Supplementary submission to the Aged Care Royal Commission

The impact of COVID-19 on the volunteer workforce and aged care

Overview
- Much volunteering activity has ceased within aged care settings and this is having a significant impact on paid staff, the care older people receive and volunteers themselves.
- A contributing factor in the cessation of volunteering has been that volunteers do not have the same insurance protections as the paid workforce.
- As workforce challenges continue in the aged care system, it will be important to ensure that volunteers do not undertake work which is more appropriately done by paid staff.

The loss of volunteers
Volunteers are a vital part of the aged care workforce, supporting the well-being of older people in their homes and in residential settings. The COVID-19 pandemic has had a profound impact on volunteering. Overall, two in three volunteers (65.9 per cent) stopped volunteering between February and April 2020, amounting to an estimated loss of 12.2 million hours per week of volunteer work.

We understand that most volunteers have been stood down from aged care facilities. This is at a time when arguably volunteers are more important than ever. Volunteers in aged care provide critical support to paid workers (including medical professionals, carers, and administrative staff) which is an essential part of the circle of care our old people should be receiving. In Victoria in particular, the impact of standing down volunteers at a time when aged care residences are most in need is severe. Volunteers have skills and experience, for example language and cultural skills, which add significant value to the support older people receive. Having this support disrupted (and in many cases removed) has had a grave impact on the support that elderly people in aged care have a right to and has increased the pressure on paid staff. Further, volunteers themselves are losing out – research has shown that continuing to volunteer during COVID-19 has had significant protective mental health benefits.

The volunteer insurance gap
The lack of protection in the form of insurance for volunteers is an important factor in volunteer programs ceasing. Volunteers do not have the same protections as the paid workforce. As volunteers are not (typically) covered by Workers Compensation, volunteer-involving organisations can take out Voluntary Workers Personal Accident Insurance. But this insurance does not cover volunteers for illness (only injury), so does not cover them for COVID-19. If someone contracts COVID-19 while volunteering, they can incur out of pocket medical expenses and loss of income (from being unable to undertake paid work and not having access to paid leave), and may even go on to suffer longer-term or even permanent disability.

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1 https://www.volunteeringaustralia.org/research/research-briefing-the-experience-of-volunteers-during-covid-19/
2 Ibid.
We welcome recent Federal and Victorian government announcements providing support for people without paid leave, but these do not fully address the problem. Not all volunteers who lose income because of COVID-19 will access these payments and they do not cover out of pocket medical expenses volunteers may incur as a result of contracting COVID-19.

We are keen to work with Government on a solution to this problem. This Joint Statement by Volunteering Australia and Justice Connect includes some possible options to address the pandemic volunteer insurance gap.

Volunteer and paid worker roles need to be differentiated

We have been concerned on an ongoing basis that volunteers are undertaking tasks and providing services in the aged care system that might be more appropriate for paid staff. The role of volunteers in aged care services needs to be carefully considered in relation to the paid workforce and, importantly, in the context of what is required to comply with the Aged Care Quality Standards. Both the potential and the limits of volunteer activities need to be considered. Volunteer roles should add value, rather than be used as a replacement for paid work.

This applies equally in the current COVID-19 context. As workforce challenges continue in the aged care system, volunteers should not be ‘standing in’ for paid workers and should not be undertaking work which is more appropriately done by paid staff.

This supplementary submission complements Volunteering Australia’s original submission to the Royal Commission.

Authorisation

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

Mr Mark Pearce
Chief Executive Officer