

## Submission to The Royal Commission into Aged Care Quality and Safety

**Prepared September 2019, with input from Council Members of NCWV, by Elisabeth Newman, NCWV President.**

On behalf of the National Council of Women of Victoria (NCWV), I applaud Federal Government for calling for a much needed inquiry into Aged Care. I also thank the National Council of Women of Australia for encouraging Constituent Councils, such as NCWV to make submissions in their own name direct to the Royal Commission. NCWV is an NGO representing some 30 like-minded NGOs and a similar number of Individual members whose purposes are to:

1. provide a non-party political, non-sectarian, not-for-profit, umbrella organisation with humanitarian and educational objectives, empowering women and girls and raising awareness of gender equality;
2. act as a voice on issues and concerns of women and girls at a State level;
3. develop policies and responses on behalf of women and girls on a State-wide basis;
- 4.. maintain and strengthen the Association's relationship with all members;
5. link with women in Australia and the International Council of Women (ICW-CIF) through the National Council of Women of Australia and contribute to the implementation of their plans of action and policies.

With these purposes in mind, NCWV is alarmed at the abuse that many elderly citizens receive whether it be in residential care or living at home, therefore is pleased to be able to make comment on the care of the elderly. Three points that form the basis of good care negating abuse and discrimination of the elderly are:

1. To be treated with respect and dignity should be at the forefront of all interactions with the elderly. Recognition of their abilities and contribution to society is essential and continued contribution to be encouraged.
  2. Recognition for the care of the elderly as being a highly specialised profession. Staff need to be valued and treated with dignity, otherwise how can one expect them to show compassion to the elderly under their care. The care of the elderly is a highly skilled profession and needs to be recognised by all as such, including the operators of aged care facilities and at-home aged care packages.
  3. Requirement that education and good training for all involved in all fields of the care of the elderly. Staff should receive good, appropriate training and remuneration, as for other specialties in health and nursing care.
- It is a fundamental human right that all elderly citizens, regardless of their health status, are treated with respect and dignity. Sadly, with changing values and life styles, this is not so and the high level of respect among Anglo-Saxons and of Western Europeans is waning; Asians, for the most part, still show respect for the elderly. Much about respect can be learnt from the Aborigines from country who show high regard and respect for the older members of their communities. Many children, particularly from dysfunctional families tend to have little concept of "respect" for others. It is left to schools to teach respect. Programmes, e.g. where children are taken to aged care residential homes to interact with the elderly, have proved to be most popular and successful "Adopt a Grandparent : Adopt a Grandchild". The elderly look forward to seeing young children. I worked in a small aged care home a few hours a week and took my young daughter with me. As soon as I walked in I was greeted with "Where is the baby" and residents were not happy until I took my

Patron in Chief: Her Excellency the Honorable Linda Dessau AC, Governor of Victoria

daughter to see everyone. Even the residents with cognitive impairment reacted positively. The care of the elderly whether it be at home or in residential care needs to be mindful of the persons ethnic background and be gender sensitive and not showing discrimination to LGBTI persons. The latter require support and understanding which is not readily available.

- The care of the young with disabilities in aged care facilities unfortunately happens due to the lack of suitable residential places for them. Many could manage in the community if suitable housing and support was provided. Aged care facilities are also unsuitable for those who age early, e.g. develop early onset dementia which can happen as early as 40 years of age or develop acquired brain syndrome. NCWV requests the Government to provide funding so such residents can be appropriately cared for. This is a point which has been on the agenda for years. I personally was requesting such care, on behalf of NCWV, in the late 1980s and through the 1990s.
- Residential Aged care facilities: Minimum number of staff and level of qualifications per x number of residents needs urgent review. There should always be at least one fully qualified nursing sister with experience in gerontology on duty at all time, including at night. On-going education needs to be made available to staff so they can keep up to date with the latest trends in care of the elderly. To treat the elderly with respect and dignity should be at the forefront of all education. The relatives and/or friends responsible for the elderly also need to be treated with dignity and respect. Well trained staff ought to be able to pick up if there is any abuse and deal with it, e.g. denying residents the necessities of life such as clothing, financial abuse and even being abusive to the resident.
- The above points are applicable regardless of the level of care a resident is receiving – retirement villages, supported residential care through to full nursing home care.
- Those who assess the elderly need to be astute in picking up the care that is required; whether it be home or residential care. Such health professionals ought to have the authority to report aged care facilities they believe do not provide adequate care. Working in care management in the Community I have seen several incidents where a carer refuses to let the client go to respite due to bad experiences, with the client sent home with bed sores and in a confused unsettled state and possibly with weight loss due to the diet being unsuitable. Inappropriate diet is common among non-Anglo-Saxons. There is no reason why appropriate tasty meals to suit all tastes cannot be provided. Even for Anglo-Saxons soft mushy tasteless food is unacceptable. Supervision with meals is often problematic even for the best residential care facilities. Every effort ought to be made to ensure residents do have an adequate diet suited to their tastes and needs.
- Care of the elderly at home is becoming increasingly important with more Australians living longer and opting to remain at home. It needs to be recognised that there are a large number of aged people who can live independently with perhaps minimal support from family and friends. For those who do need assistance, whether it be e.g. just for housework and shopping through to full nursing care, there are a number of home care packages available. The type of package required should be discussed with the client and main carer making sure they understand what is included and the cost. In some instances, the carer, once aware what is available, can manage the care themselves, this has the advantage of avoiding agency fees thus making more funds available for care. Agencies providing care packages are able to recoup management costs – these costs are regulated but seem high. I have witnesses who report cost shifting and incidences where care providers charge full cost recovery once they find a client has a package; this was very evident with meals on wheels and often made a small basic package worthless.
- Whilst providers of aged care do need to cover costs and run a viable business, the care of the elderly ought not to be a licence to make money. Taking care of our vulnerable elderly citizens should be seen as a privilege not a money-making exercise.
- Recently a client was in hospital and was sent home supposedly with home assistance for six weeks. He was duly assessed by the Council earmarked to provide the care. When he asked when the care would commence he was told it would not be for at least 6 weeks! Even though the client was well able to speak for himself he did not get the care he could have done with. He lives on his own.

- Much can be said of a client having an advocate especially if he/she has complex needs and no relative or friends to assist and watch that good quality care is provided.
- Abuse of the elderly ought not to occur. It is abhorrent to think that the elderly can be sexually abused and raped in an aged care facility or even at home. Following the finding of this Royal Commission it is hoped that such abuse will be a thing of the past. It is imperative that all staff, regardless of position, are highly trained in the care of the elderly and show respect. Any staff member not showing respect should not be working with the aged and ought to be dismissed. Physical abuse is also inexcusable; unexplained bruising needs to be reported. Emotional abuse is more likely to be seen with the elderly in the care of relatives at home. It is not easy to pick up. Financial abuse is also not always easy to pick up and can be insidious. Unfortunately, employed carers who have access to a client's banking have been known to empty the account, as have solicitors. Well trained staff need to be constantly on the look out for the more insidious forms of abuse. Those managing the financial affairs of the elderly should report any irregularities with the finances.
  - Good things are happening. In February 2019, the Government launched, under the Aged Care System, the Navigator initiative with \$7.4 million funding till June 2020. It is to set up a new network of aged care navigator centres, information hubs and specialist advisers as a trial to streamline aged care access. In the State of Victoria, partners of COTA Victoria, Elder Rights Advocacy, the Housing for the Aged Action group, Sunraysia Mallee Ethnic Communities Council Inc., Northeast Health Wangaratta and the Institute for Urban Indigenous Health in partnership with Loddon-Mallee Aboriginal Reference Group, are working together to deliver this initiative. They not only aim to inform people about My Aged Care but also healthy ageing, it is still largely a service model. It is also being trialled throughout Australia. In Victoria, the Elder Abuse awareness campaign **Respect Older People – Call it Out**, was launched earlier in the year which urges Victorians to speak up at the earliest signs of elder abuse and stop it as early as possible.

In summary:

There needs to be first class care of the elderly encompassing respect and dignity and the recognition of their worth within society. Only then will discrimination and abuse end.

It takes a village to raise a child. Why not take a village to care for the elderly?!