

## Volunteers in Aged Care and COVID-19 Vaccinations: Position Statement<sup>1</sup>

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### Position overview

- We note the mandating of COVID-19 vaccines for workers in residential aged care, as advised by the Australian Health Protection Principal Committee (AHPPC)<sup>2</sup>. The impact on volunteers working in residential aged care should be clarified.
- The 'risk and benefit assessment' recommended by the AHPPC needs to specifically consider volunteers in residential aged care settings and extend to volunteers in other aged care settings (including the home) and volunteers in ancillary services (such as passenger and patient transport).
- The Federal Government should consult with relevant stakeholders, including the National and State and Territory volunteering peak bodies, in undertaking the risk and benefit assessment and in developing the implementation plan.
- The implementation plan needs to address the specific risks and challenges for volunteers, for example ensuring messaging clearly signals whether volunteers are included in the mandate; extending grant relief measures to all organisations impacted by the mandate; making it as easy as possible for volunteers to get vaccinated (e.g., ensuring volunteers can access on-site vaccinations); and considering mitigations for the potential decline of the volunteer workforce.

### Background

Aged care workers (paid and volunteer) received priority status in the COVID-19 vaccination roll-out plan and were to be included in Phase 1. However, as of 16 July 2021, a high proportion of the aged care workforce remains unvaccinated<sup>3</sup>.

On Monday 28 June, National Cabinet agreed that the COVID-19 vaccination of residential aged care workers would be mandatory by mid-September 2021, when all workers are required to have at least the first dose of a COVID-19 vaccine<sup>4</sup>. Subsequently, the Australian Health Protection Principal Committee (AHPPC) has issued a statement on residential aged care worker COVID-19 vaccination. AHPPC recommended to National Cabinet that the residential aged care workforce be vaccinated against COVID-19 as a condition of working in a residential aged care facility by 17 September 2021.

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<sup>1</sup> Version 1 Published 26 July 2021.

<sup>2</sup> <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-residential-aged-care-worker-covid-19-vaccination>

<sup>3</sup> Estimates vary on this. The Federal Government has recently introduced reporting requirements for aged care providers to ensure accurate data is available going forward. See <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-aged-care-providers-workers-and-residents-about-covid-19-vaccines/reporting-requirements-on-the-covid-19-vaccination-status-of-aged-care-workforce>

<sup>4</sup> <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/support-for-mandatory-vaccination-of-residential-aged-care-workers>

The AHPPC has recognised that mandating vaccination for this cohort could have consequences for the availability of the workforce, which could impact the quality and safety of resident care. AHPPC have therefore recommended that a robust risk and benefit assessment be completed and provided to National Cabinet by early August. This assessment is to include proposed mitigations against workforce decline to be planned ahead of implementing the mandate.

The AHPPC is still considering whether vaccines should be mandatory in home aged care and there has been no announcement on the impact on ancillary programs that involve volunteers, such as patient and passenger transport.

## Challenges

***The aged care workforce, including volunteers, is under strain. The implementation of mandatory COVID-19 vaccinations needs to be mindful of this significant workforce challenge.***

Australia's current demographics and ageing population have raised the stakes for building capacity in aged care services and developing a sizeable workforce for the caring economy. Aged care providers have identified workforce retention as among the key challenges faced by the sector, both prior to and during the pandemic.

According to the Aged Care Workforce (2016) survey, volunteers are an integral part of the aged care economy, providing support in 83 per cent of residential facilities and 51 percent of home care services.<sup>5</sup> As the aged care sector has restructured in the wake of the pandemic, sustaining increased management load to implement infection control measures and incurring greater financial pressures, it has become even more important to mitigate further loss to the sector that would occur through a decrease in volunteering activities. Recent research has demonstrated that volunteering has been significantly affected by the COVID-19 pandemic with an estimated 2.3 million fewer Australians volunteering in the 12 months prior to April 2021 compared to the previous year<sup>6</sup>. Whilst there is no data on the specific impacts to aged care, given the extensive restrictions placed on residential aged care facilities it is likely that the volunteer workforce in this sector has significantly depleted.

Volunteers are an integral part of the workforce in the aged care sector and should be recognised as such. The AHPPC's policy of mandating vaccinations for residential aged care workers brings risks in terms of workforce retention in an already resource-stretched sector. The implications for the workforce in general, and volunteers in particular, must be carefully considered. The relationship between the paid and volunteer workforces must also be considered, including the impact on paid workers if the volunteer workforce continues to decline.

***Mandating vaccinations presents challenges for the aged care workforce overall and specific challenges for volunteers.***

Mandating vaccinations for residential aged care staff poses challenges. The aged care sector is highly casualised. As stated by the State of Sector Aged Care Report, the workforce is often working within

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<sup>5</sup> <https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-res>

<sup>6</sup> <https://www.volunteeringaustralia.org/research/research-briefing-volunteering-during-the-first-year-of-covid-19/#/>

“precarious employment arrangements,” with low staffing ratios, employees feeling overworked, and financial pressures faced by the industry as a result of insufficient leave entitlements.<sup>7</sup> The mandating of vaccines needs to be considered within this context.

The current state of play of the vaccine roll-out is clearly problematic for the mandating of vaccinations. There are extensive waiting periods for vaccine appointments and a shortage of vaccine hubs/pop-up clinics to accommodate the needs of residential aged care staff. Alongside aged care service providers, the Australian Council of Trade Unions, the Australian Nursing and Midwifery Federation and the United Workers Union have indicated the deadline (of 17 September 2021) and the current arrangements place the onus on the workforce to fulfill the responsibility to get vaccinated<sup>8</sup>.

The presence of vaccine hesitancy among a segment of the aged care workforce presents a further challenge to the vaccination program. However, members of the Australian Aged Care Collaboration believe this would be largely overcome with improved communication and ease of access to vaccines of choice<sup>9</sup>.

Additional distinct challenges exist for volunteers:

- Unlike paid staff who receive financial remuneration, volunteers give their time for the common good without financial gain. Some volunteers may choose to stop volunteering rather than become vaccinated.
- Volunteers typically work fewer hours than paid staff and so are less likely to be ‘on-site’ if this becomes the logistical preference for vaccinating the aged care workforce.
- Volunteer roles are typically more discretionary than paid roles and so organisations may close volunteering programs rather than support volunteers to get vaccinated.
- Most volunteers do not receive reimbursement for all costs incurred in volunteering. There may be cost barriers to attend vaccination clinics (e.g., transport, respite care for caring responsibilities).
- Volunteers are not covered by insurance for illness, so if they experience vaccination side-effects, they may be required to forego income while they recover.
- Excessive paperwork, training, medical clearances, and mandatory reporting tend to be disincentives to volunteer.

***Further consideration is needed in relation to mandating vaccines in home aged care.***

As of 19 July, the Federal government and the AHPCC have not mandated COVID-19 vaccinations for home care aged care workers. As with residential aged care, decision-making needs to be guided by the health advice and consider the workforce implications of mandating vaccinations in home care. Volunteers may be

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<sup>7</sup> State of Sector Aged Care Report. P. 13: <https://www.hesta.com.au/agedcarereport21>

<sup>8</sup> <https://www.sbs.com.au/news/unions-and-aged-care-providers-urge-government-to-ramp-up-covid-19-jabs-for-aged-care-workers>; <https://www.smh.com.au/politics/federal/bosses-unions-issue-joint-warning-to-hunt-on-aged-care-rollout-20210711-p588o9.html>

<sup>9</sup> <https://www.abc.net.au/radionational/programs/breakfast/aged-care-sector-proactive-approach-staff-vaccination/13442796>

at increased risk of exposure to COVID-19 in the delivery of home care volunteering roles, particularly where physical distancing is not possible.

Specific challenges exist in relation to volunteers in home aged care. These include:

- Volunteers make up a higher proportion of the workforce in home aged care, compared to residential aged care. In the last workforce census, during the designated fortnight 68,416 volunteers had worked in the aged care sector overall. There were 23,537 volunteers in residential facilities who volunteered an average of 4.9 hours each per fortnight, and 44,879 volunteers in home care and home support outlets who volunteered an average of 4.6 hours each.
- The roles volunteers undertake differ across residential and home aged care. For example, volunteers are more likely to undertake 'shopping/appointment assistance' and 'meal-preparation assistance' in home aged care than in residential facilities. Community aged care providers are more likely to engage volunteers in 'transport assistance' than residential aged care providers.<sup>10</sup> It is difficult to physically distance whilst undertaking these roles.
- There may be a flow on loss of volunteers in home aged care arising from the need, or confusion regarding the need, to be vaccinated in residential aged care settings.

In implementing any mandate, the operational and resource implications of mandating vaccinations for volunteers in home aged care need to be addressed. This also may mean differentiating roles within the aged care workforce. For example, volunteer transport drivers could be part of the mandatory vaccination program, whereas other volunteers, such as food delivery volunteers, may not be required to be vaccinated if they do not have physical contact with clients. However, this discrepancy may create further confusion and administrative burden for volunteers and volunteer involving organisations.

## Recommendations

- **Consultation and Input:** relevant stakeholders, including the National and State and Territory volunteering peak bodies, should be consulted to develop a) a 'risk and benefit assessment' for delivering the mandate in residential aged care recommended by the AHPPC, and b) a strategy and timeline for the inclusion of aged care volunteers in the vaccination program.
- **Vaccine Roll-Out and Implementation:** the roll out of COVID-19 vaccines should be re-designed for the benefit of the paid workforce as well as the volunteer workforce. For example, on-site vaccinations should be provided for the workforce; pop-up clinics set up near residential care facilities; and delays in appointment times should be reduced. It should be recognised that volunteers may not be able to engage in volunteering, or indeed paid work, when recovering from any side-effects of vaccinations. A program like the Residential Aged Care COVID-19 Employee Vaccination Support Grant program<sup>11</sup> should be made available to volunteers to cover costs that

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<sup>10</sup> All data from the 2016 Aged Care Workforce Census.

<sup>11</sup> <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-aged-care-providers-workers-and-residents-about-covid-19-vaccines/information-for-residential-aged-care-workers-about-covid-19-vaccines>

may be incurred in ensuring volunteers are vaccinated and to compensate volunteers for income loss.

- **Public Messaging:** the Federal government, State/Territory governments, aged care service providers, and associated peak bodies should work on a public messaging program to counter vaccine hesitancy. In the event the Federal government decides to make vaccinations mandatory for volunteers, this should be explicitly included in communications and support should be provided to volunteer involving organisations to manage this process with their volunteer workforce.
- **Reporting:** since 15 June, residential aged care providers have been required to ask their workers (including volunteers) whether they have received a COVID-19 vaccine, and to report this information to the Federal government on a weekly basis. As of 13 July 2021, vaccination reporting has been extended to parts of the in-home and community aged care sector<sup>12</sup>. A reporting system is needed, which covers all residential and home aged care, and includes the paid and volunteer workforce.
- **Resourcing and incentivisation:** the inclusion of volunteers must be resourced and incentivised appropriately, including an information campaign that emphasises the inclusion of volunteers, and extends on-site vaccination programs to volunteers.

## Authorisation

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



Mr Mark Pearce  
Chief Executive Officer

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## Endorsements

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



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<sup>12</sup> [https://www.health.gov.au/sites/default/files/documents/2021/07/covid-19-vaccination-guidance-for-in-home-and-community-aged-care-providers-on-reporting-of-covid-19-vaccinations-of-the-workforce\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2021/07/covid-19-vaccination-guidance-for-in-home-and-community-aged-care-providers-on-reporting-of-covid-19-vaccinations-of-the-workforce_0.pdf)

## About Volunteering Australia

Volunteering Australia is the national peak body for volunteering, working to advance volunteering in the Australian community. The seven State and Territory volunteering peak bodies work to advance and promote volunteering in their respective jurisdictions and are Foundation Members of Volunteering Australia.

Volunteering Australia's vision is a strong, connected, and resilient Australian community through volunteering. Our purpose is to lead, strengthen, and celebrate volunteering in Australia.

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