



United Voice submission to: Australian Law Reform Commission Elder Abuse Issues Paper

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Authorised by Jo Schofield, National Secretary

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About United Voice

United Voice is a union of workers organising to win better jobs, stronger communities, a fairer society and a sustainable future. Members work in a diverse range of industries including, aged care, disability support, early childhood education and care, school education, cleaning, hospitality, healthcare, security, emergency services and manufacturing.

A large number of United Voice members work in the public sector or in publicly funded sectors. Many United Voice members are in low-paid and under-valued employment and all rely on government to provide access to quality public services, to ensure a secure retirement, and to monitor and regulate economic activity to ensure a fair and equitable society.

Whilst coverage and titles may differ on a state basis, nationally United Voice has thousands of members who work in the aged care and disability sectors. United Voice members working in these sectors on a daily basis, have unique insights into the strengths and weaknesses of current policy settings. Members appreciate the opportunity to have their opinions, concerns and experiences considered in this consultation process.

"I love what I do, a person doesn't know when them or someone they love may need care. Skilled & committed workers are needed in this industry (it's not work if you love what you do)"

- Homecare Worker, NSW

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Introduction

United Voice welcomes this important inquiry and the opportunity to make a submission on behalf of our members.

This submission does not directly address the questions posed in the Issues Paper rather addresses what we believe to be critical issues in the detection and prevention of elder abuse, the aged care workforce.

Throughout this submission we refer in places to both the aged care workforce and the disability support workforce. Many workers work across both aged care and disability and increasingly providers are delivering services across both. Given this and given the similarity in the demographics of both workforces we believe they need to be considered together, accepting however that there are differences in the delivery of services to older people and to people with a disability.

United Voice members understand the vital role the aged care and disability support paid workforce has in safeguarding older Australians against elder abuse. Quality support that respects and advances the rights of older Australians to live free from harm and exercise choice and control in their own lives requires a stable, professionally trained, qualified and dedicated workforce.

Due to the massive workforce growth projected in aged care, it is essential that systemic workforce issues, particularly attraction and retention issues are adequately addressed to ensure the provision of quality support services remains sustainable into the future.

United Voice acknowledges that many workforce issues are beyond the scope of this issues paper. However, it is vital to understand that workforce issues are inextricably linked to the quality and safety of services. Regardless of how robust any safeguarding framework is, the sector will be continually constrained by these workforce issues if they are not appropriately addressed.

“I love this industry. It’s not about coming into work, doing an 8 hour shift and leaving. It’s so much more than that. For some people we can be their eyes, their ears or their hands”.

- *Disability Support Worker, WA*

Executive Summary

United Voice members understand the vital role the workforce has in preventing, responding to and remedying elder abuse. Quality supports that respect the rights of older people to live free from violence, abuse and neglect requires a stable, professionally trained, qualified and dedicated workforce.

Retaining good quality workers must be recognised as the key in exposing and overcoming elder abuse. It is essential that the paid workforce be acknowledged as a vital part of the solution.

United Voice supports the implementation of the following to assist in the prevention of elder abuse;

- A robust registration system for all aged care and disability providers
- Nationally consistent whistleblower provisions for care workers
- A nationally consistent independent pre-employment screening process for the aged care and disability workforce.
- A nationally consistent workforce regulation system
- A national, independent and centralised complaints system that has the power to investigate and prosecute claims
- A national community visitors scheme

Summary of recommendations

Recommendation 1: While there is no mandatory reporting of abuse of older people in Australia, United Voice recommends that all aged care and disability support providers be required to adopt best practice principles in responding to abuse of older people.

Recommendation 2: United Voice recommends that the Commonwealth Government fund the development and implementation of a national workforce development strategy produced in consultation with all sector stakeholders to establish the sector as a viable professional career choice, to ensure the sustainability of a quality workforce of professionally trained, qualified and dedicated workers.

Recommendation 3: United Voice recommends that the Commonwealth Government acknowledge that a quality workforce of professionally trained, qualified and dedicated workers is a vital safeguard for older Australians from abuse and neglect and mandates access to ongoing professional training, education and information to recognise and appropriately respond to indicators of abuse, violence and neglect.

Recommendation 4: Nationally consistent whistle blower legislation must be introduced to support and encourage workers to speak up without fear of being persecuted or targeted by their employers where a report of elder abuse is made in good faith.

Recommendation 5: United Voice calls for a nationally consistent pre-employment workforce screening process to be introduced across the aged care and disability workforce.

Recommendation 6: United Voice recommends the creation of a professional registration body for both aged care and disability sector workers.

Recommendation 7: United Voice recommends the establishment of a national, independent complaints body. In addition United Voice recommends the establishment of a national residential community visitor scheme.

Definition of Elder Abuse

Definitions of elder abuse have been debated for a long time. Most countries, including Australia support the Toronto declaration which states elder abuse is ‘a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that cause harm or distress to an older person’ and describes abuse as ‘physical, psychological, emotional, sexual, financial, or simply reflect[ing] intentional or unintentional neglect (World Health Organisation 2002). More specifically, abuse includes acts of both commission and omission, and encompasses physical abuse (acts with the intention of causing physical pain or injury, including hitting, kicking, slapping and pushing or the misuse of medications or restraints), psychological abuse (acts with the intention of causing emotional pain or injury, including humiliation, isolation and threats of harm or abandonment), social abuse (restricting a person’s social freedom), sexual abuse (including any sexual act to which the older person has not consented, could not consent or was pressured into consenting), financial exploitation (the misappropriation of an older person’s money or property, including theft, fraud and pressuring the person to make changes to wills or financial transactions) and neglect (the failure of a caregiver to meet the needs of a dependent older person, including withholding of medications, nutrition or adequate shelter).¹

Many forms of abuse of older people are crimes and the existing literature suggests that the more common types of elder abuse experienced in Australia are financial and sexual.² However, the extent of elder abuse in the community is unclear due to a culture of underreporting. Older people may not report abuse or ask for assistance for a variety of reasons, including fear, not wanting to jeopardise their relationship with the abuser, and shame associated with the abuser being a family member. Lack of culturally appropriate services and sources of assistance, language barriers and social isolation may also make it difficult for older people to report abuse.³ Estimates suggest the prevalence of elder abuse

¹ Wang et al (2015), ‘Elder abuse: an approach to Identification, assessment and intervention’, Canadian Medical Association Journal, Vol 187 (8), May 19 2015, pp. 575-581.

² Sandmoe et al (2011), ‘Challenges in handling elder abuse in community care. An exploratory study among nurses and care coordinators in Norway and Australia’, Journal of Clinical Nursing, Vol 20, pp. 3351-3363.

³ Elder Abuse Prevention Unit (2008) <www.eapu.com.au>.

to be between 0.5-5 percent of people over 65.⁴ Elder abuse literature concludes that violence against older people is largely hidden, taking place behind closed doors, in private, in the family home, hostel or nursing home and that it is primarily located within the family⁵, although this is not always the case.

Elder abuse is multidimensional

When considering elder abuse it is essential to note that older people are not a homogenous group, instead they are diverse in character, with long and intricate life histories and may have complicated and long-standing personal and family relationships.⁶

Elder abuse is complex and multidimensional. Abuse can be highly individualised and therefore difficult to identify. It is important that the perception of violence/ elder abuse be transformed from the individual to a viewpoint that elder abuse is a social problem that requires comprehensive community and government responses.

Violence experienced by older people may not be substantially different from violence experienced by younger people. However, other factors such as illness or disability may exacerbate and complicate the experience of violence and the 'choices' older people may make, or have available to them to alleviate or change the situation. Further, options available to older people may also be influenced by a lack of sympathetic services that can lead to dependence and vulnerability.⁷

It is also necessary to note that domestic violence and gendered violence should not be excluded as separate categories when considering elder abuse. Researchers have argued that many service providers are not assessing domestic violence in later life and that adult protective service workers have been trained to misidentify elder abuse cases as instances

⁴ Biggs et al (2009), 'Mistreatment of Older people in the United Kingdom: Findings from the National Prevalence Study', Journal of Elder Abuse and Neglect, Vol 20.

⁵ Mears.J & Sargent, M. (2002), Survival is Not Enough: Project Report Two for Professionals,p.11 ISBN 0-9580446-2-7

⁶ Mears.J & Sargent, M. (2002), Survival is Not Enough: Project Report Two for Professionals,p.10 ISBN 0-9580446-2-7

⁷ *IBID*

of care-giver stress and not necessarily domestic abuse, which can lead to inappropriate interventions that may put older abused people at further risk.⁸

Risk factors for elder abuse

There is extensive discussion and debate in the literature on the difficulties of identifying risk factors for elder abuse. No single factor causes abuse of older people and one of the issues in intervening is how to address the multiple factors that may impact on an individual case.⁹ The lack of consistency in definitions and measurement tools in this field limits the conclusive evidence available. However, despite these limitations, a number of risk factors have been identified for elder abuse relating to the older person, the perpetrator, relationship and environment. According to the Canadian Medical Association Journals (CMAJ)¹⁰ recent systemic review of risk factors for elder abuse, the following risks have been identified:

Relating to the older person:

- Cognitive impairment
- Behavioural problems
- Psychiatric illness or psychological problems
- Functional dependence (requiring assistance with activities of daily living)
- Poor physical health or frailty
- Low income or wealth
- Trauma or past abuse
- Ethnicity

Relating to the perpetrator:

- Caregiver burden or stress
- Psychiatric illness or psychological problems

⁸ Brandl. B & Raymond.J (1996), 'Older abused and battered women: an invisible population', Wisconsin Medical Journal, pp 298-300.

⁹ Bonnie, R & Wallace R (2003), *Elder Mistreatment: Abuse, Neglect and Exploitation in an Ageing America*. Washing, D.C. National Academic Press.

¹⁰ Wang et al (2015), 'Elder abuse: an approach to Identification, assessment and intervention', Canadian Medical Association Journal, Vol 187 (8), May 19 2015, pp. 576. (The Journal however did note some inconsistent evidence supporting some of these risk factors).

Relating to the relationship:

- Family disharmony with poor or conflictual relationships

Relating to the environment:

- Low social support
- Living with others (except in financial abuse)

Recommendation 1: While there is no mandatory reporting of abuse of older people in Australia, United Voice recommends that all aged care and disability support providers be required to adopt best practice principles in responding to abuse of older people.

United Voice would recommend that the below factors also be incorporated when developing internal policies on responding to alleged abuse of older people:¹¹

Principles of practice in responding to abuse of older people:

Competence – all adults are considered competent to make informed decisions unless demonstrated otherwise

Self-determination – individuals should be encouraged to make their own decisions, with appropriate information and support

Appropriate protection – where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator

Best interests – an older person’s safety and wellbeing are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account

Importance of relationships – all responses to allegations of abuse should be respectful of the existing relationships that are considered important by an older person

Collaborative responses – effective prevention and response require a collaborative approach which recognises the complexity of the issue and the skills and experience of appropriate services

Community responsibility – the most effective response is achieved when agencies work collaboratively and in partnership with the community.

¹¹ As outlined by the Victorian Department of Human Services (2009), found in Benevolent Society ‘Research to Practice briefing 3 – recognising, preventing and responding to abuse of older people living in the community: A resource for community care workers’.

Aged care and disability support Workers - frontline responders

“I have been working in the same job for almost 15 years so I know the guys really well by now. Even though they might not be able to verbally articulate it, I can tell when something isn’t right, I know them well enough to recognise the signs”.

- Disability Support Worker WA

United Voice wants older people and people with disabilities to have access to safe and high quality care. As government funding is increasingly directed to ‘ageing in place’ and providing people care in their homes instead of a residential care setting the need for quality home care services assumes a greater role. Recognising the signs of abuse of older people and responding appropriately is a challenge confronting all care workers and service systems, while preventing abuse of older people is an even greater challenge.

Aged care and disability support workers are in a unique position to detect abuse and to carefully assess any abuse problems because of the relationships they form with the people for whom they provide care and support, they are able to observe the client’s home or residential care environment and his or her relationship with any informal carers.¹²

United Voice believes that maintaining a stable and quality workforce is a vital safeguard against violence, abuse and neglect against older people in any environment. The alternative to a quality workforce at best will mean a reduction in the quality of support services. At worst, this will result in increased incidents of violence, abuse and neglect across the sector.

¹² Sandmoe et al (2011), ‘Challenges in handling elder abuse in community care. An exploratory study among nurses and care coordinators in Norway and Australia’, Journal of Clinical Nursing, Vol 20, pp. 3351-3363.

“I think clients, especially the elderly and the disabled, should be entitled to receive care in a dignified, professional manner by care workers with enough time to meet their needs”.

- *Homecare Worker, NSW*

Quality support requires a stable workforce of professionally trained, qualified and dedicated workers who are fully supported to provide a service that is respectful of, and facilitates an individual’s needs and goals.

Aged care work is currently characterised by a range of conditions that are not conducive to quality jobs, reinforcing ongoing attraction and retention problems and mitigating against workers capacity to detect and prevent elder abuse. Factors impacting aged care jobs include:

- low wages
- inadequate or unpredictable hours and a reliance on contingent employment arrangements

“I have difficulty getting extra work, I only ever receive last minute extra work, it’s hard to plan and they treat me like I’m on call.”

- *Residential aged care member WA*

- workloads and inadequate time to care

“I work in an aged care facility and there only two carers to 42 residents on a shift. This means that the concept of personal care no longer exists – we just don’t have the time to provide the individual care residents deserve”.

- *Residential aged care member*

- limited career opportunities
- demanding work conditions, including the physical, emotional and psychological difficulty of the work
- inadequate supervision and training
- major institutional and funding pressures.

Until these issues are addressed and direct care workers have the time and capacity to provide quality care any measures to address elder abuse will be hampered.

Recommendation 2: United Voice recommends that the Commonwealth Government fund the development and implementation of a national workforce development strategy produced in consultation with all sector stakeholders to establish the sector as a viable professional career choice, to ensure the sustainability of a quality workforce of professionally trained, qualified and dedicated workers.

There are currently no mandated minimum qualifications in aged care, yet there are high levels of relevant formal qualifications within the workforce. Qualifications are best placed to ensure that a person has the required knowledge to provide quality support services.

Whilst professional, ongoing training is essential for an individual's career development, this should be delivered in addition to, and not in place of, formal qualifications. On the job and ongoing training outside of a formal qualifications framework relies on the individual employers taking on the responsibility for the workers professional development. This can lead to huge variances across the sector in terms of workforce skills. In turn, this can reduce mobility among the workforce, as well as a potential variance in the quality of skills between providers depending on their individual commitment to training.

United Voice members have raised concerns about the reduced value providers are placing on qualifications and the quality of training that is currently being delivered in-house. Simply providing access to training, without having regard to its quality or appropriateness, will not result in quality support services. What is required is access to ongoing professional training, in conjunction with formal qualifications, which is provided by a qualified trainer and provides an appropriate balance between theory and hands on experience.

"It seems like the RTOs are teaching people all the theory, but where is the practical hands on experience? We get new starters who have gone through training and don't know how to do basic things like shower people, or use hoists. How does that even happen? It just makes things twice as hard for everyone else. How can they call that training?"

- Age care Worker WA

Further, the increasing complexity of care, higher expectations from people who use services and growth in community based and in-home care delivery means that workers are often placed in demanding situations without immediate support. Appropriate qualifications and access to quality ongoing training and education is essential to ensure that all workers across the sector have the required knowledge and skills to carry out their role to a high standard and assist in identifying elder abuse.

Recommendation 3: United Voice recommends that the Commonwealth government acknowledge that a quality workforce of professionally trained, qualified and dedicated workers is a vital safeguard for older Australians from abuse, violence and neglect and mandates access to ongoing professional training, education and information to recognise and appropriately respond to indicators of abuse, violence and neglect

"I am proud & honoured to help others... I am proud of the level & quality of care we provide to the community. I care".

- Homecare Worker, NSW

Aged care and disability support workers - the ability to speak up

A workplace culture where people are supported and encouraged to speak up requires an accessible, transparent and robust complaints system that workers have received appropriate education and training, and a national whistle blower policy that allows workers to raise concerns without fear of persecution. As a union representing care workers in the aged and disability sector United Voice receives constant feedback from our members that they have not received any formal training in the complaints system that exists in their workplace. Clearly the first step in a successful complaints process is ensuring employees are aware of it and understand their obligations when making a complaint or flagging elder abuse.

It is concerning to receive feedback from members who feel discouraged from raising concerns where they don't perceive any value in their employers complaints system. Having a complaints procedure that is not transparent or effective is arguably just as bad as a complete absence of any system.

"I saw a worker hitting and verbally abusing clients. When I reported it all that happened was that the worker was moved to another house and put on as a casual. It promotes a culture of encouraging people to not speak up when the employer just simply sweeps the problem under the rug and moves the trouble maker on"

- Disability Support Worker, WA

Nationally consistent whistle blower legislation for aged care and the disability sector is a necessary initiative. Merely having established complaints procedures will not be a sufficient safeguard in a workplace culture where workers are disinclined or are not supported to make a complaint or raise a concern. Protecting potential whistle blowers at law will improve workplace cultures and attitudes to raising concerns.

"Sometimes it's not easy to say what you see or what you suspect. It seems that staff either won't speak up because they are scared of what might happen to them, or they feel that management won't do anything with the complaint anyway".

- Disability Support Worker, WA

Recommendation 4: Nationally consistent whistle blower legislation must be introduced to support and encourage workers to speak up without fear of being persecuted or targeted by their employers where a report of elder abuse is made in good faith.

Pre-employment screening

“There are many vulnerable people in the community and they need to feel confident in those workers who are entering their homes and develop trust with those workers to know that they will receive a high standard of care and that their service is delivered in a friendly, professional manner”.

- Homecare worker, NSW

United Voice notes that successfully safeguarding a person from abuse requires a myriad of safeguards that will operate differently for each individual. Pre-employment screening processes are only one part of the broader framework of safeguards and the success of a screening process will turn on the availability of reliable data on which to base a comprehensive risk assessment.

Recruitment practices which aim to eliminate the risk of employing someone who poses a threat to the safety and wellbeing of an older person, such as pre-employment screening, are important safeguards in preventing violence, abuse and neglect in the workplace.

Pre-employment screening requirements for employment in the Australian aged and disability sector are mandated by specific national, state and territory legislation. Despite some commonalities in the process for pre-employment screening, overall they comprise a set of inconsistent approaches.

United Voice believes this nationally inconsistent approach is problematic as it can result in workers being subjected to multiple screening processes to work across state borders and across aged care and disability. This can be confusing and disruptive and can result in different outcomes as to someone’s suitability to work in the sector.

With the move to federalise the disability sector through the NDIS and Home Care packages now being federally funded, it logically follows that a nationally consistent pre-employment process would best serve the aged and disability sectors. This could ultimately lead to a national regulation system for aged and disability workers, which would enhance the public perception of the industry as providing a viable professional career choice.

United Voice supports a national pre-employment screening process for all people working for an approved aged care or disability provider. The process should be more robust than police or criminal background checks alone. However, criminal background checks are a valuable tool for employers during recruitment and clearly reduce the risk of employing those who pose an unreasonable risk to people with disability. The research shows a clear connection between a person's criminal history and their future behaviour¹³.

A successful pre-employment screening process must carefully balance the rights of older people to be free from violence, abuse and neglect against the rights of workers such as right to privacy and natural justice. Features of a system that are respectful of these rights include;

- The assessment is conducted by an independent authority with the employer only provided with the outcome and not the grounds on which the decision was made.
- The assessment is limited to relevant and credible information only.
- Penalties are in place to deter vexatious/frivolous complaints being made against a worker.
- The assessment must have regard to the inherent requirements of working with the aged and people with disability.
- Applicants who receive a negative assessment must be entitled to an internal review processes and external appeal.

A newly established national pre employment screening process should replace the current different systems across aged care and disability and should have the following features;

- The pre employment screening process is conducted by an independent body
- The process results in a clearance that is held by and therefore can move with the worker

¹³ 'Ensuring a Qualified Long-Term Care Workforce: From Pre-Employment Screens to on-the-job monitoring' US Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy, May 2006

- The process should include training for all applicants of pre employment screening addressing how to identify risk and indicators of abuse and how to handle these issues
- Once a person has met the pre employment screening requirements they are listed on a national registry of workers
- Pre employment screening should be repeated every 3 years and at the point of update training should be repeated
- if an employee receives a banned conviction during the 3 year registration period, or whilst still employed in the sector, the onus is on the individual as well as the authorities to update the status of their registration.

“Most people who work in the sector will not have a problem with undertaking a pre-employment screening process, provided it is appropriate and their rights to privacy are being respected. If someone does have a problem, then maybe they aren’t right for the sector”

- *Disability Support Worker, WA*

Recommendation 5: United Voice calls for a nationally consistent pre-employment workforce screening process to be introduced across the aged care and disability workforce.

Workforce needs and Aged care workers regulation body

Aged care reforms and an ageing population will mean a quadrupling of the workforce by 2050. It is also estimated that the implementation of the NDIS will roughly double the level of demand for disability support workers over the next 25 years.

Due to the massive workforce growth projected it is essential that systemic workforce issues, particularly attraction and retention issues are adequately addressed to ensure the provision of quality support services remains sustainable into the future. Further to this, the new consumer directed care model (CDC), implemented from the 1 July 2015 for Federal home care packages means that there are going to be a lot of new services that emerge in the new environment that will make it more difficult for consumers and carers to navigate and assess credibility and quality of providers. The increasing demand for care workers could result in poorly trained and skilled workers entering the sector which could result in an increased risk of intentional or unintentional elder abuse.

Currently aged care workers are not accountable to a professional or licensing body. United Voice welcomes the recent recommendation made in the NSW Legislative Council's report on Registered Nurses in NSW nursing homes, calling for the NSW Government, through the Council of Australian Government to urge the Commonwealth Government to establish a licensing body for aged care workers. A professional regulation body for aged care workers could enhance the public perception of the industry, aid in preventing elder abuse and increase public safety. However, it should be cautioned that regulation alone would not prevent elder abuse, external safeguards and monitoring remains crucial.

United Voice NSW Branch surveyed 680 ADHC home care workers in early 2015. United Voice members were asked if they believed a national regulation process for home care workers was a good idea.

- 44.71% of respondents said a national registration process for Home Care workers was a good idea
- 11.69% of respondents did not think a national registration process was a good idea
- 43.60% of respondents were unsure

Qualitative data collected on this question reflected opposition to a national regulation body was mainly attached to the issue of cost of regulation to the individual home care worker (most of whom are poorly paid), while support for the idea was centred on protecting clients from abuse.

Any such licensing body should also cover the disability sector, given that many providers and therefore workers work across both aged care and disability.

Recommendation 6: United Voice recommends the creation of a professional regulation body for both aged care and disability sector workers.

Complaints System

While provider level internal complaints handling processes may effectively deal with some abuse complaints, this alone is not satisfactory. It is of paramount importance that there exists an effective and accessible external complaints body for older Australians or their advocates to make a complaint regarding a service.

The current aged care complaints system functions well and is well established however there is no similar nationally consistent process in the disability sector. United Voice is supportive of the establishment of an independent and external complaints body covering both aged care and disability. The complaints body should be resourced to;

- Receive, investigate and resolve individual complaints, from a consumer participant, their advocate or worker (in their own right).
- Receive investigate and resolve provider wide complaints, ie those that affect more than one consumer.
- Instigate own investigations and inquiries of its own accord or based on information or complaints received
- Monitor and record the type and nature of complaints that would help identify systemic issues and form recommendations for systemic change
- Provide publically available data on complaints
- Have enforcement capacity to ensure resolution of complaints, including the capacity to deregister a provider
- Provide education, information and resources for providers about the complaints system
- Support a national community visitors program

- Support whistle blower protections

A national complaints body would clearly assist in resolving individual issues in a consistent manner. Where the body is subject to transparent reporting requirements, this would improve data collection across the sector, which in turn would help identify systemic issues and form the basis of recommendations for systemic change.

National Community Visitors Program

An independent, centralised complaints body as recommended above does not negate the need for additional external safeguards that monitor and report on the quality of services.

The Community Visitors program run through the Victorian Public Advocate is an example of a successful external safeguard that aims to protect and advocate for the rights of people with disability. Such a scheme could be extend to aged care.

Community Visitors are empowered under legislation to visit community residential units and supported residential services, without prior notice, and report on the quality of the services being provided to residents¹⁴. In the year 2013-14, a total of 2,935 visits were made and 147 incidents relating to abuse, violence and neglect were reported to the Office of the Public Advocate¹⁵.

Although a community visitors program would not be applicable to services provided in an individual's private residence, the introduction of a national (or nationally consistent) community visitors program, based on the established program in Victoria, would strengthen safeguards for people in residential environments.

¹⁴ *Supported Residential Services (Private Proprietors) Act 2010; Mental Health Act 1986; Disability Act 2006.*

¹⁵ Community Visitors Annual Report, 2013-14.

“The importance of having someone who can visit the homes, unannounced, and make a true report on what’s going on is cannot be understated. The element of surprise is essential if you want to see the true picture of what is going on in the house”

- *Disability Support Worker, WA*

Recommendation 7: United Voice recommends the establishment of a national, independent complaints body. In addition United Voice recommends the establishment of a national residential care community visitor scheme.

Conclusion

United Voice believes that aged care and disability support workers are in a unique position to detect abuse and to carefully assess alleged abuse. The clients relationship with and trust in the worker is crucial, without the client’s confidence, the worker’s assessment of suspected abuse and subsequent intervention may be hindered. The need for collaboration and support from colleagues, care managers, providers and external agencies is required in order to deal with the complexities presented by elder abuse. Furthermore, often the most effective response is achieved when health professionals, aged care workers and agencies work collaboratively. United Voice maintains that quality supports that respect the rights of older people to live free from violence, abuse and neglect requires a stable, professionally trained, qualified and dedicated workforce. Retaining good quality workers must be recognised as the key in exposing and overcoming abuse and neglect in the sector. It is essential that the paid workforce be acknowledged as a vital part of the solution.

“There are thousands of us out there in this country that go out early mornings. Afternoons, nights, weekends, Christmas day, public holidays – and look after your families, that’s what we do”

- *Residential aged care member*