355. M Berry

Name: M Berry

Proposal 2–1

Yes a National plan to address Elder  Abuse should be developed. This will ensure the information is the same state to state to avoid any confusion by those seeking assistance and support.

It will make it simpler and give more opportunities for those seeking access  to information that provides support and help with better long term outcomes. It also means that opportunities are available for all organisations, health professionals  and community support groups, consumers and victims etc to be part of a National Plan to deal with elder abuse .

As ageing population is growing and set to soar we need a National Plan with contributions from all to combat the growing incidence (and potential growing incidence with growth of ageing population) of Elder Abuse. It is an issue of National concern and must be dealt with on a National level.

I have suggested input from all of the above with the person and consumer directed care era here now and being promoted ...we need to all work together, " we do it best when we work together strategy" (a phrase used with Consumer Representatives involved in Health) to address  the issues of Elder Abuse .

Here are some examples  of the State to State issues I have witnessed .  There are many more but these are two that come to mind.

Living in the area of Albury /Wodonga with the almagamated hospitals (cross border VIC/NSW health ) one of the issues I have witnessed is with the appointed guardianship/medical advocacy  for my father. He resides in VIC but has required permission for medical procedures including permission to perform anaesthetic in NSW. This is under a legal question with a VIC appointed guardianship giving permission across the border into NSW? (The Office of Public Advoacates VIC).

Another issue with living on the cross border is the IPTAAS (Patients travel and accomodation scheme NSW) versus the VPTAS (Victorian patient travel assistance scheme) . As a Consumer Representative on the Advisory Committee to the Board at Albury/Wodonga Health this was a common issue or topic for complaint particularly for older people.

We were set-up by the Federal Government (Cross border health service) but the policies and issues (many and varied) were not considered or dealt with in the initial set-up phase.

A National Plan must take into account all individual areas and incorporate issues relevant to these areas eg: rural, remote and metropiltan.

It must also take into account all individuals and communities eg: the  most vulnerable, multi-cultural, indigenous, LGBTI

Proposal 2–2

Yes it should be. After speaking with the National Ageing Research Institute (Melanie Joosten - Elder Abuse Research -Now at Senior Rights Victoria) we have no statistics in my regional area or many others on ElderAbuse.

Melanie in partnership with SRV did some research with the analysis of data from people seeking help from the SRV helpline. This was done between July 2012 - June 2014. Any research into Elder Abuse is invaluable, but this analysis done in no way taps into the real statistics.

As an advocate to my own parent, who is a victim of elder abuse, I have rung SRV but I am not able to report the abuse or get any help.  The helpline is only for the victims who personally need to make the call themselves.

We are also dealing with issues such as, social isolation , the silent generation with no access to computers or computer savy and to proud to ask for help. These people (victims) don't pick-up a phone to call a 1800 number. As we also know these victims are also reliant in many cases on the perpetrators of the abuse for their care, transport, access to grand children etc. There is the reluctance to speak up against their own as they are still "bonded with the feeling of love to those they trust the most".

Repercussions can be the other fear, fear of being placed into residential care.

 How to commission an "effective" prevalence study will be the challenge. This will require input from "all".  Carers, friends, neighbours, community (local knowledge particularly in isolated rural areas would be invaluable eg: trained community champions and advocates ? Community members who may be trusted more than a stranger? ) aged care workers, doctors and hospitals, community workers etc etc .

I did go and speak with the Department of Health and Human Services -Elder Abuse Prevention – [redacted] in Melbourne . We discussed how to tap into the regional isolated areas. My first suggestion was to start looking at places older isolated people would be likely to go, if they went anywhere. As a starting point the Doctors and the Hospitals.

There will need to be more awareness created and education and training around Elder Abuse detection, response and prevention.

Doctors and Hospital staff have to stand up and be more accountable and have a duty and responsibility like domestic violence to report cases of Elder Abuse. But they need to be supported in doing this, some where to go and report cases or suspicions in a safe manner (anonymous) with out any repercussions or fear of reporting. This also needs to happen in residential care facilities and community care across Australia.

Smaller country areas, don't voice up as the fear of repercussions and having to remain living in an area where everyone knows everyone. (Small communities)

Identifying the differences or challenges faced by regional areas as opposed to metropolitan areas is also vital.  Regional areas as I have mentioned have issues such as social isolation, access to services and transport .Advocacy services for older people are over 4 hrs away for my father.

Programmes like the Community Visitors only access people over the age of 65yrs and are not allowed into residential care facilities.

We also have DAIS (Disability Advice Informatiin Services) . After speaking with Martin Butcher CEO here in Wodonga, they can advocate for any age bracket but would be limited to only older people with a disability eg : dementia. Most people are not aware of their service as I was not aware they could do more advocating for older people . People just think of disabilities with this organisation and not disabilities that may occur with ageing. There  is inadequate advocacy services and access to for older people.  The most vulnerable have no one and no advocay support to protect them.

What happens to the victims with lack of capacity through dementia that have no one ? How do you do the prevalence studies here ?  Need other reporting avenues as mentioned.

Thinking outside the box and developing other  ways of sourcing this information is a must.

The last thing Australians want to see at the moment is money wasted on studies that don't make a difference. I think the key is tapping into the wheel already there, utilising services and organisations qqqbut working together with community consultation as to how it can be achieved. Consumer and community awareness and input is vital. .

Proposal 3–1

Yes definitely.

My experience has shown that reporting incidence of violence, threats , harassment , emotional and physiological abuse ...the advocates have a very limited power to actually act when you feel you are at crisis point.!The perpetrator has to be caught in the act and to what point is the incident considered to be of concerning enough nature ....to warrant some immediate action .

If the incidence goes back to 2 weeks prior,  it is listed as history, not current abuse that can warrant some action. Nothing can be done . So you have to wait for the next incidence...do the process all over again...and it's usually outside the time boundary. It is also the time and stress of this process for myself as an advocate when I have work and family committments.

My continual reports and concerns of ongoing  abuse even to our local police can't seem to be acted on.

A letter of warning was the only outcome I really had to the perpetrator from the Advocate and this was after  much persaverance .

I see them as being quiet powerless to act on the victims behalf  when things get serious.  I am not saying they are not trying, they are limited within their scope of practice and current laws.  The Police are as well or have made it obvious to myself they are just not interested in assisting.

When my father was in hospital for a long period of time the perpetrator kept visiting and threatening, trying to force him to sign paperwork......then he continued to call and threaten ....stating he would not care for him when he came home or provide him with any more money. I alerted the staff at the hospital to what was happening, but due to the rotating shifts and the communication issues ...I did not get anywhere in protecting my father.

So what I did was utilise my position as a volunteer Consumer Representative to the Board  at the hospital on the Community Advisory Committee and taped into the Director of Nursing. After 2 weeks of cries for help ...I got some immediate action once I had done this and was truly grateful.  I also went to the Social Workers at the time and alerted them.

The discussion was on the Advocate having the power to apply for an intervention order to block the perpetrator. On approaching the Advocate ...he could not do this as was not supported by his Supervisor or there were not the legal grounds for this, provision in our laws to do so ? So yes public advocates and guardians should be given more power to act on a receipt of a complaint.

Also now my father is in residential care we have the same issue of if the  perpetrator visits? The perpetrator has a long history and criminal convictions and is of concern to all with his background. My father has stated he does not want to see him again ...there has been debate about who's responsibility is this to action this concern and how can it be enforced? The care facility or the advocate?

Under appointed private financial guardianship (through VCAT) they also have not been able to protect my father  from the ongoing financial abuse. My father was in a thriving farming partnership with the perpetrator. My father had no rights or access to his share of entitlement from sale of livestock and wool. Also no evidence of any income coming his way for a period of over 4 yrs. (The sole owner of the farming property)

My father cut out sales of livestock and wool sold independently by the perpetrator not in the business or partnership name. I forwarded these onto the financial's and was told there was not much they could do, they could not track where it was sold .....which livestock agent it was. My father had also had his joint bank account closed by the perpetrator and moved to another bank with no access to any funds. This was all reported as well.

At one point I went to the financial ombudsman (the financial's were not accountable to them) and back to VCAT with a complaint of their services and what appeared to be inaction in protecting my father financially. This was declined as well. I do recall the grounds for dismissal by VCAT did not even cover the issues I had bought forward.

Advocates and guardians still must act under a duty of care and be accountable for their actions and decisions that they make. In this case I feel the financial's need to have a lot more accountability and the VCAT grounds for dismissal need to be revised and looked at.

Proposal 3–2

I have put forward my comments to your suggestions followed by my own experience. This might add some more insite or information

3.27  - I agree with. Would or could you include non-physical restraints? Deliberate social isolation, cut off to access  of services and transport ? My father in a rural farming area had his access deliberately cut off when his tyres were let down on his car on several occasions preventing him to drive into town, his phone ? deliberately disconnected on occassions, access to Taxi service denied (documented evidence at the Taxi company to never pick this man up he had lost his marbles), cutting off access to medical treatment when really unwell?

3.28 Agree with regards to a person with impaired decision making capacity.

If there is reported concerns for a potential victims safety and welfare and evidence of physical abuse or as I mentioned above deliberate isolation from services or support which is noted , should this not be grounds for investigation ? Perhaps repeated hospitalisations not just due to a decline in health and ageing process but due to neglect, lack of care and so called support from a carer ?

If there  is concerns for a person who is in the care of a family member who is a drug addict, a drug induced schizophrenic, has a violent criminal background, should this not be investigated?

What I am saying is there may be other grounds that do warrant further investigitve powers to be placed into action ?

3.29 As stated above

3.30 Agree

3.1 Agree.  A social approach to a disability, rather than a medical

3.2 Agree, but with 3.1 using a social approach , evidence of deliberate social restraint and access to services ?

3.3 Agree. Not all victims will pick up a phone and report to the elder abuse hotlines. Creating awareness and education with the opportunity of others to report Elder Abuse as an anonymous person , with support and no fear of repercussions must be implemented. Residential care facilities must have mandatory reporting, staff supported to also report elder abuse anonymously and without fear of repercussions. Reporting to independents outside of the executive management of these facilities and more accountability to the managers of these facilities. Provision of advocacy services in residential care facilities for the most vulnerable.

3.34 Yes should apply to all adults with care needs. We are also seeing younger people entering residential care facilities eg: early onset dementia, rare conditions on diseases where they have no where else to go. We will also see in our future a lot more drug and alcohol effected people much younger possibly filter into,the aged care system in coming years ?

3.35 Agree , every state should be legislated the power to investigate. My only comment is these services need to expand more. Having other central bases outside of Metroplitan areas to accomodate and cover a broader area. The pressure on Metroplitan advocates with vast areas to cover.

3.36  Agree with State Trustees on separating the financial abuse from the non-financial abuse. In my case with my father I feel this has already happened. Having the over lapping bodies is a good thing, not just limiting to advocates and guardians.

My only suggestion would be looking at accountability of private financial administrators (non government funded) as opposed to State Trustees. Avenues for complaint need to be easier with regards to financial administration representation if not satisfactory. Where they have been VCAT appointed, review of VCAT's grounds for dismissal when a complaint is put in.

With separating the financial away from the non-financial abuse, a lot of reviewing and work needs to be done around some of the old laws of inheritance and estate "promises". Particularly with rural farming families (as is my case).

3.37 Agree

There is a very fine line with older people experiencing abuse or neglect refusing support, protection and assistance. Yes we should respect their human rights to choose preferences and refuse.

In my fathers case his right to refuse has been at his detriment due to his diminished capacity (dementia) and the level of neglect and abuse he was under. At times it put him at huge risk and almost killed him. It also gave the perpetrator of the abuse more power to do so and more opportunity to harm my father with his continual "right to refuse". It opened a window of extra opportunity to abuse and neglect my father.

We still must always observe and respect an older persons right to choose and refuse in every case that we can. It's a human right. There are also incidences (like domestic violence) that the victim (having capacity) will refuse help or support out of fear, love and reliance on the perpetrator of the abuse particularly if it is a sibling or someone that is trusted and close to them.

 There must be a "window" to allow protection of the victims at all times, particularly at this stage when they are refusing. More options and choices be available to the victims than what we currently offer, the development and access to mediation services (more than the advocacy we currently have) ?

Has there been a " rescue toolkit "  developed with a plan to address and have steps in place at this stage for the victim?  A toolkit with steps and interventions  that provides support, mediation and monitoring at this crucial point to the victim  ? Allowing additional time and informed options and choices?

For the most vulnerable victims there needs to be respect with their choices and rights , but there needs to be a point of intervention to allow protection for personal safety and wellbeing.

We must also understand that each case of elder abuse is different and unique and complex.

Proposal 3–3

Yes most definitely. Again using my own experience with my own father as a victim, his own sibling (the perpetrator) has refused : To supply any information when requested from his public advocate and private financial administrators.

                Refused to produce any documents or participate in interviews  when requested.

He has held all the power as my fathers advocacy and guardianship services are so far away, again they have been reliant on my information, but in most cases can't act on it , as here say from myself. Some information has been of benefit though.

In the period of time of my fathers appointment of advocacy and financial guardianship neither service have been able to provide adequate protection at times. Although having financial gurdianship inplace the perpetrator has continued to financially abuse my father, stripping his bank account, not providing him with any money from a farming partnership, selling off livestock and wool independently (evidence in local paper of sales and farming papers). Guardianship have been unable to obtain any information from him re: sales through livestock agency, cheque books, bank statements...the perpetrator stole this information from my fathers home , guardianship had no avenues of obtaining subpoenaing this information?

The perpetrator then served a writ on myself and father claiming he had been underpaid, promised that all the properties owned by my father be transferred to him when my father turned 70yrs and also that my father had not worked the property, participated in the partnership as agreed. Caveats were placed on the properties by him which seemed to block access to information by the guardians ? Pushed into a terrible litigation battle where information was not easily accessible ?

Also the violence and harassment was an issue with the perpetrators refusal to assist with information or be interviewed. He also intervened when advocacy attempted to interview my father on his own when he was living at home.

Certainly information should be able to be sourced from any parties is if it is of the best interests and benefit to the older person.

Proposal 3–4

Yes agree to the above.

Proposal 3–5

Agree to the above.

Yes we need to provide opportunities and some where to go for people reporting or suspecting elder abuse. We need to ensure the reporting persons safety and anonymity .also at no risk of any repercussions for doing so.

In my area people won't come forward with concerns due to the risk of repercussions and living in an area where everyone knows everyone. (Smaller community)

Although I no longer work in nursing in residential care, my friends that do won't report elder abuse due to bullying in their workplaces, fear of repercussions, loosing shifts and having no work. Several are above the age of 45yrs, have no other job skills or confidence to obtain other work and are on their own (single) supporting their own aged parents.

The reporting body needs to be outside the residential care facilities and not through middle management. There have been many incidences of information covered up, lost in the system and no response to given.  I have personally experienced this myself whilst working in Residential Aged Care and have seen patient information and records being changed.

There needs to be more accountability put into place for Residential Care Facilities Management,mandatory reporting of incidences, a register of complaints with concerns or reports kept, close monitoring, a follow up procedure which can't be ignored , more education and awareness around elder abuse provided, tougher laws with bullying etc etc.

A person  or persons found guilty of professional misconduct (perpetrator of elder abuse) should be recorded on a National data base and not allowed to regain employment in another residential care facility. There needs to be tougher laws and convictions made to anyone found guilty of elder abuse .

The process of employing a new person and reference checking needs to be tightened up. Example is, I myself have received phone calls as a referee for a person applying for a position in Residential Care ....in the Employers desperation to obtain staff (staff shortages in the Aged Care Industry) ...how do they know who they are actually talking to? I have also questioned the quality of the reference checking ?

Proposal 5–1

Yes absolutely. The incidence of financial abuse by the enduring powers is on the increase without any accountability, legal ramifications or convictions for doing so. We need significant safeguards put into place with legal frameworks on a National level (not State to State) . There needs to be mandatory replacement of a single representative agreement to more than one to protect older people (all people actually) from financial abuse.

Proposal 5–2

Agree with proposal .

Proposal 5–3

Agree

Question 5–1

Disability Services Commissioner, Ombudsman, Health Services Commissioner , Public Advocates and Guardians.................

?? Unsure of others

Question 5–2

Yes if they are going to be one of the bodies overseeing and intervening with the welfare of older people.

Proposal 5–4

Agree with above .

? What happens when a person has diminished capacity or suspected of but not diagnosed ?

Proposal 5–5

Yes agree.

Proposal 5–6

Yes agree

Proposal 5–7

Agree. But what about a history of drug addiction trafficking  violence and abuse? Perhaps disabled themselves with diminished capacity for this role ?

Proposal 5–8

Yes Agree

Proposal 5–9

Yes Agree

Proposal 5–10

Yes Agree

Proposal 5–11

Yes Agree

Proposal 5–12

Yes Agree

Proposal 5–13

Yes Agree

Proposal 6–1

Yes absolutely. They should also be able to demonstrate an understanding of their roles, responsibilities and obligations. ? Signing an agreement with duty of care and obligations and privacy and confidentiality where bound and required ? Particularly if based in smaller communities ?

Question 6–1

I think a basis of compulsory training with all of the other options also available and offered as required.

Provision of ongoing education opportunities through forums, webinars, skyping , teleconference.

Education and awareness with the issues their clients might be facing eg: dementia , you don't have to hold a degree but have an understanding of what it is , ground knowledge.

Training could incorporate other services eg : Dementia Clients -  Alzheimer's Australia

More online opportunities for further education at hours outside business times . Allowing more flexibility and access to at times that suit

Providing training that stresses the importance of "individualising clients" ....not putting every client in the same box and treating them all the same. Elder abuse cases are all different and complex.

My current volunteer work as a Consumer Representative I present and talk on my own real experiences, the most powerful education tool "is hearing the real experience or story".

As we enter into the era of Consumer driven care and Cnsumer driven choices, advocates, financial's and guardians have to take this direction on as well. (Even when they have so many case numbers on their books)

Proposal 6–2

Yes Agree.

Question 6–2

I am not sure , as I had a look at this but my understanding of it ...I probably can't answer. No experience with this .

If it insures more accountability and responsibility for a financial administrators actions or non actions if to the detriment of the person they are assisting ....perhaps at the start. Particularly dealing with a client that does have a lot of financial income and or just financial assets.

Question 6–3

That it is mandatory that the person, regardless of the fact they don't have full capacity, kept up to date with what is happening periodically.This can be done through advocacy or a genuine person of trust. If the effected person is deemed of complete non capacity, then through the person or advocate (genuine) that is of trust to them.

Giving the person every opportunity of inclusion into the process with informed choices. Not taking all of their rights to choose and be involved away.

The stress it has caused my father and the sense of powerlessness when everything has been taken away and off him.

Provision of supported counselling throughout this experience for the effected person.

Proposal 7–1

Yes absolutely agree.

There is a whole lot of steps that can be implemented here with transactions and closure of accounts.

Proposal 7–2

Yes Agree.

Question 7–1

I have not been experienced in this scenario. But I agree with all of the above as a way of protecting the individual person.

Question 7–2

As above, not xperienced in this area.

Proposal 8–1

Yes if can avoid the high cost and battles with the litigation cases that occur from this happening. The costs of these disputes "eat up " all the assets and income of the victim and at times the third party who is a genuine (not perpetrator of abuse) family member. In my case , my father and myself .

Question 8–1

Family I see as defined as their individual relationships with each other. Assets for care is only looking at the financial aspect , which is transfer for care. It does not look at the care side. The person that this agreement (verbal not written with) is established with in most cases is not the person who is providing the care. This does not take into account that our older people are living longer and may require more care. It opens the door to inheritance impatience. It also does not provide future care surety for the older person (victim).

8.17 So true particularly in my fathers case.

8.15 So true. The costs are phenomenal.

8.39 Disappointing that VCAT has no jurisdiction over partnerships and farms . I actually had not realised this until I read it now.

8.41 ? may work . May avoid time and cost and particularly when the victim is requiring fairly urgent resolution for care and to have some money provided.

8.44 we had no luck with the VCAT appointed mediation. The perpetrator was not going to come to any agreement. I felt at the end of the long day the Mediator was pushing, really pushing for an agreement and settlement. Unfortunately the proposed agreement and settlement suggestion was so unfair and not in any way favourable to my fathers long term outcome. Although I felt pressured, I could not agree to the terms offered, I felt the mediator wanted settlement "regardless". (Pressured)

8.45 I dont totally agree here with the State a Trustees comment . Our family dispute is one of significance and one that is long past sitting down and discussing.  The  perpetrator of the elder abuse and disputed is a drug induced schizophrenic, with a history of violence, numerous family intervention orders, involvement with drug trafficking and bikie connections. It is now an issue of safety for us and particularly my father. My case just highlights that every case is different and complex with its own issues and concerns unique to that case.

8.46 Agree

8.47 Agree

8.48 & 8.49 Agree

8.50 I don't think the tribunals jurisdiction has to be capped at a certain monetary level. It is not of concern to myself , particularly after undergoing a very timely, stressful and costly litigation battle where the only winners are the legals,not the victim and not the third parties (myself) .if the tribunals can resolve even some of these disputes it would be worth trying. My father is one of many who has had no income and at times risk of loosing his respite bed in low level care that he needs. (Because we did not know if we would have the money or receive the money for his bed)

8.52 I feel that the "assets for care " does not have the "care side" as you mentioned included. It does not take in the non-financial contribution to care.

I have concerns for this agreement "assets for care" if it is not a legal document , just a verbal agreement. Also if the agreement is not realistic or fulfilled to ensure the victim has accomodation, money and care required for daily living.

I think these verbal agreements need to be abolished but put into a legal document with guidance for provision of care if situations change or arise that might alter the outcome of the initial agreement.

I think some of the laws re;inheritance (preventing inheritance impatience and accomodating more protection long term for the victims)  verbal promises need revising.

Proposal 9–1

Yes Agree totally.

Proposal 9–2

I agree , yes they should. The definition of financial abuse here is accurate.(from DFCS)

There should be laws in place and when proven,  convictions against the people that have done this. It is fraud and stealing the convictions don't marry up or are there for the crime. Accountability, repercussions nd penalties imposed .

Proposal 9–3

9.1 Accurate definition of Elder Abuse.

9.5 Agree with the State Trustees. This relates to a lot of our rural communities, wishing to leave a legacy to their family.

Proposal 10–1

Yes agree  totally.  The common issue is the wait times on the phone and for people going into Centrelink . There is also a reluctance and embarrassment for a lot of older people to go into Centrelink and seek help . Perhaps being able to train staff to identify older people entering Centrelink and fast tracing them through the system with the same contact people that they can deal with.

My father was in a position of financial hardship having no income for over 4 yrs . Asset wealthy with a farm and house and house block , but the financial administrators could not look at selling these as caveats had been placed on both by the perpetrator . With promises that the financial's administrators would fill in a Centre link application and never doing , I sort assistance from our local MP Cathy MCGowan . Cathy went in to advocate for my father with the Centrelink application to find out what was holding up the progress, it had never been submitted by them as stated.

I think with cases like my fathers , extenuating circumstances  a hardship grant or application should have been applicable with even a guarantee that funds be repaid on settlement of the litigation dispute. Locked out of everything with no money coming in, bank account closed and money taken.

It was a very difficult time for my family as we were having to pay for clothing, toiletries, and other items. I was not working at the time , having had a serious back injury, then we lost our home and all our possessions in a house fire. I was frightened my father would actually not retain his respite bed that the court had ordered the perpetrator to pay until all was settled . He kept threatening not to pay.

I did not even have a bed to give him.

Proposal 10–2

Agree totally.

Proposal 10–3

Agree totally.

Proposal 10–4

Agree totally. Also see 10-1 comments.

Proposal 11–1

Absolutely. There also needs to be more accountability from approved providers that incidences are reported and staff are supported with their reporting. All staff need to be educated and made aware they have a duty of care and responsibility to report incidences. They are also accountable.

Working in the industry 7 yrs ago I did witness incidents covered up and records and documentation change.

I have friends working in the industry all above 45yrs of age, single, no other job skills that are to frightened to come forward. It is an industry where bullying is rife.

Staff need to be supported and protected, remain anonymous (if this is the only way) and not be subjected to any repercussions from coming forward and reporting incidents.

Proposal 11–2

I agree , reportable incident is a much better term or wording to use .

Agree with the above.

Proposal 11–3

Agree absolutely

Proposal 11–4

Absolutely agree.

Reference checking policies also need to be reviewed. Particularly with phone references to people or ont act numbers that are  not directed through an organisation or provider. Eg: personal mobile numbers, when you don't know who you are actually speaking with from where.

With staff shortages in this industry their is a desperation to just put anyone on the floor. This needs to change and more accountability to those that employ and interview staff. (No corner cutting )

Proposal 11–5

Absolutely agree.

The Natiional state bases should also have an area where people need to be noted with any offences or incidents requiring dismissals.

Question 11–1

Any offence that is included in the boundaries of all discussed here in section 11. Any Elder Abuse, evidence of neglect, criminal record that may include fraud, stealing, sexual misconduct, violence, substance abuse or drug trafficking. Any misconduct in previous work places that deems them not of sound character to work with our vulnerable older people.

The same pre-requisites and requirements to working and being near children and working in disabilities.

This industry should be no different to my other.

Question 11–2

Employment clearance should remain valid for no longer than 2 -3 yrs. It will be a lot of work but should be reviewed in that time with staff to provide the evidence for their own clearance.

If there is doubt or suspicion in that time , organisations should have the right for it to be reviewed again.

Question 11–3

Mandatory drug and alcohol testing should occur randomly. Evidence of drug or substance abuse should be grounds to preclude a person from working in Aged Care.

A history of mental illness where self harm or harm to others might be evident. (Not saying all mental health )

Proposal 11–6

Absolutely. Also more supported training and evidence of continued education and upskilling should come into place. (mandatory)

My reason for this is to equip these people with the skills and training to deliver the higher level of care that will be required as people enter residential care facilities a lot older with more complex care needs. It protects both, staff and the residents.

Equips people with the tools needed to provide the quality care.

Anyone working in Aged Care should have also mandatory dementia training and palliative care. (On doing my Training and Assessment Certificate 4 course, I noticed in a he PCA course when it was combination ned with Community Care, the Palliative care component had been taken out of the course).

Demonstrated manual handling, infection control etc should be provided in their training.

Proposal 11–7

Yes agree totally. But also feel we are now replacing physical restraints with chemical restraints and their needs to be more accountability in this area. Particularly around issues of "Poly Pharmacy".

We need to provide the adequate training and support to staff working with dementia and not replace the training with "medication over use".

More governance, supervision needs to take place with PCA's giving out medication. Eg: insulin to diabetics, anti physchotic medications that have PRN orders (give when necessary )

Looking into and not ignoring the incidence of drug errors is another important factor.

Proposal 11–8

Yes agree totally.

Proposal 11–9

Absolutely agree.

Proposal 11–10

Absolutely agree.

Proposal 11–11

Absolutely agree.

File