

Volunteers in Disability Support and COVID-19 Vaccinations: Position Statement (September 2021)

Position overview

- The Australian Health Protection Principal Committee (AHPPC) recommended that the National Cabinet consider mandatory vaccinations for disability support workers who support NDIS participants in high-risk disability residential settings in August 2021.
- If COVID-19 vaccines are made mandatory for disability support workers, the inclusion of volunteers must be clarified.
- The Federal Government should consult relevant stakeholders, including the National and State and Territory peak volunteering bodies, in developing an updated risk assessment to inform the decision on mandatory vaccinations.
- In implementing the mandate, the Federal Government must consider volunteers explicitly and identify the specific risks and proposed mitigations that will be required to ensure volunteers have access to a vaccine.
- The inclusion of volunteers in the disability sector workforce mandate must be resourced and incentivised appropriately, including (where possible) circulating an information campaign which emphasises the inclusion of volunteers, and encouraging volunteers to be included in onsite vaccination programs.

Background

On 9 July 2021, the Australian Health Protection Principal Committee (AHPPC) decided not to recommend the mandate of COVID-19 vaccines for disability support workers. However, it was recommended that evidence for mandatory vaccination for disability support workers who support NDIS participants in high-risk disability residential settings be reconsidered by the National Cabinet in August 2021. If mandated, these workers would be required to receive at least their first dose of a COVID-19 vaccine by 31 October 2021.¹ As of 14 September 2021, no further information has been announced by the AHPPC or the National Cabinet.

Additionally, vaccinations have been mandated in certain sectors by state and territory governments. For example, the New South Wales Government recently issued a public health order mandating COVID-19 vaccinations for health care workers. This mandate specifies that work includes “work done as a volunteer or by or for a charitable organisation.”² Whether disability support workers must be vaccinated, and whether volunteers are included, may depend on state legislation.

As acknowledged by the Department of Health, COVID-19 poses a greater risk to people with disability, who often face barriers to implementing prevention measures such as social distancing and wearing face masks. Those with chronic conditions or weakened immune systems may also experience more severe symptoms if

¹ <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-mandating-vaccination-among-residential-disability-support-workers>

² https://gazette.legislation.nsw.gov.au/so/download.w3p?id=Gazette_2021_2021-411.pdf

infected. The decision to prioritise disability support workers in the vaccine rollout helps protect people with disability, their families, and those who work with them. This includes volunteers, who contribute extensively to the disability services space.

However, when vaccinations for residential aged care workers were made mandatory in June 2021, it was initially unclear whether volunteers were included. This was clarified on 3 August, when volunteers engaged by residential aged care facilities were included in the workforce scope defined by the AHPPC.³ As in aged care, volunteers are a major component of the disability services workforce, including in residential care environments. While official data on the disability services workforce only includes paid staff,⁴ data from major volunteer-involving organisations suggests that volunteer numbers in the sector are significant. For example, in addition to its 50,000 paid staff, UnitingCare Australia engages around 30,000 volunteers.⁵ Given the scale of volunteer involvement in this space, clarification on whether volunteers are included will be urgent if vaccines are mandated for workers in residential settings.

Challenges

There are significant concerns regarding the rollout of vaccines for volunteers in disability support. In a recent survey of disability support workers, 50 per cent of respondents indicated that getting a COVID-19 vaccine was not a priority, and almost one in five (17 per cent) said that they would not get the vaccine.⁶ While these sentiments may have changed in recent months, the challenges identified by respondents are still significant. A sense of being forgotten in the pandemic response, a feeling that the unique circumstances of disability residential settings were not considered, and a lack of trust in the government to ensure safety and effectiveness are cited by the researcher as the main reasons for COVID-19 vaccine hesitancy among workers in the sector.⁷ While the survey does not include volunteers, they are very likely to share these concerns. Despite the recognised benefits to the health of all involved in disability services, a lack of confidence in the rollout process could discourage volunteers from continuing their engagement in the sector.

To avoid this, the implementation process must consider the unique position of volunteers in its resourcing and incentive strategies. This should include information campaigns, from both the government and volunteer-involving organisations, which emphasise that volunteers are included alongside paid workers in this initiative, that COVID-19 vaccines have strong benefits and will be delivered effectively, and that the safety of volunteers and the communities they serve is a top priority. Measures to maximise convenience for

³ https://mcusercontent.com/1108de8332cef333bc1956686/files/bc552c1f-874d-d138-bd3d-82835e658499/Mandatory_Vaccination_of_Aged_Care_Workers.pdf

⁴ https://www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf

⁵ <https://unitingcare.org.au/about-us/>

⁶ <https://apo.org.au/sites/default/files/resource-files/2021-04/apo-nid312072.pdf>

⁷ *ibid*

volunteers, such as the inclusion of volunteers in on-site vaccination programs and incentive policies, should also be taken.⁸

The practicalities of administering the vaccine in residential disability environments can also create complications. In a recent study of the impact of COVID-19 outbreaks in residential disability care settings, disability support workers reported that government responses did not recognise the unique architecture of the sector and its work sites, leaving workers to rely on unsuitable protocols designed for aged care.⁹

Insights from key stakeholders, such as National Disability Services (NDS), will be indispensable to an effective rollout. Welcoming consultation from the sector is also likely to reduce vaccine hesitancy, which will make volunteers and paid staff less likely to consider leaving the sector over vaccine concerns.

Finally, data on the vaccination of disability support workers, and on the workforce more broadly, is lacking. Where data has been collected on the disability services workforce, only paid staff are included.¹⁰ It is also unclear how many residential providers engage volunteers, or what kind of support their volunteers provide. Further, as of 14 September 2021, there is no formal requirement for disability care providers to report on the COVID-19 vaccination status of disability support workers.¹¹

As in aged care, mandatory reporting of COVID-19 vaccinations should be introduced for disability support providers. However, additional information could help to guide a more efficient rollout, and to overcome the identified challenges of a mandate. Aged care providers are currently only required to report the total number of workers, the number of workers who have received a single dose only, the number of workers who have received all required doses, and the number of workers who have authorised exemptions from receiving a COVID-19 vaccine.¹² Information on employment status, including how many paid staff and volunteers are vaccinated respectively, could allow the rollout to be targeted more effectively.

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.

⁸ For example, the Minister for Health recently announced incentive payments for COVID-19 vaccination providers to offer on-site vaccinations for residential aged care and disability support workers. Providers must administer a minimum of 50 COVID-19 vaccination doses to access the payment. This incentive includes volunteers (full media release available at: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/on-site-vaccinations-for-aged-care-and-disability-workers>

⁹ <https://apo.org.au/sites/default/files/resource-files/2021-05/apo-nid313048.pdf>

¹⁰ https://www.dss.gov.au/sites/default/files/documents/06_2021/ndis-national-workforce-plan-2021-2025.pdf; <https://www.nds.org.au/news/disability-workforce-report-introduces-state-analysis>

¹¹ See <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-service-providers-workers-and-people-with-disability-about-covid-19-vaccines/covid-19-vaccine-information-for-disability-workers>; <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-aged-care-providers-workers-and-residents-about-covid-19-vaccines/covid-19-vaccination-reporting-requirements>

¹² https://www.health.gov.au/sites/default/files/documents/2021/09/factsheet-for-residential-aged-care-providers-on-reporting-covid-19-vaccinations-and-exemptions_0.pdf

- Volunteers typically work fewer hours than paid staff and so are less likely to be ‘on-site’ if this becomes the logistical preference for providing vaccinations to disability support workers.
- 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.

Recommendations

Considering these circumstances, Volunteering Australia makes the following recommendations.

1. If recommended, **clarify** whether volunteers are included in the implementation of a vaccination mandate for the residential disability care workforce, and which volunteer roles are included.
2. **Consult** relevant stakeholders, including the state/territory and national peak bodies for volunteering, and NDS.
3. **Resource and incentivise** volunteer involvement in the vaccine rollout appropriately.
4. **Collect** data on employment status in mandatory reporting on vaccination numbers, including whether vaccinated workers are paid staff or volunteers.

Authorisation

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



Mr Mark Pearce
Chief Executive Officer

Endorsements

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



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

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