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ATTRIBUTION

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ABOUT ACSA

Aged & Community Services Australia (ACSA) is the leading national peak body for aged and community care providers. It represents church, charitable and community-based organisations providing housing, residential care, community care and home support services to older people, younger people with a disability and their carers. ACSA members provide care and support in metropolitan, regional, rural and remote regions across Australia.

Mission-based and other not-for-profit aged care organisations are responsible for providing services to those older Australians who are most in need. As at 30 June 2016 not-for-profit organisations delivered 56 percent of residential aged care services and 82 percent of home care packages in Australia.¹

These organisations are visible and highly accessible in the community and as a result, the public relies on them for service, support and care. The broad scope of services provided by ACSA’s membership and the leadership they display gives it unique insights into the challenges and opportunities that come with the ageing of the population.

INTRODUCTION

As Australians live longer, it is important to ensure older Australians are given every opportunity to enjoy a quality of life, free from loneliness and social isolation. ACSA’s members support hundreds of thousands of older people in metropolitan, regional, rural and remote areas of Australia through different aged care programs to improve consumers’ quality of life. Every day they are committed to promoting choice, wellbeing, social connection and inclusion to reduce the extent of social isolation and loneliness that exists in our communities.

A significant body of research has identified several strategies that have proven successful in fostering social inclusion and building social support. They include:

- Introducing interventions as part of a wider strategic approach;
- Targeting specific groups of older people;
- Using existing community resources;
- Using volunteers to run programs;
- Using targeted and tailored approaches; and
- Involving older people in the planning, delivery and evaluation of programs.²

Given the complex nature of social isolation and loneliness, and the highly personal manner in which they are experienced, a broad range of policies, interventions and strategies are needed.

ACSA makes the following recommendations as priorities to reduce the frequency and severity of social isolation and loneliness among older Australians.

³ NARI and COTA Victoria, ‘Healthy Ageing Literature Review’, 2012.
SUMMARY OF ACSA RECOMMENDATIONS

- The Community Visitor Scheme (CVS) should be assisted to promote its services and benefits to improve awareness and access to the service through:
  - Having a section on the My Aged Care website in the residential care and Home Care Package Program (HCP) sections.
  - Consumer assistance to locate the services via the service finder function.
  - Availability of CVS program information on the Ageing and Aged Care section of the Australian Government Department of Health website.
  - Development of YouTube videos for consumers to promote the CVS (similar to those developed for the HCP Program).
  - The Australian Government Department of Health to include information on how consumers can access the CVS program in the letter sent to consumers informing them that they are on the central prioritisation waitlist.

- Restrictions on consumer eligibility for the CVS program should be reduced or removed by:
  - Extending the eligibility to the CVS to include consumers accessing the Commonwealth Home Support Program (CHSP) and/or WA HACC program that is consistent with the intent of national reforms. Consumers within the Veterans Home Care program should also be eligible for the CVS program.
  - Informing consumers who are waitlisted for HCP but not receiving services of their eligibility for CVS services, if they are required.
  - Removing existing restrictions within contract key performance indicators (KPI) for residential and home care places to allow more flexibility, and to be consistent with the intent of national reforms. This allows the CVS program to focus on meeting consumer demand and need.
  - Removing regional boundaries within the CVS program to address the barriers preventing access and continuity of service.

- Supporting the referral and service coordination process by:
  - Including the CVS program in the orientation and training of Aged Care Assessment Team (ACAT) assessors as a service option on the National Screening and Assessment Form (NSAF).
  - Making grant funding available in each state and territory for the development of a CVS State Volunteer Coordinator role. This would assist in the development of a state strategy for volunteer recruitment, and assist in greater utilisation of volunteers across organisations.
  - Improving the focus on consumers in the special needs categories on the NSAF.
  - Establishing a Contracts Manager in each state office of the Australian Government Department of Health to support local CVS organisations.

- Yearly CPI indexation should be included in the funding contract of CVS providers and yearly indexation for the nominal payment for the role of the CVS Network Member in each state.
1. From your perspective, how is the CVS currently operating?

Members’ views indicate that the CVS is currently operating effectively as a free social support and inclusion service for HCP and residential care consumers. The CVS program is currently funded per volunteer places on a regional basis to successful auspice organisations. Specific CVS funding is available for the provision of service to consumers of special needs groups in either home care and/or residential settings, depending on contractual agreements.

Volunteers provide a minimum of one social visit per fortnight either in a consumer’s home, or an individual or group setting in a residential care facility. Services provided by the volunteers does not replace those by paid staff. Volunteers are recruited and matched to consumers based on their needs, background and location.

○ How is it promoted (to potential consumers, potential volunteers and the broader community)?

Members reported a broad range of promotional and marketing strategies undertaken to reach potential consumers, volunteers and the wider community. These include presentations on the CVS to residential care facilities, attending information days and events, leaving promotional materials (brochures and flyers) at libraries, hospitals and ACATs (ACATs) and in HCP introduction packs. Some providers have used social media including Facebook and websites to market the CVS to the broader community. One provider advised that they have sent letters to GP’s, Podiatrists and placed articles in local papers.

Despite member’s efforts in promoting the CVS program, it was reported that the large majority of referrals are received from residential care facilities and HCP providers, rather than ACATs, families and carers. Other referral sources included hospital staff from the Older Adult Mental Health Team, occupational therapist and outpatient’s clinics. Members stated that ‘word of mouth’ within residential care facilities often resulted in referrals to the CVS program.

Unfortunately, very few referrals are received from general practitioners, medical centre staff and consumers directly (self-referral). Some CVS providers reported a recent decline in the number of referrals received from HCP providers, due to the potential increase in competition for consumers if the CVS auspice is also a HCP provider.

ACSA recommends that the CVS program be included in the orientation and training of ACAT assessors and be considered as a service option on the National Screening and Assessment Form (NSAF) in regards to meeting consumer’s social inclusion and support needs. The CVS scheme also needs to be added to My Aged Care to allow for referrals and to assist raising awareness for potential consumers, assessors and the broader community.

○ How is it accessed (e.g. what is the process for referral)?

The referral process to the CVS program was described by members as being direct and efficient, as it does not require a prior ACAT assessment or GP referral. This means the consumer or family carer can self-refer to this program with no waiting periods for assessment and referral.

On receipt of referrals, the CVS coordinator visits the consumer to undertake an assessment to ensure the consumer meets the eligibility criteria of the CVS program. Following this, the CVS coordinator will commence finding a volunteer match to meet the social support needs of the consumer.

One-member service described the following improvements to their referral process to increase ease of referral:

“The original referral process of the program was very complex, coordinators had to fill out a 4-page document. As a new initiative, we shorten the referral document to two pages, which made the referral process much easier. To boost the number of Home Visit referrals, the program coordinator shortened the referral process even further, as the feedback from HCP providers was that they didn’t have time to complete referrals.”
2. Are there any issues in matching volunteers and aged care consumers? If yes, please provide details.

Members reported several common issues they experience when matching volunteers to consumer’s needs. The most common issue was the location of the consumer and the travel time for the volunteer. It was important that the volunteer felt comfortable with traveling the distance required to visit consumers for the match to be successful.

Other key common issues included matching consumers and volunteers cultural and language requirements, plus personal interests and personalities. Members reported that their volunteers are very committed to engaging with consumers, but this needs to be reciprocal in order to develop meaningful relationships.

On occasion, CVS providers have experienced referrals for consumers whose social support needs have been too great due to the consumer’s cognitive impairment or behavioural needs and a volunteer match has not been successful or possible.

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

Members reported numerous benefits of the CVS program for consumers and volunteers alike. The benefits reported include extremely positive and personal outcomes for the consumer in relation to enhancing their social, mental, physical, emotional and spiritual well-being. These benefits and examples have been summarised as follows:

- Increased communication capabilities, such as the increased ability to communicate with family and friends.
- Continued or new interaction with their ethnic, cultural, linguistic connections, with some consumers regaining their first language or English language abilities.
- Increased confidence, building trusting relationships, connection with others and the community.
- Undertaking activities that are important to the consumer, starting hobbies, renewing previous interests and participating more in facility activities.
- Connection with outside world, increased interest in reading, news and current issues.
- Social outings, able to go shopping for personal needs and to attend appointments.
- Regaining previous skills, interests and acquiring new skills and interests.
- Improved mental, spiritual, emotional and physical wellbeing, and a greater sense of purpose and self-esteem.

Others reported benefits include:

- Increased staff awareness and understanding how important the role of CVS volunteers are in meeting the social support needs of consumers with special needs in aged care facilities.
- Family carers have benefited from the program in many ways, for example, consumers are happy, engaged, connected in their home environment and carers have time out.

ASCA recommends that the extension of the eligibility criteria of the CVS program to include CHSP and/or WA HACC consumers who are socially isolated to benefit from CVS program.

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

The majority of members reported that the demand for visitors in residential care settings is greater than in home care settings. The demand in residential care can mean a waiting period for some consumers depending on the availability of volunteers. Challenges in matching volunteers to consumers’ needs such as gender, culture, skills and location can cause delays for the consumer.

Often a shortage of volunteers can contribute to unmet demand for the CVS program. CVS providers report working with state based volunteering services (i.e. Volunteering WA) to assist with the recruitment of volunteers.

ASCA recommends that existing restrictions within the current KPI’s be removed to allow more flexibility to be consistent with the intent of national reforms. This allows the CVS program to focus on meeting consumer demand and need, rather than being restricted by region and setting (home care or residential aged care facility).
Does the CVS currently support aged care consumers to exercise choice and control? If so, how? If not, why?

Members agreed that consumers have a choice of:
- volunteers
- time and day of visits
- type of social and support activities
- group or individual support activities (in residential care facilities only)

One provider stated: “Yes it does. It is always important to have a conversation with the client about the program and giving them the option to try the service.”

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

Members noted that the CVS volunteers support consumers in the transition across aged care settings is dependent on the family member’s awareness of CVS involvement and their willingness to engage with the CVS auspice and volunteer involved.

“If the auspice is aware of the transition the volunteer can support the person emotionally through the visits and continue to visit the person in the nursing home.”

The continuation of the CVS volunteer in supporting the consumer through the transition depends on the volunteer’s willingness to continue their involvement that may include more travel and within a new aged care setting. However, if the consumer has relocated outside of the specified region of their CVS auspice then continuity of provider will not occur due to contract restrictions.

ACSA recommends that regional boundaries are removed within the CVS program to address the barriers preventing access and continuity of service.

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

Members report that with the exception of their promotional activities in residential, home care, hospitals, ACATs and medical centres, there is no other interactions occur between CVS and other sectors and organisations in support of consumers.

ACSA has identified this as a potential area for improvement within the CVS program, in particular looking at the role and scope of volunteers in supporting the social inclusion of consumers. For example, volunteers could link consumers with local community groups and activities to encourage independence and social connectedness.

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

The key differences identified by CVS auspices in delivering CVS in home care and residential care included the following:
- CVS auspices enter a MOU with residential care facilities to deliver the CVS program.
- CVS volunteers reported feeling safer and more supported volunteering within residential aged care facilities.
- Matching volunteers to consumers in home care is usually easier; however, there are more health and safety risks in a home care setting, including less ‘on-site’ support.
- Delivering CVS in a consumer’s home is very different from providing visiting within a residential care setting. It is a more personal experience with one on one social support.
- In residential care, facility staff communicate the changing health, social and clinical needs of the consumer to the volunteers.

What are the barriers to effective implementation of the CVS in each of these settings?

CVS auspice organisations have experienced residential aged care facilities refusing CVS volunteers in the past. Referring to the quality standards and accreditation process with the residential aged care provider is usually effective in addressing this barrier. A high turnover of staff in residential aged care facilities can also be a barrier to effectively implementing the CVS program.
The limitation of one hour per fortnight in volunteering can be a barrier to implementing the CVS program in both settings. The option of visiting more frequently could benefit both the volunteer and consumer, if permitted.

Other barriers shared by auspices organisations is access to volunteer training and education on specific consumer needs (i.e. understanding health condition, related symptoms and behaviours) to effectively implement CVS in both settings.

- **What are the barriers and facilitators to uptake of CVS services in each of these settings?**

Barriers identified preventing uptake of CVS in home care included:

- HCP staff are not aware of the CVS program, its benefits or that it is completely free for HCP consumers.
- Lack of general advertisements for CVS program on My Aged Care and within ACATs.
- HCP service providers do not have time to recruit participants, nor do they prioritise recruiting CVS participants.
- Some HCP Providers see CVS as being in competition with their services and believe outsourcing social support services will lead to reduced hours and services for their organisation.
- Some HCP providers have expressed concerns about utilising external volunteers and this does not comply with their policies and procedures.

No further barriers or facilitators to update of CVS in residential aged care facilities were received.

- **Do you have any concerns about how the CVS is functioning in either of these settings? If so, please provide details.**

Concerns shared about the functioning of CVS program in either settings included the following:

- The consumer or facilities unreasonable expectations of CVS volunteers and requests to undertake non-social support activities, for example, house work.
- Monitoring and tracking that the CVS volunteer operates within scope and professional conduct in both settings.
- Occupational health and safety risk of CVS volunteers in home care settings.
- Some HCP Providers see CVS as being in competition with their services and believe outsourcing social support services will lead to reduced hours and services for their organisation.
- Volunteers need increased awareness, education and training on the needs of LGBTI consumers in both settings.

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

Please refer to the response in question 3.

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

Providers have many examples of individual types of support delivered through the CVS program in both the home and a residential care setting. The common theme that has been consistent throughout was that at the centre of all methods of support provision was trust and friendship. Members believe that this is what sets the support visits apart from the physical task based assistance provided by other service providers and say that providing the consumer with an enjoyable relationship is pivotal to all support activities. The most common examples of support provided included:

- Social support and to increase the connectedness of consumers with their community
- Assisting with holistic wellness to improve consumer physical, emotional and mental health
- Increasing confidence and self-esteem of isolated consumers
- Helping consumers to regain diminished social skills
- Providing the consistency of a trusting relationship
10  What type or level of additional support for aged care consumers could reasonably be expected of volunteers delivering the CVS?

There is concern that volunteers should not offer or be asked to perform activities of physical assistance, or activities that are funded and in the consumer’s service plan with another service provider. Examples of additional support given by CVS auspices include:

- Assistance with transport to and from appointments
- Friendship
- Information and low level advocacy
- Assist with technology - sending emails, group chat calls, viewing photos
- Taking animals on a visit in residential care if permitted by the facility
- Bringing culturally specific food for a care recipient or group (within food safe guidelines)
- Some forms of welfare assistance – e.g. Centrelink paperwork
- Social outings in accordance with the organisation’s policy and procedures

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

Good quality and sufficient induction, orientation and ongoing training for volunteers is the key to successful provision of support in all settings. Policies and procedures that are clear and accessible should be reviewed regularly to ensure that volunteers are aware of all expectations of the service provision. CVS Service Coordinators need to be provide clarity and information on the boundaries of the volunteer role so that volunteers not asked to perform tasks or activities in a supernumerary capacity and are clear about what the residential care service expects and allows. E.g. bringing in food or pets. In the home care setting, CVS auspices state that the need for good quality and safety risk assessments to address hazards that may affect the physical and/or emotional wellbeing of volunteers is paramount, as is access to some basic medical information on the consumer health, with permission.

Other additional supports that would be required included:

- Additional emotional support in challenging circumstances and monitoring to check that the volunteers are coping and well supported
- Encouraging quality of the visit time rather than quantity

12  What barriers exist to volunteers providing additional support?

The most common barrier identified is the restrictions of the volunteer service Memorandum of Understanding and funding. The next most common was the ‘blurred’ line between what the volunteer may believe he/she should provide as additional support and what the policies of the organisation are. Some volunteer service organisations are more restrictive than others. Other examples given include:

- Volunteer knowledge, experience, confidence, skills
- Overlap with paid services
- Distances involved in rural and remote areas
- Restrictions of safety risks
- Time constraints (1 hour / fortnight)

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

Organisations highlighted that some special needs consumers (CALT, ATSI and Torres Strait Islander consumers, veterans and those living in rural or remote areas) can be identified through the referral process. However, it was not common for consumers in the following special needs groups to be identified on the referral:

- People who are at risk of becoming homeless
- Parents separated from their children by forced adoption or removal, or
- LGBTI consumers
The issue is that the consumer from a special needs group might not be identified until later if at all unless the consumer discloses personal information. ACAT referrals do not focus on gender diversity, therefore the service provider might not be aware or the consumer might not feel comfortable to disclose their special needs.

If special needs individuals are not identified through the referral process then finding a suitable volunteer is difficult as is making sure that volunteers have the right skills, background and attributes to provide the service. Targeting relies on the service promoting and marketing its culture in relation to people with special needs so that clients feel comfortable to disclose such information. This is currently not done well.

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

CVS auspices have reported that they are supporting individuals from special needs groups very successfully, particularly in the residential care setting. The reason given for this is that in residential care, the special needs groups are better identified in the social and cultural assessment process (mainly as it is a requirement of Accreditation). This is not the case initially for consumers living at home, with the exception of CALD, Veterans and ATSI and Torres Strait Islander people.

Some CVS auspices have stated that they experience difficulty in recruiting volunteers with the right background and skills to provide support to Aboriginal and Torres Strait Islanders. In many cases, a volunteer finds it difficult to provide consistency of service to an individual consumer and they do not stay long in the service, perhaps due to their own cultural norms.

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

- ACAT referrals should identify special needs individuals at initial assessment to provide an opportunity for the CVS to match suitable volunteers to consumers.
- Promotion of the services and funding availability to health professionals, special needs groups and the general community needs to be more effective.
- Training volunteers to enable them to cope with consumers with specific needs.
- If the Government provided assistance with the development of brochures (as they did in the past) or promotion or TV advertisements then targeting would be more effective.
- CVS auspice details are not currently available through the My Aged Care website currently as the My Aged Care service finder does not accommodate them. This should be rectified.

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

ACSA members provided the following list of groups who should be better catered for through the CVS:

- Consumers that are receiving CHSP or WA HACC services that are experiencing social isolation and / or loneliness
- Vulnerable consumers whom are on a waitlist to receive a HCP
- Younger people at home with aged related illnesses for example strokes that are under 65
- Younger people with disabilities’ in residential care under the aged of 65

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

Other programs that ACSA is aware of that operate within Australia are as follows:

- Befriend - http://befriend.org.au
- CHSP program or HACC services in WA which provide social support services or Meals on Wheels services where volunteers visit regularly and can assist with building social connections or referring the consumer to social support services
- HCP consumer whom can access services tailored to their plan to meet their social and emotional needs
- Different CALD Associations

Some examples of international programs that target support programs to older people in need due to social isolation and loneliness are:
  - Oxfordshire Befriending at End of Life (OxBEL) run by Age UK - http://www.ageuk.org.uk/oxfordshire/our-services/befriending-for-life/
  - Joseph Rowntree Foundation’s Neighbourhood approaches to loneliness program - http://www.qaresearch.co.uk/neighbourhood-approaches-to-loneliness-program-evaluation/

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

CVS auspices have provided the following examples of good practice:

- CVS auspices are aware of the LGBTI Ageing and Aged Care Strategy and have incorporated the goals into their inclusive services. Other resources that were used by CVS auspices to better understand the needs of the LGBTI community were Safe, inclusive and person centred care for LGBTI seniors. http://www.baptns.org.au/__data/assets/pdf_file/0023/3983/BC368-LGBTI-AgedCare-SocialPolicy-A4-24pp-WEB.pdf
- A CVS auspice provided an example of how they have incorporated regular quarterly training schedules to better support volunteers and their role. This has had a positive impact on volunteer retention rates. Topics covered include:
  - an outline of the CVS program and it’s impact nationally and locally
  - a four step guide to understanding dementia and appropriate activities
  - qualities and boundaries of CVS volunteers
  - communication with active listening and conversation starters
  - wellbeing and mental health of volunteers
- Another CVS auspice has developed a recruitment resource which provides information on what the CVS program is, what to expect as a volunteer, training and support offered to volunteers and a de-identified case story of a CVS consumer. This comprehensive booklet has aided in the recruitment and retention of volunteers.

  - What are the key benefits of the model?

The CVS program has been able to deliver positive outcomes for the consumers that have accessed the program. Examples of the benefits to the program for both the consumer and the volunteer are listed below:

Consumer

- Improving older people’s connectedness to their local community
- Increased participation in social events or activities, this is particularly so for CALD consumers
- Assisting them to re-engage with family and friends
- Improvements to consumer mental and physical health, an example provided by a CVS auspice was an elderly woman whom had had a stroke and prior to commencing on the CVS program was nonverbal and only able to communicate by writing. Overtime as the volunteer relationship developed she gained the confidence to try to speak and with practice no longer need to communicate via writing
- Improving peoples sense of inclusivity, especially for vulnerable consumers in the special needs categories
- Improved sense of self-worth and self esteem
- Diminished sense of hopelessness
- Advocacy support for the consumer
- Aged care providers in local areas are well placed to work with individuals and communities to identify who is at risk of, or is experiencing social isolation and loneliness
- Stigma reduction, particularly for special needs groups such as LGBTI
Volunteer

- A sense of achievement and fulfilment
- Personal growth and skill enhancement
- Improvements to the volunteers health and wellbeing
- Connection to, and better understanding of their local community
- Increasing volunteers employment prospects and employment readiness

○ What are the key elements contributing to the model’s success?
  - That consumers self-refer and don’t require an ACAT assessment to access the program
  - Volunteers willingness to support others
  - Training and orientation provided to volunteers by the CVS auspice

○ How do they meet the needs of special needs groups?
  Please refer to the response in question 14.

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.

As outlined in the response to question 17, within Australia and overseas there are a considerable number of other programs that provide services to vulnerable isolated older people. The aim should not be to “throw the baby out with the bathwater” and develop a new model, but to review the current model and reduce elements, which are restrictive to consumer’s access, choice, and flexibility within the program. Elements of other programs that should be considered for inclusion in the CVS program are:

- A greater focus on being proactive and preventing social isolation within the CVS program.
- The CVS program should be better promoted and marketed at a national level by the funding body to increase its visibility within the community.
- Limiting access to this successful program to just residential and HCP consumers should be removed, and a more inclusive eligibility criteria developed, for example to include consumers accessing other program such as CHSP, WA HACC, and Veterans Home Care program.
- Improving awareness of referral pathways.
- Greater government support for volunteer recruitment across CVS providers.
- Existing restrictions within KPI’s be removed to allow more flexibility and to be consistent with the intent of national reforms.

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)?

Greater promotion and information availability - Greater focus on consumer information for the CVS program to be available on the My Aged Care website (in the residential care and HCP sections). CVS service organisations should be listed on the My Aged Care website, enabling the consumer to locate them.

Consumer information on the CVS program to be made available on the Ageing and Aged Care section of the Australian Government Department of Health website. Consideration by the Australian Department of Health to develop You Tube videos for consumers as they have done for the HCP Program.

The Australian Government Department of Health should inform the consumer how to access the CVS program (if eligible) once they are on the central prioritisation waitlist for a HCP.

Funding changes - Yearly CPI indexation needs to be included in the funding contract of CVS auspices and annual indexation for the nominal payment for the role of the CVS Network Member in each state.

Program eligibility and assessment changes – Eligibility criteria for consumers to access the CVS should be extended to include the recipients of either the national CHSP or the WA HACC program. This would be consistent with the 2018 national reform integrating the HCP program and the CHSP into a single home care program.
Review of the NSAF to identify changes that may be required to include CVS as a service option and flag consumers with special needs.

**Greater support for volunteer recruitment and management** - grant funding available to each state and territory for the development of a CVS State Volunteer Coordinator role to assist in the development of a state strategy for volunteer recruitment and management.

**Management of CVS contracts and support to CVS auspices** - Each state office of the Australian Government Department of Health should have a local Contracts Manager to support the CVS auspice organisations.