About National Seniors Australia

National Seniors Australia is a not-for-profit organisation that gives voice to issues that affect people aged 50 years and over. It is the largest membership organisation of its type in Australia.

We give our members a voice – we listen and represent our members’ views to governments, business and the community on the issues of concern to the over-50s.

We keep our members informed – by providing news and information to our members through our Australia-wide branch network, comprehensive website, forums and meetings, bi-monthly lifestyle magazine and weekly e-newsletter.

We provide a world of opportunity – we offer members the chance to use their expertise, skills and life experience to make a difference by volunteering and making a difference to the lives of others.

We help our members save – we offer member rewards with discounts from thousands of businesses across Australia. We also offer exclusive travel discounts and tours designed for the over-50s and provide our members with affordable, quality insurance to suit their needs.

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Introduction

National Seniors appreciates the opportunity to provide feedback on the Department of Health’s Review of the Community Visitor Scheme (CVS) Consultation Paper.

Our submission to this consultation process draws on varied experiences of our members as volunteers under the CVS, employees within the aged care sector as well as their own observations of visitor-care recipient relationships involving their friends and family members.

Current operation of the CVS

1. From your perspective, how is the CVS currently operating?
   - How is it promoted (to potential consumers, potential volunteers and the broader community)?
   - How is it accessed (e.g. what is the process for referral)?

National Seniors considers the CVS is operating as intended, with funded organisations (known as CVS auspices) recruiting, training and providing ongoing support to approved volunteers to make regular visits to aged care consumers at risk of social isolation. The process for referral to the CVS is straightforward, in that aged care consumers can self-identify for the service or be referred by a family member, friend or their aged care provider. However, there is a lack of awareness about the CVS and this is currently limiting the number referrals and extent of uptake.

Our members have said:
   - “I think the scheme works well but don’t believe most people are aware of it. The church group who instigated the scheme are very supportive, having informative get-togethers, coffee mornings and an annual Christmas party” – CB
   - “I was not aware of the scheme, either from a volunteer perspective or as a recipient. It seems like a great idea, but I wonder what the uptake is. I live in a rural area, so I’m sure there would be a benefit for both visitors and recipients in this scheme” – NP
   - I think this is a valuable and needed service. It is a pity it is so little known about. Searching for volunteers and advertising in the media to clients who meet the criteria is desperately needed. The "watchdog" and company and social interaction these visitors bring is invaluable. Let as many people know as possible. Advertise in retirement villages especially where likely volunteers may be found” – SB

Those aged care consumers most at risk of social isolation are less likely to self-identify and would be dependent on their provider to make referrals. We question the effectiveness of the referral process in these cases, noting the current workloads and time constraints of staff in residential settings and the incidence of unmet emotional and social needs of aged care consumers. The process of referral is further complicated for those with cognitive impairment, disability or palliative care needs.

Our members have suggested advertising for CVS volunteers in mainstream media as well as in retirement villages, churches, RSL clubs, sporting clubs and community groups. The CVS should also allow for involvement of younger cohorts. The process of accessing services through the My Aged Care Gateway should automatically provide relevant information about the CVS and other support services for older consumers at risk of social isolation.
2. Are there any issues in matching volunteers and aged care consumers? If yes, please provide details.

National Seniors understands that in the process of matching volunteers and care recipients, CVS coordinators take into consideration shared interests and hobbies, shared language or similarity of background. This approach is important to increase the likelihood of the visitation experience being rewarding for both the CVS volunteer and aged care consumer.

How does the CVS support aged care consumers?

3. What are the benefits of the CVS for consumers?

Members of National Seniors have observed many benefits of the CVS, consistent with the program’s intent. This includes increased social connectedness for aged care consumers following admission into an aged care facility as well as for those still living at home but cannot participate in community events due to lack of mobility or ill health. By reducing isolation and feelings of loneliness, the CVS improves the quality of life of aged care consumers and their overall wellbeing.

National Seniors members have said:

- “I had a Community Visitors Scheme operating out of my church (before retiring from full time work) for 13 years. It was well run and had some 130 visitors serving at any time. I was involved in their award gatherings and the stories these folk told were both inspiring and telling. There is no doubt that this scheme is extremely valuable if run well. The quality of both administrators of the scheme and visitors is very important but we found that volunteers were generally well motivated. I warmly endorse the scheme and encourage its longevity” – PD

- I work at an aged care facility in South Australia. The CVS is very beneficial to the residents, both new and longer term, within our facility. Residents are aware of the day and time that their volunteer is visiting and look forward to the social engagement and interaction with the external community. Strong friendships are borne and the residents converse openly about their own lives, whilst also interested in the daily happenings of the lives of the volunteer. Day to day living within an aged care facility is not always what a resident had hoped for, so to be able to provide interaction with the outside world brings some ‘normality’ to one’s life. Please continue this scheme” - LM

4. Is demand for visitors being met? If not, please provide details.

There appears to be disparities between aged care facilities as well as across geographical areas in matching volunteers and care recipients. Members note that in some aged care facilities there are insufficient volunteers to adequately cater to the needs of consumers, resulting in waiting lists, whereas in other facilities there may be a surplus of active and available CVS volunteers.

In response to the lack of volunteers in some areas, members have suggested encouraging philanthropy by the corporate sector to bolster the government funded CVS. Philanthropic recognition could be provided to participating organisations while retaining administration with government and the CVS auspices. Collaborative efforts by government, community and the private sector...
sector would enable greater CVS reach and would also help improve the cost-effectiveness of delivering these services.

5. Does the CVS currently support aged care consumers to exercise choice and control? If so, how? If not, why?

Where care recipients have the choice to participate in a CVS as well as the opportunity to identify the types of social activities they want and the outcomes they seek, then the CVS does contribute to the objectives of consumer directed care. To the extent that CVS helps improve health and wellbeing and supports greater independence of aged care consumers, then the CVS also aligns with current aged care reforms.

National Seniors notes that CVS support is inconsistent across the sector because of unmet demand and varied approaches to delivery. Moreover, the ability of the CVS to support aged care consumers exercise choice and control is less relevant in instances where basic care needs are lacking.

Involving aged care consumers in the evaluation of the CVS and in future planning and delivery of the services will be necessary to enhancing choice and control.

6. Does the CVS support consumers as they transition through the aged care system (e.g. from home care packages to residential aged care)? How is this achieved?

In situations where aged care consumers are hospitalised or go into transition care, ongoing visitation by a CVS volunteer can provide valuable companionship. Similarly, transitioning from home care into residential can be a difficult life event and the CVS has potential to support such transitions.

Research by the National Seniors Productive Ageing Centre found that the use of social support was an important coping strategy for older people when dealing with stressful life events. The most frequently reported types of help and support were receiving reassurance/encouragement/emotional support (43%), receiving advice or information (35%), being listened to or having someone try to understand (30%) or participating in social activities (27%)\(^1\). These findings suggest there is potentially a greater role for CVS volunteers in supporting transitions through the aged care system.

7. What interactions occur between the CVS and other sectors and organisations to support aged care consumers (e.g. health sector and other service providers)?

The interactions between the CVS and other service providers did not feature in feedback from our members. Yet, National Seniors considers such interactions would better support aged care consumers though ‘wrap around’ service provision.

CVS interactions with other service sectors would also positively impact local community characteristics known to contribute to ageing well. A national survey of older Australians found that good general health was linked to a sense of belonging (people ‘felt more a part of their area’), trust

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Submission on Community Visitor Scheme

(felt people in the area could be trusted’), and helpfulness of people in the neighbourhood. Improving the social characteristics of a local community will be an increasingly important aspect of delivering quality aged care services in the home.

CVS in residential and home care settings

8. What are the key differences in delivering CVS services to home care and residential aged care?

- What are the barriers to effective implementation of the CVS in each of these settings?
- What are the barriers and facilitators to uptake of CVS services in each of these settings?
- Do you have any concerns about how the CVS is functioning in either of these settings? If so, please provide details.

National Seniors notes that the CVS currently delivers one-to-one and group visits in residential aged care settings and one-to-one visits to consumers of Commonwealth-funded home care packages. We believe that safety of aged care consumers is fundamental to effective implementation of the CVS in both residential aged care and home settings.

In residential aged care, effective delivery of the CVS depends on positive working relationships between facility management and the CVS program coordinators.

Our members have said:

- “Not all residents are suitable to receive visitors due to the various health problems they have. The scheme needs to be very carefully organised and supervised. Also the volunteer would have to be covered by insurance. However, the idea is really good and should make a difference to the residents if all the problems are ironed out” – JS
- I guess my greatest concern is often when people need a visitor they are more frail or at risk of being taken advantage of so I would like to know they were safe” – PB

Residential care operators can also help facilitate uptake of group visits for residents through regular social activities that specifically allow for CVS volunteer participation. Group visits for residents with a common interest offers some additional safeguards over one-to-one visits, particularly if oriented around an activity with administrative structures supported within the facility.

In the home setting, the lack of awareness of the CVS amongst home care service providers may be limiting referrals to CVS auspices and in turn, preventing uptake by home care consumers. Improved communications between CVS coordinators and home care providers, together with a streamlined referral process, would facilitate uptake of one-on-one visits to home care package recipients. More broadly, there is opportunity for CVS auspices to partner with other organisations and seniors’ peak bodies to promote awareness of the CVS and disseminate relevant information.

National Seniors is concerned about the safety of aged care consumers in both settings, but believes one-on-one visits in the home by CVS volunteers warrants additional levels of protection. This was reflected in feedback from members:

• “I think the scheme would work better in aged care centres than it would in homes. I am rather wary of the idea of having perfect strangers visit elderly people living in their own homes. There have been too many cases of exploitation and outright theft of people’s belongings by community care workers. Visitors could also be falsely accused by relatives when the elderly person has gifted them household items” – CC
• “home visits can be most unsuitable and invasive at times. Critical loneliness occurs after hours/weekends when there is less activity and energy about. I am not in favour of this and would suggest elderly may be suspicious of strangers. I question where their (CV) loyalties lay” – IC

As aged care reform increasingly focuses delivery of services in the home, there will be an even greater need to develop robust monitoring arrangements to identify risks or incidence of elder abuse and to ensure vulnerable consumers have capacity to benefit from the CVS.

Our members highlighted that the mandatory police check of a potential volunteer only confirms whether that person has a criminal history record. It is an insufficient mechanism for determining whether a potential volunteer is trustworthy. National Seniors suggests CVS auspices undertake more rigorous processes to assess suitability of CVS volunteers conducting home visits.

CVS volunteers’ role

9. What is your understanding of the type of support provided to aged care consumers through the CVS?

National Seniors understands the primary role of the volunteer in the CVS is a friend or companion for the aged care consumer. CVS volunteers have discretion to provide assistance with small day-to-day tasks such as posting a letter. In contrast, there are other community visitor models in Australia that offer much broader services.

Feedback from our members suggests that the differences between the CVS and other community visitor programs operating within states and territories are not well communicated and there is confusion about the types of support available under the varied programs. For example, official community visitors in Victoria are authorised as part of the Office of the Public Advocate operate as an important safeguard mechanisms and provide valuable insights on both individual and systemic issues relating to quality of care.

National Seniors suggests developing a nationally consistent framework for community visitors in aged care, perhaps with a revised program name to better clarify the scope of services on offer. This differentiation will be particularly important if CVS volunteers are expected to provide additional support to aged care consumers.

10. What type or level of additional support for aged care consumers could reasonably be expected of volunteers delivering the CVS?

National Seniors considers the role and responsibilities of CVS volunteers could reasonably be expanded to include the following:

• connecting aged care consumers with other community services, events and government programs that would improve their wellbeing
• notifying CVS Coordinators of potential issues with a consumer’s care
• informing aged care consumers of support available under the National Aged Care Advocacy Program if consumers are unhappy with the care they are receiving, and
• contributing to quality improvements by observing and providing feedback on consumer experiences of aged care services.

Enabling CVS volunteers to offer impartial information about consumer experiences of aged care may help facilitate a culture of providing genuine feedback about aged care services and contribute to continuous improvement. Too often, aged care consumers and their family members hesitate to raise a concern about the services they are receiving because they worry it may adversely impact the relationship and lead to poor outcomes.

We would be concerned about expanding the role of CVS volunteers to assist with daily activities (e.g. shopping, cooking, transportation) as this could easily lead to further expectations for assistance with general care needs, especially in the home setting. It is important that CVS volunteers do not undertake personal care needs or administer medication. Similarly, CVS volunteers should not provide any advice or counselling on personal or financial matters, or assume a role in assisted decision making for consumers with cognitive impairment.

Members have pointed to the need for detailed guidelines and effective supervision of the visitor-care relationship by CVS program coordinators as well as regular independent audits of the program to protect vulnerable older consumers. With adequate safeguards, we see the role of CVS volunteers as active participants in the aged care system that would make better use of provider resources and government aged care advocacy services.

In exploring options for the CVS to provide additional support for aged care consumers, it will be important to consider the expectations of volunteers. National Seniors highlights that a key benefit of the current CVS is the mutually rewarding experience it provides for volunteers and aged care consumers. This is in large part due to the relaxed and social nature of the interactions. If volunteers were required to provide additional support to aged care consumers under the CVS, there is risk of disengaging existing volunteers and deterring potential new volunteers because of the implied workload.

11. What support do volunteers need to provide this additional support in residential aged care and home care settings?

National Seniors believes any additional support provided by CVS volunteers needs to be preceded by adequate training and ongoing administrative support by CVS auspices and program coordinators. The CVS program coordinators will require ongoing training and professional development to provide enhanced support for volunteers in delivering expanded services.

In particular, an expanded CVS volunteer role would need to be well defined with practical guidelines that clearly outline the types of activities that are allowed and the types of activities that are out of scope. CVS volunteers visiting aged care consumers in the home need to be especially aware of the sensitivities between the volunteering role and the consumer relationship.

If the role of CVS volunteers were expanded to provide feedback on consumer experiences of aged care, the current delivery method based on scheduled, regular visits would need to be modified to also allow for unannounced visits. CVS volunteers may need to conduct visitations in partnership with another volunteer or small teams to conduct meaningful observations and accurately
summarise the findings. The reporting requirements would also need to be streamlined to minimise administrative burden on both volunteers, program coordinators and the relevant government agency.

CVS volunteers would also need adequate support from aged care providers. Generally, we understand that CVS volunteers are embraced by residential aged care providers and treated similar to a friend or family member. An expanded role for CVS volunteers may adversely affect the relationship between CVS volunteers and aged care providers, especially if the additional services relate to providing feedback on consumer experiences of aged care.

12. **What barriers exist to volunteers providing additional support?**

Depending on the nature of additional support provided under the CVS, there may be barriers relating to volunteers travelling distance, financial situation, caring responsibilities, health and personal capabilities to deliver extra support. Time related barriers exist for volunteers who are also in paid employment, especially if the provision of additional support under the CVS requires higher frequency of interaction with aged care consumers.

Information barriers arise because of delays between being assessed and actually receiving aged care services, and where providers are unable to disclose all relevant information about a consumer due to privacy requirements. In some instances, an aged care consumer’s health may deteriorate more quickly than anticipated and this could adversely impact interaction with CVS volunteers.

Other barriers such as consumers’ restricted mobility, mental health, cognitive impairment, housing situation, access to and use of technology, and cultural and language would also prevent CVS volunteers providing additional support to aged care consumers.

Some of these barriers could be addressed with targeted funding to improve coverage of the CVS and training to enhance volunteer skills in delivering additional support.

**Meeting the needs of special needs groups**

13. **How are individuals from special needs groups identified and/or targeted?**

National Seniors understands that as part of the funding arrangements, CVS auspices agree to direct a proportion of their volunteer visits to aged care consumers from identified special needs groups. Performance against these targets may be negatively affected where aged care consumers are reluctant to identify as being from a special needs group or if there are other disclosure issues due to sensitivities. However, feedback from our members suggests that any increase in the general uptake of the CVS would positively impact utilisation of CVS support services by special needs groups given the existence of mandatory minimum requirements to target these groups.

14. **How well does the CVS support individuals from special needs groups?**

CVS support appears to be inconsistent for consumers across the special needs groups. National Seniors members highlight that recruiting volunteers with appropriate skills to communicate with people from Aboriginal and Torres Strait Islander communities and consumers of culturally and linguistically diverse backgrounds (CALD) is a challenge.

Members point to limited support for aged care consumers living in rural or remote areas:
• “I have worked in home care in a small country town. As happens in these areas younger family members move away for education or work or both and with the result the parents and grandparents find themselves without any direct family for support. In many cases myself, Blue Nurses and Meals on Wheels were the only people that visited these homes. Now we were not meant to stop and have a cuppa with these people but I tried to make the time whenever I could as the clients craved interaction with others. They loved to hear what was going on in the community as in most cases they were not really mobile either so it was difficult for them to attend functions in the community. I just think this is a service that is definitely needed” – BJ

• “I am a volunteer and still work part time. There are so many lonely elderly people in our community who would love someone to sit and chat with them. I also do meals on wheels and sometimes we are the only people they see all week” – MS

National Seniors is concerned about the sustainability of this indirect reliance on other services to provide social connectivity in rural and remote areas. Members highlight that the rollout of the National Disability Insurance Scheme will add to workforce challenges in these areas and further expose the limitations of social support services in these isolated communities.

15. How could the CVS better support individuals from special needs groups?

Combing CVS services with aged care consumer advocacy services would better support individuals from special needs groups. There may be efficiency gains with such an approach and potential for expanding coverage of the CVS to aged care consumers living in rural and remote areas. In addition to better promotion and education of the CVS, delivery methods should include use of phones, local radio networks and letters for interacting. We also suggest investigating ways to make better use of technology in delivering the CVS. However, this needs to be grounded in the realities of costly and unreliable internet services in many remote regions.

Targeted investment in training is required to upskill CVS volunteers in interacting with special needs groups. Varied communication strategies are necessary in response to the unique needs of consumers across the different special needs group in order to build trust and in turn, facilitate access to CVS services.

16. Are there other vulnerable groups that are, or should be, catered for through the CVS (e.g. those with cognitive or other impairment)?

National Seniors suggests delivery of the CVS cater for aged care consumers with dementia and physical health issues who are still living at home. Reduced mobility and access to transport can be indicative of social isolation. Facilitating meaningful relationships for this target group through the CVS would contribute to greater independence and consumer engagement with other services, which in turn may help extend the living at home arrangements that improve overall health and wellbeing.

Other vulnerable groups include consumers with vision, hearing and speech impairment. The face-to-face interaction with CVS volunteers would be especially useful for these consumers who find accessing information about government services online or via the phone challenging.

Consumers with mental health issues are a vulnerable group, but may not be well catered for through the CVS. We consider it unreasonable to expect CVS volunteers to provide the required support in these cases. Referral to specialist mental health services would better cater for these consumers.
Exploring other community visitor models

17. Are you aware of any other community visitor services in Australia or overseas that aim to reduce social isolation or support social connectedness?

National Seniors members have suggested adopting a ‘circles of support’ model from the UK to reduce isolation and enhance social connectivity. In this model, volunteer facilitators help family and friends provide support to an individual in their local community. It is a person centred approach that brings together people in the focus person’s life who can support them with activities that are important to their wellbeing.

18. Can you identify any particular ‘good practice’ examples?

- What are the key benefits of the model?
- What are the key elements contributing to the model’s success?
- How do they meet the needs of special needs groups?

The ‘circles of support’ model has been successful for people living with dementia and the approach could be readily applied to other support services aimed at increasing social connectivity.

It is a flexible approach, usually involving a small group of between 2 and 10 people who come together to support a person; helping them to identify what they would like to do or change in their life and then supporting them to make this happen. Circles are developed via person-centered practices that identifies who is in the older person’s life and who they want in their life, what would help that person live well and how to provide shared support so that person can continue living in their local community.

In the context of the CVS, each circle could involve a CVS volunteer acting as a facilitator to help the people in a circle plan and deliver the type of support an older person wants. To be effective, additional support would be needed for CVS volunteers to facilitate conversations within the circle and guide these conversations into practical actions. CVS program coordinators would also need to provide facilitation support and forge partnerships with local service providers to deliver action plans.

As the circles of support are person-focused, the type of services vary depending on the older person’s needs and influenced by factors unique to the local community. In this way, the model would accommodate special needs groups and support consumer directed care objectives.

3 More information about Community Circles can be found at http://community-circles.co.uk/.

19. **Are there other models for providing support to aged care consumers to address social isolation that the Department could, or should, consider? Please provide details.**

National Seniors does not have a preferred model to address social isolation. Existing research aimed at understanding and addressing social isolation among seniors offer useful insights.\(^5\) We are supportive of exploring a wide range of options, given no singular model is likely to suit all aged care consumers or the particular characteristics of their local community.

We suggest that in enhancing the CVS or developing other community visitor programs, emphasis be given on leveraging existing relationships, shared interests and locally based community resources to foster quality interactions based on trust. Aged care consumers must also have opportunity to exercise choice in the social programs they want to participate in and greater control in the design, delivery and evaluation of those programs. Best practice approaches require appropriate resourcing and a commitment to ongoing funding.

**Summary**

20. **In your view, what could be done to improve the CVS (in terms of promotion, efficiency, governance and reporting, communication and networking or other aspects)?**

The overwhelming feedback from our members was that more needed to be done to promote the CVS and educate aged care consumers, providers and the wider community about the support provided under the program.

21. **Do you have any other comments or suggestions you want included in the review of the CVS? Please provide details.**

National Seniors is supportive of continuing the CVS and suggests the review focus on how to maximise the benefits in the home setting while ensuring the safety of aged care consumers. The review should also focus on ways to improve the CVS coverage in rural and remote areas, involving varied use of technologies and also increased linkages with other community and government services in these areas.
