Submission to Department of Health & Australian Healthcare Associates

Consultation on the Review of the Community Visitors Scheme

Prepared by
COTA Australia

December 2016
COTA Australia

COTA Australia is the national policy organisation of the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia that make up the COTA Federation.

The COTA Federation is the national consumer peak body for older Australians, with over 30,000 individual members, and its more than 1,000 seniors’ organisation members represent over 500,000 older Australians.

COTA Australia’s focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about and the views of our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

Introduction

COTA Australia welcomes the opportunity to provide this submission to the Review of the Community Visitors Scheme (CVS). The CVS has been a successful program that has evolved to the changing needs of aged care clients. In recent years CVS has trialled group visits in homes, introduced visits within the community for socially isolated people eligible for Home Care packages and improved services for diverse populations. While COTA has identified isolated issues with the CVS program in residential care, on the whole it would appear this long standing service continues to operate efficiently and effectively in residential care.

A summary of COTA’s recommendations from throughout this submission are replicated here:

COTA recommends that clear information and amendments to the current system are made available to:

- Provide a dedicated page on My Aged Care about the Community Visitors Scheme;
- Provide information about CVS auspice organisations, initially on the dedicated page and eventually through an update to the service finder. Promote this information through the Department of Health’s eNewsletter to the Aged Care Sector; and
- Allow for consumers, their families and friends to make direct referrals to the CVS auspice, without requiring those referrals to go through the service provider.

COTA recommends the CVS guidelines be amended to permit CVS providers to engage directly with clients based on referrals from clients or family/friends without being required to work through the Home Care or Residential Care provider.

COTA recommends that the CVS program be updated to create a new mandated nationally-consistent training on aged care information and navigation, along with optional training modules for nationally-consistent general training of volunteers.
COTA recommends that the CVS program be maintained as primarily a visitation scheme, without requiring volunteers to perform any other additional support/services.

We also recommend that the CVS consider including targeted CVS auspices for older Australians with mental health concerns, dementia and other cognitive impairments.

COTA recommends that CHSP social support programs like ‘Friendly Visitors’ that are deemed comparable to CVS be identified and considered for incorporation within the CVS program in the future.

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)?
2. Are there any issues in matching volunteers and aged care consumers? If yes, please provide details.

COTA Australia understands that the CVS is largely promoted through word of mouth, localised flyers (in some areas) and through the recommendation of care staff in residential facilities. In some geographical areas the CVS links with a wide range of community groups to obtain volunteers and a wide range of aged care services to offer the visiting program. These are good initiatives; however, they are not implemented in a way that is nationally consistent across the country. There is no prominent promotion of the program to the public and only limited inclusion for a wide range of people.

COTA notes, against the backdrop of the industry’s moving towards increased consumer choice and control, that it is deeply concerning that the CVS referral process continues to require all referrals to go through the Residential Aged Care provider or the Home Care Package Provider, rather than allowing direct referrals to the CVS auspice by the consumer, their families or friends. COTA notes the anecdotal feedback that CVS is not well known within the sector, and some individual older people have spoken with COTA about their challenges in securing a visitor, particularly when remaining in their home as part of a Home Care package.

These reports would appear to be backed up by research commissioned by the Australian Red Cross where they reported (amongst other issues):

- Difficulties with Home Care providers entering into MOUs with CVS providers
- CVS perceived as a threat by some HCP providers (to either their own CVS or other social support services they provide)
- Lack of awareness/recognition of CVS, including lack of CVS providers listed anywhere for consumers to contact or even Home Care Package case managers (thus relying on personal

1 Strategi Consulting (May 2016) Community Visitors Scheme Review Project Report, Australian Red Cross.
connection and sector networks to know about CVS and who to go to)  
• Lack of direct promotion of CVS to clients, family and friends.

Importantly, while all materials now direct people interested in CVS to My Aged Care, it would appear that the CVS auspice organisations are not available in the service finder, and when looking for community visitors you get very little information from My Aged Care. For example, consumer factsheets by the Department on CVS\(^2\) appropriately direct Consumers to My Aged Care.\(^3\) However this information on My Aged Care provide very little information (other than a suggestion to call the contact centre) and then directs consumers back to the Department of Health’s website\(^4\).

As one CVS provider put it to COTA:

“I believe the new home care visits component should be promoted more within the system by the Department of Health – not just setting KPIs for the auspices but for the Home Care package providers as well– they are underutilizing a very successful and beneficial program.”

Recommendation: COTA recommends that clear information and amendments to the current system are made available to:

• Provide a dedicated page on My Aged Care about the Community Visitors Scheme;
• Provide information about CVS auspice organisations, initially on the dedicated page and eventually through an update to the service finder. Promote this information through the Department of Health’s eNewsletter to the Aged Care Sector; and
• Allow for consumers, their families and friends to make direct referrals to the CVS auspice, without requiring those referrals to go through the service provider.

How does the CVS support aged care consumers?

3. What are the benefits of the CVS for consumers?
4. Is demand for visitors being met? If not, please provide details.
5. Does the CVS currently support aged care consumers to exercise choice and control? If so, how? If not, why?
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?
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)?

COTA Australia has had limited reports of demand for visitors being unmet, however we also note that there does not seem to be any comprehensive national reporting on CVS related activity

---

publically available. We suggest that the production of an annual report by the Department would assist in promoting the program within the sector.

Socially isolated consumers benefit from a dedicated visitor who is present for them and only them. This gives them a sense of connection to their community and, for those who do not have regular family and friends visiting, provides them with a social connection. As one COTA member who does visitations stated:

“My concern with the CVS program is that not enough people in aged care have regular contact with community. The lives of most aged care residents are very insular and institutionalised. Not enough people can access the current CVS program and more funding is desperately needed to increase volunteer numbers with appropriate monitoring. Currently the program barely meets the needs of people deemed at risk and suitable trained volunteers are short in number. I volunteer with the (provider name removed) Community Volunteer Scheme and they are extremely professional and I value their support, but they could do so much more.”

COTA Australia member

As discussed in the next section, COTA does not believe the current CVS program supports choice and control for consumers and would like to see program guidelines amended to allow for direct referral from consumers, their families and friends. If this were to be adopted, the potential for interaction with other sectors such as those in the health sector (particularly GPs and pharmacists) would significantly increase.

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.

COTA is very concerned that the positioning and promotion of CVS within the Home Care environment has resulted in CVS being seen as a competition to other forms of social support conducted by the Home Care provider themselves. As one CVS provider put it:

“Home visits are more difficult to find and get hold of as the service providers are not referring clients (due to reluctance, lack of time, lack of knowledge, fear of competitions, etc.). We have Home Visits functioning at a 50% capacity while the Residential Visits are at 140%. – We believe this is due to the competition on the market – nursing homes are not afraid to lose the client, in fact, they are happy to
COTA would like to see the CVS guidelines amended to permit consumers, their friends and family to be able to match a visitor with a client, without having to liaise with the Home Care Package Provider. As CVS providers are required to liaise with a client’s Home Care Package Provider this can lead to decreased ability for clients to exercise choice and control by referrals being declined by the provider.

Additionally, CVS providers have identified concerns that some Residential Care Providers treat the visiting volunteer as one of their own volunteers, rather than simply a visitor. This includes requiring the volunteer to undertake additional training and filling of forms despite having already completed the CVS provider training for volunteer visitors. While we are not currently aware of this occurring in Home Care, we note our concern that future providers may also try to impose these additional regulations on volunteer visitors. If the CVS visitor is a “visitor” and not a “volunteer” of the Home Care or Residential Care Provider, then they should not be required to engage in any additional processes beyond those a normal visitor to the facility would be required to do.

COTA notes however that some CVS providers have identified some benefits of collaborating with the service provider, particularly where that provider can complete an assessment of the potential client, giving additional information about the client, including a risk assessment before the CVS provider engages with the client. This minimises the time involved on the CVS provider’s part to set up a client to receive a visitor.

**Recommendation:** COTA recommends the CVS guidelines be amended to permit CVS providers to engage directly with clients based on referrals from clients or family/friends without being required to work through the Home Care or Residential Care provider.

**CVS volunteers’ role**

9. What is your understanding of the type of support provided to aged care consumers through the CVS?
10. What type or level of additional support for aged care consumers could reasonably be expected of volunteers delivering the CVS?
11. What support do volunteers need to provide this additional support in residential aged care and Home Care settings?
12. What barriers exist to volunteers providing additional support?

COTA is attracted to the involvement of members of the community in aged care quality assurance processes, such as the various disability and mental health community visitor programs. However, if such policy direction were to occur, this should be developed in a new program and not as an extension of this existing program.

COTA wishes to strongly emphasise that the role of a community visitor is not that of a substitute...
care worker or a free workforce. Their ongoing primary role should be the emotional focus of being a ‘friend’, specialising in ‘the spending of time with people’. Accordingly, we do not support visitors providing additional supports. One COTA member indicated their concern with the level of regulation faced by community members wanting to help residents maintain their connection with the community:

“The increased regulation that took place in the 1990s saw an end to resident/volunteer contacts that were for the most part monitored by long serving volunteers who received some guidance from organisations like the Red Cross. The contact included such things as laundry sorting, assistance with eating, food handling, counselling, letter writing, family contact, outings... in short, a wide range of services many of which are now no longer seen as a role for volunteers. This regulative change to aged care facility accreditation saw a reduction in the number of instances of volunteer contacts with residents and sadly a loss of wider community contact.”

COTA Australia Member

Notwithstanding the above, COTA believes that CVS volunteers could and should be trained in the aged care system in order to be an ‘informed friend’ able to link the client they visit with the necessary supports should they need it. COTA recommends the program be enhanced through improved education of volunteer visitors about the aged care system generally. This would provide them with the appropriate knowledge about the aged care system, in order to act like ‘sign-posts’ for the person they visit should they require suggestions and connection with appropriate services. COTA does not propose the visitor would know all the service providers in the particular area, rather that they would be trained on things like what information is available in My Aged Care, the role of aged care advocacy services, the role and process of complaints, what ‘choice and control’ can mean in Home Care, the rights and responsibilities of aged care residents. COTA believes this could be achieved with a national, 30-minute online (or offline self-directed booklet) training session that could be introduced for all volunteers providing an overview of supports and services available to older Australians.

Finally, COTA notes there appears to be an inconsistency in role description and training for visitors across the country. There may be benefit in the development of nationally consistent training modules for free use by CVS providers for new and existing volunteer visitors.

**Recommendation:** That the CVS program be updated to create a new mandated nationally-consistent training on aged care information and navigation, along with optional training modules for nationally-consistent general training of volunteers.

**Recommendation:** That the CVS program be maintained as primarily a visitation scheme, without requiring volunteers to perform any other additional support/services.
Meeting the needs of special needs groups

13. How are individuals from special needs groups identified and/or targeted?
14. How well does the CVS support individuals from special needs groups?
15. How could the CVS better support individuals from special needs groups?
16. Are there other vulnerable groups that are, or should be, catered for through the CVS (e.g. those with cognitive or other impairment)?

COTA welcomes and supports the continued special needs state-wide services that have been developed for special needs groups to increase the support for specific populations and ensure that culturally appropriate visitors are provided to older people from people of their own cultural background (including CALD, LGBTI and ATSI populations). COTA has identified that older Australians with mental health concerns, dementia and other cognitive impairments are some population groups not specifically targeted under the CVS that could benefit from visitations by volunteers with specific training in mental health and cognitive impairment. Indeed, some CVS providers have identified that specific training for visitors to engage with those who have communication barriers due to cognitive or other impairment would be an effective enhancement of the program across the board.

The identification and targeting of special needs groups depends on the particular cohort. For people living in regional and remote areas, this is self-explanatory and often never discussed as a “special needs” group. For older Australians from a cultural or linguistically diverse background, this is often only identified when the older person identifies English as their second language. While in practice this is an easy way to identify, it is problematic for cohorts of older Australians who may have been born in Australia or born into an English as first language household but still maintain a cultural connection to their heritage. Additionally, COTA has received reports of some older LGBTI Australians not being linked in with specific LGBTI CVS providers due to barriers by the residential care provider who do not want to be associated with an LGBTI specific program. As one LGBTI CVS provider told COTA:

“We noticed with our client base (as we are funded for both CalD and LGBTI+ clients) that service providers don’t seem to have issues with identifying and referring CalD clients while identifying and referring LGBTI+ seniors seem to be more difficult. I had nursing homes flat out denying anything to do with LGBTI+ seniors or others were afraid of their management’s response (Catholic service provider) and asked not to identify the person as LGBTI+ on the referral form. We would like to see the government having a look at the referral processing, streamlining referrals for vulnerable groups, including ACAT assessments being more gender diverse friendly and the ability to flag a potential client for CVS to the chosen service provider in the initial case plan.”

CVS Provider Coordinator

Another provider specialising in visitations for LGBTI populations has identified the ongoing challenges for managing the social isolation of some residents who are under the guardianship of
their families. In these situations, there is limited empowerment of the CVS program to secure social support for individuals:

“A 70-year old gentleman was referred to the LGBTI CVS for social support. The referral came from the diversional therapist from the aged care facility. The DT stated that the 70-year old gentleman was keen to get a visit from another gay male as he had not had any contact with the LGBTI community since being placed into care. An appointment was made for 3 days after receiving the referral. The DT then called the next day stating that the client was under guardianship and that they needed to contact the family who had been appointed as their guardian. The next day I received a call from the DT stating that the family had said, “they want him to having nothing to do with those people”. The appointment was cancelled.”

CVS Provider Coordinator

As part of the proposed promotion of individual CVS providers within My Aged Care and other mechanisms, the listing should specify if the program is designated to deliver services for specific special needs groups. The promotion of the existence of such services should feature within any increased promotion of the program generally.

Some specialist CVS providers have indicated that identification of special needs groups has failed to be consistently collected during the initial assessment by ACATs. In part, for certain population groups it would seem this is caused by a lack of training in how to ask the identification question in a culturally appropriate way. Consistent training of ACATs in how to ask this question would assist in this regard.

**Recommendation:** That the CVS consider including targeted CVS auspices for older Australians with mental health concerns, dementia and other cognitive impairments.

**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?

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?

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.

The delivery of social interaction is a key benefit of the Community Visitors Scheme. Specifically, the sustained contact of a client receiving the visit, a regular visitor, having “someone in their life” provides significant benefits to participants in the program. For carers of clients in the program, it can provide an indirect respite from their caring duties, and there are clear benefits where the visitor is matched with a person of their cultural heritage.

COTA has not identified good practice examples, however does note that for rural and remote
consumers, clients and carers the access to telehealth or telephone supports is a critical feature where face to face visits are simply not viable.

**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)?

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

COTA has identified key areas of improvement throughout this submission, especially in relation to inclusion of the CVS in My Aged Care as a basic premise. We have also identified the aspects of the current CVS that are working well and should be maintained and strengthened.

However, COTA is concerned that CHSP funded social support programs, including group based social support and the provision of in home visitors, are not well understood in the context of the CVS.

COTA notes there are a number of CHSP funded social isolation programs that operate in practice like the Community Visitors Scheme\(^5\). Accordingly, the integration and incorporation of the ‘friendly visiting’ programs (or similar services) of the CHSP should be considered for the future improvement and expansion of the CVS program.

Additional work on group social supports could be flagged through more appropriate channels.

*Recommendation: That CHSP social support programs like ‘Friendly Visitors’ that are deemed comparable to the CVS be identified and considered for incorporation within the CVS program in the future.*