

**Submission
No 66**

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

Organisation: Australian Services Union

Date received: 23/11/2015

Australian Services Union NSW and ACT (Services) Branch
Level 1 39-47 Renwick Street
Redfern, NSW 2016

23 November, 2015

Via email:

To whom it may concern,

Re: General Purpose Standing Committee no. 2: Inquiry into Elder Abuse

Please find the Australian Services Union NSW and ACT (Services) Branch Submission to the General Purpose Standing Committee no. 2: Inquiry into Elder Abuse.

Kind regards,

Natalie Lang
Branch Secretary

ASU Submission

General Purpose Standing Committee no. 2: inquiry into Elder Abuse

Submitted: Natalie Lang, Branch Secretary

Organisation: Australian Services Union NSW and ACT (Services) Branch

Address: Level 1, 39-47 Renwick Street
Redfern, NSW 2016

Date: Monday, 23 November, 2015

Executive Summary and Recommendations:

The Australian Services Union NSW and ACT (Services) Branch (ASU) welcomes the opportunity to make this submission on the important issue of elder abuse.

While all terms of reference in this inquiry are of great significance to individuals, their families and the community, the ASU will make specific comment only on those terms of reference where we have immediate and substantial experience. These are:

- 5. Identifying any constraints to elder abuse being reported and best practice strategies to address such constraints
- 9. The consideration of new proposals or initiatives which may enhance existing strategies for safeguarding older persons who may be vulnerable to abuse, and
- 10. Any other related matter.

The ASU notes that the Hon. Greg Donnelly has stated that the “committee is also considering the development of long-term measures to prevent or safeguard against abuse and to develop ways of empowering older persons to better protect themselves.” For the union and our members, ensuring that older people in NSW have the best protection from abuse is more than ensuring that legislative responses are adequate, it relies fundamentally on having a qualified, supported and stable workforce able to provide high quality care, and a diverse range of local community services that older people can access to receive support, care and connection.

In order to continue to provide high quality services for older Australians, and so that workers in aged care services can provide the strongest possible protection for seniors and their carers, the sector also needs to be secure and sustainable. This will allow for service and workforce planning and the recruitment and retention of qualified staff.

We recommend therefore that:

- That suitable training and workforce development is prioritised including establishing accredited training requirements for case managers and other key personnel in the aged care sector.
- That the critical role of case managers is recognised and that funding for a realistic number of core hours for case management is established, enabling genuine monitoring of aged clients and an effective reporting opportunity for other services who visit aged people in their homes.
- That funding for aged care services and other associated community services be sustainable. That is to say, that the funding is increased and provided on long term cycles to allow for suitable workforce and service provision planning.
- The failures of competitive tendering for human services provision be addressed and that it not be used as a model for funding aged care services or any services targeted to older Australians.

Who we represent:

The ASU represents members who work in non-government social and community services including:

- Aged care services,
- Disability services,
- Child protection youth and family services,
- Health, mental health and alcohol and other drug services,
- Community and neighbourhood centres,
- Migrant and settlement services,
- Homelessness, housing and tenancy support services,
- Community legal services,
- Aboriginal and women's services,
- Policy, advocacy and campaigning organisations,
- Employment services, and
- Community transport.

In the aged care sector the ASU specifically represents workers in non-government community based care services – both not-for-profit and for-profit providers. Our members in aged care are predominantly case managers and service coordinators for home-based care. Organisations employing case managers may use other titles such as care advisor or care manager, coordinators or another term. The Federally funded Government program under which case managers are employed is the Commonwealth Government's Home Care Packages program (HCP). These workers visit aged people in their homes or occasionally in hospitals. The ASU also represents workers employed under the Commonwealth Home Support Program (CHSP). They are concerned with service coordination only, not case management. These workers are generally described as coordinators.

Both HCP and CHSP workers:

- Visit clients in their own homes and provide information about what services are available.
- Assist clients to make choices about which services are appropriate to their needs.
- Coordinate service delivery to clients in their own homes.

The ASU also covers workers who may be directly involved in providing information, support and advice to those experiencing, or alleged to be experiencing, elder abuse. These workers are employed in the NSW Elder Abuse Helpline, which has been brokered to NGOs, and provide direct advice or support by phone, electronically, or in person.

Due to their direct, face-to-face contact with older clients, our members in the aged care sector are strategically placed to receive reports of alleged elder abuse, and to identify elder abuse. Workers in the HCP program may also be required to respond to allegations of elder abuse. Our members in the sector may be directly (the Elder Abuse Helpline), or indirectly involved (HCP and CHSP workers), in receiving reports of elder abuse, and in the identification and response to it.

ASU members also work in associated social and community services which provide services for and have contact with older people. These include neighbourhood and community centres, housing services, Aboriginal services and legal centres. Minimising older people's isolation and maximising contact with professional staff trained to identify and respond to elder abuse is critical to ensuring there are adequate safeguards against the abuse of older Australians.

Response to item 5: Constraints to elder abuse being reported and strategies to address such constraints

The importance of recognising and protecting the work of local community services

The relationship of abuser and victim is complex and means that, as with domestic violence, significant obstacles exist to the reporting of what is anecdotally a significant issue for older Australians. Whether the abuse is physical, psychological, financial or another form, the perpetrators are frequently those empowered or entrusted to care for their victim and often other family members. Apart from the emotional issue inherent to abuse perpetrated by a family member, victims of abuse may be wholly or significantly dependent upon their abuser for accommodation, transport to medical and other appointments, and even their food and clothing. Further, the relationship between carer and consumer, particularly in the Consumer-Directed-Care (CDC) model, is ill-defined, and may mean that an abuser is also making care decisions for their victim. This means that reporting abuse can be very difficult for the victim.

The complex nature of the relationship between abuser and victim highlights the vital role local community services play in the prevention and detection of elder abuse. Local community services running programs funded through targeted earlier intervention program funding for example, can provide older people with vital connections in their community, and their programs provide an opportunity for professional contact and unobtrusive monitoring of the welfare of participants. They establish strong interpersonal networks and provide essential information so that individuals who find themselves at risk have an opportunity to ask for help or report problems. In the case of a crisis there are supports and referral opportunities.

The Rozelle Neighbourhood Centre is one example of a local community based service that provides a 'soft entry' access point for older people. They have a number of programs specifically targeted towards older people at risk of isolation and dislocation. These programs, like Knit & Natter group for isolated seniors, Seniors Choir and the Tenant Group, provide regular social contact for seniors who are isolated, often having severe physical and mental health issues, or suffering elder abuse. These programs also provide an opportunity for older people to develop friendships and social networks, respite for carers (partners and children) and perhaps most importantly, provides an opportunity for professionals at the centre to monitor health and wellbeing, provide referrals and crisis intervention where necessary.

The Rozelle Neighbourhood Centre programs also aim to assist older people to form community networks, increasing social cohesion and capacity building, including living skills, budgeting, healthy cooking, mental health support and first aid. ASU delegate and Coordinator Lisa Smajlov says of the programs, "they have an intergenerational aspect where local primary school students often join the group during lunch and mums with young babies and toddlers connect with seniors fostering an almost grandparent/grandchild connection."

At the time of writing there are limited details available of the reforms proposed by the NSW Government review of Targeted Early Intervention Programs (TEIP Review), which funds programs like those at the Rozelle Neighbourhood Centre and at many other local community centres across the state. If however these reforms in any way replicate the NSW Government's *Going Home Staying Home* reforms, which were underpinned by competitive tendering and resulted in fewer available local community services, then this process will further hinder access to assistance for vulnerable older Australians.

Pressures on front line workers and the need for better training and clearer standards

Aged care service providers are required to have systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards. Service providers understand and engage with the community in which they operate and this is reflected in service planning and development. They actively work to identify and address potential risk, to ensure the safety of service users, staff and the organisation. However, this process can be complicated because there are significant issues around the autonomy of the consumer and the representative in decision making.

Under the Aged Care Act 1997, the appointed representative, for the purposes of advocacy on behalf of a HCP recipient, is not appointed under any formal process. Generally speaking, when the consumer is seeking a HCP, they invite their representative to attend the assessment meeting, to receive any information about the HCP agreement, including the care plan, and to be the contact person for the case manager. In some cases, due to cognitive impairment, referral paperwork will instruct the provider that a nominated carer should be contacted to discuss the provision of the HCP to the consumer. In many cases the referral to ACAT may be made by the person who eventually becomes the representative.

Under the Aged Care Act 1997 there is no requirement that a consumer have cognitive impairment in order for a representative to be appointed and, our members who have worked in in HCPs for many years, have told us that care recipients who are competent often defer to their representative, at least on some decisions.

Where a consumer has a formal guardian appointed (and has therefore been deemed incompetent) the formal guardian will be the representative but in other cases, there is often no rigor around identifying formal decision makers for the consumer. The representative does not need to be the person responsible, the Power of Attorney or the Enduring Guardian.

Carmel Robinson is an Aged Care Coordinator, ASU delegate, and the Chair of the ASU Social and Community Services Aged Care Services Sub Division. From her considerable experience in the sector she says that where a consumer has cognitive impairment, the case manager assessing the consumer referred for the HCP often relies on signals like the body language of the consumer to confirm that there is consent to have the representative act on their behalf.

This places extraordinary pressure on workers undertaking assessment, and requires a high level of skill training and expertise to identify signs of elder abuse whether the client has cognitive impairment or not.

The Commonwealth Government's aged sector reform package and Federal Budget imperatives demand that CDC case managers deliver the highest quality service at the lowest possible price. In this context, it increasingly difficult for case managers to do much more than coordinate service delivery to their aged and often vulnerable clients. Yet those same case managers are often the only access that many older Australians have to assistance when they are at risk or in crisis.

To quote Carmel Robinson, "Case management is about more than service coordination. To do the job properly means spending many more hours than you ever could bill for so there is enough money for other services, otherwise your service would be uncompetitive."

There has also been a significant and rapid increase in the number of providers entering the aged care sector and the opportunity for profit have been recognised by many large companies that have not previously operated in the sector.

Our members are concerned that there is a lack of basic entry level training for case managers so that they are able to identify signs of abuse and know how to deal with this problem. While some organisations have clearly made a significant commitment to careful selection of employees and have prioritised training, others have not. Case managers often work alone and are isolated from each other and other workers in an organisation by the nature of their work. This compounds the lack of opportunity for training, effective supervision, mentoring and accountability.

The Commonwealth Government has stated that their new philosophy of aged care is to increase competition and reduce regulation and red tape for providers as key steps in moving to a less regulated, more consumer-driven and market-based aged care system. This philosophy implies the same problems attached to competitive tendering in other parts of the social and community sector.

One of our members working in aged care also told the ASU that “There is a general lack of knowledge and understanding of policies and procedures and they are not a high priority for most organisations. They are simply not at the top of most managers’ minds because they are overwhelmed with trying to keep their service on top – the competition is fierce.”

The Commonwealth Government’s CDC reform process provides for a mandatory minimum number of ‘core’ hours to be allocated to case management. While this number varies across providers in the sector, it is not uncommon that there is only one hour per month allocated to case management. One hour per month is not sufficient to coordinate service delivery. It is certainly not sufficient to allow any case manager to realistically assess the ongoing needs of an older person who may be at risk. In fact with only one hour allocated per month the case manager may not have any contact at all with their clients after the initial assessment. This problem is exacerbated by case managers being under constant pressure to increase the number of packages coordinated by their organisation in order to maximise funding.

Response to item 9: New proposals or initiatives which may enhance existing strategies for safeguarding older persons who may be vulnerable to abuse.

According to many ASU members working in aged care services, current reporting procedures are complex, poorly understood and not well publicised among workers in the sector. They are almost completely unknown to many older Australians, particularly those who are likely to be most vulnerable, having language, cultural and literacy issues, being homeless, with a mental or physical disability or living in poverty. In addition, older people may not be able to access the information they need easily, particularly if it is provided in an online format.

The ASU therefore supports in principle current discussion by peak organisations and governments around introducing standard training requirements for case managers and other key personnel in the aged care sector. This is the only means to ensure a national standard for information, reporting and referral networks and ultimately accountability across the sector.

Clearly there needs to be recognition of the pivotal role of case managers in the government’s reform processes. Funding to support case management and provide a realistic number of core hours for the work would enable genuine monitoring of aged clients and an effective reporting opportunity for other services who visit aged people in their homes. In turn this would also improve access to assistance for older Australians who are at risk or in crisis.

Response to item 10: Any other related matter

A sustainable community services sector will lead to better workforce planning, support and outcomes

Identifying people in need and being able to provide connected and coordinated services is central to the social and community services sector. In order to do this, the community services sector needs to be person-centred, diverse, fair and ethically and sustainably funded. This means that our sector needs to move away from competitive tendering for social and community service provision. Rather, we need to move towards sustainable funding cycles that allow for planning and delivery of services supporting people with complex needs and greater sector consultation in the process.

Long-term sustainable funding will significantly improve the capacity of providers to collaborate with one another and to develop and train staff thereby ensuring viability of the sector into the future. Short term funding in 2 and 3 year cycles continues to plague the proper planning and delivery of social and community service provision. Short funding cycles create instability. Insecure funding leads to insecure employment which makes attracting and retaining a qualified and quality workforce difficult.