

**Submission
No 42**

INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Organisation: Health Services Union

Date received: 13/11/2015



Health Services Union Submission to the Legislative Council General Purpose Standing Committee No. 2 Inquiry into Elder Abuse in New South Wales

Responses to abuse in the residential aged care environment

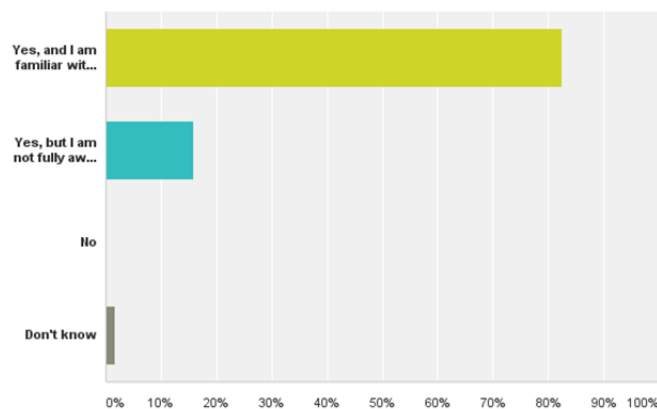
The Health Services Union NSW/ACT welcomes the opportunity to contribute to this review. Our union represents some 32,000 members in both public and private health as well as aged care and the ambulance service. Within the aged care system we cover all levels of support staff and health professionals. References in this submission to the experiences and views of our members are based largely on the results of a recent survey of one hundred and twenty-seven of them who are currently working in a variety of aged care facilities around New South Wales, both charitable and for-profit, regional and metropolitan.

Workplace Policy

On the whole, there is a high degree of awareness within the workplace. All but 1.5 percent of members (two people) reported that their employer has a documented policy on reporting and responding to incidents of elder abuse, and 82.5 percent described themselves as fully aware of the details of that policy.

Q2 Does your employer have a documented policy on preventing and responding to incidents of elder abuse?

Answered: 126 Skipped: 1



The respondents' comments, however, reflect wide variations in the degree to which these policies are enforced. Statements such as: 'Any abuse, be it verbal or physical with any resident or staff is not tolerated and offenders are severely reprimanded, which could lead to termination of employment,' are roughly balanced by complaints that the policies are not taken seriously or enforced stringently enough, if at all. 'There is no paperwork available in facility to fill in,' one member says, and another: 'They don't follow policies or procedures.'

Training

On the face of it, levels of training are high, with only six people reporting that they have received none at all.

What training, if any, have you had regarding preventing and responding to abuse of the elderly? Check as many answers as apply.

Answered: 125 Skipped: 2

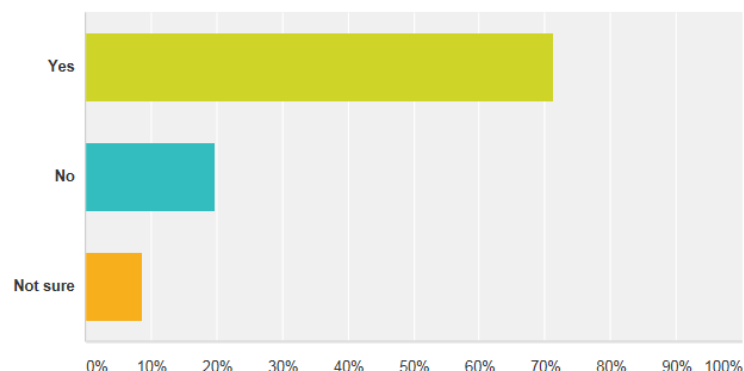
Answer Choices	Responses
None	4.80% 6
Received as a component of workplace orientation	42.40% 53
Received as a component of ongoing workplace training	69.60% 87
Employer has provided specialised training session/s on the subject	40.80% 51
Received as a component of Aged Care Certificate course	34.40% 43
Other (please specify)	2.40% 3

Total Respondents: 125

But as with employer policies there is a great deal of variation between workplaces as to the level of training. In particular many members complained that ongoing training is not readily available, with a significant minority of 28.57 percent unable to describe their training as adequate.

Do you feel that the level of training you have is adequate?

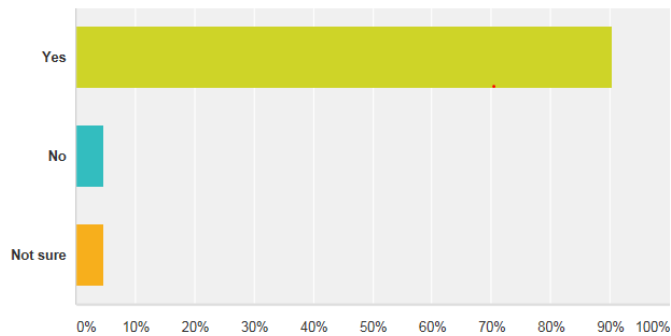
Answered: 126 Skipped: 1



Despite this, most workers are well aware of their obligations and know what to do should they observe any incident of elder abuse.

Do you feel confident as to what action you should take in the event that you witness an incident of elder abuse?

Answered: 126 Skipped: 1



A more complicated issue is whether they act on that knowledge.

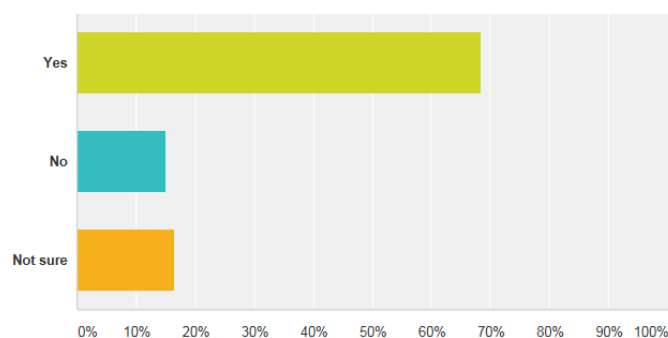
Section 2.2 of the NSW interagency policy *Preventing and Responding to Abuse of Older People* requires organisations to ensure that their workers:

are protected and supported by local policies and procedures governing the safe handling of cases of suspected or actual abuse of older people, particularly front line staff who may be unwilling to report abuse for fear about their own safety should the perpetrator of the abuse become aware.

As well as fear of the perpetrator, there is also the issue of staff perception that management itself may not want such reports to surface. There is a high correlation between workers who report a lack of employer commitment in the area of policy enforcement and those who lack the confidence that they would have their employer's support if they were to report an incident of abuse.

Do you feel that your employer would support you if you were to report an instance of elder abuse?

Answered: 127 Skipped: 0



Amongst the 31.5 percent of members who did not feel they would have their employer's support, typical comments were:

- I have been bullied and harassed for reporting an incident of elder abuse by manager and staff;
- They turn a blind eye, they portray everything is wonderful and we are just one big happy family;
- Getting involved may create problems for me at work;
- When staff report elderly abuse they get ignored, management punish them by cutting their hours, management turn a blind eye.

The realities of the aged care environment

More than half of our respondents reported having witnessed one or more instances of elder abuse within their workplace, by visitors and other residents as well as by members of staff.

If you answered yes to the last question, who was responsible for that behaviour? Check as many answers as are relevant.

Answered: 67 Skipped: 60

Answer Choices	Responses	
▼ A relative/friend of the resident	37.31%	25
▼ Another resident	46.27%	31
▼ One or more members of staff	67.16%	45
▼ Other (please specify) Responses	4.48%	3
Total Respondents: 67		

The forms that the abuse took fall broadly into two groups. Firstly, localised incidents of aggressive or disrespectful behaviour which, depending on the nature of the offence and the attitude of management, had a wide range of reported outcomes. In our members' own words:

- Management discussed with staff member duty of care and job requirements: if not happy to comply HR will be called in for a discussion;
- Only cursory action due to the matter being purely financial;
- The DON did not believe the 6 other residents who reported it. She said to me that you cannot believe these people they have dementia;
- Person was spoken to by district manager;
- Suspension of the guilty party;
- Resident was spoken to by PIC and given a warning, complaint was documented... If too severe police may be called;
- No action taken, management just dismiss it;
- Staff had reported it and written in the notes and I never heard any feedback;
- Ongoing problem between mother and daughter who has a development disability. Also the mother requests that no action be taken;
- Investigated and strategies to eliminate it happening again;
- The police were called and said the resident was 'just a silly old man';
- Staff taken off shift until police cleared them. Returned to look after the same person that accused them. Resident was beside themselves. I felt this was unacceptable. But I was told

that was the end of it. Same person went on to lose job through further incidents. I feel they didn't need to happen;

- ongoing monitoring of the situation;
- The employee was sacked;
- I phoned CTM immediately, filled out incident report, reportable assault document and progress notes. CTM contacted her boss, contacted the relevant government department, and result was that staff got a warning as it was verbal and resident did not want it pursued. Staff did not do it again;
- I have seen incidents which were addressed appropriately and also incidents which have been and still are swept under the carpet.

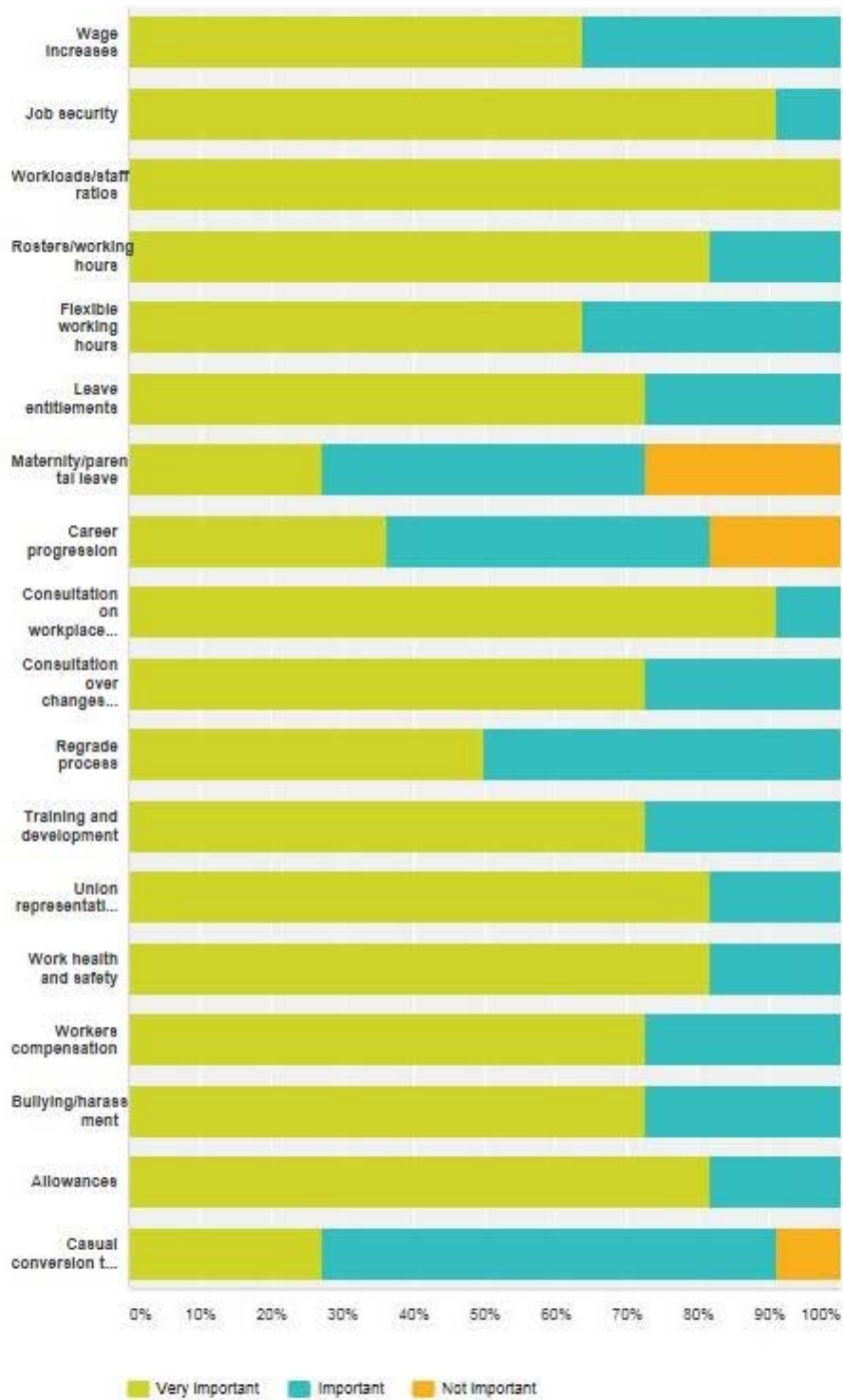
Clearly in such cases positive outcomes occur where the appropriate protocols are observed and people at all levels of the organisation have an active and positive approach to ensuring the wellbeing of their residents.

A more insidious type of abuse arises from neglect. It is too often the case in aged care that understaffing leads to unrealistic workloads, leaving care workers unable to complete their tasks in an acceptable fashion. That staff as well as residents suffer distress in such situations is clear from the tone of their comments:

- Residents suffering in pain until last day of their life due to each shift leaving it to next shift;
- I feel that the government need to change staff ratio to 1 to 5 give elderly better care;
- [Co-worker] rushed a shower assist in 5 or 10 mins when more time was allocated and payable by residents. Not using cream on their very dry legs. Other cares have spoken to her. But her attitude is that we are 'incompetent' if we can't get it done in minutes. Both residents are very frail, one with a rare skin condition.
- We need more staff to give better care and all nursing home should have 2 activity officers daily;
- No pain relief given to residents even when ordered and available;
- Dr arrived and insisted she be transported by ambulance immediately with a staff member. As not enough staff on the floor the NUM refused herself to go in with her and a family member was called to meet the ambulance at the hospital;
- Not enough staff, they are overworked and less productive, which leads to not performing their duty of care properly;
- My biggest concern is the abuse to residents with making night staff who do ten hour shifts do showers... waking them to do it;
- Mandatory and adequate staffing ratios are the only thing that can provide secure and appropriate care for residents in aged/dementia care facilities.

The constant message we get from our members is that they are deeply invested in providing the highest level of care to their residents, but the greatest threat to that care is understaffing. It is the one issue that is always at the top of the list of workplace concerns: more important than job security, career progression or even rates of pay. The chart below, taken from a recent survey of members at the commencement of enterprise bargaining, is a typical example.

How important is each of these workplace issues to you?



The issue of workloads/staff ratios is the only one that is constantly rated as 'very important' by 100 percent of workers.

Conclusion

The aged care workers of New South Wales make up a dedicated and professional workforce committed to providing the best service they can and to protecting their charges to the best of their ability. In order to meet these goals they require support in the form of:

- Managerial investment not just in the policy but in the practice of preventing and responding to abuse;
- Ongoing, mandatory training for all staff members who have contact with the elderly; and above all
- Staffing levels sufficient to ensure manageable workloads.

Lack of staffing leads to incomplete care. Workers under pressure rush through tasks, make mistakes and leave duties undone in the hope they will be picked up by subsequent shifts. This last is a particular problem for workers rostered on at night when staff levels are already lower than in the day and who may be required, contrary to best practice, to work alone.

Apart from putting residents' physical safety and comfort at risk, overwork robs care staff of time for the personal attention and social interactions that help to foster psychological wellbeing. When it comes to ensuring the quality of life of our elderly, their emotional welfare is no less important than their physical health.

Yours sincerely

Gerard Hayes
Secretary, HSU NSW/ACT.