

**Community Visitors Scheme**

**National Guidelines**



**November 2019**

**Contents**

[1 OVERVIEW 4](#_Toc28002324)

[1.1 Purpose of the National Guidelines 4](#_Toc28002325)

[1.2 Description 4](#_Toc28002326)

[1.3 Aims and intended participants 4](#_Toc28002327)

[1.4 History 4](#_Toc28002328)

[1.5 Legislation 5](#_Toc28002329)

[1.6 Eligibility to receive the CVS 5](#_Toc28002330)

[1.7 Ineligibility to receive the CVS 5](#_Toc28002331)

[1.8 Referral 5](#_Toc28002332)

[1.9 Visit Types 5](#_Toc28002333)

[2 SPECIAL NEEDS GROUPS 6](#_Toc28002334)

[2.1 Aboriginal and Torres Strait Islander People 7](#_Toc28002335)

[2.2 People from culturally and linguistically diverse (CALD) backgrounds 7](#_Toc28002336)

[2.3 Rural and Remote 7](#_Toc28002337)

[2.4 People who are financially or socially disadvantaged 8](#_Toc28002338)

[2.5 Veterans 8](#_Toc28002339)

[2.6 Homeless or at risk of becoming homeless 8](#_Toc28002340)

[2.7 Care Leavers 9](#_Toc28002341)

[2.8 Parents separated from their children by forced adoption or removal 9](#_Toc28002342)

[2.9 Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people 9](#_Toc28002343)

[3 ROLES AND RESPONSIBILITIES 10](#_Toc28002344)

[3.1 Auspices 10](#_Toc28002345)

[3.1.1 Internal Policies and Procedures 10](#_Toc28002346)

[3.1.2 Role of a CVS coordinator 10](#_Toc28002347)

[3.1.3 Volunteer Police Checks 11](#_Toc28002348)

[3.1.4 Statutory Declaration 11](#_Toc28002349)

[3.1.5 Volunteer Orientation 12](#_Toc28002350)

[3.1.6 Care recipients experiencing abuse or neglect 12](#_Toc28002351)

[3.1.7 Coordination with Aged Care Providers 12](#_Toc28002352)

[3.1.8 Death of Care Recipients 13](#_Toc28002353)

[3.2 State and Territory CVS Network Members 13](#_Toc28002354)

[3.3 Volunteers 13](#_Toc28002355)

[3.3.1 Becoming a Volunteer Visitor 14](#_Toc28002356)

[3.3.2 Skills of a Volunteer Visitor 14](#_Toc28002357)

[3.4 What can’t a volunteer visitor do? 15](#_Toc28002358)

[3.5 How do volunteer visitors maintain privacy, confidentiality and dignity? 15](#_Toc28002359)

[3.5.1 Receiving or Giving Gifts 15](#_Toc28002360)

[3.5.2 What expenses can be reimbursed? 16](#_Toc28002361)

[3.5.3 Care recipients experiencing abuse or neglect 16](#_Toc28002362)

[3.5.4 Advocacy 16](#_Toc28002363)

[3.6 Aged Care Providers 17](#_Toc28002364)

[3.6.1 Auspices and Volunteers 17](#_Toc28002365)

[3.6.2 Referrals 17](#_Toc28002366)

[3.6.3 Group Visits 17](#_Toc28002367)

[3.6.4 Flu vaccination program 17](#_Toc28002368)

[3.6.5 Illness or Death of Care Recipient 18](#_Toc28002369)

[3.7 Care Recipients 18](#_Toc28002370)

[3.8 Role of the Department of Health 18](#_Toc28002371)

[3.9 Role of the Department of Social Services 19](#_Toc28002372)

[4 ADMINISTRATION 19](#_Toc28002373)

[4.1 Service Delivery 19](#_Toc28002374)

[4.2 Flexible service delivery models 20](#_Toc28002375)

[4.3 Performance Indicators 20](#_Toc28002376)

[4.4 Reporting 21](#_Toc28002377)

[4.5 CVS Logo 22](#_Toc28002378)

[5 FREQUENTLY ASKED QUESTIONS 22](#_Toc28002379)

[6 Glossary 23](#_Toc28002380)

#

# OVERVIEW

## Purpose of the National Guidelines

The purpose of the Community Visitor Scheme (CVS) National Guidelines is to outline the aims of the program and the roles and responsibilities of all parties to support program implementation.

## Description

The Community Visitors Scheme (CVS) supports community based organisations (known as auspices) to recruit and match volunteers to provide friendship and companionship through volunteer visits to care recipients of Australian Government funded residential aged care and home care packages who are isolated or at risk of social isolation or loneliness.

The CVS is a free service available for people who:

* are socially isolated or at risk of being socially isolated, including if they belong to a special needs group as defined in the *Aged Care Act 1997*
* do not have regular and reasonably frequent positive and engaged contact with friends or relatives
* feel isolated and lonely
* have frailty, mobility or communication impairment that prevents them from participating in social or leisure opportunities.

## Aims and intended participants

The CVS aims to improve quality of life for the aged care recipients participating in the scheme, shown by:

* increased self-esteem;
* general feeling of wellbeing;
* reduced feelings of depression and anxiety;
* increased sense of purpose;
* feeling cared for and/or connected to the community;
* reduced feelings of loneliness and isolation;
* a sense of connectedness to the care recipient’s individual culture and identity;
* a sense of connectedness to other Commonwealth subsidised aged care recipients in the residential aged care home, and increased interactions between the group of residents visited; and
* maintained or increased independence.

## History

The CVS program has successfully provided one-on-one friendship and companionship to residents of Australian Government funded residential aged care services since 1992. It was expanded in 2013-14 to people receiving home care packages, and group visits (two or more visits) in residential aged care homes. The expanded funding was also intended to give greater focus on recipients identifying with special needs.

The CVS was reviewed in 2016 to explore how it could continue to provide support to recipients and how this support aligned with aged care reforms. Following the review, the Department of Health (the department) conducted a CVS open funding round from 1 May 2018 to 28 June 2018 for the delivery of the CVS from 1 January 2019 to 30 June 2021. The Grant Opportunity Guidelines for this round were designed to address issues identified in the 2016 review of the CVS and improve CVS service reach to older people in the special needs groups in the *Aged Care Act 1997*.

## Legislation

[*Aged Care Act 1997*](https://www.legislation.gov.au/Series/C2004A05206) (the Act). Community Visitors Grants Part 5.6, Division 82 and the[*Grant Principles 2014*](https://www.legislation.gov.au/Details/F2014L00697)Part 4*.*

## Eligibility to receive the CVS

The CVS is available to recipients of Australian Government subsidised residential aged care services or home care packages. This includes care recipients approved and on a waiting list for residential care or home care packages.

Note: Aged care subsidies and supplements are available to providers of aged care services in home care and residential care. The Australian Government pays eligible providers an amount of subsidy for each care recipient, and individual supplements to care recipients to support their care, hence the meaning of subsidised residential aged care services or home care packages.

Further information on subsidies and supplements can be found at: [subsidies and supplements](https://agedcare.health.gov.au/aged-care-funding/aged-care-subsidies-and-supplements)

## Ineligibility to receive the CVS

The CVS is not available to:

* people who are receiving services under the Commonwealth Home Support program (CHSP) who have not been approved or on a waiting list for residential care or home care packages or
* people who are not receiving Australian Government subsidised residential aged care services or home care packages.

## Referral

Anyone can refer an eligible care recipient to a CVS auspice, including self-referral.

An auspice may be contacted through the care recipient’s aged care service provider or the CVS State Network member. For the relevant State and Territory, (see 3.2 for further information).

## Visit Types

Under the CVS, auspices recruit and match volunteers with residential aged care recipients or home care package recipients to provide the following types of visits:

* One on one volunteer visits to recipients of Australian Government subsidised home care packages or residential aged care or.
* Group visits - two or more recipients of Australian Government subsidised residential aged care at the same time, occurring in the residential aged care home.

The Group visit must not form part of or replace the residential lifestyle program.

CVS auspices may provide one or both of the two types of visits, which will be in their Funding Agreement. A CVS care recipient can only participate in one visit type. When a CVS care recipient transfers from a home care package to a residential aged care and wishes to continue to receive one-on-one visits, it is likely that the CVS visits will continue if the CVS auspice formerly providing the home care service is also funded to provide the residential care service.

If the CVS auspice is not funded for the two types of visits the CVS care recipient will need to be aware that they will still receive CVS services but may receive a volunteer visitor funded by a different CVS auspice in that area.

Alternatively, the current volunteer visitor can register with an in area CVS auspice so the care recipient and volunteer visitor stay matched.

The duration of the visits to the care recipient will generally be approximately an hour’s duration at least once a fortnight equating to 20 or more face-to-face visits to one care recipient or one group care recipient in each financial year. When a face-to-face visit is not possible, a letter, card or phone call may be considered reasonable contact. However, these contacts do not replace a face-to-face visit and ongoing reduced frequency visits are not acceptable and would not qualify the volunteer as an active visitor.

# SPECIAL NEEDS GROUPS

Older people in the special needs groups may be at greater risk of social isolation.

While it is important for auspices to have an understanding of the nine special needs groups, the key objective of the CVS is to target people who are socially isolated or at risk of being socially isolated. It is acknowledged that social isolation may be more prevalent in some special needs groups (not necessarily all) in some aged care settings including:

* people from Aboriginal and Torres Strait Islander communities;
* people from culturally and linguistically diverse backgrounds;
* people who live in rural or remote areas;
* care leavers (including Forgotten Australians, Former Child Migrants, Stolen Generations); and
* Lesbian, Gay, Bisexual, Transgender and Intersex people.

More information on the above five groups is at section 2. Noting that some people may be in more than one special needs group. There is also recognition that some care recipients may not wish to identify themselves as being from a special needs group as this may be deemed private and sensitive.

While auspices are required to capture and report on the delivery of services to special needs groups, it is acknowledged that there may be barriers to obtaining this information. In delivering CVS services to these groups, consideration should be given to their specific needs.

To improve the CVS for special needs groups, CVS auspices are encouraged to:

* Consider training and educating volunteers in cultural sensitivity, LGBTI awareness, dementia awareness etc.
* Build a strong network with organisations representing special needs groups.
* Use innovative models to meet the outcomes of the CVS (for example, consider the use of technology in geographically distant areas as detailed in the funding agreement).
* Improve networking with other auspices and share information on effective models of service delivery.
* Liaise with the State Network Member if a care recipient is referred to you and their needs are not easily met (i.e. language spoken).

As defined in *Section 11-3 of the Act* special needs groupsare:

1. people from Aboriginal and Torres Strait Islander communities;
2. people from culturally and linguistically diverse backgrounds;
3. people who live in rural or remote areas;
4. people who are financially or socially disadvantaged;
5. veterans;
6. people who are homeless or at risk of becoming homeless;
7. care-leavers;

ga) parents separated from their children by forced adoption or removal;

1. lesbian, gay, bisexual, transgender and intersex people;

## Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people need to be treated by auspices and volunteer visitors in a culturally appropriate manner that is acceptable to both the client and their community. It is desirable that auspices develop a good understanding of the community in which they operate and communicate this knowledge to their volunteer visitors. This information will facilitate effective and appropriate visits for the care recipient.

Auspices should establish links with the Aboriginal and Torres Strait Islander communities and health services to gain a greater knowledge base of the needs required and establish a safe environment for the older people from these backgrounds. Providers are encouraged to explore ways of ensuring visits are culturally appropriate, using guidance from local Indigenous communities.

## People from culturally and linguistically diverse (CALD) backgrounds

Older people from culturally and linguistically diverse (CALD) backgrounds may seek the company of people who speak the same language, from a similar background with comparable experiences. CVS auspices are expected to have an understanding of the cultural and linguistic needs of older people from CALD backgrounds. This is particularly important in matching the care recipients with the volunteer visitors.

CVS auspice policies must meet the cultural and linguistic needs of older people from CALD backgrounds. Auspices should establish links with community and health services that support people from CALD backgrounds to gain a greater knowledge base of the needs of these older people. Providers are encouraged to explore ways of ensuring volunteer visits are culturally appropriate, using guidance from CALD specific organisations and communities to encourage effective communication between the CVS auspice staff, the volunteer visitor and the CALD care recipient.

## Rural and Remote

In rural and remote areas, older people may be required to move away from their familiar environment in order to access aged care services, increasing their risk of social isolation. CVS volunteer visitors may need to travel distances to meet with an appropriately matched care recipient. CVS auspices should endeavour to develop good working relationships with aged care service providers in rural/remote communities to promote the CVS for care recipients who may benefit from the program.

## People who are financially or socially disadvantaged

A person is defined as financially disadvantaged if they are in financial difficulty or, if they have no income.

People who are socioeconomically disadvantaged are those who may struggle to supply themselves and their family with food, clothing and shelter and would be on financial benefits. This group of people can include single-parent families, the sick, disabled and invalid people, elderly people, the unemployed, and homelessness, people who have been recently released from jail or those who are recovering from a drug addiction.

## Veterans

A ***veteran*** is a person who is, because of Section 7, of the ***Veterans Entitlement Act 1986***, taken to have rendered eligible war service; or a person who is a Commonwealth veteran; or an allied veteran; or an allied mariner.

Note: further information can be found in the ***Veterans’ Entitlement Act 1986*** including definitions on Commonwealth veteran, allied veteran and allied mariner.

## Homeless or at risk of becoming homeless

Homelessness can be the result of many social, economic and health-related factors. People may become homeless after many years of experiencing poverty, incarceration, violence (especially among women), drug and alcohol abuse or mental health issues. The compounding effects of the death of a spouse or partner, significant health problems, trauma or a financial crisis can also lead to homelessness.

Older people experiencing, or at risk of homelessness includes people who are:

* without a place to stay and sleeping in their car, on the streets, in parks or other public places;
* living in housing that is inadequate, like a caravan, illegal campsite or deserted building;
* living in housing that is meant to be temporary, like a boarding house, shelter or hostel;
* living somewhere they don’t feel safe and secure, for example due to threats or violence;
* living in a house that is severely overcrowded and where they have no privacy;
* living with friends or family due to lack of other options;
* renting a home that is too expensive, in poor condition, or not suitable for ageing due to lack of other options;
* renting a home with no guarantee they can stay there as long as they like and who experience barriers to being able to secure a new rental and/or move to a new rental;
* transitioning from custodial and care arrangements, including from correctional facilities.

*Please note that this definition does not necessarily correspond to the eligibility for a range of aged care homelessness programs or supplements.*

Older people experiencing, or at risk of, homelessness may be reluctant to self-identify and disclose their circumstances to a service provider. They may be socially isolated and feel marginalised from mainstream society. They may also be experiencing disempowerment and shame due to the stigmatisation of homelessness.

## Care Leavers

A ‘care leaver’ is a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century. This includes:

* Forgotten Australians;
* Former child migrants; and
* Stolen generations’.

Residential aged care services have been identified as an area of particular anxiety for care leavers given their previous experiences in institutional care. Living in institutional settings often resulted in a loss of identity, due to practices such as having their birth name changed or being referred to as a number. As many have not reunited with family in adulthood, they may find it difficult to regain their family heritage, culture or sense of their local community and may experience a heightened sense of social isolation. However, if aged care workers can recognise and understand their concerns, their time in aged care can become more positive and engaging.

The Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package shows how early life experiences can affect older people receiving care and help care providers respond to their needs. Further information including the resources for downloading can be located on the department’s website at: [Support-services/people-from-diverse-backgrounds/care-leavers-resources](https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/care-leavers-resources)

## Parents separated from their children by forced adoption or removal

“Forced adoption” or "forced family separation" are the terms used to describe the practices where many pregnant women, most of whom were unmarried and some married had little or no choice about what would happen to their babies.

Some were provided with housing on the condition they relinquish a child or children for adoption. Adoptions were arranged without willing or informed consent, were unethical, dishonest and in many cases illegal and are therefore considered “forced”.

According to the Australian Institute of Health and Welfare (2012), at its peak in 1971-72 there were around 10,000 forced adoptions. This affected approximately 1 in 15 Australians.

## Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people

Older Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people may have limited supportive family networks and may not be able to access their community. Volunteer visitors who have an understanding of older LGBTI peoples’ experiences of historic discrimination and existing care needs can help to make care recipients feel accepted, less isolated and safe in their environment.

Auspices have an obligation to establish links with communities that support older LGBTI people so that they can gain the appropriate equitable services needed to establish inclusion and support for older LGBTI people.

# ROLES AND RESPONSIBILITIES

## Auspices

### Internal Policies and Procedures

All auspices are required to develop and maintain internal policies and procedures for delivery of the CVS. These policies and procedures must be consistent with these guidelines and Commonwealth State legal requirements and be readily accessible by CVS staff and volunteers.

The format of the information is at the discretion of the auspice but must include at minimum:

* Code of conduct;
* CVS auspice, coordinator and volunteer role and responsibilities;
* reflect the special needs groups they service;
* procedure for contact between CVS auspice coordinators or volunteer visitors and providers of aged care services;
* volunteer visitor selection and matching;
* volunteer visitor orientation and support;
* procedures for maintaining records of referrals, matches, waiting lists, community visits;
* dispute resolution;
* occupational health and safety; and
* financial management procedures, including grant acquittal and volunteer visitor reimbursement.

### Role of a CVS coordinator

Auspices generally employ a program coordinator to manage CVS service delivery. The role of the CVS coordinator is determined by individual auspices and may involve:

* developing and updating internal policies and procedures;
* recruitment and induction of all volunteers ensuring compliance with legislation and procedures e.g. conduct police checks and orientation;
* seek referrals and ensure volunteers/recipients compatibility (this may involve meeting and assessing the recipient’s suitability for the CVS, and participating in visits with the volunteer to help establish the relationship);
* participating in learning and development opportunities to enhance and develop skills required for the role;
* managing visitor numbers according to regions and place types allocated in Funding Agreement;
* addressing any issues or concerns raised by the visitor or the aged care service provider regarding the relationship or the recipients care needs;
* maintaining high level of communication and positive relationships with aged care providers and recipients;
* promotion of the CVS to aged care service providers and the broader community;
* maintaining accurate records.

CVS coordinators are encouraged to share information and liaise with their relevant State and Territory Network Member, including attending regular state/territory meetings.

### Volunteer Police Checks

CVS volunteers over 18 years of age are required to undergo a National Criminal History Record Check (commonly known as a "police check") before commencing visits to care recipients. Police checks are valid for three years and must be renewed for continuing volunteer visitors.

The CVS auspice is responsible for:

* organising police checks;
* providing volunteers with a letter or email confirming a police check has been undertaken and the volunteer is suitable to participate in the CVS;
* providing a copy of the police check ‘Letter of Introduction’ (including the dates covered) to the aged care provider
* Providing a new letter to the CVS volunteer /aged care provider when their police checks are renewed every three years;

Aged care providers are obliged to grant community visitors access to visit a resident in their facility under the *Aged Care Act 1997*, *The User Rights Principles 2014*;

*The Aged Care Quality Standards* require aged care providers to demonstrate that recipients are supported to exercise choice and independence, including making connections with others and maintain relationships of choice.

CVS volunteer visitors are considered to be a relationship of choice, and it is essential that they be treated the same spirit as family and friends.

Further information on the Police Certificate Guidelines can be found at: [Police certificate-guidelines-for-aged-care-providers](https://agedcare.health.gov.au/police-certificate-guidelines-for-aged-care-providers)

### Statutory Declaration

Statutory declarations are only required in these instances:

* for any staff or volunteers who have been a citizen or permanent resident of a country other than Australia after turning 16; or.
* for new staff and volunteers who have applied for, but not yet received a police certificate.

In these instances, a volunteer can sign a statutory declaration stating that they have never, in Australia or another country, been convicted of murder or sexual assault, or convicted of and sentenced to imprisonment for any other form of assault.

Statutory declarations relating to police certificate requirements must be made in the form prescribed under the *Commonwealth Statutory Declaration Act 1959* (the Declaration Act) as the police certificate requirements are in connection with a law of the Commonwealth. Anyone who makes a false statement in a statutory declaration is guilt of an offence under the Declaration Act.

A statutory declaration template and more information about statutory declarations are available at the following website: [Statutory-declarations](https://www.ag.gov.au/Publications/Statutory-declarations/Pages/default.aspx)

Note: Statutory Declarations may be an additional requirement, at the auspice’s discretion, if the Police Checks are delayed.

Reference checks for the volunteers for screening purposes can also be requested at the auspice’s discretion at the time of volunteer recruitment. However, these do not replace the legislative requirements of the Police Checks for the purpose of the CVS program.

### Volunteer Orientation

A volunteer visitor has the right to receive clear guidance on their role and responsibility and appropriate guidance to ensure they are comfortable in delivering their visiting role. They also have the right to receive ongoing support by the auspice and the ability to raise concerns or issues freely and openly.

CVS auspices must provide volunteer visitors with orientation to ensure they can confidently take on their role and are clearly aware of their obligations, responsibilities and surroundings.

The orientation should include at least:

* an overview of the CVS program and the aged care system – with reference to the Department of Health’s website for volunteers to review the CVS frequently asked questions (FAQs);
* the role and what is expected of the volunteer visitor;
* code of conduct;
* the rights of the volunteer visitor;
* the rights of the care recipient;
* privacy and confidentiality;
* duty of care;
* loss and grief;
* boundaries;
* behavioural expectation while on site;
* care instructions for special need care recipients;
* essential steps required to assist care recipients experiencing abuse or neglect;
* administration requirements associated with being a volunteer visitor; and
* Occupational Health and Safety (OH&S) and Workplace Health and Safety (WHS) requirements.

Volunteer visitors should be considered as a friend or family member visiting an aged care service to provide friendship or companionship to a care recipient. Before a friendship base can be formed between the volunteer and the care recipient, the aged care service should give an orientation of the residential aged care home, so the visitor is familiar with the layout and safety procedures.

### Care recipients experiencing abuse or neglect

CVS auspices must ensure that the site orientation provided by the aged care service includes awareness of the appropriate procedures to follow if a volunteer is concerned that their matched friend is suffering abuse or neglect. Volunteer visitors have the right to receive ongoing support from the CVS auspice, and the ability to raise any concerns or issues freely and openly. All concerns raised by volunteer visitors, especially of a serious nature (such as the welfare of the care recipient), should be immediately reported to the CVS auspice coordinator and documented for immediate follow up.

### Coordination with Aged Care Providers

The relationship between CVS auspices and Australian Government subsidised aged care service providers is critical to ensuring the objectives of the program are being achieved, and those who will benefit most are being reached. Auspices are expected to be proactive in establishing and maintaining strong collaborative partnerships with aged care providers.

### Death of Care Recipients

If the care recipient dies, the CVS auspice coordinator should provide support to assist the volunteer visitor to deal with the loss of their friend (including attending the funeral service, if appropriate). Good communication and relationships with aged care providers and their staff may help with the notification to auspices of this situation.

The CVS auspice coordinator should advise CVS staff members that the recipient has died and update relevant records in the database to reflect the death. The CVS auspice coordinator should also maintain support and contact with the volunteer so the volunteer can be matched with a new visiting friend in the future if they wish.

## State and Territory CVS Network Members

CVS Network Members represent and support CVS auspices within each State and Territory. There are six appointed CVS auspices (including a combined NSW/ACT/VIC) to undertake the role of Network Member. A list of the CVS Network Members is on the [Department of Health](https://agedcare.govcms.gov.au/support-services/cvs-state-and-territory-network-members) website.

The role of a Network Member includes the following:

* deliver peak body services for the CVS members in your state;
* provide consideration in service delivery to all special needs groups;
* provide support, mentoring and information to auspice coordinators;
* maintain links between CVS auspices;
* advise which CVS auspices are operating in the area;
* encourage a consistent approach to CVS issues of state or national relevance;
* provide a forum for information exchange between CVS auspices;
* Provide an efficient and effective communication and consultation mechanism between CVS auspices and the Department;
* inform the department of systemic program issues; and.
* handle enquiries from aged care service providers and the public.

## Volunteers

The role as a CVS volunteer is to provide regular friendship and companionship to recipients of residential aged care or homes care who are socially isolated or at risk of social isolation or loneliness with the aim of enhancing the care recipient’s quality of life and helping them to feel more connected with their community. Visits should be regular and in person (face to face).

The role of a volunteer visitor includes:

* working within the policies and procedures set out by the auspice;
* visiting a designated recipient of aged care services on a regular basis (at least once a fortnight), the purposes of which include:
	+ companionship and friendship;
	+ increasing care recipient involvement in social activities and community outings (if appropriate);
* providing a record of the dates of visits to the CVS auspice coordinator;
* respecting the rights of the CVS care recipient including confidentiality and privacy;
* exercising a duty of care at all times;
* informing the CVS auspice coordinator if they are experiencing any difficulties with visiting;
* notifying the CVS auspice coordinator of any accident or incident that occurs whilst visiting;
* reporting unsafe visiting environments to the CVS auspice coordinator;
* reporting any concerns in regard to abuse or neglect of the care recipient to the CVS auspice or coordinator immediately;
* notifying the CVS auspice coordinator if there is an intention to cease visiting on a temporary or permanent basis; and
* informing the CVS auspice coordinator if they wish to stop visiting a particular care recipient or if they are no longer available to provide volunteer services.

### Becoming a Volunteer Visitor

Anyone interested in becoming a visitor should contact an auspice in their area. Details can be found by contacting the [CVS Network Member](https://agedcare.govcms.gov.au/support-services/cvs-state-and-territory-network-members) provided on the Departments website at [state-and-territory-network-members](https://agedcare.govcms.gov.au/support-services/cvs-state-and-territory-network-members)

The CVS auspice coordinator will assess the person’s suitability for the role of visitor. Reference checks for screening purposes can be requested at the auspice’s discretion. This will include the requirement that they undergo a National Criminal History Record Check (commonly known as a ‘police check’). The CVS coordinator will explain what is expected of a volunteer visitor and ask for some personal details for their records. The CVS coordinator may also ask some questions, or ask the prospective visitor to complete a questionnaire on their interests and background to assist in matching them with an aged care recipient. The CVS coordinator will also explain the administrative procedures involved in being a volunteer visitor.

### Skills of a Volunteer Visitor

Anyone (preferably over the age of 18 years) who is willing to volunteer his or her time to provide friendship or companionship can be a CVS volunteer visitor. Volunteers from a variety of backgrounds are suitable to assist in providing companionship to older people who would benefit from re-connecting with their culture or background or becoming more involved in the community.

It is recommended that volunteers are over the age of 18 years, however it is at the auspice’s discretion if they choose to accept volunteers under 18 years of age taking into consideration the maturity required to deal with issues of ageing and the possibilities of illness and death.

The following skills are highly desirable in a volunteer visitor:

* a genuine empathy and understanding of older people;
* good communication and listening skills;
* the ability to work independently;
* a commitment to developing a strong and ongoing relationship with an older person and to the CVS program;
* willingness to act with integrity, respect, confidentiality and dignity; and
* the ability to be flexible.

## What can’t a volunteer visitor do?

There are some activities that volunteer visitors must not undertake. These include:

* being responsible for monitoring standards of care provided by the aged care service;
* becoming involved in the financial affairs of any care recipient;
* having access to a care recipient’s personal or care records;
* displacing personal relationships established between the care recipient and staff, or residents and existing social networks;
* providing nursing and personal care to the care recipient;
* interfering or having any involvement in the day-to-day running of the aged care service;
* replacing nursing, activities or therapy staff; or
* being involved in investigating or following up complaints.

If a volunteer visitor becomes concerned about some aspect of a care recipient’s care, they should seek advice from their CVS auspice coordinator.

## How do volunteer visitors maintain privacy, confidentiality and dignity?

CVS auspice coordinators need to support volunteer visitors in understanding and applying these concepts/skills.

Confidentiality includes avoiding discussion of the personal details of the care recipient with other visitors or the wider community. Privacy can include maintaining confidentiality and respecting the care recipient’s personal rights. For example, a volunteer visitor should respect the care recipient’s privacy while they are dressing, and respect the care recipient’s right not to discuss issues if they do not wish.

Assisting to maintain dignity includes supporting the care recipient to maintain their self-esteem. For example, ask if the care recipient would like assistance with a task before stepping in to help.

### Receiving or Giving Gifts

Volunteer visitors should be aware of the policies in place and any potential risks associated with giving or receiving gifts inappropriately from aged care recipients without offending the person. Gifts of significant monetary or sentimental value may be considered inappropriate, could potentially create conflict with family members and may on some occasions be reconsidered or denied by an aged care recipient. Volunteer visitors should be instructed to discuss situations involving gifts of significance with their CVS auspice/coordinator and/or the aged care provider and in almost all circumstances; the offer of these gifts ought not to be accepted.

Giving gifts may be appropriate, but care must be taken not to offend families and significant others and should also be discussed prior with the CVS auspice coordinator and/or aged care service provider to ensure that the gift does not offend but also to ensure the gift meets the care recipients dietary requirements and/or the gift will not be a potential trigger of a bad memory for the recipient. It is best for volunteers who wish to give gifts to their matched friends to limit them to small items such as cards, flowers, small clothing items or photographs.

### **What expenses can be reimbursed**?

Reimbursement of expenses as part of the volunteer visitor role is at the discretion of the CVS auspice.

CVS auspices should clearly stipulate their policy around reimbursements within their policies and procedures. CVS auspices must clearly explain this policy to volunteers before they commence.

### Care recipients experiencing abuse or neglect

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It can be of various forms: physical, psychological/ emotional, sexual, financial or simply reflect intentional or unintentional neglect. Elder abuse is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair (World Health Organisation, Toronto Declaration on the Global Prevention of Elder Abuse 2002).

### Advocacy

It is not the role of a CVS volunteer visitor to advocate for the care recipient. The visitor should notify their CVS coordinator if this situation arises. The visitor may also give advice about the advocacy services available to the care recipient.

Residents and or family members requesting assistance with advocacy may be referred to the National Aged Care Advocacy Program (NACAP). NACAP is funded by the Australian Government under the *Act* and provides free, independent and confidential advocacy support, education and information.

NACAP is provided Australia-wide by the Older Persons Advocacy Network (OPAN). OPAN can be contacted between 8am to 8pm EST Monday to Friday via 1800 700 600 (freecall) or [OPAN](http://www.opan.com.au/). An advocate can help residents to make informed decisions and support them to raise their concerns and work towards a resolution.

If volunteers are concerned about a care recipient experiencing abuse or neglect, they can report their concerns through the following options:

* inform the CVS coordinator immediately of the issue;
* My Aged Care website: [myagedcare](http://www.myagedcare.gov.au/contact-us/complaints)
* inform the CVS State Network Member in your local area;
* National Sexual Assault, Domestic Family Violence Counselling Service 1800RESPECT or 1800 737 732 (freecall) EST or on website [1800respect](https://www.1800respect.org.au/help-and-support/telephone-and-online-counselling)
* 1800 Elder Help or 1800 353 374 (freecall) can automatically redirect callers seeking information and advice on elder abuse with the existing phone line service in your state or territory. Elder abuse phone lines are not crisis support services, and operating hours and services vary across jurisdictions.
* OPAN App *Elder Help*, supports older people and their loved ones who are receiving aged care. The App supports people by delivering information, education and assistance with accessing advocates who can then address issues that may arise in their aged care services.
* OPAN on 1800 700 600 (freecall) EST or [OPAN](http://www.opan.com.au/)

## Aged Care Providers

### Auspices and Volunteers

Aged care providers must foster effective working relationships with auspices and are expected to be welcoming, encouraging and supportive to volunteer visitors. Aged Care Providers should not consider CVS volunteer visitors as part of their volunteer workforce and request them to undertake training or enter their personal details into a database. CVS volunteers should be treated by aged care service providers in a similar manner to a friend or family member visiting to provide companionship to the care recipient on a casual basis. The aged care provider should ensure it has received confirmation that the volunteer has met the ‘police check’ requirements before visits commence.

Where a care recipient is eligible to receive a volunteer visitor, the residential aged care service may be in breach of their legislated responsibilities if they were to refuse to allow a volunteer visitor to have access to the recipient, (*Aged Care Principles 1997*, *User Rights Principles 2014*, Part 2, Division 2, Section 8 (2)).

However under some circumstances access may be denied for legitimate reasons such as ‘aged care service in lock down’ due to a Gastroenteritis outbreak. In these circumstances a phone call to the care recipient to ‘stay in touch’ may be more appropriate and can be deemed as an actual visit for reporting purposes.

### Referrals

Aged care service providers are well placed to identify care recipients who may benefit from a volunteer visitor and to make referrals to an auspice working in the area. Care recipients who do not have quality contact with friends or relatives or who experience isolation from their culture or heritage, may be referred to a CVS auspice in the local area including self-referral. The CVS auspice/coordinator will then work with the aged care service provider to match a suitable volunteer visitor to the care recipient.

To ensure the care recipient is not on a waiting list to be matched with a volunteer visitor for too long, the CVS auspice coordinator may contact the CVS State Network Members in their area to seek the right match to ease waiting time and to limit any type of waiting lists for these services.

### Group Visits

Residential aged care providers are responsible for determining which care recipients within their aged care home who are not receiving one-on-one visits could benefit from a group visit (two people visited at the same time). The group visits are an addition to, and must not replace existing lifestyle programed or structured activities that are run by the residential aged care home.

### Flu vaccination program

From 1 May 2018, all Australian Government subsidised approved providers of residential aged care services are required to have in place an influenza vaccination program that offers a free influenza vaccine to staff including volunteers of the service. In general, a CVS volunteer would not be considered to be part of ‘staff’ of a residential aged care service. The new requirement is given effect through the *Quality of Care Principles 2014* and applies to residential aged care providers only. However, staff and volunteers are not required to have the vaccine.

### Illness or Death of Care Recipient

The aged care service provider should inform the volunteer visitor preferably through the auspice coordinator, when a care recipient in the program is unable to receive a visitor due to illness or death. If the care recipient is in hospital or transition care and is able to receive a visitor, visits should continue where appropriate. Should the aged care service provider be unable to contact the auspice coordinator, the volunteer visitor should be contacted directly.

The volunteer visitor should be made aware of the change to the care recipient’s situation as soon as possible to allow time to consider alternative arrangements. It is recommended that service providers include the CVS program in their communication strategy to ensure all staff are aware of the need to notify the CVS coordinator of a change in the circumstances of a care recipient.

*Note: this situation should be handled the same way a person would tell a family or friend of an illness or death, sensitively with respect and kindness.*

## Care Recipients

An aged care recipient, their family or representative can contact their aged care provider, the CVS State Network Member (see 2.2 for further information) or the My Aged Care website to see if they are eligible to receive visits from a volunteer visitor.

Personal information from the care recipient will need to be provided in order to match a volunteer visitor. The information will help to identify any preferences a care recipient might have in terms of the volunteer visitor they might be matched with, including gender, age range, or from a specific cultural or other diverse background.

Aged care recipients are under no obligation to disclose personal information. Due to privacy reasons, aged care recipients and service providers may not wish to disclose sensitive information such as being considered part of a special needs group. However, the provision of this information where available, may help to match appropriate visitors to aged care recipients.

Visits to the care recipient will generally be approximately an hour’s duration at least once a fortnight equating to 20 or more face-to-face visits to one care recipient or one group care recipient in each financial year . This time may be spent together in a variety of ways, dependent on the care recipients interest and capacity, such as to sit and chat, work on a hobby together, discuss the news, read a book or listen to music together. If the care recipient is able, they might take a walk or go on an outing together.

If a care recipient wishes to discontinue the visits at any time, the care recipient is encouraged to advise their aged care service provider.

## Role of the Department of Health

The Australian Government Department of Health (the department) funds and administers the CVS. The Residential and Flexible Aged Care Division of the department is responsible for ensuring national consistency of program policy and administration arrangements and the provision of advice to the Minister for Aged Care and Senior Australians on all aspects of the program.

The department will engage with the auspices, CVS State Network Members and CVS coordinators as required to:

* support consistent implementation of the CVS;
* discuss program related issues;
* disseminate information from the Government;
* assist in communication to increase the visibility of the program (for example, teleconference meetings with the CVS Network Members, face-to-face meetings where applicable, forums or workshops)
* respond to queries from CVS auspices, CVS State Network Members and coordinators to ensure consistency in the implementation and operation of the CVS program; and
* hold/attend an annual national CVS network meeting.

## Role of the Department of Social Services

The Community Grants Hub within the Department of Social Services is responsible for administering the CVS grant process on behalf of the department The Community Grants Hub is responsible for:

* liaison with CVS auspices in relation to the day to day management of the CVS grant agreement;
* management of CVS auspice Funding Agreements, including monitoring and assessment of agreement milestones, such as Activity Work Plans and Performance Reporting; and
* Escalating CVS auspices’ feedback/enquiries to the department for policy advice where appropriate.

# ADMINISTRATION

## Service Delivery

The department funds community based organisations (known as auspices) to recruit, train and support volunteer visitors including administer CVS operations. Auspices are engaged through a Commonwealth Standard Grant Agreement for the delivery of the program. Together each set of grant details and the Commonwealth Standard Conditions (Schedule 1) forms an Agreement between the Commonwealth and the Grantee. A schedule is used to outline the specific grant requirements. Eligible organisations may apply to become a CVS auspice through a competitive funding process conducted by the department towards the end of each funding round (unless extensions are offered prior). Eligible auspices need to also be aware of the GrantConnect website and register for upcoming grant opportunities.

A community visitor grant is intended to cover the following types of costs:

* expenses for recruitment, orientation of community volunteer visitors/co-ordinators;
* general administration costs such as contributions to rental, wages, postage, telephone, electricity and office supplies;
* mandatory police checks of potential volunteer visitors;
* reimbursement of volunteer visitors’ out-of-pocket expenses (example – visitor travel costs to the care recipient) at the discretion of the CVS auspices;
* volunteer recognition events;
* expenses directly associated with the promotion of the CVS;
* required insurance premiums and audit fees; and
* professional translation or interpreting services (if applicable).

CVS funded organisations must use this funding solely for CVS activity and in accordance with the Funding Agreement. Further information on the use of government funds can be found at the financial provisions section of the Terms and Conditions for Standard Funding Agreement.

Grants may not be used for:

* the hiring of buses or special vehicles to transport Commonwealth subsidised aged care recipients or volunteer visitors to functions;
* travel outside Australia;
* the cost of entry fees to clubs or events;
* underwriting deficits;
* construction costs;
* expenses related to other programs or grant monies;
* acquisition of major equipment, e.g. vehicles;
* gifts to volunteer visitors and/or Commonwealth subsidised aged care recipients; subscriptions and/or memberships to clubs;
* purchase of land;
* retrospective costs;
* costs incurred in the preparation of a grant application or related documentation; and
* activities for which other Commonwealth, State, Territory or Local Government bodies have primary responsibility.

Except to the extent that the department has agreed in writing otherwise.

## Flexible service delivery models

Flexible, innovative methods of communication, including through digital channels, to facilitate interactive relationships between volunteer visitors and care recipients can be used when face-to-face visits cannot be made. This will allow auspices to better reach socially isolated older people in regional and remote areas and funding up to 10% of total grant funding to deliver a service model must be included in the Funding Agreement.

## Performance Indicators

**Key performance indicators for Residential care and Home care**

| **KPI** | **DETAILS** | **TARGET** |
| --- | --- | --- |
| 1 | Percentage of active visitors achieved annually (an active visitor is the equivalent of one volunteer providing at least 20 visits per year) | * 90% of the active visits funded need to be completed for all auspices as specified in the Activity Workplan and Funding Agreement
 |
| 2 | Number of nominated aged care planning regions  | * as specified in the approved Activity Workplan and Funding Agreement
 |
|  | The number of nominated special needs groups  | * as specified in the approved Activity Workplan and Funding Agreement
 |

Full reporting requirements are listed on the reporting templates.

Key Performance Indicator for less than 90%

The department classifies an Active Visitor percentage of less than 90% as low. The performance report should include reasons why the active visitor rate is low and actions that the organisation has taken to increase active visitor numbers. Should an auspice be concerned about their active visitor percentages they should contact the Community Grants Hub by email national.agedcaregrants@dss.gov.au or phone 1800 044 584 (Option 1).

Key Performance Indicator for special needs groups

There is recognition that many people from special needs groups are reluctant to disclose this information due to privacy reasons, and aged care recipients and aged care service providers may not wish to disclose sensitive information such as being considered part of a special needs group. The department acknowledges that this may impact on a CVS auspice's ability to meet the agreed target. Where a CVS auspice does not meet this performance target due to the difficulty of disclosure, the situation will be reviewed by the department. However, the department must be satisfied that the CVS auspice has made every effort to meet their target, through information provided in an auspice’s Performance Report that demonstrates the use of appropriate strategies and tools. CVS auspices are required to report on methods used to increase their ability to reach the target in the future.

## Reporting

Reporting templates are designed for CVS auspices to collect and record the data required to report against the Key Performance Indicators (KPIs) and other information required by the department.

Separate reports will be required for each activity funded (Home Care, Residential Care and Network Members). Each auspice will be sent the reporting template relevant to their Funding Agreement.

The reporting includes two elements - an *Activity Record* and the *Performance Report*.

The *Activity Record* provides a detailed account of the number of active visitors (volunteers), the number of recipients visited, planning regions and special needs categories. This information will provide a better understanding of who is receiving CVS services and their location.

The *Performance Report* comprises statistical information against the performance indicators. It also gives your auspice the opportunity to provide feedback on how CVS delivery is progressing, any challenges or issues identified and plans for improvement.

*Please make sure the Declaration of the Performance Report is completed.*

CVS Performance Reports are due as per dates specified in **Item E Reporting** Milestone/Performance Report requirements of the CVS auspice’s Funding Agreement.

Active visitor places

Auspices receive funding based on their allocation of Active Visitor places. An active visitor place encompasses 20 or more face-to-face visits to one care recipient or one group care recipient in each year.

There may be situations where the volunteer visitor does not complete the required number of visits through unforeseen (exceptional) circumstances. Examples of exceptional circumstances may include:

* aged care home in lock down
* care recipient or volunteer visitor passed away
* care recipient transferred out of area
* care recipient in transition care, hospitalised or ill
* care recipient withdrew from the program
* volunteer visitor experience ill health

Details will need to be provided for any exceptional circumstance claims.

It is recommended that during an exception circumstance situation (aged care home in lock down), when a visit cannot be made, it would still benefit the care recipient if the volunteer visitor can communicate by telephone or skype during this time. This level of communication would only be for a short time (for example 3-4 weeks), be counted as an active visit and the care recipient and volunteer visitor would both benefit by staying in touch during this difficult period.

Aged care planning regions

Aged Care Planning Regions (ACPRs) identified in the Commonwealth Standard Grant Agreement must be recorded in the Performance Report template – KPI2 Aged Care Planning Regions Service Area Information. Please capture visits completed for each region separately on the Activity Record tab.

## CVS Logo



The CVS Logo must be used on all publications relating to the CVS. Whenever the logo is used, the publication or promotional material must also acknowledge the Commonwealth as follows – ‘Funded by the Australian Government’.

Further queries relating to CVS branding and the CVS logo should be referred to the department’s CVS Policy team by email at: [cvs@health.gov.au.](file:///C%3A%5CUsers%5Cvi0001%5CAppData%5CLocal%5CHewlett-Packard%5CHP%20TRIM%5CTEMP%5CHPTRIM.4000%5Ccvs%40health.gov.au)

# FREQUENTLY ASKED QUESTIONS

Information about the delivery of the CVS can be found in the Frequently Asked Questions (FAQs with information specifically designed for consumers, visitors, CVS auspices and providers.

# Glossary

| Term | Definition |
| --- | --- |
| ACPRs | Aged Care Planning Regions |
| Auspices | community based organisations funded by the Department |
| CALD | People from Culturally and Linguistically Diverse backgrounds |
| CHSP | Commonwealth Home Support program |
| CVS | Community Visitors Scheme |
| DSS | Department of Social Services |
| FAQs | Frequently Asked Questions |
| Group visits | two people or more at a single time not receiving one-on-one visits |
| KPI | Key Performance Indicator |
| LGBTI | Lesbian, Gay, Bisexual, Transgender and Intersex people |
| NACAP | National Aged Care Advocacy Program |
| OPAN | Older Persons Advocacy Network |
| The department | The Department of Health |
| Year | Financial year |