UniMinistry template. Write in the resident's voice, in the first person, keeping their own words wherever you can.

What goes in it

- Cover — their name, a title in their words, and a photograph if consent has been given.
- Beginnings — where and when they were born, the family, the house, the street.
- Growing up — school, work as a young person, the place they were from.
- The working years — jobs, service, migration, what they built.
- The people — partner, children, friends, the ones they lost.
- What I believe — faith, values, what carried them through.
- What I'd tell you — their advice, in their own words. This is almost always the page families cry over.
- Photographs — scanned or photographed with consent, captioned by the resident.
- Closing page — a short thank-you from you, the Foundation's details and the year.

How to build it without leaving it to week eleven

1. Type up your notes within 24 hours of each visit, into the template, straight into the right section. Twelve small jobs, not one enormous one.
2. Check the facts you can check — spelling of names and places, dates. Ask the resident, and never guess. If something is uncertain, write “around 1953” rather than a wrong year.
3. Keep their voice. If she said “we were poor as church mice but we were happy”, do not turn it into “the family had limited means”.
4. Handle photographs carefully. Never take an original away with you. Photograph or scan it at the home, hand it straight back, and caption it with the resident.
5. Send the draft to your coordinator by visit nine. We check it for privacy, tone and anything that needs a second look before it goes to print.
6. Read the draft with the resident at visit eleven. They approve every page. Anything they want out, comes out — no discussion needed.
7. Print through the Foundation. We produce the final copies: one for the resident, one for the family if consent has been given, and one for the home's memory wall if they would like it. Do not pay for printing yourself.
8. Present it at visit twelve. Ask the home whether they would like to make a small occasion of it — many do, and families often come.

> If a resident dies before the booklet is finished — and sometimes this happens — stop, and tell your coordinator straight away. We will contact the home and decide together, with the family, whether to complete it. Many families have found the unfinished book to be the most precious thing they were given. We will also check on how you are. Grief for someone you visited for ten weeks is real, and you will not be the first to feel it.

MODULE TEN

Privacy, consent and photographs

Everything a resident tells you is personal information, and some of it is sensitive information under the Privacy Act 1988 — health, religion, ethnicity. Treat all of it as if it were about your own grandmother.

The form itself

Read it before your first visit so you know what the person you visit is being asked to agree to, and so you can answer their questions. Your coordinator brings the signed copy — you never ask anyone to sign it on the spot.

It is two pages: what the person is agreeing to, an optional section on whether UniMinistry may share part of their story, a privacy statement, and signatures. A copy is also available from your coordinator at any time.

The rules

- Consent comes first, in writing, before anything is recorded or photographed. Your coordinator provides the consent form — signed by the resident, or by their substitute decision-maker where the resident cannot consent. You do not work out which applies: the home tells us who can consent for each resident, and your coordinator tells you before you start.
- Consent is not a one-off. Check in as you go: “Is this bit alright to include?” A resident can withdraw consent at any time, for any part, without explaining why.
- Photographs need their own consent — and separate consent again if UniMinistry wants to use an image publicly. Assume the answer is no until the form says otherwise. Never photograph another resident, or a room with another resident visible.
- Audio recording is only ever with written consent and the home's approval. Recording without consent may be a criminal offence in several states.
- Keep your notes safe. Store them in one place, on a password-protected device, under the resident's first name and initial only. Do not put names or stories in group chats. Hand everything to your coordinator at the end of the block.
- Nothing goes on social media. Not a photo, not a name, not a quote, not “the loveliest lady I visit told me today…”. If you would like to share what the program is like, send it to us and we will write something with proper consent.

> Confidentiality has one limit, and you must be honest about it. If a resident asks you to promise not to tell anyone something, do not promise. Say: “I'll keep what you tell me private, but if I'm worried you're not safe, I have to tell someone who can help — and I'd tell you I was doing it.” That sentence protects both of you.

MODULE ELEVEN

Boundaries, safeguarding and speaking up

Boundaries that keep everyone safe

If a resident asks you to…

- Help them walk or get up — "I'm not trained for that, but I'll get someone right now."
- Bring food, alcohol or cigarettes — "I have to check with staff first." Then check, and abide by the answer.
- Give them money, or take money — decline warmly, and tell your coordinator the same day.
- Witness a will or sign a document — never. Refer to the home immediately.
- Visit outside program hours or take them out — not permitted, however kindly meant.
- Keep a secret from staff — explain the limit of confidentiality, warmly.

Signs to report, not investigate

- Unexplained bruising, injuries or weight loss
- Fear of a particular person, or flinching from touch
- A resident left in soiled clothing or bedding, or without call bell in reach
- Money, jewellery or belongings going missing
- Rough handling, mocking, threats, or being ignored
- Talk of not wanting to be here any more, or of harming themselves
- A resident who seems suddenly confused, drowsy or in pain — that can be an untreated infection

Where to escalate, by setting

Where you visit	Regulator or next step
Residential aged care, including an integrated provider's care services	Aged Care Quality and Safety Commission — 1800 951 822
Retirement living	The village operator in writing; then your state's fair trading or consumer affairs office. Retirement villages are not regulated by the Aged Care Commission.
Any setting — abuse of an older person	1800ELDERHelp — 1800 353 374
Any setting — immediate danger	000

What to do if you are worried

1. If someone is in immediate danger, call 000 and alert staff.
2. Tell a staff member before you leave the building — the registered nurse on shift or the facility manager. Say what you saw or heard, in plain words. Do not question the resident further, and do not confront anyone.
3. Tell your UniMinistry coordinator the same day, by phone or email. Write down what you observed, with the date and time, while it is fresh — facts, not conclusions.
4. If you are not satisfied with the response, or you believe the service itself is the problem, go to the regulator for that setting — the table below. You can do this yourself, and you can do it anonymously. You do not need to work out whether something is serious enough to qualify; report it and let the system decide.

5. Look after yourself afterwards. Ring your coordinator to debrief. If you need more, Lifeline is on 13 11 14, and your university counselling service is free.

> You will never be in trouble for raising a concern in good faith, even if it turns out there was an innocent explanation. The only mistake is staying quiet.

MODULE TWELVE

Measuring the difference, and your visit reports

UniMinistry uses the same measure across all of its programs so that the impact of this work can be compared and reported honestly — to boards, to providers and to funders. That measure is the UCLA-3 Loneliness Scale: three short questions about how often someone feels they lack companionship, feels left out, or feels isolated.

Who administers it

Your coordinator or the home's lifestyle staff, at the start of the block and again at the end. In some homes you may be asked to help — only after specific training, and only with the resident's consent.

What you contribute

A short visit report after each visit: date, duration, how the resident seemed, anything for follow-up. Five lines is plenty. Send it to your coordinator weekly.

Why it matters to you

Complete reports are what allow the Foundation to keep the program funded, and they are the evidence behind the volunteering reference we write for you.

Scores are reported to providers and funders in de-identified, aggregate form only. Individual results are never shared with a resident's family or with the home in a way that identifies them without consent.

KNOWLEDGE CHECK

Twelve questions before you start visiting

Pick an answer and the correct one is shown straight away, with a short note explaining why. This is a self-check, not a test — there is no pass mark and nobody is watching. Getting one wrong and reading why is exactly how this is supposed to work.

1. A resident tells you her husband is coming to collect her this afternoon. He died in 1998. What do you do?

A Gently explain that he passed away some years ago, so she is not confused.

B Respond to the feeling — say it sounds like she misses him, ask what he was like, then move to something comforting. CORRECT

C Agree that he will be along shortly so she does not become upset.

Why: Correcting her creates fresh grief; agreeing is a promise that will not come true. Answer the emotion behind the words.

2. A resident asks you to help him up out of his chair and walk him to the dining room.

A Help him — he only needs a steadying arm.

B Bring his walking frame over and let him manage from there.

C Say you are not trained for that, and find a staff member straight away. CORRECT

Why: Manual handling and mobility assistance are never a volunteer task. Falls are the leading cause of serious injury in aged care.

3. At your last visit, a resident presses $50 into your hand to thank you.

A Decline warmly, explain you are not able to accept gifts or money, and tell your coordinator the same day. CORRECT

B Accept it so as not to hurt her feelings, then donate it to the Foundation.

C Accept it and mention it to staff at some point.

Why: Gifts and money are never accepted, however kindly intended. Declining and reporting protects the resident and protects you.

4. You would like a photograph of the resident for the cover of her booklet.

A Ask her on the day and take it if she smiles and says yes.

B Use the signed consent form supplied by your coordinator, completed and signed before any photograph is taken. CORRECT

C Take it and ask afterwards whether she is happy for it to be used.

Why: Photographs require written consent obtained in advance — and separate consent again for any public use by the Foundation. Your coordinator confirms who is able to give that consent before you start.

5. You notice unexplained bruising on a resident's arms, and he seems frightened when a particular staff member enters the room.

A Ask him quietly what happened, and who did it, so you have the facts before reporting.

B Wait and see whether it happens again before you say anything.

C Tell the nurse in charge or facility manager before you leave, and tell your coordinator the same day, recording what you observed. CORRECT

Why: Report, do not investigate. Questioning the resident yourself can compromise a later investigation. You will never be in trouble for reporting in good faith.

6. Which of these is true about your police check?

A It must be less than three years old, and the home must sight it before your first visit — unless you hold a current NDIS Worker Screening Check. CORRECT

B A Working with Children Check covers you for aged care volunteering.

C You can start visiting while the application is being processed, as long as you have applied.

Why: Screening must be in place and sighted before you start. If you have lived overseas since 16, a statutory declaration is usually needed too.

7. A resident says: "I'll tell you something, but promise you won't tell anybody."

A Promise, because trust is the foundation of the relationship.

B Explain kindly that you keep things private, but if you are worried about her safety you have to tell someone who can help — and you would tell her you were doing it. CORRECT

C Change the subject so you never have to make the promise.

Why: Never promise absolute secrecy. Being honest about the limit up front protects the resident and protects you.

8. It is visit day and you woke up with a sore throat and a cough.

A Go anyway — you promised, and it is only a mild cold.

B Go, but wear a mask and sit further away than usual.

C Do not attend. Ring the home and email your coordinator to reschedule. CORRECT

Why: Respiratory infections spread rapidly in residential aged care and can be fatal. Cancelling is always the right call, and nobody will be annoyed.

9. You want to record the conversation on your phone so the booklet quotes her exactly.

A Only with her written consent and the home's approval, arranged through your coordinator beforehand. CORRECT

B It is fine as long as you ask her verbally at the start of the visit.

C It is fine because the recording is only for your own use in writing the booklet.

Why: Recording without proper consent may be a criminal offence in several states, and the home has its own obligations to meet.

10. A resident asks whether you believe in God, and says she would like someone to pray with her.

A Take the opening to share your faith and invite her to your church.

B Answer her honestly and briefly, follow her lead respectfully, and offer to ask staff about the home's chaplaincy or pastoral care service. CORRECT

C Say you are not allowed to discuss religion at all and change the subject.

Why: UniMinistry is a non-denominational Christian charity, and Generations Connect is a listening program, not an evangelism program. Follow the resident, never lead them.

11. You visit someone in a retirement village and they invite you into their villa for a cup of tea instead of meeting in the community lounge.

A Go in — it is their home, they have offered, and refusing would be rude.

B Say warmly that your program asks you to meet in the community areas, suggest the lounge or café, and mention it to your coordinator. CORRECT

C Go in this once, and meet in the lounge from next week.

Why: Generations Connect visits happen where other people are nearby and the village knows you are on site. It is not about trusting the person — it is about you not being somewhere nobody can find you.

12. The person you visit asks you to drive them to the shops — it is only five minutes away and they have no other way of getting there.

A Say you are not able to drive them, offer to raise it with your coordinator so the provider can arrange transport, and stay for the rest of the visit. CORRECT

B Drive them — it is a small kindness and refusing would be unkind.

C Drive them once, and explain that you cannot make a habit of it.

Why: Never transport anyone you visit, in any setting, for any distance. It sits outside the program, outside your university's insurance cover, and outside what you are screened and trained for. Transport is something the provider or village can arrange.

QUESTIONS VOLUNTEERS ACTUALLY ASK

Before you go

How much time does this really take?

About two hours a week: an hour with the resident, travel, and roughly twenty minutes typing up notes into the booklet template. The last fortnight is a little heavier while the booklet is finalised.

Do I need to be studying nursing or social work?

No. Volunteers come from every discipline. What matters is that you are reliable, warm and a genuinely good listener.

Am I covered by insurance?

Not by us. UniMinistry Foundation does not provide insurance cover for Generations Connect volunteers — you must be covered under your university's volunteer or student placement arrangements, and that cover must be in place before your first visit. Ask your placement or student volunteering office for written confirmation or a certificate of currency, send it to your coordinator, and expect the aged care home to ask to see it too. Module 3 sets out the steps.

Can I choose where I volunteer?

Yes, in two senses. You can nominate a particular home or village near you — one you can walk to, one where a relative lives, one you did a placement at — or ask us to recommend options in your area. You can also tell us whether you would prefer a residential home or a retirement village, and whether you are open to a dementia, palliative or veterans' service. You will always be told which service, and which setting, before anything is confirmed.

Will I ever have to visit someone at home?

No. Generations Connect runs in residential aged care homes and in the shared areas of retirement villages only. We do not place volunteers into private homes or units, and we do not run the program through home care providers. If you are ever asked to, decline and tell your coordinator.

What if the person I visit is dying?

In palliative settings, that is a real possibility and you will know before you start. You will be briefed, supported, and you can step back at any point. If someone you have been visiting dies, tell your coordinator — we will check on you, and we will decide with the family what happens to the booklet.

Who pays for my police check?

You do. Expect roughly $20 to $40 at the volunteer or student rate, more at the standard rate, and free in a couple of places — the table in Module 3 sets out what to expect in your state. The check is valid for three years and you can use it for other volunteering, placements and jobs in that time. If the cost is a genuine barrier, talk to your coordinator before you give up on the program.

Can I count this towards placement or WIL hours?

Often, yes — but your university decides, not us. Ask your placement office early, and tell your coordinator what documentation they need.

What if I do not click with the resident I am matched with?

Tell your coordinator. It happens, no one is judged for it, and a rematch can usually be arranged with the home.

What if my resident does not want to talk about their past?

Then you have a cup of tea and talk about the cricket. The booklet is the gift, not the goal — the visit itself is the program. Tell your coordinator and we will adjust what we are aiming for.

Can I bring a friend, or visit with another volunteer?

Not without arranging it through your coordinator and the home first. Every person entering must be screened and signed in.

What happens at the end of the twelve weeks?

You present the booklet and say a proper goodbye. Many volunteers then start a new block with a new resident. Some continue visiting the same person informally, which is between them and the home — but tell us either way, because our reporting and insurance follow the program, not the friendship.

KEEP THIS LIST

Who to call

Emergency — someone is in danger	000
Your UniMinistry coordinator	ask@uniministry.com
Aged Care Quality and Safety Commission (complaints about care)	1800 951 822
National Dementia Helpline (24 hours, free)	1800 100 500
Open Arms — counselling for veterans and families	1800 011 046
1800ELDERHelp (elder abuse information and referral)	1800 353 374
Lifeline (24 hours, for you or anyone else)	13 11 14

If a visit leaves you shaken, upset or out of your depth, ring your coordinator. That is part of what we are here for, and you will not be the first.

FINISHING YOUR INDUCTION

One last step, and it happens online

This booklet is yours to keep, but reading it does not complete your induction. To register as inducted and start being matched, go back to the orientation page on uniministry.com and fill in the short induction form at the bottom of that page. It takes about a minute.

> What you need to have ready
>
> Your full name and email · your university or campus · your state or territory · the status of your police check · confirmation that your university insurance covers you · which settings you are happy to visit.

Your coordinator replies within three business days. If anything in this booklet raised a question, or the cost of a police check is a barrier for you, say so in that email — it is the right place to raise it.

ask@uniministry.com · www.uniministry.com