SA COLLABORATIVE PROJECTS and VOLUNTEERING SA&NT

IMPACT OF MANDATORY FIRST AID FOR VOLUNTEERS ON THE SOUTH AUSTRALIAN COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) SECTOR

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COLLABORATIVE PROJECTS SOUTH AUSTRALIA

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EXECUTIVE SUMMARY

On 15 October 2020, the Australian Government Department of Health (DoH) issued an e-newsletter which included a statement that all Commonwealth Home Support Programme (CHSP) service providers were responsible for ensuring all staff and volunteers in direct care roles receive accredited first aid training and certification, including covering the associated costs.
https://www.health.gov.au/news/newsletters/information-for-the-aged-care-sector-issue-202022

Following feedback from a number of CHSP stakeholders, the SA Collaborative Projects and Volunteering SA&NT collated and summarized feedback and questions received from CHSP providers via phone calls, emails and network meetings, and forwarded to the Health Engagement & Representation Network (HERN). Further information was forthcoming from two sector forums: the Community Transport Volunteering Network meeting held via videoconference on 19 November 2020, and the Local Government Ageing Well Network, also held via video conference, on 27 November 2020. A survey was also developed to measure the potential impact of this requirement on the CHSP sector in South Australia.

The findings of the survey along with circumstantial feedback provided to Collaborative Project Officers (CPO's) and Volunteering SA&NT can be summarised as follows.

Qualitative Data
Discussions with providers during the two sector forums, unveiled the following concerns:

- The physical and computer literacy capacity of volunteers to undertake accredited first aid certification training.
- Lack of funding for this requirement. The updated CHSP Manual (that includes the statement *"Service providers are responsible for ensuring: ….. that all staff and volunteers in direct care roles receive current and accredited first aid certification",* was released after grant agreements were signed, therefore had no budget allocation.
- The availability of first aid training providers to service the CHSP sector within a reasonable timeframe.
- Concerns regarding auditing, ie what the Quality Commission would require for assessment purposes against what is in the CHSP Manual.

Quantitative Data
The self-completion survey of providers conducted during 30 October - 20 November 2020 via Survey Monkey was completed by 43 CHSP providers, with half (n=21) being local councils. A third were CPN providers and 14% (n=6) were CALD-specific providers.

The survey provided the following data:

- Providers estimated the number of volunteers working in the 'direct care' roles of transport, social support (individual and group), meals and respite services totaled between 1,394 – 2,273.
- Almost all (91%) respondents stated that prior to the DoH e-newsletter dated 15 October 2020 they had not seen published anywhere else the list of 'direct care' roles.
- There were low proportions of respondents who had assumed that 'direct care' roles included Social Support – Group (17%) and Social Support – Individual (14%) and Meals

(7%). Less than a quarter (23% each) believed Transport and Respite services were considered to be 'direct care'.

- Only 12 % of providers currently had a similar policy that requires all volunteers to have accredited First Aid certification. This was reflected in the current proportion of volunteers in these roles who currently have accredited First Aid certification with 28% stating that none of their volunteers were certified and 35% estimating 1-10% were.
- Nearly three quarters (72%) of providers agreed or strongly agreed that they were concerned about the risk and liability associated with volunteers' action or inaction of administering first aid. Consequently, many providers had in place policies and procedures they believed appropriate for the situation, including (in Social Support - Group) seeking assistance from paid staff with accredited First Aid certification, and (in Transport) by not administering First Aid but immediately parking the vehicle and calling 000.
- A majority of respondents (72%) indicated that their organisation was concerned about the requirement for CHSP volunteers to have First Aid certification, and identified two key factors that would impact on service levels, namely loss of volunteers and financial liability.

Loss of Volunteers

- The most significant impact would be that volunteers would be either unable or unwilling to comply and would "leave in droves".
- Service providers were asked to estimate the proportion of volunteers they thought would leave as a result of the requirement of mandatory First Aid certification.
- The results indicated that amongst 50% of respondents the sector would lose up to half of its volunteers. Local councils, CALD-specific providers and small providers would be the most impacted by this.
- Nearly a quarter (24%) agreed or strongly agreed that a number of their volunteers would be unable to attain first aid certification due to lack of English literacy.
- A much larger proportion (79%) agreed or strongly agreed that a number of their volunteers would be physically unable to administer first aid.
- The impact of a loss of volunteers on the health and wellbeing of both clients and volunteers is also of concern amongst 77% of providers, and the experience of COVID-19 lockdown in SA is testimony to this.

Financial Liability

- The financial cost of providing accredited First Aid certification training for all direct care volunteers would also result in a loss of volunteers as almost all (91%) could not afford to replace volunteers with paid staff should they lose volunteers. Even if volunteers agreed to undertake accredited First Aid certification training, over half (56%) agreed or strongly agreed that they could not afford to cover the costs of first aid certification for all of their volunteers, and 65% agreed or strongly agreed that the cost of complying with the requirement would result in decreased service provision.

Impact on Service Delivery

- By far the greatest perceived impact of an exodus of CHSP volunteers would be on Social Support – Group with 67% of respondents selecting this, followed by Transport (60%). It is worth noting that a survey of 351 South Australian CHSP clients undertaken during the SA COVID-19 lockdown period, clearly indicated that the loss of social support

provided through CHSP had a profound negative impact on the wellbeing on many older people, particularly those from CALD backgrounds. A further loss of volunteers from Social Support and Transport services would compound this and produce outcomes contradictory to the objectives of CHSP.

Timeframe for Implementation

- If there was no financial barrier, to comply with the requirement for all volunteers in direct care roles to receive accredited First Aid certified training, a third of providers (34%) indicated they could achieve this within 9 months while over a third (37%) stated they would need 12 months. A smaller proportion (7%) stated they would need 2 years or even longer and 9.5% were unsure.

Modified First Aid Program

- Circumstantial evidence gathered from providers suggested that a modified, short program more suited to the volunteer role of supporting older people in CHSP settings, could be an alternative to the accredited First Aid course. Such a program would offer, for example, mental health, medical incidents, complications of health conditions, falls recovery, etc. A similar program is currently being offered to some service providers in SA.
- Respondents agreed they would support the introduction of such a program for direct care volunteers with 71% stating yes and a further 19% being unsure.
- This, however, was not seen to be a panacea regarding volunteer drivers providing Transport services, many who would be unwilling to participate in training. Lack of transport, particularly in regional areas, is often cited as a barrier to older people accessing health services and to remain socially connected. Therefore, the loss of this service resulting from a reduction of willing volunteers would have a profound impact on many communities in SA.

This requirement, announced in the last months of what can only described as an extremely challenging year, has caused much concern amongst the South Australian CHSP sector that went to great lengths to provide ongoing support for clients and volunteers during the trying times of the SA COVID -19 lock down period and is still recovering from the loss of volunteers as it attempts to reinstate services in a COVID- safe manner. There is no doubt that the loss of volunteers and the financial cost caused by complying with this requirement will produce outcomes contradictory to the objectives of the Commonwealth Home Support Programme.

The following recommendations have been developed as an alternative approach to managing and mitigating risk to CHSP clients who are supported by volunteers in direct care roles.

RECOMMENDATIONS

It is recommended that the Department of Health:

1. Acknowledges the impact of the mandatory requirement for 'all volunteers' in Direct Care roles to have accredited First Aid certification, and reconsiders the need for 'all volunteers' to be included in this requirement.

2. Update the CHSP Manual to reflect: 'that all CHSP service providers engaged in the direct delivery of service have a suitably qualified First Aid Officer on staff, and it is the responsibility of individual service providers to factor into their business risk management strategy/plan* how many and which staff and/or volunteers need to hold and maintain First Aid Training qualifications to ensure the safe delivery of services to their clients and that risk management requirements are met.'

3. Update the CHSP manual to identify which Service Level/Service Level Type/Service Sub-type Level is included in the first aid directive, as per Service Catalogue https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-chsp-service-catalogue, for example:

    - Community and Home Support/Transport/Direct (driver is volunteer or worker)
    - Community & Home Support/Social Support-Group/Social Support-Group

4. Inform CHSP providers if their Activity Work Plan needs to reflect the First Aid directive and how it is to be included in financial reporting and performance data reporting.

5. Informs CHSP providers which Quality Standards the First Aid directive will be reviewed against, and of any additional information/data requirements to demonstrate the quality of services delivered.

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*CHSP providers will factor the level and appropriateness of first aid training into their business risk management strategy/plan and will consider the specific needs of their clients and any additional risk factors they may present. In supporting the training and development needs of volunteers, it would also take into account their capacity and expectations.

A business risk management strategy/plan could include:

- utilisation of a revised First Aid training course, informed by and co-designed with appropriate peak bodies and national training organisations, that adapts existing workforce training for volunteers, such as manual handling, mental health first aid and modified first aid, eg
    - the 'Emergency First Aid' course as developed and provided by Southern Volunteering SA Inc in collaboration with St John in South Australia.

INTRODUCTION

On 15 October 2020, the Australian Government Department of Health (DoH) e-newsletter included a directive stating that all Commonwealth Home Support Programme (CHSP) service providers were responsible for ensuring all staff and volunteers in direct care roles receive accredited first aid training and certification, including covering the associated costs.

"Direct care roles in which first aid training is mandatory include workers who have face to face interactions with clients delivering the following services:

- *Allied Health and Therapy Services*
- *Nursing*
- *Personal Care*
- *Social Support (Individual and Group)*
- *Transport*
- *Respite services*
- *Meals (where regular social support is provided)*
- *Other food services."*

The newsletter can be found here: https://www.health.gov.au/news/newsletters/information-for-the-aged-care-sector-issue-202022

Following feedback from a number of CHSP and Community Passenger Network (CPN) providers who expressed concern about this requirement in regards to volunteers, SA Collaborative Projects, in conjunction with Volunteering SA&NT, attended sector meetings and developed a survey to determine the potential impact of this requirement on the CHSP sector in South Australia. This report documents the findings of the survey along with circumstantial feedback provided to Collaborative Project Officers (CPO's) and Volunteering SA&NT and provides recommendations to be considered by the Department of Health.

Background

The Commonwealth Home Support Programme helps senior Australians access entry-level support services to live independently and safely at home. In June 2019 there were 88,412 CHSP clients in SA (*source Aged care data snapshot – 2019*), receiving services by approximately 150-160 CHSP providers.

'SA Collaborative Projects' is the collective of Collaborative Project Officers (CPO's) that provides Sector Support and Development (SSD) to the CHSP sector in South Australia.

There are 12 Collaborative Project regions in the state working with a large number of CHSP service providers through:

- establishing and maintaining networks,
- establishing workgroups to address region-specific issues,
- organising and delivering sector specific training and development,
- organising regional events for consumer
- holding state-wide symposium events, and

- providing advice to the DoH on the impact of reform policy on the CHSP sector in SA.

Volunteering SA&NT is a not for profit organisation and the peak body for volunteering, leading the sector in South Australia and the Northern Territory. Through key partnerships, including with the SA Collaboratives, Volunteering SA&NT provides a range of services, support and resources for all volunteer-involving organisations and just under a million volunteers, which contributes to positive volunteering experiences and the strengthening of communities.

In South Australia there are almost one million volunteers, whose contribution is valued at around $5 billion annually. *Source: https://www.volunteeringsa-nt.org.au/*

METHODOLOGY

This report contains data acquired through both qualitative and quantitative means and captures the concerns of the CHSP sector regarding the requirement for all volunteers in direct care roles to have accredited First Aid certification.

Qualitative Data

The SA Collaborative Projects, and Volunteering SA&NT collated, and summarized feedback and questions received from CHSP and CPN providers via phone calls, emails and network meetings, and forwarded to the Health Engagement & Representation Network (HERN). Further information was forthcoming from two sector forums: the Community Transport Volunteering Network meeting held via videoconference on 19 November 2020, and the Local Government Ageing Well Network, also held via video conference, on 27 November 2020.

Quantitative Data

A self-completion survey was developed using 'Survey Monkey' and the link was distributed to targeted CHSP and CPN providers by Collaborative Project Officers and Volunteering SA&NT. The survey was conducted during the period 30 October – 20 November 2020.

KEY FINDINGS

Qualitative Data

Following release of the DoH e-newsletter on 15 October 2020, CPO's and Volunteering SA&NT experienced an influx of comments and queries from the CHSP sector and CPN's, many whom were previously unaware of this requirement. There was a general perception that 'direct care' roles did not include social support, transport, respite services, and meals. Many providers also contacted their Funding Agreement Managers, who advised them to contact HERN. A range of questions and concerns was collated and summarized by the SA Collaboratives and Volunteering SA&NT and forwarded to HERN on 23 October 2020 where it was passed it on to the DoH National Office. Answers to the questions were received by the SA Collaboratives and Volunteering SA&NT on 18 November 2020.

In summary the questions were related to:

- Level of training required
- Clarification about exactly how many volunteers need to be trained
- Timeframe for completion of training
- Funding of training

In summary the concerns were related to:

- Lack of previous awareness of this requirement
- Unknown liability issues
- Capacity of first aid trainers to service the sector
- Likelihood of loss of volunteers as a result of this requirement and subsequent impact on mental health of volunteers.
- Number of volunteers unable to complete training for various reasons
- Impact of potential loss of social capital from the sector
- Impact on service levels

A full list of the questions and concerns forwarded to HERN appears in Appendix A.

Discussion during the Community Transport Volunteering Network meeting on 24 November and the Local Government Ageing Well Network meeting on 27 November, raised many of the same issues with particular emphasis on:

- The capacity of volunteers to undertake accredited first aid training, particularly physical capacity, and their computer literacy capacity as there is a requirement for them to create a University Student Identifier (USI) number before undertaking accredited training.
- The concern that in order to be accredited/certified, all First Aid training, even a modified program, requires proficiency in administering CPR, which is beyond the physical capabilities of many older volunteers.
- Lack of funding for this requirement. The updated CHSP Manual (that includes the statement "Service providers are responsible for ensuring: ….. that all staff and volunteers in direct care roles receive current and accredited first aid certification",

was released after CHSP grant agreements were signed, therefore had no budget allocation.

- The availability of first aid training providers to service the CHSP sector within a reasonable timeframe (whatever that timeframe was).
- Concerns regarding auditing, i.e. what the Quality Commission would require for assessment purposes against what is in the CHSP Manual.

There were also concerns about the implication for those providers who rely on Independent Contractors to deliver CHSP services:

> *"I have significant concerns also about the impact that this may have on Independent Contractors, especially as it isn't written into renewed contracts. Future recruitment will also be difficult."*

This report focuses on the impact on volunteers within the CHSP sector. The impact for those providers who rely on Independent Contractors to deliver CHSP services will need to be addressed elsewhere.

Quantitative Data

The survey questionnaire was developed from the above concerns raised by the sector for the purpose of enabling the measurement of the impact on the CHSP sector in SA of the requirement of all CHSP volunteers in direct service roles to receive accredited first aid training and certification. There was a focus on the service types of Social Support, both group and individual; Transport; Respite Services; Meals (where regular social support is provided) and Other Food Services, as these were the ones that caused the most concern. The survey questionnaire is included in Appendix B.

Survey Respondent Profile

A total of 43 respondents, each representing one organisation, completed the survey. Half the respondents were from local government (n=21) with a third of these being from regional SA. There are 68 local councils in SA and not all provide CHSP services, therefore this is a likely representation of those that do. The survey results for the local government CHSP sample is included as Appendix D.

Over a quarter (26%) of respondents were from large organisations with over 100 paid staff. Table 1 shows the survey respondent profile.

Table 1: CHSP Survey Respondent Geographic Profile

Location	%	η
Local Council – regional SA	16%	7
Local Council – metro SA	33%	14
Community Passenger Network only	5%	2
Very small – less than 5 paid staff	9%	4
Small – 5-20 paid staff	15%	6
Medium – 21 – 100 paid staff	2%	1
Large 100 + paid staff	21%	9
TOTAL	100%	43

A third (32%) of respondents were CPN providers, with all but 2 of these being local councils and also providing other CHSP services.

Of the 22 non-local council respondents, 23% (n=5) stated they had more than one site or office providing CHSP in both metro and regional SA. 45% had only one office, that being in metro SA and 32% only one office, that being in regional SA.

There were six CALD-specific providers (14% of the total sample) with significant numbers of CALD volunteers. At least a further 3 organisations also provided CHSP to a fairly large CALD cohort and also had CALD volunteers.

See Appendix C for a full list of survey respondents.

Number of Volunteers Supporting the SA CHSP Sector

Providers were asked the approximate numbers of CHSP volunteers working in the roles of transport, social support, meals and respite services. As can be seen from the table 2, there are a significant number of volunteers supporting the CHSP sector, with nearly half of them in local councils.

Table 2: Approximate number of volunteers per CHSP Survey Respondent Service Provider and Local Councils

Number of volunteers	All Number of service providers	Total	Local Councils Number of service providers	Total
1-5	4	4-20	0	0
6-10	4	24-40	2	12-20
11-20	4	44-80	2	22-40
21-30	6	126-180	3	63-90
31-40	4	124-160	3	93-120
41-50	3	123-150	2	82-100
51-60	6	306-360	2	102-120
61-70	4	244-280	4	244-280
71-80	0	0	0	0
81-90	1	81-90	1	81-90
91-100	1	91-100	0	0
100-200	3	300-600	1	100-200
200+	3	600+	1	200+
TOTAL	**43**	**1,394-2,273+**	**21**	**799-1,060+**

Awareness of Requirement for First Aid Certification for Direct Care Volunteers

Respondents were asked several questions about their awareness of the requirement for CHSP volunteers in direct care roles to have accredited First Aid certification.

A significant proportion (91%) of the overall sample, and 100% of local council respondents, stated that prior to the DoH e-newsletter dated 15 October 2020 they had not seen published anywhere the following list of the direct care roles in which first aid training is mandatory, including workers and volunteers who have face-to-face interactions with clients delivering the following services:

- Allied Health and Therapy Services
- Nursing
- Social Support (Individual and Group)
- Personal Care
- Transport
- Respite services
- Meals (where regular social support is provided)
- Other food services

5% were unsure and 5% stated that they had seen the list elsewhere, and when asked where, the following were listed: "Transport; LASA; ACSA".

Despite not seeing a list prior to the DoH e-newsletter, 60% of respondents had assumed that a number of direct care roles did require volunteers to have accredited first aid training and certification. This including Nursing and Personal Care (both 39%); Allied Health & Therapy Services (30%); Transport and Respite services (both 23%). 9% of respondents were unsure.

As a low proportion of respondents believed that volunteers working in the Service Types listed in table 3 were required to have volunteers with accredited first aid certification, this suggests they were generally not considered to be 'direct care' roles by CHSP providers. It explains why the majority of providers had not required volunteers in these roles to undertake accredited first aid training and certification. Had they been aware of this requirement, it is possible that far less volunteers would be involved in supporting these Service Types due to the reluctance and capacity of volunteers and the cost of training. This is discussed in more detail further in the report.

Table 3: Percentage of Service Providers who believed first aid accreditation was required by Service Type

Service Type / Role requiring First Aid	% of providers
Social support – Individual	14%
Social Support – Group	16%
Meals (where regular social support is provided):	7%
Other food services	2%

A comment by a survey respondent sums up the confusion the DoH e-newsletter article has caused:

> *"The definition of volunteers in the CHSP manual differs from what our organisation regards a volunteer. The manual is the definitive document and direct care workers are not defined in the manual. The issue then relates to quality audits. Only services that provide direct care are subject to quality audits. Current information for the quoted newsletter suggests that domestic assistance, home maintenance and home mods are not direct care so therefore would not be included in a quality audit. The issue on one hand is that this is a significant change and it has NOT been communicated. Providers need time to make any changes necessary according to the volunteer definition in the manual."*

Another provider suggested the directive could have been better communicated.

> *"A point we wish to make is that the Department of Health (DoH) newsletter of 15 October 2020 where this directive stated that all CHSP service providers are responsible for ensuring staff and volunteers in direct care roles receive accredited first aid training and certification, including the associated cost, had been overlooked by us as this important issue had been buried as the last item in the three page document. As feedback to DoH perhaps suggest that any important issues and directives, especially where a direct impact to funding is involved, that the directive is in a stand-alone newsletter and not buried in a lengthy document where it has the potential to be missed."*

Volunteers with Current First Aid Certification

A significant proportion of respondents (86%) stated that their organisation did not have a similar policy in place that requires all CHSP direct care volunteers to have First Aid certification. 12% (n=5) stated that they do.

Considering this response, it is not surprising that over a quarter (28%) of providers indicated that none of their volunteers in the identified direct care roles currently had First Aid training certification. A third (35%) stated that 1 – 10% were First Aid certified and 21% estimated that over 50% of their volunteers were First Aid certified.

Comments by providers suggested that they believed they were currently *"doing the right thing" and* managing risk competently with their current arrangements for Social Support – Group:

> *"Our service provides social support groups and meals. At any one time there are up to 3 staff members on site that have current first aid certificates. In our situation we don't think there is any need for our volunteers to have a first aid certificate. We are only a small close-knit service which does not provide any one on one service types using volunteers…"*

> *"….we still have some volunteers who are without a certificate in these 'direct care roles' as we have not required our social support group volunteers to have one if they are operating in the community hub with staff who have their first aid certificate or with another volunteer who has a certificate."*

> *"…Our social support programs have at least 2 staff members who are both trained in First Aid and we don't see why 2 staff and 6 volunteers must all be trained in order to cater for up to 50 people. The odds of 8 first aid incidents at once that all need immediate care is exceptionally low for a morning tea…."*

"As we are a Social Support Group, we have volunteers specifically trained in First Aid to deal with any incidents in our room. We are all in the same room and help each other immediately when needed. Other volunteers are only in the kitchen, serving at the Trading Table, teaching craft etc. Our First Aid staff are also in the same room and called upon as soon as the need arises."

Those providing Meals and Transport services had also put in place policies and processes that they believed were appropriate for the situation:

"We have policies in place regarding what to do if a volunteer finds a person in an emergency and requires first aid. Our policy does not expect volunteers to administer first aid, but instead call for immediate help, including 000 if a serious emergency."

"We have always held the policy that in the case of an emergency situation arising we want volunteer drivers to call an ambulance not to attempt to administer first aid themselves. It is too much responsibility for volunteers."

"Our volunteers undergo 'Emergency First Aid' to help with confidence and competence in an emergency, but our procedure requires them to call an ambulance and stay on the phone to receive current advice pertaining to the incident at hand."

"Our Volunteer induction policy…specifically states NOT TO ATTEMPT first aid. It is a safety risk in or near a vehicle and we state to park the vehicle safely, call an ambulance and make the client as comfortable as possible."

Nearly three quarters (72%) of providers agreed or strongly agreed that they were concerned about the risk and liability associated with volunteers' action or inaction of administering first aid.

One provider suggested the following be considered:

"I … think consideration should be given to the average ambulance response time for example, our organisation is located in Adelaide where ambulances are usually available. As such we advise our volunteers to ring emergency services (000) in the event of an emergency - volunteers can then have direction from the ambulance officer (on the phone) or simply 'comfort' the patient/client. Response times may be different for regional or rural organisations. I suggest the organisation should do a risk assessment and provide this to the funding body rather than the funding body making accredited training a requirement. This could be a part of the funding application."

Potential Impact of Mandatory First Aid Requirement

A majority of respondents (72%) indicated that their organisation was concerned about the requirement for CHSP volunteers to have First Aid certification, and identified two key factors that would impact on service levels, namely loss of volunteers and financial liability.

Loss of volunteers

The most significant impact would be that volunteers would be either unable or unwilling to comply and would "leave in droves".

Service providers were asked to estimate the proportion of volunteers they thought would leave as a result of the requirement to undertake mandatory accredited First Aid certification.

- 17% of providers estimated that 41-50% of their CHSP volunteers would leave.
- Small organisations with 1- 20 paid staff anticipated they would lose up to 30% of their volunteers.
- Nearly half (48%) of local councils estimated up to 70% of their volunteers would leave.
- One CALD-specific CHSP provider thought they would lose 41-50% of their volunteers and another 21-30%.

Based on numbers of volunteers currently supporting the CHSP,as shown in Table 2 this represents a significant loss of volunteers from the sector, as can be seen in Figure 1 below.

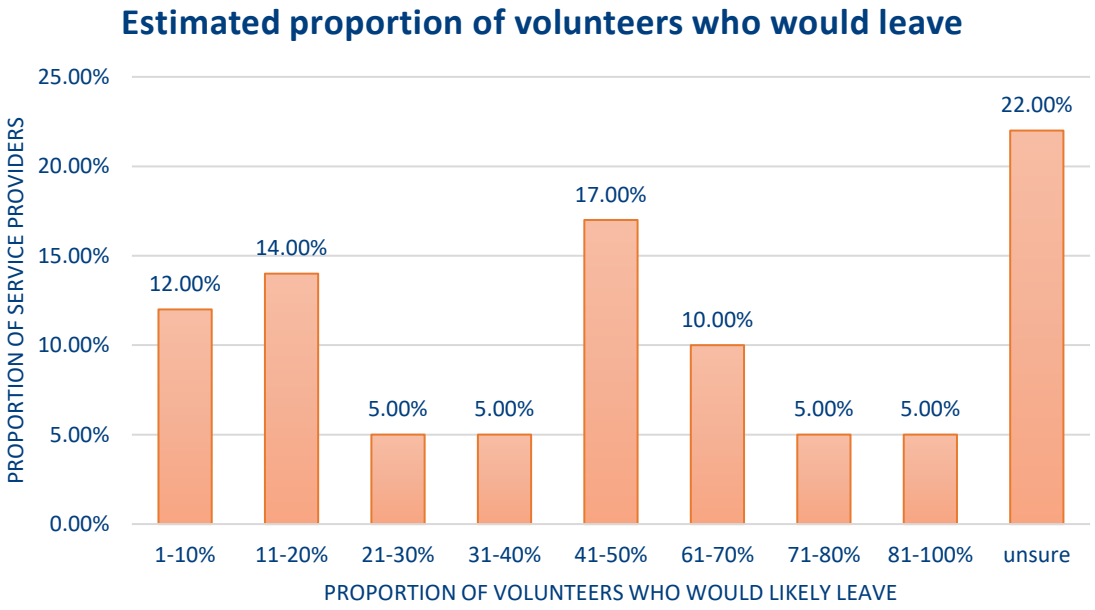


Figure 1: Estimated proportion of volunteers who would leave

It was perceived there would be two reasons for this exodus:

1. Nearly a quarter (24%) agreed or strongly agreed that a number of their volunteers would be unable to attain first aid certification due to lack of English literacy.

   "We have a number of volunteers who cannot read due to low education levels."

   ".....Nationally Recognised Training raises concerns for us due to the highly prescriptive nature of the requirements for individuals to achieve competency, including challenges the members may experience with English as a Second Language, Language Literacy and Numeracy concerns and physical ailments....."

"We have a participant who is perfectly good at putting out the salt and pepper shakers, and helping make tea and coffee, but whose intellectual difficulty would make it impossible for her to become an accredited first aider."

"To gain accreditation people need to have a Unique Student Identification number which is another barrier as 1) some volunteers are not computer literate; and 2) some volunteers do not have access to a computer (to apply) …"

2. A much larger proportion (79%) agreed or strongly agreed that a number of their volunteers would be physically unable to administer first aid.

"Many of our volunteers are elderly and unable to cope with taking on this training. Other volunteers we have suffer from anxiety and cannot deal with any pressure. However, they are great volunteers in the role they are doing."

"…many of our elderly volunteers are unable physically to administer First Aid and they just call out to our Trained First Aid Staff who are always on standby."

"It would be a long day [of training] for that age group."

Over three quarters of providers (77%) expressed concern that the loss of engagement with community through volunteering with the CHSP would impact negatively on their mental health.

"Most of our Transport volunteers are men. There are limited volunteer roles available for men so this would leave them with no opportunity to contribute to their community."

The CHSP sector in SA had already been heavily impacted by COVID-19 during 2020. Providers reported that many volunteers had chosen not to return to volunteering after the lock down period. Further loss of volunteers would intensify the challenges the sector was already facing as it recovered from the pandemic fall out and reinstated services. (Further data about the impact of COVID-19 on the SA CHSP sector appears in Appendix E).

- 33% had lost up to 10% of their volunteers
- 7% stated that they had lost 21- 30%
- 21% of providers stated that 10 -20% of their volunteers had not returned after the lock down period, and
- 21% had lost between 41-99%.

Financial Liability

A significant proportion (91%) agreed or strongly agreed that that they could not afford to replace volunteers with paid staff should they lose volunteers.

Over half (56%) agreed or strongly agreed that they could not afford to cover the costs of first aid certification for all of their volunteers.

"Our services cover 35,000kms2 a huge geographical region with volunteers spread across six local government areas. Logistically getting our volunteers to travel for training would be an additional cost that needs to be budgeted for. Our organisation is heavily reliant on volunteers and the VDAP process is already prohibitive of people volunteering to be a driver. We need to ensure volunteering is easy and fun without burdening volunteers."

"What is the timeframe for compliance, as it is not currently factored into our budget? There has been no opportunity with the new contractual agreements to 2022 to ensure that we could factor this into unit costs. As we have a total of 170 volunteers this is a significant cost."

Impact on Service Levels

The survey asked providers to identify the service types that would likely experience a loss of volunteers if mandatory accredited First Aid certification was imposed. By far the greatest perceived impact of an exodus of CHSP volunteers would be on Social Support – Group with 67% of respondents selecting this, followed by Transport (60%). The impact on all services types is shown in figure 2 below.

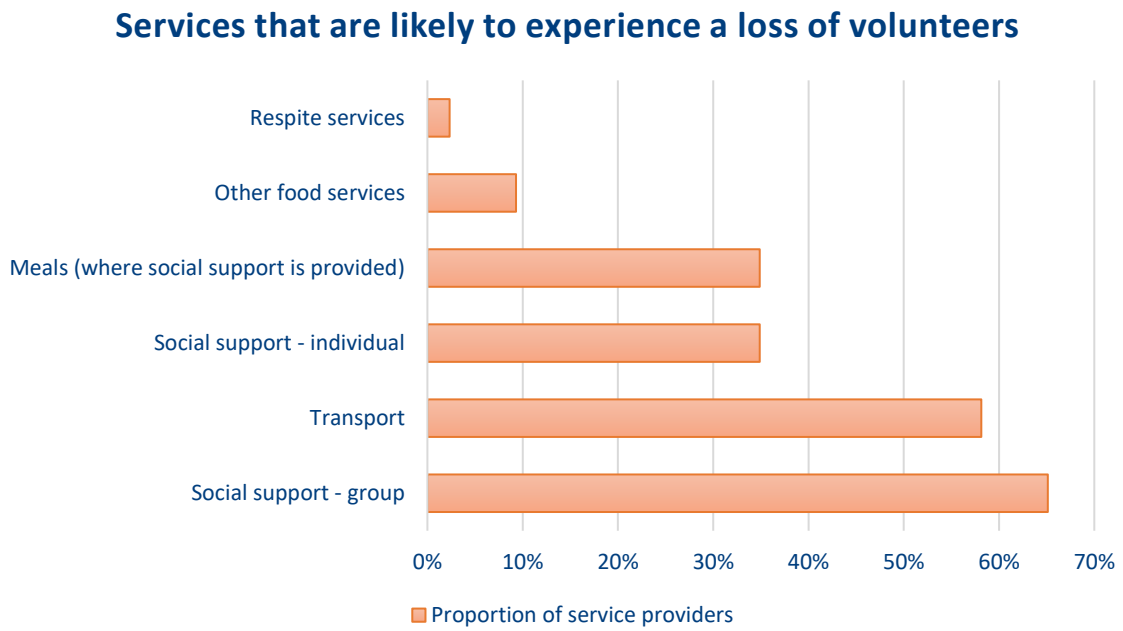


Figure 2: Service types and the percentage of service providers that are likely to experience a loss of volunteers

A survey of 351 CHSP clients undertaken during the SA COVID-19 lockdown period clearly indicated that the loss of social support provided through CHSP had a profoundly negative impact on the wellbeing on many older people, particularly those from CALD backgrounds. A further loss of volunteers from Social Support and Transport services would compound this and produce outcomes contradictory to the objectives of CHSP.

Service providers indicated that the loss of volunteers and the financial liability of complying with the First Aid requirement would likely result in decreased service levels.

65% agreed or strongly agreed that the cost of complying with the requirement would result in decreased service provision.

Even if volunteers did agree to undertake accredited First Aid certification, many service providers stated that this would have a negative financial impact:

"We would lose volunteers if the volunteer had to pay for it. Our program would need to find the money to pay for it. We would need to reduce services in order to pay for first aid for volunteers."

- 86% agreed or strongly agreed that a loss of volunteers would result in reduced services for clients

  "We run a very busy transport and social programs run solely with volunteers. The majority of our volunteers are aged mid-60 and above and love their role here at Council. Not sure that all of them will physically be able to undertake mandatory accredited first aid training. In return this will result in losing long term reliable volunteers and therefore effect services we can provide to our clients."

The responses to statements regarding service providers concerns for implementing mandatory first aid is listed in table 4 below.

Table 4: Concerns of CHSP service providers to implementing mandatory first aid accreditation for volunteers

	STRONGLY AGREE / AGREE	NEUTRAL / UNSURE	DISAGREE / STRONGLY DISAGREE
Our organisation has no concerns about this requirement	15%	12.5%	72.5%
A number of our volunteers will be unable to attain first aid certification due to lack of English literacy	24%	10%	66%
A number of our volunteers would be physically unable to administer first aid, eg CPR	79%	7%	14%
We are concerned about the risk and liability associated with volunteers' action or inaction of administering first aid	72%	4%	19%
We are concerned that the loss of engagement with community in these roles by volunteers will impact negatively on their mental health	77%	16%	7%
We cannot afford to cover the costs of first aid certification for all of our volunteers	56%	18%	26%
We cannot afford to replace volunteers with paid staff, if we lose volunteers	91%	5%	4%
A loss of volunteers will result in reduced services for our clients	86%	9%	5%
The cost of complying with this requirement will result in decreased service provision	65%	21%	14%

Timeframe for implementation

Service providers were asked to indicate a reasonable timeframe in which they could implement DoH's requirement that all volunteers in direct care roles undertake accredited First Aid certification training, if there was no financial barrier

A third (34%) indicated they could achieve this within 9 months while over a third (37%) stated they would need 12 months. A smaller proportion (7%) stated they would need 2 years or even longer and 9.5% were unsure. Full results are shown figure 3.

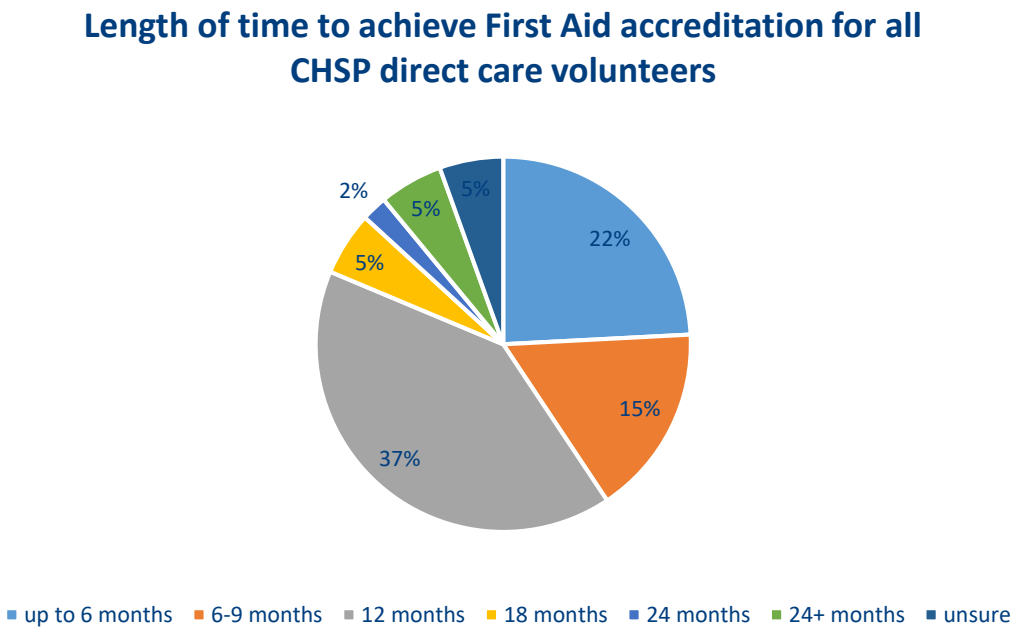


Figure 3: Approximate length of time CHSP service providers will need to undertake first aid training requirements for volunteers

> *"Most pressing concern for me is lead in time to get training done - we cannot afford a drop in services if volunteers are not able to be active until First Aid training completed - a minimum of 6 months is required for this to implement across metropolitan CHSP services - I have assumed this is not the case and kept all volunteers active whilst organising the now required First Aid training - can this please be confirmed."*

Service providers in both the survey and anecdotally questioned whether First Aid training providers would have the capacity to deliver certified First Aid training to all CHSP volunteers in SA within a short period of time as they were already inundated as a result of the pandemic.

Modified program

Qualitative data suggested that a modified, short program more suited to the volunteer role of supporting older people in CHSP settings, could be an alternative to the accredited First Aid course. Such a program would offer, for example, mental health, medical incidents, complications of health conditions, falls recovery, etc. A similar program is currently being offered to CHSP volunteers by some service providers in SA.

Service providers were asked if they would support the introduction of such a program for direct care volunteers.

Respondents overwhelmingly agreed they would with 71% stating yes and a further 19% being unsure.

> *"This would be much better for our organisation and if it could be done online, we could do as a Group. We could then help our elderly volunteers to understand what they need to know. Again, as said previously many of our elderly volunteers are unable physically to*

administer First Aid and they just call out to our trained First Aid Staff who are always on standby."

"I favour the option for a shorter First Aid course mandatory for all volunteers. This gives more choice to the vast range of volunteers (age, culture, nature of service involvement, personal preference etc.) and also lessens the increasing blurring of the roles of volunteers and support workers."

"Some volunteers, depending on their job may need only part of First Aid Training but not a whole certification, especially among CALD community."

Although this was seen as a possible alternative for some direct care volunteers, there was concern that it would not suit some volunteer roles, particularly transport.

"Generally, our volunteers only want to drive".

"First Aid response is out of scope for volunteer transport drivers. First point would be emergency services."

Lack of transport, particularly in regional areas, is often cited as a barrier to older people accessing health services and to staying socially connected. Therefore, the loss of this service resulting from a reduction of willing volunteers would have a profound impact on many communities in SA.

Other comments were also provided:

"Our volunteers undergo 'Emergency first aid' to help with confidence and competence in an emergency, but our procedure requires them to call an ambulance and stay on the phone to receive current advice pertaining to the incident at hand."

"We already provide opportunities for short programs on mental health, manual handling, wellbeing etc. as well as optional first aid training (for limited numbers) so introducing this in place of a full First Aid certification would be supported. First Aid training in itself does not mean that other factors do not influence the practice of this training. Manual Handling and risk assessment is also considered and there is a priority NOT to put themselves or others at risk. Basic understanding and training on what to do in an emergency is much more useful."

Of the small number of providers (N=4) who stated 'no' the following comments were forthcoming:

"Those [topics] listed above are each training days in themselves and would then require all those who have current certification to undertake another layer of certification."

"With an average age of 74, though still able to drive, the majority of our volunteers are not physically able to complete these tasks, there has also been strong indication that our volunteers have no desire to complete this training and would resign if required to do so."

CONCLUSION

The Department of Health's e-newsletter dated 15 October 2020 which stated that that all Commonwealth Home Support Programme (CHSP) service providers were responsible for ensuring all staff and volunteers in direct care roles receive accredited first aid training and certification, including covering the associated costs, caused much concern and confusion amongst the South Australia CHSP sector and Volunteering SA&NT. Most had never seen a list describing 'Direct Care' workers, and many had not previously considered Social Support - Group and Individual, Transport and Meals as being 'direct care' roles.

While further clarification is being sought from the DoH, it is apparent that such a requirement would have significant impact on the sector. This would include a loss of volunteers – with 50% of providers possibly losing up to half, likely resulting in reduced levels of service provision, and the cost of complying creating financial strain for some providers.

The impact of this loss on the health and wellbeing of both clients and volunteers is also of concern and the experience of COVID-19 lockdown in SA is testimony to this.

This requirement, announced in the last months of what can only described as an extremely challenging year, was not welcomed and has caused much concern amongst the South Australian CHSP sector that went to great lengths to provide ongoing support for clients and volunteers during the trying times of the SA COVID -19 lock down period. There is no doubt that the loss of volunteers and the financial cost caused by complying with this requirement will produce outcomes contradictory to the objectives of the Commonwealth Home Support Programme.

Consequently, an alternative approach to managing and mitigating risk to CHSP clients is sought by the sector. This needs to be co-designed and communicated effectively, including being clearly defined in the next update of the CHSP manual.

APPENDIX A

QUESTIONS AND CONCERNS SENT TO HERN

Questions

- What level training is necessary, basic, intermediate, advanced?
- Is it necessary that all volunteers be trained in first aid and must be certified before they can commence volunteering? If no,
    - is it sufficient that there is a minimum number of trained volunteers/staff in attendance (e.g. at a social support group function) and what would that ratio be? If no,
    - can volunteers who do not have unsupervised interactions with clients as per police checks (Appendix D, Section 2, paragraph 2, dot point 2 pg103) be exempt from needing certification
- What are the provider expectations/responsibilities after certification? Is it the renewal/updating expectation?
- Guidelines when a certified first aid volunteer/staff member are not available, can the activity go ahead?, is there an alternative? What flexibility does the provider have?
- Expected time frame for completion of the first aid training for all existing volunteers?
- This is an unfunded change/request with no direction for supplementary funding (where appropriate) and there has been no opportunity to factor this into costs with the current funding agreement – an issue for those providers with large numbers of volunteers. Can this be considered?
- Is there a fact sheet or similar from the Department that could clarify some of the above items for CHSP providers?
- This is the first time we've seen 'direct services' listed this way, has this information been published anywhere before?

Concerns

- There are provider, staff and volunteer concerns around unknown liability, legal considerations as part of first aid action or inaction.
- It is unlikely that First Aid Training providers will have capacity to service the sector, given a potentially enormous influx of requests, and especially if the timeframe is insufficient.
- A large number of providers that rely heavily on volunteers to deliver community transport and group social support will be severely impacted by this requirement, in time, expense and more.
- Mandatory first aid training is foreseen as a barrier (more compliance required) for many volunteers and we're likely to see them leave in droves or not return post COVID restrictions.

- This will compound the loss of volunteers caused as a result of COVID. Many older volunteers chose not to return following the COVID lock down, and then some of those who were willing to return resisted COVID-safe training and resigned.
- The time and responsibility placed on volunteers maybe, too much as well as the increased risk (given that providers are currently insisting on drivers maintaining physical distance from clients).
- This loss of social capital (through loss of volunteers) in the CHSP sector will result in reduced services for older people; and even if the sector had the financial capacity to replace volunteers with paid workers (which they don't), there is limited workforce from which to recruit from.
- The loss of engagement with community by volunteers will impact on the mental health of volunteers, the majority of whom who are in the older cohorts.
- A number of volunteers would not be physically capable of administering first aid, especially CPR.
- CALD groups have expressed concerns that a number of volunteers will be unable to attain certification due to language difficulties
- First aid training has not been highlighted as mandatory in DoH updates until recently (it appeared as one line in the 20-22 CHSP manual under Service Provider responsibilities), we are concerned that full implications of this change/direction, its tenability in time frames, costings and retention of volunteers, including the significant transition and impact to CHSP home care delivery has not been considered

APPENDIX B

SURVEY QUESTIONNAIRE

Q1. Prior to the DoH e-newsletter dated 15 October 2020, had you ever seen anywhere else the following list of the direct care roles in which first aid training is mandatory including workers and volunteers who have face to face interactions with clients delivering the following services: Allied Health and Therapy Services, Nursing, Personal Care, Social Support (Individual and Group), Transport, Respite services, Meals (where regular social support is provided), Other food services?

☐ No ☐ Unsure ☐ Yes, please specify source

Q2. Prior to the 15 October DoH e-newsletter, which, if any, of the following direct care roles did you believe required volunteers to have accredited first aid training and certification? Choose as many as are applicable.

☐ Allied Health and Therapy Services
☐ Nursing
☐ Personal Care
☐ Social Support - Individual
☐ Social Support - Group
☐ Transport
☐ Respite services
☐ Meals (where regular social support is provided)
☐ Other food services
☐ None of the above
☐ Unsure

Q3. Does your organisation currently have a similar policy in place that requires all CHSP direct care volunteers to have First Aid certification?

☐ Yes ☐ No ☐ Unsure

Q4 Approximately how many volunteers in CHSP direct care roles of transport, social support, meals and respite does your organisation have currently?

- ☐ None, go to Q8
- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71-80
- ☐ 81-90
- ☐ 91-100
- ☐ 100-200
- ☐ More than 200
- ☐ unsure

Q5.Approximately what proportion of your volunteers in CHSP direct care roles of transport, social support, meals and respite currently have First Aid training certification?

- ☐ None
- ☐ 1-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%
- ☐ unsure

Q6. Thinking about the DoH requirement for all volunteers to receive accredited first aid training and certification, which, if any, of your CHSP direct care services do you believe will experience a loss of volunteers as a result? Choose as many as are applicable.

- ☐ Social Support - Individual
- ☐ Social Support - Group
- ☐ Transport
- ☐ Respite services
- ☐ Meals (where regular social support is provided)
- ☐ Other food services
- ☐ None of the above, go to Q8
- ☐ Other, please specify

Q7. Approximately what proportion of your CHSP direct care volunteers do you think would leave as a result of the requirement for mandatory first aid certification?

- ☐ 1-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-60%
- ☐ 61-70%
- ☐ 71-80%
- ☐ 81-100%
- ☐ unsure

Q8. Please indicate the extent to which you agree or disagree with the following statements about the requirement that CHSP volunteers in direct care roles receive accredited first aid training and certification in delivering transport, social support, respite, meals and other food services?

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Our organisation has no concerns about this requirement					
A number of our volunteers will be unable to attain first aid certification due to lack of English literacy					
A number of our volunteers would be physically unable to administer first aid, eg CPR					
We are concerned about the risk and liability associated with volunteers' action or inaction of administering first aid					
We are concerned that the loss of engagement with community in these roles by volunteers will impact negatively on their mental health					
We cannot afford to cover the costs of first aid certification for all of our volunteers					
We cannot afford to replace volunteers with paid staff, if we lose volunteers					
A loss of volunteers will result in reduced services for our clients					
The cost of complying with this requirement will result in decreased service provision					

Q9. If there was no financial barrier, what would be a reasonable timeframe in which your organisation could comply with the DoH requirement that all volunteers in direct care roles undertake First Aid certification?

- ☐ Not applicable as all of our direct care CHSP volunteers already have First Aid certification
- ☐ Up to 6 months
- ☐ 6-9 months
- ☐ 12 months
- ☐ 18 months
- ☐ 24 months
- ☐ More than 24 months
- ☐ unsure

Q10. Would your organisation support the introduction of a modified, short program more suited to the volunteer role of supporting older people in CHSP settings, eg mental health, medical incidents, complications of health conditions, falls recovery, etc? This could possibly be introduced instead of full First Aid training certification.

☐ Yes ☐ No ☐ Maybe / Unsure

Q11. The next couple of questions are about the impact of the SA COVID lock down on volunteer participation. Following the COVID-19 lock down period, approximately what proportion of your CHSP volunteers chose not to return to their roles in transport, social support, respite and/or meals?

- ☐ None, they all returned
- ☐ Less than 10%
- ☐ 10-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%
- ☐ unsure

Q12. Why did they choose not to return? Choose as many as are applicable.

- ☐ They were concerned about possible risk of COVID-19 infection
- ☐ They did not want to undertake COVID-safe training
- ☐ They have gone oh holiday / travelling once restrictions lifted
- ☐ They have health issues
- ☐ They found different volunteer roles
- ☐ They decided they wanted a longer break from volunteering
- ☐ Unsure
- ☐ Other, please specify

Q13. The last few questions are about your organisation. Are you a Community Passenger Network (CPN) provider?

- ☐ No
- ☐ Yes, in regional SA, and we do not provide other CHSP services – go to Q15
- ☐ Yes, in metro SA, and we do not provide other CHSP services – go to Q15
- ☐ Yes, and we also provide other CHSP services in regional SA
- ☐ Yes, and we also provide other CHSP services in metro SA

Q14. Please select the one that best describes your organization

- ☐ Local council – regional SA – please go to Q16
- ☐ Local council – metro SA – please go to Q16
- ☐ State government – regional SA, please go to Q16
- ☐ State government – metro SA, please go to Q16
- ☐ Very small: less than 5 paid staff
- ☐ Small – 5-20 paid staff
- ☐ Medium – 21-100 paid staff
- ☐ Large – 100+ paid staff

Q15. Which of the following best describes your geographical provision of CHSP services?

- ☐ One CSHP service / head office only in metro SA
- ☐ One CHSP service / head office only in regional SA
- ☐ More than one site/ office providing CHSP services in metro SA only
- ☐ More than one site/ office providing CHSP services in regional SA only
- ☐ More than one site/ office providing CHSP services in metropolitan and regional SA

Q16. Please provide the following details of your organisation. This information will not be used to identify your responses to specific questions. It will only be used to verify that there has been no duplication of responses per organisation.

Name of Organisation
Suburb or Town of person completing the survey
Does your organisation also provide CHSP services in other states of Australia. Yes or No?

Q17. Any other comments

APPENDIX C

SURVEY RESPONDENTS

1. ACH Group
2. Adelaide Hills Council
3. Alexandrina Council
4. Alwyndor
5. Barossa Village
6. Bene Aged Care
7. Campbelltown City Council
8. Care & Share at Trinity
9. City of Adelaide
10. City of Charles Sturt
11. City of Holdfast Bay
12. City of Marion
13. City of Mitcham
14. City of Onkaparinga
15. City of Playford
16. City of Port Adelaide Enfield
17. City of Prospect
18. City of Salisbury
19. City of TTG
20. City of Victor Harbor
21. City of West Torrens
22. District Council of Yankalilla
23. Gawler Care & Share
24. German Speaking Aged Services
25. Greek Orthodox Community of SA
26. Italian Assistance Assoc
27. Jewish Community Services
28. Matthew Flinders Home
29. Meals on Wheels
30. Mid Murray Support Service
31. Mid North CPN
32. Mt Barker District Council
33. Multicultural Aged Care
34. Red Cross
35. Royal Society for the Blind
36. Rural City of Murray Bridge
37. Southern Cross Care
38. St Johns Community Care
39. Talem Bend Community Centre
40. The Barossa Council
41. Town of Gawler
42. Vietnamese Women's Association
43. Yorke Peninsula Community Transport

APPENDIX D

LOCAL COUNCILS SURVEY RESULTS

Survey Respondent Profile

Local councils comprised half of the total sample of respondents (n=43).
A third of the councils (n=7) were from regional SA.

	%	*n*
Local Council – regional SA	33%	7
Local Council – metro SA	67%	14
TOTAL	100%	21

38% of councils were CPN providers, all of which were also providing other CHSP services.

Number of Volunteers Support the CSHP Sector in Local Councils

Providers were asked the approximate numbers of CHSP volunteers working in the roles of transport, social support, meals and respite services. As can be seen from the following table, there are a significant number of volunteers supporting the CHSP sector in local government.

Number of volunteers	Number of service providers	Total
1-5	0	0
6-10	2	12-20
11-20	2	22-40
21-30	3	63-90
31-40	3	93-120
41-50	2	82-100
51-60	2	102-120
61-70	4	244-280
71-80	0	0
81-90	1	81-90
91-100	0	0
100-200	1	100-200
200+	1	200+
TOTAL	21	799-1060+

Awareness of Requirement for First Aid Certification for Direct Care Volunteers

Respondents were asked several questions about their awareness of the requirement for CHSP volunteers in direct care roles to have First Aid certification.

All (100%) of council providers stated that prior to the DoH e-newsletter dated 15 October 2020 they had not seen published anywhere the following list of the direct care roles in

which first aid training is mandatory, including workers and volunteers who have face to face interactions with clients delivering the following services:

- Allied Health and Therapy Services
- Nursing
  Social Support (Individual and Group)-
- Personal Care
- Transport
- Respite services
- Meals (where regular social support is provided)
- Other food services

Despite not seeing a list prior to the DoH e-newsletter, 55% of council respondents had believed that a number of direct care roles did require volunteers to have accredited first aid training and certification. This included Nursing and Personal Care (both 35%); Allied Health & Therapy Services and Transport (both 20%).

Low proportions of respondents believed the following roles were required to have volunteers to have accredited first aid training and certification:

- Social support – Group: 15%
- Respite Services - %15%
- Social support – Individual: 5%
- Meals (where regular social support is provided): 5%

25% did not believe any of the roles required this, and 20% were unsure.

Service providers suggested the directive could have been better communicated.

"A point we wish to make is that the Department of Health (DoH) newsletter of 15 October 2020 where this directive stated that all CHSP service providers are responsible for ensuring staff and volunteers in direct care roles receive accredited first aid training and certification, including the associated cost, had been overlooked by us as this important issue had been buried as the last item in the three page document. As feedback to DoH perhaps suggest that any important issues and directives, especially where a direct impact to funding is involved, that the directive is in a stand-alone newsletter and not buried in a lengthy document where it has the potential to be missed."

"[DoH] needs to consult before they introduce these sorts of impositions so they understand the implications."

There were also concerns about the implication for those providers who rely on Independent Contractors to deliver CHSP services:

"I have significant concerns also about the impact that this may have on independent Contractors, especially as it isn't written into renewed contracts. Future recruitment will also be difficult."

This report focuses on the impact on volunteers within the CHSP sector. The impact for those providers who dependent on Independent Contractors to deliver CHSP services will need to be addressed elsewhere.

Volunteers with Current First Aid Certification

A significant proportion of respondents (86%) stated that their organisation did not have a similar policy in place that requires all CHSP direct care volunteers to have First Aid certification. 14% (n=5) stated that they do.

Given this response it is not surprising that nearly one quarter (24%) of local council providers indicated that none of their volunteers in the identified direct care roles currently had First Aid training certification. A further third (48%) estimated that 1 – 10% were First Aid certified.

Comments by providers suggested that they believed they were currently *"doing the right thing" and* managing risk competently with their current arrangements for Social Support – Group:

"The majority of services always have a staff member in attendance. It is a mandatory requirement within our organisation that staff have current first aid certificates and carry the responsibility of duty of care to clients. Having every volunteer also qualified but never needing to use the qualification is a waste of resources and an onerous administrative burden to monitor, as well as a significant financial impost. A more balanced rule would be to ensure that at least one person in attendance at any activity/service is a qualified first aider."

Those providing Transport services had also put in place policies and processes that they believed were appropriate for the situation:

"Our Volunteer induction policy specifically states NOT TO ATTEMPT first aid it is a safety risk in or near a vehicle and we state to park the vehicle safely, call an ambulance and make the client as comfortable as possible."

67% of local council providers agreed or strongly agreed that they were concerned about the risk and liability associated with volunteers' action or inaction of administering first aid.

"We have always held the policy that in the case of an emergency situation arising we want volunteer drivers to call an ambulance not to attempt to administer first aid themselves. It is too much responsibility for volunteers."

Potential Impact of Mandatory First Aid Requirement

A majority of respondents (80%) indicated that their organisation was concerned about the requirement for CHSP volunteers to have First Aid certification, and identified two key factors that would impact on service levels, namely loss of volunteers and financial liability

Loss of Volunteers

The most significant impact would be that volunteers would be either unable or unwilling to comply and would "leave in droves".

Local council service providers were asked to estimate the proportion of volunteers they thought would leave as a result of the requirement of mandatory First Aid certification.

16% estimated 1-30% would leave, and a further 32% estimated that 41-70% would leave. 11% believed they would lose 71-80% and 5% thought 81-100% would leave. A quarter of respondents (26%) were unsure.

Based on numbers of volunteers currently working in these roles as provided by local council respondents in the survey, this represents a significant loss to the sector

It was perceived there would be two reasons for this exodus:

1. Nearly a quarter (24%) agreed or strongly agreed that a number of their volunteers would be unable to attain first aid certification due to lack of English literacy.

2. A larger proportion (67%) agreed or strongly agreed that a number of their volunteers would be physically unable to administer first aid.

"The odds of 8 first aid incidents at once that all need immediate care is exceptionally low for a morning tea. We would lose 2 volunteers at least - one because she can't physically provide CPR and one whose intellectual disability would prevent her from passing the test - all so we can provide a 1:4 ratio of first aider to participant in a low-risk activity."

"As mentioned before it is considered a health risk to both our volunteers and clients to attempt First aid in or near our vehicles and given the difficulty and current age of our volunteers we would drive most of them away and not be able to replace them."

Over three quarters of providers *(*76%) expressed concern that the loss of engagement with community through volunteering with the CHSP would impact negatively on their mental health.

"Most of our Transport volunteers are men. There are limited volunteer roles available for men so this would leave them with no opportunity to contribute to their community."

The CHSP sector in SA had already been heavily impacted by COVID-19 during 2020. Providers reported that many volunteers had chosen not to return to volunteering after the lock down period. Further loss of volunteers would intensify the challenges the sector was already facing as it recovered from the pandemic fall out.

Amongst local council respondents, 5% had experienced no loss, and fortunately 43% had lost less than 10%.

29% of providers stated that 10 -20% of their volunteers had not returned after the lock down period. 19% stated that they had lost between 41 -99%.

The main reasons for local council volunteers not returning after the COVID lock down in SA included:

- 75% who were concerned about becoming infected with COVID
- 70% had health issues
- 45% had decided they wanted a longer break from volunteering
- 10% found other volunteering roles
- 10% did not want to undertake COVID safe training.

Financial Liability

A significant proportion (90%) agreed or strongly agreed that that they could not afford to replace volunteers with paid staff should they lose volunteers.

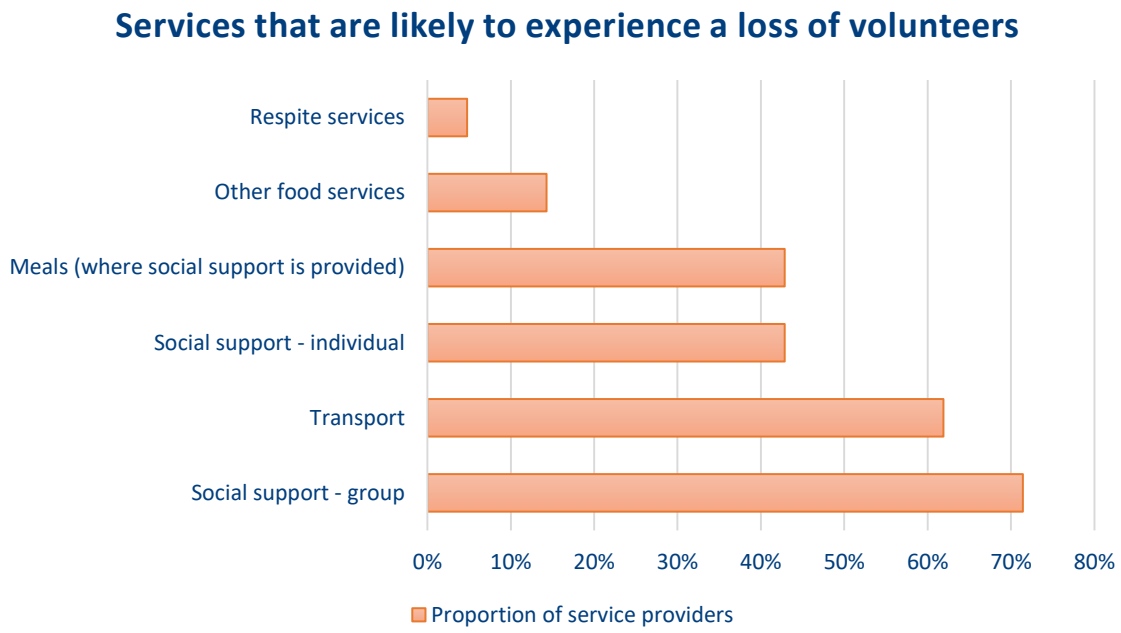
Over half (57%) agreed or strongly agreed that they could not afford to cover the costs of first aid certification for all of their volunteers.

"There has been no opportunity with the new contractual agreements to 2022 to ensure that we could factor this into unit costs. As we have a total of 170 volunteers this is a significant cost."

Impact on Service levels

The survey asked providers to identify the service types that would likely experience a loss of volunteers if mandatory First Aid certification was imposed. By far the greatest perceived impact of an exodus of CHSP volunteers would be on Social Support – Group with 71% of respondents selecting this, followed by Transport (62%) and Social Support – Individual (43%).

A survey of 351 CHSP clients undertaken during the SA COVID-19 lockdown period clearly indicated that the loss of social support provided through CHSP had a profoundly negative impact on the wellbeing on many older people, particularly those from CALD backgrounds. A further loss of volunteers from Social Support and Transport services would further compound this and produce outcomes contradictory to the objectives of CHSP.



Service providers indicated that the loss of volunteers and the financial liability of complying with the First Aid requirement would likely result in decreased service levels.

65% agreed or strongly agreed that the cost of complying with the requirement would result in decreased service provision.

Even if volunteers did agree to undertake accredited First Aid certification, many service providers stated that this would have a negative financial impact.

62% agreed or strongly agreed that a loss of volunteers would result in reduced services for clients.

"Either funding will need to be increased or Activity targets reduced if there is a requirement for volunteers to have first aid certification. There would be little change to the actions taken in the event of an incident as per manual handling requirements. Services provided by volunteers are low level and the 'face-to-face interaction is for low level service provision which is minimal direct contact. "

"We would lose volunteers if the volunteer had to pay for it. Our program would need to find the money to pay for it. We would need to reduce services in order to pay for first aid for volunteers."

"We run a very busy transport and social programs run solely with volunteers. Majority of our volunteers are aged mid-60 and above and love their role here at Council. Not sure that all of them will physically be able to undertake mandatory accredited first aid training. In

return this will result in losing long term reliable volunteers and therefore effect services we can provide to our clients."

Lack of transport, particularly in regional areas, is often cited as a barrier to older people accessing health services and to staying socially connected. Therefore, the loss of CHSP funded Transport services resulting from a reduction of willing volunteers would have a profound impact on many communities in SA.

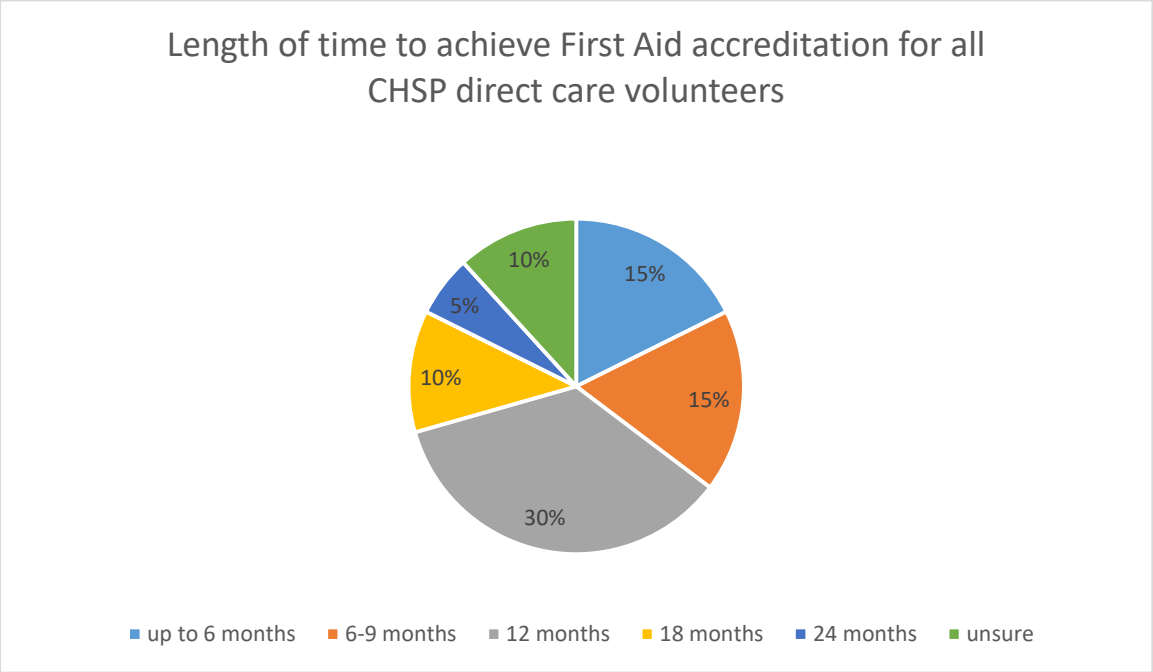
The responses to these statements appears in the following table.

	STRONGLY AGREE / AGREE	NEUTRAL / UNSURE	DISAGREE / STRONGLY DISAGREE
Our organisation has no concerns about this requirement	15%	5%	80%
A number of our volunteers will be unable to attain first aid certification due to lack of English literacy	24%	10%	66%
A number of our volunteers would be physically unable to administer first aid, eg CPR	90%	0%	10%
We are concerned about the risk and liability associated with volunteers' action or inaction of administering first aid6	67%	3%	20%
We are concerned that the loss of engagement with community in these roles by volunteers will impact negatively on their mental health	76%	19%	5%
We cannot afford to cover the costs of first aid certification for all of our volunteers	57%	14%	29%
We cannot afford to replace volunteers with paid staff, if we lose volunteers	90%	5%	5%
A loss of volunteers will result in reduced services for our clients	81%	14%	5%
The cost of complying with this requirement will result in decreased service provision	62%	19%	19%

Timeframe for implementation

Service providers were asked to indicate a reasonable timeframe in which they could implement DoH's requirement that all volunteers in direct care roles undertake First Aid certification, if there was no financial barrier.

15% of local councils indicated they could achieve this within 6 months and a further 15% stated 9 months. Nearly a third (30%) stated they would need 12 months. A smaller proportion (5%) stated they would need 2 years.



Comments:

"This would depend on the availability of training."
"Dependent on availability of first aid courses in the community."
"We wouldn't have volunteers to worry about as they would all leave"

Modified program

Qualitative data suggested that a modified, short program more suited to the volunteer role of supporting older people in CHSP settings, could be an alternative to the accredited First Aid course. Such a program would offer, for example, mental health, medical incidents, complications of health conditions, falls recovery, etc. A similar program is currently being offered to some service providers in SA.

Local council providers were asked if they would support the introduction of such a program for direct care volunteers.

Respondents overwhelmingly agreed they would with three quarters (76%) stating yes and 14% stating maybe / unsure.

Comments:

"As long as this is funded by Department- this may still mean loss of volunteers."

“Our volunteers undergo 'Emergency first aid' to help with confidence and competence in an emergency, but our procedure requires them to call an ambulance and stay on the phone to receive current advice pertaining to the incident at hand.”

“We already provide opportunities for short programs on mental health, manual handling, wellbeing etc as well as optional first aid training (for limited numbers) so introducing this in place of a full First Aid certification would be supported. First Aid training in itself does not mean that other factors do not influence the practice of this training. Manual Handling and risk assessment is also considered and there is a priority NOT to put themselves or others at risk. Basic understanding and training on what to do in an emergency is much more useful.”
“Our suggestion would be to offer the modified short program specialising in mental health (in particular) as an ADDITIONAL OPTION - NOT instead of the First Aid training.”

Of the small number of local council providers (N=2) who stated ‘no’ the following comments were forthcoming:

“Generally our volunteers only want to drive.”

“It still would preclude our intellectually disabled volunteer from performing her role.”

APPENDIX E

IMPACT OF COVID LOCK DOWN IN SA

To gauge the compound impact on the CHSP sector of the mandatory First Aid requirement, service providers were asked about the consequence of the SA COVID -19 lock down period in SA during 2020, on their volunteer numbers. Fortunately, 12% had experienced no loss, however this was the exception:

- 33% had up to 10%
- 7% stated that they had lost 21- 30%
- 21% of providers stated that 10 -20% of their volunteers had not returned after the lock down period.
- 21% had lost between 41-99%.

The main reasons for volunteers not returning after the COVID lock down in SA included:

- 61% who were concerned about becoming infected with COVID
- 59% who had health issues
- 34% who decided they wanted a longer break from volunteering.

> *"Many were very long-term volunteers, 20 years +, and for them, the break indicated had done enough in volunteering, and it was time to pursue other interests and activities."*
>
> *"They have disengaged from volunteering mindset due to COVID and have move on to other priorities in life. "*

Other reasons for not returning included:

- All returned except one who left for personal reasons unrelated to COVID.
- [They were] not prepared to obtain flu vaccination.
- They were carers for vulnerable family members.
- Some programs such as group outings (Driver Transport) have not been brought back, post COVID restrictions of social programs, which has resulted in some volunteer drivers not returning.
- Paid work [was] found.
- Those that returned only returned if they have been advised to return to volunteering as part of their Centrelink obligations.

A project involving a phone survey of 351 CHSP clients and focus groups with providers was undertaken by the SA Collaborative Projects in May-June 2020 to better understand the COVID recovery needs of CHSP clients. The full report of this project – *"CHSP COVID-19 Recovery Response, June 2020"* - is available, and can be obtained by contacting: information@wellnessandreablement.com

The following findings are relevant to this report:

- Overall 52% of clients indicated they felt more lonely during the SA lock down. This was higher amongst CALD clients (78%) and ATSI clients (86%). The older cohorts of 81-85 years and 90 plus years of age also recorded a higher proportion – 60% and 65% respectively.

- 100% of those receiving Social Support - Group clearly stated they needed to return to their groups as they were missing the social and cultural connection.

  "I need to go back to my social groups again to see my friends. It is so lonely."

- While many CHSP clients were keen to return to their groups, a number experienced a degree of anxiety about the future, as did older volunteers.

- Service providers were aware of the anxiety that some clients were experiencing due to the easing of restrictions, and continued to communicate with them through phone calls, newsletters and in other ways to reassure them that reinstatement of services including social support groups would be undertaken in a COVID-safe manner.

- Reinstating Social Support-Individual services after the lock down was a challenge for one large metropolitan provider, as they had relied heavily on volunteers to take clients shopping and to medical appointments pre-COVID, and had to cease these services during the lock down period as most of their volunteers were considered vulnerable. As many volunteers were still reticent about returning, the provider needed to broker services to another agency whilst they attempted to recruit additional volunteers. This was likely to have a significant financial impact on the organisation.

  "It is quite quick to suspend services, but it takes three times as long to put them back in … and six times as long to put back social support groups."

- The resilience and wellbeing of the CHSP sector should be a priority in the COVID-19 recovery phase, and additional resources need to be made available to address the wellbeing and resilience needs of staff, volunteers, clients and their broader communities to ensure that the health and wellbeing objectives of the CHSP are achievable even during this extraordinary time.