



Community Visitors Scheme (CVS)



Frequently Asked Questions

The Community Visitors Scheme (CVS) funds organisations to coordinate volunteers to visit recipients of Australian Government subsidised aged care services (residential and home care) who are socially isolated and whose quality of life would be improved by friendship and companionship.

Visitors

What resources are available to provide information about the CVS? (2)

- within these Frequently Asked Questions;
- [CVS Policy Guide](#); and
- [My Aged Care \(www.myagedcare.gov.au\)](http://www.myagedcare.gov.au) or call 1800 200 422

What is a CVS volunteer visitor? (71)

A volunteer visitor is a person who sets aside time, at least once a fortnight, to visit and befriend a resident of an Australian Government subsidised aged care home or a person in their own home who is receiving a Home Care Package.

Who can be a volunteer visitor? (72)

Anyone (preferably over the age of 18 years) who is willing to volunteer their time to provide friendship or companionship.

People of many cultural and varied backgrounds are found in any community, including an aged care home, therefore volunteer visitors from all backgrounds are important to providing companionship to those that would benefit most from re-connecting with their culture or background.

How do volunteer visitors improve a person's social connectedness? (73)

Volunteer visitors add to the quality of life of the care recipient by being a companion, confidante and friend. They can help the care recipient feel more involved with their community.

The CVS aims to improve the quality of life of the care recipient. This can include an increase in the self-esteem and well-being of the care recipient; diminished feelings of anxiety, isolation and loneliness; a sense of connection to the community; and an increase in feelings of independence.

Some care recipients don't have regular contact with relatives or friends. In some cases, the care recipient may be visited but receive little benefit from the visits. The care recipient may be isolated because of cultural reasons and would benefit from spending time with someone they can relate to, or who can speak with them in their first language.

How often should a volunteer visitor visit? (74)

Visits should be regular (at least once a fortnight), although there may be instances where a volunteer visitor cannot visit each fortnight, for example due to illness or a holiday. If a visit is not possible, they might wish to send a card or note, or make a telephone call instead. However, this should not replace face to face visits on a regular basis.

What skills are required to be a volunteer visitor? (75)

The following skills are highly desirable in a volunteer visitor:

- a genuine empathy and understanding of older people;
- good communication and listening skills;
- the ability to work independently;
- a commitment to developing a strong and ongoing relationship with an older person and to the CVS programme; and
- the ability to be flexible.

How does a person become a volunteer visitor? (76)

Anyone interested in becoming a visitor should contact an auspice in their area (details can be found by contacting the CVS Network Member <http://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/consumers-families-and-carers/community-visitors-scheme>

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

How many care recipients do volunteer visitors visit? (77)

This may be dependent on the individual auspice's policy. The number of care recipients to be visited should be agreed with the CVS auspice coordinator before visits commence.

If a volunteer visitor is conducting one on one visits in aged care homes, they must have the agreement of their CVS auspice coordinator to visit more than one care recipient. Some care recipients need to feel that their visitor is "theirs". The coordinator may arrange for the volunteer visitor to visit a care recipient at another home if they would like to visit more than one care recipient.

Volunteer visitors who visit home care recipients in their own homes may have the capacity and desire to visit more than one person. The volunteer visitor should discuss this with their CVS auspice coordinator. It is important that these visits are undertaken on a one on one basis with individual care recipients.

If a volunteer visitor is conducting group visits within an aged care home, they will be visiting groups of two people or more at a single time.

How is the visit spent? (78)

Depending on the volunteer visitor and the care recipient visited, they may spend time together in a variety of ways (sit and chat, work on a hobby together, or discuss the news). If the care recipient is able, they might take a walk or go on an outing together. It is very important to be aware that the care recipient may be frail or not as mobile as they once were. The volunteer visitor should talk to the CVS auspice coordinator and/or aged care provider before planning anything more strenuous than usual.

Some care recipients may be confined to their bed. Other care recipients may have a cognitive impairment or more limited communication skills. Though such impairments may limit the activities that can be undertaken, there are still many ways to enjoy time together (such as reading a book or listening to music together).

What if a face to face visit is not possible? (79)

Volunteers are required to work within the processes set by their auspice. When a face-to-face visit is not possible for a one on one visit, a letter, card or phone call may be considered to be reasonable contact. However, ongoing reduced frequency visits are not acceptable and would not qualify the volunteer as an active visitor.

Short periods of reduced visiting frequency by the volunteer for reasons such as exams, holidays or increased work or family commitments are acceptable and may still be counted as "active", provided it is clear that the volunteer has every intention of continuing the relationship with the care recipient.

What if a care recipient goes into hospital or transition care? (80)

A visitor may wish to continue to visit a person while they are in hospital or transition care. Where possible, visits should continue to be conducted as this companionship is of benefit to both the care recipient and visitor.

What is the appropriate action to undertake in receiving or giving gifts? (81)

Volunteer visitors should be made aware of potential risks associated with receiving gifts inappropriately from aged care recipients without offending the care recipient. Gifts of any commercial or sentimental value may create conflict with family members and may on some occasions be regretted or denied by an aged care recipient. Volunteer visitors should be instructed to discuss situations involving gifts of significance with their CVS auspice coordinator and in almost all circumstances, these gifts ought not to be accepted.

Giving gifts may be appropriate, but care must be taken not to offend families and significant others. It is best for volunteers who wish to give gifts to their matched friends to limit them to small items such as cards, flowers, small clothing items or photographs.

What rights does a volunteer visitor have? (82)

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

What are the responsibilities of a volunteer visitor? (83)

A volunteer visitor has the responsibility to:

- work within the policies and procedures set out by the auspice;
- visit a designated recipient of aged care services on a regular basis (at least once a fortnight), the purposes of which may include:
 - companionship and friendship;
 - increasing care recipient involvement in social activities and community affairs;
- provide assistance with small tasks that might be done by a friend or neighbour such as posting a letter;
- provide a record of the dates of visits to the CVS auspice coordinator;
- respect the rights of CVS participants including confidentiality and privacy;
- exercise a duty of care at all times;
- inform the CVS auspice coordinator if they are experiencing any difficulties with visiting;
- notify the CVS auspice coordinator of any accident or incident that occurs whilst visiting;
- report unsafe visiting environments;
- notify the CVS auspice coordinator if there is an intention to cease visiting on a temporary or permanent basis; and
- inform the CVS auspice coordinator if they wish to stop visiting a particular care recipient.

What can't a volunteer visitor do? (84)

The role as a volunteer visitor is simply to be a friend to the care recipient. Volunteer visitors may provide assistance with day-to-day tasks, such as mailing letters, if they wish to and if this is appropriate. This sort of assistance should only be such as a friend would give, and only if the visitor is comfortable to assist.

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

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

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

What Duty of Care principles should be applied as a volunteer visitor? (85)

Aged care service providers have a "duty of care" to their care recipients. This means that they must provide for the protection, care and general safety of the care recipient.

The volunteer visitor also has a "duty of care". This means that they must use their common-sense when visiting a friend (care recipient), and exercise reasonable caution and care in any activities undertaken together.

If a volunteer visitor is considering a new activity, or one that is more strenuous than usual, they should speak to the aged care service provider. By doing this, and taking care when visiting the care recipient, the visitor can be assured that all reasonable care is taken.

Each CVS auspice is required to take out all types and amounts of insurance necessary to cover their obligations in relation to an Activity under their Funding Agreement. Visitors are encouraged to talk to their CVS auspice coordinator about how the auspice's insurance covers them.

How do volunteer visitors maintain privacy, confidentiality and dignity? (86)

The CVS auspice coordinators support volunteer visitors in understanding these concepts.

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

Assisting in maintaining dignity includes supporting the care recipient in maintaining their self-esteem. Volunteer visitors should act in a way that supports a care recipient's self-esteem. For example, ask if the care recipient would like assistance with a task before stepping in to help.

What administration arrangements are involved in being a volunteer visitor? (87)

Before being accepted as a volunteer visitor, a person must first undergo a National Criminal History Record Check to assess their suitability to be a volunteer and visit aged care recipients.

A person assessed as suitable will need to enter into an agreement to become a visitor operating under a CVS auspice. The CVS auspice is responsible for determining the type of agreement required. It is recommended that this agreement is in place before the volunteer visitor's commence. It simply formalises their commitment to visiting a care recipient and ensures the volunteer understands their expected role and responsibilities under the CVS.

Volunteer visitors need to record/report their visits to the CVS auspice coordinator. The visitor is required to let their coordinator know if an accident or incident occurs while they are visiting a care recipient, or if they have any concerns.

What expenses can be reimbursed as part of the volunteer visitor role? (88)

Reimbursement of expenses is at the discretion of the CVS auspice. CVS auspices may or may not choose to reimburse all, some or none of volunteer visitor expenses.

CVS auspices should clearly stipulate their policy around reimbursements within their policies and procedure manuals. It is also recommended that CVS auspices clearly explain this policy to volunteers before they commence.

What happens if a care recipient passes away? (89)

Aged care service providers are encouraged, to inform the CVS auspice coordinator if the care recipient passes away or has a major change in their health (e.g. need to be hospitalised and will be away from the home for a time). The coordinator will help the visitor to deal with the loss in their own way, and will provide support at this difficult time. The coordinator understands that a visitor

may require some time before they consider meeting a new care recipient. The volunteer visitor can request that their coordinator attend the funeral with them.

How do volunteer visitors deal with difficulties during the visit? (90)

If a volunteer visitor encounters any sort of difficulty while visiting, they should speak to the CVS auspice coordinator. The coordinator will assist and provide information that can help.

Some care recipients may suffer from a deterioration of their health or abilities. Some care recipients may have hearing or vision impairments, or may have difficulty with language and memory skills. Some conditions such as dementia may manifest as behaviours which can require patience and understanding. Sometimes the care recipient may not seem to recognise a volunteer visitor, or may have difficulty in communicating with them. However, people who suffer from cognitive difficulties derive great benefit from having a visitor.

The CVS auspice coordinator will be able to provide the volunteer visitor with advice on how to relate to the care recipient and can provide ideas on how to enjoy their time together. The coordinator can advise on how to deal with these conditions to ensure their visits are successful and rewarding for both the visitor and the care recipient.

Do volunteer visitors need to be mindful of relationships with aged care providers and their staff? (91)

Volunteer visitors will come into contact with a number of staff. People who care for frail older people have a demanding, yet rewarding, job. They are dedicated people who work hard to provide care in a homelike environment.

The staff of the aged care home should support volunteer visitors and welcome them to the home. They can provide visitors with support in their role as required.

If volunteer visitors have concerns about the aged care provider's staff, they should speak to their CVS auspice coordinator.

What do volunteer visitors do if they wish to cease visiting? (92)

If a volunteer visitor intends to cease visiting, whether temporarily or permanently, they must let their CVS auspice coordinator know as soon as possible. The coordinator can give advice on how to end the relationship and attempt to arrange for another volunteer to visit the care recipient.

What constitutes a group visit in a residential aged care home? (93)

A group visit includes meeting with two or more care recipients not receiving one on one visits through the CVS in the aged care home. Visits may be attended by one or more volunteer visitors.

Group visit places are allocated by visit, not by number of care recipients participating in the visit.

Group visits in residential aged care homes are intended to provide companionship within the aged care home and extend the social network of socially isolated people. They are in addition to, and must not be utilised to replace programmed or structured activities that are run by the aged care home.

Who determines eligibility for a group visit? (94)

The aged care provider is responsible for determining which care recipients within their aged care home could benefit from a group visit, and determining appropriateness of care recipients within the same group.

How regular do visits need to be? (95)

An active group visit is defined as 20 or more visits to a specific group of care recipients in a financial year.

Can a care recipient who receives a one on one visit also be part of a group visit in an aged care home? (96)

No. An aged care recipient may only receive either a one on one visit or be a part of a CVS group visit.

Can a volunteer visitor undertake both group visits and one-on-one visits? (97)

Yes. But the CVS auspice must receive funding for both types of visits and these visits are not conducted at the same time.

What happens when the visitor arrives but only one care recipient participates in the group visit? (98)

If the visitor has confirmed the group visit with the aged care service provider, however when they arrive, some of the care recipients are not able to attend due to circumstances outside of the visitor's control, the visit could continue with the one care recipient and be reported as a group visit. If this occurs more frequently, consideration should be made to restructuring the group, or considering an alternative option (eg. one on one visits).

How is a group visit reported? (99)

A group visit must be reported as a single visit, even if two visitors participate. It is up to the visitors to determine who is responsible for reporting the visit.

What if a visitor is unable to make the group visit? (100)

It is important to maintain consistency with visitors to specific groups. However, in situations where a visitor is unable to make the visit due to unforeseen circumstances, the CVS auspice coordinator may arrange for a substitute visitor to attend, in consultation with the original visitor. If it is not possible to arrange a substitute, the coordinator should notify the aged care home that the group visit would be cancelled on that occasion.

What happens if a group visit can't be conducted, as a result of circumstances within the aged care home? (101)

Volunteer visitors are encouraged to make contact with the residential aged care home on the day to ensure a scheduled visit can be undertaken. If it is not possible to undertake the visit, the volunteer visitor should postpone the visit to another date in consultation with the aged care home.

What action should be taken if the active visitor ratio for group visits is not achievable but there is still a determined need for a one on one visit? (102)

If a CVS auspice can't meet the active visitor ratio for group visits but still has a care recipient in need of the visit, they should consult their CVS State or Territory Network Member to consider other

options. For example, another nearby auspice may be able to meet the group or individual need, where places are available.

What should occur if a planned face to face visit to a Home Care Package recipient is not possible? (103)

When a face to face visit is not possible a letter, card or phone call may be considered to be reasonable contact. However, ongoing reduced frequency visits are not acceptable and would not qualify the volunteer as an active visitor.

What action should a visitor take if a Home Care Package recipient does not respond to a scheduled visit? (104)

In situations where a recipient does not respond to a scheduled visit, the volunteer visitor should raise their concerns with the CVS auspice coordinator and/or service provider and have their concerns documented.

Auspices may like to refer to the [Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit \(the Guide\)](#). Used by service providers to establish appropriate procedure for volunteer to follow. The Guide contains a set of nationally consistent protocols, and can be used when developing the Service Provider's own policies and procedures to deal with non-response from a care recipient who was scheduled to receive the service.

What action should be taken if a care recipient is unable to receive the visitor due to circumstances outside their control? (105)

Visitors are encouraged to contact the care recipient on the day of the visit to confirm, as they would if they were visiting a friend or family member. If, having confirmed the visit, a visitor travels to a person's home and the person is not able to receive the visitor, the visitor would report this as a visit, due to the intention to meet with the care recipient.

What action should the visitor take if they are concerned about an issue they observe during a visit to a person's home? (106)

If during the visit, a volunteer visitor becomes aware of issues that are potentially unsafe or hazardous for the person, this should be reported to the CVS auspice. The CVS auspice is responsible for notifying the provider.

What is the volunteer's role in visiting a Home Care Package recipient? (107)

The volunteer is visiting to provide friendship and companionship. The visitor should not be providing any services, care or assistance during their visit. The care recipient should not become reliant on the visitor (ie running errands).

What if a care recipient doesn't want a visitor to come anymore? (110)

The care recipient is encouraged to advise their visitor that they do not wish the visits to continue. If uncomfortable with this suggestion, they should contact their service provider to inform them of this request.

Why are there special needs groups identified in the Aged Care Act 1997? (111)

Various population groups are recognised as 'Special Needs' groups under the *Aged Care Act 1997*. The special needs status encourages aged care providers to recognise different

social, spiritual, cultural, psychological, physical, environmental and health care needs of individual care recipients. Under the *Aged Care Act 1997* these groups achieve priority access to community and residential aged care.

What are the special needs groups as listed under the *Aged Care Act 1997*? (112)

Special needs groups defined under the *Aged Care Act 1997* are:

- 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;
- people who are homeless or at risk of becoming homeless;
- care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations);
- parents separated from their children by forced adoption or removal; and
- lesbian, gay, bisexual, transgender and intersex people.

What is the definition of people from Aboriginal and Torres Strait Islander communities? (113)

Aboriginal and Torres Strait Islander peoples are the first inhabitants of Australia.

The Australian Government defines an Aboriginal person as someone who:

- is of Aboriginal descent;
- identifies as an Aboriginal person; and
- is accepted as an Aboriginal person by the community in which he or she lives.

Aboriginal people comprise diverse Aboriginal nations, each with their own language and traditions and have historically lived on mainland Australia, Tasmania or on many of the continent's offshore islands.

Torres Strait Islander peoples come from the islands of the Torres Strait, between the tip of Cape York in Queensland and Papua New Guinea. Torres Strait Islanders have their own distinct identity, history and cultural traditions. Many Torres Strait Islanders live on mainland Australia.

The term 'Indigenous' is used to refer to both Aboriginal and Torres Strait Islander peoples.

More information can be found on the [Australian Human Rights Commission website](#).

What is the definition of rural or remote? (114)

The Department uses the geographic areas defined by the Australian Bureau of Statistics (ABS). The Australian Statistical Geography Standard (ASGS) is the ABS' new geographical framework, used to classify metropolitan, regional and rural areas of Australia.

An explanation of the new geographic classification that was used in the 2011 Census and details of what the different geographic levels represent can be found on the [ABS Website](#).

What is the definition of People from culturally and linguistically diverse (CALD) backgrounds? (115)

The ABS defines CALD by three variables:

1. Country of birth
2. Language other than English spoken at home, and
3. English language proficiency.

In the Australian context, individuals from a CALD background are those who identify as having specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, or language spoken at home, or because of their parents identification on a similar basis. For further information you may like to refer to the [Guidelines for Emergency Management in Culturally and Linguistically Diverse Communities](#).

What is the definition of people who are financially or socially disadvantaged? (117)

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

More information about people who are socioeconomically disadvantaged can be found on the [State Library of NSW website](#).

What is the definition of Veterans? (118)

A veteran is a veteran of the Australian Defence Force or of an allied defence force or a spouse, widow or widower of such a person. Further information can be found in the [Veterans Entitlement Act 1986](#).

What is the definition of people who are homeless or at risk of becoming homeless? (119)

When a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations.

The ABS definition of homelessness is informed by an understanding of homelessness as 'home'lessness, not rooflessness. It emphasises the core elements of 'home' in Anglo American and European interpretations of the meaning of home as identified in research evidence (Mallett, 2004). These elements may include: a sense of security, stability, privacy, safety, and the ability to control living space. Homelessness is therefore a lack of one or more of the elements that represent 'home'.

What is the definition of a care-leaver? (120)

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

Forgotten Australians, former child migrants and Stolen Generations. Institutional care refers to residential care provided by a government or non-government organisation, including (but not limited to) orphanages; children's homes; industrial, training or farm schools; dormitory or group cottage houses; juvenile detention centres; and mental health or disability facilities.

More information on Care Leavers can be found on the [DSS website](#).

What is the definition of parents separated from their children by forced adoption or removal? (121)

Anyone who identifies as being affected by a forced adoption or removal of a child.

What is the definition of lesbian, gay, bisexual, transgender and intersex people (LGBTI)? (122)

Older people of all gender identities, sexual orientations, and/or intersex statuses should be able to access care services that are appropriately responsive and respectful to their care needs, and considerate of their history and experiences of discrimination and marginalisation.

People who are Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI) are considered a special needs group within aged care legislation, based on previous experiences of discrimination and limited recognition of their needs by service providers. LGBTI means lesbians, gay men, bisexual, transgender and intersex people (including people who are perceived or imputed to be, or have in the past lived as such).

What is the role of the state and territory CVS Network Members? (123)

The Department of Social Services provides a small amount of additional funding to seven CVS auspices (combined NSW/ACT) to undertake the role of Network Member in their respective State or Territory. An additional auspice is also funded as a representative for people from culturally and linguistically diverse (CALD) backgrounds.

CVS Network Members are appointed by auspices to represent the network of auspices in their State and/or Territory. The Network Members have responsibility for facilitating links between CVS auspices and the Department of Social Services (DSS) to promote innovation and self-sufficiency amongst CVS auspices, as well as providing an efficient and effective communication and consultation mechanism between CVS auspices and DSS.

You can also contact your local CVS network member to find out which CVS auspices are operating in your area. A list of the CVS Network Members can be found on the [DSS website](#).