



Australian Government

**Department of Health
and Aged Care**

Aged Care Volunteer Visitors Scheme National Guidelines

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1 PURPOSE & CONTENT MANAGEMENT FRAMEWORK

1.1 Purpose of the National Guidelines

The purpose of the Aged Care Volunteer Visitors Scheme (ACVVS) National Guidelines is to outline the aims of the program and the roles and responsibilities of all parties to support program implementation.

The ACVVS National Guidelines will be reviewed annually and updated in line with the National Guidelines Content Management Framework (refer 6.0).

2 OVERVIEW

2.1 History

The Community Visitors Scheme (CVS) commenced in 1992-93 to support organisations to recruit volunteers to provide friendship and companionship through one-on-one visits to older people receiving Australian Government subsidised residential aged care who are socially isolated. In 2013-14 the CVS scope was expanded to include group visits in residential aged care home (RACH) and one on one visits to Home Care Package recipients.

The Royal Commission Aged Care Quality and Safety Final Report was published on 1 March 2021. Recommendation 44c stated the Australian Government (the Government) should promote volunteers and volunteering in aged care to support older people to live a meaningful and dignified life and supplement the support and care provided to them through the aged care system whether in their own home or in a residential care home, by: *'providing additional funding and expanding the Community Visitors Scheme and changing its name to the Aged Care Volunteer Visitors Scheme, to provide extended support for older people receiving aged care who are at risk of social isolation'*.

In response to the Royal Commission Recommendation 44c, the Government has funded an additional \$34.4 million from 2021-22 to 2024-25 for an expanded CVS and transition to a more sustainable and effective model in the 2021-22 Mid-Year Economic and Fiscal Outlook (MYEFO).

A review of CVS was completed in October 2021 and key findings from the review, in-line with the recommendation 44c, are reflected in these guidelines for the Aged Care Volunteer Visitors Scheme.

2.2 Aims and intended participants

The ACVVS aims to improve quality of life for the aged care residential or home care recipients participating in the scheme, shown by:

- general feeling of wellbeing with maintained or increased independence
- increased self-esteem and sense of purpose
- a sense of connectedness to the care recipient's individual community, 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
- reduced feelings of loneliness and isolation; and
- reduced feelings of depression and anxiety.

2.3 Legislation

The ACVVS is a Community Visitors Grant legislated under Section 82 of the [Aged Care Act 1997](#) (the Act) and Part 4 of the [Grant Principles 2014](#).

2.4 Description

The ACVVS 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.

The ACVVS is a free service available for people who:

- are socially isolated, including if they belong to a diverse, complex vulnerability or cultural group as per below (these groups are considered to have a higher risk of social isolation); and
- do not have regular and reasonably frequent positive and engaged contact with friends or relatives (e.g., live in a RACH with limited contact with people who speak their language or share a cultural background); and
- feel isolated and lonely; and
- have frailty, mobility or communication impairment that prevents them from participating in social or leisure opportunities; and
- have been approved for, or are in receipt of government residential aged care or a home care package; and
- do not participate in social support group services funded by a Commonwealth subsidised aged care program.

2.4.1 Diverse, Complex Vulnerability and Cultural Groups

The key objective of the ACVVS is to target people who are socially isolated. It is acknowledged that social isolation may be more prevalent in some older people from particular linguistic, cultural and complex vulnerability backgrounds (not necessarily all). These persons can include:

- people from Aboriginal and Torres Strait Islander communities
- people from culturally and linguistically diverse backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- veterans (note: Veterans Home Care (VHC) or Community Nursing (CN) recipients must also receive Commonwealth funded Home Care Package service)
- care leavers
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender and Intersex people
- people living with a disability
- people who are deaf or hearing impaired/hard of hearing
- people living with cognitive impairment, including dementia; and
- people experiencing mental health conditions, and/or who have been exposed to significant trauma.

It is noted that some people may be in more than one diverse, complex vulnerability and/or cultural group. There is also recognition that some care recipients may not wish to identify themselves as being from a diverse, complex vulnerability and/or cultural group as this may be deemed private and sensitive.

Auspices can deliver ACVVS to all diversity groups and ideally should be able to accommodate a referral from any cultural or diversity demographic but must ensure that genuine friendship and companionship is achieved.

Auspices can use their discretion when assessing referrals in line with their organisational practice and philosophy.

Auspices are required to report on the delivery of services to diverse, complex vulnerability and/or cultural groups, it is acknowledged that there may be barriers to obtaining this information.

ACVVS auspices are encouraged to:

- consider training and educating volunteers in cultural sensitivity, LGBTIQ+ awareness, dementia awareness etc
- build a strong network with organisations representing diverse, complex vulnerability and/or cultural groups
- improve networking with other auspices and share information on effective models of service delivery; and
- liaise with the Network Member if a care recipient is referred to you and their needs are not easily met (i.e., language spoken).

2.5 Eligibility to receive the ACVVS

The ACVVS 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/National Priority System for residential care or home care packages.

An ACVVS recipient who has been matched to and has received visits from an ACVVS volunteer and whom subsequently ceases to receive an eligible aged care service as per above, is deemed grandfathered and is entitled to receive ongoing ACVVS service of friendship and companionship.

Multi-Purpose Service (MPS) recipients are also eligible for the ACVVS where they are receiving residential care or home care through the MPS. This is regardless of whether the MPS recipient is otherwise approved for home care or residential care under the Aged Care Act.

Note: The 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.

2.6 Ineligibility to receive the ACVVS

The ACVVS is not available to:

- Commonwealth Home Support Programme (CHSP) recipients who have not been approved or wait listed for residential care or home care packages; or
- people who are **not** receiving Australian Government subsidised residential aged care services or home care packages.

2.7 Visit Types

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

- Home Care Package
 - One-on-one in person volunteer visits to recipients of an Australian Government subsidised home care package.
- Residential aged care:
 - One-on-one in person volunteer visits to recipients of an Australian Government subsidised residential aged care.
 - In person group visits from one or more volunteers to two or more consumers of Australian Government subsidised residential aged care at the same time, occurring in the residential aged care home. The recommended maximum ratio of volunteers to recipients is one volunteer to three ACVVS recipients for group visits.

Residential aged care providers are responsible for determining which care recipients who are not receiving one-on-one visits could benefit from a group visit. The group visits are an addition to, and must not replace, existing lifestyle programmed or structured activities.

Whilst it is the Department of Health and Aged Care (the department) preference that all ACVVS visits are conducted in person, a virtual visit may occur in exceptional circumstances where a one-on-one in person visit cannot occur due to issues including but not limited to:

- geographical distance (between recipient and volunteer);
- illness
- aged care home lockdowns; or
- a recipient specifically requesting a non-contact visitor volunteer.

Aged care recipients must agree to these exceptional alternative arrangements.

Where a recipient specifically requests a non-contact ACVVS volunteer visitor, the auspice coordinator must confirm bi-annually the recipient is happy to continue with non-contact visits.

Virtual visit mediums include, but are not limited to, Facetime, Skype, telephone, email or letter. All virtual visiting details to be reported via the online data reporting portal. Messaging via SMS is not considered a virtual visit and cannot be counted as an ACVVS visit. SMS is permitted to be used for the arranging and confirmation of visit dates and times etc.

The duration of visits to the care recipient will generally be approximately an hour's duration at least once a fortnight with the minimum requirement of 20 ACVVS visits per program recipient per annum.

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. The visit duration and activity must be person-centred and dependent on the needs of the older person.

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

2.8 Referral & Recipients

Anyone can refer an eligible care recipient to a ACVVS auspice. The recipients of ACVVS may be identified through the My Aged Care Assessment, Aged Care Specialist Officers, Care Finders, by their aged care provider, a family member or friend, or may have self identified as a person who is socially isolated and would benefit from volunteer visits.

An aged care recipient, their family or representative can contact their aged care provider, the ACVVS Network Member (see 3.5 for further information) or the My Aged Care website to see if they are eligible to receive visits from a volunteer visitor.

The ACVVS auspice/coordinator will then work with the aged care service provider to match a suitable volunteer visitor to the care recipient.

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 and service providers may not wish to disclose sensitive information such as being considered part of a diverse, complex vulnerability and/or cultural group for privacy reasons. However, the provision of this information where available will help to match appropriate visitors to aged care recipients. Aged care recipients are under no obligation to disclose personal information.

To ensure a care recipient is not on a waiting list for an extended period, the ACVVS auspice coordinator should contact the ACVVS Network Member in their area to seek the right match to ensure visits commence at the earliest possible opportunity.

The recipient referral will be advertised by the relevant jurisdictional Network Member to auspices in that jurisdiction. Where a referral has been advertised for 21 days or more and it has not been accepted by an auspice within the ACPR, any auspice within the applicable state or territory may accept the referral as a temporary outside of ACPR placement. Allocation of the referral is on a first come first served basis.

The Department provides automatic approval to an auspice that matches a 21 day referral outside of their organisation's contracted ACPR/s. The temporary outside of ACPR placement approval is conditional on the placement automatically resuming within the organisation's contracted ACPR once the friendship concludes.

To assist the Department with tracking of temporary placements, auspices should report all placements outside of their contracted ACPR in the six-monthly KPI report comments section as follows:

[Insert organisation name] is providing [insert number of placements] temporary 21 day referral/s outside of ACPR placement/s to [insert recipient postcodes] as of [insert last day of the six monthly reporting period].

2.9 Vaccinations

All personnel engaged under the ACVVS grants must adhere to the applicable state/territory medical directions with regards to vaccinations including, but not limited to:

- Influenza
- COVID-19

3 ROLES AND RESPONSIBILITIES

3.1 Role of the Department of Health and Aged Care

The department funds and administers the ACVVS. The Ageing and Aged Care Group, Service Delivery Division of the department are responsible for ensuring national consistency of program policy and administration arrangements, and the provision of advice to the Minister for Aged Care on all aspects of the program.

The department will provide a departmental representative to attend (in person/virtual) a minimum of one bi-monthly auspice/network meetings per jurisdiction per annum. We will further engage with the auspices and their appointed coordinators, Network Members, CoP Coordinators and Diversity, Complex Vulnerability & Cultural Advisors as required to:

- support consistent implementation of the ACVVS
- 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 Network Members, face-to-face meetings where applicable, forums or workshops)
- respond to queries from auspices, Network Members and coordinators to ensure consistency in the implementation and operation of the ACVVS program; and
- hold/attend a triennial national ACVVS conference.

3.2 Role of the Department of Social Services

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

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

3.3 Aged Care Providers

The relationship between ACVVS auspices and Australian Government subsidised aged care residential and home care service providers is critical to ensuring the objectives of the program are being achieved, and those who will benefit most are being reached.

The aged care provider should ensure it has received confirmation that the volunteer has met the appropriate screening checks and vaccinations before visits commence.

ACVVS volunteers should be considered a relationship of choice by aged care service providers in a similar manner to a friend or family member visiting to provide companionship. ACVVS volunteer visitors should not be considered as part of the aged care provider volunteer workforce and should not be requested to undertake training or enter their personal details into a database.

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.

Auspices are expected to be proactive in establishing and maintaining strong collaborative partnerships with aged care provider lifestyle coordinators and vice versa.

3.3.1 Accessing Residential Aged Care Homes

ACVVS volunteers should be considered by aged care service providers to be a relationship of choice, in a similar manner to a friend or family member visiting to provide companionship to the care recipient on a casual basis. ACVVS volunteers can be registered as an Essential Named Visitor as per the [COTA Industry Code for Visiting Aged Care Homes](#) if the resident desires.

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)*).

Access may be denied in some circumstances for legitimate reasons such as 'aged care service in lock down' due to a Gastroenteritis outbreak. In these circumstances a phone/video call to the care recipient to 'stay in touch' may be more appropriate and can be deemed as an actual visit for reporting purposes. It is recommended that aged care service providers include the ACVVS program in their communication strategy to ensure all staff are aware of the need to notify the ACVVS coordinator of a change in access conditions.

3.4 Auspices and Coordinators

3.4.1 Auspices

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

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

- code of conduct
- role and responsibilities for the ACVVS auspice, coordinator and volunteers
- reflect the diversity, complex vulnerability and cultural groups they service
- procedure for contact between ACVVS auspice coordinators, volunteer visitors and/or providers of aged care services
- volunteer visitor selection, matching, orientation and support
- dispute resolution
- occupational health and safety
- record management procedures for recording referrals, matches, waiting lists, community visits; and
- financial management procedures, including eligible grant expenditure and volunteer visitor reimbursement.

3.4.2 ACVVS Coordinator

Auspices must:

- Nominate a coordinator to manage ACVVS service delivery
- Facilitate introduction to the Network Member
- Ensure a comprehensive and effective handover in the event of a coordinator extended leave or the nomination of a new coordinator; and
- Ensure coordinators engaged by ACVVS auspices have undergone a National Criminal History Record Check (commonly known as a 'Police Check') before commencement.

The full role description of the ACVVS coordinator is determined by individual auspices and will include the minimum duties as per section 5.3 Role Descriptions – ACVVS Coordinator Role.

3.5 Network Members

Network Members represent and support auspices within each state and territory to undertake the role of Network Member. A list of the ACVVS Network Members is on the [Department of Health and Aged Care](#) website.

The full role description of the Network Member is determined by individual organisations providing the Network Member. The role description must include as a minimum the duties as per section 5.2 Role Descriptions - Network Member.

3.6 Volunteers

The ACVVS volunteer provides regular friendship and companionship to aged care recipients of residential aged care or home care who are socially isolated through regular one-on-one/group in person visits.

The full role description of the Volunteer visitor is determined by individual auspices and must include as a minimum the duties as per section 5.1 Role Descriptions - ACVVS Volunteer Role.

3.6.1 Skills of a Volunteer Visitor

Any person over the age of 18 years who is willing to volunteer their time to provide friendship or companionship can be a ACVVS 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. The following skills are highly desirable in a volunteer visitor:

- genuine empathy and understanding of older people
- good communication and listening skills
- bilingual language skills (not essential)
- the ability to work independently
- a commitment to developing a strong and ongoing relationship with an older person and to the ACVVS program
- willingness to act with integrity, respect, confidentiality and dignity; and
- the ability to be flexible.

Persons from a diverse, complex vulnerability or cultural background are strongly encouraged to volunteer.

3.6.2 Becoming a Volunteer Visitor

In the first instance anyone interested in becoming a visitor should contact an auspice in their area. Auspice details can be obtained by contacting the ACVVS Network Member provided on the Departments website at [State Network Member Contacts](#).

The ACVVS auspice coordinator will explain the expectation of a volunteer visitor, administrative procedures and will undertake an assessment of person's suitability for the role of visitor. This will include the requirement to undergo a National Criminal History Record Check (refer 3.6.7). Reference checks for screening purposes may also be requested at the auspice's discretion.

The ACVVS coordinator may ask the prospective visitor to complete a questionnaire and/or provide information on their interests and background to assist in matching them with an aged care recipient.

3.6.3 What can't a ACVVS volunteer visitor do?

ACVVS volunteer visitors must not undertake, including but not limited to:

- accessing a care recipient's personal or care records
- involvement in any aspect of the care recipient financial affairs
- providing nursing and personal care to the care recipient
- displacing personal relationships established between the care recipient and staff, or residents and existing social networks
- responsibility for monitoring care standards provided by the aged care service
- replacing nursing, activities or therapy staff
- interfering or having any involvement in the day-to-day running of the aged care service; or
- being involved in the investigation or follow up of complaints.

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

3.6.4 Maintaining privacy, confidentiality and dignity of aged care recipients

ACVVS auspice coordinators must support volunteer visitors in understanding and applying these concepts/skills:

- Privacy can include maintaining confidentiality and respecting the care recipient's personal rights. For example, a volunteer visitor must 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
- Confidentiality includes avoiding discussion of the personal details of the care recipient with other visitors or the wider community; and
- Assisting to maintain dignity includes supporting the care recipient to maintain their self-esteem. e.g., ask if the care recipient would like assistance with a task before stepping in to help.

3.6.5 Receiving or Giving Gifts

Volunteer visitors must be aware of the policies in place and any potential risks associated with giving or receiving gifts from aged care recipients. Gifts of significant monetary or sentimental value may be considered inappropriate, create a feeling of offensiveness, create conflict with family members and could be reconsidered or denied by an aged care recipient. Care must always be taken not to offend families/ significant others, contravene dietary requirements, trigger a bad memory for the recipient.

The giving of gifts must be discussed prior with the ACVVS auspice coordinator and/or aged care service provider to ensure that the gift is appropriate.

Volunteer visitors should discuss all situations involving the receipt of gifts (particularly if the gift is of monetary / sentimental significance) with their ACVVS auspice/coordinator

and/or the aged care provider and in almost all circumstances; the offer of gifts ought not to be accepted.

3.6.6 What expenses can be reimbursed?

The reimbursement of volunteer visitor role expenses is at the discretion of the auspice and must be clearly documented in the auspice policies and procedures.

ACVVS auspices must clearly explain this policy to volunteers before commencement of ACVVS service.

3.6.7 Security and Reference Checks

Volunteer visitors are required to undergo security checks before commencing ACVVS visits to care recipients. Security checks include/but are not limited to:

- National Criminal History Record Check which is valid for three years (commonly known as a "police certificate"); or
- National Disability Insurance Scheme Workers Screening.

The ACVVS auspice is responsible for:

- organising and funding security checks
- providing volunteers with a letter or email confirming a security check has been undertaken and the volunteer is suitable to participate in the ACVVS
- providing documentation to the aged care provider including but not limited to a copy of the police check 'Letter of Introduction' (including the dates covered)
- providing a new letter to the ACVVS volunteer /aged care provider when their police certificates are renewed every three years
- notifying the aged care provider when a volunteer is no longer connected to the auspice.

Volunteers holding an existing NDIS worker screening are not required to obtain a police check. Refer [should I have a police certificate or a National Disability Insurance Scheme \(NDIS\) worker screening clearance](#). The volunteer must provide the auspice with a copy of their NDIS worker screening clearance from the NDIS Worker Screening Unit in the state or territory in which the clearance was issued.

Further information on the Police Certificate Guidelines can be found at: [Police certificateguidelines-for-aged-care-providers](#).

ACVVS Volunteers cannot undertake visits to aged care recipients prior to the National Criminal History Check being completed. ACVVS Volunteers may undertake ACVVS training modules prior to the receipt of a National Criminal History Check.

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 and/or NDIS Worker Checks for the purpose of the ACVVS program.

3.6.8 Statutory Declaration

Statutory declarations are required **for any staff or volunteers** who have been a citizen or permanent resident of a country other than Australia after turning 16.

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 guilty 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](#)

3.6.9 Volunteer Training

ACVVS auspices must provide volunteer visitors with training to ensure they can confidently take on their role and are clearly aware of their obligations, responsibilities and surroundings. The training should include:

- an overview of the ACVVS program and the aged care system – with reference to the Department of Health and Aged Care website for
- code of conduct - the role and behavioural expectations of the volunteer visitor to act with integrity, honesty and transparency
- the rights of the volunteer visitor
- the rights of the care recipient
- privacy and confidentiality
- duty of care and boundaries
- loss and grief
- infection control
- ensure as necessary volunteer awareness, education and training in service delivery to all diverse, complex vulnerability and cultural groups (First Nations, CALD, LGBTIQ+ etc)
- essential steps required to report and assist care recipients suspected to be 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 including at the auspice facilities and at the recipient visiting locations.

3.6.10 Care recipient 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 despair⁵.

ACVVS auspices must ensure that the aged care provider site orientation includes awareness of the appropriate procedures to be followed if a volunteer is concerned that their matched friend is suffering abuse or neglect. All concerns raised by volunteer visitors (such as the welfare of the care recipient), **should be** immediately reported to the ACVVS auspice coordinator and documented for immediate follow up.

(World Health Organisation, Toronto Declaration on the Global Prevention of Elder Abuse 2002).

3.6.11 Advocacy

It is not the role of a ACVVS volunteer visitor to advocate for the care recipient. The visitor must notify their ACVVS coordinator if this situation arises. The visitor may provide information about the advocacy services available to the care recipient.

3.6.12 Illness of Care Recipients

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. If the care recipient is in hospital or transition care and can 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. Good communication and relationships with aged care providers and their staff will help with the notification to auspices of these situations. It is recommended that aged care service providers include the ACVVS program in their communication strategy to ensure all staff are aware of the need to notify the ACVVS 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, sensitively with respect and kindness.

3.6.13 Death of Care Recipients

The aged care service provider should inform the volunteer visitor preferably through the auspice coordinator, when a care recipient in the program has passed.

The ACVVS 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).

The ACVVS auspice coordinator should advise ACVVS staff members that the recipient has passed and update relevant records in the database to reflect the death. The ACVVS 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.

Good communication and relationships with aged care providers and their staff will help with the notification to auspices of these situations. It is recommended that aged care service providers include the ACVVS program in their communication strategy to ensure all staff are aware of the need to notify the ACVVS 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 the death, sensitively with respect and kindness.

4 ADMINISTRATION

4.1 Service Delivery

The department funds auspices to recruit, train and support volunteer visitors and are engaged through a Commonwealth Standard Grant Agreement for the delivery of the program. Eligible organisations may apply to become a ACVVS auspice through a competitive funding process conducted by us 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.

4.1.1 What the Grant money can be used for

Organisations can only spend the grant on eligible expenditure you have incurred for eligible grant activities, and you must incur the expenditure on your grant activities between the start date and end date of your grant activity for it to be eligible.

Eligible expenditure items as per the Grant Opportunity Guidelines GO5795 include:

- ACVVS Coordinator, Network Member, Advisor and/or CoP Coordinators wage/salary and associated payroll oncosts
- general administration costs such as contributions to rent, postage, telephone, electricity and office supplies
- reimbursement of volunteer visitors out of pocket expenses at the discretion of the ACVVS auspices (example – visitor travel costs to the visit the care recipient)
- recruitment, training and orientation expenses for community visitors and ACVVS coordinators
- mandatory police, NDIS worker and/or vulnerable people checks/renewals
- mandatory vaccinations for COVID-19 and/or influenza as per jurisdictional public health orders
- expenses directly associated with the promotion, insurance and audit of ACVVS; and
- professional translation or interpreting services (if applicable).

The Network Member travel allowance is provided to facilitate Network Members visiting auspices and representing ACVVS to other relevant bodies within their jurisdiction. Eligible travel allowance expenditure includes:

- economy air travel/car hire
- accommodation costs
- employee travel allowances; and
- ad-hoc ACVVS travel allowance expenditure (pre-approved by the department).

Examples of eligible Network Member travel expenditure are:

- Domestic flights (intra and interstate)
- Car hire at flight destination
- Mileage (own vehicle) when visiting auspices and representing ACVVS, (home to office – office to home not eligible)
- Airport long term parking (office parking not eligible)
- Accommodation for overnight travel
- Network Member meals allowances
- Train, taxi, uber applicable when visiting auspices and representing ACVVS

ACVVS funded organisations must use this funding solely for ACVVS 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.

4.1.2 What the Grant Money Cannot be Used For

Ineligible expenditure items for the grant as per the Grant Opportunity Guidelines GO5795 include:

- the hiring of buses or special vehicles to transport Commonwealth subsidised aged care recipients or volunteer visitors to functions
- entry fees to clubs or events
- subscription and/or memberships to clubs
- gifts to volunteer visitors and/or Commonwealth aged care recipients
- major capital expenditure, construction/capital works, land acquisition
- underwriting deficits and/or the covering of retrospective costs
- overseas travel

- costs incurred in the preparation of a grant application or related documentation
- expenses related to other programs or grant monies; and
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

4.1.3 Fundraising

Auspices may choose if desired to promote that their organisation is an ACVVS provider as part of their fundraising activities as per the ACVVS Branding Style Guidelines.

Any fundraising activities which reference ACVVS should also note ACVVS is funded by the Australian Government.

Disbursement and expenditure of any fundraising revenue is at the discretion of the community organisations.

4.2 Reporting and Performance Indicators

Organisations must submit reports in line with the grant agreement. Reports will be submitted via the department online data reporting portal. Please refer - Aged Care Volunteer Visitors Scheme (ACVVS) Community of Practice Portal – KPI Reporting - Instructions KPI reporting.

We will remind you of your reporting obligations before a report is due.

Auspices reporting will include, but not limited to:

- bi-monthly:
 - vacant/unallocated placements
- bi-annually:
 - progress against agreed grant activity KPI'
 - ACVVS Volunteer details
 - ACVVS Recipients details
 - consortia members; and
 - engaged sub-contractors.
- annually on:
 - financial expenditure categories.

Network Members and the CoP Coordinators reporting will include, but not limited to:

- bi-annually:
 - progress against agreed grant activity KPI's; and
 - engaged sub-contractors.
- annually:
 - financial expenditure categories.

Diversity, Complex Vulnerability and Cultural Advisors reporting will include, but not limited to

- bi-annually:
 - progress against agreed grant activity KPI's.

The amount of detail you provide in your reports should be relative to the size, complexity and grant amount. We will monitor progress by assessing reports you submit and may

conduct site visits or request records to confirm details of your reports if necessary. You must discuss any reporting delays with us as soon as you become aware of them.

4.3 ACVVS Logo

The ACVVS Logo must be used on all publications relating to the ACVVS as per the ACVVS Branding Style Guidelines. Please refer – Aged Care Volunteer Visitors Scheme (ACVVS) Community of Practice portal – Logo Package.

Further queries relating to ACVVS branding and/or logo should be referred to the department's ACVVS Policy team by email at: ACVVS@Health.gov.au.

5 ROLE DESCRIPTIONS

5.1 ACVVS Volunteer

The role of a ACVVS volunteer is to provide regular friendship and companionship to aged care recipients of residential care or home care who are socially isolated.

The aim of ACVVS is to enhance the care recipient's quality of life and helping them to feel more connected with their community and increasing care recipient involvement in social activities and community outings (if appropriate). Visits should be conducted at regular intervals throughout the year and be conducted in person (face to face). Volunteers engaged by ACVVS auspices **must be** a minimum of 18 years of age taking into consideration the maturity of ageing and the possibilities of illness or death.

The full role description of the ACVVS Volunteer is determined by individual auspices and will include the following as a minimum:

- working within the policies and procedures set out by the auspice
- participating and completing training modules to ensure a safe and happy visiting experience for both the volunteer and the care recipient
- visiting a designated care recipient of aged care services on a regular basis (volunteers cannot be matched to a family member, relative or sibling)
- volunteer to adhere to the RACH conditions of entry and rules when entering RACHs for the purpose of ACVVS visits
- advising the ACVVS auspice coordinator of the visit details (dates/medium)
- respecting the rights of the ACVVS care recipient including confidentiality and privacy
- informing the ACVVS auspice coordinator if they are experiencing any difficulties with visiting the care recipient
- informing the ACVVS auspice coordinator of intention to cease visiting on a temporary or permanent basis - no longer available to provide volunteer services
- exercising a duty of care at all times
- reporting unsafe visiting environments to the ACVVS auspice coordinator
- notifying the ACVVS auspice coordinator of any accident or incident that occurs whilst visiting;
- reporting any concerns in regard to abuse or neglect of the care recipient to the ACVVS auspice coordinator immediately
- compliance with Public Health Orders for COVID-19 and influenza vaccination requirements in your state or territory; and
- volunteers engaged by ACVVS auspices **must be** a minimum of 18 years of age and required to undergo a National Criminal History Record Check (commonly known as a 'Police Check') before commencing visits to care recipients.

5.2 Network Member

ACVVS Network Members represent and support ACVVS auspices within each state and territory.

The full role description of the ACVVS Network Member is determined by the individual organisation and will include the following duties as a minimum:

- responsibility for facilitating links between ACVVS auspices and the department
- deliver peak body services for the ACVVS auspices in each state/territory
- provide awareness and consideration in service delivery to all diverse, complex vulnerability and cultural groups (First Nations, CALD, LGBTQTI+ etc)
- provide support, mentoring and information to auspice coordinators
- encourage a consistent approach to ACVVS issues of state or national relevance
- promote and link auspices to ACVVS training modules
- maintain links between ACVVS auspices and provide coordinator support and a forum for information exchange between ACVVS auspices by facilitating state/territory bi-monthly meetings (minimum 6 per annum)
- manage, refer and allocate potential recipient enquiries from aged care service providers and the public to the auspices
- provide advocacy support to auspices to ensure volunteer access to RACH
- provide an efficient and effective communication and consultation mechanism between ACVVS auspices and the department
- attend department meetings (in person, digitally or provide proxy)
- inform the department of systemic program issues
- ensure all required Network Member data is accurately submitted into the online portal before the prescribed closing date
- provide support to auspices for online data portal processes; and
- support the summative evaluation of the ACVVS program.

5.3 Auspice Coordinator

Auspices must:

- nominate a coordinator to manage ACVVS service delivery
- facilitate introduction to the Network Member
- ensure a comprehensive and effective handover in the event of a coordinator extended leave or the nomination of a new coordinator; and
- ensure coordinators engaged by ACVVS auspices have undergone a National Criminal History Record Check (commonly known as a 'Police Check') before commencement.

The full role description of the ACVVS coordinator is determined by individual auspices and will include the following duties as a minimum:

- develop and update internal policies and procedures for ACVVS service delivery
- promote, raise and increase awareness of all aspects of the ACVVS to aged care providers and the broader community
- actively recruit, train and support ACVVS volunteers ensuring compliance with legislation and procedures e.g., conduct police checks, orientation and other relevant training requirements

- ensure as necessary volunteer awareness, education and training in service delivery to all diverse, complex vulnerability and cultural groups (First Nations, CALD, LGBTIQ+ etc)
- actively seek referrals and ensure the compatibility of volunteer and recipient matches (this should involve meeting and assessing the recipient's suitability for the ACVVS and participating with the initial visits with the volunteer to help establish the relationship)
- contact a potential ACVVS recipient within seven (7) calendar days of receipt of referral from Network Member or other source
- provide regular updates to the Network Member regarding matching delays/inability
- address any issues or concerns raised by the ACVVS volunteer or the aged care service provider regarding the relationship or the recipient's needs
- provide an opportunity for an exit interview when the volunteer leaves the program
- attend Network Member meetings (in person, digitally or provide proxy)
- maintain high level of communication and positive relationships with Network Member/s, aged care providers and recipients
- information sharing and liaison with their relevant state and territory Network Member/s
- manage ACVVS recipient numbers according to the allocated Aged Care Planning region and placement types detailed in the Funding Agreement
- ensure all ACVVS bi-monthly, bi-annual and annual data is accurately submitted into the online portal before the prescribed closing date
- participate in learning and development opportunities to enhance and develop skills required for the coordinator role; and
- compliance with Public Health Orders for COVID-19 and influenza vaccination requirements in your state or territory.

An auspice coordinator may also choose to be matched to an ACVVS aged care recipient. However, all matched visiting by a coordinator must be undertaken on a volunteer basis as per section 5.1.

5.4 Diversity, Complex Vulnerability and Cultural Advisor

The ACVVS Diversity, Complex Vulnerability and Cultural Advisor is an additional role that can be undertaken by a ACVVS Service Coordinator from an auspice committed to providing a majority of their placements (residential and/or home care) to a single diversity, complex vulnerability or cultural group.

The role of the ACVVS Diversity, Complex Vulnerability and Cultural Advisor is to:

- inform pathways for communication, engagement to promote inclusiveness, good relationships, and practices towards diverse, complex vulnerability and cultural minority groups
- inform and guide the training to be provided to auspice coordinators and volunteers
- inform the development and content of the Community of Practice (refer 5.5)
- inform the department of systemic program issues impacting ACVVS service delivery for their diversity, complex vulnerability and/or cultural group; and

support the summative evaluation of the ACVVS program.

Engagement Framework

- attend the bi-monthly diversity, complex vulnerability and cultural member meetings (in person, digitally or provide proxy);

- provide secretariat services (agenda/minutes) up to a maximum of two meetings per annum
- provide feedback and information to ad-hoc departmental requests
- provide feedback and information for the annual review of ACVVS National Guidelines and the FAQ's; and
- participation in the development/review of current and proposed training procedures/documentation relevant to their serviced placements.

Experience and Accreditation, as a minimum, the advisor's organisation must have:

- appropriate accreditation relevant to groups/persons serviced (e.g., LGBTIQ+ Rainbow Tick)
- key staff with lived experience relevant to the groups/persons serviced; and
- policies and procedures reflecting diversity, complex vulnerability and cultural engagement best practice.

5.5 Community of Practice (CoP) Coordinator

The CoP coordinator is an additional role that undertaken by some Network Members to manage and have oversight of the CoP portal. The CoP will focus on sharing solved problems, share knowledge, cultivate best practice and foster innovation by creating new knowledge to advance a domain of professional practice through a web-based collaborative environment to communicate, connect and conduct community activities.

This will include resources and learnings from the Diversity, Complex Vulnerability and Cultural Advisor reference group to support specialist auspices and capability of ACVVS auspices generally.

The functions of the CoP Coordinator will include, but not be limited to:

- identifying and reviewing training suitable for ACVVS
- development of a national framework for the delivery of ACVVS in residential care
- creating and delivery a minimum of six webinars/workshops per annum (topics of the day – information of the day)
- general management of the CoP portal – content governance and administration of chat function
- CoP attendance at the Diversity, Complex Vulnerability and Cultural Advisor reference group meetings to elicit feedback and content for the CoP portal
- creating and delivering content for the triennial conference (if applicable)
- sharing or facilitation of ACVVS non-specific service training (ACVVS specific recruitment and retention strategies/engaging with RACH lifestyle coordinators); and documenting lessons learned.

The CoP portal will also house relevant documentation, FAQs and content for ACVVS auspices. CoP Coordinators will be expected to manage the inclusion of content on the portal and update as needed. Content to be housed on the CoP portal will include, but not be limited to:

- Information on how to order badges/certificates of service including certificates of recognition distribution and the introduction of the new ACVVS badge and certificate design; and
- General resources (flyers, Care Recipient Profile Referral form, FAQs)

5.5.1 Functions excluded for the CoP

Technical management of the CoP portal

Management of the Volunteer Training Portal

5.5.2 Membership and operation

Membership and operation of this role is applicable to an organisation who has successfully been awarded the Network Members through the 2023 ACVVS Grant round. The successful organisation will provide an individual/s to undertake both roles.

6 ACVVS NATIONAL GUIDELINE CONTENT MANAGEMENT

This content management framework provides information to the auspices, network members, advisors and coordinators of the process; and consultation and notification requirements for change/amendment to the ACVVS National Guidelines.

All changes and amendments to the ACVVS National Guidelines will be recorded on the ACVVS National Guideline Change Register and published on the Department of Health and Aged Care ACVVS website.

The drivers for content change can include:

- the department's annual review
- identified opportunities for improvement; and
- amendments to legislation (mandated) impacting ACVVS delivery.

The department will where possible and applicable engage and consult with the relevant auspices, network members, coordinators and advisors. An implementation timeframe will be provided during the consultation process, and we will be open to negotiating implementation timeframes where applicable. This may not be possible for mandated changes that are a result of legislative or regulation requirements.

This content management framework applies only to the ACVVS National Guidelines.

7 Glossary

Term	Definition
ACPRs	Aged Care Planning Regions
ACVVS	Aged Care Volunteer Visitors Scheme
Auspices	community based organisations funded by the Department
CALD	People from Culturally and Linguistically Diverse backgrounds
CHSP	Commonwealth Home Support program
CoP	Community of Practice
DSS	Department of Social Services
FAQs	Frequently Asked Questions
Group visit	ACVVS volunteer/s visits multiple recipients simultaneously (recommended maximum ratio 1 volunteer to 3 recipients). A group visit is funded for one volunteer visitor placement being the same level as a single face to face in person visit (1 volunteer to 1 recipient).
In person (face to face) visits from one or more volunteers Face to face	In person (face to face) visit between volunteer/s and recipient/s in the same location. Visits and communications via Facetime, Skype, telephone, email and or letter are not classified as in person visits.
KPI	Key Performance Indicator
NACAP	National Aged Care Advocacy Program
OPAN	Older Persons Advocacy Network
RACH	Residential Aged Care Home
The department	The Department of Health and Aged Care
Year	Financial year