

**Submission  
No 31**

**INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW  
SOUTH WALES**

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**United Voice NSW Branch submission to: General Purpose Standing Committee No. 2, Inquiry into Elder Abuse in New South Wales**

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## About United Voice

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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 disability support, aged care, early childhood education and care, 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 and disability care 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.

## United Voice NSW Branch

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United Voice NSW Branch covers 'in home aged care' workers and 'in home' disability care workers and represents over 2,500 home care workers in the state of NSW.

Home care, also referred to as personal attendant care and community care is the delivery of paid care or support services at a person's home or in their community which enables a client to remain living in their own home.

United Voice NSW branch does not cover residential aged care or residential disability care workers. These workers are covered by other care unions in NSW.

## Executive Summary

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United Voice members understand the vital role the workforce has in preventing, responding 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 abuse and neglect in the sector. It is essential that the paid workforce be acknowledged as a vital part of the solution and the abhorrent actions of a minority must not be allowed to cloud the public perception of the whole workforce.

United Voice believes the recommendations contained in this submission are equally applicable to disability services and the committee should expand the focus of its inquiry to capture this environment.

The submission considers the following:

- Definitions of elder abuse
- Elder abuse as a complex and multidimensional construct that should be inclusive of domestic violence and gendered violence discourses
- Potential risk factors that can lead to elder abuse
- The recent divestment of Ageing Disability Home Care (ADHC) in NSW and the impacts of this for the NSW interagency policy on *Preventing and responding to abuse of older people*
- NSW Home care workers unique position as frontline staff to respond to elder abuse
- The ongoing support and training required for care workers to identify and respond to abuse of older people
- The need for nationally consistent whistle blower provisions for care workers
- United Voice calls for nationally consistent pre-employment screening scheme of aged and disability workers
- As well as the need for an ongoing aged care workforce strategy

- United Voice also supports the NSW government's recent recommendation for a Commonwealth licensing body for aged care workers and recommends the creation of a professional registration body for both aged care and disability sector workers.

United Voice welcomes this important inquiry and the opportunity to make a submission on behalf of our members and urges the NSW Upper house inquiry into elder abuse to support the recommendations contained in this submission.

## **Summary of recommendations**

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United Voice NSW Branch submits the following recommendations to be considered by the General Purpose Standing Committee No.2 Inquiry into Elder Abuse:

**Recommendation 1:** United Voice recommends that all private home care providers adopt best practice principles in responding to abuse of older people. Community care providers should have internal protocols for responding to suspected abuse of older people, covering identification of abuse, needs identification, referral, assessment and care planning. Provider protocols should also be linked to wider agreements between local services and agencies.

**Recommendation 2:** United Voice recommends that the NSW Government, through the Council of Australian Governments, urge the Commonwealth Government to mandate access to ongoing professional training and career development to all aged and disability sector workers, acknowledging that a stable quality workforce of professionally trained and qualified and dedicated workers is a vital safeguard for preventing abuse, violence and neglect of older persons.

**Recommendation 3:** United Voice recommends that all workers in the sector have access to on-going professional training, education and information to recognise and appropriately respond to indicators of abuse, violence and neglect. NSW home care workers and care volunteers should receive ongoing training about the risk factors associated with abuse of older people, recognition of abuse and effective interventions. Care managers should also

be trained in how to provide adequate support and supervision for home care workers who report abuse.

**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 which will form an important preventative strategy to safeguard against abuse, violence and neglect against older people. United Voice welcomes the recent recommendation made in the NSW Legislative Council's report on Registered Nurses in NSW nursing homes, which would see the development of a Working with Older People and /or Vulnerable Adults Check, modelled on the Working with Children Check. However, United Voice maintains that in order to ensure consistency and effectiveness a national model is required.

**Recommendation 6:** United Voice recommends that the NSW Government, through the Council of Australian Governments urge the Commonwealth Government to 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. Further, United Voice supports the recommendation made in the NSW Legislative Council's report on Registered Nurses in NSW nursing homes that urges the Commonwealth government to establish a licensing body for aged care workers. Further to this, United Voice recommends the creation of a professional registration body for both aged care and disability sector workers.

**Recommendation 7:** United Voice recommends that a review of the NSW Policy for Responding to and Preventing Abuse of Older People occur and that domestic violence and gendered violence be adopted as key features for consideration when defining elder abuse terms. United Voice further recommends that the 3 yearly reviews of the interagency policy continue in order to remain relevant and meet community need and expectations in this area.

## Definition of Elder Abuse

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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).<sup>1</sup>

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.<sup>2</sup> 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<sup>3</sup> Estimates suggest the prevalence of elder abuse

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Elder Abuse Prevention Unit (2008) <[www.eapu.com.au](http://www.eapu.com.au)>.



to be between 0.5-5 percent of people over 65.<sup>4</sup> 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 family<sup>5</sup>, although this is not always the case.

## **Elder abuse is multidimensional**

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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.<sup>6</sup>

Elder abuse is complex and multidimensional. Abuse can be highly individualised and therefore difficult to identify. However, significant steps over recent years have been taken within NSW, including the implementation of the NSW Interagency Policy – *Preventing and responding to abuse of older people (2014)* . As well as the establishment of the NSW Elder Abuse Helpline and Resource Unit (EAHRU). 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.<sup>7</sup>

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<sup>4</sup> 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.

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

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

<sup>7</sup> *IBID*

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

## **Risk factors for elder abuse**

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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.<sup>9</sup> 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)<sup>10</sup> 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

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

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

<sup>10</sup> 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 perpetrator:**

- Caregiver burden or stress
- Psychiatric illness or psychological problems

### **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)

## **Care Sector - NSW Home Care Workers**

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The care sector in Australia is undergoing a period of significant change and uncertainty as a direct result of both government reform in the aged and disability care sectors and growing demand.

Home care, is a welfare service, provided within a distinct socio-political context in Australia's elder care system. Currently in most wealthy westernized countries, aged care systems are undergoing radical reforms as governments confront population ageing and pressure to contain costs. By 2050, it is predicted that people aged over 65 will make up 24 per cent of the NSW population<sup>11</sup> and as the population ages the rates of abuse of older people is expected to increase. In order to meet the challenges posed, the health and social system must adapt to meet the needs of older people to ensure that the best quality care is delivered and the rights of older and disabled people are safeguarded.

In Australia there has been an increased emphasis on home care rather than residential care and a growing reliance on market mechanisms to co-ordinate elder care systems.

This was evidenced in NSW when the state government chose to invoke a market based solution and announced the divestment of NSW home care services in late 2013. The

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<sup>11</sup> Preventing and Responding to abuse of older people, NSW Interagency Policy (2014), NSW FACS,p.5.

Coalition government passed the *National Disability Insurance Scheme (NSW Enabling) Act 2013* which allowed for the transfer of 4000 Ageing Disability Home Care (ADHC) government workers to the non-government sector. The sale of ADHC is set to be complete in early 2016 with the transfer of 4000 ADHC workers to the publicly listed, mutual company Australian Unity. Private providers are required to have systems in place to enable reporting and ensure protection for staff who report information, as part of their funding and accreditation. However, United Voice notes that the approach to reporting, responding to and training on elder abuse is inconsistent across the sector.

**Recommendation 1:** While there is no mandatory reporting of abuse of older people in Australia, United Voice recommends that all private home care providers adopt best practice principles in responding to abuse of older people. Community care providers should have internal protocols for responding to suspected abuse of older people, covering identification of abuse, needs identification, referral, assessment and care planning. Provider protocols should also be linked to wider agreements between local services and agencies.

United Voice would recommend that the below factors also be incorporated when developing internal policies on responding to alleged abuse of older people:<sup>12</sup>

**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

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<sup>12</sup> 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’.

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.

## **Home Care Workers - frontline responders**

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.

Home Care workers are in a unique position to detect abuse and to carefully assess any abuse problems because they are able to observe the client’s home environment and his or her relationship with the informal carer.<sup>13</sup>

United Voice believes that maintaining a stable and quality workforce is a vital safeguard against violence, abuse and neglect against older people in a home 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.

*“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

<sup>13</sup> 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.

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

There are currently no mandated minimum qualifications in the home care sector, yet there are high levels of relevant formal qualifications within the workforce. In the community aged care workforce, there has been a substantial increase in the proportion of community care workers with a Certificate III or Certificate IV. In 2012, the proportion of providers with more than 75% of community care workers with a relevant Certificate III was 40%, up from 28% in 2007<sup>14</sup>. 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?”*

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<sup>14</sup> Australian Skills Quality Authority (2013), 'Training for Aged and Community Care in Australia Report', p.9.

- *Disability Support 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 2:** United Voice recommends that the NSW Government, through the Council of Australian Governments, urge the Commonwealth Government to mandate access to ongoing professional training and career development to all aged and disability sector workers, acknowledging that a stable quality workforce of professionally trained and qualified and dedicated workers is a vital safeguard for preventing abuse, violence and neglect of older persons.

## **Elder abuse training and support for home care workers in NSW**

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Home care workers are frontline workers and will often be the first to recognise or suspect abuse of an older person. Aged care providers should ensure that their policies and guidelines protect and support their workers dealing with abuse. Indicators of abuse are often highly individualised and identification will largely rely on a positive relationship between the older person and the worker, a stable, professionally trained and qualified workforce that can provide continuity of care and support is imperative.

*“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”.*

**Recommendation 3** United Voice recommends that all workers in the sector have access to on-going professional training, education and information to recognise and appropriately respond to indicators of abuse, violence and neglect. NSW home care workers and care volunteers should receive ongoing training about the risk factors associated with abuse of older people, recognition of abuse and effective interventions. Care managers should also be trained in how to provide adequate support and supervision for home care workers who report abuse.

## Care workers - the ability to speak up

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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 trade 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 home care and the private 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 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. This can be confusing and disruptive and can result in different outcomes as to someone's suitability to work in the sector. These inconsistencies provide a potential loop hole that can be targeted by someone who has the direct intention of committing harm or who wants to avoid disclosing something from their past.

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 registration system for aged and disability workers, which would enhance the public perception of the industry as providing a viable professional career choice.

**Recommendation 5:** United Voice calls for a nationally consistent pre-employment workforce screening process to be introduced which will form an important preventative strategy to safeguard against abuse, violence and neglect against older people. United Voice welcomes the recent recommendation made in the NSW Legislative Council's report on Registered Nurses in NSW nursing homes, which would see the development of a Working with Older People and /or Vulnerable Adults Check, modelled on the Working with Children Check. However, United Voice maintains that in order to ensure consistency and effectiveness a national model is required.

A successful pre-employment screening process must carefully balance the rights of aged and disabled clients 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.

*“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

## **Workforce needs and Aged care workers registration body**

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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, including NSW home care workers are not accountable to a professional or licensing body. United Voice NSW 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 registration 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 a registration body 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 registration process for home care workers was a good idea – this question was asked after a paragraph in the survey explained that the Federal government was thinking about creating a national registration body and the potential aims of this body.

- 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 registration body was mainly attached to the issue of cost of registration to the individual home care worker (most of whom are poorly paid), while support for the idea was centred on protecting clients from abuse.

**Recommendation 6** United Voice recommends that the NSW Government, through the Council of Australian Governments urge the Commonwealth Government to 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. Further, United Voice supports the recommendation made in the NSW Legislative Council’s report on Registered Nurses in NSW nursing homes that urges the Commonwealth government to establish a licensing body for aged care workers. Further to this, United Voice recommends the creation of a professional registration body for both aged care and disability sector workers.

## Domestic Violence and Gendered Violence neglected when defining Elder Abuse

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Existing literature<sup>15</sup> suggests 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 of care-giver stress and not necessarily domestic abuse, which can lead to inappropriate interventions that may put older abused people at further risk.<sup>16</sup>

**Recommendation 7** United Voice recommends that a review of the NSW Policy for *Responding to and Preventing Abuse of Older People* occur and that domestic violence and gendered violence be adopted as key features for consideration when defining elder abuse terms. United Voice further recommends that the 3 yearly reviews of the interagency policy continue in order to remain relevant and meet community need and expectations in this area.

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<sup>15</sup> Mears.J & Sargent, M. (2002), *Survival is Not Enough: Project Report Two for Professionals*, p.10 ISBN 0-9580446-2-7

<sup>16</sup> Brandl. B & Raymond.J (1996), *Older abused and battered women: an invisible population*, *Wisconsin Medical Journal*, pp 298-300.

## Conclusion

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United Voice believes that home care workers are in a unique position to detect abuse and to carefully assess alleged abuse, as they are able to enter an older person's home and observe relationships with informal carers and family members, which is where elder abuse is most likely to occur. The client's relationship with and trust in the home care worker is crucial, without the client's confidence, the home care 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, home 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.