LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON VOLUNTARY ASSISTED DYING BILL
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Mr Ed Cocks MLA, Dr Marisa Paterson MLA

Submission Cover Sheet

Inquiry into the Voluntary Assisted Dying Bill 2023

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COMMUNITY ■ HEALTH ■ ACTION

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Meridian is pleased to make this submission further to our submission in April 2023. We make the following recommendations for consideration regarding Voluntary Assisted Dying (VAD) in the ACT for non-clinical support services, support workers wellbeing and community care.

Meridian is Canberra's leading LGBTQIA+ and HIV+ community organization. Formerly the AIDS Action Council, Meridian was established in 1983 in response to the HIV/AIDS epidemic and has a strong and proud history of working with, and representing, diverse groups of people. This includes gay, bisexual, and other men who have sex with men; lesbian and queer women; transgender and gender diverse people, people with disability, older people, sex workers, people who use drugs, and people in custodial settings. Over this time, we have adapted to community need to ensure we are dynamic, intersectional, and progressive with our approach to tackling complex social health issues such as HIV/AIDS and the health and wellbeing of sexuality, sex, and gender diverse people. We provide a range of services to our communities, including counselling, mental health support, case management, information, and advocacy. Our vision is to build strong, connected, and supportive communities that are free of new HIV transmission, marginalization, discrimination, and stigma. We create opportunities for our communities to live their healthiest lives and be their true selves. Meridian has strong connections with the LGBTIQA+, Disability, Aging, and General community. Through these connections we note three main areas for review by the Standing Committee regarding non-clinical services of people participating in VAD as outlined below:

1. *Clinical supervision and access to funding for Organizations and their staff to access counselling and/or psychological services for staff who have supported a person during their end-of-life stage through VAD.*

Small to Medium Not-for-Profit (NFP) organizations providing in-home non-clinical services to participants of VAD do not typically have the funding overheads to provide extra clinical supervision/counselling or psychological services to their support staff outside of their standard Employee Assistance Programs (EAP) following the death of a client. Some small to medium NFP providers, due to internal factors, are unable to provide EAP support to staff.

[redacted]

Support staff, new to working with people who have a life-limiting palliative condition, at end-of-life, or are participants of VAD may experience a traumatic response to the death of a client/person they support. Those workers traumatized by this experience may not be able to continue working to support these vulnerable cohorts which impacts the sustainability of the non-clinical VAD workforce.

The provision of appropriate funding to a registered organization, like Meridian's Wellbeing Services, allows these support workers to build resilience, competencies and develop skills to sustainably continue providing non-clinical services to people experiencing life-limiting palliative conditions, are at end-of-life, or are participants of VAD in ACT.

2. *Funding to provide Training for non-clinical support workers and in-home care workers around VAD, how to support a person who identifies as someone participating in VAD and appropriate non-clinical care for participants of VAD.*

Following on from point 1; Limited Palliative Care/ VAD training is covered through the Certificate in Individual Supports, Certificate in Community Services, or a Diploma in Community Services which are typical entry point pathways for non-clinical support workers into the sector. This embedded limitation in formal training pathways further illuminates the risk, to the mental health and wellbeing to non-clinical support staff engaging with people experiencing life-limiting palliative conditions, are at end-of-life, or are participants of VAD in ACT and increases the necessity for appropriate support channels be funded into the program framework.

We put forward for consideration that funding be provided to a Palliative Care Specific provider within the ACT such as Palliative Care ACT or Clare Holland House. This funding will provide non-clinical support workers specific with requisite training comprising risk management, engagement strategies, resilience, competencies and other skillsets support a participant of VAD through to end-of-life care. Funding towards appropriate VAD related training will increase resilience in non-clinical workforce capacity and support the sustainability of practice for participants in the VAD program in the ACT.

We also put forward for consideration that leading organizations like Meridian be consulted in the development of this training to best support people within our respective communities to be supported through VAD with dignity and appropriate supports including language and community safe practices.

3. *In-home funded supports services for people to access non-clinical support outside of the National Disability Insurance Scheme (NDIS) and MyAgedCare (MAC).*

Currently people within the ACT can access in-home services through NDIS, MAC and some specialty ACT Health funded services including Community and Temporary Supports (CATS). These services are either time limited (6 weeks), low level (1-3 hours per week), or not within the scope of the funded program (NDIS will only cover the disability not a health condition or life limiting condition).

Specifically funded non-clinical specialist community based palliative care services can provide intersectional connectivity between systems, such as the NDIS, CATS or MAC, through the provision of flexible, targeted, and coordinated services for people accessing VAD. These services could assist with in-home services such as standard in-home services, overnight care at home, respite outside of a hospice environment, quick access to allied health services and access to a VAD case manager/ coordinator.

Finally, Meridian recommends that the ACT develops guidelines, policies, and practices in consultation with affected communities ensuring broad representation of community stakeholders as well as medical and legal professionals on advisory groups supporting and advising on implementation.

Thank you for considering our submission.

Philippa Moss
Chief Executive Officer
16 November 2023