



**Effectiveness of the Aged Care Quality Assessment and Accreditation Framework
for protecting residents from abuse and poor practices, and ensuring proper clinical
and medical care standards are maintained and practised**
Senate Community Affairs References Committee
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About Volunteering Australia

Volunteering Australia is the national peak body for volunteering. We work to advance volunteering in the Australian community.

Volunteering Australia's vision is to promote strong, connected communities through volunteering. Our mission is to lead, strengthen, promote and celebrate volunteering in Australia.

We work collectively with the seven State and Territory volunteering peak bodies to deliver national, state/territory and local volunteering programs and initiatives in accordance with the Government's priorities.

Introduction

Volunteering Australia welcomes the opportunity to provide a response to the Senate Community Affairs References Committee on the *Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised*.

This inquiry was referred to the committee in response to reported incidents in the Makk and McLeay Aged Mental Health Care Service at Oakden in South Australia,¹ and looks at examining the current aged care quality assessment and accreditation framework in the context of these incidents.

Volunteering Australia emphasises the importance of supporting the volunteering workforce through the *Aged Care Quality Assessment and Accreditation Framework* given their essential role in residential settings.

This submission responds specifically to volunteer involvement in residential aged care settings, and issues that pertain to the *Aged Care Quality Assessment and Accreditation Framework*. This includes concerns in relation to standards of care, the effectiveness of complaints and handling processes, and the effectiveness of the Framework to protect residents from abuse and poor practices.

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Volunteering Australia Response

Volunteers and Aged Care

Volunteers make up a substantial portion of the aged care workforce, delivering frontline services and ancillary support in aged care and residential settings.

A 2017 Senate inquiry report into the *Future of Australia's aged care sector workforce* also highlighted this with, "83 per cent of residential facilities and 51 per cent of home care and home support outlets utilising volunteer staff."ⁱⁱ The inquiry also heard that "there are five volunteers for every paid worker in the not-for-profit sector, at a value of about \$290 billion per annum. In 2016, 23,537 volunteers provided 114,987 hours of care to older Australians in residential facilities."^{iiiiv}

A 2011 Productivity Commission report into *Caring for Older Australians* stated that, "Volunteers also play an important role in service delivery and seek to enhance the wellbeing of those they assist as well as gain a sense of satisfaction themselves."^{vi}

Volunteering Australia emphasises that organisations who engage volunteers recognise there is a difference between outcomes achieved between paid staff and volunteers. This was highlighted in Volunteering Australia's Response on the National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017, where "a *Survey of Victorian Disability Organisations* found that 83 per cent of respondents saw the role of volunteers as unique, with volunteers providing an extra social connection and community participation, genuine relationships, and the value of lived experiences."^{viiiviiiix}

The social capital derived from volunteer engagement in residential settings is similarly of great benefit. Volunteering Australia stresses that volunteers can assist people in residential settings by developing meaningful relationships, and reducing isolation.

Complaints Handling Process

The Australian Aged Care Quality Agency (AACQA) is responsible for the accreditation of aged care providers and ongoing assessment of their compliance, which is set out in the Quality of Care Principles. They also ensure that providers are subject to review against the standards every three to five years, unless AACQA has been alerted to a potential problem.^x Volunteering Australia highlights that Volunteer Involving Organisations must comply with the standards outlined by the AACQA. We are supportive of the compliance and enforcement actions that are proportionate to the seriousness of the breach.

Residential aged care facilities are currently required to report all serious incidents, and those working within a facility must undergo a police check to ensure that any unsuitable people are identified. These checks apply to all staff and contractors (including volunteers), that may have unsupervised access to aged care residents.^{xi}

The AACQA is also charged with the accreditation standards of residential aged care services. The Oaken report raised issues in relation to the accreditation process, identifying that it was a process of

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getting a “tick in a box”^{xii}, rather than seriously considering the basis of why they needed to comply with accreditation standards. Volunteering Australia recommends a less prescriptive approach to accreditation for providers, including Volunteer Involving aged care Organisations. We recommend one that is based on consumer outcomes, as highlighted in the Single Aged Care Quality Framework.^{xiii}

The Aged Care Complaints Commissioner is responsible for the investigation of complaints against government funded aged care providers. However, there are limitations to the scope of issues that the Commissioner can investigate, in that it can only investigate issues retrospectively (once they have occurred). The Commissioner also requires that complainants attempt to resolve the complaint internally, with the aged care provider, before they can launch an investigation with the Commissioner.

Volunteering Australia raises concerns that issues that are ongoing may not be investigated by the Commissioner given the requirement for the Commissioner to only investigate issues retrospectively. In our view, there should also be adequate mechanisms in place to support volunteers, to feel empowered to make complaints without fear of reprisals, or inaction from within an organisation. There should also be processes in place where a complaint can be escalated if there is a circumstance where it may not be supported by the provider, or where a resident, carer, volunteer or family member is unable to speak up (as highlighted in the Oakden Report).^{xiv}

Volunteers, Volunteer Involving Organisations and managers of volunteers, must be aware of the statutory rules and regulations in place around the privacy of people in residential settings. To ensure that there is complicity with the relevant statutes, Volunteering Australia recommends adequate education and training prior to involvement in aged care services, so that both providers and workers (volunteers) are aware that they must not disclose personal details and information about a person in a residential setting without consent.

Volunteers have the same rights and responsibilities as paid workers under Work, Health and Safety legislation, so it is imperative that organisations recognise the duty of care toward volunteers, and consider the health and safety procedures. To meet this, volunteers should be insured for personal injury and liability, and have access to the same post-incident debriefing and support provided to paid employees.

Volunteering Australia emphasises the lack of nationally consistent legislation that applies to volunteers. Further, by not being covered by awards or work-place agreements, volunteers may not feel empowered or adequately supported to escalate their complaint internally or to file a complaint with the external bodies available to them if they witness instances of bullying, harassment, exploitation or abuse. There also needs to be clarity on what are volunteer rights, to protect volunteers, Volunteer Involving Organisations, and managers of volunteers. By establishing a clear set of definitions on the rights of volunteers, this will establish a parity of esteem between paid and unpaid staff.

The Oakden Report stated the “worker-to-worker team environment was described as “toxic” and “disrespectful”.”^{xv} Volunteering Australia recommends that as part of best practice, it is critically important that there are well-trained managers of volunteers who can manage complex situations, support the volunteer workforce, ensure a good workplace culture, and who are supported in their roles.

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There are a range of government initiatives with the aim of increasing the level of volunteer engagement in residential aged care, such as the Australian Government Community Visitors Scheme for aged care. Volunteers such as community visitors, can offer a unique role as independent observers to respond to violence, abuse and neglect. They can provide impartial observation on issues, which differs from paid employees, given they are engaged in their role “for the common good and without financial gain”. It is the view of Volunteering Australia that the Community Visitor schemes can provide a limited safeguard for people in some institutional and residential settings, although it is not available in every state and territory.^{xvi}

Specialist Education and Training

It is the view of Volunteering Australia that specialist education and training for volunteers engaged in residential settings is integral to negate abuse and exploitation. However, volunteers should receive adequate support from their provider for this.

The failures at the Oakden Older Persons Mental Health Service underscore the urgent need for specialist mental health training and education for all workers in residential aged care settings. Volunteering Australia also stresses that by offering specialist education and training for volunteers, it will assist with improving workplace practice and culture – a key concern highlighted in the Oakden report.^{xvii}

Training in aged care needs to be specialised and can be particularly resource-intensive. This issue was identified in the 2011 Productivity Commission Report, in regards to a huge increase in the number of volunteers in the aged care workforce. The report noted, “Funding for services which engage volunteers in service delivery should consider the costs associated with: volunteer administration and regulation; and appropriate training and support for volunteers.”^{xviii}

The National Aged Care Alliance report on the *Aged Care Quality Framework* highlighted that there should be the inclusion “of adequate training and ongoing support of volunteers to ensure the provision of quality services and protection for consumers.”^{xix}

The report also highlighted that the meeting of “cultural obligations, connection to family, and connection to country is a key concept underpinning the physical and psychosocial health and wellbeing” of clients.^{xx}

In our view, training is essential to the delivery of a human-rights based approach to service, and must be carried out by Volunteer Involving Organisations. Volunteering Australia’s 2016 *State of Volunteering in Australia Report* identified that many smaller residential aged care facilities may not have had the opportunity to offer training for their volunteers either due to funding restraints or lack of access.^{xxi}

Adequate supports and mechanisms need to be initiated to produce the best possible outcomes for volunteers engaged in residential settings. We recommend that for the effective delivery of supports and services, education and training should be in line with the *National Standards for Volunteer Involvement*.

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National Standards for Volunteer Involvement

Volunteering Australia recommends the use of the *National Standards for Volunteer Involvement* as a best-practice guide for volunteer participation in the residential settings. The National Standards have been developed in consultation with the volunteering sector to support the involvement of volunteers and act as a resource for organisations in which volunteers are involved. They are a best-practice framework for organisations to consider the role of volunteers within their organisations and cover the impact effective volunteer involvement can have on achieving strategic goals.

The advice provided by the *National Standards for Volunteer Involvement* state that volunteers should be given information about how to make a complaint or raise a concern within an organisation and to relevant external bodies. In addition, the standards advise that grievances from volunteers should be managed consistently, transparently, equitably and in line with the principles of natural justice.

Operational Cost of Volunteering

The operational cost of engaging volunteers is incredibly high. Organisations encounter significant costs with the training and management of volunteers. Volunteering Australia recommends that there is additional funding and support for Volunteer Involving aged care facilities to engage volunteers. This will assist with compliance with the *Aged Care Quality Assessment and Accreditation Framework*, by ensuring those organisations can fund access to training, education, supports and services for their volunteer workforce.

Furthermore, by reducing barriers for individuals to engage in volunteering, this will encourage people to start volunteering in residential aged care settings.

The Productivity Commission's 2011 inquiry into Caring for Older Australians highlighted that the informal care provided by volunteers should be factored in to funding. Recommendations made in the report highlighted that "Funding for services which engage volunteers in service delivery consider the costs associated with:

- Volunteer administration and regulation
- Appropriate training and support for volunteers."^{xxii}

The aged care sector will need to offer meaningful volunteering experiences to attract and retain people to these roles. The 2011 Productivity Commission report stressed that there needs to be improved support for informal carers, with many informal carers financially and socially disadvantaged because of their caring activities. This can also be applied to volunteers, with many of their supports administered in an ad hoc way.

Volunteers should be supported in their role, with adequate access to assistive technologies, and have access to the services that they need. In our view, respite and other services should be more easily accessible and responsive to the needs of informal carers and volunteers.^{xxiii} Volunteering Australia recommends that the Committee consider the costs associated with volunteer administration and regulation, including appropriate training and support for volunteers.

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Summary of Recommendations

- Volunteering Australia recommends that all Volunteer Involving Organisations must comply with the standards outlined by the AACQA.
- We recommend that compliance and enforcement actions are proportionate to the seriousness of the breach.
- Volunteering Australia recommends a less prescriptive approach to accreditation that is based on consumer outcomes, as highlighted in the Single Aged Care Quality Framework.^{xxiv}
- Volunteering Australia recommends mechanisms to support volunteers to feel empowered to make complaints without fear of reprisals, including instruments to escalate complaints.
- We recommend that volunteers are insured for personal injury and liability, and have access to the same post-incident debriefing and support provided to paid employees.
- Have well-trained managers of volunteers who can manage complex situations, are supported in their roles, create a positive culture and can support the volunteer workforce.
- Specialist education and training for volunteers engaged in residential settings to negate abuse and exploitation.
- Volunteering Australia recommends the use of the *National Standards for Volunteer Involvement* as a best-practice guide for volunteer participation in the residential settings.
- Volunteering Australia recommends that there is additional funding and support for Volunteer Involving aged care facilities to engage volunteers.
- Volunteering Australia recommends that the Committee consider the costs associated with volunteer administration and regulation, including appropriate training and support for volunteers.

Conclusion

Volunteering Australia appreciates the opportunity to provide a submission to the Senate Community Affairs References Committee on the *Effectiveness of the Aged Care Quality Assessment and Accreditation Framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised*.

Volunteering Australia encourages the Committee to consider our recommendations in relation to volunteer engagement in residential aged care settings, and ensure that there is greater consideration of the needs of volunteers in the *Aged Care Quality and Accreditation Framework*, given the contributions of volunteers to the aged care workforce.

We are committed to working with the relevant agencies to advance these measures and would welcome further opportunities to consult on or expand on our recommendations raised in this response.

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Authorisation

This submission has been authorised by the Chief Executive Officer of Volunteering Australia.



Ms Adrienne Picone

Chief Executive Officer

Endorsements

This submission has been endorsed by the seven State and Territory volunteering peak bodies.

Glossary

VA	Volunteering Australia is the national peak body for volunteering in Australia. It works collectively with the peaks to deliver national, state and local volunteering programs and initiatives.
VIOs	Volunteer-involving organisations are organisations that utilise volunteers as part of their workforce.
VSSs	Volunteer support services (also known as volunteer resource centres or volunteer support organisations) provide place-based volunteer support services to volunteers and VIOs in their locality.

ⁱ SA Health (2017), The Oakden Report, The report of the Oakden Review.

ⁱⁱ The Senate (2017), Future of Australia's aged care sector workforce, Community Affairs References Committee, p13.

ⁱⁱⁱ Volunteering SA&NT Inc (2017), *Committee Hansard*, p34.

^{iv} Flinders University (2017), *Committee Hansard*, National Institute of Labour Studies, Table 4.21, p26.

^v The Senate (2017), Future of Australia's aged care sector workforce, Community Affairs References Committee, p36.

^{vi} Productivity Commission (2011), *Caring for Older Australians*, Volume 1,

<http://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-overview-booklet.pdf>, p92.

^{vii} Extended Families Australia, Inclusion Melbourne, Interchange Incorporated and People Outdoors (2015) 'Volunteering and the National Disability Insurance Scheme: A Survey of Victorian Disability Organisations'.

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^{viii} *ibid.*, p2.

^{ix} Volunteering Australia (2017), Response on National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017, https://www.volunteeringaustralia.org/wp-content/files_mf/1501210867VAResponseontheNationalDisabilityInsuranceSchemeAmendmentQualityandSafeguardsCommissionandOtherMeasuresBill2017.pdf, p8.

^x Combined Pensioners & Superannuants Association (CPSA), Aged Care Policy, <http://www.cpsa.org.au/aged-care/aged-care-policy>.

^{xi} Productivity Commission (2011), Caring for Older Australians, Volume 2, <http://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-overview-booklet.pdf>, p193.

^{xii} SA Health (2017), The Oakden Report, Term of Reference – Quality and Safety of Care, p87.

^{xiii} Department of Health (2017), Single quality framework: focus on consumers, Aged Care, <https://agedcare.health.gov.au/quality/single-quality-framework-focus-on-consumers>.

^{xiv} SA Health (2017), The Oakden Report, Term of Reference – Culture, p97.

^{xv} SA Health (2017), The Oakden Report, Term of Reference – Culture, p95.

^{xvi} Australian Cross Disability Alliance (August 2015), Submission to Inquiry into Violence, Abuse and Neglect against People with Disability in Institutional and Residential Settings, http://pwd.org.au/documents/Submissions/ACDA_Sub_Sen_Inquiry_Violence_Institutions.pdf, p66.

^{xvii} SA Health (2017), The Oakden Report, Term of Reference – Culture, p95.

^{xviii} Commonwealth of Australia (2013) 'Portfolio Budget Statements 2013-14: Budget Related Paper No. 1.14, Prime Minister and Cabinet Portfolio', https://www.dpmc.gov.au/sites/default/files/publications/pbs_2013-14_Portfolio.doc, p25.

^{xix} National Aged Care Alliance (2017), NACA Response: Single Aged Care Quality Framework, April 2017, <http://www.naca.asn.au/Publications/NACA%20response%20Single%20Aged%20Care%20Quality%20Framework.pdf>, p6-7.

^{xx} National Aged Care Alliance (2017), NACA Response: Single Aged Care Quality Framework, April 2017, <http://www.naca.asn.au/Publications/NACA%20response%20Single%20Aged%20Care%20Quality%20Framework.pdf>, p6-7.

^{xxi} Volunteering Australia and Volunteering and Contact ACT (2016), Submission to NDIA ILC Framework Consultation, p9.

^{xxii} Productivity Commission (2011), Caring for Older Australians, Carers, Overview, <http://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-overview-booklet.pdf>, pLXX.

^{xxiii} Productivity Commission (2011), Caring for Older Australians, Carers, Overview, <http://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-overview-booklet.pdf>, pLXXXV.

^{xxiv} Department of Health (2017), Single quality framework: focus on consumers, Aged Care, <https://agedcare.health.gov.au/quality/single-quality-framework-focus-on-consumers>.