Opinion Pieces

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Aged Care Matters

Opinion Pieces 2012-2025

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Acknowledgements

When my parents moved to an aged care home, I began writing letters to *The Age*, mostly about the failures in the aged care system but also about other things. One day, the Letters editor replied with a correction. I had mistakenly claimed there was a word to describe hatred of people (misanthropy), hatred of women (misogyny) but no word to describe hatred of men. The Letters editor informed me that such a word did exist - misandry. Her email signature included her name, Elizabeth Minter, and a landline number.

I phoned Liz to ask a question: "Are you the Elizabeth Minter that once played tennis at Wimbledon?" She was. I then told her a story of the Under 16 tennis tournament at Mornington in which I played against her in the finals. She could not recall the match. I, on the other hand, had dined out for 40 years on the story of playing against a Wimbledon champion.

A few weeks later, Liz invited me to coffee. I agreed to coffee but insisted I would not play tennis against her. Getting thrashed 40 years ago was more than enough.

In 2016, when Liz was the summer Opinion Page editor, she invited me to write a piece about aged care. Headlined "The Aged Care Gravy Train", the article catapulted me into the role of an aged care advocate/activist.

Liz later worked at Michael West Media, where she edited my 20+ opinion pieces. She has also edited my Op-Eds for *The Age*, *The Guardian*, *The Herald Sun* etc.

Each time Liz edits my opinion pieces, she significantly improves them. Standing beside every opinion writer is a good editor. And I am very grateful that I have Liz standing beside me.

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Executive Summary

My mother and father moved to an aged care home in 2010. They chose Victoria By The Park primarily because they could sleep together. It's important to stress that my parents chose the aged care home themselves. Unlike many families who are forced to make the decision quickly after an older person has a health crisis (e.g. fall, heart attack), my parents moved into the aged care home when they were both in reasonably good health.

After Dad's death in January 2012, I visited Mum most days for about 3 years until her death in September 2015. I stopped full-time work so I could spend as much time with Mum as possible. I wanted her quality of life to be as good as it could be. The time I spent with Mum in the aged care home was mostly great fun for us both.

After I had been visiting Mum for 6 months, a relative approached me to express her concerns that standards of care had declined since the manager that we all loved had retired. Jane told me she was forming a relatives' group. I attended the first meeting with 25 other relatives. I listened to their grievances – many of which sounded very serious.

So what did we do? Some wanted to go straight to the media but I encouraged them to see if we could resolve the matter – which was obviously our goal. I offered to document their grievances and to meet with the owner of the aged care home.

The grievances mostly related to management, staff morale and standards of care. There were also several allegations of negligence. In addition, allegations of abuse and theft were made against 2 carers.

I spoke with staff – particular the ones who I felt provided wonderful care to Mum. They met with me off-site and shared stories of bullying and intimidation by the manager. I also spoke with residents about their concerns.

I collected all the grievances from residents, relatives and staff and wrote a 60-page report[1]. I met the owner and gave him the list of the grievances. The first thing he did was to apologise. I could tell that it was a genuine apology. Then to his credit, he responded quickly.

The manager was replaced and 2 carers accused of theft were not seen again. My concern is they went to work in another aged care home. I believe the Australian Health Practitioner Regulation Agency (AHPRA) should have a system of registration for PCAs similar to other health care workers.

1 An aged care facility in crisis: Consumer action to improve standards of care http://www.agedcarematters.net.au/an-aged-care-facility-in-crisis-consumer-action-to-improve-standards-of-care/

With a new manager, staff morale improved and standards of care were restored. My research shows a correlation between staff morale and standards of care. If staff are happy in the workplace, they are more likely to provide good quality care.

This incident demonstrated 3 things:

- The importance of a quick and genuine apology.
- The importance of the provider taking relatives' concerns seriously – and taking action.
- The vital role a manager plays in any aged care home.

So this is where my advocacy began.

With my background in public health and someone who once worked as a critical care nurse, I began to analyse the systemic issues in the aged care sector. I also began writing letters to The Age.

After a year or so of visiting the aged care home, I became concerned that the media only reported horror stories about aged care homes. Surely Mum was not living in the only good aged care home in Australia. So I designed an open-ended questionnaire that I uploaded onto Survey Monkey.

- What do you like about the aged care home that you visit?
- What don't you like about the aged care home that you visit?
- If you could change ONE thing to improve services in the aged care home, what would you change?

My plan was to write a positive story about aged care homes. However, things changed dramatically during the last month of Mum's life.

The details[2] of Mum's fall are not important except to say that the instructions on Mum's walker were not followed.

Like many older people who have a serious fall, the fall hasted Mum's death. When Mum was dying, I sat at her bedside to protect her from inflexible routines and policies. I ensured she slept as long as she needed, and ate when (and if) she wanted.

As Mum's Medical Power of Attorney, Mum and I had written her Advance Care Directive together. It indicated she did not want to be transferred to hospital. Although my critical care training had taken place 30 years earlier, I knew how to care for a dying woman. I was determined that I could ensure Mum had a good death in the aged care home.

[2] Aged Care Crisis, The Project, Channel 10 28 May 2017
https://www.facebook.com/watch/?v=10154636058203441

I was shocked to find only a few experienced PCAs had the skills required to care for Mum when she was dying. Some PCAs, many who were caring people, provided thoughtless task-oriented care.

On one occasion, a PCA came to Mum's room around 8am to change her night incontinence pad. Mum was sound asleep. I asked the PCA to let Mum sleep and to change the incontinence pad when she woke up. She replied:

> *It is policy. She must have a day incontinence pad because it is day time.*

I questioned this policy, pointed out that Mum was asleep, and the PCA replied:

> *I just work here. I do what I am told.*

Soon after this incident, I received an email from the Manager. She asked me to leave Mum's bedside.

> *I need you to let my staff do their jobs… Interfering with Mum's care is not helping her.*

After an earlier incident, I did not trust the manager. Rather than speak with her face-to-face about my concerns about Mum's end of life care, I simply replied to her email.

> *I hope you will re-consider your comments in your email and perhaps educate your less experienced staff about working in partnership with family members. Some relatives want to be involved in 'hands-on' care, others don't. I believe this should be our decision, not yours.*

I did not have confidence that staff could do their jobs and refused to budge from Mum's bedside.

I doubt I would have continued my aged care advocacy after Mum died if I had not received the manager's email asking me to leave my Mum's bedside.

The day after Mum's death, the aged care home's doctor phoned me to confirm the time of death. Staff had told him she had died at 6.30pm. I told him it was in fact 5.35pm. He also asked me what he should write on her death certificate. After visiting Mum monthly for several years, I expected her doctor to at least know her medical history.

Although there are many GPs and geriatricians who provide excellent care to older people in aged care homes, there are others who do not. My research shows some GPs visit an aged care home to review 20 medication charts (i.e. not visit the older person) – and then bill Medicare for 20 separate "visits".

After Mum died, I wrote her obituary[3] for The Age. Soon after, The Age's opinion editor asked if I would consider writing an Opinion Piece about aged care. I agreed.

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[3] Joan Russell's life of love leaves an indelible mark
https://www.smh.com.au/national/obitiuary-joan-russells-life-of-love-leaves-an-indelible-mark-20151011-gk6i1a.html

The Aged Care Gravy Train[4] catapulted me into serious aged care advocacy. Since then, I have been inundated with heart-breaking stories from residents and relatives that have led to many more opinion pieces in The Age, The Guardian, Croakey, The HeraldSun, Courier Mail and Michael West. I have also published several pieces in a small online aged care magazine.

The strength of my advocacy is that it focuses on solutions, not problems. I collaborate with key stakeholders - this includes providers, health bureaucrats and politicians. It also includes residents, recipients of home care packages and Commonwealth Home Support Program, families and staff. I believe it's only by us all working collaboratively that we will find solutions.

In 2019, the Aged Care Minister, Ken Wyatt and his chief advisor read my research report on residential aged care. Although Ken had visited many aged care homes, his experiences often involved a nice afternoon tea, extra staff on duty and an introduction to handpicked residents/family. My report provided a more authentic view of aged care homes – through the first-hand experiences of residents and their family.

Soon after reading my report, Ken asked if I could do something similar for home care (i.e. talk with older people who access Commonwealth Home Support Program or have a Home Care Package). However, only COTA and National Seniors undertake "consumer research" for the Department of Health. So the Department refused to fund my research. Ken intervened – and I was given a grant. Later, the Department of Health obstructed the release of my home care report[5].

My experiences with the Department of Health resulted in a confidential submission to the Aged Care Royal Commission in which I claimed the systemic problems in aged care are due, in large part, to the Department of Health. A subsequent FOI[6] with the Aged Care Quality and Safety Commission confirmed my view.

To reform the aged care system, we need:

- A new Aged Care Act that focuses on the human rights of older people
- Effective regulation
- Financial transparency
- Increased staffing levels and skill mix
- Improved training of staff
- Registration of personal care attendants
- Disclosure of performance indicators
- Public access of regulator's reports

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[4] The aged care gravy train https://www.smh.com.au/opinion/the-aged-care-gravy-train-20160108-gm1y33.html

[5] Older people living well with in-home support http://www.agedcarematters.net.au/older-people-living-well-with-in-home-support/

[6] https://www.agedcarequality.gov.au/media/91598

- Public reporting of complaints including how they were managed and resolved
- Banning the use of antipsychotic drugs unless prescribed by a psychiatrist
- Mandatory reporting of elder abuse
- Home care that prioritises each individual's need for support
- Working with older people and families when designing aged care services
- Stopping the illegal and unjust detention of residents in aged care homes

If the government continues to rely on professional groups rather and refused to engage with *independent* advocates – including people who use, or work in, the system – the government will fail to implement important aged care reforms.

Like Einstein said: "We cannot solve our problems with the same thinking we used when we created them."

Funding

Supporting aged care
Letter, *The Age*, 1 July 2022

Supporting aged care

Aged care providers cannot keep putting their hands out for additional government subsidies. Labor went to the election with a five-point plan for aged care that included improving financial transparency. We need to be confident that our taxes are spent on providing care for older people, not sports cars for executives.

Sarah Russell, Mount Martha

Funding is not the problem

Funding is not the problem *Herald Sun* 4 April 2022

I have spent six years trying to improve the aged care system on behalf of older people and families. This has been done as an unpaid advocate with no government funding.

The aged care system is broken. Numerous inquiries, including a royal commission, have revealed evidence of poor care, negligence, neglect, abuse and assault.

We know what needs to be done. The solution to the crisis starts with transparency and accountability.

I have become a stuck record in my calls for the federal government to demand transparency from the aged care providers in return for the billions of taxpayers' dollars they get each year - some $125 billion over the next five years.

Take the latest example. The May 2021 budget gave providers an extra $10 a day per resident to improve the quality of the meals. Some $460 million has already been spent, with an estimated $700 million to be spent this financial year. And what do providers have to do in return? Simply give an *undertaking* that they will *report* to government on a quarterly basis what they spend on food.

The royal commissioners had warned that aged care providers have a long history of not spending extra government money on what they are supposed to. So why give them a further $700 million without directly tying this money to food?

Many residents have told me they are still being served unappetising food. It seems many providers have not used this extra money on what they were supposed to.

The Aged Care Minister Greg Hunt and Minister for Aged Care Services Richard Colbeck claim that "the Morrison Government has achieved significant reform across the five pillars of its five-year plan to deliver respect, care and dignity for every senior Australian".

"We responded to the (Aged Care royal commissioners') recommendations and are now implementing this once-in-a-generation reform that puts senior Australians first," Minister Hunt said.

Seriously? There has been practically no progress on most of the recommendations one year after the royal commissioners released their final report.

Labor has proposed some measures to improve aged care in Australia. However so much more is needed to solve the crisis in aged care.

The failure of successive governments to respond meaningfully to the crisis in aged care has prompted me to put my hand up to replace the Aged Care Minister in his seat of Flinders. After years of advocating from the sidelines, it is clear aged care needs a strong advocate in parliament.

Dr Sarah Russell is the Voices of Mornington Peninsula endorsed Independent Candidate.

A futile hope that extra funds will go to wages

Letters, The Age, 10 August 2022

A futile hope that extra funds would go to wages

It is imperative that aged care workers receive a significant pay rise. However, many providers are private businesses and multinational corporations. Do these large businesses expect a pay rise for their staff to be funded by the government?

As the aged care royal commission final report noted: successive governments have made several failed attempts to improve staff wages "by providing additional funds to providers in the hope that they would be passed on to aged care workers by way of increased wages. They were not."

Sarah Russell,
director, Aged Care Matters

Systemic failures

The aged care gravy train

The Age, 8 January 2016

The main providers of residential aged care used to be religious, community-based and charitable organisations; the quality of care may have varied but owners were not motivated by profit. During the past decade, however, the number of privately owned aged-care facilities has grown at twice the rate of those in the non-profit sector.

A recent report suggested that average profits in the industry rose 40 per cent last year, while the time spent caring for residents declined by 7 per cent.

The federal government's Aged Care Financing Authority paints a more complex picture. Although profits are up, some facilities are doing better than others.

Recent letters to the editor reporting medical negligence, neglect and inadequate personal care suggest that some facilities are prioritising profits over residents' quality of life.

Ten years ago, a Senate committee held an inquiry into the sector. Its report was critical of the accreditation standards of aged-care facilities, finding them too generalised to effectively measure care outcomes. Given that the accreditation process enables aged-care facilities to receive government funding, it should not be a rubber stamp.

Unfortunately, vague phrases such as adequate nourishment and hydration, effective continence management, optimum levels of mobility and sufficient staff continue to be used.

More recently, a comprehensive list of quality of care indicators has been developed. This program is vital for encouraging continuous improvement and should be compulsory for all aged-care facilities; the government made participation voluntary.

A key to quality healthcare is a good staff-patient ratio. Without mandated ratios, many facilities operate with too few registered nurses and personal care attendants. Salaries are the main outgoings for an aged-care facility. Minimising staff numbers may maximise profits but it increases stress on those in charge.

Not surprisingly, there is a high rate of burnout among experienced nurses and managers, which lowers care standards even further. The rhetoric may be person-centred care, but the reality is somewhat different. On the morning shift, for example, residents are required to be toileted, showered, dressed, fed and medicated – all before 9am.

There is no requirement that these tasks be done thoughtfully; most staff are just too busy. Competent, honest and caring staff – managers, registered nurses, personal care attendants, as well as kitchen, reception and activities staff – are much more important than a nicely appointed bedroom or a lounge room with a coffee machine and grand piano.

Another problematic feature is the Aged Care Funding Instrument. This is used to pay subsidies based on each resident's level of need. It, too, is poorly worded and often serves the interests of the providers rather than residents.

When a resident has been reclassified as requiring a higher level of care, staffing levels rarely change nor are extra services provided to the resident. The government recently introduced fines to curb a growing trend of incorrect, or false, claims for subsidies. Whether the fine of $10,800 for providers who repeatedly make false claims will act as a deterrent remains to be seen.

It is not only owners who may take advantage of residents. Some health care practitioners – GPs, dentists, podiatrists and so on – are also on the aged care gravy train. Recently, a dentistry service treated numerous residents at an aged

care facility. Instead of charging a single "set-up" fee, each resident was charged this $90 fee on top of their bill.

Vocational providers are also claiming subsidies to offer aged-care courses despite some courses not meeting national standards. *Age* reporter Michael Bachelard has comprehensively illustrated how privatisation has turned vocational education "into a den of shonks and shysters".

Former ACCC chief Graeme Samuel describes this waste of taxpayers' money as the "inevitable consequence" of governments funding the private sector to deliver a public good.

Caring for older people with health issues such as dementia and incontinence is a demanding job that requires specific expertise. An "accredited" fast-tracked course does not equip graduates to work competently with older people, particularly those from culturally and linguistically diverse backgrounds and the gay and lesbian community.

Working with older people requires staff who, at the bare minimum, speak English fluently and are able to read and update care plans. Ideally, facilities would have staff who are kind and have a genuine interest in older people. Unfortunately, kindness cannot be taught or bought.

To ensure older people living in aged-care facilities have the best possible quality of life, relatives need to become more involved in their care. It is not enough to simply pay the fees and hope for the best.

My mother spent her last five years in an expensive facility in which the bond (a de facto interest-free loan) was $623,000. I visited her most days, so became acutely aware of the stresses on staff and the corners that are cut to maintain high profitability. In 2012, relatives at Mum's facility were concerned about inadequate care. We documented incidents of negligence, incompetence, staff not telling the truth, bullying and racial vilification.

We also reported numerous thefts, though this was difficult to prove because victims were invariably people with dementia.

Fortunately, the owner responded positively to our list of our grievances. Most importantly, he replaced the manager. Good managers are the linchpins of a quality facility.

Towards the end of Mum's life, only the most experienced staff were able to provide adequate care. Those with less than four months training did not have the required clinical skills. For two months, I sat at my mother's bedside to protect her from inflexible routines and policies. I ensured she slept as long as she needed, and ate when (and if) she wanted.

After a week or so at her bedside, the manager asked me to stop interfering. I refused to budge, because I did not have confidence that staff could do their jobs.

The aged-care sector needs a shake-up. The key players have competing interests: residents and their relatives want high-quality care while owners focus on profitability. The government must increase regulation because the care of vulnerable people is too important to be left to the free market.

Aged-care facilities require meaningful accreditation standards, compulsory quality of care indicators, a more rigorous Aged Care Funding Instrument, better training of staff and mandated staff ratios. We need to ensure older Australians receive the quality of care they deserve.

Aged care reforms: who really benefits?

Croakey, 4 October 2016

Revelations about private education providers ripping off taxpayers by delivering substandard courses with poor completion rates are no surprise. History shows us that rorting is rife when governments fund the private sector to deliver a public good.

So why are successive federal governments so eager to deregulate the aged care sector?

The bipartisan 'Living longer living better' aged care reforms, introduced in 2013, decreased regulation and introduced a consumer-driven market based system.

This encouraged private equity firms, new foreign investors, and superannuation and property real estate investment trusts to enter the residential aged care market in large numbers. These businesses' primary motivation is profits.
The irony of the move towards a free market system in residential aged care is that private businesses rely on government subsidies for their profits. The government pays approved providers a 'residential care subsidy' for each resident living in an aged care home.

Furthermore, under the current arrangements, the providers do their own assessments for government subsidies – a system that is surely rife for fraudulent behaviour.

The amount paid to care providers for each resident is calculated using the Aged Care Funding Instrument (ACFI). While Health Minister Sussan Ley claims that the overwhelming majority of providers are doing the right thing, the ACFI Monthly monitoring reports do not support her claim.

One in eight of 20,000 ACFI claims audited last year (2014-15) were deemed to be incorrect.

The current funding model provides a financial incentive to classify residents as requiring a higher level of care because the provider receives more money from taxpayers.

However, providers are not bound to provide more staff or introduce services such as strength training, music or lifestyle programs that would improve residents' quality of life when the resident has been reassessed.

On the contrary, staff levels rarely change nor are extra services provided. So the increased funding provided by taxpayers simply goes into providers' pockets.

The government recently introduced fines to curb a growing trend of false claims for subsidies. But compare the fine of $10,800 for providers who repeatedly make false claims against the potential gains.

The maximum subsidy per resident is $211.40 per day. An aged care home with 60 residents classified as high care receives $12,684 per day from the government. It is doubtful the new fines will prove much of a deterrent when such profits are in the offing.

Recently, an aged care home falsely claimed a resident had Parkinson's Disease, and related health deficits, for which the provider claimed the maximum subsidy. When his daughter complained of fraud, she was told that the appraisers "must be able to trust the word of the health care professionals at the aged care facility".

So clearly the aged care subsidy system is built on an honesty system. However the rorting within private colleges indicates what happens when we rely on honesty in profit-based systems that rely on government subsidies.

Unscrupulous providers will exaggerate the care needs of residents – and classify as ''high care'' as many residents as they think they will get away with.

The changes to the Aged Care Funding Instrument (ACFI) announced in the last federal budget caused private providers to worry about their profits.

As a result, some privately owned aged care homes began to charge additional service fees, including "capital refurbishment fees" and "asset replacement contributions". These fees improved the companies' bottom line but, again, did not provide any social/health benefit to residents.

The Department of Health announced recently that these types of fees contravened the legislation. Not surprisingly, private providers and shareholders are up in arms about the government's interference.

They believe the government should step back and let the free market operate. They claim fees should be a private arrangement between an aged care provider and the consumer. But these so-called "consumers" are often frail elderly people many with dementia.

How can an elderly person with dementia negotiate fees let alone "drive" the residential aged care system? Furthermore, when the taxpayer is subsidising the care of elderly people living in aged care homes, the public's investment needs to be protected in the form of more regulation, not less.

Turning away from evidence and data in aged care

Croakey, 9 February 2018

Last year Julie Collins (the Shadow Minister for Ageing) and Ken Wyatt (Minister for Aged Care) engaged in some political tit-for-tat over the implementation of the 'Living longer living better' aged care reforms. These aged care reforms were introduced by the ALP in 2013 and have bipartisan support.

Ms Collins called on Mr Wyatt to act on the recommendations from the recent aged care inquiries and reviews rather than "simply leaving them to gather dust". Ms Collins referred specifically to The Aged Care Legislated Review and the Review Of National Aged Care Quality Regulatory Processes. She failed to mention the large number of recommendations from inquires and reviews over the past decade that have been ignored by both ALP and LNP (Tables 1 and 2).

Table 1: Inquiries into aged care since 2005

Date	Inquiry Title
2018	Inquiry into the Quality of Care in Residential Aged Care Facilities
2017	Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised
2016 / 2017	Future of Australia's aged care sector workforce
2016 / 2017	Productivity Commission - Human Services
	A public inquiry into the increased application of competition, contestability and informed user choice to human services.
2016 / 2017	Australian Law Reform Commission - Elder Abuse
2015	Registered nurses in New South Wales nursing homes
2015	Elder abuse in New South Wales
2015	Inquiry into End of Life Choices
2013 / 2014	Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia (BPSD)
2010 / 2011	Productivity Commission - Caring for Older Australians
2008	Inquiry into Aged Care Amendment (2008 Measures No. 2) Bill 2008
2006 / 2007	Inquiry into older people and the law
2007	Inquiry into Aged Care Amendment (Security and Protection) Bill 2007
2004 / 2005	Senate Inquiry into aged care: Quality and equity in aged care

Table 2: Government reviews of aged care since 2005

Date	Review
2017	Review of National Aged Care Quality Regulatory Processes
2017	Internal review: Australian Aged Care Quality Agency
2017	Oakden Older Persons Mental Health Service Review
2017	Single Aged Care Quality Framework: Options for assessing performance against aged care quality standards
2016	Aged Care Legislated Review
2015	Increasing Choice in Home Care - Stage 1 - Discussion Paper
2015	Review of Commonwealth Aged Care Advocacy Services
2013 / 2014	Consultation on the Quality Agency Quality Reporting Programme
2009 / 2011	Review of the Aged Care Complaints investigation Scheme
2009	Review of the Residential Aged Care Accreditation Process
2005	Elder Abuse Prevention Project

Perhaps the most significant 'un-actioned' recommendation is Recommendation 14 in the 2005 *Senate Inquiry into aged care: Quality and equity in aged care*. This recommendation asked that "that the Commonwealth, in consultation with industry stakeholders and consumers, review the Accreditation Standards to define in more precise terms each of the Expected Outcomes".

Over a decade later, the Accreditation Standards and Outcomes remain imprecise with vague statements such as "adequate" nourishment and hydration, "and adequate numbers of appropriately skilled and trained staff". Without clear measurable outcomes, many aged care homes pass accreditation despite delivering appalling standards of care. Oakden Older Persons Mental Health Service, for example, passed three accreditations during the past nine years, despite relatives' ongoing allegations of poor standards of care. Oakden received a perfect score (i.e. passing 44/44 standards) at all three accreditations.

Another dispiriting aspect of all these reviews and inquiries is the number of submissions by residents, relatives and staff whose experiences 'on the ground' are seemingly ignored. The final report of the Aged Care Legislated Review did not include evidence about standards of care. Although residents, relatives and staff discussed declining standards of care during the consultations, 'quality and safety' were outside the scope of the review. However, to state: "there is no evidence to suggest that there has been a decline in the quality of care since the Living Longer Living Better reforms" (Page 187) is misleading.

The report of the Review of National Aged Care Quality Regulatory Processes also failed to adequately represent consumer submissions. The review received 12 submissions from residents of an aged care home, 63 from family and /or carers and 159 from aged care staff. These submissions indicated strong support for mandatory staff ratios in aged care homes and for registered nurse to be on duty at all times. However, changes to staffing requirements in aged care homes were not included in the reviews' recommendations.

In contrast, the recent Future of Australia's aged care sector workforce inquiry made several recommendations about staffing in aged care homes. Recommendation 8 suggested the government examine the introduction of a minimum nursing requirement for aged care homes. Recommendation 10 suggested the government require aged care service providers to publish and update their staff to resident ratios "in order to facilitate informed decision making by aged care consumers".

Rather than respond to these recommendations, the government established yet another departmental review – this time an Aged Care Workforce Strategy Taskforce. The taskforce will once again rely on "wide engagement and consultation" rather than research evidence.

Several researchers, including those at the Australian Association of Gerontology, encouraged the Chair to undertake a literature review. A robust analysis of the national and international evidence on the aged care workforce would have enabled the Workforce Taskforce to better evaluate the merits of key stakeholders' opinions. Instead, the department opted for further consultation and engagement.

An evidence-based approach to aged care policy would consider both the experience/opinions of key stakeholders and evidence from rigorous independent research studies. To undertake independent research on aged care homes, however, data must be publicly available. This is not the case in Australia.

Although StewartBrown, the Quality Agency and the Health Department collect data on quality indicators such as pressure sores, medication errors, weight loss, falls, infection rates admissions to hospitals, staffing levels and training, these data are not publicly available. The Quality Agency does not even publish their reports from unannounced visits to aged care homes.

Access to reports from unannounced visits would enable consumers to make informed choices when selecting an aged care home. However, Members of Aged Care Sector Committee claim "these reports were more technical and, without explanation, may not provide useful information for consumers or their families" (minutes of the May 2017 obtained by FOI). This remark not only patronises those of us who seek this information but also limits critical independent research.

When Julie Collins and Ken Wyatt hear claims from providers, unions and aged care advocates, they should both be asking: "Show me the data to support your claims?"

Take for example, the recent claim made by Sean Rooney, CEO Leading Age Services Australia. He claimed debate around staffing in aged care facilities would be better served by focusing on the quality of outcomes for older Australians rather than mandated staffing ratios. To support his claim, Mr Rooney pointed to the Australian Government's 2011 Productivity Commission Report that expressed *the opinion* that mandating staff ratios is a 'blunt'

instrument for ensuring quality care because of the heterogeneous and ever-changing care needs of residents. To counter Mr Rooney's claim, 150 staffing studies undertaken in United States, Canada, United Kingdom, Germany, Norway and Sweden show the ratio of registered nurses-to-residents has a positive impact on the standards of care in an aged care home.

Over the past decade, government inquiries and reviews have consulted widely on workforce, accreditation, complaints scheme and elder abuse. These consultations have led to recommendations that have mostly gathered dust. To ensure an evidence-based approach to aged care policy and practice, we need research evidence rather than more inquiries, reviews, taskforces and think tanks that privilege stakeholder opinions.

The aged care crisis can be traced back to Howard's Aged Care Act.

The Guardian, 20 April 2018

The hyperbole used by politicians, bureaucrats and lobbyists to defend heartbreaking stories about inadequate personal care, neglect, abuse and negligence in aged care homes is staggering.

Consider this from the aged care minister in his media release announcing a national Aged Care Quality and Safety Commission. Ken Wyatt said the government recognised "the vast majority of providers give consistent, quality care to their residents."

After the Oakden scandal, Sean Rooney, the chief executive of Leading Aged Services Australia, stated "the overwhelming majority of Australians in aged care and their families receive high quality care, support and services that meet the most stringent national standards".

And then again from Kate Carnell and Ron Paterson in their Review of National Aged Care Quality Regulatory Processes: "Poor care in some facilities also risks undermining the efforts of the majority of residential aged care providers that are committed to providing good-quality services".

Politicians, bureaucrats and providers frequently reassure us that the majority of aged care homes are "world-class". However, there is no empirical evidence to support this claim. Their reassurances are simply marketing spin on steroids.

To be able to evaluate the proportion of aged care homes that provide high standards of care, researchers like myself need access to data. We need data on quality indicators such as pressure sores, medication errors, weight loss, falls, infection rates admissions to hospitals, staffing levels and training. However, these data are not publicly available.

Who decided that data on residents' safety and wellbeing in aged care homes must be kept top secret? To answer this question, we need to go back more than 20 years when the Aged Care Act 1997 was drafted. John Howard's Coalition government proved a turning point for aged care policy in Australia.

Under the Coalition's Aged Care Act 1997, there was an increase in private investment. Private equity firms, new foreign investors, and superannuation and property real estate investment trusts entered the residential aged care market.

The dean and head of the University of South Australia's law school Wendy Lacey has slammed the Aged Care Act, arguing that there is "a complete absence of any positive and mandatory legal obligation on the part of facilities to take proactive measures to promote mental health and wellbeing of their residents".

Rather than tackle the disgracefully inadequate staffing requirements contained in the 1997 Aged Care Act, the government's latest bureaucratic idea is to merge a number of agencies. The new Aged Care Quality and Safety Commission has been dubbed a "one-stop shop" to prevent failures and monitor and enforce quality standards. This initiative is like shifting the deckchairs on the Titanic.

Aged care homes require proactive initiatives to prevent inadequate personal care, neglect, abuse and negligence of residents. The only way to prevent failures is to ensure a sufficient number of trained staff are employed in aged care homes. Aged care homes also require kind and competent managers who create happy workplace cultures and welcome feedback from relatives.

While it's not the only remedy, empirical evidence shows the value of mandating ratios in aged care homes. Staffing studies undertaken in the United States, Canada, United Kingdom, Germany, Norway and Sweden show that the ratio of registered nurses-to-residents has a positive impact on the standards of care in an aged care home. Wyatt ignores this empirical evidence.

When asked whether he would mandate staff ratios in aged care facilities, as is required in childcare centres, Wyatt said there wouldn't be sufficient staff for small country towns or remote Aboriginal communities. This is disingenuous. The aged care minister is surely aware of workforce strategies in other sectors (including education and health) to recruit and retain qualified staff in remote areas. Similar strategies need to be developed for the aged care sector.

Wyatt added that mandated ratios in childcare have increased costs for families. This may be true. However, the government values the safety of children in childcare enough to mandate ratios. The government also values the safety of patients in hospitals to mandate ratios. Clearly the government does not value the safety of older people in aged care homes enough to mandate ratios.

The standards of care in aged care homes are a human rights issue. The only way to ensure higher standards of care is for the government to go back to the drawing board and rewrite the Aged Care Act from scratch. This time, the government needs to work not only with providers, but also staff, residents and their families. We need legislation that ensures the highest possible standards of care in all aged care homes.

We need a complete rethink on aged care

HeraldSun, 23 January 2019

The Royal Commission into Aged Care Quality and Safety began last Friday. Scott Morrison announced the Royal Commission on the eve of last year's ABC Four Corners' investigation into inadequate personal care, negligence, neglect, abuse and assault in aged care homes.

Before jumping into another expensive royal commission, perhaps Scott Morrison should have reviewed the numerous inquiries, reviews, consultations, think tanks and task forces over the past 10 years. These inquiries provide evidence of appalling standards of care in some aged care homes. They have also resulted in a large number of recommendations, most of which have been ignored by successive governments.

The most dispiriting aspect of all these inquiries is the number of submissions by residents, relatives and staff that have been ignored. Submissions to the recent Review of National Aged Care Quality Regulatory Processes indicated strong support for mandatory staff ratios in aged care homes and for registered nurse to be on duty at all times. However, there was no mention of this in the report.

To prevent poor standards of care in aged care homes, a sufficient number of trained staff must be employed. Although it's not the only remedy, evidence shows the value of mandating staff ratios in aged care homes.

The government values the safety of children in childcare enough to mandate ratios. The government also values the safety of patients in hospitals enough to mandate ratios. Clearly the government does not value the safety of older people in aged care homes enough to mandate ratios.

The Terms of Reference for the Royal Commission are primarily about the future of aged care. However, if the Royal Commission does not look back, it will not be able to move forward without making the same mistakes. As Albert Einstein said: "We cannot solve our problems with the same thinking we used when we created them".

To improve standards of care in aged care homes, The Commissioners must review evidence on quality indicators such as pressure sores, medication errors, weight loss, falls, infection rates admissions to hospitals, staffing levels and training in all aged care homes. Currently, these data are not publicly available.

Who decided that data on residents' safety and wellbeing in aged care homes must be kept top secret? To answer this question, we need to go back more than 20 years when the Aged Care Act 1997 was drafted.

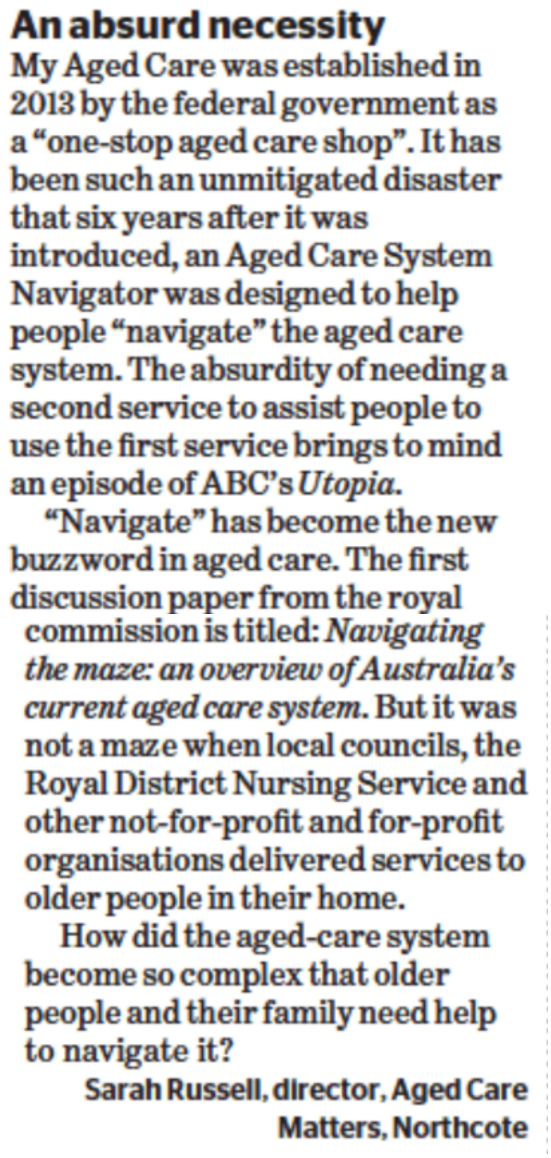
The Aged Care Act 1997 was a turning point for aged care policy in Australia. It encouraged a large increase in private investment. Private equity firms, new foreign investors, and superannuation and property real estate investment trusts entered the residential aged care market. Many of these companies focus on profits rather than standards of care.

The dean and head of the University of South Australia's law school Wendy Lacey has criticised the Aged Care Act, arguing that there is "a complete absence of any positive and mandatory legal obligation on the part of facilities to take proactive measures to promote mental health and wellbeing of their residents".

The standards of care in aged care homes are a human rights issue. The only way to ensure higher standards of care is for the government to rewrite the Aged Care Act. The government needs to work not only with aged care providers, but also staff, residents and their families.

We need a new Aged Care Act that focuses on Human Rights of older Australians not the profits of providers. We need a new Aged Care Act to ensure the highest possible standards of care in all aged care homes.

An absurd necessity
Letter, The Age, 18 February 2020



An absurd necessity

My Aged Care was established in 2013 by the federal government as a "one-stop aged care shop". It has been such an unmitigated disaster that six years after it was introduced, an Aged Care System Navigator was designed to help people "navigate" the aged care system. The absurdity of needing a second service to assist people to use the first service brings to mind an episode of ABC's *Utopia*.

"Navigate" has become the new buzzword in aged care. The first discussion paper from the royal commission is titled: *Navigating the maze: an overview of Australia's current aged care system*. But it was not a maze when local councils, the Royal District Nursing Service and other not-for-profit and for-profit organisations delivered services to older people in their home.

How did the aged-care system become so complex that older people and their family need help to navigate it?

Sarah Russell, director, Aged Care Matters, Northcote

Aged care "free market" where a home care package deal masks a crisis
Michael West Media 9 September 2025

Seven years after Scott Morrison surprised everyone by announcing the Royal Commission into Aged Care Quality and Safety, media headlines are again describing an 'Aged Care Crisis'. This is not surprising, given Labor's "*generational* (my italics) aged care reforms" fail to address fundamental systemic issues.

These systemic issues began when the Howard government's Aged Care Act 1997 encouraged an increase in private investment in the aged care sector. Private equity firms, new foreign investors, and superannuation and property real estate investment trusts entered the aged care 'market place'.

Labor's "Living Longer Living Better" 2012 reforms continued to treat aged care as a free market – describing older people as "consumers". The 2016 Aged Care Roadmap called for "lighter regulation" and a "consumer driven and market-based system".

Treating aged care as a free market led to the Royal Commission into Aged Care Quality and Safety because some providers prioritised profits over care.

The Royal Commission found the aged care system was based around "transactions" rather than care. However, the commissioners did not agree on the changes necessary to shift from a provider-focused system to one that places the rights of older people front and centre.

Across 148 recommendations, there were 43 points of disagreement between the two commissioners. While Pagone recommended fundamental systemic changes, Briggs did not. For example, Pagone recommended the creation of a new independent statutory agency — the Australian Aged Care Commission. In contrast, Briggs recommended the Department of Health added "and Aged Care" to its name.

Both Liberal and Labor governments accepted Briggs' recommendations – thereby forgoing the opportunity for fundamental systemic changes to the aged care system.

After rejecting the recommendation to finance the aged care system through an aged care levy, the Labor government convened yet another taskforce in 2023. Most members of the Aged Care Taskforce were the usual suspects, ignoring Einstein's adage "We cannot solve our problems with the same thinking we used when we created them".

It was Aged Care Taskforce, not the Royal Commission, that recommended a funding model in which people should make a co-contribution to their care costs based on their ability to pay. In fact, co-payments are contrary to the recommendations of the Royal Commission that called for guaranteed access to aged care based on assessed need.

The new co-contribution funding model is primarily focussed on a medical not social model of care. Activities such as nursing care, wound management, physiotherapy, and medication assistance, remains fully funded by a home care package. In contrast, services supporting daily living and independence, such as domestic and gardening help, showering and lifestyle activities are subject to co-payments. The out-of-pocket costs for domestic and gardening services will range from 17.5 per cent for full pensioners to 80 per cent for self-funded retirees.

While exceptions will be made for people who satisfy hardship provisions, the process of making the application with Services Australia will be difficult for some older, vulnerable people.

Co-payments will undoubtedly undermine some basic rights for those least able to afford care. The cost of a shower, for example, will range from 5% for full pensioners to 50% for self-funded retirees. If an older person cannot afford the co-payment for a shower, they may need to skip it. This not only has implications for a person's hygiene but also their dignity.

Much has been made of Labor's new aged care act that will be introduced later this year. The new aged care act has been promoted as a rights-based framework for the delivery of aged care. However, Stephen Duckett described the new aged care act as "rights washing". According to Duckett: "(The) high sounding rhetoric is simply there to placate consumers and advocates, allowing providers to continue on their way unimpeded."

In her recent damning report on the progress of the recommendations of the royal commission, the aged care inspector general, Natalie Siegel-Brown, described charging fees for services that support social and community engagement as "inconsistent with the [new aged care] act's approach to high quality care, particularly the importance of individuals participating in meaningful and respectful activities".

The new aged care act does not confer an entitlement to receive care. A person is entitled only to assessment – not to receive the care they are assessed as needing. Again, this is contrary to the recommendations of the Royal Commission.

Why has the Labor government failed to deliver a new aged care act that genuinely enshrines the rights of older people who use aged care services – either residential or in-home care? Kathy Eagar offers a possible explanation: "The current government appears captured by the aged care sector itself and by a small group of Canberra public servants."

After a royal commission that cost around $92 million, and a Labor government that campaigned in 2022 on implementing aged care reforms, many of us hoped that stories about an aged care crisis were behind us. Sadly, that is not to be.

The aged care crises continue under a Labor government

Pearls and Irritations, 12 September 2025

It has been four years since the Royal Commission into Aged Care Quality and Safety's final report was tabled in federal parliament. Unfortunately, Labor's so-called "generational" reforms to aged care fail to address fundamental systemic issues.

In her recent damning report on the progress of the recommendations of the royal commission, the aged care inspector general, Natalie Siegel-Brown, cuts through Labor's spin. She states: "Despite the volume and pace of reform, a number of actions that would have seeded transformational change have not yet been delivered, some actions are not actively being considered, and indeed the manner of implementation in some areas may bring about unintended consequences."

The government has celebrated the passage of its new Aged Care Act 2024. This is undoubtedly an important reform. However, it fails to take the leap from a provider-focused system to one that genuinely places the rights of older people front and centre.

The new aged care act has been promoted as a rights-based framework for the delivery of aged care. However, Stephen Duckett described the new aged care act as "rights washing". According to Duckett: "(The) high sounding rhetoric is simply there to placate consumers and advocates, allowing providers to continue on their way unimpeded."

Although the new Aged Care Act includes a Statement of Rights that outlines the rights older people will have when accessing aged care services, these rights are not legally enforceable. When a right is breached, the only recourse will be to make a complaint.

Thankfully, older people have the right to "live without abuse and neglect". However, other important rights have not been included in the new aged care act, including the right to freedom from restraints. Despite the royal commission identifying an urgent need to respond to the significant over-reliance on chemical restraint in aged care homes, the new aged care act does not restrict the prescription of psychotropic medication or adequately address the use of restraints.

Most importantly, the Labor government has chosen not to implement the Royal Commission's call for a demand-driven system providing universal access to aged care based on assessed need. The rights-based framework established under the new aged care act does not give an older person an entitlement to receive care. It only gives an older person an entitlement to an assessment.

Labor has introduced a Single Assessment System. It has also handed out nearly $1.5 billion to private operators to conduct aged care assessments. We now have aged care assessments being conducted by organisations that also deliver aged care support, a clear conflict of interest.

Catholic Healthcare, for example, operates 42 residential aged care homes and provides home care services to about 4,000 older Australians. It was awarded nearly $136 million to undertake aged care assessments until 2029. The Aged Care Royal Commission expressly warned against this, recommending that all assessments be undertaken by an assessor who was not involved in providing aged care so that a person's level of funding would be determined independently.

After rejecting the recommendation to finance the aged care system through an aged care levy, the Labor government convened yet another taskforce in 2023. It was Aged Care Taskforce, not the Royal Commission, that recommended a funding model in which people should make a co-contribution to their care costs based on their ability to pay.

The new co-contribution funding model is primarily focussed on a medical not social model of care. While the new Support at Home program will cover costs of clinical care, non-clinical care such as domestic help and gardening will be subject to co-payments. The out-of-pocket costs for domestic and gardening services will range from 17.5% for full pensioners to 80% for self-funded retirees.

Assistance with showering has been categorised as non-clinical. The cost of a shower will range from 5% for full pensioners to 50% for self-funded retirees. If an older person cannot afford the co-payment for a shower, they may need to

skip it. This not only has implications for a person's hygiene but also their dignity.
While exceptions will be made for people who satisfy hardship provisions, the process of making the application with Services Australia will be difficult for some older, vulnerable people.
The aged care inspector general, Natalie Siegel-Brown, described charging fees for services that support social and community engagement as "inconsistent with the [new aged care] act's approach to high quality care, particularly the importance of individuals participating in meaningful and respectful activities".
After a royal commission that cost $92 million, and a Labor government that campaigned in 2022 on implementing aged care reforms, many of us expected genuine aged care reform. Instead, here we are again with media headlines declaring an "Aged Care Crisis".

Pay per shower

Pay per shower: fully-funded aged care turns market-driven aged support

Michael West Media 3 November 2025

Forty years ago, the Hawke Government introduced a significant aged care initiative that was in line with traditional Labor values. The Home and Community Care (HACC) program provided government-subsidised home and community-based support services. These services – such as meals on wheels, community transport and nursing care –
enabled older people to live independently in their own homes.

Compare that with the Support at Home Program the Albanese Government just introduced on November 1. Unlike Hawke's HACC program (that later became the Commonwealth Home Support Program), the Support at Home Program is based on a free market transactional aged care system. Even basic services such as showering requires pensioners to make a financial contribution.

Is this further evidence that the current federal Labor government the least Labor government in the history of Labor governments?

Let's take a look at the evidence.

In the 2022 federal election campaign, Albanese had campaigned on delivering aged care reform. However soon after Labor was elected came a series of red flags. The first was Albanese's decision to keep the aged care and sports portfolios under the same minister - a minister that was not in Cabinet.

Another red flag appeared when Labor tabled the Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022. This was the exact same bill the Liberal party had tabled in 2021.

When I noticed that schedule nine had been included in Labor's bill, I thought it must have been a mistake. This granted providers and their staff immunity for using restrictive practices such as chemical restraints (drugging residents). The aged care royal commissioners had not recommended that, so why had the Labor government included this schedule in the bill?

After raising my concerns about schedule nine with then minister for aged care, Anika Wells, I received a response from the Department of Health. This response had similar wording to the response I had received a year earlier from the previous Coalition minister.

During their first term, the Labor government claimed it was "reforming the Australian aged care system through several key initiatives". Mandating a registered nurse on site 24-hours per day in all aged care homes was an important initiative. So too the pay increase for personal care workers.

After the Minister for Aged Care and Sport got some runs on the board, Labor government introduced a star rating system that initially rated 91% of aged care homes as providing an "acceptable" quality of care. After hearing appalling accounts of widespread neglect and abuse in aged care homes during the royal commission, this star rating system appeared to be more spin than substance.

The Labor government then did what even the Coalition chose not to do, and the Aged Care Royal Commission warned against. It handed out nearly $1.5 billion to private operators to conduct aged care assessments under the Single Assessment System.

This was another stop along the aged care free market train. Now our taxes are given to large private companies to undertake the private assessments and private companies to deliver the services. A privatisation slam dunk.

Not surprisingly, privatising regional aged care assessments has resulted in poorly trained people undertaking these assessments. In some cases, aged care assessments are undertaken over the phone or internet. How is it possible to accurately assess an older person's needs without meeting them in person and observing them in their home?

Perhaps the most mind-boggling initiative was when the Labor government convened yet another task-force in 2023. This task-force recommended older people contribute to their care costs based on their ability to pay. Co-payments are contrary to the recommendations of the royal commission, which had called for guaranteed access to aged care based on assessed need.

Co-contributions are based on whether the services are clinical or not. Clinical services – nursing care, wound management, physiotherapy, and medication assistance – will be fully funded by the Support at Home Program. However, non-clinical services – domestic and gardening help, and lifestyle activities – require a co-contribution.

Some bean counter in Canberra decided showering is a non-clinical service. As a result, older people who require assistance with showering must pay for this service. Pensioners, for example, will be required to contribute 5 per cent of the cost. If an older person cannot afford the co-payment for a shower, they may need to skip it. Had the bean counter considered that not showering could very quickly become a clinical issue?

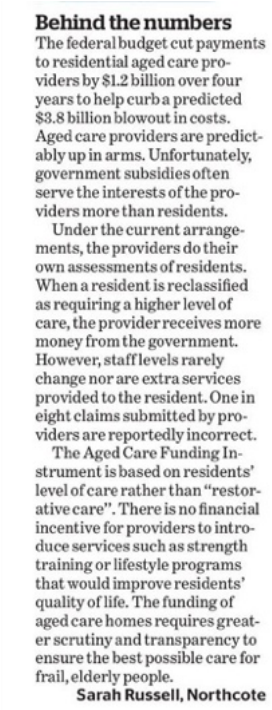
Ageing Australia chief executive officer, Tom Symondson, spoke without any evidence when he said: "*My strong feeling*"(my italics) is that pensioners will "not seek support with showering because of the five per cent charge."

My strong feeling is one of shock. Shock that a Labor government would introduce a program that charges pensioners for a support worker to help them to take a shower. I can only imagine what Hawke would say seeing his beloved Labor Party travel this far down the neo-liberal rabbit hole.

Transparency and accountability

Behind the numbers

Letter, The Age, 8 May 2016



Behind the numbers

The federal budget cut payments to residential aged care providers by $1.2 billion over four years to help curb a predicted $3.8 billion blowout in costs. Aged care providers are predictably up in arms. Unfortunately, government subsidies often serve the interests of the providers more than residents.

Under the current arrangements, the providers do their own assessments of residents. When a resident is reclassified as requiring a higher level of care, the provider receives more money from the government. However, staff levels rarely change nor are extra services provided to the resident. One in eight claims submitted by providers are reportedly incorrect.

The Aged Care Funding Instrument is based on residents' level of care rather than "restorative care". There is no financial incentive for providers to introduce services such as strength training or lifestyle programs that would improve residents' quality of life. The funding of aged care homes requires greater scrutiny and transparency to ensure the best possible care for frail, elderly people.

Sarah Russell, Northcote

Aged care providers seeking profit instead of residents' wellbeing
The Age, 27 May 2016

More than 160,000 Australians live in an aged care home. Recent media reports have highlighted inadequate personal care, neglect, abuse and negligence suggesting that the quality of care in some aged care homes is a disgrace.

During the past decade, privately owned aged care facilities have grown at twice the rate of those in the non-profit sector. Publicly listed companies are now the fastest growing owners of aged care facilities. Major aged-care providers such as BUPA, Japara, Regius and Estia receive substantial government subsidies. Estia, for example, received a 10.9 per cent increase in government subsidies during last financial year.

The changes to Aged Care Funding Instrument (ACFI) announced in the recent budget are intended to help curb a predicted $3.8 billion blowout in government subsidies. The changes will save the government $1.2 billion.

The Aged Care Guild, a peak body that represent large providers of residential aged care, has described these changes as a "budget cut". The Aged Care Guild complains that the budget is fuelling uncertainty in the industry and could force a rethink on future investment plans.

To increase competition within the aged care sector, the Aged Care Roadmap promotes "lighter regulation" and a "consumer driven and market based system". Paradoxically, the providers of aged care homes lobby simultaneously for a decrease in regulation and an increase in government subsidies.

Government subsidies in aged care often serve the interests of the providers more than residents. When a resident is reclassified as requiring a higher level of care, the provider receives more money from the government. However, staff levels rarely change nor are extra services provided to the resident.

Currently, funding for aged care homes is based on a "terminal decline model" rather than "restorative care". The provider receives additional subsidies when a resident declines. There is no financial incentive for providers to introduce services such as strength training or lifestyle programs that would improve residents' quality of life. Instead, a provider is rewarded for promoting dependency rather than encouraging wellness.

Under the current arrangements, the providers do their own assessments for government subsidies. Many providers employ staff purely to complete the ACFI paperwork. The role of these staff is to generate income for the employers rather than provide care to residents. Some providers employ Aged Care Consultants who specialise in "ACFI optimisation". These Aged Care Consultants promote themselves as specialists who help to maximise funding for the aged care home. It is not only the for-profit organisations that are making massive profits in residential aged care. Mecwacare, for example, is as a not-for-profit organisation

that offers residential aged care. According to its Annual Report, it made a net profit of $3.9M for the year ended June 30, 2015.

For both the for-profit and not-for profit sector, ACFI documentation appears to have become a creative writing exercise. It has been reported that one in eight claims for government subsidies are incorrect. Whether the blowout is due to false claims for subsidies or the increasing number of high care residents in aged care is unclear.

The federal government will be introducing fines to curb a growing trend of incorrect, or deliberately false, claims for subsidies. Whether a fine of merely $10,800 for providers who repeatedly make false claims will act as a deterrent remains to be seen. Money may speak louder than the coroner.

Coronial inquests into separate deaths at two aged care homes, BUPA Kempsey and Arcare Hampstead in Melbourne, exposed inadequate care, mismanagement and cover-ups in response to complaints. Despite this inadequate care, both BUPA Kempsey and Arcare Hampstead were fully accredited by the regulator, the Aged Care Quality Agency, with perfect scores of 100 per cent in all criteria. This suggests something is wrong with the accreditation processes.

Following the coronial inquiries, both homes were asked to improve their policies and procedures. However, the Aged Care Quality Agency has not changed the accreditation processes. The accreditation and outcome standards remain woefully inadequate. Vague phrases such as adequate nourishment and hydration, effective continence management, optimum levels of mobility and dexterity and sufficient staff continue to be used.

Aged care homes requires greater scrutiny, accountability and transparency. We need evidence-based information so that we can have informed discussions about how to provide the best possible care for frail, elderly people who live in aged care homes. We need to feel reassured that government subsidies are being used to improve the quality of life of residents, not the pockets of providers.

There is something very wrong with our aged care system
Medical Republic, 2 June 2016

Religious, community-based and charitable organisations were once the main providers of residential aged care in Australia. Families could feel reasonably secure that while standards of care would vary, aged care facilities were not motivated by profit. During the past decade, privately owned aged care facilities have grown at twice the rate of those in the non-profit sector. Publicly listed companies are now the fastest growing owners of aged care facilities.

Earlier this year, Bentleys Chartered Accountants reported that profits in the aged care industry rose significantly. Despite the small sample (only 179 aged care homes), their report estimated that net profits jumped 159% in 2015, from $4.14 to $10.71 per resident per day.

The growth in the aged care industry is underpinned not only by our ageing population but also government subsidies. Major aged-care providers such as BUPA, Japara, Regius and Estia receive substantial government subsidies. Estia, for example, received a 10.9% increase in government subsidies during last financial year.

The changes to Aged Care Funding Instrument (ACFI) announced in the recent budget are intended to help curb a predicted $3.8 billion blowout in government subsidies. The changes will save the government $1.2 billion.

The peak bodies that represent providers of residential aged care – Leading Aged Services Australia (LASA), Aged and Community Services Australia (ACSA) and Aged Care Guild – have described these changes as a "budget cut". The Aged Care Guild complains that the budget is fuelling uncertainty in the industry and could force a rethink on future investment plans.

In an increasingly competitive environment within the aged care sector, peak bodies for providers have successfully lobbied the government for less regulation. The recent Aged Care Roadmap describes "lighter regulation" and a "consumer driven and market based system". Paradoxically, the providers of aged care homes lobby simultaneously for a decrease in regulation and an increase in government subsidies.

Government subsidies in aged care often serve the interests of the providers more than residents. When a resident is reclassified as requiring a higher level of care, the provider receives more money from the government. However, staff levels rarely change nor are extra services provided to the resident.

Currently, funding for aged care homes is based on a 'terminal decline model' rather than 'restorative care'. The provider receives additional subsidies when a resident declines. There is no financial incentive for providers to introduce services such as strength training or lifestyle programs that would improve residents' quality of life. Instead, a provider is rewarded for promoting dependency rather than encouraging wellness.

Under the current arrangements, the providers do their own assessments for government subsidies. Many providers employ staff purely to complete the ACFI paperwork. The role of these staff is to generate income for the employers rather than provide care to residents. Some providers employ Aged Care Consultants who specialise in "ACFI optimization". These Aged Care Consultants promote themselves as specialists who help to maximise funding for the aged care home.

It is not only the for-profit organisations that are making massive profits in residential aged care. Mecwacare, for example, is as a not-for-profit organisation that offers residential aged care. According to its Annual Report, it made a net profit of $3.9M for the year ended 30 June 2015. It purchased a new head office and added a further six Aged Care Homes to its portfolio.

For both the for-profit and not-for profit sector, ACFI documentation appears to have become a creative writing exercise. It has been reported that one in eight

claims for government subsidies are incorrect. Whether the blowout is due to false claims for subsidies or the increasing number of high care residents in aged care is unclear.

The federal government recently introduced fines to curb a growing trend of incorrect, or deliberately false, claims for subsidies. Whether a fine of merely $10,800 for providers who repeatedly make false claims will act as a deterrent remains to be seen. Money may speak louder than the coroner.

Coronial inquests into separate deaths at two aged care homes, BUPA Kempsey and Arcare Hampstead in Melbourne, exposed inadequate care, mismanagement and cover-ups in response to complaints. Despite this inadequate care, both BUPA Kempsey and Arcare Hampstead were fully accredited by the regulator, the Aged Care Quality Agency, with perfect scores of 100 per cent in all criteria. Surely this suggests something is wrong with the accreditation processes.

Following the coronial inquiries, both homes were asked to improve their policies and procedures. However, the Aged Care Quality Agency did not change the accreditation processes. The accreditation and outcome standards remain woefully inadequate.

The Australian Aged Care Quality Agency must review the process of accreditation. The accreditation process should play an important role in monitoring the standards of care in all aged care facilities. Given accreditation enables aged care facilities to receive government subsidies, it should not be a rubber stamp.

Aged care homes requires greater scrutiny, accountability and transparency. We need evidence-based information so that we can have informed discussions about how to provide the best possible care for frail, elderly people who live in aged care homes. We need to feel reassured that government subsidies are being used to improve the quality of life of residents, not the pockets of providers.

Reverse the aged care cuts?

Online Opinion, 5 July 2016

Residential aged care in Australia is big business. The Aged Care Financing Authority estimates the residential aged care sector requires $31 billion of investment over the next decade. To attract investors, the Productivity Commission recommends a competitive market with reduced regulation. Private equity firms, new foreign investors, and superannuation and property real estate investment trusts are entering the residential aged care market in large numbers.

The ‘Living longer living better’ aged care reforms have decreased regulation and introduced a consumer-driven market based system. The irony of this move towards a free market system is that providers rely on government subsidies. The government pays approved providers a ‘residential care subsidy’ for each resident living in an aged care home. The amount for each resident is calculated

using the Aged Care Funding Instrument (ACFI). ACFI is used to pay subsidies based on each resident's level of need. It has three funding categories: Activities of Daily Living, Behaviour and Complex Health Care. Funding in each of these domains is provided at four levels: high, medium, low or zero.

ACFI provides a financial incentive to classify residents as requiring a higher level of care. The provider receives additional subsidies when a resident is reclassified as requiring a higher level of care. However, staff levels rarely change nor are extra services provided to the resident. Where do our taxes go?

Under the current arrangements, the providers do their own assessments for government subsidies. Although politicians and peak bodies may claim that the overwhelming majority of providers are doing the right thing, the ACFI Monthly monitoring reports do not support this claim. It has been reported that one-in-eight of 20,000 ACFI claims audited last year (2014-15) were deemed to be incorrect. This figure is already tracking higher at one-in-seven in 2015-16. The ACFI Expenditure Working Group has been formed to understand the causes of recent growth in residential aged care subsidies.

Michael Pascoe asked: "Where's the dividing line between systemic fraud and "innocent mistakes" in the aged care sector? It's somewhere in the hundreds of millions of dollars very-much-for-profit aged care providers have been ripping out of the system by exploiting a flawed funding model – a model that encourages exaggerating care needs and discourages improving the health and independence of individuals".

The changes to the Aged Care Funding Instrument (ACFI) announced in the federal budget have caused some private providers to worry about their profits. In a letter to managers of aged care homes, Optimum Healthcare Australia estimates the changes to ACFI will result in an average 80-bed aged care home losing $439,000 per year in government subsidies.

Not surprisingly, the peak body representing private providers is asking the government to reverse its decision. Leading Aged Services Australia has launched a campaign: 'Reverse the Cuts – Fund the Care Australian Seniors Need and Deserve'. In response, Aged Care Matters has begun a reverse campaign: "Cut the greed: Provide the care Australians fund". When a resident is classified as requiring higher needs, additional resources should be directed towards the resident with higher needs. Aged Care Matters also calls on all providers to stop exaggerating residents' care needs.

Optimum Healthcare Australia recommends aged care homes re-appraise residents before the January 2017 to ensure funding is "grandfathered". They recommend residents' care needs are reassessed "to determine what care they actually need, not just what is reported by carers." With their assistance, providers will "experience minimal financial impact from the [ACFI] changes".

Some ACFI coordinators and ACFI consultants describe their role as "generating income for the providers". An ACFI coordinator for an aged care home with 160 beds told Aged Care Matters that he is "highly stressed as the provider expects

the ACFI rate for all residents to be at least $204 per day". He described the provider for whom he works as "cooking the books" to maximise funding.

ACFI consultants must not only stop exaggerating residents' care needs, they must also stop reclassifying residents with an illness and care needs that they do not have. Recently, an aged care home falsely claimed a resident had Parkinson's Disease, and related health deficits, for which the provider claimed a subsidy under ACFI. When his daughter complained to ACFI Compliance Section, she was told that the appraisers "must be able to trust the word of the health care professionals at the aged care facility".

ACFI is built on an honesty system. In an era of fraudulent behaviour in both pink batts and private colleges, it is clear that profit-based systems that rely on government subsidies cannot rely on honesty. The funding of aged care homes require transparency, scrutiny and accountability. We must all know how the providers spend our taxes.

When a resident in an aged care home is reclassified as requiring a higher level of care, the extra funding should be used to employ more staff or to introduce services such as strength training, music or lifestyle programs that would improve residents' quality of life. Their care must not be traded on the market like any other commodity.

Bags of money

Letter, The Age, 2 August 2016

Bags of money in aged care

Residential aged care is big business. The Aged Care Financing Authority estimates the sector requires an investment of $31 billion over the next decade. Most of this will come from the private sector (*The Age*, 29/7). The bipartisan "Living longer living better" reforms have decreased regulation in aged-care homes. Vulnerable older people are now "consumers" in a market-based system. Deregulation serves the interests of providers, not residents. Paradoxically, private providers of aged-care homes lobby for a decrease in regulation and an increase in government subsidies. Leading Age Services Australia, the peak body representing private providers, is using images of "money bags" to promote their funding workshops to optimise government subsidies. This ad suggests that profits trump residents' care. Recent calls for camera surveillance in aged-care homes divert the focus away from the need for systemic change. The care of vulnerable older Australians is too important to be traded on the market like any other commodity. **Sarah Russell, Northcote**

Aged need protections

Letter, The Age, 8 September 2016

Aged need protections

Graeme Croft refers to the slump in share price of aged care companies (Letters, 6/9). This followed analysts downgrading aged care stocks after the government issued new guidelines. The budget announced changes to the Aged Care Funding Instrument, causing providers concern about profits. Some privately owned aged care homes responded by charging additional service fees, including "capital refurbishment fees" and "asset replacement contributions". These fees improved profits but did not provide any benefit to residents. The Department of Health has announced that these types of fees contravened the legislation.

So while I agree with Croft that the industry needs serious reform I don't agree with his conclusion. The care of vulnerable older people is too important to be left to the free market. In an unregulated environment, these extra charges, up to $18 a day, would have gone unnoticed.

Croft also refers to the "high standards" set by the government. On the contrary, legislation falls remarkably short of demanding high standards. Unlike childcare centres, there is no requirement for aged care homes to have mandated staff-to-resident ratios. The accreditation and outcome standards also remain woefully inadequate. "Consumers" of aged care are often frail. They do not have the capacity to "drive" the residential aged care sector.

Sarah Russell, Northcote

Improving Transparency In The Aged Care Sector Will Benefit Everyone

Aged Care Matters, 10 July 2019

Last week, I was invited to comment on the requirement in the new Aged Care Quality Standards for open disclosure. I suggested all aged care homes and home care providers should be required to report adverse incidents not only to the older person and their family but also on their websites.

I am pleased both Ian Yates (CEO, COTA) and Darren Mathewson (Acting CEO of ACSA) have contested this idea for improving transparency. I always welcome debate. A public debate about transparency in the aged care sector is long overdue.

My research on residential aged care and in-home care indicates the public want more transparency in the aged care sector. Although many people, myself included, believe the care of frail older people is too important to be left to the of the free market, both COTA and ACSA promote lighter regulation and a consumer driven and market based system, as outlined in the Aged Care Roadmap.

In a free market, so-called "aged care consumers" require access to information to inform their choice of product. For example, to make an informed decision when choosing an aged care home, "aged care consumers" require information about its standards of care. However, aged care homes are not even required to disclose their rosters/staffing levels. How can people make informed decisions about an aged care home's standards of care when they do not have access to this vital piece of information?

In addition to staffing levels, I have tried unsuccessfully to get data on adverse incidents in aged care homes such as the incidence of pressure injuries, dehydration, malnutrition, medication errors and falls. This information is needed not only to help people make informed decisions when choosing an aged care home but also for an evidence-based discussion about standards of care.

The most common reason providers give for not sharing clinical indicators with the public are: (1) Privacy and (2) Commercial-in-confidence. It is not surprising, therefore, that Ian Yates opposes my suggestion for all adverse incidents to be reported on a providers' website because it "would raise privacy and other issues".

In my view, claims about breaching privacy are a red herring. I will use 2 examples to illustrate this.

Example 1

When my mother had a fall in an aged care home that contributed to her premature death, the manager informed me and apologised (i.e. open disclosure). I am not suggesting the provider should post on the company's website "Joan Russell had a preventable fall that contributed to her premature death". Of course that would be a breach of my mother's privacy.

I am instead suggesting the company be required to publish information about the adverse event. This would include information such as: a fall occurred in the lounge room, the date of the fall and how/why it occurred. The web site should also contain information about what the aged care home has done to prevent a similar adverse event occurring to other residents.

Example 2

A 94-year-old woman was resuscitated in an aged care home despite having an advanced care plan stipulating 'Do Not Resuscitate'. The aged care home did not practice open disclosure. The daughter had to fight to find out why/how/who resuscitated her mother.

In my view, the aged care home should be required to share information about this adverse event with the public without breaching the resident's privacy. The public need to know the policies and procedures have been introduced to ensure other residents are not resuscitated against their wishes.

Several years ago, I asked Ken Wyatt to improve transparency in the aged care sector. I suggested public access to all reports produced by the Australian Aged Care Quality Agency by linking them to the 'My Aged Care' website.

Ken Wyatt took my suggestion to the Aged Care Sector Committee. The minutes of the meeting (obtained under Freedom of Information) show that Ian Yates opposed this suggestion for increased transparency. The committee decided the information in these reports was "too technical" for the public to understand. In my view, this was patronizing.

In the 1980s, I was part of a group of registered nurses in an intensive care unit who advocated for open disclosure policies. These open disclosure policies are now legislated in all public health services. I would like to see similar legislation in the aged care sector. I also welcome public discussion about this idea.

Government caves in to a "few big interests"

Government caves in to a "few big interests", ignores Aged Care Inquiry reforms
Michael West Media, 10 December 2019

Trust is the "mother's milk" of democracy. So said Tanya Plibersek in a recent speech, emphasising the role politicians need to play in the battle to restore trust. Her speech coincided with the results of a study showing trust in government has reached its lowest level on record.

The Australian National University's 'Australian Election Study' found the majority of Australians believe our government is run for a "few big interests". This is not surprising given the government's response to the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry.

Further evidence showing just how those "few big interests" run our coalition government was on full show last week, when three critical amendments to the *Aged Care Legislation Amendment (New Commissioner Functions) Bill 2019* were tabled. The Liberal-Nationals voted against all amendments.

If these amendments had gone through, they would have been a game changer for the aged care sector. They would have improved transparency and accountability around finances, staffing ratios and complaints in aged care homes.

Without financial transparency, the public has no way of knowing how providers spend the government subsidy, which is now a whopping $12.4 billion each year. Do they spend the subsidy on providing nursing care, meals and activities for residents or on sports cars for their executive team?

The public should be told exactly how much is spent on looking after the most vulnerable in our community. After all, it's taxpayers' money. We need figures showing exactly what per cent of government subsidies account for the profits within the aged care industry.

The peak bodies representing providers say they welcome transparency. Yet they lobbied against the financial transparency amendment by producing a "red tape" report. This report claimed that sharing financial data with the public leads to excessive costs. This claim is spurious given that providers share financial data with both the authoritative Stewart Brown accountants and the Department of Health.

Labor, the Greens, Centre Alliance and Jacqui Lambie voted to support financial transparency. However, despite the Royal Commission into Aged Care Quality and Safety showing that the public wants more transparency, a "few big interests" persuaded One Nation to vote against an amendment that was in the public's interest.

These same "interests" are currently lobbying the government to give them more money. But they do not want the public to know how your taxes are spent. They feel entitled to keep this financial data top secret.

It is not only financial data that aged care providers refuse to share with the public. Information about standards of care and complaints are considered "commercial-in-confidence". Data about the incidence of pressure injuries, dehydration, malnutrition, medication errors and number and type of falls remain hidden within a cone of silence.

In our market-based aged care system, so-called "aged care consumers" are denied access to information to inform their choice of product. For example, to make an informed decision when choosing an aged care home, basic information about standards of care is surely just the start. However, aged care homes are not required to disclose their rosters/staffing levels. How can people make informed decisions about standards of care when they do not have access to this vital piece of information?

Recently the Queensland Labor Government announced that aged care homes must publish their staff numbers. The Queensland Government plans to name and shame those who refuse to report. In contrast, the Federal Coalition Government opposes the publication of staff ratios. The Government wrote a six-page submission in which they argued it: "appears to create a reporting burden on providers, with no clear benefits to consumers".

Although Federal Labor is not committed to staff ratios, several members have shown their individual support for mandating staff ratios in aged care homes. Nita Green, for example, has her photo on a union meme indicating she supports staff ratios. Yet, when given an opportunity in the Senate to show support for making providers disclose staff ratios – an important first step towards mandating staff ratios – only members of the Greens and Centre Alliance supported the amendment. Nita Green and her seven Labor colleagues voted against the amendment.

The third amendment aimed to improve transparency about complaints. Making providers publish a report at the end of each month on the number of complaints received and how each complaint was resolved would undoubtedly help "aged care consumers" to assess standards of care in aged care homes. Yet again, without the coalition's support, this amendment had no chance of success.

So instead of some game-changing amendments, a minor reform to the *Aged Care Act* was legislated last week. These reforms transferred some regulatory responsibilities to the Aged Care Quality and Safety Commissioner. Clearly, our government's idea of reforming the aged care sector is to shift deck chairs on the titanic.

Older people and families should not have to put up with the secrecy

Older people and families should not have to put up with the secrecy of the aged care sector *The Guardian*, 7 September 2020

Refusing to publicly name aged care homes with Covid-19 outbreaks; secrecy around the number of deaths in specific aged care homes; information about standards of care and complaints about aged care homes considered "commercial-in-confidence"; voting against reforms that would spell out what the $13 billion of taxpayers money given each year to aged care providers is actually spent on.

This government has a long history of being more concerned about the reputational damage of aged care providers – some of whom are multinational corporations – than looking after the interests of those living in residential aged care, most of whom are elderly and frail.

Senator Richard Colbeck, Minister for Aged Care, caused himself significant reputational damage when he appeared before a Senate inquiry and could not name how many residents had died in aged care homes, nor how many homes had outbreaks. While a staffer proffered that specific information on his behalf,

the federal government continues to refuse to name the aged care homes in Victoria with outbreaks or how many residents have died in these homes.

Dr Brendan Murphy, secretary of the Department of Health, and Senator Colbeck explained that providers did not want to be publicly named because they were worried about "reputational damage".

Is it the role of the health department and federal government to protect private aged care homes from reputational damage? Imagine the government refusing to tell the public which schools, workplaces, restaurants or child-care centres had Covid outbreaks because of concerns about "reputational damage".

Each day, the Victorian government names the 10 aged care homes in Victoria with the largest outbreaks. We know the number of cases linked to Epping Gardens, St Basil's Homes for the Aged and BaptCare Wyndham Lodge Community. However, we don't know how many of these 'cases' are residents. We also don't know how many residents have died in each of these aged care homes.

This secrecy and favouring of corporate interests is all too consistent with what "aged care consumers" have long had to put up with. Consider the way the Aged Care Quality and Safety Commission handles complaints. The Commission does not share with the public complaints made against individual aged care homes.

Instead, the Aged Care Quality and Safety Commission releases a quarterly report with the number of complaints and the types of complaints. In its most recent report before the pandemic (January – March 2020), there were 1,414 complaints. The most frequent complaints concerned medication management, hygiene, falls, number of staff and staff conduct.

The public is entitled to know the names of the aged care homes associated with these complaints. Would you choose a home for a loved one if you knew there had been numerous complaints about medication errors or staff conduct?

Requiring each aged care home to publish a report at the end of each month on the number of complaints received and how each complaint was resolved would undoubtedly help "aged care consumers" to assess standards of care when choosing a home. But this is clearly a bridge too far for the Aged Care Quality and Safety Commission.

Furthermore, in this market-based system so beloved of the Coalition, older people and families are denied access to vital information to inform their choice of aged care home.

The most important indicator of standards of care in an aged care home is the number of staff and their training. However, aged care homes are not required to disclose staff numbers and qualifications. How can people make informed decisions about standards of care when they do not have access to this vital piece of information?

It is not only information about staff numbers. The public also needs information on a range of quality indicators such as pressure sores, weight loss, falls, infection rates, and admissions to hospitals. Yet information related to residents' safety and wellbeing has been deemed "commercial-in-confidence".

In 2019, the Queensland Labor Government announced that aged care homes must publish their staff numbers. The Federal Coalition Government opposed this. They submitted a six-page submission arguing that it might "confuse or mislead" families and "appears to create a reporting burden on providers, with no clear benefits to consumers".

Last December, Stirling Griff, from the Centre Alliance, tabled three critical amendments to the Aged Care Legislation Amendment (New Commissioner Functions) Bill 2019 to improve transparency and accountability around complaints and transparency about finances in aged care homes. The coalition voted against all three amendments.

Without financial transparency, the public has no way of knowing how providers spend the government subsidy, which is now $13 billion each year. Do they spend it on nursing care, meals and activities for residents or on salaries for their executive team?

The public should be told exactly how much is spent on looking after the most vulnerable in our community. After all, it's taxpayers' money. We need figures showing exactly what percentage of taxpayers' money accounts for the profits of the aged care industry. However providers do not want the public to know how our taxes are spent. They feel entitled to keep this financial data top secret.

After the appalling publicity associated with so many preventable deaths of residents due to COVID-19, private providers have launched a public relations campaign to "change the conversation" about aged care and "win the hearts and minds of middle Australia". However, the aged care sector needs reform, not a PR campaign. It is disappointing that the coalition government's idea of aged care reform is simply to give the sector more money. PR spin and money is a lethal combination.

Tone deaf: aged care providers' PR campaign strikes wrong note

Michael West, 9 September 2020

In the middle of the biggest reputational disaster to hit privately run aged care, with the preventable deaths of more than 500 residents, private providers have launched a public relations campaign to "change the conversation" about aged care and "win the hearts and minds of middle Australia".

Rather than agree to fundamental things that would really win the hearts and minds of Australians – such as hiring properly qualified staff, staff-resident ratios, and a commitment to be transparent and accountable for the $13 billion in taxpayer funding they receive every year - the biggest players in the sector,

including BaptistCare, Anglicare, Leading Age Services Australia, Aged and Community Services Australia and the Aged Care Guild have engaged Apollo Communications. Apollo Communications is a PR company run by Adam Connolly, former *Daily Telegraph* political reporter and senior media adviser to John Howard.

It will undoubtedly be more of the same spin we have been hearing for more than 20 years, ever since John Howard deregulated aged care and opened the floodgates to private equity firms, foreign investors, and superannuation and property real estate investment trusts.

Their glossy brochures, with pictures of nicely appointed lounge and dining rooms and smiling residents and information on the outings that can be organised for residents, do not contain the key fundamental information that older people and families need to make an informed choice about an aged care home.

The most important information is the number of staff and their training - this is an indicator of standards of care. The public also needs information on a range of quality indicators such as prevalence of pressure sores, weight loss, falls, infection rates and admissions to hospitals. This information is deemed "commercial-in-confidence".

Who decided that data on residents' safety and wellbeing in aged care homes must be kept top secret?

The federal government has a long history of being far more concerned about protecting aged care providers – some of whom are multinationals and large superannuation funds – than looking after the interests of those living in residential aged care, most of whom are elderly and frail.

When Dr Brendan Murphy, secretary of the Department of Health, and the Minister for Aged Care Richard Colbeck last month said they would not publicly name the residential aged care homes with outbreaks of Covid-19 because the aged care providers were worried about "reputational damage", both men were just continuing the secrecy and favouring of corporate interests that older Australians and their families have long had to put up with.

The Aged Care Minister has been repeatedly asked for the data on the number of residents who have died in aged care homes and how many of the cases linked to each home are residents, but he has refused.

Each day, the Victorian government has been naming the 10 aged care homes in Victoria with the largest outbreaks. Figures on the numbers of residents who have died in the "top 12 aged care homes" have now been published, with the numbers confirmed by the Victorian Department of Health and Human Services.

St Basil's tops the list with 44, followed by Epping Gardens 35; Kalyna 22; Twin Parks 20; Kirkbrae 20; Baptcare 18; Mecwacare 18; Estia Ardeer 17; Glendale 17; Japara Sunbury 17; Bupa Edithvale 17; and Menarock Rosehill 16.

If 44 children had died in a childcare centre, the childcare centre would be named on the front page of every media outlet in Australia.

Consider also the way the Aged Care Quality and Safety Commission handles complaints. The Commission does not share with the public complaints made against individual homes.

Surely the public is entitled to know the names of the aged care homes associated with complaints. Would you choose a certain home for a loved one if you knew numerous complaints had been made about staff conduct or medication errors?

Requiring each home to publish a monthly report on the number of complaints received and how each complaint was resolved would undoubtedly help older people and their families to assess standards of care when choosing a home.

Last December, Centre Alliance's Stirling Griff tabled three critical amendments to the aged care legislation amendment (new commissioner functions) bill 2019 to improve transparency and accountability around complaints, staffing levels and finances in aged care homes. The Coalition voted against all amendments.

Of course the public should be told exactly how much of the whopping $13 billion providers receive from the government each year is spent on looking after residents. After all, it's taxpayers' money. Do they spend the government subsidy on nursing care, meals and activities for residents or on salaries and bonuses for their executive team?

Prior to John Howard's election in 1996, the main providers of residential aged care were local councils, charities and religious groups. The federal government tightly regulated the nursing home industry. The required number, and the qualifications, of nursing staff was linked to the number of residents and their health. This was monitored to ensure enough staff were available to provide care.
There were some, but not a lot of, commercial providers of aged care because the strong regulations restricted profitability.

However, the election of the Howard Coalition government was a turning point for aged care policy. The Coalition had promised to deregulate the industry and let the market get to work if it won. Moreover, the commercial providers, which had close ties to the Coalition, helped write the Aged Care Act 1997.

The new legislation made investing in aged care homes more lucrative for private investors primarily because it cut out the requirement for set staffing numbers and qualifications. The Act stated that providers were required to employ "adequate numbers of appropriately skilled and trained staff".

This lack of clarity enabled providers to determine what is an "adequate number" and "appropriately skilled". As a result, private providers employed

fewer staff; replaced registered nurses with much less skilled staff; and took the nurses out of nursing homes.

The aged care sector needs structural reform, not a PR campaign. Let's start with an Aged Care Act that focuses on the human rights of older people rather than the profits of providers.

Funding Transparency

Letter, The Age 4 March 2021

Funding transparency

The aged care sector needs more money. However, the government should not give more money to aged care providers without financial transparency. Currently the public has no way of knowing how providers spend $21 billion of government subsidies. Do they spend the subsidy on providing nursing care, meals and activities for residents or on sports cars for their executive team?

Sarah Russell, co-founder, Aged Care Reform Now

Aged care giants extort government for funding hike

Aged care giants extort government for funding hike, threaten campaign in marginal seats (with Elizabeth Minter) *Michael West* 9 March 2021

The peak providers of aged care, on whose watch has occurred repeated appalling neglect of thousands of elderly Australians over many years, have issued a not-so-veiled threat to all MPs, especially those in marginal seats, that they had better get on board and support another $20 billion a year going into aged care.

Australian Aged Care Collaboration, which represents six of the largest peak providers, has issued a report "It's time to care", of which at least 10 pages are

devoted to a breakdown of electorates, voting patterns, which party holds what seats and how to target members of parliament.

The report notes:

> *Of the 30 'oldest' seats, almost half are marginal. In some cases, they are held by only a few hundred votes. These seats contain 755,045 voters aged over 55, an extraordinarily concentrated voting bloc. … Aged care issues could determine the outcome in up to 14 seats at the next election, at a time when the government … only holds a three-seat majority.*

And for those who haven't read the report, the chief executive of Leading Aged Services Australia, Sean Rooney, reiterated the threat three days ago in an interview with *The Saturday Paper*:

> *We have identified the 30 members of parliament who represent the 'oldest' electorates in Australia, by voter age, and recognise they have a unique opportunity to represent the needs of their constituents by fighting for a better aged-care system that will stand the test of time.*

According to the report, all the responsibility of fixing aged care rests with MPs "to avoid the mistakes of past governments by creating a sustainable and equitable aged care system that will stand the test of time".

Talk about short memories. No mention of how the peak providers lobbied politicians repeatedly over many, many years to ensure there have been no meaningful changes in aged care.

The most recent example was in 2019, when three critical amendments to the *Aged Care Legislation Amendment (New Commissioner Functions) Bill 2019* were tabled in parliament. If these amendments had gone through, they would have been a game changer for aged care.

They would have improved transparency and accountability around finances, staffing ratios and complaints in aged care homes. Yet extensive lobbying by Leading Aged Services Australia ensured the Coalition and Pauline Hanson voted against all three amendments.

Much has been made of the significant gap in wages between aged care workers and workers doing similar roles in the health sector. As the Royal Commission final report noted:

> *"Successive governments have made several failed attempts to address that gap by providing additional funds to providers* ***in the hope*** *(our emphasis) that they would be passed on to aged care workers by way of increased wages. They were not."*

What is the definition of insanity? Doing the same thing over and over again and expecting a different result.

Given that the aged care providers didn't spend the extra government money on what they were supposed to, why would throwing another $20 billion at

providers now without specific accountability measures ensure it is spent on the things that lead to better care?

Over decades, it has been repeatedly highlighted what is at the root of many of the appalling scandals:

- Ineffective regulatory oversight of providers
- A poor complaints system
- No transparency about finances
- Poorly trained and poorly paid staff.

Yet nowhere in the providers' glossy report does it set out what they will do to tackle these fundamental issues. No discussion about commitments to employ skilled and well-remunerated staff, to support an improved complaints system, or a willingness to be transparent about how government money is spent.

In a statement that defies logic, the report states:

> *With 32 per cent of our aged care workforce born overseas, continued migration during and after the Covid-19 pandemic is crucial.*

The reason for such a high percentage of a workforce born overseas is because of the appallingly low pay. Similarly, the report notes the problem with attracting well-trained staff. Again, no doubt because of the appalling pay.

The report highlights the not-for-profit background of aged care providers, as if to persuade the public that the profit motive does not drive their behaviour. The report notes that not-for-profit organisations manage more than half (57 per cent) of residential aged care homes, followed by private (34 per cent) organisations.

What flies under the radar is that aged care is no longer predominantly about providing care to elderly Australians. Aged care is in fact a "property play" involving profit-shifting schemes and party-related loans, often with church or religious bodies being the profitable property development entity.

As Ray Bricknell noted in Pearls and Irritations, the tax accountants and academic researchers engaged by the Royal Commission lifted the lid on the profit-shifting scheme that "turned the provision of residential aged care into a low risk, unregulated and highly profitable property play for the big league investors".

And in the case of not-for-profit facilities run by charities, "the body behind such potentially profitable property developments is often a church or religious body".

As *The Saturday Paper* reported, nowhere in the world do similar aged care systems have as high a return on equity as private Australian aged-care providers. It notes that their return is almost 10 percentage points higher than the value for listed companies in Australia, and 4 percentage points higher than the closest cohort in the Asia-Pacific.

Furthermore, the top quarter of all private aged-care companies in Australia have a return that is almost four times higher than the best performers elsewhere in the world.

As Peter Rozen, QC, told the Royal Commission in August:

> *The aged-care system we have in 2020 is not a system that is failing. The system is operating as it was designed to operate.*

Consider the case of the Greek Orthodox Church in Melbourne, which operates St Basil's, the aged care home where Australia's deadliest Covid-19 outbreak occurred.

The annual rent of $2.5 million paid by St Basil's in 2019 to the church was nearly double the amount both a council rates valuation and one of Victoria's most senior commercial real estate agent said it should pay, reported by *The Age*. The Greek Orthodox Church received $14.6 million in "exorbitant" rent and fees in the past five years from St Basil's.

If St Basil's were not paying such exorbitant rent, it is likely management could have employed more highly skilled staff to improve the standards of care.

How will throwing more money at aged care without fundamental reform ensure that never again would two bankrupt brothers who had been banned from caring for chickens after starving more than 1 million of them be given a licence to care for vulnerable older people? Or that a person who had pleaded guilty to rorting a government-funded scheme that assisted people with disabilities would be given an aged care licence?

Where are the statements from the peak providers tackling these sorts of issues of accountability and transparency?

Without fundamental reform of the system, the government should not give any more money to aged care providers. Already there is too little transparency about how providers spend the $21 billion a year in taxpayers' money they receive each year. The public has no way of knowing whether providers spend the government subsidies to provide personal care, meals and activities for residents or on PR consultants to rebrand their image.

The government must also stop listening only to provider peak bodies. They are, in part, responsible for the crisis.

Governments must give older people and families a seat at the table. Aged Care Reform Now is a recently launched movement driven by people who have first-hand experiences of aged care services. It recently invited LASA's chief executive Sean Rooney to collaborate with this authentic grassroots movement. He rejected the invitation.

Amended dignity: our elders denied their human rights again

Michael West 27 November 2021

Just when you think this government can't get any more sneaky. In a virtually unnoticed move, the Coalition government has snuck an alarming last-minute amendment into an aged care bill before parliament that removes the legal and human rights of aged care residents.

The amendment removes the civil and criminal protections to which all other Australians are entitled. If a member of the public is restrained without their consent, the perpetrator can be charged. In contrast, an aged care resident who is restrained without their consent will have no legal recourse.

Then the government has the gall to try to claim that this amendment relates to a recommendation of the Aged Care Royal Commission, when it is the complete opposite of what the royal commissioners recommended.

The Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021 responds to some recommendations of the Royal Commission into Aged Care Quality and Safety.

When the bill was introduced, it contained eight schedules. After the second reading concluded, Tim Wilson, Assistant Minister to the Minister for Industry, Energy and Emissions Reduction, stepped out of his portfolio to add a raft of further amendments.

What is the Assistant Minister to the Minister for Industry, Energy and Emissions Reduction doing making amendments to an aged care bill? And why were these amendments made at the twelfth hour?

If this was a Coalition strategy to avoid public debate on Wilson's amendments, it has already worked for a month.

MWM asked Wilson via his electoral office to explain his actions. His office replied, in part: "Minister Wilson has no Ministerial oversight unto this area, he was responsible for putting the Bill to the House. If you have queries pertaining to the conscious or the amendments of this Bill, I suggest contacting the Minister responsible – the Hon Greg Hunt MP.

Among these amendments was the addition of a 9th schedule to the bill. The ninth schedule deals with restrictive practices (e.g. physical, chemical and environmental restraints. Alarmingly, it grants providers immunity from civil and criminal claims.

In Greg Hunt's revised explanatory memorandum, he claims "Schedule 9 of the Bill relates to Recommendation 17 of the Royal Commission." However, at no stage did the Royal Commissioners recommend granting providers immunity from criminal and civil claims.

The royal commissioners recommended that people receiving aged care should be **equally protected** from restrictive practices (e.g. chemical, physical and environmental) as other members of the community. The government **accepted** this recommendation.

However, Schedule 9 will remove the civil and criminal protections to which all other Australians are entitled. This is contrary to the Royal Commissioners' recommendations. It is also contrary to the legal and human rights of an aged care resident.

It is clear from the submissions to the Community Affairs Committee that there has been inadequate assessment of the government's decision to grant providers immunity. COTA, for example, "welcomed Schedule 9", claiming Schedule 9 fixes "the practicality of restrictive practices". COTA's submission, however, did not address the removal the civil and criminal protections. It appears they may not have noticed.

The strongest opponent to the removal of the civil and criminal protections came from Rodney Lewis, a solicitor of Elder Law Services Sydney. In its report to the Senate, the Community Affairs Committee referred to Rodney's criticism of the immunity proposal. However, the Committee dismissed these criticisms and recommended that the Senate pass the bill.

This behaviour just adds to an ever growing list of the deceitful behaviour of the Coalition government regarding aged care:

- The government continuing to throw large amounts of taxpayers' money at aged care providers but refuses to tackle the systemic reform that is needed?

- That Greg Hunt, Minister for aged care, gave his word that all residents and staff in aged care homes vaccinated by Easter and then failed to do so?

- That Senator Richard Colbeck, Minister for aged care services, was unable to recall how many residents had died from Covid?

- That Dan Tehan, Minister for Trade, did not include an exemption for aged care in the recent Regional Comprehensive Economic Partnership (RCEP) free trade agreement?

- That Greg Hunt has given the home care sector an extra $6.5 billion over next four years without putting in place any accountability measures to stop the rorting of the system.

- That the federal Health Department released the "7th edition" of the Updated National COVID-19 Aged Care Plan when there was no 1st, 2nd, 3rd, 4th, 5th or 6th edition?

All eyes are now on the Senate, hoping Senators will agree that there needs to be informed debate before aged care residents are stripped of their legal rights.

The Albanese government strips older Australians of their rights

Does the Albanese government really want to strip older Australians of their rights? *The Guardian*, 3 August 2022

Does the Albanese government really want to be remembered as the one that stripped many older Australians of their fundamental legal and human rights?

The federal government has recently made numerous, welcome commitments to improve the lives of older people living in residential aged care. Yet there is one glaring problem with the Aged Care Reform Bill that recently passed parliament.

Schedule 9 of the Aged Care and Other Legislation Amendment (Royal Commission Response) Bill 2022 provides immunity to aged care providers who comply with the Quality of Care Principles under the Aged Care Act, 1997. Yet the specific quality care principles required to implement the immunity provision have not yet been published.

Furthermore, Schedule 9 is unjust. It provides immunity for providers and their staff for some of the most objectionable aspects of aged care – the use of restrictive practices without having obtained lawful consent. Such practices, which include chemical restraint, physical restraint and seclusion, attracted the most ire from the Aged Care Royal Commissioners.

This was not a recommendation of the Aged Care Royal Commission. The royal commissioners did not recommend that providers and their staff be granted immunity for using restrictive practices. So why include this Schedule in the *Aged Care Response Bill*?

It has been claimed that legislative differences among states and territories present a risk to aged care providers because of the uncertainty and difficulty in identifying who has the lawful authority to consent to restrictive practices.

The aged care providers' solution is immunity if they comply with the not yet written Quality of Care Principles. The Morrison government and now the Albanese government simply adopted this solution.

However, granting such immunity is discriminatory because it denies older people who live in residential aged care - a vulnerable cohort of people - the same legal protections given to all other Australians.

It subordinates the common law developed over centuries to regulations made under the Aged Care Act. It is an extraordinary overreach of Constitutional powers to grant providers immunity from key legislation enacted by states and territories.

Schedule 9 also breaches Australia's obligations under the International Covenant On Civil And Political Rights and the Optional Protocol and Optional Protocol to the Convention Against Torture that Australia has signed.

It is also unprecedented to offer immunity to commercial businesses. Many providers are private 'for-profit' - including publicly listed - companies (Estia, Regis) and multinational corporations (Bupa, Opal).

Some "consumer" organisations that are funded by the government have indicated support for Schedule 9. However, independent advocates and elder abuse and human rights lawyers who speak without fear of losing government funding have voiced strong opposition to Schedule 9.
The number of recorded court cases against aged care providers over the past 25 years is tiny, possibly as few as six, and the complainants were not always successful.

Given that residents and their families have rarely taken legal action – despite the well-documented track record over decades of neglect, poor treatment and abuse of the people in their care – the willingness of government to protect approved aged care providers is staggering.

One solution is to offer aged care providers an *indemnity* not *immunity*. There are many examples of similar indemnity schemes – most recently the one offered by the Morrison government for health practitioners who may be found liable to pay compensation for serious adverse events experienced by people receiving Covid-19 vaccines.

An indemnity scheme would also avoid the potential legal and constitutional challenges to the immunity proposal and would ensure no further delays in the Albanese government's determination to reform the aged care system.

People who have been abused should always have access to their common law rights, regardless of where the abuse occurred. Rather than protecting providers from litigation, perhaps the government should instead encourage providers to take out insurance to protect their commercial interests should a resident take legal action.
When the three top elder abuse and human rights lawyers in Australia oppose this legislation, the government should listen. Surely the Albanese government does not want to be remembered as the one that took such unprecedented action simply to protect the profits of aged care providers, many of whom are multinationals, over the rights of vulnerable Australians.

A solution was on the table. The government chose not to take it.

Marketisation of aged care

Market must stay out of aged care
Courier Mail 27 March 2017

Last month the Courier Mail reported yet another heart breaking story about aged care homes (Aged care nightmare: man's scrotum 'left bleeding', 20th February). Many of us were shocked because we assume elderly Australians receive high quality care in aged care homes.

The Federal Government is promoting its reforms in the aged care sector as supporting a consumer driven and market-based system. However, the "consumers" in aged care homes are often frail, elderly people, many with dementia. How can they demand a high quality service on the free market?

There are around 2,600 aged care homes in Australia. Although some are excellent, many aged care homes operate without enough staff. Managers who are under pressure to meet their profit targets do so by reducing staff, placing vulnerable residents at risk.

Staff in aged care homes are often hard-working, dedicated people doing a very difficult job for not much pay. When an aged-care home has insufficient staff, there may not be time for staff to walk residents to the toilet or even help them out of bed. All too often relatives feed, shower and dress residents because staff are too busy.

A key to quality healthcare is a good staff-patient ratio. However, unlike hospitals, there is no federal legislative requirement for aged-care homes to have mandated staff-to-resident ratios or skill prerequisites. The decision whether to have a registered nurse on duty is at the discretion of the provider.

When registered nurses are on duty in aged care homes, residents have better health outcomes, a higher quality of life and fewer hospital admissions. However, registered nurses now account for less than 27% of this workforce, while personal care attendants make up 68%.

Some personal-care attendants gained their qualification to work in an aged care home after completing a five-week course. It is inconceivable that someone with only five weeks of training is qualified to provide competent care, particularly when there is no registered nurse on duty to supervise them. Is it any wonder relatives' submissions to recent inquiries into aged care have highlighted inadequate personal care, neglect, and negligence?

Relatives complain because residents' needs are unmet – when incontinence pads are not changed regularly, when bruises appear or skin tears, and when pressure sores are not treated appropriately, in some cases turning gangrenous. Complaints are also made when residents suffer from malnutrition and/or dehydration and are chemically restrained. The list goes on.

The accreditation process should play an important part in monitoring the standards of care in all aged-care homes, including whether adequate numbers of skilled staff are employed. The current accreditation standards are woefully inadequate.

Coronial inquests into separate deaths at two aged care homes in Melbourne, BUPA Kempsey and Arcare Hampstead, exposed inadequate care. Yet both BUPA Kempsey and Arcare Hampstead were fully accredited by the regulator, the Aged Care Quality Agency, with perfect scores of 100 per cent in all criteria. This suggests something is wrong with the accreditation processes.

Following the coronial inquiries, the Aged Care Quality Agency did not change the accreditation processes. Vague phrases such as "sufficient staff" continue to be used. In some cases, sufficient staff means no registered nurse on duty. It may also mean an inadequate number of personal-care attendants.

When taxpayers are subsidising the care of elderly people, the public's investment needs to be protected in the form of regulation, mandated staff ratios and a rigorous accreditation system. The care of vulnerable older people is too important to be left to the whims of the free market.

Are political donations protecting Bupa's aged care licence?

Michael West Media, 3 February 2020

How appallingly does an aged care provider have to behave before the government will revoke its licence?

Over the past year, several reports of physical and sexual assaults of residents have been lodged against Bupa. The company's aged care homes have also repeatedly failed to meet minimum health and safety standards. The most recent example is the spectacular failure in a Bupa aged care home in Tamworth.

Bupa Tamworth failed every single quality standard in its audit. To paraphrase Oscar Wilde: "To fail one standard may be regarded as a misfortune; to fail every standard looks like carelessness." Bupa Tamworth joins a long list of Bupa aged care homes that failed accreditation last year.

On top of this, Bupa was also forced to pay the Australian Tax Office $157 million after Jason Ward, from the Tax Justice Network, exposed examples of Bupa's profit shifting.

But rather than punish Bupa for its appalling track record in aged care, the government gave Bupa $3.4 billion to provide health services for the Australian Defence Forces. In addition, Bupa provides health examinations for people applying for a visa.

In terms of total revenue, Bupa is one of the largest companies in Australia. Bupa is our second largest health insurance company, and has an increasing number of optical and dental businesses. Although it is a global UK-based company, Australia is Bupa's largest market – the Australia and New Zealand arm makes up almost 40 per cent of Bupa's revenue.

Bupa Aged Care has 72 homes that care for about 6,500 residents. It receives almost half a billion dollars in government funding each year. Some suggest Bupa is too big to fail. Does this mean repeated neglect in caring for older people is simply the price we must pay for an aged care industry operating in a free market?

In 2017, Bupa sold22 UK aged care homes to Advinia Health Care, an experienced residential care provider. However, it is unlikely Bupa will volunteer to sell any Australian aged care homes. The funding in Australia is much better than in the UK.

The government could, of course, revoke Bupa's aged care licence and force Bupa to sell its aged care homes to reputable providers. However, given Bupa is entrenched and is also a large political donor it is questionable whether the government has the will to revoke.

Both the ALP and the Liberal Party accept political donations from Bupa. Since 2010, Bupa has donated a total of $441,787. Do these donations buy Bupa special treatment?

Or perhaps Bupa's strategic appointments explain the lack of political will. For example, Bupa appointed Nicola Roxon, a former federal health minister, as chair of Bupa Australia and New Zealand (2018-2019).

According to Bupa's web page: "We aim to provide all of the services and support that are important to your health and wellbeing in the way that suits you." Sounds great. Yet last year, the Australian Competition and Consumer Commission announced it was taking Bupa to court for financial abuse of aged care residents who were being charged for services they did not receive. The ACCC alleged Bupa made false and misleading claims about the services it provides at more than a quarter of its aged care homes. Bupa is alleged to have charged residents at 21 of its aged care homes thousands of dollars a year for services that it did not provide.

Bupa's chief executive Hisham El-Ansary said he was "truly sorry" for not getting the quality of care right for all residents. He undertook on national television to introduce "the new mechanisms, new teams and new people to address the issues". The issues have not been addressed.

We all know what needs to be done to address the issues. Over the past 10 years, there have been numerous inquiries, reviews, consultations, think tanks and task forces. These inquiries have resulted in a large number of recommendations, most of which have been ignored by successive governments. This does not augur well for the Royal Commission into Aged Care Quality and Safety.

The Aged Care Act 1997 was a turning point for aged care policy in Australia. It encouraged a large increase in private investment. This act was written in the interests of providers, not older people. This legislation is the root cause of the systemic failures. It enables some aged care homes to get away with murder.

Tinkering with the Aged Care Act will not fix the problem. We desperately need a new Aged Care Act that is focused on the human rights of older Australians, not the profits of providers. Rather than continue to kick the can down the road, we need a government that acts in the best interests of older people, not its political mates.

End neo-liberal experiment

End neo-liberal experiment: gutting of bureaucracy led to vaccine and aged care failures *Michael West* 11 April 2021

The complete shemozzle that has been the vaccination rollout is a timely reminder that the federal Department of Health has neither the expertise nor the experience to deliver services at this scale.

It is not as though we weren't warned. As Bernard Keane has documented, a 2018 audit of the Health Department's administration of the Indigenous Australians' Health Program was riddled with problems and four years late in delivering its objectives. Its tender process for a National Cancer Screening Register was heavily criticised in 2017. Its implementation of the National Ice Action Strategy came under fire in 2019.

Yet despite these abject, public and repeated failures, one of the aged care royal commissioners has recommended that the federal Health Department be the major "service delivery agency" of the reforms the aged care sector so desperately needs.

In the Final Report of the Royal Commission into Aged Care Quality and Safety, Lynelle Briggs states:

> *The Australian Department of Health and Aged Care will need to step up to the requirements of a major hands-on service delivery agency if it is to lead and guide the aged care sector effectively through the reforms we recommend.*

The department simply does not have the capacity to be a "hands-on service delivery agency". Its expertise is outsourcing. In that vein, the Health Department's spending on consultants has nearly doubled from $38 million in 2013-14 to $66.1 million in 2019-20.

For the vaccine rollout alone, the Federal Government has spent tens of millions of dollars on multinational consulting firms including McKinsey, PwC and Accenture, without providing any detailed evidence about what work they were doing. The Australian arm of McKinsey was awarded $1.6 million in February to provide support services for the vaccine rollout between February 25 and March 26 — almost $57,000 a day.

The federal government is also reportedly giving Accenture $7.8 million, while Ernst and Young (EY) has a $557,000 contract to evaluate Australia's Covid vaccine "readiness". Why not ask the public to do that free of charge?

Outsourcing public services to the private sector became central to the playbook of bureaucracies after "new public management" theories took hold of Australian public services in the 1990s. An unspoken benefit was that it was also an indirect way of breaking up unionised workforces within governments.

According to a former professor at Deakin and Melbourne universities Jan Carter, "New public management was the handmaiden of the neoliberal economics." The idea was that the private sector – both for-profit and not-for profit – run things more efficiently (and cheaply) than governments. The government's role is to "steer not row".

Another assumption, Carter says, is that "content-free management in general (and MBA holders in particular) were superior heads of divisions". These generalist managers are apparently better placed to deal with the policies of government more efficiently and effectively than those with specialist knowledge.

While the big consulting firms advising on the vaccine program have little experience running national health programs, they do have plenty of MBAs in their midst.

Which brings us to the actual vaccination roll out in federal aged care homes. It was outsourced to Healthcare Australia and Aspen Medical. Healthcare Australia was contracted to provide the vaccination workforce in NSW and Queensland and Aspen Medical for the other states and territories.

On 16 February 2021, the Health Minister announced: "In the coming weeks, the vaccination program will reach more than 2,600 residential aged care facilities, more than 183,000 residents and 339,000 staff." A few days later, the Prime Minister said: "We're ready to go. … We have been preparing, we have been planning, we have been dotting the Is and crossing the Ts."

Seven weeks later, residents in just 35% of federal aged care homes have had their first dose of the Covid vaccine and 15% the second.

Ensuring a successful roll out to aged care residents should have been a priority for the federal government. Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total Covid-19 deaths, "accounting for 74.6% of all deaths from Covid-19 in Australia" according to a Senate inquiry.

As has been repeatedly pointed out, many of these deaths could have been prevented had the federal government prepared the aged sector for the pandemic. But rather than take responsibility for their failure to plan, the Prime Minister, Health Minister and Aged Care Minister shifted the blame – Scott Morrison's go-to position on any number of policy failures.

It is difficult to ascertain the number of aged care staff who have been vaccinated. The vaccination workforce is not responsible for vaccinating staff in aged care homes. According to the Department of Health fact sheet, the "priority is to deliver choice and flexibility for aged care staff to receive a Covid-19 vaccination as quickly as possible in the safest way".

"Choice and flexibility" is actually code for staff have to make their own appointments at a GP clinic.

Compare the vaccination failures in federal aged care homes to Victorian public aged care homes. Victorian public health services have vaccinated three quarters of staff in public residential aged care homes. Within the next two weeks every public residential aged care home in Victoria will have been visited to deliver the first vaccine dose to residents.

The pandemic highlighted significant differences between private aged care homes (for-profit and not-for-profit) and Victorian public aged care homes. For example, far more residents were infected with Covid in private aged care homes than Victorian public aged care homes. No resident died from Covid in a Victorian public aged care home.

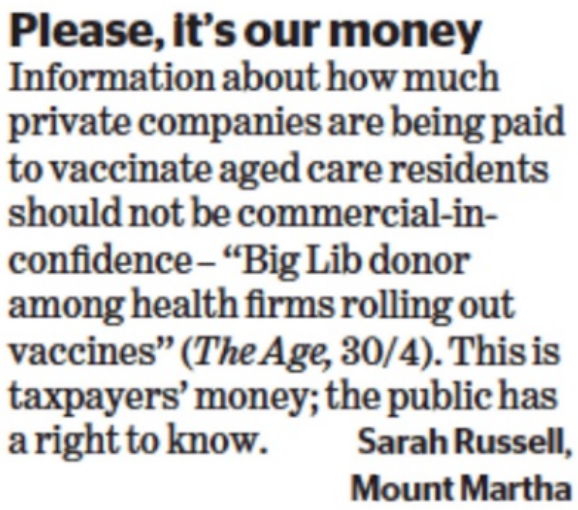
The successful management of the pandemic in Victorian public aged care homes can be attributed to the Safe Patient Care Act that mandates ratios of registered and enrolled nurses.

Victoria's first hotel quarantine program was a debacle, leading to a lengthy lockdown with an enormous financial and social cost, which can also be attributed to the focus on new public management theories.

As Jan Carter noted, the consensus of Victorian departmental heads appeared to be that "logistics rather than infection control was the priority. This becomes easier to understand if the ideology of new public management is understood."

How many inquiries will it take for states and federal governments – both Liberal and Labor – to realise that it's time to remove new public management theories and neoliberalism from the public service playbook?

Please, it's our money
Letter, The Age, 1 May 2021



Please, it's our money

Information about how much private companies are being paid to vaccinate aged care residents should not be commercial-in-confidence – "Big Lib donor among health firms rolling out vaccines" (*The Age*, 30/4). This is taxpayers' money; the public has a right to know.

Sarah Russell, Mount Martha

Chasing the gold, we trade away rights of the old
Michael West 8 November 2021`

Where to start in listing the deceitful behaviour of the Coalition government regarding aged care.

Is it that the government continues to throw large amounts of taxpayers' money at aged care providers but refuses to tackle the systemic changes that are needed?

That Greg Hunt, the Minister for aged care, gave his word that all residents and staff in aged care homes vaccinated by Easter and then failed to do so?

That Senator Richard Colbeck, Minister for aged care services, was unable to recall how many residents had died from Covid.

And on it goes.

The latest deceit is the signing, in secret, of a regional free trade agreement. The Regional Comprehensive Economic Partnership agreement could prevent the federal government from making regulatory changes to improve staffing in aged care.

The Regional Comprehensive Economic Partnership (RCEP) agreement is one of the biggest free trade agreements in history. Signatories are Australia, China, Japan, South Korea, New Zealand and the 10 members of ASEAN (Brunei, Cambodia, Indonesia, Laos, Myanmar, The Philippines, Singapore, Thailand and Vietnam).

The federal government refused to release the text of the RCEP agreement until after it was signed, preventing public scrutiny of the trade agreement.

Australia included in an annex to the agreement a list of services to be exempt from its rules. The list includes income security or insurance, social security or insurance, social welfare, public education, public training, health, childcare, public utilities, public transport and public housing.

The Coalition did not include aged care in the list of services to be protected.

Why include childcare but not aged care? Both cover the most vulnerable people in our society.

Several organisations lobbied for the text of the agreement to be amended to exclude aged care. However, Parliament passed the enabling legislation on October 21, with only the Greens and Senator Rex Patrick voting against it.

Without granting aged care an exemption, RECP agreement rules on trade in services will apply to the aged care industry. This may prevent the government increasing regulations to improve standards of care in aged care homes owned by multinational corporations like Opal. Opal currently operates 80 residential aged care homes in Australia.

Although the Royal Commission into Aged Care Quality and Safety highlighted an urgent need for tighter regulation of the aged care sector, the RCEP agreement contains provisions that would "lock in" existing regulations. The agreement requires signatories to "not adversely modify existing regulation in particular services sectors".

If the federal government increases regulation, Opal, for example, could get the Singapore government to lodge a state-to-state dispute arguing that the Australian government had broken the rules of the RCEP agreement.

A 2018 study showed that international investment in aged care is growing rapidly. The RCEP may encourage more overseas investment.

The government has also refused to commission an independent study of the economic or social costs and benefits of the RCEP in Australia. One of the biggest social costs could be on residents of aged care homes owned by multinational corporations.

A report on the RCEP agreement by Joint Standing Committee on Treaties raised concerns that it made no sense to protect childcare services but not aged care. It noted the public would be understandably concerned by such inconsistencies.

> *Notwithstanding the assurances provided in relation to Australia's capacity to regulate in the national interest with respect to aged care, there was no clear explanation as to why Australia made a specific reservation under List B of Annex III with respect to childcare but not for aged care. It is understandable that such inconsistencies give rise to public concern, and it would be better if they were avoided. (Report 196, P 27)*

Labor, in supporting the enabling legislation, accepted the Trade Minister's word that the general health exemption in RCEP covers aged care. According to the shadow Minister for Trade and Resources, Madeleine King: "This ministerial assurance was an important factor in Labor supporting the enabling legislation."

Will an "assurance" mean anything in a battle against multinational aged care providers? I reckon the French would say "non".

This secret agreement can be added to the long list of the Coalition government selling out aged care.

Workforce

We're ignoring the needs of our ageing population

The Age, 17 April 2016

Aged care needs a shake-up. For older Australians to receive the quality of care they deserve, aged-care homes require a highly skilled workforce plus robust regulation.

Caring for older people with health issues such as dementia and incontinence is a demanding job that requires specific expertise. Aged-care homes need staff who have time to talk with residents, encourage them to walk and give them food they like. When an aged-care home has insufficient staff, there may not be time for residents to be walked to the toilet or even helped out of bed.

Recently an elderly woman in an aged-care home died in excruciating pain because no one on duty was qualified to administer the prescribed morphine. The woman's daughter was so traumatised by the situation, she could not remain at her mother's bedside to hold her hand.

According to the Aged Care Act (1997), providers must "maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met". Determining how many staff and what level of skill are required is contested.

Over the past decade there has been a marked shift in the composition of the residential aged-care workforce. This coincides with the increased number of privately owned aged-care homes, and with an increase in the number of residents classified as requiring "high care".

The staffing profile of aged-care homes today does not reflect the resident profile. If it did, we would have seen a big increase in the number of registered nurses. Instead, the number of registered nurses has decreased while the number of less-skilled personal-care attendants has risen substantially.

Registered nurses now account for fewer than 15 per cent of the residential aged-care workforce, and personal-care attendants make up 68 per cent. In addition, enrolled nurses now undertake duties that were once the responsibility of registered nurses, such as administering medication.

Peak bodies representing care providers have successfully lobbied the federal government for "flexibility in staffing". Unlike childcare centres, hospitals and schools, there is no requirement for aged-care homes to have mandated staff-to-client ratios. This flexibility results in many aged-care homes being understaffed.

According to the Australian Nursing and Midwifery Association, the decision whether to have a registered nurse on duty should not be at the discretion of the provider. They propose mandating minimum staff-to-resident ratios. At the very least, one registered nurse should always be on duty when an aged-care home has residents classified as high care.

The accreditation process should play an important part in monitoring the standards of care in all aged-care homes, including whether adequate numbers of skilled staff are employed. The current accreditation standards are woefully inadequate. Vague phrases such as "sufficient staff" continue to be used. In some cases, "sufficient staff" means no registered nurse on duty. It may also mean an inadequate number of personal-care attendants.

Staffing costs are the main outgoings for operating an aged-care facility. Managers who are under pressure to meet their profit targets do so by employing cheaper and less-skilled personal-care attendants, rather than nurses. Many of these attendants have undertaken an "accredited", fast-tracked course.

According to the 2013 audit of registered training organisations, 90 per cent of aged-care courses did not comply with training standards under the Australian Qualifications Framework. These courses do not equip graduates to work competently with older people.

Some personal-care attendants gained their qualification to work in an aged-care home after completing a five-week course. Considering the complexities of working in an aged-care home, it is inconceivable that someone with five weeks of training is qualified to provide competent care, particularly when there is no registered nurse on duty to supervise them. Is it any wonder recent inquiries into aged care have highlighted inadequate personal care, neglect, and negligence?

Recent Senate inquiries received numerous submissions from registered nurses who claimed the aged-care homes in which they worked were understaffed. These nurses expressed concern for the health and safety of residents, though this is often done anonymously to avoid negative consequences for speaking out.

Many nurses feel that they do not have enough time to provide the care that residents need. Nurses working in this kind of environment experience extreme stress and, in some cases, burnout. Stress and burnout are also facts for managers who are often on call 24 hours a day, seven days a week.

The lack of mandated minimum staff-to-resident ratios has caused many registered nurses to leave aged care. Another barrier to attracting and retaining registered nurses in the sector is pay; there is significant wage disparity between registered nurses in aged care and those working elsewhere in the health-care system. A full-time registered nurse in aged care may earn $200 a week less than their colleagues working in public hospitals.

To ensure older people living in aged-care homes have the best possible quality of life, aged-care homes need to employ well-trained, competent, honest and caring staff – managers, registered nurses, personal care attendants, along with kitchen, reception and activities staff.

The federal government must improve regulation of the aged-care sector rather than rely on self-regulation. The care of vulnerable older people is too important to be left to the whims of the free market.

Here's why we need nurse-resident ratios in aged care homes
The Conversation, 13 September 2016

More than 170,000 older Australians live in aged care homes. Of those, 83% are classified as requiring high care. An estimated 60% of "high care" residents have dementia, 40-80% have chronic pain, 50% have urinary incontinence, 45% have a sleep disorder and 30-40% have depression.

The management of these complex conditions, and combinations of conditions, requires the skill of experienced registered nurses, supported by doctors and allied health providers such as psychologists and physiotherapists.

But nursing home providers looking to cut costs are bypassing registered nurses and employing less-skilled personal care attendants (PCAs) who aren't adequately trained for the job.

Federal legislation is urgently required to ensure that, at a minimum, aged care homes have one registered nurse on site at all times.

Registered nurses are trained to assess, monitor and manage complex medical conditions; personal care attendants are not.
Registered nurses complete a three-year bachelor degree at university and enrolled nurses complete an 18-month diploma. Both are registered with the Nursing and Midwifery Board of Australia and must meet registration standards in order to practise.

PCAs have a Certificate 3 in aged care, which can be completed in five weeks. No registration body oversees PCAs.

Registered and enrolled nurses working in aged care homes have expertise in administering medication, controlling infection, ensuring residents are receiving adequate nutrition and hydration, managing dementia and other challenging behaviours, and supporting residents in their final months, weeks and days of life.

PCAs are responsible for residents' personal hygiene, such as washing and toileting. They also provide assistance with meals and help residents move around. When PCAs observe changes in a resident's behaviour or health, they are trained to report these changes to a registered nurse.

But with no registered nurse on site, elderly residents, particularly those who are uncommunicative, do not receive timely treatment when their condition changes. In some cases, this is a form of neglect.

According to the Aged Care Act (1997), providers must: "*maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met.*"

But unlike childcare centres, hospitals and schools, there is no federal legislative requirement for aged care homes in Australia to have staff-to-resident ratios or skill prerequisites.

In contrast, the Victorian government recently introduced the Safe Patient Care Act, which prescribes ratios of registered nurses for a small number of publicly owned aged care homes in the state.

On the morning shift, one registered nurse is required for every seven residents; in the afternoon, one registered nurse for every eight residents; and on the night shift, one registered nurse for every 15 residents.

When enough registered nurses are on duty in aged care homes, residents have better outcomes. They have fewer pressure ulcers, lower rates of urinary tract infections and are less likely to lose weight.

Most importantly, care from registered nurses results in fewer residents being transferred to hospital.

But the Victorian legislation covers just 30 or so state-owned aged care homes, not the 2,600 or so other facilities around the country.

Over the past decade, there has been a marked shift in the composition of the residential aged care workforce.

Registered and enrolled nurses now account for less than 27% of this workforce, while personal care attendants (PCAs) make up 68%. Much of the hands-on care that registered and enrolled nurses once provided is now being provided by PCAs.

This shift coincides with the increased number of privately owned aged care homes.

Managers who are under pressure to meet their profit targets do so by employing cheaper and less-skilled PCAs rather than registered and enrolled nurses. A grade 5 registered nurse costs about twice as much as a PCA: A$42 per hour compared with A$22 per hour.

The federal government's current inquiry into Australia's aged care workforce received 73 submissions from staff and relatives who are concerned about standards of care. These submissions describe many aged care homes employing an inadequate number of registered nurses.

According to submission 55: "*Registered nurses are often required to look after more than 100 residents.*"

Other submissions have highlighted inadequate personal care, neglect and negligence.

The care of vulnerable older people is too important to be left in the hands of providers seeking to maximise profits. The federal government must require nursing homes to roster on one registered nurse at all times.

It should also follow Victoria's lead and implement appropriate nurse-resident ratios.

To ratio or not to ratio, that is the question

4 June 2018

The debate about ratios in aged care homes has become a stuck record. Those opposed to ratios play a couple of old favourites: the 2011 Productivity Commission Report *Caring for Older Australians* and Abba's "Money Money Money". Those in favour of ratios sing along to a protest song: "Ratios for aged care. Make them law NOW".

To help move to the next track, politicians, the private and not-for-profit sector, families, community members and older people themselves need to work together. Working collaboratively will ensure that Australians sing from the same songbook.

To this end, I recently asked politicians, CEOs of peak bodies that represent aged care homes, unions and aged care advocates to tell me whether they support/oppose minimum ratios of registered nurses in aged care homes and why they take this position.

This led to an Opinion Piece in ABC online. In this Opinion Piece, I contest claims made by those who are opposed to mandating a *minimum* ratio of registered nurses in an aged care home. This opinion piece explains why I support mandated ratios.

The claim that ratios are a blunt instrument has been repeated ad nauseam since 2011. I question why we use a blunt instrument in hospitals and childcare centres, but not aged care homes. Is the government's failure to legislate ratios based on ageism?

I demonstrate why leaving the decision whether to have a registered nurse on duty at the discretion of the manager/provider is a recipe for low standards of care, including poor palliative care. Managers who are under pressure to meet their profit targets do so by employing cheaper and less-skilled personal care attendants, rather than registered nurses.

I do, however, agree that mandating staff ratios will increase operating costs for many aged care homes that are currently understaffed. However, after reports of large profits, I do not buy claims that many aged care homes are struggling financially. The latest government inquiry Financial and tax practices of for-profit aged care providers will hopefully 'follow the money'.

The best way for people to make up their own minds about ratios is to provide a verbatim account of the polarised positions on mandating minimum registered nurse-to-resident ratios in aged care homes. Given politicians and CEOs have access to platforms that allow their voices to be heard loud and clear, the article begins with Julie Davey, a member of stroke foundation consumer council and ends with Ken Wyatt, Minister for Aged Care.

Let's hope the next track in the songbook is John Lennon's *Imagine.*

Julie Davey, a member of Stroke Foundation Consumer Council
As a consumer and young stroke survivor, I am acutely interested in the issue of minimum RN ratios in Aged Care Homes. Given the complexity of health issues experienced by many residents, who might include younger people with neurological conditions, registered nurse ratios should be mandated. Registered nurses are able to recognise, document, communicate and assist with treatment of minor changes in a resident's health without them having to go to hospital. Always having appropriate level of nursing staff is a way to maintain care standards, despite fluctuating availability of PCA staff. Registered nurses induct new staff to maintain care standards and educate PCA's on the importance of consistent medication and mobilisation plans. Registered nurses can work with other Primary Care professionals (including GPs) outside the facility to avoid hospitalisation and maintain residents' health. As staffing is often cost driven, I believe minimum RN ratios would need to be mandated to occur.
Aged care advocates

Lauren Todorovic, CarePage

Based on data, research and insights shared from families and residents - consistent themes in the feedback, tell us that 'staff are doing the best with the resources and time they have available'. Our tools assess a number of indicators for experience and across the board one of our lowest rating criteria is "Staff presence". This is a measure of 'the resident or health professionals experience of staff availability and presence'. Essentially, 'Staff presence' encompasses if residents are feeling rushed when staff are attending to their care, if their calls for assistance are answered within a timely manner. So clearly this is a critical and sensitive issue.

Addressing this however is not necessarily simple as the industry is digesting the start of a revolution in customer experience and consumer directed care.

Whilst, (1) there needs to be more clearer guidelines on what is deemed to be a 'safe' resident to staff ratio, at present it's left up to the interpretation of individual operators which is not then consistent across the board and therefore difficult to regulate. The work the ANMF have National Aged Care Staffing and Skills Mix Project provides a leaver to start to undertake data driven investigations into what works or doesn't.

However, ultimately, this will an ongoing debate between operators, heath care professional peaks, government, families and residents as a ratio will ultimately translate into a compliance tool. The debate will shift with the implementation of data driven decision making facilitated from customer experience tools like ours,

as well as sensors, IOT devices, improved facility design that mean health care workers can be more efficient, make better use of their time and ultimately better serve the resident. Staff ratios will still be an important consideration with the coming age of digitisation and better utilisation, as a compliance tool to ensure the laggards and non performers keep up, or don't under invest in their staff. Care at the end of the day will always be a people business.

The most advanced operators on the path to improving the working environment for health professionals delivering the care are those that focus on the resident experiences. We are observing operators improving their residents experience by tracking data, listening more to consumer feedback and installing IOT or other technology innovations that stimulate evidence and data driven insights. Leadership that utilise granular data through their organisations are better positioned to move more quickly to address resourcing.

What does this have to do with 'staff ratios'? Ratios are a compliance tool and there be creating change the only way it's going to be materially improved if not solved is through digitisation, technology and empowering all stakeholders to be more efficient and make better data driven decisions to improve utilisation of resources (reduced stress from all people involved with technology and innovation). This debate is a critical one, but also needs to factor in the need for consumer feedback, customer experience which can only be monitored through data tracking.

What is going to start to shift this debate is the increasing awareness of digitisation for the benefit of the ultimate consumers (the residents and their families). But also new frontier technology and use of Internet of Things (IOT) devices.

Staff Ratios may help address minimum standards (and may well ultimately be a necessity to ensure compliance), but really operators, with the support of government, need to invest in innovation, improving facilities, digitising, installing sensors, engaging with predictive tools to increase efficiency and prioritise the consumer and their customer experience strategy. Only then will resource utilisation and nurse, carer and health professional well-being be optimised. If operators don't adapt, they will be left behind.

Eliza Littleton, Senior Policy Officer, CPSA

CPSA was gobsmacked when the NSW Government made the decision that residential aged care facilities didn’t need to have a registered nurse on duty 24 hours a day, 7 days a week. 92% of resident in nursing homes need high quality care around the clock and much of this care can only be delivered by a registered nurse…Registered Nurses are senior, university trained professionals and are needed in nursing homes to administer medications, especially pain relief, provide palliative care, change catheters and ensure that changes in residents’ conditions are picked up. Without a registered nurse on duty, nursing homes frequently have no choice but to transfer residents to already overwhelmed hospital emergency departments for treatment…The only benefit of removing the 24/7 registered nurse requirement is increased profits for nursing homes, but it comes at a high cost to elderly residents and their families.

Carol Williams, Elder Care Watch

Elder Care Watch supports mandatory minimum ratios by public regulation and my reason is current ratios are ratios decided entirely by managers and the cumulative evidence of poor health care suggests far too many of them cannot be trusted with this power.

Lynda Saltarelli, Aged Care Crisis

Unlike Australia, the US government openly acknowledge that staffing levels and skills are the most critical determinants of care (Centers for Medicare and Medicaid Services, Staffing Data). They also recognise the significance of employee turnover and tenure as a "vital component of quality care for nursing home residents". They set out recommended minimum staffing levels that are required for safe care if residents are not to be harmed - based on careful research and expert opinion. It has made staffing and care data available for nearly 20 years.

The benchmarks our nursing homes use in determining staffing requirements are based on commercial considerations and not research. They are developed by financial advisers who support providers and lobby government on their behalf. They are set at artificial levels that make our very poor staffing look legitimate, providing an hours less nursing care and half the amount of care from trained nurses.

The 1997 Aged Care Act imposed an open market and a deeply flawed regulatory system on this vulnerable sector. The competitive pressure for profit has seen the uncontrolled erosion of staff numbers and skills to levels well below international standards. Government and industry are no longer able to paper over the steady increase in the number of damning failures in care. This policy has failed. We need to rethink the way aged care is provided and regulated in Australia.

The last time the industry was flooded with money was in 2014. Hardly any of that went into staffing. Before we waste more money we need to fix the system so that we have some say in where the money goes and can check it gets there.

Words used to describe staffing such as 'adequate', 'flexible' or 'blunt instrument' have little relevance or meaning when the information needed to make the most important choice - who is going to care for you and help you to die without suffering is not available.

Until we have accurate data about staffing requirements, we challenge government and industry to publish online direct care staffing rosters for each home so that customers can make informed choices and advise others.

Eleanor Morgan, Aged Care Reform

Aged Care Reform support legislated minimum staff ratios and skill mix in aged care. Our recent petition gained over 2200 signatures in support of this and other reform suggestions. The myriad of concerns people have raised with us since we started our campaign can nearly all be addressed by increasing the

number of staff, and moving the balance of skills back towards a greater proportion of clinical staff caring for our elderly Australians, especially in residential care facilities.

The ageing population is expanding quickly, and there are more people with wide ranging, complex health care needs entering the aged care system at all levels. There is a need for a multi-disciplinary approach to care planning in aged care, and this can only be achieved if a range of appropriately skilled health professionals are involved at all levels of care.

Currently there is no legislated requirement for either staff ratios or skill mix of any combination, and this is putting consumers and staff at grave risk. It is the responsibility of government to address this urgently via amendments to the Aged Care Act 1997 as has been repeatedly raised by multiple reports, submissions and inquiries that have been produced in at least the last decade.

Sarah Russell, Aged Care Matters

It is incorrect to say there is no empirical evidence to support mandating a minimum ratio of registered nurses in an aged care home. Staffing studies undertaken in United States, Canada, United Kingdom, Germany, Norway and Sweden show the ratio of registered nurses-to-residents has a positive impact on the standards of care in an aged care home. However, this rigorous research has been undertaken overseas, not in Australia.

Nurses' unions

Brett Holmes, NSW Nurses and Midwives' Association

The NSW Nurses and Midwives' Association supports mandated nurse-to-patient ratios in aged care. Hard-pressed nurses do the best they can in impossible circumstances, but they are run off their feet and can't provide the care they want to. Currently, residents are receiving around 2 hours and 50 minutes of care per day from nurses and carers, which is nowhere enough time to shower, toilet, medicate, dress, feed, roll over, move, let alone talk to an aged care resident. There is an urgent need for a staffing methodology that considers both staffing levels and skills mix for residential aged care across the country, which is why aged care ratios must be made law.

The staffing and skill mix report is evidence-based research carried out by the ANMF (with Flinders Uni and Uni of SA), supporting the need for ratios in aged care.

The ANMF's media releases in support of ratios in aged care are available online if you'd like to take something from those for their position on the matter – there are quite a few going back to 2016 in support of ratios in aged care. Otherwise I can put you in touch with their media advisor. He'd be able to get a statement from the ANMF for you today. What would be best for you?

Beth Mohle, Queensland Nurses and Midwives' Union

Many aged care facilities are currently dangerously understaffed and vulnerable, elderly Australians are suffering as a result. Overstretched and dedicated nurses and other staff in aged care struggle to do the best they care in very difficult circumstances. This situation is not of their making - the system as it stands is failing elderly Australians, their families as well as staff in aged care. Unlike in child care, the is currently no minimum staffing requirement under law, and there is also no requirement to provide the necessary skills to meet the increasing complex health care needs of residents. There isn't even the most basic requirement for a single Registered Nurse to be on site at every aged care facility at all times.

We have the evidence about the staffing numbers and skill mix required, what is missing is the commitment to act. In the meantime, elder abuse is occurring by neglect and we will not stand by and see this happen. That is why we are campaigning to make ratios in aged care law now. Please join us in sending a message to our federal politicians that our elderly, vulnerable Australians deserve better. Stand up with us for ratios in aged care."

Annie Butler, A/Federal Secretary, Australian Nursing and Midwifery Federation

The ANMF strongly supports minimum registered nurse, enrolled nurse and care worker ratios in nursing homes/residential aged care facilities.

The current situation in aged care is that fewer and fewer qualified nurses are being employed to care for an increasing number of vulnerable residents with increasingly complex medical and health care needs. In a sector which has been systematically decimated with regard to staffing for more than a decade, staffing levels have now reached a critical low. Current staffing levels and skills mix profiles are too depleted to safely and effectively meet the care needs of residents, with evidence demonstrating unacceptably high levels of missed care.

The ANMF is therefore calling for the government to legislate minimum staffing ratios and skills mix in aged care as a matter of urgency. This reform must occur in tandem with legislative reform that enforces transparent reporting and public accountability of governments subsidies, ensuring that taxpayer funding is directly tied to guaranteeing the provision of safe and effective care for every resident.

Peak bodies that represent providers

Sean Rooney, CEO, LASA

Quality and high standards in aged care are not negotiable and are intrinsically linked to our industry's workforce.

However, the provision of appropriate levels of care for older Australians in residential care facilities is not as simple as the number of staff on duty or arbitrary staffing ratios. The needs of people in residential aged care are highly variable and, within a stringent quality control system, a flexible staffing mix can deliver the best quality of care targeted at individual care needs.

In 2011, The Productivity Commission reported that "while there are superficial attractions to mandatory staffing ratios an across-the-board staffing ratio is a fairly blunt instrument for ensuring quality care because of the heterogeneous and ever-changing care needs of aged care recipients. In the Productivity Commission's view, it is unlikely to be an efficient way to improve the quality of care. Because the basis for deciding in staffing levels and skills mix should be the care needs of the residents, it is important that these can be adjusted as the profile of care recipients changes. Imposing mandated staffing ratios could also eliminate incentives for providers to invest in innovative models of care or adopt new technologies that could assist care recipients.

Flexibility to adjust the staffing mix as the profile of residents changes is clearly a very important consideration, as is the adaptability to move to new models of care driven by innovation and technology.

Australia is facing a 'new normal' as the 'baby boomers' generation ages and it requires a shift in the way we think about the aged care workforce.

Our industry has welcomed the opportunity to work with the Federal Government's Aged Care Workforce Taskforce, Chaired by Professor John Pollaers, which is responsible for developing a wide-ranging workforce strategy focused on ensuring safe, quality aged care for older Australians. This taskforce will report to the Government on 30 June.

Our aged care workforce of the future needs to be responsive to the changing needs and preferences of older Australians. It also needs to be adaptive to the ongoing consumer-centred reforms being rolled out by Government and provide the appropriate quality of care.

Moving forward it is also vital that the Federal Government supports high quality age services delivered by appropriately trained and qualified staff by delivering a stable and equitable funding base.

Darren Mathewson, Acting CEO of ACSA

The aged services industry is in favour of sustainable staffing that meet the care, support and lifestyle needs and choices of our residents which shift and change over time. Arguments in favour of fixed staffing numbers need to account for the fact that residential aged care is not funded to provide hospital-level care, and are homes for a mix of residents with diverse needs and choices that exist in urban, regional, rural and remote locations with differing workforce challenges. Providers operate with a budget of around $230 a day for each resident compared with $1,900 per day in acute settings.

In arguing for more staff, it must also be acknowledged that such a move would require significant additional funding from the Government and/or from residents. There also needs to be a preparedness to provide in-reach health and medical services into residential care at a higher level, ensuring equitable access for our residents and a real value add by this critical external workforce.

Politicians

Senator Derryn Hinch

I moved a notice of motion last year in the Senate calling for a ratio of registered nurses. I received no support from the government, ALP, or the Greens. I also backed nurses at a recent rally in Bill Shorten's electorate.

When I was in radio and TV, for decades my mantra about aged care was: " The only difference between politicians and old people was that old people got there first". Never dreaming I would now be a politician and old. I raised the issue with Health Department at Estimates. The current ratios, or non-ratios, are not acceptable.

Senator Rachel Siewert, Australian Greens spokesperson on ageing.

The Australian Greens acknowledge that the ratio of nursing and caring staff to residents in a lot of facilities is too low and that this needs to be addressed. We believe that this and other workforce issues need to be urgently addressed. We urge the Government to implement the recommendations in the Senate inquiry into the Future of Australia's aged care sector workforce. At the very least there needs to be a registered nurse present in all aged care facilities at all times (24/7).

We need an increase in our aged care workforce, we need better wages and training. We also need to make sure we have a workforce on duty that provides top quality care to residents.

Julie Collins, Shadow Minister for Ageing

Labor acknowledges that the delivery of quality care in residential care facilities for older Australians is an issue of great concern to nurses, aged care workers and the community.

Labor believes that the Government must work with unions and aged care providers to develop a strategy to meet growing demand, while ensuring decent conditions and career progression for workers and a high level of care for consumers.

This strategy must consider issues such as the proposal for 24-hour registered nurse coverage and the skill mix which enables enrolled nurses, assistant nurses and personal care workers to provide high quality care, while acknowledging the sector needs to be sustainable."

Ken Wyatt, Minister for Aged Care

"I do not support mandated nurse to resident ratios. Flexibility, in conjunction with strict, legislated care standards is the key. While some individuals will need more specialist care, everyone in residential aged care should be supported to be as independent and healthy as possible.

This goes to the core of individualising and personalising the delivery of aged care services. Giving older Australians options and the capacity to make informed choices is fundamental to our aged care reforms, rather than mandating ratios around how their care should be delivered.

Ensuring Australian aged care has a strong supply and adequate provision of appropriately trained, skilled and resourced staff is a top Government priority. Demand is growing rapidly, with projections Australia will require almost one million aged care staff by 2050, up from the 360,000 currently employed.

That is why the Government announced a workforce taskforce last November (with a $2 million budget to support detailed consultation and research across the country) which is due to produce Australia's first aged care workforce strategy by July 2018. The recommendations will be carefully considered because ensuring safe, quality aged care is paramount.

A new Industry Reference Committee (IRC) is also currently being formed to tackle critical skills and workforce issues identified by the Taskforce. This committee will include representation from aged care providers, unions and community groups.

There is no clear evidence or research that suggests implementing nurse or staff to patient ratios will actually increase the quality of care.
The following is from the Productivity Commission's report: Caring for Older Australians (2011).

- The provision of adequate, skilled staffing and human resources are among the key standards legislated in the Aged Care Act to maintain high-quality aged care.
- These standards are rigorously enforced. Since last July, the Turnbull Government has closed four aged care homes for not meeting aged care standards.
- Several others are currently under sanction, including having to increase their staffing.

On balance, the Commission considers that, at this stage, the imposition of a simple staff ratio is a relatively blunt instrument, particularly given that the care resident profile of every facility will be ever changing. Such ratios become particularly problematic for small facilities, and a rigid application of ratios could create operational difficulties for these facilities. Further, the existing quality accreditation process (supported by the complaints handling process) provides a mechanism for encouraging providers to apply an appropriate skills mix and staffing level in the delivery of community and residential aged care services (appendix F).

Better aged care begins with more registered nurses
ABC online, 3 June 2018

People are marching in the streets demanding better care for older Australians in aged care homes after increasing media reports of neglect, abuse and negligence.

If we want to improve the situation for residents, we need more registered nurses in aged care homes. When registered nurses are on duty, residents have better health outcomes, a higher quality of life and fewer hospital admissions.

When I worked as a critical care nurse in hospitals, there was a one-to-one ratio of registered nurses to patients. Some days were busy, others were not. However, because society values "saving lives", legislation ensures every intensive care unit is well staffed.

There are also mandated ratios in childcare centres because society values the safety and welfare of children. Yet we don't take the same approach when it comes to aged care homes.Is this because we don't value older people?

The 2011 Productivity Commission Report Caring for Older Australians described staffing ratios as "a fairly blunt instrument for ensuring quality care because of the heterogeneous and ever-changing care needs of aged care recipients."

Yet this "blunt instrument" delivers results in hospitals where patients have "ever-changing needs".

To date, protests and petitions to boost staffing ratios have failed. Mandated nurse-to-resident ratios are opposed by Ken Wyatt, Minister for Aged Care, and the peak bodies representing for-profit and non-for profit aged care homes. They argue mandated ratios would increase costs and limit flexibility.

But the current "flexible staffing" approach leaves the decision whether to have a registered nurse on duty at the discretion of the provider/manager. Evidence suggests some managers do not employ additional staff when care needs increase.

The following example illustrates why staffing levels should not be decided entirely by managers:

"I witnessed an elderly woman die in excruciating pain because no-one on the night shift was qualified to administer the prescribed morphine. My friend was so traumatised by the situation, she could not remain at her mother's bedside to hold her hand."

Although the needs of older people in aged care homes are variable, over 80 per cent of residents have high care needs. The staffing profile of aged care homes today does not reflect the resident profile. If it did, we would have seen a large increase in the number of registered nurses.

Instead, the number of registered nurses has decreased while the number of less-skilled personal care attendants has risen substantially. Registered nurses now account for less than 15 per cent of the workforce, while personal care attendants make up 72 per cent.

Overseas studies show the ratio of registered nurses-to-residents has a positive impact on the standards of care in an aged care home. This research demonstrates that staffing levels and skills are the most critical determinants of care in an aged care home.

Whether residents' care needs are due to cognitive decline, incontinence or chronic pain, residents invariably benefit from having registered nurses on duty.

Although aged care homes are not funded to provide hospital-level care, the government subsidy of around $230 a day for each resident should be tied to direct care for residents, not profits for providers. However, StewartBrown's Aged Care Performance Survey indicates the top 25 per cent of aged care homes made a profit of $18,285 per resident per year.

Although additional staff will increase operating costs, it is alarmist to state that some aged care homes, particularly those in rural and remote areas, will be forced to close. The worst-case scenario is that governments may need to assist some aged care homes to remain viable.

In Victoria, many rural aged care homes are owned by the government. In 2016, the Safe Patient Care Act was introduced, This Act prescribes ratios of registered nurses for the 181 publicly-owned aged care homes.

Kate Carnell pointed out on ABC's The Drum that the abuse at Oakden Older Persons Mental Health Service occurred *despite* a high ratio of registered nurses. However, the Independent Commissioner Against Corruption's investigation into Oakden described poor systems, unacceptable work practices and poor workplace culture. The Commissioner found relatives' concerns fell on deaf ears.

Australia needs to establish minimum staffing levels based on research and expert opinion.

In the meantime, aged care homes should be required to publish their direct care staffing rosters online. This would enable people to make informed decisions about the standards of care in each aged care home.

What is it like to work in an aged care home

Aged Care Matters, 26 July 2018

Aged care homes are places where our most frail and vulnerable older people live. How do we ensure the highest possible standards of care in aged care homes? Some claim a consumer driven and market based residential aged care system will provide ‘world class’ care; others claim we need effective regulation,

government intervention and increased transparency to prevent neglect in aged care homes.

In recent years, there have been numerous heart-breaking stories about aged care homes. When stories about inadequate personal care, neglect, abuse and negligence are reported in the media, the aged care industry dismisses these stories as 'one-offs'. But are they?

To answer this question, we need to hear from people who have first-hand experiences in aged care homes – residents, relatives and staff. They know what day-to-day life is like in aged care homes.

I recently asked relatives about the aged care home they **visited**. By sharing positive and negative views about aged care homes, and suggestions about how residents can have the best possible quality of life, relatives provide a rich source of experiences to inform policy. I have also interviewed residents.

I am now seeking the views of staff who work in an aged care home. Staff are often hard working, dedicated people doing a very difficult job for not much pay or professional kudos.

Managers, nurses, personal care attendants, kitchen, activities, reception, cleaning and maintenance staff are encouraged to share their first-hand experiences of working in an aged care home. We need to listen to staff's experiences of their day-to-day work in an aged care home. We also need to know more about the working conditions in aged care homes.

There are around 2,700 aged care homes in Australia. Although many are excellent, some operate without enough staff. Unlike childcare centres, hospitals and schools, there is no federal legislative requirement for aged care homes in Australia to have staff-to-resident ratios or skill prerequisites.

Should ratios be introduced? Or are most aged care homes adequately staffed?

Would you recommend the aged care home where you work to your parents?

These are the type of questions that need to be answered to ensure an evidence-based approach to aged care policy.

Staff who participate in this study will be asked to reflect on what you like about your work, and what you don't like. I am also seeking ideas for improving residents' quality of life. If you could change three things in the aged care home in which you work, what would you change?

The survey begins with open-ended questions. This gives staff an opportunity to say as much or as little as you like about whatever you want.

All information will be kept confidential. No identifying information about you or the aged care home where you work will be published.

If your first language is not English, you may answer questions using your first language.

I am also collecting information about staffing levels in aged care homes. What is the ratio of registered nurses-to-residents in the aged care home in which you work? Is a registered nurse on site 24 hours a day?

The more survey responses I receive from staff, the stronger the findings. The findings will be used to lobby for improvements in working conditions for staff in aged care homes. Improved working conditions are not only important for staff but will also ensure a better quality of life for residents.

If you would like to share your views, please click here.

Rethinking the staff-quality relationship in aged care homes

Aged Care Matters, 1 October 2018

The Aged Care Minister and provider peak bodies were recently asked to explain their opposition to mandating minimum ratios of registered nurses in aged care homes.

This led to an opinion piece in which their claims were contested.

The Aged Care Guild has recently used a financial argument to oppose ratios, and priced mandated ratios as an extra $5 billion per year.

This is a bit rich from a peak body that represents the 8 biggest aged care providers – some with executives on extremely high salaries.

An article in the Daily Telegraph states: "The bosses of the biggest six aged care companies pocket seven-figure salaries and churn through $2.17 billion in taxpayer funds a year".

Rather than use a financial argument, the government is using research from The Netherlands to support their opposition to ratios.

A letter from Office of the Hon Ken Wyatt MP contains the following paragraph:

"One of the latest staffing studies, compiled in April this year in The Netherlands, states: "There is no consistent evidence of a positive relationship between the quantity of staff and quality of care".

It says: "We should think beyond numbers. Instead of focusing on the quantity of staff, we welcome initiatives that consider the quality of a team".

I have read the research that is referred to in the Minister's letter, and my assessment is the Office of the Hon Ken Wyatt MP has misinterpreted the findings of the Dutch research.

In 2016, Backhaus, Beerens, Van Rossum, Verbeek, and Hamers undertook a literature review for the Dutch Ministry of Health, Welfare and Sports.

The aim of the literature review was to summarise all the available evidence on the relationship between staffing and quality in aged care homes.

The editorial "Rethinking The Staff-Quality Relationship In Nursing Homes" (2018) provides evidence of a positive relationship between the quantity of staff and quality of care.

This is a matter of fact, not opinion.

It is important to critically read research papers, not to cherry pick sentences that support your position.

Although the authors state: "There is no convincing scientific evidence of a positive relationship between staffing levels or the educational background of staff and quality in nursing homes", this statement needs to be critically examined.

The first question to ask is: Why did only a small number of studies meet the inclusion criteria?

The answer is crucial to the interpretation of the study. In many countries, there is a lack of data to analyse the relationship between staffing levels or the educational background of staff and quality in nursing homes.

It is simply not possible to undertake rigorous studies on staffing because data is either non-existent or not available to researchers.

In Australia, the data is collected by the Department of Health and financial organisations (e.g. StewartBrown) but this data is not available to the public, including researchers.

In contrast, the US not only collects data but also makes this data available to the public.

So it is important to note that Backhaus and her colleagues stated: "Studies that found a positive relationship [between the quantity of staff and quality of care] were mostly conducted in the US."

The only country that analyses data on staffing and quality indicators showed a positive relationship.

The US data shows the more staff on duty, the higher the quality of care.

It is therefore not correct to conclude: "There is no consistent evidence of a positive relationship between the quantity of staff and quality of care".

There is evidence. This evidence is found in the only country that not only collects data on quality indicators but also makes this data available to the public.

Clearly, quantity of staff is not the only determinant of quality of care. But it is a determinant.

Other important determinants are the quality of the team, the manager of the aged care home (responsible for staff morale, supervision etc.) and the owner of the aged care home licence.

It is noteworthy that over the past 20 years only 183 studies undertaken met the inclusion criteria for this literature review.

The most obvious conclusion to draw from this low number is the urgent need to undertake rigorous research.

In Australia, such a study could easily be undertaken. All Victorian-owned aged care homes have mandated ratios.

This provides the perfect 'laboratory' – both a control group (Victorian-owned) and an experimental group (private and not-for-profit).

Quality outcomes in Victorian-owned aged care homes could be compared with those in private and not-for-profit aged care homes.

The recent Aged Care Workforce Strategy Taskforce could have undertaken this research.

However, this taskforce morphed into an "industry led" Workforce Strategy Taskforce. Once again, "consultation" and "expert opinion" trumped evidence.

We urgently need empirical evidence to determine the relationship between the numbers and training of staff and standards of care in an aged care home.

This research is needed so we can have an evidence-based policy rather than one that is based on opinions.

Do we need mandated staffing ratios or staff transparency in aged care?

Victorian Healthcare Week Great Debate , 22 July 2019

The title of this year's Victorian Healthcare Week Great Debate was: Do We Need Mandated Staffing Ratios in Aged Care? Are we better off focusing on the quality outcomes for older Australians rather than mandated staffing ratios?

Lisa Giacomelli (Chief Operating Officer YMCA NSW) and I (Director, Aged Care Matters) received an invitation to speak on the opposing team. We were told we had been specially selected based not only on our expertise but also our ability to marry humour with intellect.

Lisa presented a strong case to show that mandating ratios does not guarantee quality. Lisa used examples from the childcare industry, an industry that has mandated ratios.

“I have worked in the child care industry for nearly a decade. Ratios are mandated there and services are audited and checked by the regulator to ensure they are ‘in ratio’.

“When something occurs in a service when things don’t go to plan, the first question asked is always: ‘Are we in ratio?’ And I can tell you the answer is almost always ‘yes’.

“Being in ratio does not prevent poor practice, it does not prevent care standards being upheld, or staff taking their eye off what they are meant to be doing, or clients acting in a way that wasn’t anticipated, or allergic reactions to medication or accidents, nor does it prevent policies and procedures being breached.

“In fact, ratios can have the opposite effect. The need to be ‘in ratio’ (a golden term in the children’s services industry) causes all kinds of stress for coordinators and directors who spend their time finding staff and managing rosters rather than focussing on quality of care, listening to the voices of children and dynamic educational leadership. It’s hard to be inspiring when you are struggling to ‘stay in ratio’.

“Mandated ratios result in a higher reliance on agency staff which, due to the inconsistent nature of agency staff who do not understand the service or know the children, can create inconsistency of care, lack of commitment to the service and the role and undermine the safety that children feel in a familiar and consistent environment. Agency staff, whilst doing their best, just cannot have the same engagement with service and organisational culture, or with clients than long serving staff can.

“They also create a false sense of security. It is not difficult to envisage services believing that as long as we are ‘in ratio’ we are offering good quality, engaged and inspired care. Management and leadership can take their focus off what staff are doing to focus on how many staff are doing it. Leadership becomes more about rosters and less about staff development, more about regulation and less about client experience, more about ‘not getting caught out’ and less about the very people that aged care services are there to serve. This is the danger of ratios and they can be dangerous.

“If you want to mandate quality care – mandate engagement with clients, families and communities. Ensure that staff culture is positive, resilient and empowering. Train the best and brightest and pay them that way.”

Sarah began by asking the audience to raise their hands if they wanted all older people living in all aged care homes to have the best quality of life possible. As you would expect, there was a sea of raised hands.

“I am a public health researcher and aged care advocate. My research shows there are good aged care homes. However, anybody who has paid even the slightest attention to the Royal Commission on Aged Care Quality and Safety knows that not all aged care homes are good.

“In any profit-based system that relies on government subsidies, like pink batts, private colleges and aged care, there are always some shonky providers. These shonky providers thrive because of systemic and regulatory failures.
“Will the systemic problems in aged care be miraculously fixed by mandating staff ratios? The answer is indisputably ‘No’. A shonky provider will make up the numbers with the cheapest, most unqualified staff possible.

“My colleague has presented a strong case to show you that mandating staff ratios in childcare centres does not guarantee quality. To the opposition, I say: ‘Be careful what you wish for’.

“The opposition has used the same arguments that have been shouted for years. These arguments regularly appear as memes on social media. In response, the peak bodies for providers tweet their own memes. The memes and tweetsgo back and forth but nothing changes.

“It is unusual for an aged care advocate not to support mandating staff ratios. Other aged care advocates get very exasperated with me. They tell me it is simply ‘common sense’ that more staff on duty = better service. This was certainly not the case at my local café last Friday when 2 regular, experienced, competent and cute waiters were sick. They were replaced with 2 agency staff who knew nothing about how the café operated – not even how to use the coffee machine or where to find the tomato sauce. They did not improve the quality of the service. In fact, they reduced it.

“To address the systemic issues in the aged care sector, we desperately need ethical leadership. We need someone with a kind heart and open mind who can see past the vested interests. We need a Nelson Mandela, Jacinda Adhern or Greta Thunberg.

“During the past few years, the usual suspects have shouted for staff ratios. The other usual suspects have shouted for more government money. There has been a lot of noise but no leadership.

“Good leaders bring people with diverse views with them. They build consensus not division.

“So what should an aged care leader do?

“Firstly, they should listen to all key stakeholders – not just those with the loudest voice. They would also listen to staff, families, community members and, most importantly older people themselves. They would then bring all key stakeholders to the negotiating table.

“A good leader would put something achievable on the negotiating table – something that all key stakeholders may agree on. I propose we start with staff transparency.

“Yesterday, Rebekha Sharkie re-introduced her Private Members Bill that requires every aged care home to disclose and publish quarterly staff/resident ratios.

“Shonky providers will lobby against this legislation. However, good aged care homes with high numbers of well-trained staff have nothing to fear from staff transparency.

“When we have accurate staffing data we can perform the research needed to develop evidence based staffing guidelines.

“Rather than Staff Ratios that cause division, Staff Transparency is a much better place to start.”

Don’t ignore aged care

Letter, The Age 22 December 2022

Aged and Community Care Providers Association head Tom Symondson said the community needed to recognise “nurses, personal care workers and allied health professionals don’t grow on trees”.
Of course the aged care workforce doesn’t grow on trees. However, it will grow with better working conditions, including better pay.

Over the past 10 years, there have been numerous inquiries, reviews, consultations, think tanks and task forces into the aged care workforce. These inquiries have resulted in a large number of recommendations, most of which have been ignored by successive governments.

LETTERS

Commodity training

Re the article "Thousands of carers to lose their qualifications" (22/11), 10 years ago, my research identified the problem of vocational providers delivering aged-care courses that did not meet national standards. More recently, the royal commission highlighted concerns about the quality of some vocational training providers, suggesting a need for better regulation. In some vocational colleges, training is treated as a commodity. Is this the inevitable consequence of governments funding the private sector to deliver a public good?

Sarah Russell, director, Aged Care Matters, Mount Martha

Home care

Home Care: operators snipping 50pc fees from the elderly in home care

Michael West Media, 6 May 2019

The media has been reporting story after story of appalling treatment in aged care homes. But aged care is much more than residential care. It also includes home care packages and the Commonwealth Home Support Programme.

The stories about in-home care are equally appalling, albeit for different reasons. What is heartbreaking - and currently flying under the radar - is the commodification of the treatment of older people, the rorting in the system, insurance companies with no experience of caring for older people winning contracts to provide in-home care, strangers being sent to the homes of older people, and support workers with minimal or sometimes no training.

The only aspect of in-home care that makes the news is the ridiculously long queue for home care packages. Some 127,000 older people are waiting to be assigned a package, with some waiting more than a year.

I recently interviewed the lucky ones – older people who had received their home care package. I asked them and their family about what is working well, and what is not. The research is timely because the *Living Longer Living Better (2013)* and *Increasing Choice in Home Care (2015)* reforms have significantly changed the way in-home support is delivered.

The Commonwealth Department of Health is clear about where the aged care reforms are headed. It envisages a future where the aged care system is consumer driven, market-based and less regulated. Where the public might view an older person as needing support as they age and become more frail, the department aims to transform them into an empowered 'aged care consumer' – to position older people as active participants in an economic transaction.

The first challenge facing an 'aged care consumer' is how to choose one of the more than 860 government-approved home care providers – preferably one that delivers high standards of care at a reasonable price. Many older people simply do not know where to start.

They soon learn that the only place to start is with My Aged Care, established in 2013 by the federal government as a 'one-stop aged care shop'. Previously, GPs and local councils had been the first port of call. Now older people begin their '*aged care journey*' by phoning My Aged Care or, for those who are computer literate, by visiting its website.

My Aged Care has been such an unmitigated disaster that six years after it was introduced, an Aged Care System Navigator is being trialled to help people 'navigate' the aged care system. The absurdity of needing a second service to assist people to use the first service brings to mind an episode of *Utopia*.

'Navigate' has become the new buzzword in aged care. The first discussion paper from the Royal Commission is titled: *Navigating the maze: an overview of Australia's current aged care system*. But it was not a maze when local councils, the Royal District Nursing Service and other not-for-profit and for-profit organisations delivered services to older people in their home. How did the aged care system become so complex that older people and their family need help to navigate it?

Social isolation among older people is emerging as one of the major issues facing the industrialised world. One of the priorities of the aged care system should therefore be to ensure older people remain engaged in their communities. Many councils recognise this and have developed Active and Healthy Ageing Strategies. One strategy involves providing subsidised activities for older people – such as senior citizen clubs, activity groups, men's sheds and community bus trips.

However, some federal government bean counter is concerned about older people 'double dipping' by using subsidised federal services as well as local council/state government services. As a result the federal government introduced a policy of 'full cost recovery'.

Under this policy, those receiving a higher level home care package (i.e. a federal subsidy) are required to pay the full cost of activities subsidised by their local council. While older people using the Community Home Support Program pay the subsidised rate of $10 for a bus trip, those with a higher level home care package pay $100 (i.e. the full cost). This $100 is deducted from their home care package. Such exorbitant costs have forced some older people to stop going to local social activities because they may then have less in their package to spend on personal care, for example.

This brings me to concerns about the financial statement the 'aged care consumer' receives each month from their provider. These statements are often long and difficult to understand, creating unnecessary stress for older people and their families. It is also difficult for the 'aged care consumer' to know how much a provider should charge for labour, equipment and supplies.

The monthly financial statements indicate some clients are being charged a fixed cost for case management, irrespective of how much case management they use. The costs for case management vary enormously, with some providers taking up to 53% of the package in fees. Other providers only take about 10 per cent. The wide range may indicate differences in the health needs of the older person and the complexity of providing case management. Or it may suggest overcharging.

The Minister for Senior Australians and Aged Care, the Hon Ken Wyatt AM, MP, asked all home care providers to publish their existing pricing information on the My Aged Care Service Finder by November 30, 2018. Several providers have not yet done so.
There are also significant differences in the hourly rates providers charge the 'aged care consumer' for support workers - from $39 to $61 an hour on a weekday. Some providers charge the 'aged care consumer' more than $130 an

hour for a support worker on a public holiday. Yet it's fair to say the support worker would have received only a fraction of that rate.

There are also large differences between the support provided by different providers for the same amount of money. For example, some providers deliver just 10 hours of personal/domestic support per week to those on a Level 4 home care package while other providers deliver 30 hours. How can these differences be justified? It has been suggested they are a result of the market-based system that has been established explicitly to create competition, innovation and choice for the 'aged care consumer'.

Questions must also be asked about unspent funds. How many older people are not spending their monthly subsidy due to the poor quality of the services provided? When the support workers change from day to day, some older people may prefer no one to provide personal assistance given their concerns around safety.

Large companies with limited or no expertise in the delivery of aged care services have also been given licences to provide aged care. It is not surprising that a company that specialises in insurance, for example, would deliver unsatisfactory aged care service. It is, however, surprising how many large established aged care providers also deliver an unsatisfactory service.

The most common complaint about home care providers is the high turnover of unqualified, inexperienced and untrained support workers. A high turnover of staff is a recipe for disaster. It results in strangers being sent to work in an older person's home. Older people have to just trust that they will be treated with respect and kindness.

Many older people have high expectations for the services that will be provided by a home care package. They hope these services will enable them to remain in their own home. Those with the best outcomes have family support, most often a daughter. Without this additional support, many acknowledged they would not be able to remain at home.

Earlier this year, the Royal Commission into Aged Care Quality and Safety began hearings. This Royal Commission is investigating both residential and in-home aged care.

Factors that are important to older people who receive a home care package:

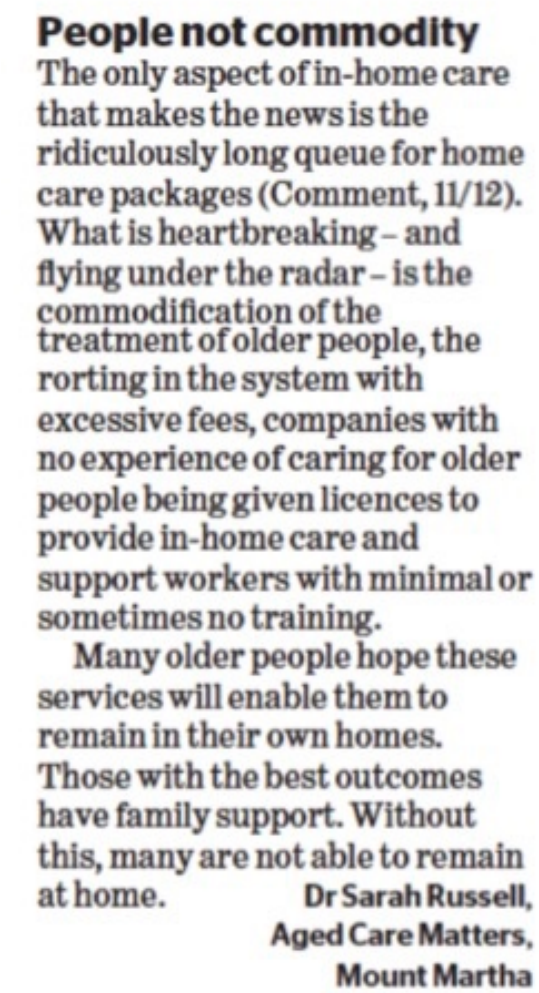
- Access to a competently staffed My Aged Care information line/web page to provide accurate and consistent information and advice;
- A clear explanation of providers' services including their fees;
- Publication of providers' fees and charges on the My Aged Care website;
- Clear information about entitlements and reimbursements;
- Information on sub-contracted services, including rates and any additional charges;

- A home care agreement that is easy to understand;
- Reasonable fees for case management and administration;
- Reasonable charges for support workers;
- Support workers who are paid the award rate or above;
- Reasonable costs for equipment and home modifications;
- Reasonable charges for gardeners and other maintenance personnel;
- Clear financial statements that accurately reflect the services provided;
- Person-centred care delivered by a local provider;
- Support workers who are suitably trained, competent, trustworthy, punctual and empathetic;
- Knowledge about the qualifications and experience of staff;
- An option to choose support workers;
- Consistent support workers who work at regular and set times (e.g. 9am rather than sometime between 9am and 11am);
- Flexibility with times and changing needs;
- Access to service provision "on the spot" (i.e. same day) when a situation changes (e.g. transport to a doctor's appointment);
- Sufficient time allocated for support workers to undertake tasks required;
- Direct communication permitted between recipient and support workers for easier co-ordination;
- A weekly roster of support workers supplied in advance;
- Case managers who are experienced, qualified and easy to contact;
- Consistent use of mutually agreed means of communication with case managers (e.g. emails, messages, home phone or mobile);
- Information about how many older people case managers are overseeing;
- Forward-thinking case managers who seek to improve care and offer suggestions if new services become available;
- Regular mandatory visits by case managers to include health/welfare checks, face-to-face conversations and updates with the older person.
- Better-trained office staff (e.g. how to talk respectfully to older people, including older people with dementia);
- Options for different degrees of case management support/self-management;
- Involvement of family/advocates when issues arise;

- Ongoing professional development, including dementia training, for all staff;
- Access to affordable social activities inside and outside the home;
- Provision of information from case managers on other community resources (e.g. local services, volunteer groups etc.)
- Feedback from older people and their family/advocates welcomed by providers; and
- An effective complaints process.

People not commodity

Letter, *The Age*, 12 December 2020



People not commodity

The only aspect of in-home care that makes the news is the ridiculously long queue for home care packages (Comment, 11/12). What is heartbreaking – and flying under the radar – is the commodification of the treatment of older people, the rorting in the system with excessive fees, companies with no experience of caring for older people being given licences to provide in-home care and support workers with minimal or sometimes no training.

Many older people hope these services will enable them to remain in their own homes. Those with the best outcomes have family support. Without this, many are not able to remain at home.

Dr Sarah Russell,
Aged Care Matters,
Mount Martha

A Budget bonanza for Home Care freeloaders

Aged Care fail – and now a Budget bonanza for Home Care freeloaders *Michael West* 10 May 2021

The federal government is reportedly planning to spend a further $10 billion over four years in the budget on aged care, with a focus on home care packages. This is on top of the $21 billion already spent each year.

The highest level of home care help for older Australians is $52,000. And how much actual support does that $1000 a week offer? On average, just eight hours and 45 minutes a week, according to the Aged Care Royal Commission's Final Report.

How is it possible that $52,000 gives an older person a little more than one hour a day? This is scandalous.

Of course, not all older people spend their entire home care package on support workers. However, the Royal Commissioners, in providing average figures, must have recognised some rorting in the system.

My 2019 report Older people living well with in home support covered this issue in detail.

- One aged care provider charged $607.56 to supply one service valued at $130.22
- Another provider charged monthly fees of $400 – $500 to organise just three hours a week of ongoing support (e.g. personal care, cleaning, shopping)
- Other providers took up to 53 per cent of the home care package in fees.
- One provider charged $130 an hour to provide a support worker on a public holiday.

Charging older people very high rates for support workers, allied health professionals and nurses is common, yet the workers themselves receive a fraction of the charge-out rate.

The federal budget is expected to contain funding for 30,000 home care packages according to Grant Corderoy, senior partner at accounting firm StewartBrown. Providers must be jumping for joy at this expected increase in a lucrative revenue stream.

But before the government hands out any more home care packages, mechanisms must be put in place to stop the ability to rort the system. So it is concerning that all the peak organisations of health professionals, unions, National Seniors and Council of the Ageing are calling for the budget to allocate more home care packages without tackling this key issue. Financial oversight of home care packages is desperately needed.

A high priority for the aged care sector remains ensuring more, and better trained, staff are employed in both residential and home care. They need to be paid decently and there should not be a gap between wages paid to aged care staff and those paid to hospital staff. Nurses working in a hospital are paid 25% more than nurses working in residential aged care homes, for example.

As the Royal Commission final report noted:
"Successive governments have made several failed attempts to address that gap by providing additional funds to providers *in the hope* (my italics) that they would be passed on to aged care workers by way of increased wages. They were not."

Given that aged care providers didn't spend the extra government money on what they were supposed to, why give them further billions without specific accountability measures?
Australian Aged Care Collaboration, which represents six of the largest peak providers, says it welcomes transparency. Yet these peak provider groups have spent years lobbying against financial transparency.
They claim that sharing financial data with the public leads to excessive costs. This claim is spurious. Providers already collect this information and share it with both Stewart Brown accountants and the Department of Health.

Then there is the issue of regulating the sector. A recent ABC report found St Basil's Homes for the Aged in Victoria – funded by taxpayers and run with all the perks of charity status – milked the government subsidy to finance the church and the lifestyle of the Archbishop. St Basil's had the highest number of coronavirus deaths, with 44 residents dying with Covid-19.

An independent review of the outbreak found St Basil's had insufficient infection prevention and control procedures. Yet St Basil's received perfect compliance ratings in audits completed by the aged care regulator in 2018 and 2019.

Current oversight mechanisms of the aged care regulator are failing.
Unfortunately the two royal commissioners did not agree on whether there should be an independent body overseeing aged care or a new regulator.
Commentators are predicting this budget will be a windfall for aged care.
However, as Professor Joseph Ibrahim so clearly explains:
"More money alone will not transform the aged care sector. The underlying issues require massive systemic changes in legislation, regulation, enforcement of standards, workforce recruitment and training, better models of care, and integration of health care into aged care."

Profits over people

Profits over People: in-home care a cash bonanza for greedy aged providers
Michael West 10 October 2021

The only aspect of in-home care for older people that makes the news is the ridiculously long queue for home care packages. Flying under the radar is the chronic rorting – with corporate providers skimming off vast profits.

The Aged Care Royal Commissioners noted that a recipient of a Level 4 home care package worth $53,000 received on average just 8 hours and 45 minutes of support? Surely this was a big red flag.

Yet federal government has given the home care sector an extra $6.5 billion over next four years without putting in place any accountability measures to stop the rorting of the system.

My recent research reveals how shocked older people were when they realised just how much of their home care package went into providers' pockets. As one study participant noted: home care packages are "a cash cow for providers".

Said another: "I honestly think these providers see the aged care sector as a money ticket for their own selfish needs."

And another: "I strongly object to billions of dollars of taxpayers' money going to for-profit companies or admin-heavy non-profits rather than being spent on actual care."

As the study participants repeatedly pointed out, case management fees were extremely high and when additional charges were deducted for administration expenses, travel and high rates charged for support workers (although workers themselves were paid a pittance), most of the home care package was soaked up.

This was especially galling when many participants said they were effectively doing the work of a case manager but were still being charged case management fees by their corporate provider.

"I also found that I was doing most of the work. In fact, I only heard from them once for the entire six or so months. When they did call, it was obvious that [the call] was part of their job task. They said they would visit and touch base monthly but never did."

One of the best-kept secrets in home care is that older people and their families don't have to pay a high case management and administration fees to corporate providers. They can self-manage the home care package. By cutting out corporate providers and their exorbitant fees, these people have far more money available to spend on buying the essential support services they need to remain living in their own home.

Why doesn't the federal government promote self-management? Are they protecting a lucrative stream of revenue for big companies?

Study participants repeatedly expressed disappointment about their lack of awareness about self-management. Most said they found out about self-management via the internet and social media.

"When you get a home care package, you are not made aware of self-management unless you are Facebook savvy. I literally heard nothing about self-managing and it's definitely a better way to go."

Participants noted it was simply not in the interest of their providers to offer self-management because it would decrease their profits.

The ability to self-manage home care packages had a number of benefits for older people and their families – with families being able to choose the best support services and have control over how the home care package was spent.

"I like almost everything about self-managing. We have much freedom and choice to do the very best we can for Mum. … We are not constantly hindered, belittled, patronised and having to beg the provider for the basics. We get to make our own decisions about who to employ as a care worker, allied health workers etc."

"We had been with a traditional provider for a couple of years and were finding it very difficult to get the help and resources Mum required. We felt that we were being very restricted and 'controlled' by the provider."

A number of the participants also spoke of "disrespectful and undignified" treatment when corporate providers dictated the care and support that would be given. With self-management, they were in control.

"Carers always kept checking with head office about everything. They didn't work for me. They worked for the provider. Now they're working for me."

Another criticism was that corporate providers repeatedly sent different support workers into the homes of elderly people. This made some older people feel unsafe in their own home. Self-management allowed older people genuine choice as to who worked in their home, when they worked, and what tasks they did.

However, it was also noted that self-management did require considerable acumen and work from older people and their families. But the benefits of self-managing their home care package were considerable.

"Self-management has enhanced my life immeasurably. I was slipping in to accepting that my life was being taken over by opportunistic providers who, due to their greedy money-grubbing focus on building a business, rather than enhancing seniors' quality of life, were diminishing my independence and self-esteem."

Society too often stereotypes/dismisses older people as incapacitated. Yet they have raised children, run businesses, bought houses and possibly self-managed their super funds. Their desire to continue to make decisions about their lives remains integral to their dignity and quality of life. Self-management allows this. It is an indictment that the federal government does not promote this widely.

Does Council Care

Community Forum on Aged Care 14 August 2018

In 1984, over 30 years ago, both the Federal and State governments implemented the Home and Community Care program, known as the HACC program. The program was embraced and also co-funded by Darebin council. In addition to the money it receives from government, our council allocates approximately $6 million per year of ratepayers' money towards the provision of local aged care services. It does this because it values older people in our community.

As a result of this commitment to delivering aged care services, Darebin Council has developed a strong reputation of high standards of home care for elders in our community. The council employs highly trained, caring and competent staff to provide an invaluable service to older people in our community.

In 2013, The Gillard ALP government introduced the *Living Longer Living Better* aged care reforms. These reforms were motivated by forecasts for a burgeoning ageing population and concerns – and quite legitimate concerns - about how the government could afford to provide services for older people in years to come.

These bipartisan reforms have encouraged private aged care providers to enter what government bureaucrats call the "aged care market place".

Soon after these reforms were legislated, the Liberal and National Party won the federal election – and they have forged ahead with gusto to implement the reforms.

The federal Department of Health is clear about where these reforms are headed. They envisage a future where the aged care system is both market-based and less regulated.

This terrifies me.

The most important thing tonight is not to specifically discuss the Federal Government's terrifying vision but instead to discuss how the aged care reforms affect Darebin Council and its residents. Also, we are here to discuss what the Council can do to continue to provide high quality care to older residents in this new federally imposed "competitive" environment.

From a financial perspective: Darebin Council currently receives what is called "block funding" from the government. This means the council is given an amount of money and they then decided how to spend this money on services for older people.

This system works extremely well. But it is going to change. We just don't know when it is going to change.

The Federal Government has made a commitment to continue to provide block funding until 2020. After that, who knows? This block funding may continue until at least 2025, but no one, not even those who work in Health Department, knows.

Irrespective of whether the block funding continues to 2020 or 2025, I commend Darebin Council for making plans for the future. I encourage them to seriously consider not only continuing to provide home care services under the Commonwealth Home Support Program but to expand their services by becoming a provider of Home Care Packages.

Let me explain some of the changes in slightly more detail.

Firstly, the Federal Government has introduced a streamlined service for ALL aged care services. This streamlined service is called MyAgedCare.

The Darebin Council had no choice. If the Council is to continue to provide services to older people, all their current and future clients needed to be transferred to MyAgedCare.

I know some residents are upset about being transferred to MyAgedCare. But the Council had no choice but to comply with the new streamlined system. All people over 65 who receive council aged care services were transferred, for better or worse, to MyAgedCare.

I've heard many people say it's "for worse".

To be fair: There are often problems when a government introduces a new large infrastructure. MyAgedCare is no exception. The Commonwealth Health Department is trying to fix these problems. The recent federal budget allocated $60 Million to make MyAgedCare easier to use.

The next reform introduced by the Federal Government is a concept called "Consumer Directed Care". Unfortunately there is much confusion about what Consumer Directed Care means. Many people think consumer directed care is consumer centred care. And it's not.

Let's take consumer centred care first. I need to be clear. I don't use the word "consumer" in aged care. Consumer implies an economic transaction. I don't consider aged care primarily an economic transaction.

In my opinion, you are a consumer when you buy a pair of shoes or a cup of coffee – you can choose the shop, and the type of shoes/coffee you purchase. This is an economic transaction.

Older people who receive aged care services are often described as "aged care consumers" (e.g. COTA, National Seniors). Some claim this language positions older people as active participants in an economic transaction – that is, purchasing aged care services. I claim, on the other hand, the trend to use economic market-based terms is creating an environment in which the older

person is being de-humanised.

I call consumer-centred care "person-centred care". Person-centred care is a good thing. Older people have the opportunity to actively participate in their own care in cooperation with those who provide the care – whether it be someone who helps with their meals or assisting them to shower. I fully support person-centred care.

Consumer directed care is a completely different concept. Consumer directed care describes a model of financing service delivery. It puts individuals in charge of their own funding rather than the provider. Individuals can choose to purchase Council Services or Private Services.

Some councils have decided they will not be able to compete with Private Providers. So they have decided not to continue to provide aged care services. Darebin Council has appointed an expert panel to help them decide what to do.

Shire not forced to drop aged care services

Mornington Peninsula News, 1 August 2022

A Shire councillor claims that Mornington Peninsula Shire was "forced" by the federal government to outsource its aged care services to private providers. Really? This contradicts advice from the Department of Health and Aged Care.

The department states that it encourages councils to deliver aged care services: "[Councils] have been consulted, encouraged and supported and may be eligible for a grant to assist with their higher costs."

Furthermore, as a result of the outsourcing, the personal details of thousands of people were given to private providers: 1,554 client records were given to Bolton Clarke; 2,063 were given to Mecwacare.

A member of Older Person's Advocacy Network has raised concerns with me about whether individual clients gave "informed consent" for this transfer of their highly personal information. "I have raised questions about the stealth of Mornington Peninsula Shire's withdrawal (from aged care) and whether it obtained genuine informed consent for clients' data to be passed on to the replacement providers."

I have not been able to ascertain the steps taken to ensure clients gave "genuine" informed consent for their personal details to be transferred. Obtaining genuine informed consent is an onerous, but very important, task. Without informed consent, there is a potential to breach privacy laws.

Over the past few weeks, I have tried, without success, to speak with the Mayor about the Shire's decision to outsource aged care services. Did they explore other options? Or did they merely accept the council staff's advice?

I have also sought information about how the Shire selected Mecwacare and Bolton Clarke as the two providers. I asked the Mayor to describe the selection process. I got no response.

After having no success with the Mayor, I turned to another councillor who was willing to provide details of the outsourcing. I wanted to know what steps the Shire took to do the right thing by all older ratepayers.

The councillor gave the Nuremberg defence. "We were forced to outsource as that was the Federal Government's direction to all Councils in an area of funding that they control. "

The councillor further stated that: "Councils have no powers to fight against these directions."

This claim is gobsmacking. Councillors are elected precisely to represent their constituents. Of course they have power.

Not so long ago, Darebin and Moonee Valley Councils were in a similar position. Council staff had recommended that aged care services be outsourced. However, after outrage from the community and the union, both councils chose to reject this advice.

A Moonee Valley councillor explained the reason for her opposition to outsourcing. "Make no mistake, this decision (not to outsource) was a barometer of the values of our council. Too often, the discussion around service provision is reduced to a simple financial equation, failing to adequately consider the real value in having councils remain as providers.

"Our aged care workers are valued and often loved by their clients. Our older residents and their families know there is a peace of mind that comes with having a highly trained council employee provide aged care services for them or their family member.

"There are numerous examples of personal service outsourcing failing miserably, of the quest for profit and financial goals diminishing the care and respect that our older community members so deserve.

"Councils are the safe hands, the trusted providers driven not by the return to their shareholders but by the desire to ensure our older residents have the best care possible. For most councils, this is not an issue of rate capping or affordability. It is simply a matter of priorities."

Darebin Council also chose to work with older people and aged care advocates (including me) to improve the support provided. Darebin Council not only continues to provide services under the Commonwealth Home Support Program but also delivers Home Care Packages. The councillors listened to older people in the community who stated they wanted their council, not private companies, to provide aged care services in their homes.

In my research for the Federal Minister for Aged Care, older people spoke highly about local council aged care services. In contrast, older people raised numerous concerns about private providers, particularly large companies. The most common complaint about large private providers was the high turnover of unqualified, inexperienced and poorly trained support workers. A high turnover of staff is a recipe for disaster. It results in strangers being sent to work in an older person's home. Older people have to just trust that they will be treated with respect and kindness.

Mornington Shire had the opportunity to follow in the footsteps of Darebin and Moonee Valley Councils by rejecting the advice from council staff. Instead they chose the easier path – to wash their hands of aged care services.

The question we now need to ask is: "Does Mornington Peninsula Shire Council stand up for its older residents? Or does it want to be a council that knows the price of everything and the value of nothing?"

Let's restore humanity to aged care

The Age, 13 August 2022

After the heart-breaking revelations of the Aged Care Royal Commission, I hoped stories of neglect and poor treatment of older people were behind us. Not so, thanks to the decision of some local Councils to wash their hands of aged care services.

Just this week we have heard that thousands of vulnerable of older people have been left without home care after Mornington Peninsula Shire Council and Boroondara Council outsourced their services to corporate providers.

Mayor of Mornington Peninsula Shire Council, Councillor Anthony Marsh, said the council wanted "to ensure our residents had a choice and the advantage of a competitive market environment". Did he also consider quality and continuity of care for some of our most vulnerable citizens?

At a time of extreme workforce shortages in the aged care sector, many Council support workers have chosen to leave the sector rather than accept a 30 per cent cut in wages. While council remuneration was $34 an hour with paid travel time, Mecwacare and Bolton Clarke pays support workers $24 an hour.

Furthermore, the Councils have outsourced their aged care services at the worst possible time – during a pandemic when many private providers have reduced numbers of staff. Blind Freddy could see the transition to private providers was destined for failure.

And now more Councils are lining up to discontinue their aged care services. But why the rush? The Albanese government has delayed the start date of the Home Support Program until 1 July 2024.

In announcing the delay, the new federal Aged Care Minister, Anika Wells, said the government was "taking the time to address the concerns instead of rushing to failure." So why are councils rushing into failure? Surely Councils have a duty of care to their clients.

The Coalition government was determined to turn the provision of home care services into a competitive market – turning older people into “economic participants”. Its Aged Care Roadmap promoted a "consumer driven and market-based system” and "lighter regulation".

However, some Councils, such as Darebin and Moreland Council, rejected transitioning their long standing and long trusted services to a market-based system. These councils understand that aged care services cannot be reduced to a simple financial equation. Instead, they appreciate how important council services are to older people in their communities.

Council aged care workers are valued and sometimes loved by their clients. Older residents and their families appreciate having a highly trained and fairly remunerated Council employee provide aged care services. They can also be assured they are not being ripped off by a private provider that prioritises profits over care.

The most common complaint about corporate home care providers is the high turnover of unqualified, inexperienced, untrained and poorly paid support workers. A high turnover of staff is a recipe for disaster. It results in strangers being sent to work in an older person’s home. Older people have to just trust that they will be treated with respect and kindness.

While some councils understand that an older person needs high quality and reliable aged care services, other councils, like Mornington Peninsula Shire and Boroondara Council, aim to transform older people into an empowered ‘aged care consumer’ – to position older people as active participants in an economic transaction. Yet many older people and families simply do not know where to start.

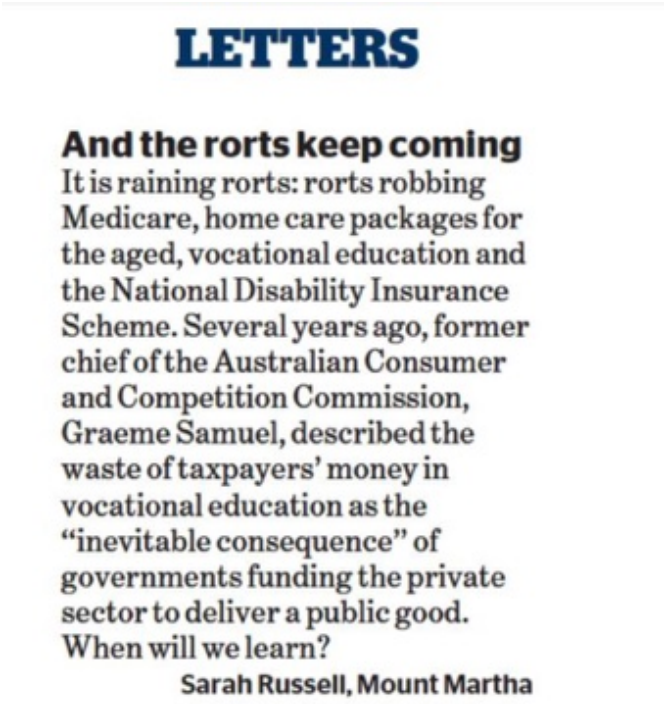
They soon learn that the only place to start is with My Aged Care, established in 2013 by the federal government as a ‘one-stop aged care shop’. Previously, GPs and local councils had been the first port of call. Now older people begin their ‘*aged care journey*’ by phoning My Aged Care or, for those who are computer literate, by visiting its website.

My Aged Care has been such an unmitigated disaster that six years after it was introduced, an Aged Care System Navigator was developed to help people ‘navigate’ the aged care system. The absurdity of needing a second service to assist people to use the first service brings to mind an episode of *Utopia*.

‘Navigate’ has become the new buzzword in aged care. The first discussion paper from the Royal Commission was titled: *Navigating the maze: an overview of Australia’s current aged care system*. But it was not a maze when local councils delivered services to older people in their home.

How did the aged care system become so complex that older people and their family need help to navigate it? Let’s hope it is not too late for the Labor government to restore humanity to the aged care system.

And the rorts keep coming
Letter, The Age 18 October 2022



LETTERS

And the rorts keep coming

It is raining rorts: rorts robbing Medicare, home care packages for the aged, vocational education and the National Disability Insurance Scheme. Several years ago, former chief of the Australian Consumer and Competition Commission, Graeme Samuel, described the waste of taxpayers' money in vocational education as the "inevitable consequence" of governments funding the private sector to deliver a public good. When will we learn?

Sarah Russell, Mount Martha

Big money, big conflicts. Aged care assessment privatised by stealth
Michael West Media 1 March 2025

The Coalition government abandoned plans to privatise aged care assessments in 2021 following an outcry from key stakeholders, amid warnings of risks to the health of older Australians and conflicts of interest.

Three years later, the Albanese Labor government has stealthily done what the Coalition government recognised as a step too far. Labor has largely privatised the aged care assessments under the guise of a Single Assessment System.

What's worse, aged care assessments are being conducted by organisations that also deliver aged care support, a clear conflict of interest. Catholic Healthcare, for example, operates 42 residential aged care homes and provides home care services to about 4,000 older Australians. It was awarded nearly $136 million to undertake aged care assessments until 2029.

The Royal Commission expressly warned against this being allowed: it recommended that all assessments be undertaken by an assessor who was not involved in providing aged care, so that a person's level of funding would be determined independently.

Nearly $1.5 billion has been handed out to private operators under the Single Assessment System to conduct aged care assessments, according to contract details released last December by the Department of Health and Aged Care.

A Single Assessment System was a recommendation of the Royal Commission into Aged Care Quality and Safety, which the Coalition accepted.

However, its plans to privatise aged care assessments was met with fierce resistance from stakeholders, including state and territory health ministers, the Australian Medical Association and the Australian and New Zealand Society for Geriatric Medicine.

The AMA, for example, warned that privatisation "would risk the health of older Australians and open the system up to conflicts of interest".

Despite these warnings, the federal Labor government has now proceeded down the privatisation path. In early 2024, there was an open tender process for organisations with the capacity and capability to deliver aged care assessments for the Single Assessment System. Since December 2024, the private sector (both for-profit and not-for-profit) has been undertaking aged care assessments. State and territory governments continue to deliver hospital-based assessments.

Since December, concerns have been growing about the quality of assessments under this privatised system.

I was recently asked to advocate for Susan* following an aged care assessment undertaken by APM - a private company that was awarded $226 million to undertake assessments. Susan lives alone on the Mornington Peninsula with no family on hand to offer support.

In July 2024, Susan's GP requested a comprehensive assessment via My Aged Care. In December 2024, Susan mistakenly received a regional assessment. According to those working in the sector, this is a common mistake.

Comprehensive assessments need to be undertaken by staff who are clinically qualified. These assessors not only ask questions but also probe the answers. They know that older people with cognitive failure can present very well, so it is critical to dig deeper.

Regional assessments, on the other hand, do not require staff with a tertiary degree. According to a number of senior staff in aged care, new assessors working for some private companies may only receive eight hours of online training to conduct regional assessments. These aged care staff are also concerned that some assessments are conducted over the phone if the assessor does not have time to do a face-to-face interview.

Susan's regional assessment was riddled with errors, some quite serious. These errors have been highlighted in pink. (insert pic)

When I raised concerns about the inaccuracies in Susan's assessment with the Minister for Aged Care, I received the following response from the Department of Health and Ageing: "I would like to assure you that the Australian Government is committed to creating a better experience for older people in Australia seeking aged care services.

"The department has developed a new Single Assessment System, to simplify and improve the experience of older individuals undergoing aged care assessments. As part of this system, one workforce will be empowered and trained to conduct the necessary assessments across both home and residential care.
This important reform is an opportunity to improve the delivery of aged care assessments, including assessment wait times."

In the past, our taxes funded councils to undertake regional assessments and provide aged care services under the Commonwealth Home Support Program. Council services were in the main excellent and much appreciated by recipients. Older residents and their families appreciated having a highly trained and fairly remunerated Council employee provide aged care services. They also knew they were not being ripped off by a private provider that prioritised profits over care.

However, councils have exited aged care in droves because of changes in the way the Federal Government funds aged care. According to the Australian Services Union, just 26 of Victoria's 79 councils currently provide aged care home services.

So now our taxes are given to large private companies to undertake the private assessments and then private companies to deliver the services.

In some cases, the company that undertakes the assessment is the same company that delivers the home care. What could possibly go wrong?

* Not her real name

With Elizabeth Minter

Falling through the aged care cracks

MP News 27 February 2025

After the heart-breaking revelations of the Aged Care Royal Commission, many of us hoped stories of neglect and poor treatment of older people were behind us. Not so on the Mornington Peninsula, thanks to our council leaving aged care.

Mornington Peninsula Shire Council stopped providing aged care services in 2022 because of changes in the way the Federal Government funded aged care. Thousands of vulnerable older people were left without home care – some for several months.

Then mayor Cr Anthony Marsh said the council wanted "to ensure our residents had a choice and the advantage of a competitive market environment". A choice? What sort of choice was it to leave some of our most vulnerable residents without care?

In the past, when an older person needed assistance to live at home, GPs and the council were the first port of call. Now older people begin their 'aged care

journey' either by phoning My Aged Care or, if they are computer literate, visiting its website.

The aged care system is now so complex that the government has employed Care Finders to help older people and their families 'navigate' it. Aged care wasn't complex when local councils delivered services to older people in their home. As a recent study by Flinders residents showed, many older people are both unaware of their entitlements and also how to access them.

I was recently asked to advocate for Susan*, who lives alone on the Peninsula with no family on hand to offer support. Susan is an example of someone who has fallen through the cracks and is now at serious risk.

Susan had been assessed by Peninsula Health's Cognitive, Dementia and Memory Service twice, in April and August 2022. On both occasions, she saw a professor who wrote a detailed letter to Susan's GP. Whose responsibility was it to follow up the suggestions in the letter? Her GP? Her neighbours? Her friends?

With no family living on the Mornington Peninsula, and no one nominated as her power of attorney, there was no follow-up.

In March 2023, a friend became increasingly concerned about Susan's safety at home. She made an appointment for Susan to see her GP. The GP gave Susan a piece of paper with the following list of actions she needed to take.
Call CDAMS
Call ACAS assessment
Webster pack
Chase MPOA

Susan did not know what the acronyms meant (who would?). Again, no one followed up the "to do list".

It is likely that there are many other older people on the Mornington Peninsula in Susan's situation – living alone with significant cognitive impairment. Now that our council no longer provides aged care services, who is helping them access the support they need?

In July 2024, Susan's GP requested a comprehensive assessment via My Aged Care. In December 2024, Susan mistakenly received a regional assessment. According to those working in the sector, My Aged Care often makes this mistake.

Comprehensive assessments need to be undertaken by staff who are clinically qualified.
Regional assessments, on the other hand, do not require staff with a tertiary degree.

Susan's regional assessment was undertaken by APM, one of four private companies operating on the Mornington Peninsula.

Susan's assessment was riddled with errors, some quite serious. Her assessor claimed she was driving, doing her own shopping and able to prepare meals. None of these claims were correct, and made a significant difference to the amount of home help support Susan should have been offered.

However, even if Susan was eligible for services, the private providers on the Mornington Peninsula may not have been able to provide them. According to a case manager, private providers on the Mornington Peninsula who received funding via Commonwealth Home Support Program have no capacity. She said: "I called every provider last Friday and no one has capacity for any Commonwealth Home Support Program services. This has been the case for approximately eight months".

When I raised concerns about the errors in Susan's assessment with the Minister for Aged Care, I received the following response from the Department of Health and Ageing: "I would like to assure you that the Australian Government is committed to creating a better experience for older people in Australia seeking aged care services."

In the past, our taxes funded councils to undertake regional assessments and provide aged care services under the Commonwealth Home Support Program. Our Council's services were in the main excellent and much appreciated by recipients.

Older residents and their families appreciated having a highly trained and fairly remunerated Council employee provide aged care services. They also knew they were not being ripped off by a private provider that prioritised profits over care.

Now our taxes are given to large private companies to undertake private assessments, and then private companies to deliver the services. Has this created "a better experience for older people in Australia seeking aged care services"? For older people living on the Mornington Peninsula, the answer is a resounding "No".

*Not her real name

Who's helping the older people falling through the aged care 'cracks'
Women's Agenda 26 February 2025

Labor came to power promising aged care reform. Many of us hoped stories of neglect and poor treatment of older people were behind us. Although their five-point plan did not address all 148 recommendations of the aged care royal commission, I felt optimistic that it was a start. Then came a series of red flags.

The most recent red flag has flown under the radar: Labor has largely privatised the aged care assessments under the guise of a Single Assessment System. Nearly $1.5 billion has been handed out to private operators under the Single Assessment System to conduct aged care assessments, according to contract details released last December by the Department of Health and Aged Care.

A Single Assessment System was a recommendation of the Royal Commission into Aged Care Quality and Safety. Privatising assessments was not.

In the past, our taxes funded councils to undertake regional assessments and provide aged care services under the Commonwealth Home Support Program. Council services were in the main excellent and much appreciated by recipients. Older residents and their families appreciated having a highly trained and fairly remunerated Council employee provide aged care services. They also knew they were not being ripped off by a private provider that prioritised profits over care.

However, councils have exited aged care in droves. According to the Australian Services Union, just 26 of Victoria's 79 councils currently provide aged care home services.

Now our taxes are given to large private companies to undertake private assessments, and then private companies to deliver the home care services. What's worse, aged care assessments are being conducted by organisations that also deliver aged care home support. Surely this is a conflict of interest.

I was recently asked to advocate for Susan*, following an aged care assessment undertaken by APM - a company that was awarded $226 million to undertake aged care assessments. Susan lives alone with no family on hand to offer support.

In July 2024, Susan's GP requested a comprehensive assessment via My Aged Care. In December 2024, Susan mistakenly received a regional assessment. According to those working in the sector, My Aged Care often makes this mistake.

Comprehensive assessments need to be undertaken by staff who are clinically qualified.
Regional assessments, on the other hand, do not require staff with a tertiary degree.

Susan's regional assessment was riddled with errors, some quite serious. The errors on Susan's assessment have been highlighted in pink. (insert pic)

When I met Susan, she had lost her driving licence due to two recent car accidents, was unable to do her own shopping, prepare meals, manage her personal care, do her laundry, walk her dog or pay her bills. She frequently forgot to take her medication, evidenced by unopened Webster packs.

She was certainly not able to "use her mobile phone, iPad or laptop", as stated in her assessment.

To ensure Susan was able to remain safely at home, I arranged a support worker for three hours every day. Fortunately, Susan is in a financial position to be able to afford this personal support. The support workers ensure that Susan eats at

least one decent meal a day (lunch); takes her medication; her hygiene needs are met; the cleaning and laundry are done; bills are paid on time and Susan has sufficient food in the house.

When I raised concerns about the inaccuracies in Susan's assessment with both the Minister for Aged Care and the Department of Health and Ageing, I received the following response: "I would like to assure you that the Australian Government is committed to creating a better experience for older people in Australia seeking aged care services."

It is likely that there are thousands of older women around the country in Susan's situation – living alone with significant cognitive impairment. It is also likely that many of these older women do not have an advocate nor the finances to afford private support workers. Who is helping these older women to get the aged care services they need?

Support at Home?

Support at Home? First they came for the young people, now they come for the old
Michael West Media 16 November 2025

The Aged Care Royal Commission was blunt about some aged care providers rorting home care packages.
In their final report, the royal commissioners noted that a Level 4 home care package – then worth around $52,000 a year – offered on average less than nine hours a week support for older people.
Meanwhile, older people who managed their own home care package could buy more than double the support - around 20 hours a week.
And now we find out that the Albanese Labor government is enabling aged care providers to take an even bigger cut of the aged care budget, this time via those who self-manage Support at Home.
Self-management has always been a well-kept secret. Most older people opt for an aged care provider to manage their support workers and suppliers. They simply don't know there is an option to manage their home care themselves.
Although the new Support at Home program allows older people to self-manage, the rules have changed significantly. So too have payment processes.
In the past, invoices from support workers and suppliers were submitted to the self-managed provider. The provider paid these invoices from the client's home care package.
The new Support at Home – Self Management Fact Sheet explains that self-management can involve "paying invoices for services and being reimbursed". As a result, some providers require older people to pay their support workers and suppliers from their own pocket. They are later reimbursed.
This policy assumes people have the cash available to pay for their home care services.
Provider-managed and self-managed care are two fundamentally different approaches to home care. Provider-managed puts the aged care provider in the

drivers' seat. In contrast, self-management is based on shared decision making between the older person their support workers and the self-managed provider.
In my 2021 research *Consumer views of self-managed home care packages* older people described "choice, control and costs" as their main reasons for switching from provider-managed to self-management. They also appreciated being treated as adults.
With self-management, older people were not only able to choose who worked in their home, when they came and what they did but also able to negotiate directly with their support workers about how much they were paid.
The financial benefits of self-management will be much less with the Support at Home program. From 1 July 2026, older people will no longer be able to negotiate lower rates with support workers or services outside the government approved pricing schedule. In addition, those who self-manage will be charged an overhead for the third-party service.
This overhead fee has been capped at 10 per cent – with clients encouraged to "negotiate" this fee based on how much work the provider is required to do before paying an invoice (e.g. ensuring the third party supplier meets workforce requirements). Not surprisingly, some providers simply charge their clients a 10 per cent "processing" or "loading" fee on each invoice, irrespective of how much work they did.
Another significant change is the requirement of a co-contribution. With the new system, providers resemble debt collectors - responsible for collecting the government's co-contribution.
To ensure providers are not out of pocket for this co-contribution, some require their self-managed clients to pay for their support services out of their own pocket and then submit proof of amount they have paid. They are then reimbursed the full amount they have paid less the amount of the co-contribution.
Some providers have changed the payment process for all clients, both those who have been grandfathered (on home care packages) and new clients (on Support at Home).
Take for example an 88 year old pensioner who has a Level 4 home care package. He lives in a remote location with no local aged care provider. His only option is to self-manage. He employs local support workers and suppliers who are all registered with a provider.
Previously, invoices from the registered nurse, support workers and suppliers were submitted to the provider. These invoices were then paid in full from his home care package. The provider charged a monthly administration fee.
Since the recent introduction of Support at Home program on 1 November, his provider has changed the payment process – to ensure the provider collects the co-contribution.
Although this man's home care package has been grandfathered (i.e. he does not pay a co-contribution), his provider recently asked him to pay his monthly support services from his own pocket. The provider would then reimburse these costs.
Just to be clear, a pensioner is asked to pay around $5,000 per month for his support services, money he does not have. As a result, he has a home care package he can no longer afford to access.

Fortunately, his registered nurse acted as an advocate. The provider agreed to continue to pay the monthly invoices. However, there will undoubtedly be other older people living in remote areas who have an assessed need for support but will be unable to afford to access it.
The Support at Home program has made self-management a much less attractive option. As a result, providers, not older people, are back in control. Ka-ching.

Neglect in aged care homes

Would You Eat The Meals Served In Some Aged Care Homes?

26 February 2018

A shocking new study reveals aged care home spent an average of $6.08 per resident to provide residents with three meals a day. Michael Gannon, president of the Australian Medical Association, describes this as a "national disgrace".

In aged care homes, meals are the highlight of a resident's day. Some aged care homes provide delicious and nutritious meals. Others serve meals that are inedible.

When compared to international food budgets, Australian aged care homes spend 1.4 times less than Canada and 3.8 times less than Norway. When providers skimp on the cost of meals, they are putting residents at risk of malnutrition.

A recent study described at least half the residents in Australian aged care homes as suffering malnutrition. Malnutrition increases risk of falls, pressure injuries and hospital admissions. This not only decreases residents' quality of life but also increases health care costs.

The importance of older people having a nutritious, well balanced diet is widely acknowledged. Yet it is also important that older people have choice. Recently, a GP told a 94-year-old resident not to eat soft cheeses (her favourite) because it may raise her cholesterol. My mum also loved soft cheeses – and I encouraged her to eat as much as she wanted. Mum had reached an age when she could eat whatever she wanted, irrespective of her cholesterol levels. This included our regular trip to McDonalds for a cheeseburger and a chocolate shake.

In some aged care homes, residents are not given a choice. They are often served meat pies, deep-fried patties and chicken nuggets. Sugary desserts are also common. Given the incidence of diabetes, heart disease and cancer in older people, the high level of sugar and salt in the meals served in some aged care homes is negligent.

Some residents might enjoy helping staff in the kitchen. However, residents are rarely allowed to participate in food preparation. Although older women spent most of their adult lives preparing food for their families, providers claim that

food preparation puts residents at risk of injury. Even a simple activity like peeling potatoes is often not allowed because residents (many of whom have peeled potatoes all their adult lives) are at risk of cutting themselves.

Meal times can be chaotic and distressing for those residents who can't feed themselves. Often their hot meals are served cold. When an aged care home is short staffed, residents may be fed their meals too quickly. This puts residents at risk of choking.
Many aged care homes use outside caterers that deliver meals wrapped in plastic. It is difficult for some older people (e.g. those with arthritis in their hands) to access their meals. Without assistance, these meals may be left untouched. Staff are so busy they may not notice the unwrapped food remains on the meal tray.

There is also concern that residents may not be drinking enough. Mum would be given a full cup of tea and then later a member of staff would take away a full cup of tea. Staff were simply too busy to notice that Mum had eaten the biscuit but not drunk any of the tea.

The Lantern Project fed everyday Australians a typical aged care meal. The food was described as "disgusting". Some questioned whether it was in fact food. The poor quality of food served in some aged care homes inspired the Maggie Beer Foundation to develop 'Creating An Appetite For Life' Education Programs. These programs raise awareness, train staff, managers and chefs to buy and serve fresh produce and make food more palatable.

Residents' wellbeing depends on aged care homes serving nutritious and delicious meals. Replacing processed food with fresh seasonal produce makes economic sense. Many aged care homes have productive vegetable gardens tended to by those residents with green fingers.

It is beholden on aged care providers to make meal times a happy experience for older Australians living in aged care homes. This will improve the health, happiness and quality of life of residents.

Silence on elder abuse

Letter, The Age, 27 July 2016

Silence on elder abuse

Mr Turnbull responded quickly and appropriately to the report into the abuse of youths in the NT corrections system. How long before he responds to Monday night's *7:30* program into elder abuse? Over the past few years, there have been numerous reports of abuse in, and several inquiries into, aged care homes. The federal government's "Future of Australia's aged care sector workforce" (2016) received 73 submissions from staff and relatives who are extremely concerned about declining standards of care in aged care homes.

Unlike in child-care centres, hospitals and schools, there is no federal legislative requirement for aged care homes to have mandated staff-to-resident ratios, skill prerequisites or even have a registered nurse on site.

Without registered nurses in aged care homes, the risk of elder abuse increases. How many more inquiries describing neglect and abuse will be needed before a royal commission into residential aged care is held?

Sarah Russell, Northcote

Protect the vulnerable

Letter, The Age, 6 September 2018

Protect the vulnerable

Many of our most frail and vulnerable older people live in aged care homes. Currently these homes are not required to disclose their rosters/staffing levels. How can people make informed decisions about their standards of care when they do not have access to this information?

Federal MP Rebekha Sharkie's private member's bill is an important first step to identifying good homes (Comment, 4/9). Those with high numbers of well-trained staff have nothing to fear from this legislation. It is only unscrupulous providers – who value profits over care – who will lobby to have this bill rejected. Their claim that sharing data about staffing levels will be further work for providers is nonsense.

Government and financial agencies collect data on staffing levels. The public needs access to this information. It will provide certainty about the number of staff,including registered nurses, on each shift.

Dr Sarah Russell,
Aged Care Matters, Northcote

Fear of litigation

Letter, The Age, 27 June 2019

Fear of litigation

Rather than offer a genuine apology for a staff member assaulting her father, management at Japara's aged care home threatened and attacked Ms Hausler ("Aged care inquiry told of suffocation attempt", 26/6). This is yet another example of an incident in an aged care home escalating because the provider was afraid of litigation. It demonstrates the importance of providers taking relatives' concerns seriously – and taking prompt action.

Dr Sarah Russell, Fitzroy North

Over prescribing of medication

Too quick to prescribe

Letter, The Age, 6 August 2015

I am the medical power of attorney of my 91-year-old mother, who lives in an aged-care facility. She was recently reviewed by a psychogeriatrician, who prescribed a new drug to slow down the progression of Mum's dementia, despite the fact her dementia is progressing slowly without this drug. Instead, I prescribed lifestyle intervention, such as outings and conversation, to improve Mum's quality of life.

Another doctor was concerned my mother was taking a diuretic without a potassium supplement. I explained that she ate several bananas a week, because they are her favourite fruit. Surely, this is preferable to taking a drug.

Last Saturday, my mother had a fall. The doctor was sure she had not fractured her ribs, but still ordered an X-ray. The only treatment for a fractured rib is rest and analgesia. I cancelled the X-ray and instead prescribed trips to the park in a wheelchair and The Age crossword. With burgeoning healthcare costs, I call on all medical doctors to ask: is that drug or medical test really necessary?

'Robbed of precious time': chemical restraints and aged care

The Guardian, 14 September 2018

Mary's 85-year-old husband had been in an aged care home for just over a week. He had been getting frailer but was still sharp mentally. However, Mary* became extremely worried when her husband started sleeping all day.

After much ado, Mary obtained access to the medication chart for her husband. The aged care home's GP had prescribed risperidone (an anti-psychotic medication), oxazepan (a benzodiazepine that is highly addictive and causes sedation), mirtazapine (an anti-depressant) and a norspan patch (an opiate for pain relief). Mary's husband had never taken any of these drugs before being admitted to an aged care home.

When Mary complained about these drugs being prescribed, and asked for them to be discontinued, she met resistance from the GP. Mary fought to have her husband reviewed by a specialist geriatrician. The geriatrician agreed the medication was inappropriate.

Mary's husband spent the last month of his life being weaned off psychotropic medication. After he died, Mary felt angry. The sedating effect of these drugs had robbed her of spending precious time with her husband.

The first national audit of psychiatric medication prevalence in aged care homes earlier this year found nearly two-thirds of all residents are prescribed psychotropic agents regularly, with more than 41% prescribed antidepressants, 22% antipsychotics and 22% of residents taking benzodiazepines.

The overuse of sedative medication as "chemical restraints" in aged care homes is not a new problem. In the past 20 years, there have been several government inquiries into an over-reliance on medication to manage the behaviour of residents. These inquiries recommended educating staff working in aged care homes about alternative ways to manage behavioural problems. The elephant in the room, however, is doctors who prescribe the medication.

There is strong evidence that many psychiatric drugs are not only often ineffective but may also cause older people substantial harm, including falls, pneumonia and sometimes premature death. So why are doctors prescribing these drugs?

Royal Australian College of General Practicioners president, Bastian Seidel, said: "Medical sedation is a foul compromise for inadequate nursing care". University of NSW conjoint professor of psychiatry Carmelle Peisah went a step further by describing the administration of psychotropic medication without consent as "elder abuse".

Who is committing the elder abuse – the doctor who prescribes the medication or the nurse who administers it?

Many attribute blame for the administration of psychotropic medication on providers of aged care homes. My research found these medications are sometimes being inappropriately used to sedate residents due to inadequate staffing levels and levels of training.

Doctors often prescribe psychotropic medications to be taken "pro re nata" (as circumstances require, as needed). This may encourage the use of sedation rather than taking the time to assess why someone is agitated or why they might be having sleeping problems. Is the resident in pain or does she have an infection?

Without enough trained staff on duty to make clinical assessments or provide diversional activities, circumstances may require residents to be given medication rather than care. This is often the case in the late afternoon when residents with dementia are more likely to experience confusion and agitation.

There is no doubt that caring for older people in an aged care home is a demanding job that requires specific expertise. With the increasing number of residents diagnosed with dementia, staff also require specific training to ensure residents with dementia are treated respectfully.

Good activity programs in an aged care home minimise the need for chemical restraint. For example, looking through a photo album and talking about who is in the pictures is an effective technique. However, this technique requires a staff member to have the time to initiate such individualised care.

A Human Rights Watch report describes the misuse of administering antipsychotic medication to people with dementia. This investigation raised the issue of consent, given that people with dementia are unable to give informed consent.

A recent study demonstrated that targeted interventions reduced the over-reliance on psychotropic medication. This intervention was implemented in 150 aged care homes in Australia. My mother was a participant in this research (without her consent). It was recommended that she decrease her daily dose of oxaxepam (a benzodiazepine).

Luckily, I stumbled upon my mother's sedative review plan before it was implemented. I explained to the clinical nurse manager that Mum began taking benzodiazepines in the early 1960s when these drugs (along with a gin and tonic every evening) were considered a "housewife's little helper". Mum had been taking benzodiazepines for more than 50 years, long enough to develop a dependency.

The time to withdraw benzodiazepines was when Mum was 60 years old, not 90. In her twilight years, a daily dose of oxazepam was doing her no harm, whereas withdrawing oxazepam could have done a lot of harm (there is a very long list of potential withdrawal symptoms).

It was certainly not elder abuse to prescribe benzodiazepines for my mother.

According to Ken Wyatt, aged care minister: "A top priority for the chief clinical adviser within the new and independent Aged Care Safety and Quality Commission will be to monitor and advise on the use of psychotropic agents, while also seeking out and working to eliminate any inappropriate use of these drugs."

The first step is to question the practice of doctors prescribing these drugs to be given "as circumstances require". The second is to ensure enough trained staff are on duty to encourage engagement rather than sedation for all residents living in an aged care home.

Accreditation

Accreditation too lax

Letter, The Age, 6 November 2016

Accreditation too lax

While there are some excellent aged care homes, recent reports of medical negligence, neglect and inadequate personal care suggest that numerous providers prioritise profits over residents' quality of life. How do such homes pass accreditation? Ten years ago, a Senate committee held an inquiry into the sector. Its report criticised the accreditation standards, finding them too generalised to effectively measure care outcomes. Unfortunately, vague phrases such as adequate nourishment and hydration, effective continence management, optimum levels of mobility and sufficient staff continue to be used.

Consider the case of a friend. She has been classified correctly as a "falls risk" – meaning she is not permitted to walk without a staff member. Due to insufficient staff and a culture that sees many residents spend most of the day immobile, her son has sole responsibility for "maximising her mobility".

Given that the accreditation process enables aged-care facilities to receive government funding, it should be a rigorous assessment not a rubber stamp.

Sarah Russell, Aged Care Matters

Reports of poor standards in aged care are just the tip of the iceberg

The Guardian, 31 October 2017

Australians are living longer than at any time in our history. The intergenerational report predicts that 40,000 people will celebrate their 100th birthday in 2055. If history is any guide, around 6.5% of these centenarians will live in an aged care home.

Aged care homes are places where our most vulnerable older people live. How do we ensure the highest possible standards of care?

The federal government claims that a consumer driven, free market based residential aged care system will provide "world class" care. However, the so-called "consumers" are often frail, elderly people, many with dementia. How can they demand a high quality service on the free market?

There are around 2,700 aged care homes in Australia. Although some are excellent, many aged care homes operate without enough staff. Managers who are under pressure to meet their profit targets do so by reducing staff, placing vulnerable residents at risk.

When heartbreaking stories about inadequate personal care, neglect, abuse and negligence are reported in the media, the aged care industry claims these stories as "one-offs". But are they?

Recently, incidents of appalling standards of care were reported in Oakden (South Australia), Tricare (Queensland), Opal Raymond Terrace Gardens (NSW) and Opal Lakeview (Victoria). All four aged care homes had been accredited by the Australian Aged Care Quality Agency.

Oakden Older Persons Mental Health Service, for example, had passed three accreditations during the past nine years, despite relatives' ongoing allegations of poor standards of care. Oakden received a perfect score (i.e. passing 44/44 standards) at all three accreditations.

After the South Australian chief psychiatrist reviewed Oakden, the federal government was forced to respond. The aged care minister, Ken Wyatt, began by reassuring the public: "The overwhelming majority of facilities provide excellent care". He then followed by announcing reviews, inquiries, thinktanks and task forces.

According to the "Yes Minister" script, there are two basic rules of government: Never look into anything you don't have to. And never set up an enquiry unless you know in advance what its findings will be.

The first review, the Aged Care Legislated Review, assessed the impact and effectiveness of the recent aged care reforms. Although quality of care is an important indicator of the effectiveness of the reforms, "quality and safety" were outside the scope of this review. However, when tabled in parliament in September, it concluded: "there is no evidence to suggest that there has been a decline in the quality of care since the Living Longer Living Better reforms".

The second review, the Review Of National Aged Care Quality Regulatory Processes, was released last week. The reviewers claim there is “evidence” that “the residential aged care system is one of relatively high-quality care” though they are not explicit about this evidence.

In response to the review on regulatory processes, the federal government announced that accreditation would in the future rely only on unannounced visits to aged care homes. There were bells and whistles. However, this is not a new initiative. During the 2015-16 financial year, the quality agency undertook 2,866 unannounced visits.

Rather than tinker around the edges, the federal government needs to face the elephant in the room: staffing in aged care homes. A key to quality care in aged care homes is a high ratio of staff-to-residents. However, unlike childcare centres and hospitals, there is no federal legislative requirement for aged care homes to have mandated staff ratios or skill prerequisites. The decision whether to have a registered nurse on duty is at the discretion of the provider.

A good aged care home employs an adequate number of registered nurses. Numerous studies show that when registered nurses are on duty, residents have better health outcomes, a higher quality of life and fewer hospital admissions. It is alarming that registered nurses now account for only 15% of the aged care workforce. Personal care attendants undertake most direct care.

Although many PCAs treat residents with respect and kindness, their training is variable. A review found training programs were too short. A 5-week course does not equip graduates to work competently with older people, particularly those with dementia.

Staff in aged care homes are often hard-working, dedicated people doing a very difficult job for not much pay. When an aged care home has insufficient staff, there may not be time to walk residents to the toilet or even help them out of bed. All too often relatives feed, shower and dress residents because staff are too busy.

The aged care minister claims 40% of residents have no visitors. This is a damning though unverifiable statistic. Residents with no visitors should be referred to the community visitors scheme. Are staff too busy to pick up the phone?

Research laid out in my report suggests that media accounts about poor standards of care are merely the tip of the iceberg. This research describes serious systemic problems in our residential aged care system.

Older people living in aged care home need to be protected in the form of effective regulation, mandated staff ratios and a rigorous accreditation system. The care of vulnerable older people is too important to be left to the whims of the free market.

Palliative care

Respect living wills

Letter, The Age, 11 August, 2015

I arrived at an aged care facility recently to find a fire truck, 2 Mobile Intensive Care Unit Ambulances (MICA), a paramedic motorcycle and an ordinary ambulance. The flashing lights heralded the death of a 94-year-old resident.

The nurse in charge had dialled 000 despite explicit written instructions that the resident not be resuscitated. Residents of aged care facilities are encouraged to make living wills. These advance directives allow residents and their families to state their wishes for end-of-life medical care. These living wills are meaningless unless health care professionals respect our wishes.

Pain is real, not a myth

Letter, The Age, 20 January 2016

It is tragic that older people commit suicide. The National Coronial Inquiry Service estimates that two people over the age of 80 are taking their lives every week. The most common method is hanging.

Ian Hickie suggests older people commit suicide because of myths and negative stereotypes about ageing, pain relief, hospitals and how the health system treats elderly people. Are these myths?

Recently, an elderly woman living in an aged care home died in excruciating pain because no one was suitably qualified on the night shift to administer the prescribed morphine. The woman's daughter was so traumatised she could not remain at her mother's bedside to hold her hand.

We do not need motherhood statements about healthy ageing. We need political action to ensure older Australians are valued and receive the quality of health care that they deserve.

On resuscitation and a good death in aged care

Aged Care Insite, 4 July 2019

Last week, the royal commission into aged care quality and safety addressed dying in an aged care home. It is clear that a good death in an aged care home requires a sufficient number of competent and qualified staff.

A friend’s mother died in excruciating pain because there was not a registered nurse on duty overnight. Without a registered nurse on duty, there was no one qualified to administer morphine. My friend was so traumatised by her mother’s agony that she could not remain at the bedside to hold her mother’s hand.

Towards the end of my mum's life, only the most experienced staff were able to provide adequate care. Personal care attendants (PCAs) with minimal training did not have the required clinical skills to provide care for a dying woman. For two months, I sat at my mother's bedside to protect her from inflexible routines and policies. I ensured she slept as long as she needed, and ate when (and if) she wanted.

Some PCAs, many of whom were caring people, provided thoughtless task-oriented care. On one occasion, a PCA came to mum's room around 8am to change her night incontinence pad. Mum was sound asleep. I asked the PCA to let her sleep and to change the incontinence pad when she woke up. She replied: "It is policy. She must have a day incontinence pad because it is day time." I questioned this so-called policy, and the PCA replied: "I just work here. I do what I am told."

Soon after this incident, I received an email from the manager. She asked me to stop interfering with Mum's care. I refused to budge because I did not have confidence that staff could provide the care my mum required.

Recently, a woman contacted me because a 94-year-old woman was resuscitated in an aged care home despite having an advanced care plan stipulating Do Not Resuscitate. Rather than die peacefully after breakfast, this woman had a slow and painful death in a hospital palliative care unit.

Although residents and their families are encouraged to make advanced directives to state their wishes for end-of-life medical care, these advanced directives are meaningless unless health care professionals respect an older person's wishes.

Aged care homes require policies to ensure residents are not resuscitated against their wishes. Managers must ensure direct care staff on each shift know which residents are, and are not, for resuscitation. Each handover sheet should identify residents who have documented Do Not Resuscitate in their advanced care plan. This is particularly important for agency staff.

A few years ago, I arrived at an aged care home to find a fire truck, 2 Mobile Intensive Care Unit Ambulances (MICA), a paramedic motorcycle and an ordinary ambulance. All these flashing lights heralded the death of a resident. This resident had expressed a wish not to be resuscitated.

When Ambulance Victoria receives a 000 call from an aged care home, their first question should be: "Does the resident have 'Do not resuscitate' in their advanced care plan?"

A doctor once told his colleagues that, when he reached a certain age, he would have "NOT FOR RESUSCITATION" tattooed on his chest. This would undoubtedly guarantee his wishes were respected.

Currently, residents in aged care homes must 'opt out' of resuscitation. They do this by indicating Not for Resuscitation in their advanced care plan and advanced

care directive. It may be more appropriate to make cardiopulmonary resuscitation an "opt in" for residents in all aged care homes. Only those residents who choose to be resuscitated will be. Others will be allowed a dignified death.

Battle will continue

Letter, The Age, 12 March 2017

Battle will continue

The Australian Medical Association's Ethics and Medico-legal Committee recently reaffirmed its opposition to Victoria's proposed euthanasia legislation.

I was able to ensure my parents had humane deaths in an aged care home because I had enough medical knowledge to insist on morphine being both prescribed and administered. Others have to rely on the judgments of health professionals.

Yet some are reluctant to administer morphine because they believe it will hasten death. I was once told "nature should take its course". When it was clear my father was dying, I asked his GP to order "1-5 mg morphine four hourly as required". The GP initially refused. I argued that as metastatic prostate cancer is painful, I did not want my father to have to wait 24 hours or longer for a GP visit when he complained of pain. The GP reluctantly agreed. However, some nurses refused to administer morphine. Although I was relieved I did not allow nature to take its course, it shouldn't have been such a battle.

Name and address supplied

Open disclosure

Open disclosure is needed in all aged care homes

Aged Care Matters, 18 April 2019

How often does an incident in an aged care home escalate because management is afraid of litigation?

When a mistake occurs in a public health service, the person who has been affected and/or their legal representative must be informed about the 'adverse event'. This is known as 'open disclosure'.

Open disclosure is defined as "the open communication that takes place between health practitioners and patients after an adverse event". An open disclosure process includes: An apology or expression of regret; a factual explanation of what occurred; an opportunity for the affected patient to relate their experience; and the steps taken to manage the event and prevent its recurrence.

Legislation mandates open disclosure in all public health services in Australia, though each state has different legislative requirements. In Victoria, for example, the Victorian Charter of Human Rights and Responsibilities Act 2006, requires health care practitioners to discuss an adverse event with the person who has been affected and/or their legal representative.

There are around 2,700 aged care homes in Australia. Only 5 per cent of these are government owned. The other 95 per cent are private or not for profit. Although government owned aged care homes require open disclosure, there is no legislative requirement for open disclosure in private or not for profit aged care homes.

When an adverse event occurs in an aged care home, some managers inform the resident's legal representative. These managers also respond respectfully and in a timely manner to requests for information about the adverse event. In these cases, the situation rarely escalates.

In contrast, when a manager is not open about an adverse event and does not provide accurate information about what happened, the situation can quickly escalate. With the media's insatiable appetite for horror stories about aged care homes, these stories often make headline news.

A month ago, a 94-year-old woman was resuscitated in an aged care home despite having an advanced care plan stipulating Do Not Resuscitate. The family watched their mother and grandmother die a slow and seemingly painful death in a hospital palliative care unit, rather than die peacefully after breakfast.

Despite numerous attempts to find out exactly what happened, a month later the daughter still did not know why/how/who resuscitated her mother.

The quest for information began two days after her mother was transferred to hospital. The manager of the aged care home phoned. He said to the daughter: "I heard your mum got resussed on Saturday". This was the first time the daughter was told her mother had been resuscitated.

How did a woman with an Advanced Care Plan that clearly stated Do Not Resuscitate get resuscitated?

During a time when the daughter should be grieving, she instead tried to get information. Who made the decision to resuscitate her mother? Where was she resuscitated (in the lounge room or in her bedroom)? What did her doctor advise the staff to do? What did the Ambulance Victoria advise over the phone?

She phoned the aged care home's head office. She left voice messages that were not returned. She sent emails that were not answered. Eventually she spoke with the District Manager who undertook to investigate what happened.

Aged care homes need to prepare themselves for open disclosure. Standard 6 of the new Aged Care Quality Standards states: "Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong".

By the time the daughter contacted me, she had heard several different versions of the event. The Manager of the aged care home, the District Manager, the hospital doctors, the aged care home's progress notes all provide different accounts about what happened that Saturday morning.

The daughter was so frustrated she was ready to tell her story to the media.

Instead, I suggested she lodge a complaint with the Aged Care Quality and Safety Commission and sought advice from Elders Rights Advocacy. I also suggested she requested an urgent face-to-face meeting with the District Manager.

The District Manager agreed to a meeting. She asked an employee of Elders Rights Advocacy to accompany her as a support person. However, this is not a service Elder Rights Advocacy provides after a resident has died.

I contacted the CEO, OPAN to ask where someone in her position should go for help. Although the National Aged Care Advocacy Framework focuses on the older person, the framework has recently been expanded to include families or representatives.

I agreed to be the support person in the meeting with the District Manager. Unfortunately, an hour before it was scheduled, the daughter received a phone call to inform her that the meeting had been cancelled. There were unforeseeable circumstances.

To prevent this escalating, I immediately phoned the aged care company. I left a message explaining the importance of the CEO returning my call. I did not feel confident that he would.

Much to my relief, the CEO phoned back. I told him the daughter simply wanted a factual explanation of what had occurred, a genuine apology and to know what steps have been taken to prevent its recurrence. She wanted 'open disclosure.'

I arranged a meeting so the daughter could hear the truth about what happened to her mother. A month after her mother was resuscitated in an aged care home, the daughter now has a time-line to show exactly what happened. She also received a heart-felt apology. During the meeting, we discussed ways to prevent a similar tragedy.

This incident demonstrates an urgent need for aged care homes to have policies to ensure residents are not resuscitated against their wishes. Residents and their families are encouraged to make advanced directives to state their wishes for end-of-life medical care. These advanced directives are meaningless unless health care professionals respect an older person's wishes.

Aged care homes must ensure direct care staff on each shift know which residents are, and are not, for resuscitation. Each handover sheet should identify residents who have documented Do Not Resuscitate in their advance care plan. This is particularly important for agency staff.

I once arrived at an aged care home to find a fire truck, 2 Mobile Intensive Care Unit Ambulances (MICA), a paramedic motorcycle and an ordinary ambulance. All these flashing lights heralded the death of a 94-year-old resident. This may suggest that Ambulance Victoria needs some education when they receive a 000 call from an aged care home.

A doctor once told his colleagues that, when he reached a certain age, he would have "NOT FOR RESUSCITATION" tattooed on his chest. This would undoubtedly guarantee his wishes were respected.

Currently, residents in aged care home must 'opt out' of resuscitation. They do this by indicating Not for Resuscitation in their advanced care plan and advanced care directive. It may be better to make cardiopulmonary resuscitation an "opt in" for residents in all aged care homes. Only those residents who choose to be resuscitated will be. Others will be allowed a dignified death.

Inquiries, reviews and taskforces

So Many Inquiries, So Little Action

Aged Care Matters, 9 February 2018

How many inquiries, reviews, taskforces, think tanks, consultations and consultant reports does it take for the government to change a light bulb in an aged care home? Over the past year or so, the government has investigated, among other things, the aged care workforce, reforms, accreditation, complaints scheme, innovation, standards of care and elder abuse – and still the light globe remains unchanged.

The numerous reports commissioned by the government generate recommendations that never see the light of day. Unless, of course, the recommendation is to: "Commission further research". A consultant's report invariably recommends more consultancies. These reports have become an industry within the aged care industry.

The Future of Australia's aged care sector workforce Inquiry made several recommendations that would have made a significant difference to the lives of older people who live in an aged care home.

Recommendation 8, for example, suggested the government examine the introduction of a minimum nursing requirement for aged care homes. Recommendation 10 suggested the government require aged care service providers to publish and update their staff to resident ratios "in order to facilitate informed decision making by aged care consumers".

Rather than accept these recommendations, the government established an 'industry led' Aged Care Workforce Strategy Taskforce. The Taskforce was given a budget of $2 million. How many registered nurses could have been enrolled in a Master of Gerontology course for that price?

The taskforce kicked off last December with a daylong Summit at the Melbourne Exhibition Centre. The Summit was an opportunity for participants, particularly many who were new to the aged care 'industry', to learn from people with expertise in the aged care workforce. Instead, I hardly even heard the word "workforce" used all day.

The Summit began with a session by Simon Hammond from Hammond Thinking. Simon is a cultural anthropologist and global brand strategist. He began by telling us that aged care is all about the "vision" and "journey". Perhaps Simon came up with the slogan for the Summit: "Think. Collaborate. Innovate".

Simon began his session by showing us a video about Free Hugs. This video did not shift my thinking (if that was indeed its purpose). Instead, it left me feeling particularly discombobulated.

Simon then asked us to discuss our "fears, frustrations and desires". This session could easily have been named "*The day in the life of an aged care advocate*". I have spent many hours listening to residents and relatives talk about their fears, frustrations and desires – particularly whilst undertaking my research "Living well in an aged care home".

Simon will also be running some daylong workshops "searching for a common belief into why the aged care sector matters". These workshops "will create an opportunity for people from all parts of the sector to unite around insights, truths and beliefs pertaining to ageing and the aged care industry".

I was initially informed that HammondThinking received $69,300 for "Strategic Planning Consultation Services". Gobsmacking. More recently, I noticed his costs increased to $79,695.17, though no explanation is given for this increase on AusTender website.

In the afternoon, I attended 2 "Breakout" sessions. The first 'Enhancing safety and quality' demonstrated a dissonance between the participants who wanted to discuss 'standards of care' and 'quality of life' and the facilitator who was focused on 'safety and quality' in industries such as manufacturing and aviation.

The facilitator's interest on more traditional 'industries was not surprising given he is a forensic economist (employee of APIS). APIS received $210,633.00 for their contribution to the Workforce Taskforce (a significant amount of money that would employ many PCAs for a year in an aged care home).

My attempts to find out what APIS will contribute to the Workforce Taskforce were unsuccessful. After my 2nd email, I received the following reply: "I acknowledge receipt of your email. Please note the queries you have raised need to be addressed to the Department of Health." So I still have no idea (1) what a forensic economist actually does and (2) what insights APIS will bring to the aged care workforce strategy taskforce.

I was however interested in a participant's comment during the Breakout session. He said: "We don't expect the engine to fall out of an aeroplane. Instead, we focus on leg room and inflight entertainment and service." The translation of this comment into the aged care 'industry' is: "We don't expect pressure injuries, malnutrition, dehydration, falls, medication errors or financial gouging.

It would be wonderful if relatives had only to focus on activities, environment and services in an aged care home. Unfortunately the ongoing heart-breaking stories about neglect and negligence in aged care homes suggest the aged care 'industry' has a long way to go before it can be compared to the aviation industry.

The second "Breakout" session I attended was: 'Translating research and technology into models of care and practice". This session was even more frustrating than the first session. There is an abundance of research about optimal workforce (both numbers and skill set), models of care etc. We don't need to re-invent the wheel.

Several researchers, including those at the Australian Association of Gerontology, encouraged the Chair of the taskforce to undertake a robust analysis of the national and international evidence on the aged care workforce. This evidence would have enabled the Workforce Taskforce to better evaluate the merits of key stakeholders' opinions. Instead, the department opted for further consultation and engagement.

The lunch at the summit was delicious, and the 'Think. Collaborate. Innovate' corflute signs were attractive. However, paying $217,125 for Event Planet to provide event management services for the Aged Care Workforce Strategy Taskforce seems excessive. The costs for Event Planet increased by $67,474.90 to a total of $284,599.90. The reasons stated for this increase are: "extreme urgency or events unforeseen."

It is unusual for me to be facetious, but I left the summit wondering whether I should give Working Dog a call for Series 4 of ABC TV series Utopia.

The next summit will be held on 17 April. I am sure the lunch will be delicious.

Google translator did not help me understand the Taskforce Report

Aged Care Matters, 6 December 2018

According to the script of the TV series 'Yes Minister', there are two basic rules of government: Never look into anything you don't have to. And never set up an enquiry unless you know in advance what its findings will be.

During the past decade, there have been many inquiries, reviews, consultations, think tanks and a task force into aged care. These inquiries have resulted in a large number of recommendations, most of which have been ignored by successive governments.

The Aged Care Workforce Strategy Taskforce kicked off in December 2017 with a so-called "Summit". As an attendee, I was given a lanyard with the slogan: "Think. Collaborate. Innovate". The slogan, the free hug video and the break out sessions left me feeling discombobulated. However, the lunch was delicious.

With a $2 million dollar budget (courtesy of the Australian tax-payer), I expected the taskforce to answer the million-dollar question: Will standards of care be improved by the government mandating staffing ratios in aged care homes?

Everyone has an "opinion" about staffing ratios. Jane Seaholme's change.org petition "Mandate aged care staff/resident ratios" has around 300,000 supporters. Staff, relatives, residents, aged care advocates and unions all support staffing ratios in aged care homes. In contrast, those with power – politicians, peak bodies and providers – oppose staffing ratios. They defend their position by citing the 2011 Productivity Commission Report.

To settle the disagreement about the value of ratios in aged care homes, the taskforce needed data about actual staffing levels and quality outcomes in Australian aged care homes. They also needed to compare this data with international data. This would have provided evidence to support or refute the following claim: 'Aged care homes with a higher staff-to-resident ratio have higher standards of care'.

Several researchers, including those at the Australian Association of Gerontology, encouraged the Chair of the taskforce to undertake a systematic literature review on staffing. A rigorous review of the evidence would have been money well spent. Instead, an annotated bibliography that lacked any critical analysis was commissioned.

Rather than rely on evidence, the taskforce regurgitated industry "opinions" about staffing ratios cited in the Productivity Commission and Tune Reports. Not surprisingly, staffing ratios were once again dismissed.

What was surprising, however, is the Report of the Aged Care Workforce Strategy Taskforce dismissed staffing ratios with only one sentence. "Static models or set staffing ratios will not assist in meeting these expectations or necessarily result in better quality of care outcomes."

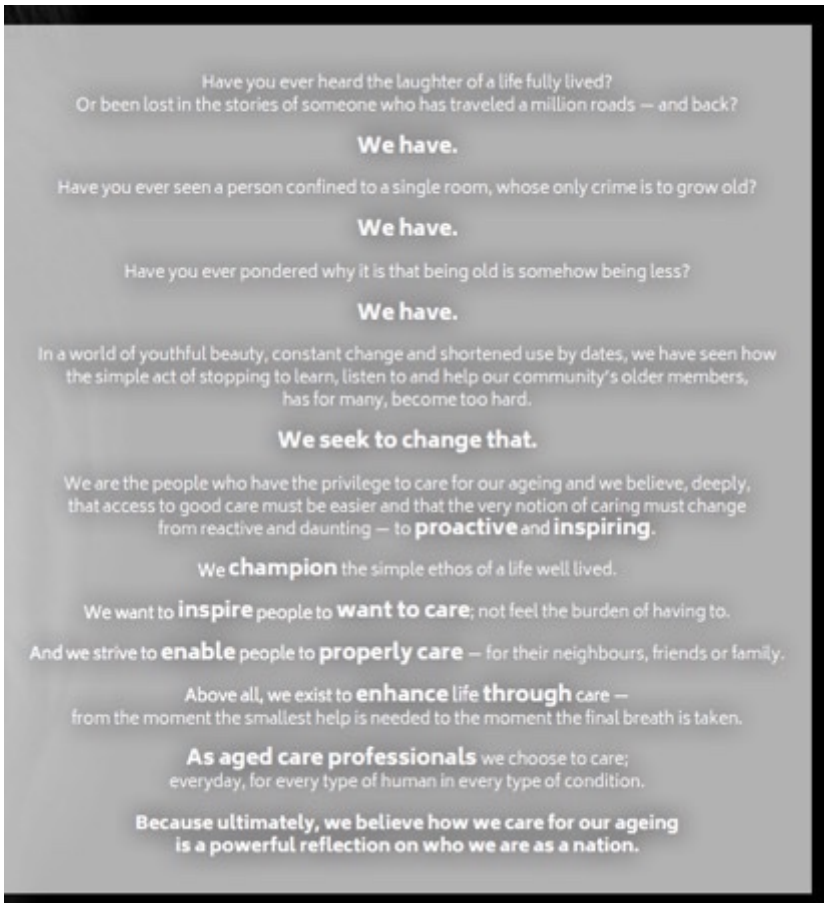
Rather than focus on the evidence, the report provides a transformational 'Belief Statement': *"We exist to inspire people to want to care, enable people to properly care and enhance life through care. Because how we care for our ageing is a reflection of who we are as a nation."*

This belief statement and the Unifying Vision of Care set the tone for this 40,000-word report. It is overflowing with jargon, modern management language and Don Watson's so-called weasel words. This made the report difficult to read. The unifying vision of care (see Vision below) appears to follow the amusing instructions of "How to write a manifesto".

It is not my intention to be disrespectful, but I needed to use google translator to understand the taskforce's approach to building the workforce strategy: "*The taskforce recognised that the strategy must be disruptive in its thinking, transformational in its approach, pragmatic to implement, and supportive of immediate improvements".* Huh?

I also needed google translator to 'look forward': *"Looking to the future, the aged care industry requires a coherent strategy and key enabling infrastructure to support the strategic investment, translation and uptake of innovations designed to improve workforce capability, care quality and effectiveness".* Goodness me.

A Unifying Vision of Care (Report of the Aged Care Workforce Strategy Taskforce, P 13)



I am also unfamiliar with this lingo: *"touchpoints for consumers in their ageing journey", "a well-supported research translation pipeline"*and *"the creation of a research translation ecosystem".* Touchpoints, pipelines and ecosystems. What planet are you on?

One thing, however, was clear: the strategywas "*developed withthe industry, forthe industry"*. The bias towards an 'industry-led' (i.e. not a 'consumer-led') strategy was explicit. The aim was *"to develop an industry-led strategy focused on the consumer"*. Having no union or genuine consumer representation on the taskforce committee was also an ominous sign.

Not surprisingly, given the report's abstruse language, the taskforce developed complex processes to address staffing issues. The success of these recommendations depends, in part, on a voluntary code of conduct by industry. These codes only apply to those providers who sign up to them. Good luck with that.

Unfortunately google translator did not help me to understand the findings of The Annual Aged Care Survey. I did, however, understand Korn Ferry, a US corporate giant, was commissioned by the taskforce to undertake this staff survey. I certainly wish someone would offer me $90,750 for doing a tick-a-box survey and then running the responses through a statistical computer program.

According to the report: "*Korn Ferry knows more about human performance in the workplace than any other organisation*." Apparently "*in order to open up career pathways, there are well-established and research-backed corporate methodologies that can be utilised to enable interaction between job families and opportunities to move across job families*".

Without explaining who or what are "job families", or indeed the "Job Family Framework" methodology, Korn Ferry produced a colourful report– one for all the family. However, the analysis is poorly explained. Even with my expertise as a researcher, I could not make head or tail of it. Who could?

Reading the taskforce report, I was again reminded of the TV series 'Yes Minister', specifically one of Sir Humphrey Appleby's most memorable quotes: "I do see that there is a real dilemma here. In that, while it has been government policy to regard policy as a responsibility of Ministers and administration as a responsibility of Officials, the questions of administrative policy can cause confusion between the policy of administration and the administration of policy, especially when responsibility for the administration of the policy of administration conflicts, or overlaps with, responsibility for the policy of the administration of policy."

Like Sir Humphrey Appleby, the taskforce report has a lot of words. But who understands them? And more importantly: who cares?

Review Of National Aged Care Quality Regulatory Process
30 October 2017
Dear Ms Carnell and Professor Paterson

We have not met. By way of introduction, I am a public health qualitative researcher who values evidence-based policies. I stumbled into aged care advocacy after writing several opinion pieces for The Age. I have recently published a research report "Living Well in an Aged Care Home" that is available on the Aged Care Matters' website.

I read your Review Of National Aged Care Quality Regulatory Processes with interest and support many of the recommendations.
I was pleased when I read on Page 61: "Historically, there has been a significant lack of publicly available data and policy-relevant evidence on residential aged care. This has limited the scope for comprehensive and independent assessment of the system". I am therefore surprised that, two weeks after its release, the submissions to your review have not been made public.

In the interests of transparency, it is imperative that 321 submissions (i.e. the respondents who agreed for their submission to be published) are made public so that the primary data can be read/analysed. Researchers like myself need access to the primary data – to confirm/refute conclusions you both drew from the submissions.

In terms of the methodology of your review, I have some critical feedback.

1. *Sample*

There were 436 submissions. Yet only 11.6% of these submissions were referred to in the report: 30 in the body of the report and 21 in Appendix C. Is there a reason so few submissions were referred to in the final report?

2. *Qualitative analysis*

When reporting examples (i.e. quotes) from the data, it is important to be clear about who is speaking. There are many examples throughout the review when it was not clear who was speaking – aged care worker, relative/carer or provider.

I am sure your thematic analysis of participants' views was rigorous. However I was surprised you quoted from specific submissions numerous times (e.g. COTA, 6 times; Alzheimer's Australia, 7 times) while other organisations known for their critical perspective of the aged care system (e.g. Aged Care Crisis, Elder Watch, CPSA, and the state/federal nursing unions) were quoted much less.

In addition, 159 aged care workers made submissions (36% of the sample). Yet you only included a few aged care workers in the report. You quoted one particular aged care worker 5 times – including using the same quote twice.

3. *Unsubstantiated claims*

I appreciate the document is a review not an academic thesis. Nonetheless, I noticed several unsubstantiated claims. For example, you claimed: "Evidence suggests that the residential aged care system as a whole is one of relatively high-quality care?" (p 38) without providing any evidence to support this claim. Do you know the proportion of aged care homes that provide high standards or care?

Clearly passing accreditation is not an indicator of high standards of care. In addition to Oakden, there have been several recent allegations of poor standards of care – e.g. Tricare (Queensland), Opal Raymond Terrace Gardens (NSW) and Opal Lakeview (Victoria). Like Oakden, these aged care homes were all accredited by the Quality Agency.

Despite these criticisms, I welcome your review. I was particularly pleased to see that one of the key priorities in your proposed reforms is to acknowledge and reward providers that consistently provide high-quality care. A proactive approach is often more successful in improving quality than a reactive/punitive approach.

I was surprised that Ken Wyatt announced 'unannounced visits' as though they are a new initiative. In your review, you note that during the 2015-16 financial year, the Quality Agency undertook 2,866 unannounced visits.

It would be a new initiative, however, if all reports from unannounced visits were on the public record. I am sure members of the public would appreciate the transparency. I strongly disagree with members of ACSC who expressed caution about releasing unpublished reports from the Quality Agency. The minutes of the May 2017 meeting claim "these reports were more technical and, without explanation, may not provide useful information for consumers or their families". This remark patronises those of us who seek pertinent information about specific aged care homes.

I agree that the current accreditation system is currently a tick-a-box exercise with regulators only checking processes and policies. For the past 12 years, aged care advocates have bemoaned the lack of government action after the 2005 Senate Inquiry. This Inquiry concluded the standards and outcomes were too generalised to effectively measure care outcomes.

I agree that assessors must be trained to consider *and measure* the quality of care being delivered by aged care homes. However, without measurable outcomes, it is not possible to *measure* the quality of care in an aged care home.

A rigorous audit of aged care homes requires the Quality Agency to abandon the Single Aged Care Quality Framework in which 44 vague standards will be replaced with 8 even vaguer standards.

Rather than tinker with the accreditation standards and outcomes, it is my view that the Quality Agency needs to go back to the drawing board and start again. It is also my view that likert-type scale and smiley faces used in the Consumer Experience Surveys are too simplistic to collect information of any genuine value.

I would welcome the opportunity to discuss my concerns with you both[7].

Yours sincerely, Dr Sarah Russell

Royal Commission

'I'd rather die': the horror stories of aged care don't tell the whole story

The Guardian, 16 September 2018

The government has finally announced a royal commission into aged care. Although the terms of reference have not been announced, the royal commission needs to shine the spotlight on providers of both residential aged care homes and in-home aged care.

In response to all the heart breaking media reports, government and provider peak bodies continue to describe Australia's aged care sector as 'world class'. They claim a consumer driven, free market based aged care system will ensure the highest possible standards of care. However, the so-called "consumers" are often frail, elderly people, many with dementia. How did they expect such vulnerable people to demand a high quality service on the free market?

Troubling media reports have undoubtedly contributed to the government announcement of a Royal Commission. It is vital that incidents of inadequate personal care, negligence, neglect, abuse and assault are reported. However, we hear much less about elderly people who are living happily in an aged care home.

But the effect of only hearing horror stories is making some older people terrified of moving into an aged care home. An older woman told me recently she would prefer to kill herself than "go into one of those hellholes".

Saturating the media with negative stories also demoralises staff who are often hard-working, dedicated people doing a very difficult job for not much pay. Many staff tell me they work in aged care homes because they "love caring for residents".

My parents moved into an aged care home together. They chose the aged care home because they could sleep together in the same bed. They were both happy primarily because staff treated them with respect, kindness and love.

Mum and dad made lifelong friends with several residents – though many of these new friends did not live for long. After Dad died, I visited Mum most days around lunchtime. Mum did not have a large appetite – but she was always given a full portion at lunchtime so that I could eat her leftovers. The food was excellent.

[7] In March 2022, 5 years after I sent the letter to Ms Kate Carnell and Professor Ron Paterson, I received an email from Professor Ron Paterson. He told me that I had made some good points in this letter, however, at the time, he felt unable to reply.

When Mum sat in the lounge room, staff who walked past often took a moment to stop and have a short chat with her. This suggests there were enough staff on duty so they weren't all rushed off their feet.

My research highlights the variability in standards of care in aged care homes. A current survey asks staff whether they would recommend the aged care home in which they work to their parents. Approximately half replied yes and the other half replied no.

This challenges the overly optimistic picture of the "world class" residential aged care sector – in some aged care homes, residents' needs are unmet. Complaints are made when residents are not taken to the toilet or incontinence pads are not changed regularly, when call bells are not answered in a timely manner, when bruises appear or skin tears, and when pressure sores are not treated appropriately, in some cases turning gangrenous. Complaints are also made when residents suffer from malnutrition and/or dehydration and are chemically restrained.

My research also challenges the notion that aged care homes are all "hellholes". Relatives describe aged care homes where residents are happy, well-fed and groomed, pleased to see staff members and call the aged care home their "home". These aged care homes prioritise social engagement and physical activity. They provide an extensive range of activities that are not only fun but meaningful.

The difficulty is how to distinguish between good aged care providers and dodgy ones. Rebekha Sharkie's private member's bill is an important step. This bill requires every aged care home to disclose and publish quarterly staff/resident ratios.

This bill will provide certainty about the number of staff on each shift, including registered nurses. There is indisputable evidence to show that when registered nurses are on duty in aged care homes, residents have better outcomes. They have fewer pressure ulcers, lower rates of urinary tract infections and are less likely to lose weight. Care from registered nurses also results in fewer residents requiring transfer to hospital.

Currently aged care homes are not required to disclose their staffing levels. How can people make informed decisions about an aged care home's standards of care when they do not have access to this vital piece of information?

A key to quality care in an aged care home is staff. Like all health and community services, well-trained, empathetic staff are the cornerstone of an aged care home. However, unlike hospitals and childcare centres, there is no federal legislative requirement for aged care homes to have mandated staff-to-resident ratios or skill prerequisites. The decision whether to have a registered nurse on duty is at the discretion of the provider.

The aged care minister, Ken Wyatt, claims: "There is no clear evidence or research that suggests implementing nurse or staff-to-patient ratios will actually increase the quality of care." However, studies in USA provide clear evidence of a positive relationship between the quantity of staff and quality of care.

Aged care homes with high numbers of well-trained staff have nothing to fear from this private member's bill. It is only unscrupulous providers – particularly those who do not have a registered nurse on site at all times – who will be lobbying furiously to have this bill rejected or buried in yet another inquiry.

The claim that ratios are a blunt instrument is correct. However, the claim that sharing data about staffing levels will be further work for staff is nonsense. Government and financial agencies already collect data on staffing levels and other quality indicators such as medication errors, pressure sores and falls. But this data is currently hidden from the public.

Increased transparency is vital for evidence-based discussions about how to provide the best possible care for frail, elderly people who live in aged care homes. It will also ensure good providers flourish while those unscrupulous providers who value profits over care will not.

Has government by media replaced consideration of evidence?

Has government by media replaced consideration of evidence in aged care?
The Guardian, 18 September 2018

Prime minister Scott Morrison's announcement of a royal commission into aged care quality and safety surprised everyone, including the aged care minister, Ken Wyatt, who, until recently denied the need for one. We still do not know the name of the commissioner, how much it will cost or the terms of reference, suggesting this is policy-on-the-run.

The announcement came on the eve of ABC Four Corners' special two-part investigation of the failings in aged care. This is the second time within 12 months that a Four Corners report has resulted in a royal commission. Last year, their report on the Don Dale youth detention centre prompted Malcolm Turnbull to announce a royal commission into the protection and detention of children in the Northern Territory.

Has government by media replaced careful consideration of the evidence? Before jumping into another expensive royal commission, it would have been prudent for Scott Morrison to review the numerous inquiries that both LNP and ALP governments have initiated over the past decade. Surely the government didn't need Four Corners to inform them that the aged care sector is a national disgrace.

There have been so many inquiries, reviews, consultations, thinktanks and task forces that have provided mounds of evidence of inadequate personal care, negligence, neglect, abuse and assault.

These inquiries have resulted in a large number of recommendations, most of which have been ignored by successive governments. Will the findings of the royal commission be similarly ignored?

Perhaps the most significant "un-actioned" part is recommendation 14 in the 2005 Senate Inquiry into aged care: Quality and equity in aged care. It asked: "that the commonwealth, in consultation with industry stakeholders and consumers, review the accreditation standards to define in more precise terms each of the expected outcomes".

Acting on this recommendation would have enabled the accreditation process to play an important part in monitoring the standards of care in all aged care homes, including Oakden Older Persons Mental Health Service. Unfortunately, vague phrases such as adequate nourishment and hydration, effective continence management, optimum levels of mobility and sufficient staff continued to be used. As a result, Oakden passed three accreditations during the past nine years, despite relatives' ongoing allegations of poor standards of care. In fact, Oakden received a perfect score (ie passing 44/44 standards) at all three accreditations.

Rigorous evaluations of any health or community service require the standards to be both explicit and measurable. Yet only last week, federal parliament passed the new aged care standards that are both vague and impossible to measure. How will a provider demonstrate that "Each consumer is treated with dignity and respect"?

Another dispiriting aspect of all these reviews and inquiries is the number of submissions by residents, relatives and staff that have been ignored. The Review of National Aged Care Quality Regulatory Processes, for example, received 12 submissions from residents of an aged care home, 63 from family and/or carers and 159 from aged care staff. These submissions indicated strong support for mandatory staff ratios in aged care homes and for registered nurse to be on duty at all times. However, there was no mention of this in the report or the reviewers' recommendations.

Rather than a royal commission that will once again be dominated by providers' "expert opinions", we need to act on empirical evidence. The Quality Agency and the health department has the evidence. Now we need action.

Government also needs to start listening to grassroots advocacy groups instead of the usual committees and groups who are part of the broken system that has failed Australian elders so badly.

Staff who treat the aged with love and respect
Letter, The Age, 2 November 2019

Staff who treat the aged with love and respect

After reading the heartbreaking interim report, I realise how lucky my parents were to find an aged-care home where the staff treated them with kindness and respect – and had time to care, chat and laugh with them, and take an interest in their lives. We found the aged-care home by luck. It was the only one in my parents' area that allowed them to sleep together. Could the good aged care providers please stand up and be counted? Now more than ever, the public needs to know you exist.

Sarah Russell, Northcote

Failing older people
Letter, The Age, 11 May 2019

Failing older people

We are hearing heartbreaking stories at the aged care royal commission. However, these stories are not new. Over the past decade, numerous inquiries have heard evidence of inadequate personal care, neglect, abuse and assault in aged care homes. Why have both Coalition and Labor governments ignored the recommendations from all these inquiries?

Government and the federal Health Department need to listen to advocacy groups, residents, families and staff instead of committees, peak bodies and consultants who are part of the broken system that has failed older Australians. Dr Sarah Russell, Aged Care Matters, Northcote

We need a new aged care act

Royal commission proves we need a new Aged Care Act *The Age* 24 February 2021

Two years ago, the Prime Minister announced a royal commission into aged care. This announcement came on the eve of ABC Four Corners' special two-part investigation into the failings in aged care. 'Government by media' had replaced careful consideration of the evidence.

Before jumping into another expensive royal commission, it would have been prudent for Scott Morrison to review the evidence from the numerous inquiries that both Coalition and Labor governments had initiated over the past two decades. Submissions to these inquiries provided evidence of inadequate personal care, negligence, neglect, abuse and assault in aged care homes.

The royal commission enabled older people and families to tell their stories. A 105-year-old woman living in an aged care home was the oldest witness to give evidence. Hearing first hand accounts has illustrated the failures in the aged care system.

The royal commission also released twenty research papers. This research will enable an evidence-based approach to aged care policy. For far too long, aged care policy has been based on opinion.

On 26 February, the royal commissioners will release their final report. The counsel assisting's 124 recommendations provide a glimmer of hope that the final report will outline a plan to fix aged care. But will the government act on the recommendations?

During an interview on ABC 730 on 2nd February, the aged care minister, Richard Colbeck, said the government will respond to the royal commissioners' recommendation "in the budget", seemingly signalling that the answer to all the problems is to throw more money at the problem.

The government should not give any more money to aged care providers without fundamental reform of the system. Already there is too little transparency about how the aged care providers spend the $21 billion a year in government subsidies they receive each year. The public has no way of knowing whether providers spend the government subsidies to provide personal care, meals and activities for residents or on PR consultants to rebrand their image.

Last year, in the middle of the biggest reputational disaster to hit privately run aged care, with the preventable deaths of 685 residents, six provider peaks engaged a public relation company, Apollo Communications, to launch a campaign to "change the conversation" about aged care and "win the hearts and minds of middle Australia".

Last week, these same provider peaks released a petition titled: *It's time to care about aged care*. How many people have signed this petition not realising they are supporting some of the most profitable providers in the aged care industry?

To achieve meaningful and sustainable improvements in the aged care system, we need a new Aged Care Act that focuses on the human rights of older people, not the profits of providers. The only way to ensure higher standards of care is for the government to go back to the drawing board and rewrite the Aged Care Act from scratch.

One of the most common complaints heard during the royal commission is aged care homes do not employ enough staff. The royal commissioners must recommend staffing models that are evidence, rather than opinion, based.

The aged care sector also needs improved regulation. How is it possible that two brothers banned from the poultry industry for a total of 17 years after starving more than a million chickens were given an aged care licence, despite being bankrupt at the time and having no experience?

Other recommendations many of us hope to see when the royal commissioners release their final report on 26 February are the public disclosure of performance indicators, public access to spot-check reports and public reporting of complaints, including how they are managed and resolved. These reforms will enable older people and families to make informed choices when choosing an aged care home.

To translate the royal commissioners' recommendations into action, the government must stop listening only to provider peak bodies. They are part of the broken system. As Einstein once said: "We cannot solve our problems with the same thinking we used when we created them."

It is only by working together – with older people, families, staff, providers, peak bodies, advocates, unions, academics, health bureaucrats, and politicians – that older people in Australia will receive the care and support they need.

Will government act on Royal Commission recommendations?

The royal commission report should give the Australian government a plan to fix aged care. Will they act on it? *The Guardian* 25 February 2021

On the eve of ABC Four Corners' expose of the extremely distressing way older people were being treated in residential aged care homes, the Prime Minister, Scott Morrison, announced a royal commission into aged care.

The announcement surprised everyone, including then aged care minister, Ken Wyatt. He had said a few days earlier that a royal commission would be a waste of time and money. "After two years and maybe $200 million being spent on it, (it) will come back with same set, or very similar set, of recommendations".

Like many of us aged care advocates, Wyatt argued we didn't need an expensive royal commission to tell the government the aged care system was broken. We already knew that. Over the past 20 years numerous inquiries, reviews, consultations, thinktanks and task forces had produced mountains of evidence of inadequate personal care, negligence, neglect, abuse and assault in aged care homes.

Research has also shown the parlous state of home care. In addition to the long queue for home care packages, there is the commodification of older people, the rorting in the system, inconsistent quality of care, and support workers with minimal or no training being sent to the homes of older people.

Yet successive governments had ignored most of the recommendations of said inquiries, reviews etc. Will the findings of the Royal Commission into Aged Care Quality and Safety be similarly ignored?

The government and the regulator have known for years that high quality aged care was not being delivered on a systemic level. Although some aged care providers provide excellent services, others do not.

As for the ineffective regulation, how is it possible that two brothers banned from the poultry industry for 17 years after starving more than 1 million chickens were given an aged care licence, despite being bankrupt at the time and having no experience?

Not surprisingly, the concerns most commonly raised in submissions to the royal commission were neglect, emotional abuse, physical abuse or assault, restrictive practices, financial abuse and sexual abuse/assault.

The counsel assisting the royal commissioners estimated that at least one in five people receiving residential aged care experiences substandard care. Imagine if one in five children received substandard care in childcare centres. We would all be marching in the streets.

After two years of heart-breaking evidence, including evidence from older people and families, there is a glimmer of hope that the royal commissioners' Final Report, due on 26 February, will provide the government with a plan to fix aged care. The real hurdle will be the government acting on the recommendations.

If nothing else, the royal commission has shown us that we need to listen, really listen, to older people and their families. Those with experiences of using the aged care sector hold the key to fixing the sector.

For too long, the government has ignored the views of older people. For example, in 2017, Ken Wyatt invited me to a "Consumers in Aged Care Think Tank". Sitting at the table were 17 chief executives, including CEOs of the government funded "consumer organisations" National Seniors and COTA. Not a single older person receiving aged care services was at the table. Would Ken Wyatt consider having a think tank about provision of aged care in Indigenous communities without a First Nations elder at the table?

Historically, older Australians who use aged care services have never had a seat at the table. We saw evidence of this during the lockdown of aged care homes – where each provider made individual decisions, irrespective of the wishes of residents and their families.

More recently, six provider peak bodies formed a collaboration without working collaboratively with older people, families, staff or indeed aged care advocates. They have started to spruik their usual narrative: "The sector needs more money." And yes, the sector does need more money. However, the government should not give more money to aged care providers without fundamental reform of the system.

When three critical amendments to the *Aged Care Legislation Amendment (New Commissioner Functions) Bill 2019* were tabled, provider peak bodies lobbied against the financial transparency amendment by producing a "red tape" report. It claimed that sharing financial data with the public led to excessive costs.

Without financial transparency, the public has no way of knowing how providers spend billions of dollars of government subsidies. Do they spend our taxes on nursing care, meals and activities for residents or on sports cars for their executive team?

We urgently need a new Aged Care Act that focuses on the human rights of older people, not the profits of providers. This was the first recommendation of Counsel Assisting the royal commissioners. Let's hope it is top of the royal commissioners' recommendations too. Without a new Aged Care Act there can be no genuine reform.

One of the most common complaints heard during the royal commission is aged care homes do not employ enough staff. The current Aged Care Act (1997) states that providers are required to employ "adequate numbers of appropriately skilled and trained staff". This lack of clarity enables providers to determine what is an "adequate number" and what is "appropriately skilled". As a result, private providers have replaced registered nurses with much less skilled staff.

The royal commissioners must recommend ways to ensure more staff are employed and that there is a mix of skills necessary to provide high quality care. At the very least, every aged care home must be required to have a registered nurse on site at all times.

Leading Age Services Australia recently collaborated with Altura Learning and the recruitment firm Dash Group to set up a 10-hour training course. A senior source in the aged care sector said it was "astonishing" that "even lower-skilled staff are being snuck into aged care under the cover of Covid-19".

Other recommendations we hope to see are the disclosure of performance indicators, public access to spot-check reports and public reporting of complaints, including how they are managed and resolved. This will enable older people and their families to make informed decisions when choosing an aged care home.

Most importantly, the government must stop listening only to providers. It is only by including all stakeholders – older people, families, staff, advocates, providers, peak bodies, advocates, unions, academics, health bureaucrats, and politicians – that older people in Australia will receive the care and support they need.

Older people, families and friends, current and retired aged-care workers and others who are passionate about social justice have recently joined forces to lobby government for meaningful reform. It is beholden on the government to listen to us.

"Political Stunt": Budget cash splash

"Political Stunt": how the Budget cash splash means profit to providers over aged care reform *Michael West* 19 May 2021

The federal government announced its $17.7 billion aged care budget with bells and whistles. Peak bodies for providers described it as a "big win for older people". However, it is aged care providers, not older people, who have won.

The home care sector has been given an extra $6.5 billion over four years to provide an additional 80,000 home care packages. However, the government has not put in place any accountability measures to stop the rorting of the system. How is it possible that a recipient of a Level 4 home care package worth $52,000 receives on average only 8 hours and 45 minutes of support?

Some unscrupulous home care providers who charge older people exorbitant fees, high hourly rates for support workers and excessive costs for equipment will most likely be celebrating with top shelf champagne.

So too residential aged care providers, who will be given $3.2 billion over four years, to be rolled into a new funding model, the Australian National Aged Care Classification (AN-ACC).

In return for an extra $10 a day per resident, providers simply need to "give an *undertaking* that they will *report* (my italics) to government on expenditure on food on a quarterly basis". Monash University aged care expert Joseph Ibrahim said the extra daily funding would be welcomed but would simply be pocketed by providers.

In their final report, the royal commissioners noted that aged care providers have a long history of not spending extra government money on what they were supposed to. So why did the government give them further billions without tying the money to direct care and food?

The budget confirmed what many of us already knew. Not only was the Aged Care Royal Commission a political stunt, the government has no intention of holding accountable the multinational providers and corporatized charities that will now be receiving close to $25 billion a year from taxpayers.

A few hours after the budget that announced this massive cash injection into providers' pockets, the government quietly released its official response to the Royal Commission - *The Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*.

As many of us advocates argued at the time the royal commission was announced, there was never any need for it. The announcement surprised everyone, including Ken Wyatt, the then aged care minister.

Numerous inquiries, reviews, consultations, thinktanks and task forces over the previous decade, initiated by both Coalition and Labor governments, had provided heaps of evidence of inadequate personal care, negligence, neglect, abuse and assault.

Many of these inquiries came to the same conclusion as the royal commission: the lack of well-trained staff is the main reason for neglect, abuse and chemical restraint. The aged care sector needs more staff with more training and they need to be paid a decent salary.

And like all the inquiries that came before it, whose recommendations have been filed in the rubbish bin, many of the Royal Commission's important recommendations have been ignored. Rather than providing genuine aged care reform, the government has merely done some tinkering.

Let's just take a few responses.

The Royal Commissioners argued: "Staff ratios should be introduced to ensure that there are sufficient nursing and other care workers present *at all times* (my italics) in residential aged care" (p41, Volume 1).

The government instead opted to mandate a registered nurse on duty for 18 hours per day, ignoring the fact that residents may have a medical emergency overnight.

Some claim that mandating the amount of time staff must spend caring for residents is among the aged-care package's most important commitments.

From 2023, staff will be required to provide at least 200 minutes of care a day to each resident, including 40 minutes of care delivered by a registered nurse. No information is given on how this time will be measured and enforced.

After spending $90 million of taxpayers' money on a royal commission, many of us hoped for fundamental reform, not merely staff spending a few extra minutes with our loved ones.

The commissioners recommended mandatory training in dementia and palliative care, which are the two biggest needs in aged care. Instead, staff are being "encouraged" to undertake training. Not surprisingly, the $49.4 million for palliative and dementia care and $27.3 million to fund 1650 new training places is going directly to private providers rather than public educational bodies such as TAFE.

The commissioners recommended the registration of personal care attendants. Again, the government ignored it, saying that professional regulation under National Registration and Accreditation Scheme "would be disproportionately burdensome for personal care workers and present a significant ongoing cost".

So we will continue to see personal care attendants who neglect and abuse older people employed in the sector. Only those with a police record will be banned.

Rather than adopt Commissioner Pagone's recommendation of an Australian Aged Care Commission that would have been independent of ministerial direction, the government chose to stick with government-led departmental governance, which is bound to deliver more of the same.

There is however some good news. The government has agreed to re-write the Aged Care Act. The new Act will be informed by consultation with a new Council of Elders. Rather than pay lip service to the views of older people, the Department of Health must commission organisations with expertise in genuine co-design.

Disappointingly, COTA, the peak body for older people that receives generous funding from the federal government, waxed lyrical about the budget and its response to the royal commission as "the biggest investment in aged care in a generation" and "a serious and meaningful response to the Royal Commission". The National Ageing Research Institute also welcomed "the investment in *aged care reform* (my italics)".

However, cherry picking recommendations the government is prepared to fund and ignoring the rest is not a meaningful response. It is a political response.

The government's budget and response to the royal commission is not the "generational change" the Prime Minister and Health Minister promised. By ignoring many of the game-changing recommendations, the government continues to pour money into a dysfunctional system.

At the end of a 2½-year royal commission, most Australians would expect the aged care system to include well-trained and well-paid staff overseen by an independent regulator. The public also expects transparency and accountability for $25 billion per year in taxpayer funds that will be given to the aged care sector over the next five years.

What Australia has instead received is "no guarantee of mandatory minimum training of workers, a refusal to lift wages, a bolstering of an inept regulator and continuing freedom for providers to spend money as they see fit". Older people, families, staff and advocates who made submissions to the royal commission must all feel completely let down.

Labor promised aged care reform. The clock is ticking for genuine change

Labor promised aged care reform. The clock is ticking for genuine change *The Guardian 2 March 2023*

Royal Commissions come and go in Australia. Although they are the highest form of inquiry, with broad powers including the power to summons witnesses to appear before it, there is no obligation for governments to accept a royal commission's recommendations. After 140 or so royal commissions in Australia, there are countless recommendations sitting in bottom drawers gathering dust.

Take for example, the royal commission into aboriginal deaths in custody. Over five hundred Aboriginal and Torres Strait Islander people have died in custody in the 30 years since the royal commission's final report. Successive governments have failed to fully implement the 339 recommendations that aimed to prevent Indigenous deaths in the justice system.

Similarly, recommendations from the banking, superannuation and financial services industry royal commission have not been fully implemented. In 2019, then treasurer Josh Frydenberg received the final report and vowed to take action on all 76 recommendations. Yet, around half of the recommendations have been either abandoned or not fully implemented.

Which brings me to the royal commission into aged care quality and safety. The final report was tabled 2 years ago yet most recommendations have not been implemented.

Scott Morrison made the announcement of a royal commission in 2019, on the eve of ABC Four Corners' investigation of the systemic failures of the aged care system. The announcement surprised everyone, including the then aged care minister, Ken Wyatt, who had denied the need for a royal commission.

Over the past 20 years numerous inquiries, reviews, consultations, thinktanks and task forces had produced strong evidence of inadequate personal care, negligence, neglect, abuse and assault in aged care homes. Research had also shown the parlous state of home care.

Successive governments had ignored most recommendations from these numerous inquiries and research projects. So I expected the government to similarly ignore the aged care royal commission's recommendations.

However, the Labor government's 2022 election victory gave me a glimmer of hope. Albanese had campaigned on delivering aged care reform. Although his five-point plan did not address all 148 recommendations of the royal commission, it was a start.

Then came a series of red flags. The first was Albanese's decision to keep the aged care and sports portfolios together under the same Minister. Putting aged

care and sport together was another of Scott Morrison's bizarre decisions in 2020.

The biggest red flag was flown when the Labor government tabled the Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022. This was the same Bill the Liberal Party had tabled in 2021.

When I noticed Schedule 9 had been included in Labor's Bill, I raised my concerns with Anika Wells, the minister for aged care. I received a response from the Department of Health with similar wording I had received from the previous minister, justifying the need for restrictive practices as an interim measure. To quote Albert Einstein: "We cannot solve our problems with the same thinking we used when we created them."

The Labor Government claims it is "reforming the Australian aged care system through several key initiatives". However, these initiatives are all low-hanging fruit. For example, Labor introduced a Star Rating System that rates 90 per cent of aged care homes as providing an "acceptable" quality of care. This does not reflect the findings of the royal commission.

Wells promotes Humans of Aged Care, an initiative of Aged and Community Care Providers Association (ACCPA). She visited several aged care homes and shared happy snaps taken by staff on social media. Residents, family and staff who raised concerns about this positive spin have had their comments removed and themselves blocked from the Minister's social media.

Last week, the government released some new financial data. Although this is a welcome first step in financial transparency, it gave providers another opportunity to cry poor - despite receiving $27 billion in government subsidies. I have lost count of the number of times during the past decade aged care providers have claimed they are going broke. Until there is full disclosure, including to whom the aged care provider pays rent, I simply don't buy it.

The aged care royal commission recommended a new aged care act, mandatory minimum qualification for personal care workers and a registration scheme for all aged care staff. Until these recommendations are implemented, the Labor government is merely tinkering with the aged care system.

There are currently three royal commissions in progress. A royal commission into defence and veteran suicide; a royal commission into violence, abuse, neglect and exploitation of people with disability; and a royal commission into the robodebt scheme. It is important for the government to not only listen to the heartbreaking stories, but also take action.

The royal commission into aged care quality and safety recommended a new aged care act be implemented by July 2023. The clock is ticking for genuine aged care reform.

Pandemic

Aged Care Concern
Letter, The Age, 23 March 2020

Aged care concern

Many aged care homes are in lockdown. Family members who visit regularly are anxious about the care of their loved ones. Will residents receive adequate care without help from relatives?

Sarah Russell,
Northcote

Regulator should allow for a humane lockdown
Letter, The Age, 28 April 2020

ELDERLY WELFARE

Regulator should allow for humane lockdown

Providers who ignore the Chief Medical Officer's advice by continuing to ban relatives from aged care homes say: "This is being done to save lives." Families who have been locked out say: "Residents will die of neglect", citing the Royal Commission into Aged Care Quality and Safety's interim report *Neglect*.

Once again providers demonstrate the unequal power relations between themselves and residents and their families. It also shows the ineffectiveness of the regulatory agency, the Aged Care Quality and Safety Commission. Aged care homes need a "humane lockdown" in which relatives who provide care for residents (e.g. feeding) continue to provide that care. Everyone who enters an aged care home – both staff and visitors – must undertake the same infection control measures.

Dr Sarah Russell, director, Aged Care Matters

Aged care operators exploit lockdown

Aged care operators exploit lockdown to squeeze more grants from Government
Michael West Media, 3 May 2020

Several large providers in the aged care sector, including Anglicare, BaptistCare and UnitingCare, have used the Covid-19 pandemic to ask the Federal Government for a funding boost of a $1.296 billion.

Described as a "COVID-19 rescue package", their request has no information about how the providers came up with the figure, how they intend to spend it or why they need it.

Despite this lack of financial transparency, the Government has just pledged $205 million in additional funding — a "$900 per bed support payment" (or $1350 for aged care homes in residential areas).

An aged care home in a residential area with 100 plus residents received a funding boost of over $135,000. Most larger sized aged care homes are owned by ASX listed companies, private equity firms, foreign investors, and superannuation and property real estate investment trusts. Our government has given them a large taxpayer funded cash injection with no strings attached.

When announcing the extra funding, Aged Care Minister Richard Colbeck, said: "This will contribute to the genuine extra costs that they're incurring as they manage the COVID-19 outbreak". Curiously, these "extra costs" include "screening visitors" despite the fact that many aged care homes, particularly the large aged care homes, have locked out all visitors for several weeks.

A lack of transparency is par for the course for aged care providers. They have a long track record of ignoring requests for transparency and the government has a similarly long record of buckling to their demands.

Last year, for example, three critical amendments to the Aged Care Legislation Amendment (New Commissioner Functions) Bill 2019 were tabled. If these amendments had passed, they would have improved transparency and accountability around finances, staffing ratios and complaints in aged care homes. The Liberal and Nationals voted against all amendments.

To garner public support for their "COVID-19 rescue package", providers took out full-page advertisements in The Age and Sydney Morning Herald on 30th April (at a cost of $54,400 & $70,752 respectively). This advertisement claimed: "The rising costs of keeping residents safe from coronavirus is pushing us closer to breaking point". But where is the evidence? Where is the transparency of how taxpayers' money is spent?

For many weeks, all "non-essential staff" have been banned from entering aged care homes. This includes family members who care for their loved ones by

helping with feeding, toileting and so on. This was in defiance of the Chief Medical Officer's advice, which was only ever to "limit" the number of visitors in aged care homes.

Providers claimed a total lockdown was done "to save lives". However, families who were locked out are afraid residents will die of neglect, not COVID-19. They cite the Aged Care Royal Commission's Interim Report, Neglect. A daughter who normally spends 90 minutes feeding her father received an email from the provider informing her of the total lockdown. There was no consultation with her. She was worried her father would die of dehydration and malnutrition.

One aged care provider claims the Federal Government had "one or two or a handful of complaints" about the lockdown. This is not correct. The regulatory agency, Aged Care Quality and Safety Commission, has received more than 300 complaints regarding visitor restrictions and lockdowns. As an aged care researcher and advocate, I, too, continually receive pleas for assistance.

One daughter wrote this to me:

> *I saw my mother on the 27th of April after nearly six weeks of lockdown. She no longer remembers me. I insisted on the visit as a care support visit after reading the Public Health and Wellbeing Act in Victoria which stated I could visit every day, as long as I had had the flu vaccine and no exposure to COVID-19. My Mum was wearing a broken hearing aid, which I have since had repaired. She was very thirsty and had an extensive rash on both arms and chest. They said they faxed the doctor but he had not turned up, so they took no further action. I rang the doctor who came the next day. No visitors means poor care.*

Another relative wrote:

> *The blanket lockdown is unreasonable especially when the same facility is advertising on social media for volunteers to help residents use media to connect with families.*

Aged care providers reacted angrily when the Prime Minister suggested that aged care homes were locking down residents. The Prime Minister has highlighted the low number of coronavirus infections in aged care to put pressure on providers to allow family members to visit. Unlike the providers, the Prime Minister relied on evidence. The official data shows that less than 1 per cent of COVID-19 patients in Australia are in residential aged care.

Despite the evidence and pleas from families, several providers continued to refuse to back down with their total lockdown. The standoff between providers and government demonstrated the ineffectiveness of the regulatory agency, the Aged Care Quality and Safety Commission. It also demonstrated the unequal power relations between providers and residents and their families.

The sector and the Federal Government have now finally released a draft "Visitor Access Code" to provide a "nationally consistent visitation policy". The guidelines were developed after consultation with the usual government-funded consumer groups. But employee unions and family members were not consulted.

If they had listened to family members weeks ago instead of shutting them out, providers would know that families were not calling for "open house". Instead, they wanted a "humane lockdown" in which relatives who provide regular care for residents continue to provide that care. Of course, everyone who enters an aged care home – both staff and visitors – must undertake the same infection control measures.

The elephant in the room, of course, relates to the number of aged care homes with more than 60 beds. John Howard's government proved a turning point for aged care policy in Australia. Under the Coalition's Aged Care Act 1997, there was an increase in private investment. There was also an increase in size of aged care homes.

Managing around 120 visitors per day (assuming each resident has two visitors as per the guidelines) – and ensuring each visitor follows the correct infection control measures – would be difficult for staff, particularly in those aged care homes with insufficient numbers of staff.

To support their position of total lockdown, providers did not refer to the size of their aged care home or under-staffing. Instead, they referred to the large numbers of aged care residents who have died overseas, many in heart breaking circumstances. The World Health Organisation, for example, estimates half of all coronavirus deaths in Europe were residents in aged care homes.

Providers claim total lockdown prevented a similar catastrophe from occurring here in Australia. However, it is more likely that Australia's low community transmission rates are responsible for protecting older people in aged care homes. Thankfully our "stay at home" and "social distancing" policies have protected residents in aged care homes.

The statistics speak for themselves. There are 2,672 aged care homes in Australia. Thankfully, there has been zero deaths from COVID-19 in 2,669 of these homes.

For several weeks, the lack of transparency from the Department of Health made it difficult to know the exact number and the names of aged care homes with outbreaks of COVID-19. Finally, the Aged Care Minister has revealed there have been 23 outbreaks, though the names of the homes remain top secret. What is certain, however, is that a staff member, not a visitor, has been responsible for bringing the virus into the aged care homes.

Thankfully, only three aged care homes have recorded a resident death. There have been two deaths in Opal Care Bankstown, six in BaptistCare's Dorothy Henderson Lodge and thirteen in Anglicare's Newmarch House.

While several aged care homes were able to contain the virus from spreading, Anglicare's Newmarch House has 37 residents with a confirmed case of Covid-19 and 14 deaths. This raises the following questions that Anglicare must now answer:

Was the staff member who worked for six days with mild COVID-19 symptoms full-time and therefore entitled to sick leave or working as a casual, which meant no access to sick leave?

What infection control measures were in place at Newmarch House to prevent staff bringing the virus into the aged care home?

What infection control/prevention training did staff undertake?

Did staff at Newmarch House have access to enough personal protective equipment?

Have residents who tested positive for COVID-19 and whose advance care directive indicates "treatment in hospital" been transferred to hospital?

Why wasn't Newmarch House closed down and cleaned like Burnie hospital?

An inquiry is under way into the 21 deaths from COVID-19 via the *Ruby Princess* debacle. There needs to be a similar inquiry into the 13 deaths in Newmarch House, especially in light of the sector's appalling track record on transparency. A public and transparent inquiry is necessary to prevent a similar tragedy happening in other aged care homes.

Ruby Princess-style inquiry needed into Newmarch House
Sydney Morning Herald, 6 May 2020

There are 2672 aged care homes in Australia. Thankfully, there have been zero deaths from COVID-19 in all but three of these homes: two deaths in Opal Care Bankstown, six in BaptistCare's Dorothy Henderson Lodge and 16 in Anglicare's Newmarch House. These aged care homes are all in NSW.

While several aged care homes were able to contain the virus, Anglicare's Newmarch House was not. So far, Newmarch has recorded 37 residents with confirmed cases of COVID-19 of which 16 have died. This raises questions about its infection control measures to both prevent staff bringing the virus into the aged care home and to stop it spreading.

Health officials suggest a breach of infection-control methods may have sparked a "second wave" of infections at Newmarch. It is alleged that a member of the federal government's "surge workforce" may have breached protocols.

An infection control specialist is now on site to review all contamination procedures. Could the "second wave" of infections have been prevented by an expert reviewing infection control procedures earlier?

These new infections forced Anglicare's chief executive Grant Millard to concede there had been "failings". "The use of PPE [personal protective equipment] is foreign to a lot of people," Millard told the media. Central to infection control training is how to use PPE to protect yourself and prevent transmission. The use of PPE should not be "foreign" to staff in an aged care home, particularly during a pandemic.

The proper use of PPE not only protects the staff member from infection, but also prevents transmission of the virus.

The federal health department offered free infection control training to all staff who work in the aged care sector. Did Anglicare mandate staff to do this training?

Another failing was not transferring residents who tested positive to COVID-19 to hospital for treatment. Denying residents access to hospital treatment is an appalling breach of their human rights.

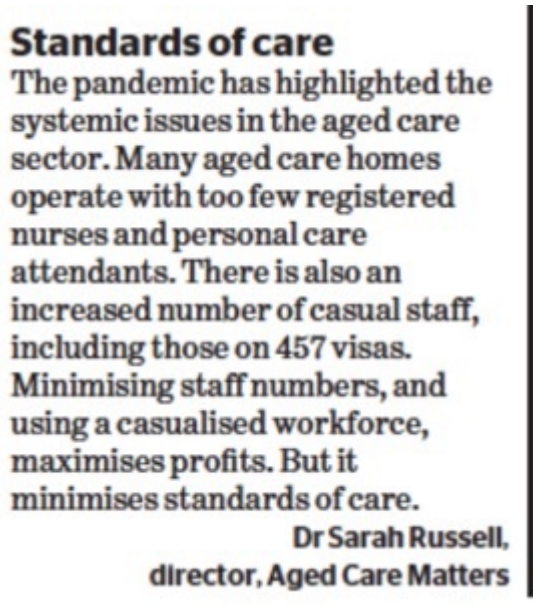
Some health professionals believe that residents with COVID-19 should be cared for in the aged care home rather than treated in hospital. In early April, a letter was sent to staff working in aged care homes in Hunter New England, advising them not to send residents with COVID-19 to hospital. The letters said elderly people suffering coronavirus like symptoms would be "turned away" from hospitals. Hunter New England later apologised for these unauthorised letters.

When an outbreak of COVID-19 occurred in North West Regional Hospital and North West Private Hospital in Burnie, the hospitals were closed so they could be deep cleaned. Yet in Newmarch House, residents – both those who tested positive and negative – remained in the home. Not surprisingly, some families want to take their loved ones out of Newmarch House.

An inquiry is under way into the 21 deaths from COVID-19 via the Ruby Princess debacle. There needs to be a similar inquiry into the 16 deaths in Newmarch House. A public and transparent inquiry is necessary to prevent a similar tragedy happening in other aged care homes.

Standards of care

Letter, The Age, 10 June 2020



Standards of care

The pandemic has highlighted the systemic issues in the aged care sector. Many aged care homes operate with too few registered nurses and personal care attendants. There is also an increased number of casual staff, including those on 457 visas. Minimising staff numbers, and using a casualised workforce, maximises profits. But it minimises standards of care.

Dr Sarah Russell,
director, Aged Care Matters

Why Victoria's Covid is raging in private aged care homes

Passing the Buck: why Victoria's Covid is raging in private aged care homes
Michael West Media, 24 July 2020

Victorian Premier Dan Andrews said "a bunch" of aged care workers were among those going to work when sick or while waiting for test results. "Let's not judge them. Let's try and work out what is driving it," he said.

What's driving it is simple: the marketisation ("corporatisation") of aged care. Along with the entrance of private equity firms and superannuation and real estate investment trusts into the residential aged care sector as a result of the Aged Care Act (1997) came the casualisation of the workforce and a reliance on holders of 457 visas. Many staff in aged care are poorly paid and not entitled to paid leave.

Put simply, they cannot afford not to work. To make ends meet, casual staff work in several different aged care homes. Moving between homes has likely contributed to the spread of coronavirus in Victoria.

Residential aged care in Australia is big business. The federal government spends a whopping $12.4 billion each year on aged care. Yet, in a recent letter to me, it was acknowledged that the government outsources responsibility for a coronavirus "outbreak management plan" to private providers. The government washes its hands of any responsibility.

Companies such as Estia Health, Japara, Regis and Bupa have large portfolios of aged care homes. Bupa Aged Care, for example, has 72 homes. It receives almost half a billion dollars in government funding each year.

The irony of the move towards a free market system is that private companies continue to put out their hands for more government money – without any transparency about how they spend our taxes.

Despite this lack of financial transparency, the Government recently gave the aged care industry an extra $205 million. When announcing the extra funding, Aged Care Minister Richard Colbeck, said: "This will contribute to the genuine extra costs that they're incurring as they manage the COVID-19 outbreak."

One extra cost is paid leave for staff who are required to self isolate. However, Leading Aged Services Australia, the peak body for private providers, claims the government should contribute to any paid pandemic leave. Didn't the government just contribute with the $205 million?

The government continues to sit on its hands. The Fair Work Commission wants to hear more advice before making a final decision about paid pandemic leave for aged care staff. Seriously? How many residents must die before the commission makes a decision?

There are currently 66 aged care homes in Victoria with Covid-19 cases. These include Estia Health, Japara, Regis and Bupa aged care homes. With some 197 residents infected, it has been estimated that 40 per cent of them will die in coming days/weeks. So 80 deaths are imminent. This is four times as many who died in Newmarch House in New South Wales.

Without a public inquiry into the errors made during that outbreak, some aged care homes in Victoria seem destined to make some of the same mistakes.

It is all so sad – and so avoidable. If governments had acted on the recommendations from numerous inquiries over the past decade – if they had listened to residents, relatives and staff – we would not have this horror story unfolding.

Peak bodies representing aged care providers have successfully lobbied the federal government for "flexibility in staffing". Unlike childcare centres, hospitals and schools, there is no requirement for aged-care homes to have mandated staff-to-client ratios. This flexibility results in many aged-care homes being understaffed.

Aged care advocates and relatives of residents knew about the staffing crisis in aged care long before the pandemic. The government also knew. It gave $2 million to an Aged Care Workforce Strategy Taskforce. Once you waded through the report's managerial speak – "the creation of a research translation ecosystem"; "touchpoints for consumers in their ageing journey"; and "a well-supported research translation pipeline"; you reached its conclusion: staff ratios were not needed. Staffing ratios will not "necessarily result in better quality of care outcomes."

As a result, some aged care homes continue to operate without a registered nurse who is on site 24 hours a day.

The exception is Victorian-owned public aged care homes, which operate under the Safe Patient Care Act. This act prescribes ratios of registered nurses. On the morning shift, one registered nurse is required for every seven residents; in the afternoon, one registered nurse for every eight residents; and on the night shift, one registered nurse for every 15 residents.

Compare this with staffing in privately owned residential aged care homes, where a single registered nurse is often required to look after more than 100 residents.

Not surprisingly, data from the Aged Care Quality and Safety Commission indicates outbreaks in Victoria are almost exclusively a private sector aged-care issue. State-owned nursing homes comprise about 200 of the 750 in Victoria, but of the 66 aged care homes that have reported a COVID case since June, just six are state-government run.

Soon after the pandemic hit, Leading Aged Services Australia recognised the need to hire more staff in private aged care homes. It began promoting *The national COVID-19 redeployment program*, which aims to train a large numbers of unemployed people to work in aged care homes.

And the training required? A 10-hour online course. Considering the complexities of working in an aged-care home during a pandemic, it is inconceivable that someone with 10 hours of training is qualified to provide competent care. You simply can't learn how to use PPE safely in an online video.

The pandemic has once and for all highlighted the systemic issues in aged care that were hiding in plain sight. What more will it take before the federal government finally admits that the care of vulnerable older people is too important to be left to the whims of the free market?

It is time the government ditched the Aged Care Sector Committee's Aged Care Roadmap that has driven aged care down the neoliberal road and over the cliff.

Aged care has been failing for years

Aged care has been failing for years – coronavirus has merely highlighted systemic problems *The Guardian* 27 July 2020

Our residential aged care system is a national disgrace. The corporatisation of aged care unleashed by the Aged Care Act in 1997 has been an abject failure. Our government now spends some $20bn a year on aged care. Yet, without financial transparency, we don't know if providers spend government subsidies on direct care of residents or executive salaries.

The problems plaguing aged care homes are not new. Residential aged care was failing long before coronavirus. The pandemic has merely highlighted the systemic problems.

The horror story now unfolding in Victoria would have been prevented if governments over the years had listened to complaints from residents, relatives and staff, read the 8,600 submissions to the royal commission, or listened to the heartfelt testimonies. Both Coalition and Labor governments have ignored recommendations from numerous inquiries and rejected the research evidence.

Over the past decade, a pattern has emerged. For a short time the media focuses on the abuse, neglect and poor standards of care in aged care homes. Each time aged care is in the headlines, the federal government responds with an announcement of a new inquiry, review or taskforce. And then the media looks away.

The release last October of the royal commission into aged care quality and safety's 700-page interim report, Neglect, created a mainstream and social media storm. Aged care provider peak bodies, the health department, the Aged Care Quality and Safety Commission and the government weathered the storm. A week or so later, they all went back to business as usual.

Before that it was the tragedy of Oakden Older Persons Mental Health Service in 2017. There were shocking reports of overmedication of residents, aggressive restraint practices and appalling hygiene standards. A resident died from head and neck injuries after being attacked in his room. How had Oakden passed three accreditations during the previous nine years, despite relatives' ongoing allegations of poor standards of care?

After Oakden, the federal government announced the review of national aged care quality regulatory processes. After ABC Four Corners' 2018 exposé of aged care, Aged Care: Who Cares, the government announced the royal commission. Both announcements were a knee-jerk response to the media spotlight.

So it's not surprising that the federal government's response to the current media storm is to announce the Victorian Aged Care Response Centre. The government had to be seen to be doing something.

For many residents this announcement is too little, far too late.

Over the past six months relatives have written to Richard Colbeck, the minister for aged care, to express their concerns about complete lockdowns. They were afraid residents would die of neglect, not Covid-19. Staff also wrote to inform Colbeck about the lack of clinically trained colleagues. They simply did not have the capacity to treat residents with Covid-19 on site. They also complained about the quality of the infection control training. A 10-minute video was inadequate training on how to put on PPE and, more importantly, how to take it off.

On 13 April Colbeck said: "As unlikely as it might be, we have plans in place for worst-case scenarios where an outbreak in aged care facilities mean local staff are unable to continue to provide care due to an infection in the service." Yet doctors claim the aged care system in Victoria is on the verge of collapse, despite the government giving $5.77m to Mable and $15m to Aspen Medical to provide a "surge workforce".

Colbeck took the time to announce $10m funding to Fox Sports to broadcast under-represented sports. He has not, however, acknowledged the personal tragedy in aged care homes with a plan of action that meets the needs of the bereaved and prevents future tragedies.

There are now about 66 aged care homes in Victoria with Covid-19 cases. With more than 200 residents infected, it has been estimated that 40% of them will die in coming days and weeks. So at least 80 deaths are imminent. This is four times as many who died in the Sydney aged care home Newmarch House earlier this year.

A special commission of inquiry into the Ruby Princess was established in New South Wales after the cruise ship debacle. But there was no such inquiry into the deaths at Newmarch House. Instead the Aged Care Quality and Safety Commission launched an online survey asking all providers to declare if their home was prepared for an outbreak.

Providers have an appalling track record of self-reporting. In 2015, for example, it was reported that one in eight claims for government subsidies were exaggerated. The regulator should have known not to trust the results of a self-reported survey.

Every time I hear about another resident in an aged care home dying alone in isolation because she is infected with Covid-19, I see my late mother's face. This could have been her and it breaks my heart to know what all the relatives are going through when it was all so avoidable.

Sooner rather than later, the government and the regulator need to explain to all of us how this heart-breaking tragedy – that many of us predicted – occurred on their watch.

Covid-19 tragedy in aged care: whose side is the Coalition government on?

Michael West Media, 13 August 2020

Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total Covid-19 deaths. So far, 198 residents in aged care homes have died; they are partners, siblings, parents, grandparents and friends.

We have Covid-19 outbreaks raging in numerous aged care homes yet the government is refusing to tell us which ones.

Whose side is the government on?

At a Senate inquiry hearing on August 4, 2020, Dr Brendan Murphy, secretary of the Department of Health, and Senator Richard Colbeck, the Minister for Aged Care, refused to name the aged care homes. They explained that providers didn't want to be publicly named because they were worried about "reputational damage".

It is not the role of the Department of Health or the government to protect aged care homes from reputational damage. Imagine the government refusing to tell the public which schools, workplaces, restaurants or child-care centres had Covid outbreaks because of concerns about "reputational damage".

The horror story now unfolding in Victoria could have been prevented if the federal Health Minister, Greg Hunt and Minister Colbeck, had listened to complaints from residents, relatives and staff, read the research evidence or acted on some of the recommendations made by coroners.

Eight years ago, for example, a coroner recommended aged-care homes appoint a designated infection control manager, and all aged-care homes develop a document outlining what must be done in the event of an outbreak.

For years, the federal government has kicked the can down the road. There have been so many inquiries, reviews, consultations, thinktanks and task forces that

have provided mounds of evidence of inadequate personal care, negligence, neglect, abuse and assault. These inquiries have resulted in a large number of recommendations, most of which have been ignored by successive governments.

In 2018, soon after the federal government had announced yet another inquiry into aged care, I bumped into Minister Hunt jogging on the local boardwalk. I stopped him to ask why we needed another inquiry. Surely the government was aware of the systemic problems in the aged care sector.

I claimed our aged care system was a national disgrace. Minister Hunt disagreed, claiming Australia had a world-class aged care system. So it came as no surprise when he recently defended private aged care providers. He claimed his father had received excellent care in a private aged care home. However, unlike the 8,600 submissions to the Royal Commission into Aged Care Quality and Safety, Minister Hunt's anecdote is not data.

On July 29, as Covid-19 was raging through a large number of aged care homes in Melbourne, Minister Hunt was quoted as saying: "Aged care around the country has been immensely prepared."

He was possibly referring to the Aged Care Quality and Safety Commission online survey in which 99.5% of providers said they were prepared for an outbreak.

Since the introduction of the Aged Care Act 1997, the aged care sector has relied on self-regulation. However, providers have an appalling track record of self-reporting. In 2015, for example, it was reported that one in eight claims for government subsidies were exaggerated. The regulator should have known not to trust the results of a self-reported survey.

On April 13, Minister Colbeck said: "As unlikely as it might be, we have plans in place for worst case scenarios where an outbreak in aged care facilities mean local staff are unable to continue to provide care due to an infection in the service." However, according to Mr Rozen, QC, at the Royal Commission into Aged Care Quality and Safety, the sector has been under-prepared: "Neither the Commonwealth Department of Health nor the aged care regulator developed a Covid-19 plan specifically for the aged care sector."

This claim has been disputed, although, to date, no documents of a pandemic plan specifically for the aged care sector have been made public. I did, however, receive a letter from the assistant secretary, Aged Care COVID-19 Measures Implementation Branch, that claims that individual providers are responsible for an "outbreak management plan", not the Federal Government.

"In the event of an outbreak, the relevant Public Health Unit is responsible for supporting aged care services to manage an outbreak and provides advice on testing, clinical care and infection control. It is the responsibility of aged care providers to ensure they have an outbreak management plan in place that includes how to manage COVID-19 positive residents on-site if required."

Yesterday, Dr Murphy, the secretary of the Department of Health, told the Royal Commission that a "surge workforce" had been planned prior to any Covid-19 outbreaks in aged care. However, documents show the government entered into a contract with Mable and Aspen Medical a month after the first outbreak of Covid in NSW.

Clearly the sector should have taken steps to better prepare, given that it had ample warning, following the Newmarch House calamity in March, five months ago.

According to Professor Joseph Ibrahim, the steps should have included a national audit of all residential aged care facilities to judge their level of preparedness; proper dissemination of the lessons learnt from Newmarch House, and a systemic approach to providing clear, clinical and infectious diseases advice to residential aged care homes through a national coordinating body established for this purpose.

But none of this was done. So we now have a Covid-19 outbreak in numerous private aged care homes.

My interest is transparency, not reputations. So I have prepared a list of Victorian homes that currently have an outbreak. This list is updated daily via word of mouth from members of the Aged Care Advocacy Facebook Group.

Sooner or later the Health Minister, the Minister for Aged Care and the regulator need to come clean. They need to explain to all of us exactly how this heart-breaking tragedy – which many of us predicted – occurred on their watch.

Covid-19 aged care guidelines: 'They're not a national plan. This is a plan!'

Michael West, 16 August 2020

For the past week or so, accusations have been flying back and forth about whether a clear national plan has been in place to prevent older people in aged care homes dying from COVID-19.

Dr Brendan Murphy, the secretary of the Department of Health, told the Royal Commission into Aged Care Quality and Safety on Wednesday: "We reject categorically that the Australian government failed to adequately plan and prepare."

With more than 200 residents having already died prematurely of Covid-19 in aged care homes (and the number rising every day), it is obvious that the planning and preparation was not effective.

Australia had advanced warning. Evidence from around the world showed the virus spread like wildfire in residential aged care settings. It was clear our aged care sector needed to prepare. The question being asked is: Did the federal government do enough?

Earlier in the week, counsel assisting the royal commission, Mr Rozen QC, asserted that the aged care sector was under-prepared for the pandemic.

"Neither the Commonwealth Department of Health nor the Aged Care Quality and Safety Commission (the regulator) had developed a Covid-19 plan specifically for the aged care sector."

Dr Nick Coatsworth, Deputy Acting Chief Medical Officer, said this assertion was "frankly insulting". He strenuously defended the federal response, arguing that sweeping changes to society were introduced to protect older Australians. But "sweeping changes" are not evidence of a specific pandemic plan for residential aged care.

The government has now presented documentary evidence of the plan: *The Communicable Diseases Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.*

Let's be clear: these are guidelines, not a plan. They contain a disclaimer acknowledging that there is no guarantee that "information in the guideline is accurate, current or complete". What type of plan is that?

Furthermore, the guidelines state: "Clinical judgment and discretion may be required in the interpretation and application of these guidelines." Whose clinical judgment? A personal care attendant – the bulk of the workforce in aged care homes – with only a few weeks' training?

The guidelines acknowledge that elderly residents often have atypical symptoms including behaviour change and may not develop a fever. "*Ideally* (my italics), staff should know residents well so that they can detect changes in behaviour."

Clearly this statement was written by someone who knows very little about how private providers staff their aged care homes. Providers rely on a casualised workforce working across multiple locations to make ends meet. This is definitely not an *ideal* way to ensure staff "know residents well". And again, many staff have insufficient training to detect clinical changes.

These guidelines were initially released on March 13, a week after the outbreak in BaptistCare's Dorothy Henderson Lodge in NSW, the first Covid-19 outbreak in aged care. This suggests guidelines written on the run. They were then updated on April 30 (in response to Newmarch House) and then again on July 14 (in response to the unfolding disaster in Victoria).

On Friday, Scott Morrison said: "There has (always) been a plan, and it has been updated, so we completely reject the assertion that there was not a plan, because there was a plan". However, simply updating guidelines does not make them a "plan".

The guidelines state that the Health Department does not "accept any legal liability or responsibility for any loss, damages, costs or expenses incurred by the

use of, reliance on, or interpretation of, the information contained in the guideline". This bureaucratic word salad indicates that, if things go wrong, individual aged care providers are responsible, not the federal government.

The guidelines make it clear that the primary responsibility of managing COVID-19 outbreaks lies with each aged care home. It recommends each home has its own "outbreak management plans in place". Rather than a single national plan that responds to the global pandemic, the guidelines recommend 2,700 separate plans. Having a plan for each aged care home is utter madness.

Furthermore, aged care homes are on their own. "Each facility is responsible for ensuring the staff are trained and competent in all aspects of outbreak management prior to an outbreak." (The Department of Health did provide some online training modules for staff.)

It was also the individual aged care home's responsibility to "ensure that they hold stock levels of all consumable materials required during an outbreak and should have an effective process in place to obtain additional stock from suppliers as needed".

Again, this is simply extraordinary. Many aged care homes do not supply sufficient incontinence pads for elderly residents, as has been pointed out repeatedly over the years. Expecting all aged care homes to have a sufficient supply of PPE beggars belief.

Mr Morrison also referred to the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* as part of the so-called "plan" for aged care. Although the words "aged care" are mentioned 21 times, the focus is on the health care sector's response, not aged care.

For example, there is a reference to encouraging residents to have advance care plans in place. Advance care plans state residents' wishes when they are dying (e.g. no cardiopulmonary resuscitation) and ensure each individual's wish is honoured. Encouraging residents to have in place advance care plans is not a strategy to tackle the fundamental issue of saving lives during the grip of a pandemic.

According to Professor Ibrahim, the authors of *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* were not well informed about the aged care sector. For example, they did not consider the systemic failures and vulnerabilities of the aged care system. In other words, the sector can't provide consistent quality care under normal conditions, let alone respond to a pandemic.

However much ministers indulge in semantics that states are responsible for health care, the bottom line is that the federal government is responsible for aged care. They pass the legislation, establish the regulations and spend $20 billion every year.

After decades of neglect, in which the federal government has outsourced responsibility for aged care to private providers, it is not surprising that community transmission in Victoria led to outbreaks of COVID-19 in more than 100 private aged care homes.

To prevent older people dying from COVID-19 in aged care homes, the federal government needed a clear National Plan. And it needed this plan in February, when it was obvious the death toll would be higher for older people and those with co-morbidities who became infected.

This plan should have stated clearly: "All residents who test positive should be transferred to hospital." This strategy has been used in Hong Kong where no residents of aged care homes have died.

Transferring residents to hospital would have ensured they received competent clinical care and would have protected residents who tested negative in the aged care home from acquiring the infection.

Yet no such clear national instructions existed. Instead some aged care homes are encouraged to "cohort" residents into distinct sections of the home to keep separate residents who are positive from those who are negative. Residents are transferred to hospital on a case-by-case basis.

When Health Care Minister Greg Hunt described transferring residents to hospital as "decanting", we saw how much respect he accords vulnerable elderly people in aged care homes. The language of "cohorting" and "decanting" dehumanises older people.

In late July, Minister Hunt said: "Aged care around the country has been immensely prepared." He did not, however, expand and explain exactly how they were prepared. Were all staff trained in infection control? Did providers have sufficient supply of personal protective equipment? Was there a national plan?

Janet Anderson, the Aged Care Quality and Safety Commissioner, was also confident the sector was prepared after 99.5% of providers had ticked boxes on an online survey to indicate they were prepared.

In his apology to the nation last week, Mr Morrison acknowledged that more could have been done.

"I want to assure you that where there are shortcomings in these areas they will be acknowledged, and the lessons will be learnt, and we will seek to be as upfront, particularly with the families of those who are affected in these circumstances as much as possible."

We need deeds, not more words. The government needs to address the systemic failures of the aged care sector that have led to preventable deaths in aged care homes.

Why did we expect Australia's aged care to cope amid Covid?

Why did we expect Australia's aged care to cope amid Covid when it was struggling before it? *The Guardian*, 22 August 2020

In 2018, soon after the federal government had announced yet another inquiry into aged care, I bumped into the health minister, Greg Hunt, who was jogging on the local boardwalk. I stopped him to ask why we needed another inquiry. Surely the government was aware of the systemic problems in the aged care sector. I told him I thought our aged care system was a national disgrace. Hunt disagreed, claiming Australia had a "world-class" aged care system.

The federal government claims repeatedly that a consumer-driven, free market-based residential aged care system will provide world-class care. This is consistent with its neoliberal agenda. However, the so-called "consumers" are often frail, elderly people, many with dementia. How can they demand a high-quality service on the free market?

The irony of the move towards a free-market aged care system is that private companies continue to put out their hands for more government money – without any transparency about how they spend it. Do they spend the government subsidy on providing nursing care, meals and activities for residents or on salaries for their executive team and profits

In 2019, three critical amendments to the Aged Care Legislation Amendment (New Commissioner Functions) bill 2019 were tabled. If these amendments had gone through, they would have been a game changer for the aged care sector. They would have improved transparency and accountability around finances, staffing ratios and complaints in aged care homes. However, the Coalition voted against all three amendments.

The lack of transparency in the aged care sector is shocking. At a Senate inquiry hearing on 4 August, Dr Brendan Murphy, the secretary of the Department of Health, and Senator Richard Colbeck, the minister for aged care, refused to name aged care homes in Victoria with outbreaks of coronavirus because of "reputational damage".

Imagine the government refusing to tell the public which schools, workplaces, restaurants or childcare centres had Covid outbreaks because of concerns about "reputational damage".

For the past week or so, questions have been asked about whether the federal government did enough to prevent older people in aged care homes from dying of Covid-19. According to Peter Rozen, QC, at the royal commission into aged care quality and safety, the sector was underprepared: "Neither the commonwealth Department of Health nor the aged care regulator developed a Covid-19 plan specifically for the aged care sector." The prime minister, Scott Morrison, simply rejected that assertion.

The federal government later presented documentary evidence of their plan: The Communicable Diseases Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of Covid-19 Outbreaks in Residential Care Facilities in Australia.

These are guidelines, not a plan. They contain a disclaimer acknowledging that there is no guarantee that "information in the guideline is accurate, current or complete". What type of plan is that?

On 14 August, Morrison said: "There has been a plan, and it has been updated, so we completely reject the assertion that there was not a plan, because there was a plan". However, simply updating guidelines does not make them a "plan".

The guidelines highlight how the federal government has outsourced its responsibility to private providers. They recommend each aged care home has its own "outbreak management plans in place". They make it clear that the primary responsibility of managing Covid-19 outbreaks lies with each aged care home.

Morrison also referred to the Australian Health Sector Emergency Response Plan for Novel Coronavirus (Covid-19) as part of the "plan" for aged care. However, the authors of this health sector response plan did not consider the systemic failures and vulnerabilities of the aged care system.

The royal commission into aged care quality and safety interim report *Neglect* indicates that the sector does not provide consistent quality care under normal conditions. How did the federal government expect it would be able to respond to a pandemic?

The horror story now unfolding in aged care homes in Victoria due to community transmission could have been prevented if the prime minister, the federal health minister and the minister for aged care had listened to residents, families and staff and read the research evidence. Instead they listened only to providers.

Over the past 10 years, there have been numerous inquiries, reviews, consultations, think tanks and task forces. These inquiries have resulted in a large number of recommendations, most of which successive governments have ignored. This does not augur well for the royal commission into aged care quality and safety.

The Aged Care Act 1997 was a turning point for aged care policy in Australia. This act was written in the interests of providers, not older people, by encouraging a large increase in private investment. This legislation is the root cause of the systemic failures.

Tinkering with the Aged Care Act will not fix the problem. We desperately need a new Aged Care Act that is focused on the human rights of older Australians, not the profits of providers. We need a government that acts in the best interests of older people, not its political mates.

No strings attached

No strings attached: aged care providers have the Coalition government wrapped around their little fingers *Michael West,* 5 October 2020

The federal government failed to prepare the aged care sector for the pandemic. So stated the special report released on Friday by the Royal Commission into Aged Care Quality and Safety.

And what was the response of the Minister for Health Greg Hunt and the Aged Care Minister Richard Colbeck? Did they finally take responsibility for the mistakes that led to the deaths of 640 older people in Victorian aged care homes or issue an immediate heartfelt apology?

No. Minister Colbeck responded with another cash announcement: a reannouncement of $29.8 million for a serious incident response scheme (first announced in July) and $10.8 million to enhance the skills and leadership of aged care nurses.

This has been their go-to response whenever deficiencies in aged care have been revealed, give more money to providers with few strings attached. The pandemic has already been a cash bonanza for aged care providers, with the federal government committing "more than $1.5 billion of additional funding measures to support aged care preparedness and response' in 2020", according to the royal commission.

And you can bet your bottom dollar there will be more to come in next Tuesday's budget.

Providers claim the rising costs of keeping residents safe from coronavirus has pushed them closer to breaking point. But where is the evidence? Show us how taxpayers' money already provided has been spent?

Given that Aged Care Minister Richard Colbeck has refused 15 invitations to be interviewed on ABC *7:30*, we probably shouldn't be surprised about a lack of focus on the importance of financial transparency and ministerial accountability.

The commissioners made it clear in their report that they were concerned about the providers' unilateral decision to keep residents of aged care homes locked in and family locked out, with some residents detained in their room for up to 66 days, something that has contributed to poor physical and mental health.

The Government's first cash injection was a "$900 per bed support payment" (or $1350 for aged care homes in residential areas) to contribute to the extra costs of managing Covid-19, including costs associated with "screening visitors". Yet most aged care homes locked out visitors, many in Victoria since March when the pandemic took off.

The commissioners also noted that the reduction in visitors had made it difficult for staff to meet the day-to-day care needs of residents. An extraordinary

admission that points to how heavily private providers rely on the unpaid work of family members/friends and volunteers to help with meals, exercise and care for their loved ones. It appears only some providers used their additional funding to increase staff numbers. Others reduced staff numbers despite the increased workload.

As I pointed out on May 3, families were more worried their relatives in aged care would die of neglect than coronavirus.

It would have been timely to address the power relations and the legal and human rights issues inherent in the ongoing lockouts. As *MichaelWest* recently noted, detaining residents in their rooms is potentially illegal.

Instead, the commissioners recommended further funding to pay for additional staff to "facilitate visits" despite evidence that some providers will not use this extra money to employ extra staff.

Another recommendation was to increase the provision of allied health services, including mental health services, to residents in aged care homes. Levels of depression, anxiety, confusion, loneliness and suicide risk among aged care residents have increased due to the absence of visitors and, in some cases, being confined to their rooms for months.

Although the Health Minister recently increased access to mental health service for older people living in the community, this did not include older people living in aged care homes. Minister Hunt's omission provided further evidence of government ageist attitudes to those in aged care. So, too, did the Prime Minister when he stated during *Question Time:*

> "For those of us who have had to make decisions about putting our own family, our own parents, into aged care, we have known … we are putting them into pre-palliative care."

*W*ith the average length of time an older person lives in an aged care home being 30 months, many older people move into an aged care home to live, not die.

While access to mental health services will be important, releasing residents from their rooms, allowing them to walk outside and ensuring their loved ones can visit will undoubtedly improve their mental health. Although aged care providers claim the lockdowns are to "save lives", what type of life is it when you are confined to a room without seeing the people you love?

The commissioners also recommended aged care homes employ trained infection control officers as a condition of accreditation. A coroner recommended this eight years ago, back in 2012, after a fatal gastro outbreak in an aged care home.

Again, like so many recommendations from numerous inquiries, reviews, consultations, think tanks and task forces over past decade, the then Labor federal government ignored this recommendation.

The final sentence of the Royal Commission's special report indicates that the commissioners are aware the aged care sector requires structural reform, but it has kicked the reform can down the road until next year, when it releases its final report. In the meantime, it recommends applying more band aids.

The contrast between the royal commissioners' special report and the NSW Ruby Princess debacle could not be more stark. In NSW, the government held a public inquiry to not only identify the mistakes but also to make those responsible for the mistakes accountable. Federal ministers Hunt and Colbeck have not been held accountable for the deaths in aged care homes.

There is no indication that the Prime Minister, Health Minister or Aged Care Minister have learnt anything. They continue to make announcements that give the impression they are doing something. However, without tackling the systemic problems is the aged care sector, they are pouring money down the drain.

The horror story in aged care homes in Victoria due to community transmission could have been prevented if the prime minister, the federal health minister and the minister for aged care had listened to residents, families and staff, read the research evidence and acted on recommendations from all those inquiries. Instead they listened only to the usual suspects: the providers, the regulator and government-funded advocacy groups.

Aged care COVID tragedy was years in the making

The Age, 7 October 2020

Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total COVID-19 deaths. So far, 663 residents in aged care homes have died; they are partners, siblings, parents, grandparents and friends. At a Senate Select Committee on COVID hearing on September 29, secretary of the Department of Health Dr Brendan Murphy claimed the federal government was "not in a position to act earlier" to prevent the deaths in Victorian aged care homes.

However, the heart-breaking tragedy in Victoria could have been prevented if the federal Health Minister Greg Hunt and Minister for Aged Care and Senior Australians Richard Colbeck had listened to complaints from residents, relatives and staff, read the research evidence or acted on some of the recommendations made by coroners.

Eight years ago, for example, a coroner recommended aged-care homes appoint a designated infection control manager and that all aged-care homes develop a document outlining what must be done in the event of an outbreak.

For years, the federal government has kicked the can down the road. There have been so many inquiries, reviews, consultations, think tanks and taskforces that have provided mounds of evidence of inadequate personal care, negligence, neglect, abuse and assault. These inquiries have resulted in a large number of recommendations, most of which have been ignored by successive governments.

In 2018, soon after the federal government had announced yet another inquiry into aged care, I bumped into Greg Hunt jogging on the local boardwalk. I stopped him to ask why we needed another inquiry. Surely the government was aware of the systemic problems in the aged care sector?

I claimed our aged care system was a national disgrace. Hunt disagreed, claiming Australia had a world-class aged care system. So it came as no surprise when on July 29, as COVID-19 was raging through a large number of aged care homes in Melbourne, Minister Hunt was quoted as saying: "Aged care around the country has been immensely prepared."

He was possibly referring to the Aged Care Quality and Safety Commission online survey in which 99.5 per cent of providers said they were prepared for an outbreak.

Since the introduction of the Aged Care Act 1997, the aged care sector has relied on self-regulation. However, providers have an appalling track record of self-reporting. In 2015, for example, it was reported that one in eight claims for government subsidies were exaggerated. The regulator should have known not to trust the results of a self-reported survey.

On April 13, Colbeck said: "As unlikely as it might be, we have plans in place for worst-case scenarios where an outbreak in aged care facilities mean local staff are unable to continue to provide care due to an infection in the service." However, according to Peter Rozen, QC, at the Royal Commission into Aged Care Quality and Safety, the sector has been under-prepared: "Neither the Commonwealth Department of Health nor the aged care regulator developed a COVID-19 plan specifically for the aged care sector."

In response to this criticism, the government presented documentary evidence of the plan: The Communicable Diseases Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.

Let's be clear: these are guidelines, not a plan. They contain a disclaimer acknowledging that there is no guarantee that "information in the guideline is accurate, current or complete". What type of plan is that?

The guidelines made it clear that the primary responsibility of managing COVID-19 outbreaks was with each aged care home. It recommended each home has its own "outbreak management plans in place". Rather than a single national plan that responds to the global pandemic, the guidelines recommend 2700 separate plans. Having a plan for each aged care home was utter madness.

Morrison also referred to the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) as part of the so-called "plan" for aged care. Although the words "aged care" are mentioned 21 times, the focus was on the healthcare sector's response, not aged care.

In July, the federal government announced the Victorian Aged Care Response Centre. The government had to be seen to be doing something. For many residents, however, this announcement was too little, far too late. Clearly the sector should have taken steps to better prepare, given that it had ample warning, following the Newmarch House calamity in March.

Sooner or later the Health Minister, the Minister for Aged Care, the Secretary of the Health Department and the Commissioner of the Aged Care Quality and Safety Commission need to explain to all of us exactly how this heart-breaking tragedy – which many of us predicted – occurred on their watch.

Yes, Minister: aged care, it's not my fault

Michael West 30 October 2020

The Morrison government has redefined Westminster ministerial responsibility. No longer does a minister bear ultimate responsibility for the actions of its ministry or department.

The most recent example is the Aged Care Minister, Richard Colbeck. Minister Colbeck refuses to take responsibility for the 683 residents in aged care homes who have died from Covid.

In a Senate estimates hearing last Tuesday, Minister Colbeck said: "I don't feel responsible personally for the deaths that have occurred, as tragic as they are, which were caused by Covid-19."

Given Minister Colbeck has refused numerous invitations to be interviewed on ABC *7:30*, we probably shouldn't be surprised by his lack of interest in ministerial accountability.

Under the Westminster system, a minister is expected to resign if misdeeds are found to have occurred in a ministry. Yet Minister Colbeck has indicated he has no intention of resigning for failing to protect residents in aged care homes during Victoria's second-wave.

It is also possible for a minister to face criminal charges for malfeasance under their watch. Under Minister Colbeck's watch, Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total Covid-19 deaths.

The people who died are partners, siblings, parents, grandparents, aunts, uncles and friends. Minister Colbeck's lack of empathy for the grieving families may not be malfeasance but it is heartless.

Minister Colbeck had advanced warning of the devastating impact that community transmission of Covid-19 would wreak. Evidence from around the world showed the virus spread like wildfire in residential aged care settings. It was clear he needed to prepare the aged care sector for community transmission.

Minister Colbeck blames "community transmission" for the deaths in Victorian aged care homes. This is absurd. It was his job to prepare the aged care sector for community transmission of Covid-19. Without community transmission, it would have been business as usual.

To prevent older people in aged care homes from dying from Covid-19, the federal government needed a clear National Plan. And it needed this plan in February, when it was obvious the death toll would be higher for older people who became infected. With proper and timely planning, many deaths in aged care homes could have been prevented.

A special investigation by the Royal Commission into Aged Care Quality and Safety confirmed that Minister Colbeck failed to prepare the aged care sector for the pandemic. You only have to compare the Victorian government's evidence-based plan to protect Victorians during the second-wave with the federal government's failure to protect residents in aged care homes.

According to Professor Joseph Ibrahim, the planning should have included a national audit of all residential aged care facilities to judge their level of preparedness. Instead Minister Colbeck relied on an online survey in which 99.5% of providers said they were prepared for an outbreak. Minister Colbeck should have known not to trust the results of a self-reported survey given providers' appalling track record of self-reporting.

Unfortunately, Minister Colbeck did not insist on a clear national plan. Instead, guidelines were initially released on March 13, a week after the outbreak in BaptistCare's Dorothy Henderson Lodge in NSW, the first Covid-19 outbreak in aged care. This suggests these guidelines were written on the run. They were then updated on April 30 (in response to Newmarch House) and then again on July 14 (in response to the unfolding disaster in Victoria).

Prime Minister Scott Morrison came to Minister Colbeck's defence when he said: "There has (always) been a plan, and it has been updated, so we completely reject the assertion that there was not a plan, because there was a plan." However, simply updating guidelines does not make them a "plan".

A national plan should have stated clearly: "All residents who test positive should be immediately transferred to hospital." Transferring residents to hospital would have ensured they received competent clinical care and would have protected residents who tested negative in the aged care home from acquiring the infection. This strategy was used in Hong Kong where no residents of aged care homes died.

Rather than transfer residents to hospital, some aged care homes "cohorted" residents into distinct sections of the home to keep separate residents who were positive from those who were negative. In some cases, residents were confined to their rooms for more than two months. Taking away an older person's liberty by confining them to their rooms was profoundly damaging to their mental and physical wellbeing. It was also quite possibly illegal.

A national plan should have ensured all aged care homes had access to personal protective equipment. Yet more than 1500 aged care homes had their requests for masks, gloves and gowns from the national medical stockpile refused. In addition, staff needed to infection control training. A 10-minute video was inadequate training on how to put on PPE and, more importantly, how to take it off.

A national plan should have also included paid pandemic leave to ensure casual staff did not go to work when they had symptoms or were close contacts. It should also have included a strategy to minimise staff working in more than one aged care home. However Minister Colbeck sat on his hands until late July. By then, over 60 aged care homes had outbreaks in Victoria. In each outbreak, a staff member brought the virus into the aged care home.

To make matters worse, Minister Colbeck refused to name the aged care homes with outbreaks in Victoria. At a Senate inquiry hearing on August 4, 2020, Minister Colbeck explained that providers didn't want to be publicly named because they were worried about "reputational damage". It was not Minister Colbeck's role to protect aged care homes from reputational damage.

On April 13, Minister Colbeck said: "As unlikely as it might be, we have plans in place for worst case scenarios where an outbreak in aged care facilities mean local staff are unable to continue to provide care due to an infection in the service." These plans included a surge workforce. Yet when the entire staff at St Basil's Home for the Aged were directed to self-isolate on 22 July, the surge workforce was unable to provide residents with the necessary care.

Minister Colbeck acknowledged that there was no document outlining the surge workforce strategy. He also acknowledged that the change in staffing at St Basil's Home for the Aged had created confusion, gaps in patient care and strained communication with families. However, he did not take any responsibility for the failures of the surge workforce strategy.

The contracts for the surge workforce went out as a limited tender, an approach the National Audit office says risks departments not achieving value for money. More recently, Minister Colbeck used another limited tender, this time to give two lucrative contracts – worth $415,800 and $503,800 respectively – to a member of the Aged Care Financing Authority. This gives the impression of jobs for the boys.

It is also important to question why Minister Colbeck authorised nearly $1 million to identify aged care providers at risk of collapse and to help stop them from going broke. This is not value for money. A more cost-effective approach would have been for Minister Colbeck to support legislation to make aged care providers disclose how they spend taxpayers' money. Yet, last year Minister Colbeck voted against a bill that would have improved financial transparency in the aged care sector.

Rather than take responsibility, Minister Colbeck makes announcements and re-announcements. For example, in October, he re-announced funding for a grief

and trauma package that was first announced in August. He said: "The package will provide direct support to aged care residents and their families through improved advocacy assistance, grief and bereavement counselling and for aged care residents, home care recipients and their families."

However, residents and families would not need grief and bereavement counselling if Minister Colbeck had done his job properly. Also the best mental health support for residents is to see the people they love and who love them. This $12.4 million should have been spent on teaching families infection control. Instead, many families have been locked out of aged care homes.

The horror story in aged care homes in Victoria due to community transmission could have been prevented if Minister Colbeck had tackled the systemic failures in the aged care sector. Instead, he has kicked the can down the road waiting for the royal commissioners' final report in February 2021.

Sooner or later Minister Colbeck will need to take responsibility for this heart-breaking tragedy – which many of us predicted – that occurred on his watch.

Coalition Spin Kings

Coalition Spin Kings: real reform in aged care trumped by re-announcements and a deluge of cash *Michael West* 3 December 2020

Where to start in listing the deceitful behaviour of the Coalition government regarding aged care.

Is it that the "7th edition" of the Updated National COVID-19 Aged Care Plan has just been released by the federal Health Department when there was no 1st, 2nd, 3rd, 4th, 5th or 6th edition? A great trick from Scott Morrison's marketing playbook – revise history by giving the impression there were six earlier editions when in fact there were none.

That the government continues to make announcements that are just re-announcements?

That it continues to throw huge amounts of taxpayers' money at aged care providers but refuses to tackle the real changes that are needed?
That it can demand accountability for the $1.5 billion in pandemic funding given to aged care providers but it won't demand accountability for the whopping $21 billion the providers receive annually?

And on it goes.

By all accounts, the pandemic has been a cash bonanza for aged care providers, with funding announcement after funding announcement. While these give the impression the government is doing something, until it tackles the systemic failures that led to the deaths of 665 residents in aged care homes, the government is pouring our money down the drain.

The government announced its first cash injection in May: $205 million to contribute to the extra costs of managing Covid-19, including "screening visitors". Yet most aged care homes, which had locked out visitors back in March when the pandemic took off, continued to keep families locked out. In some aged care homes, visitor lockout didn't end until November, six months after the funding was provided.

In August, the government provided a further "$245 million injection into all facilities". According to the media release this money was to "fund and support enhanced infection control capability, including through an on-site clinical lead". A further $132.2 million has just been announced in response to the royal commissioners' six recommendations in Aged care and COVID-19: a special report. Yet several of the funding initiatives are re-announcements.

For example, in response to the recommendation that aged care homes employ trained infection control officers as a condition of accreditation, Aged Care Minister Richard Colbeck and Health Minister Greg Hunt simply re-announced their August cash announcement to support enhanced infection control capability.

The federal government has also committed a further $57.8 million to fund infection control experts to "provide training and assist with the refinement of outbreak management plans where needed". A shame these infection control experts weren't around when they were needed months earlier in Newmarch House, St Basil's Home for the Aged and Heritage Care's Epping Gardens? Some 98 residents died in these three homes alone.

The deaths of 665 residents in aged care homes highlight the federal government's lack of planning for aged care sector. Yet Aged Care Minister, Richard Colbeck, told a Senate estimates hearing that he did not "feel responsible".

As the royal commissioners confirmed in October – and a point I had made back in August – the federal government did not have a plan.

Care for older people in aged care homes during the pandemic was not a priority of this government.

The federal government is creating two new Medicare Benefits Schedule items at a cost of $63.3 million for mental health and allied health services for residents in aged care homes. Older people living in aged care homes finally have the same entitlements as older people living in the community – access to 20 subsidised sessions with a psychologist. That federal Health Minister Greg Hunt omitted this support for residents in the government's earlier announcement speaks volumes about the government's ageist attitudes to those in aged care.

The government has also announced $12.1 million for a new chronic disease management Medicare item. Let's put this in perspective. Residents under a chronic disease management plan are currently entitled to five allied health sessions per year – physiotherapy, podiatry, exercise physiology and so on. They

can now get 10 per year – less than one session per month. This is not nearly enough to support older people getting back on their feet – what the Health Department refers to as "reablement".

The federal government has also allocated $15.7 million for group allied health sessions. However this money is only for residents living in facilities affected by COVID-19 outbreaks.

Providers claim the rising costs of keeping residents safe from coronavirus has pushed them closer to breaking point. Several large providers in the aged care sector, including Anglicare, BaptistCare and UnitingCare, used the Covid-19 pandemic to ask the Federal Government for a funding boost.

Described as a "COVID-19 rescue package", their request had no information about how they intended to spend it or why they needed it. Business as usual in the aged care sector where a lack of financial transparency is the norm. However, providers will be required to report on how they allocate the COVID-19 sources of revenue into the following items:

- Labour
- Resident support
- Infection control or
- Other, with details to be included.

If the providers are able to account for the pandemic money, they well and truly have the capacity to account for all the money they receive from taxpayers, including the $21 billion they receive annually in subsidies. As Senator Griff said recently during second reading of the *Aged Care Legislation Amendment (Financial Transparency) Bill 2020:*

> *"For that sort of money you would expect real accountability, you would expect providers to show what that money is being used for, and you would expect the government to know how much is being spent on care."*

However, we currently don't know if providers spend this $21 billion subsidy on providing nursing care, meals and activities for residents or on sports cars for their executive team.

Last year, Senator Griff's amendments were defeated. The peak bodies representing providers lobbied against the financial transparency amendment by claiming that all this "red tape" would lead to excessive costs. Labor, the Greens, Centre Alliance and Jacqui Lambie didn't buy it. But the Coalition and One Nation did.

The federal government's idea of reforming the aged care sector is to shift deck chairs on the titanic. This does not bode well for their response to the Royal Commission into Aged Care Quality and Safety's recommendations due in February. Continuing to pour money into a leaky bucket will not fix the aged care system.

El Cheapo Aged Care

El Cheapo Aged Care: why the Coalition's make-work schemes won't work
Michael West 10 December 2020

What are the federal government's priorities regarding aged care? To ensure the frail and vulnerable in aged care homes spend time surrounded by family and friends or to provide jobs for the newly unemployed due to the pandemic?

A 15-minute rapid antigen screening test is available that would allow aged care homes to do real time testing of all visitors and staff. Although not as accurate as the widely used PCR tests, rapid antigen testing in conjunction with training in infection control would give peace of mind to all when families visited their loved ones in aged care. So why has the federal government instead funded "aged care visitation assistants"?

Providers claimed they kept families out of aged care homes to protect residents from Covid. However, with outbreaks in 223 homes and the deaths of 678 residents, procedures to protect residents clearly failed.

We have been told the "aged care visitation assistants" will enable families to visit aged care homes safely. It is unclear what the evidence is for such claims. Yet a test that is 84% – 98% accurate (the rate for the rapid antigen test) is surely safer than employing a "caring, empathetic and friendly personality" to greet visitors at the door with a thermometer and a list of questions.

The aim of this latest initiative from the federal government is to place into aged care homes large numbers of people who have lost jobs in other sectors. This is not the first time aged care homes have been used as a dumping ground for people who have found themselves unemployed. During the Howard era, recipients of unemployment benefits were sent into aged care homes as part of the "work for the dole" scheme.

"Good quality staff with the right skills and the right training is fundamental to good care." So said Sean Rooney, the CEO of aged care lobbyists Leading Aged Services Australia (LASA) on ABC's *Q&A* program last year.

When the pandemic hit in March, LASA announced it could train aged-care assistants in just 10 hours as part of a "redeployment initiative".

LASA collaborated with Altura Learning and the recruitment firm Dash Group to put in place this 10-hour training course. According to a report in *The Saturday Paper*, a senior source in the aged care sector said in May that it was "astonishing" that "even lower-skilled staff are being snuck into aged care under the cover of Covid-19".

According to Dash Group: "The aged care assistant role is designed as a temporary support to the aged care sector by providing sufficient numbers of *suitably trained* (my italics) staff to support safe and continuous care for aged care residents."

Working in an aged care home is a demanding job that requires specific expertise. It is simply not possible to be "*suitably trained*" in 10 hours. Furthermore, have these aged care assistants now simply been re-branded "aged care visitation assistants"?

Regardless, free labour for eight weeks under the visitation scheme will no doubt help the bottom line of all aged care providers. Regis Health Care, which has 65 aged care homes and is one of the biggest players in the sector, has taken advantage of the visitation scheme. And Regis has great timing, it seems, with Rob Millner (Soul Pattinson) recently launching a $550 million takeover bid for the company.

Rooney also announced on *Q&A* that LASA was undertaking research on optimal staffing models across all the models of care. When asked for a copy of the research findings, LASA's senior media & communications advisor could not find them.

LASA's May proposal of its 10-hour training program was also curious timing. The Royal Commission into Quality and Safety has heard evidence of the low numbers of staff in some aged care homes. It is possible that the royal commissioners will mandate staff/resident ratios. Is LASA preparing its members for this possibility?

My concern is that unscrupulous providers will be able to say they are "in ratio", even though it will be poorly trained assistants making up the numbers. I hope I am wrong. However, the aged care sector is rife with unscrupulous providers who prioritise profit over care, secrecy over transparency, and dishonesty over integrity.

On national television, LASA claimed: "Good quality staff with the right skills and the right training is fundamental to good care." I'm not sure how that fits in with LASA parachuting lower-skilled staff into aged care under the cover of COVID.

Aged care residents have endured brutal lockdowns

Aged care residents have endured brutal lockdowns. They deserve Christmas with their families *The Guardian* 16 December 2020

For around one third of residents in aged care homes, this will be their last Christmas. Yet many residents will not be able to celebrate with families and loved ones, even though Australia has transitioned to Covid-normal.

An aged care home in Melbourne informed families that residents would not be able to have guests join them for Christmas lunch due to "Covid-safe reasons". The home also announced that while residents and staff could enjoy a Christmas party of afternoon tea with carols, there would be no entertainers and, again, families would not be able to join the celebration.

Another aged care home in Queensland has banned Christmas trees, just to be safe. And on it goes, from the bizarre to the ridiculous.

When the pandemic took off in March, all non-essential staff were banned from entering aged care homes. This included family members who regularly cared for their loved ones by helping with feeding, toileting and so on. This decree was in defiance of the chief medical officer's advice, which at that time was only to limit the number of visitors in aged care homes.

Providers claimed a total lockdown was necessary "to save lives". However, families who were locked out were far more afraid that their loved ones would die of neglect, not Covid.

In their special report the aged care royal commissioners expressed concern about providers' decision to keep residents locked in and families locked out. In several aged care homes, residents were confined to their room, some for more than two months. Taking away an older person's liberty by confining them to their rooms was profoundly damaging to their mental and physical wellbeing. Some legal experts have suggested it may also have been illegal.

The royal commissioners also noted that the reduction in visitors had made it difficult for staff to meet the day-to-day care needs of residents. This admission points to how heavily private providers rely on the unpaid work of family members/friends and volunteers to help with meals, exercise and care for their loved ones.

In May, aged care providers and the federal government released the "Aged Care Visitor Access Code". The guidelines were developed after consultation with the usual government-funded consumer groups. But there was no consultation with family members who were locked out.

The guidelines failed to provide a nationally consistent policy about who can visit and when. Instead, individual private aged care homes made their own rules. Not surprisingly, there have been more than 900 complaints about visitor restrictions made to the regulator, the Aged Care Quality and Safety Commission.

If providers had listened to family members, they would have known that they were not asking for an open house. Instead, they wanted a humane lockdown that allowed relatives who provided regular care for residents to continue to provide that care. Everyone who entered an aged care home – both staff and visitors – would have undertaken the same infection control measures.

In May, the federal government announced $205m to contribute to the extra costs of managing Covid, including "screening visitors". Yet most aged care homes continued to lock out families. In some cases, that lockout only ended recently, six months after the funding was provided.

Despite the strict lockdowns, there have been outbreaks in 223 aged care homes, with 678 residents dying from Covid. Staff were responsible for each outbreak, despite many coming to work when they were asymptomatic. Clearly, procedures to protect residents failed.

A 15-minute rapid antigen screening test is available that would allow providers to do real-time testing of all visitors and staff before they enter the aged care home. Although not as accurate as PCR tests, such testing in conjunction with training in infection control would give some peace of mind to all when families visited their loved ones in aged care.

Rather than fund rapid testing, the federal government has funded "visitation assistants" to work in aged care homes for eight weeks. The aim is to place into aged care homes large numbers of people who have lost jobs in other sectors. Applicants merely require a "caring, empathetic and friendly personality". So far 150 people have undertaken the 10-hour training, with some three-quarters from the airline industry.

Aged care minister Richard Colbeck has also funded a grief and trauma package. This $12.4m would have been better spent on teaching families infection control so they could have safely visited their loved ones.

Not surprisingly, residents' depression, anxiety, confusion and loneliness increased due to the absence of visitors and long confinements in their rooms. In response, the federal government recently created a new Medicare benefits schedule item for mental health for residents in aged care homes.

In Wednesday's pre-Christmas economic update the federal government also re-announced $63.3m to improve access to allied health and mental healthcare for people in residential aged care. Older people living in aged care homes will now have access to 20 subsidised sessions with a psychologist – the same entitlements as older people in the community.

While access to mental health services will be important, releasing residents from their rooms, allowing them to leave the aged care home and ensuring their loved ones can visit will undoubtedly improve their mental health. With the transition into Covid-normal, staff, residents and families should celebrate Christmas like there is no tomorrow. They deserve it.

Failure to prepare blamed for virus deaths
Letters, *The Age,* 24 December 2020

Failure to prepare blamed for virus deaths

The federal government failed to prepare the aged-care sector for the pandemic. In Victoria, 655 (82 per cent) of the 801 people who died during the second wave were residents in private aged care homes. The Prime Minister, Health Minister and the regulator need to explain to all of us exactly how this heart-breaking tragedy – which many of us predicted – occurred on their watch.

Dr Sarah Russell, director, Aged Care Matters

No Plan PM

No Plan PM: how government's lack of an aged care plan cost lives *Michael West* 1 January 2021

Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total Covid-19 deaths. A recent Senate inquiry noted that deaths in aged care homes "account for 74.6% of all deaths from Covid-19 in Australia".

Many of these deaths could have been prevented had the federal government prepared the aged sector for the pandemic. In the months since the first outbreak in aged care, the government has indulged in semantics and repeated attempts to shift the blame.

Aged Care Minister, Richard Colbeck, told a Senate estimates hearing, he did not "feel responsible" for any of the deaths.

And while Prime Minister Scott Morrison has admitted that aged care is a Commonwealth responsibility, his government washed its hands of any responsibility for the deaths of the 655 people who died in Victoria.

Morrison has repeatedly expressed sorrow at the deaths, but won't accept any blame, arguing instead that widespread community transmission in Victoria was the main reason so many people died.

In a delightful word salad designed to confuse, Morrison said: "Well public health, we regulate aged care, but when there is a public health pandemic, then public health, which, whether it gets into aged care, shopping centres, schools or anywhere else, then they are things that are matters for Victoria. So I don't think that it is as binary as you suggest."

Yet the fact that far more residents of for-profit homes were infected with Covid than residents of Victorian state government-owned homes is surely a guide that more factors were in play in than just community transmission.

Moreover, as has been noted over many years, Morrison is highly skilled at deflecting responsibility. In a feature for The Monthly two years ago, political commentator Sean Kelly's profile of the Prime Minister was headlined "The rise, duck and weave of Australia's no-fault prime minister".

As Kelly noted: "Events occur, but Morrison's involvement is passive, tangential, almost accidental."

The older people who died of Covid were partners, siblings, parents, grandparents, uncles, aunts and friends. Their deaths highlighted the systemic failures in the aged care sector and the federal government's lack of planning for community transmission during the pandemic.

The Royal Commission into Aged Care Quality and Safety confirmed that the federal government did not have a specific pandemic plan for the aged care sector. “There is a clear need for a defined, consolidated, national aged care COVID-19 plan.”

In response, Minister Colbeck stated: “The Government maintains its position that it has a plan in place.”

Meanwhile, the Department of Health released the “7th edition” of the Updated National COVID-19 Aged Care Plan, giving the impression there were six earlier editions, when in fact there were none.

Older people paid a heavy price for the federal government being asleep at the wheel and it spent most of the year playing catch up, investing more than $1.7 billion in COVID-19 specific funding for the sector.

But it was only in December, some eight months after the first outbreak, that it finally committed $57.8 million to fund infection control experts in residential aged care homes to “provide training and assist with the refinement of outbreak management plans where needed”. A great shame these infection control experts weren’t around when needed months earlier in Newmarch House, St Basil’s Home for the Aged and Heritage Care’s Epping Gardens. Some 98 residents died in these three homes alone.

A properly thought-out national plan would have stated clearly: “All residents who test positive must be immediately transferred to hospital.” Transferring residents to hospital would have ensured they received competent clinical care by qualified staff. It would have also reduced the risk of residents in aged care homes who tested negative acquiring the infection.

Yet some aged care homes simply “cohorted” residents into separate sections to keep residents who were positive from those who were negative. This meant confining some residents in their rooms for more than two months. Taking away an older person’s liberty in this way was profoundly damaging to their mental and physical wellbeing. It was also quite possibly illegal.

A national plan would have ensured all aged care homes had access to personal protective equipment. Yet when more than 1500 homes requested masks, gloves and gowns from the national medical stockpile, they were refused. Staff also needed comprehensive infection control training – not a 10-minute video, which is what happened. Watching a video is totally inadequate training on how to put on PPE and, more importantly, how to take it off.

A national plan would have also included paid pandemic leave to ensure casual staff did not go to work when they had symptoms or were close contacts of someone who had symptoms. It would also have included a strategy to minimise staff working in more than one aged care home. This strategy should have been implemented in February, not July.

The secretary of the Department of Health told the Royal Commission that a "surge workforce" had been planned prior to any Covid-19 outbreaks in aged care. However, documents show the government entered into a contract with Mable and Aspen Medical in April, a month after the first outbreak of Covid in NSW.

In July, when the Victorian Department of Human Services directed all staff at St Basil's Home for the Aged to self-isolate, this "surge workforce" was ill prepared and unable to deliver the care required. Relatives claim residents died from "sheer neglect".

Minister Colbeck also announced $12.4 million for a grief and trauma package. This $12.4 million would have been better spent on teaching families infection control.

The first report of the Senate inquiry into the Morrison government's handling of the pandemic found a range of deficiencies and concluded the national health strategy was not clearly explained to the public until July.

The report of the Labor-chaired committee stated the government "did not have adequate [public health] plans in place either before, or during the pandemic" and it "failed to properly prepare the aged care and disability sectors for the pandemic".

The report also noted that the government "failed to learn important lessons from early outbreaks at residential aged care facilities in NSW and was too slow to respond to escalating community transmission in Victoria".

The tragic deaths in aged care homes could have been prevented if Minister Colbeck had tackled the systemic failures in the aged care sector. Instead, he has kicked the can down the road waiting for the royal commissioners' final report in February 2021.

Sooner or later the federal government, the Health Department and the Commissioner of the Aged Care Quality and Safety Commission need to explain to all of us exactly how this heart-breaking tragedy – which many of us predicted – occurred on their watch.

Aged care, quarantine: open and shut cases of federal responsibility

Aged care, quarantine: open and shut cases of federal responsibility but Morrison won't step up to the plate *Pearls and Irritations* 5 February 2021

There have been two major failures during the pandemic - aged care and hotel quarantine. Both are 'open and shut' cases of Commonwealth responsibility. Yet government ministers, with cooperation of some in the mainstream media, have indulged in semantics that attempt to shift the blame to states and territories.

In a delightful word salad designed to confuse, Scott Morrison said: "Well public health, we regulate aged care, but when there is a public health pandemic, then

public health, which, whether it gets into aged care, shopping centres, schools or anywhere else, then they are things that are matters for Victoria. So I don't think that it is as binary as you suggest."

Let's be clear: the federal government had no pandemic plan for aged care or quarantine. Scott Morrison not only failed to coordinate a national approach to quarantine and aged care but he and his colleagues sat on the sidelines providing an unhelpful commentary. Rather than show leadership, the federal government chose to politicise the pandemic.

When the first outbreak of Covid hit BaptistCare's Dorothy Henderson Lodge in in March, it was clear that Minister Hunt and Minster Colbeck had no national plan for aged care. Instead, government guidelines outsourced responsibility to each individual aged care home, claiming providers were responsible for their own pandemic plan.

Similarly, when National Cabinet met on 27 March, the state premiers were shocked when Scott Morrison arrived at the meeting with no quarantine plan. State and territory leaders were forced to devise their own plan. It was the premiers of NSW and Victoria, not Scott Morrison, who proposed that all arrivals should undertake 14 days quarantine in a hotel. Given the federal government's obvious lack of planning, it was decided that the states and territories would run the hotel quarantine system.

Later when Victoria experienced a second wave due to failures in hotel quarantine, Richard Colbeck blamed community transmission for the deaths of the 655 residents who died in Victorian aged care homes. This was another attempt to shift the blame. He failed to acknowledge that the deaths occurred in for-profit homes that are the responsibility of the federal government.

The fact that far more residents of for-profit homes were infected with Covid than residents of Victorian state government-owned homes is surely an indicator that more factors were in play in than just community transmission.

A similar story played out in hotel quarantine. Despite the federal government having complete responsibility for quarantine; despite it being in charge of all international arrivals, both how many and where from; and despite it controlling immigration detention centres around the country, the federal government abrogated all responsibility to the states and territories. Once again, the federal government failed to coordinate a national approach.

This failure to plan for a pandemic is gobsmacking. Experts have spent years warning the federal government that pandemics would increase in frequency and severity. CSIRO, for example, alerted the government of the likelihood of a pandemic due to the growth in the global population and international travel. They also warned about the dangers inherent in the incursion of human settlements into wildlife habitat, the live animal trade and modern livestock management practices.

According to a 2004 CSIRO report:

"Infectious diseases previously unknown in humans have been increasing steadily over the last three decades. More than 70 per cent of these emerging diseases are zoonotic in nature – passing from animals to people, for example influenzas from poultry or pigs."

Chief Medical Officer also noted the potential for exotic viruses to spread around the world in a in a 2004 report:
"SARS reminds us that new diseases will continue to arise as infectious agents mutate and adapt to exploit new ecological opportunities. We cannot assume, as was widely trumpeted in the 1960s and 1970s, that we have conquered communicable diseases. No one can predict the next emergency, although we can all be wise after the event."

Experts knew a pandemic with potentially devastating consequences was coming, they just didn't know when. Why then was the federal government so poorly prepared for Covid-19?

With 909 people dying from Covid in Australia, the federal government congratulates itself on our low death rate compared to the rest of the world. However, Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total Covid-19 deaths.

Older people paid a heavy price for the federal government being asleep at the wheel. A recent Senate inquiry noted that deaths in aged care homes "account for 74.6% of all deaths from Covid-19 in Australia". Many of deaths could have been prevented had the federal government prepared the aged sector for the pandemic.

The Royal Commission into Aged Care Quality and Safety confirmed that the federal government did not have a specific pandemic plan for the aged care sector. Meanwhile, the Department of Health released the "7th edition" of the Updated National COVID-19 Aged Care Plan. A great trick from Scott Morrison's marketing playbook – revise history by giving the impression there were six earlier editions when in fact there were none.

Morrison is highly skilled at deflecting responsibility. In a feature for The Monthly two years ago, political commentator Sean Kelly's profile of the Prime Minister was headlined "The rise, duck and weave of Australia's no-fault prime minister".

As Kelly noted: "Events occur, but Morrison's involvement is passive, tangential, almost accidental."

Why was Canberra so poorly prepared for Covid-19?

"Tangential, accidental": Why was Canberra so poorly prepared for Covid-19? *Big Smoke* 2 May 2021

There have been three areas of major failures during the Covid-19 pandemic: hotel quarantine, aged care and the vaccination rollout. These are all areas of Commonwealth responsibility.

Experts warned the federal government that a pandemic with potentially devastating consequences was coming. CSIRO, for example, alerted the government of the likelihood of a pandemic due to the growth in the global population and international travel. They also warned about the dangers inherent in the incursion of human settlements into wildlife habitat, the live animal trade and modern livestock management practices.

Why then was the federal government so poorly prepared for Covid-19?

Scott Morrison not only failed to coordinate a national approach to quarantine and aged care but he and his colleagues sat on the sidelines providing unhelpful commentary. Rather than show leadership, Federal Ministers chose to politicise the pandemic.

When National Cabinet met on 27 March, the state premiers were shocked when Scott Morrison arrived at the meeting with no quarantine plan. State and territory leaders were forced to devise their own plan. It was the premiers of NSW and Victoria, not the Prime Minister, who proposed that all arrivals should undertake 14 days quarantine in a hotel. Given the federal government's obvious lack of planning, it was decided that the states and territories would run the hotel quarantine system.

When the first outbreak of Covid hit BaptistCare's Dorothy Henderson Lodge in NSW in March, it was clear that federal Health Minister had no national plan for aged care. Instead, government guidelines outsourced responsibility to each individual aged care home, claiming providers were responsible for their own pandemic plan.

With 909 people dying from Covid in Australia, the federal government congratulates itself on Australia's low death rate compared to the rest of the world. However, Australia has one of the highest rates in the world of deaths in residential aged care as a proportion of total Covid-19 deaths.

A Senate inquiry noted that deaths in aged care homes "account for 74.6% of all deaths from Covid-19 in Australia". Many of deaths could have been prevented had the federal government prepared the aged sector for the pandemic.

Which brings us to the vaccination rollout in federal aged care homes. It was outsourced to Healthcare Australia and Aspen Medical. Healthcare Australia was contracted to provide the vaccination workforce in NSW and Queensland and Aspen Medical for the other states and territories.

On 16 February 2021, the Health Minister announced: “In the coming weeks, the vaccination program will reach more than 2,600 residential aged care facilities, more than 183,000 residents and 339,000 staff.” A few days later, the Prime Minister said: “We’re ready to go. … We have been preparing, we have been planning, we have been dotting the Is and crossing the Ts.”

Ensuring a successful roll out to aged care residents should have been a priority for the federal government. However, ten weeks after these announcements, residents in just 53% of federal aged care homes have had their first dose of the Pfizer vaccine and 31% the second.

It is difficult to ascertain the number of aged care staff who have been vaccinated. The vaccination workforce is not responsible for vaccinating staff in aged care homes. According to the Department of Health fact sheet, the “priority is to deliver choice and flexibility for aged care staff to receive a Covid-19 vaccination as quickly as possible in the safest way”.

“Choice and flexibility” is actually code for staff have to make their own appointments at a GP clinic or a state run vaccination site. In a survey taken over the Easter long weekend, Australian Nursing and Midwifery Federation (ANMF) found 86 per cent of staff working in private aged care homes had not been vaccinated.

Australians have paid a heavy price for the federal government being asleep at the wheel during the pandemic. However rather than take responsibility for his government’s failures, the Prime Minister continues to shift the blame on to states and territories. As Sean Kelly noted: “Events occur, but Morrison’s involvement is passive, tangential, almost accidental.”

Why Richard Colbeck should resign

Richard Colbeck can no longer pass the buck on the failure to protect Australians in aged care homes *The Guardian* 2 June 2021

With Richard Colbeck as the federal aged care minister, 685 Australians in aged care homes died from Covid. Is he asleep at the wheel? Colbeck’s lack of leadership since Covid emerged is now putting even more lives at risk by allowing staff to work at multiple aged care homes without residents and staff being vaccinated. Meanwhile, Colbeck has indicated he has no intention of resigning.

If the stakes weren’t so dreadfully high, Colbeck’s position would be comical. In a Senate estimates hearing in October, he said: “I don’t feel responsible personally for the deaths that have occurred, as tragic as they are, which were caused by Covid-19.”

How could he not feel responsible? Colbeck had advanced warning of the devastating impact that Covid-19 could wreak. It was clear he needed to prepare the private aged care sector for community transmission. Evidence from around the world showed Covid spread like wildfire in residential aged care settings.

At a Senate inquiry last year, Colbeck was also unable to recall how many residents had died during the pandemic.

During Colbeck's tenure as aged care minister, deaths in aged care homes account for 74.6% of all deaths from Covid-19 in Australia, according to a Senate inquiry report. This is one of the world's highest rates of deaths in residential aged care as a proportion of total Covid-19 deaths.

Older people who died of Covid were partners, siblings, parents, grandparents, uncles, aunts and friends. Their deaths highlighted the systemic failures in the aged care sector and the federal government's lack of planning for community transmission during the pandemic.

The federal government also did not have a specific pandemic plan for the aged care sector, a fact confirmed by the royal commission into aged care quality and safety. In response, Colbeck stated: "The government maintains its position that it has a plan in place."

What the minister may have been referring to was the Department of Health's 7th edition of the updated national Covid-19 aged care plan. Another great marketing trick from the prime minister's playbook – give the impression there were six earlier editions of the aged care plan when in fact there were none.

Instead of taking responsibility for their failure to protect residents in aged care homes, federal health minister Greg Hunt, Scott Morrison and Colbeck indulged in semantics and repeatedly attempted to shift the blame.

When asked about the federal responsibility for aged care in August, Morrison responded in a word salad: "Well public health, we regulate aged care, but when there is a public health pandemic, then public health, which, whether it gets into aged care, shopping centres, schools or anywhere else, then they are things that are matters for Victoria. So I don't think that it is as binary as you suggest."

Which brings us to the vaccination rollout in private aged care homes. Rather than rely on the structures used to successfully administer the annual flu vaccine to residents, the federal government outsourced the vaccination rollout to private companies. Aspen Medical, Health Care Australia, Sonic Healthcare and International SOS have received $76m for this work, according to Department of Health associate secretary Caroline Edwards.

On 16 February, Hunt announced: "In the coming weeks, the vaccination program will reach more than 2,600 residential aged care facilities, more than 183,000 residents and 339,000 staff." A few days later, Morrison said: "We're ready to go … We have been preparing, we have been planning, we have been dotting the Is and crossing the Ts."

Despite these vacuous announcements, the vaccination rollout has been an unmitigated disaster. More than three months after Hunt's announcement, about 30% of aged care homes have not received their second dose. Colbeck said some homes had "chosen" to delay their vaccination, a claim challenged by operators of unvaccinated aged care homes in Melbourne.

And who knows how many staff have been vaccinated? Even Colbeck admits he doesn't know because the government has not been collecting the data.

Aged care staff were supposed to be a priority in the vaccine rollout. Yet the vaccination workforce was contracted to vaccinate residents but not staff. Australian Nursing and Midwifery Federation Victorian branch secretary Lisa Fitzpatrick said from the beginning of the rollout staff had only received a jab from visiting medical staff if there were leftovers. So who is responsible for vaccinating staff in private aged care homes?

According to the Department of Health fact sheet for staff, the "priority is to deliver choice and flexibility for aged care staff to receive a Covid-19 vaccination as quickly as possible in the safest way". "Choice and flexibility" is actually code for staff having to make their own appointments at a GP clinic or a state-run vaccination site.

Let's be clear: the only way to ensure residents in aged care homes are protected against Covid is to make sure residents and staff are vaccinated. Yet a recent survey shows only 11% of the aged care workforce have been vaccinated.

Colbeck cannot pass the buck. He is responsible for this failure.

Colbeck is also responsible for staff working in multiple aged care homes when neither residents nor staff have been vaccinated. Just putting out guidelines does not stop aged care workers working in multiple aged care homes.

This has now resulted in residents in Victoria once again being in lockdown, with some confined to their room. These lockdowns are profoundly damaging to residents' mental and physical wellbeing. Some have argued they could also be illegal for reasons of false imprisonment.

Make no mistake: aged care homes are in lockdown in Victoria because Colbeck failed to deliver a successful vaccination rollout. While he says he is "very comfortable" with the vaccination rollout in aged care homes, many families in Victoria are extremely worried their loved one may test positive.

The horror story in aged care homes could have been prevented if Colbeck had tackled the systemic failures in the aged care sector. Instead, he just keeps kicking the can down the road and pouring money into a dysfunctional system.

Sooner or later Colbeck will need to take responsibility for all the heartbreaking tragedies and stuff-ups that have occurred on his watch.

Almost 700 deaths. Zero heads have rolled. Why?

The Klaxon 5 June 2021

While the federal Aged Care Minister Richard Colbeck was asleep at the wheel, 685 older Australians living in aged care homes died of Covid. If 685 deaths don't warrant a ministerial resignation, what will?

Minister Colbeck continues to put lives at risk by allowing staff to work at multiple aged care homes without residents and staff being vaccinated. While the government put out guidelines on this issue, Minister Colbeck and Brendan Murphy, secretary of the Department of Health, would surely have known that guidelines alone would not stop aged care workers working in more than one aged care home.

And to make matters worse, these guidelines do not apply to agency staff, including labour hire contractors and emergency workers – a large portion of the aged care workforce. The single site workforce arrangements excluded agency staff so as to ensure no aged care home was left without sufficient or appropriate staff.

Low pay and casual, insecure work mean staff have to work in several aged care homes simply to make ends meet. We had hoped a $104 million Royal Commission might fix this problem, but it didn't. While the Royal Commissioners recommended changes, including an increase in wages, the federal government simply ignored this.

So yet again, the systemic problems identified over decades within aged care have put Victoria on a knife's edge. It also plunged several aged care homes back into lockdown, with some older people being confined to their room.

In their special report the aged care royal commissioners expressed concern about providers' decision to keep residents locked in, and families locked out, of aged care homes. These lockdowns had a devastating effect on residents, increasing their depression, anxiety, confusion and loneliness due to the absence of visitors and long confinements in their rooms. Such lockdowns are also possibly illegal.

Make no mistake: aged care homes are in lockdown in Victoria because Minister Colbeck failed to deliver a successful vaccination rollout. While Minister Colbeck says he is "very comfortable" with the vaccination rollout in aged care homes, many families in Victoria are extremely worried their loved one may catch the potentially fatal illness.

In a dance that has become all too familiar, Minister Colbeck again tried to shift the blame. He suggested aged care homes that hadn't received a single dose of the vaccine had opted out. This simply was not true. These aged care homes have been waiting for months for a visit from the so-called "vaccination workforce".

And whose decision was it to hire a private vaccination workforce rather than rely on the structures used to successfully administer the annual flu vaccine to residents in aged care homes?

Hiring Aspen Medical, Health Care Australia, Sonic Healthcare and International SOS to rollout the vaccine in aged care homes has cost the taxpayer $76m. Questions must be asked about the impact of donations to the Liberal Party. Sonic Healthcare gave $533,500 to the Liberal Party between 2011 and 2017, with $450,000 of the cash going directly to the federal branch.

Let's be clear: the only way to ensure residents in aged care homes are protected against Covid is to make sure residents and staff are vaccinated. So it was reassuring to hear the Health Minister announce on 16 February: "In the coming weeks, the vaccination program will reach more than 2,600 residential aged care facilities, more than 183,000 residents and 339,000 staff." A few days later, the Prime Minister said: "We're ready to go. … We have been preparing, we have been planning, we have been dotting the Is and crossing the Ts."

Yet months after these vacuous announcements, about 30 per cent of aged care homes have not received their second dose. And it is anyone's guess how many staff have been vaccinated.

At a Senate inquiry last year, Minister Colbeck was unable to recall how many residents had died during the pandemic. His lack of empathy was truly heartless. This year, Minister Colbeck admitted he didn't know how many staff have been vaccinated.

In fact no one knows because the Department of Health failed to collect this data. A guesstimate is that 11 per cent of the aged care workforce have been vaccinated. Minister Colbeck needs to come clean about why the Department of Health contracted the vaccination workforce to vaccinate residents but not staff.

It is gobsmacking that Minister Colbeck failed to ensure aged care staff were a priority in the vaccine rollout. Staff only receive a jab from the private contractors if there are leftover. So who is responsible for vaccinating staff?

According to the Department of Health fact sheet for staff, the "priority is to deliver choice and flexibility for aged care staff to receive a Covid-19 vaccination as quickly as possible in the safest way". "Choice and flexibility" is actually code for staff having to make their own appointments at a GP clinic or a state run vaccination site.

In response to the federal government's failure, the Victorian government announced it would fast-track COVID vaccinations for staff who work in private aged care homes as part of a five-day blitz.

The vaccination rollout in private aged care homes has been an unmitigated disaster. In contrast, Victoria's hospital vaccination hub outreach teams have successfully vaccinated staff and residents in Victorian public sector residential aged care homes.

Under the Westminster system, a minister is expected to resign if misdeeds are found to have occurred in a ministry. However, the Morrison government has redefined Westminster ministerial responsibility. No longer does a minister bear ultimate responsibility for the actions of its ministry or department.

It is also possible for a minister to face criminal charges for malfeasance under their watch. Under Minister Colbeck's watch, deaths in aged care homes account for 74.6% of all deaths from Covid-19 in Australia. Many of these deaths were preventable.

We are now all hoping his latest stuff up does not lead to any more deaths.

Better to incentivise rather than punish

Letter, *The Age* 30 June 2021

Better to incentivise rather than punish

Mandating all aged care staff are vaccinated shifts the blame from the federal government's failure to vaccinate staff to individual aged care workers. With high levels of vaccine hesitancy and low levels of supply of Pfizer, some staff will prefer to stop working in the aged care sector rather than get vaccinated.

A better strategy would have been to provide incentives for staff to get vaccinated rather than punishment for not being vaccinated. The federal government could start with clear, evidence-based messages about the public health benefits of all Australians being vaccinated.

Dr Sarah Russell, co-founder, Aged Care Reform Now

The Coalition's 'hands-off' approach to aged care Covid outbreaks

The Coalition's 'hands-off' approach to aged care Covid outbreaks is having heartbreaking consequences The Guardian 10 January 2022

When the Federal Government decreed that Australians should "live with Covid", the safety of older people living in aged care homes was once again not on the Coalition's radar. In yet another predictable disaster, Covid has spread like wildfire in aged care homes.

On Christmas Eve, 105 aged care homes had an active outbreak. Two weeks later (7 January), the number of homes with an outbreak had exploded, more than quadrupling to 495. There are 168 outbreaks in NSW, 133 in Victoria, 69 in South Australia, 110 in Queensland, 12 in Tasmania, two in the ACT and one in Northern Territory.

There are currently 1,465 residents and 1,875 staff who are Covid positive. A single case – either resident or staff – has caused many aged care homes to lock residents in and lock families out. Although aged care providers claim lockdowns are done to "save lives", what type of life is it when you are unable to be with the people you love?

For about one third of residents, this will also have been their last Christmas. It is heart breaking that so many were unable to spend the holidays with their families. In some homes, residents are confined to their rooms during a lockdown. This is not only profoundly damaging to their mental and physical wellbeing, but is also potentially illegal.

With a chronic shortage of staff in many aged care homes, families are more concerned residents will die of neglect than Covid. Will staff have time to help residents eat their meals, ensure they drink enough, walk them to the toilet and provide social stimulation?

Rather than mandate a national criteria for who can enter an aged care home during an outbreak, the federal government allows providers to make their own rules. The federal government has a 'hands off approach' – treating each aged care home as an individual business. As a result many aged care homes are a law unto themselves. They impose their own rules about who can and can't enter their home, irrespective of the public health orders and the peak bodies' Industry Code for Visiting Residential Aged Care Homes.

So what has gone so terribly wrong during the latest Omicron wave? Why are so many aged care homes in lockdown?

The strollout of vaccine boosters to residents is one key failure. Two months ago, on 8 November, Minister for Aged Care Greg Hunt announced the beginning of the booster program in aged care homes. The boosters would be provided by "in-reach clinics delivered primarily by vaccine administration providers under contract arrangements with the Commonwealth".

Rather than rely on the existing structures that successfully administer the annual flu booster shot to residents - with local GPs visiting aged care homes - the federal government outsourced the Covid booster rollout to private companies.

Although accurate numbers are difficult to ascertain, these 'in reach clinics' had only visited about 50 per cent of aged care homes before Christmas. And then one of the private companies, Aspen Medical, took holidays over the Christmas break.

Despite all the evidence to the contrary, Minister for Aged Care Services Richard Colbeck put a positive spin on the failure of the booster program: "We're probably - we're a bit ahead of where we thought we'd be when we started the program in early November." This absurd statement indicates Minister Colbeck does not recognise the importance of boosters to protect residents when community transmission rates are high.

For example, three residents died recently during an outbreak in Bene Aged Care in St Agnes in South Australia. Can Senator Colbeck confirm whether residents at this aged care home have received a booster?

A second failure involves Rapid Antigen Tests. Nearly five months ago, on 15 August, Minister Hunt announced RATs would be available to aged care homes. "We anticipate that regular use of RAT to screen aged care employees and visitors will provide much greater reassurance," he said.

Rapid tests are key to ensuring the safety of both residents and staff. Many of the lockdowns could have been avoided if, since August, all staff had taken a rapid antigen test before each shift. While taking a test may be inconvenient and time consuming, it is infinitely preferable to putting residents and families through the trauma of a lockdown.

According to the Department of Health website: "Kits are now available for screening workers and visitors in aged care environments to help prevent outbreaks, or contain the spread of outbreaks."

Yet some aged care homes have not had free access to the national stockpile of rapid antigen tests, while others homes have. On 23 and 24 December 2021, in response to the increase of Omicron infections in NSW, a surge deployment of rapid antigen tests was distributed to primary health networks in NSW for distribution to aged care homes in their regions. Once again, this was too little and far too late.

The most recent data also highlights the fact that some aged care homes have had a significant increase in residents testing positive over the past fortnight, while others have been able to contain the spread. This suggests some homes have a good 'pandemic plan' and others don't.

In addition, several aged care homes have had numerous outbreaks. St George Aged Care Centre (NSW), for example, is currently experiencing its fifth outbreak, while others have had none. Has the regulator assessed the infection control protocols and staffing levels at homes with numerous outbreaks? Not taking such a step seems a most basic dereliction of duty from a regulator.

The lack of leadership and the 'hands-off approach' of Minister Hunt, Senator Colbeck and the Aged Care Quality and Safety Commission during the pandemic has had heartbreaking consequences for many residents and families around the nation. Sooner or later our federal government must be held to account for the numerous preventable tragedies that have occurred in the aged care sector.

"Living with Covid" – not so easy if you're in an aged care home!

"Living with Covid" – not so easy if you're in an aged care home! *Michael West* 12 January 2022

When Scott Morrison decided Australians should "live with Covid", did he give any thought to the impact this would have on older people living in aged care homes? What was his plan?

Many aged care homes are not designed to cope with an airborne virus. Without good ventilation, Covid has spread like wildfire in aged care homes. On December 3, there were 28 aged care homes with an outbreak. By Christmas Eve, the number of outbreaks had increased to 105. By 7 January, this number had more than quadrupled to 495.

Michael Pascoe predicts that every aged care home outside of Western Australia will be experiencing a Covid outbreak in a little over two weeks.

So what went wrong?

The first failure involves Rapid Antigen Tests. Nearly five months ago, on 15 August, Minister Hunt announced RATs would be available to aged care homes. "We anticipate that regular use of RAT to screen aged care employees and visitors will provide much greater reassurance," he said.

Rapid tests are key to ensuring the safety of both residents and staff. A staff testing positive has caused many of the current lockdowns. This could have been avoided if, since August, all staff had taken a rapid antigen test before each shift. While taking a test may be inconvenient and time consuming, it is infinitely preferable to putting residents and families through the trauma of a lockdown.

However, like many of Minister for Aged Care Greg Hunt's announcements and re-announcements, he failed to deliver. According to recent data, only 668 of the 2704 private aged care homes had received rapid antigen tests by 7 January. Once again, this is too little and far too late.

Another key failure is the strollout of vaccine boosters to residents. Two months ago, on 8 November, Minister Hunt announced the beginning of the booster program in aged care homes.

Rather than rely on the existing structures that successfully administer the annual flu booster shot to residents - with local GPs visiting aged care homes - the federal government outsourced the Covid booster rollout to private companies, such as Aspen Medical. And then Aspen Medical, took holidays over the Christmas break.

About 1,000 aged care homes are yet to receive coronavirus vaccine booster shots. Despite this failure, Minister Hunt still managed a positive spin, by saying the vaccination program was ahead of schedule. This indicates Minister Hunt does not recognise the importance of residents being fully vaccinated.

In contrast to federally operated private aged care homes, residents in Victorian operated aged care homes received their boosters before Christmas. It is also worth noting that no resident has died of Covid in a Victorian-operated aged care home. In contrast, 793 residents have died of Covid in private homes in Victoria.

The most recent data also highlights the fact that some aged care homes have had a significant increase in residents testing positive over the past fortnight, while others have been able to contain the spread. This suggests some homes have a good 'pandemic plan' and others don't.

In addition, several aged care homes have had numerous outbreaks while others have had none. Bupa Greenacre (NSW), for example, is experiencing its third outbreak, with 44 residents currently having Covid. On 24 December, no resident at Bupa Greenacre had Covid.

Given the fact that Bupa's aged care homes have repeatedly failed to meet minimum health and safety standards, has the regulator assessed the infection control protocols and staffing levels at Bupa Greenacre? Not taking such a step seems a most basic dereliction of duty from a regulator.

Each outbreak has heartbreaking consequences. Aged care homes go into lockdown, preventing families from visiting their loved ones. At the moment, almost 15% of NSW aged care centres are in lockdown due to a staff member, not a resident, testing positive.

In some homes, residents are confined to their rooms. This is not only profoundly damaging to their mental and physical wellbeing, but is also potentially illegal.

Throughout this pandemic, the federal government has allowed each aged care home to make its own rules about who can and can't visit, irrespective of the public health orders. Consistent with the Aged Care Roadmap, the federal government has a "lighter touch" approach – treating each aged care home as an individual business.

With a chronic shortage of staff in many aged care homes, families are more concerned residents will die of neglect than Covid. Who helps residents eat their meals, ensures they drink enough, walks them to the toilet and provides social stimulation?

The federal government promised a "surge workforce" would be available when staff were furloughed. However according to Paul Sadler, CEO of Aged and Community Services, this surge workforce "never eventuated" despite the government giving $7.23m to Mable and $45m to Aspen Medical to provide a "surge workforce".

Minister Hunt and Minister for Aged Care Services Senator, Richard Colbeck, must be held to account for the numerous preventable tragedies that have occurred in the aged care sector during the pandemic. Their failure to develop a specific pandemic plan for aged care has had dire consequences for many older people over the past two years.

Colbeck carousing at the cricket

A Poor Knock: Colbeck carousing at the cricket amid aged care crisis just tip of incompetence iceberg *Michael West* 29 January

Demanding accountability from the Minister for Aged Care Services, Richard Colbeck, is being "a knocker". So says our King of Spin, Scott Morrison.

Given the media's new obsession with appearances - and whether people smile for the camera - it was not a good look for Colbeck to be enjoying an outing at the cricket on the same day he declined to appear before the Covid-19 committee. In a letter to chair Katy Gallagher, Colbeck claimed he could not justify "diverting the time and resources" of his office given the pandemic was at a "critical point".

That the aged care system is at a "critical point" was an understatement. On the day Colbeck was out and about at the cricket (14 January), thousands of older people were in lockdown. Some 1,107 of the 2,704 federally operated private aged care homes (40 per cent) were locked down. The residential aged care system was in crisis.

Colbeck deserved the public's opprobrium and more for prioritising his sports portfolio over his aged care portfolio. However, many advocates have been "knockers" of Colbeck long before his recent soirée at the cricket.

Here are a few of Colbeck's highlights: he

- refused to name providers with Covid outbreaks because he was worried about their "reputational damage" (August 2020);
- didn't know the number of residents who had died during Victoria's second wave (August 2020);
- released the government's response to the royal commission's recommendations during the budget lock-up (March 2021); and
- didn't know how many aged care staff had been vaccinated (June 2021).

Perhaps his greatest failure was in allowing Omicron "to rip" through aged care homes without ensuring residents were protected. As a result of this failure, 389 residents have died so far this year.

On average, 14 older people have died each day. Imagine the outcry if they were children.

The older people who died were partners, siblings, parents, grandparents, aunts, uncles and friends. They have left behind people who loved them and who are now grieving.

During the first six months of the pandemic, the data on outbreaks in aged care homes was considered to be "top secret". However, since September 2020, the Department of Health decided to come clean and release this data.

Just a month earlier, at a Senate inquiry hearing on August 4, 2020, Dr Brendan Murphy, secretary of the Department of Health, and Senator Colbeck, the Minister for Aged Care at the time, refused to name the aged care homes with outbreaks during Victoria's second wave. Providers didn't want to be publicly named because they were worried about "reputational damage".

It is not the role of the Health Department or a Minister to protect private enterprises from reputational damage. So I began preparing a weekly list of the outbreaks in Victorian aged care homes in 2020.

After a month or so of updating my list (mostly from intel from members of my Aged Care Matters Facebook Group), the Health Department released its first weekly report on 11 September 2020. At that time, an outbreak was defined as one resident or staff testing positive for Covid.

More recently the Department has listed only the names of aged care homes with two or more Covid cases.

This data has been released every week. Since the Delta outbreak in NSW, I have kept track of the number of cases (residents and staff) and deaths (residents) in each aged care home. My spreadsheets have been important for families who do not receive timely information from the aged care home.

In December, the number of aged care homes with outbreaks began to increase significantly.
On 3/12: 28 homes
On 10/12: 36 homes
On 17/12: 54 homes
On 24/12: 105 homes

On 31 December 2021 – when Omicron had begun to spread like wildfire in aged care homes – the Department did not release the weekly data. No explanation was given for this failure to keep the public (including families) updated.

Two weeks later (7 January), the number of homes with an outbreak had exploded, more than quadrupling to 495. The 7 January report showed about 15 per cent of aged care homes in NSW were in lockdown because a staff member (not a resident) tested positive. These lockdowns were entirely preventable – all it needed was to ensure all staff took a rapid antigen test before they began their shift. I first wrote about using RATs in aged care homes Michael West in December 2020.

The 7 January report was riddled with mistakes. For example, numerous home care providers were listed as residential aged care homes. I emailed the Department, hoping it would correct the errors. I did not receive a reply.

I also noted the aged care homes that had a surge in the number of residents with Covid. These homes obviously needed to be watched, but I could not track these homes because the Department did not release the names of the aged care homes with outbreaks on 14 January.

On that day, the Department indicated in a footnote of the Weekly Report that there were "technical issues". Rather than delay the report until these issues were resolved, someone in the Department decided to cut and paste the Appendix from the previous report, perhaps hoping no one would notice.

I noticed – and I was appalled! No data is better than misleading data. Because of poor communication from many providers of aged care homes, families rely on the weekly report (and my spreadsheet) for accurate information. In my six years of advocacy, the Department's decision to release a report with misleading data was the nadir.

The decision to cut and paste the Appendix is yet another example of the Health Department's lack of transparency and accountability.

If we can't trust the Department to release accurate information, who can we trust?

Nonetheless, I continued to update the spreadsheet. Last week, this involved adding 703 more aged care homes with outbreaks.

I compared the data from 7 January with 21 January to identify 10 aged care homes with largest increase of residents with Covid. Eight of these aged care homes were in NSW.

Aged care home	Residents +ve on 7 Jan	Residents +ve on 21 Jan	Resident deaths
Estia Health Kilbride (NSW)	0	119	4
Russian Relief Association of St Sergius of Radonezh (NSW)	6	113	8
Cardinal Stepinac Village (NSW)	16	103	10
Uniting Wesley Gardens Belrose (NSW)	0	88	0
Bossley Parkside Care Community (NSW)	50	86	7
Fronditha Clayton Aged Care Facility (2nd outbreak) (Vic)	0	85	5
Bupa Greenacre (3rd outbreak) (NSW)	44	80	5
Forest Lake Lodge (QLD)	0	77	7
Bupa Clemton Park (2nd Outbreak) (NSW)	33	52	0
Constitution Hill Aged Care (NSW)	22	52	2

I also noted that 105 aged care homes had a surge in numbers of residents with Covid over the past fortnight while 71 had no change in numbers.

How are some aged care homes containing the spread of the virus while it is ripping through other homes? The answers are critical because it will save lives.

What factors are contributing to the spread? Is it:

- Residents not receiving a booster shot?
- Poor infection control?
- An inability to access PPE?
- Inadequate staffing levels/training (e.g. training in how to don and doff PPE)?
- Poor ventilation?

Yet these are questions the Minister for Aged Care Greg Hunt and the Minister for Aged Care Services Senator Colbeck won't answer. This shows a despicable/cavalier approach to the lives of vulnerable older Australians.

3,476 people have died from Covid in Australia; 1,330 (38 per cent) were residents in aged care homes. Hunt and Colbeck can no longer pass the buck on Colbeck's numerous failures to protect older Australians in aged care homes. It's just not cricket.

Elections

Oh dear Josh Frydenberg

Oh dear Josh: is that aged care joke funny or sad? *Michael West* 9 April 2022

Treasurer Josh Frydenberg's train wreck of an interview with David Speers on ABC's *Insiders* program last Sunday (April 3) shows he doesn't understand how aged care works or how it is funded. Yet he is responsible for overseeing the $23.6 billion (soon to be $30 billion) of taxpayers' money going into the sector.

The Fair Work Commission will make a decision later this year regarding how much the pay of aged care workers should increase.

Speers asked Treasurer Frydenberg whether the federal government would pay the whole wages bill or just a percentage.

Said the Treasurer: "When it comes to government provision of residential care then we take responsibility for that. … We pick up the bill today."

Minister Frydenberg – your federal government doesn't fund government-operated aged care homes. The states fund these homes. No doubt all the premiers were thrilled to hear you offer to pick up the wages' bill for their government-operated residential care.

Just to be clear, Treasurer, your federal government funds the private providers of aged care. This includes both for-profit and not-for profit providers.

Furthermore, did you hop into a time machine when you spoke about the independent pricing authority? Were you referring to the Independent Hospital and Aged Care Pricing Authority?

As you told Speers: "With respect to the private sector, what we have now is an independent pricing authority that takes into account the input costs and then makes the [aged care] subsidies increase accordingly."

However, the independent pricing authority that was recommended by Lynelle Briggs (one of the aged care royal commissioners) doesn't commences on 1 July 2023. Does this mean we taxpayers can expect another year or so of rorting by unscrupulous providers?

In response to a question from Speers as to what percentage of the pay rises the private operators will have to pick up from the Fair Work decision, Frydenberg responded: "There's an Independent Pricing Authority that determines … what that increase in subsidy will be."

Again, that's the authority that won't exist for another year or so. So will aged care workers employed by private providers have to wait another year or so before they see an increase in their woeful pay packages?

And Frydenberg accuses Labor's Anthony Albanese of being "all at sea" in his costings.

But before any decisions should be made regarding who picks up the tab, transparency is desperately required. In the past two weeks alone, it has been revealed that the Uniting Church and the Anglican Church have raided their aged care subsidies to settle child sex abuse claims.

For years I have been demanding transparency regarding the billions of dollars handed out to aged care providers. Back in 2019, three critical amendments to aged care legislation were tabled in Parliament. The Liberal-Nationals Coalition voted against all three.

These amendments would have been a game changer. They would have improved transparency and accountability around finances, staffing ratios and complaints in aged care homes.
The peak bodies lobbied hard against the financial transparency amendment and produced a "red tape" report claiming that sharing financial data with the public would lead to excessive costs. It was a spurious claim given that providers already share this data with the Department of Health and the authoritative Stewart Brown accountants.

Compare the Coalition's distaste for transparency in aged care spending with its demand for transparency around the $741 million joint flood relief package with Queensland announced yesterday. The federal government's share of payments represents just 1% of the $30 billion aged care bill.

Said Prime Minister Scott Morrison: "So we'll meet that 50-50 cost, but there'll be a couple of conditions. I want them to be transparent with the payments that are being made. I want them to report to the public."

Aged care lobbyist Sean Rooney also popped up on ABC television this week on *Afternoon Briefing* in an interview with Fran Kelly and Dr Sarah Russell.

Rooney is the CEO of Leading Aged Services Australia, the peak group that lobbied federal MPs to block the transparency amendments.

He was asked to respond to the rorting of home care packages by aged care providers, many of whom are members of LASA. The Aged Care Royal Commission heard that $53,000 - the top level of home care - provided **less than**

nine hours a week of care for vulnerable older people. In some cases aged care providers charge out support workers at $60 an hour but only pay them $22 an hour.

And what was Rooney's advice to older Australians who were getting ripped off? Change providers, get assistance from the Older Person's Advocacy Network and complain to the regulator. Seriously.

"Part of the reforms … in the home care market is to be able to provide people with choice and if someone is finding they are not satisfied with either the quality or the price of the service being charged to them, they thankfully have the choice to be able to choose another provider to be able to meet their needs."

"If people feel taken advantage of, there are other avenues – through the older persons advocacy network, through the quality and safety commission to be able to bring these things to the attention of the system…. that something is not right and needs to be addressed because it denigrates the good name of the services that are doing a good job."

There you have it. Is it any wonder the aged care sector is in crisis.

Sarah Russell is the Voices of Mornington Peninsula endorsed Independent candidate for Flinders; Elizabeth Minter is Dr Russell's policy/media advisor.

Aged Care Crisis

Letter, *MP News* 29 March 2022

The failure of successive governments to respond meaningfully to the crisis in aged care has prompted me to put my hand up to replace the Aged Care Minister in his seat of Flinders. After years of advocating from the sidelines, it is clear aged care needs a strong advocate in parliament.

The aged care system is broken. Numerous inquiries, including a royal commission, have revealed evidence of poor care, negligence, neglect, abuse and assault.

We know what needs to be done. The solution to the crisis starts with transparency and accountability.

I have spent six years trying to improve the aged care system on behalf of older people and families. This has been done as an unpaid advocate with no government funding.

The Aged Care Minister Greg Hunt and Minister for Aged Care Services Richard Colbeck claim that "the Morrison Government has achieved significant reform across the five pillars of its five-year plan to deliver respect, care and dignity for every senior Australian".

“We responded to the (Aged Care royal commissioners’) recommendations and are now implementing this once-in-a-generation reform that puts senior Australians first,” Minister Hunt said.

Seriously? There has been practically no progress on most of the recommendations one year after the royal commissioners released their final report.

If I am elected, I will continue to fight for aged care, but with much more influence as a member of parliament.

Dr Sarah Russell, Voices of Mornington Peninsula endorsed Independent Candidate

John Howard calls Independents ‘groupies’

John Howard calls Independents ‘groupies’ *Pearls and Irritations* 30 April 2022

Former Prime Minister John Howard has been called out for his appalling and sexist language in describing the “teal” Independents as “groupies”. Surely Howard knew the negative connotations of the word “groupie” – commonly used to describe young women who follow around rock groups and celebrities to offer them sex.

Howard’s off-the-cuff comment adds further weight to the claim that the appalling treatment of women in Parliament has a long history. Although casual sexism, sexual harassment and mistreatment of women is now being called out, there’s a long way to go. Who can forget Scott Morrison’s message to Australian women who gathered for the March 4 Justice rallies? "Not far from here, such marches, even now, are being met with bullets.”

Howard also claimed at the weekend that the aim of the Independents was “to hurt the Liberal party, not to represent the middle ground of their electorates.”

Again, he is clearly failing to read the room.

The current Liberal party has moved so far to the right that Malcolm Fraser would not recognise it. Australians in the “middle ground” are in fact disgusted by the federal government’s pork barrelling, their lack of transparency and accountability and the corruption of the political system, which is why calls for a federal anti-corruption commission are so loud.

Three in four Australians (75%) support setting up a Commonwealth Integrity Commission, according to a poll conducted by The Australia Institute, with support highest among Coalition voters.

John Howard’s comments had particular resonance for me. It was Howard, and his 1997 Aged Care Act, that was a turning point for aged care policy in Australia and has proved such an abject failure. This Act unleased the corporatisation of aged care, opening the flood gates for private investment, with the result being the rampant abuse and neglect of older people.

It is why I have been spending the best part of a decade fighting the secrecy, and the lack of transparency and accountability, in aged care. I have been resolute in my calls for older Australians to be shown dignity and respect in their twilight years.

I have taken hundreds of phone calls from distressed families, desperate to know how to support their loved ones and/or navigate a complex aged care system. I have spoken to exhausted staff trying to provide excellent care under difficult circumstances. I am constantly contacted by people for advice, support and requests to intervene on their behalf with aged care providers and the regulator.

It is also the reason I put my hand up to run as an Independent candidate against the now retiring Aged Care Minister Greg Hunt in the seat of Flinders. Because although aged care is finally an election issue, it is clear that much more needs to be done. Instead of fighting for incremental improvements from the sidelines, I will be much more effective with a seat at the table. And while I am the Voices of Mornington Peninsula endorsed candidate I am entirely community funded. I receive no money from Climate200 or any other big donors. My supporters wear ocean blue, not teal.

The secrecy and lack of accountability in aged care is extraordinary. The federal government now spends some $30 billion a year on aged care. Yet, without financial transparency, we don't know if providers spend government subsidies on direct care of residents or executive salaries.

And from all the horror stories that were revealed long before the Royal Commission it is clear that a lot of money was not going where it was intended. Indeed, it has just been revealed that two large religious providers of aged care, Anglicare and Uniting, have raided nearly $50 million of their aged care government subsidies to spend on settling child sex abuse claims. Both providers have then complained they aren't receiving enough federal money to look after elderly residents appropriately.

For Howard, and so many of the current Liberal Party, to dismiss the motivations of Independent candidates shows just how out of touch they are.

Dr Sarah Russell is the Voices of Mornington Peninsula endorsed Independent Candidate for Flinders.

Are Political Operatives Manipulating Elderly Voters In Nursing Homes?

Message Massage: Are Political Operatives Manipulating Elderly Voters In Nursing Homes? *Michael West* 27 December 2022

Some aged care homes and retirement villages are actively disenfranchising older people in what could be described as a corruption of the political process. These providers allow only some candidates to distribute election material within their premises. They also control which candidates meet their residents.

I first became aware of the disparity of access during the 2013 federal election campaign. While spending time with my mother in a residential aged care home, I noticed that only one candidate visited the home. When I asked whether other candidates would be visiting, I was told that only this candidate had been "invited".

Owners of aged care homes should not be allowed to impose their political preferences on residents. Although aged care homes are private businesses, they also receive billions of dollars from taxpayers. The least taxpayers can expect is that aged care homes remain politically neutral.

When I recently raised this issue on social media, a campaign manager for a candidate contesting the recent Victorian election responded that they were "knocked back from speaking to residents in several aged care homes". He added that supporters were "prevented from door knocking [at retirement villages]".

Were other candidates in his electorate also "knocked back"? Prevented from door knocking?

It was entirely reasonable for aged care homes and retirement villages to restrict visitors during the pandemic. However, it was not reasonable for them to allow some candidates to visit but not others.

This corruption of the democratic process is not new. For decades, some aged care homes and retirement villages have favoured candidates of a certain political persuasion.

When a candidate contesting the federal seat of Flinders in the 1990s discovered that a retirement village had asked Peter Reith to speak, she approached the owner of the village to ask if she could also speak. He refused. He said the invitation to Minister Reith was "a personal invite".

Later when Greg Hunt was the Minister for Health and Aged Care he had access to both aged care homes and retirement villages in the Flinders electorate. Other candidates did not.

To ensure all candidates compete on a level playing field, retirement villages and aged care homes must allow all candidates equal access. It is unfair to allow only one candidate to speak with residents.

Some aged care homes and retirement villages also restrict the distribution of election material. Again, this undermines the democratic purpose of an election campaign – which is to inform the electorate of the policies of competing candidates and their parties. Without information about each candidate, how can residents make an informed choice?

Concerns have also been raised about postal votes. The recent Victorian election is the first time new laws were in effect that prohibit anyone other than the Victorian Electoral Commission (VEC) from distributing postal vote applications.

However, the VEC received complaints alleging Liberal MPs sent out postal voting application forms to constituents.

In some aged care homes, party volunteers "assist" older people to complete their postal votes. It has been alleged that these volunteers target residents who have cognitive failure. Although some residents with cognitive impairments have their name removed from the electoral role, others remain.

It has also been alleged that staff completed voting ballots without consulting residents. This behaviour has also been going on for years. A staff member of an aged care home on the Gold Coast in 2007 took a resident to vote. The resident was told that staff had already voted for her. This was unethical, if not illegal.

Older people who live in aged care homes and retirement villages have a democratic right to vote without interference. Why has the federal and state electoral commissions allowed this corruption of the political process to continue?

Financial abuse of older people

The problem of parental plunder

The Age, 2 December 2013

Australians are living longer and living richer than at any time. While some older people are enjoying their wealth – travelling the world, their luggage broadcasting that they are "spending their children's inheritance" – others live in aged care facilities, with their children keeping their eyes peeled on the "Bank of Mum and Dad".

As economic conditions worsen, this second group is at greater risk than ever of being financially abused. And research has found that adult children, particularly sons, are the most common perpetrators.

State Trustees Victoria has recorded a spike in the numbers of older Victorians who are financially abused as well as the amount of money involved. A research paper it commissioned, *For Love or Money: Intergenerational management of older Victorians' assets*, found that women over the age of 80 are most at risk of financial elder abuse, often by someone in a position of trust – their children.

Children with "early inheritance syndrome" feel a sense of entitlement to their parents' assets. They are not prepared to wait until their parents die. These impatient children seek ways for their parents to "gift" them money, or interfere in the management of their parents' assets to protect what they see as their entitlement.

Financial elder abuse involves taking or misusing an older person's money, property or assets. It also includes persuading an older person to change their will through deception or undue influence.

Financial elder abuse may begin with the best intentions – with an elderly parent asking a child to act as their power of attorney and thereby manage their finances. This can quickly progress to a sense of entitlement, particularly when adult children have mortgages or debts. They often justify their actions by saying: "Mum doesn't need money now, and it's going to be mine anyway."

Studies confirm that financial abuse is the most common, and fastest-growing, type of abuse of older people. The most vulnerable include those with diminished capacity due to dementia and depression, and older people who rely on others to manage their finances. However, there is little reliable data on its extent. It is often a silent crime – unreported, unacknowledged.

Earlier this year the banking industry tried to raise awareness of financial elder abuse by announcing initiatives to help prevent this silent crime. But like all silent crimes perpetrated mostly on women – domestic violence, sexual assault, bullying – financial abuse will be difficult to police.

Children with early inheritance syndrome often make ageist and sexist assumptions that devalue the rights of their elderly parents. A common one is that older people, particularly women who have not been the family's breadwinner, find discussions about financial issues complex and stressful. Not only is this patronising but also it disempowers older women. Another is that having a large amount of money does not improve an older person's quality of life. Most of us take comfort in the security of having savings. Why would older people be any different? The generation that experienced the Depression may take even more comfort from having a safety net than their children.

The third assumption is that a parent is no worse off after gifting money to their children. This is absurd. The less money they have, the less able they are to make decisions about how their money is spent.

Reducing an older person's income also reduces fees at an aged care facility – helpful for beneficiaries, but older people may appreciate the care they receive from staff at the facility. They may feel an aged care facility that provides daily care deserves their money more than children who visit infrequently with flowers and chocolates.

The final assumption is that an older person's current will is their final one. Most people change their wills throughout their lives as circumstances change. Why would older people be different? After spending several years in an aged care facility, parents may change their mind about who should receive their money. They may once have wanted their assets shared equally among their children. But later in life, when their children are financially secure, some older people may prefer to give money to Doctors without Borders, The Lost Dogs Home, or even a kind nurse at the aged care facility. This is surely their decision, not their children's.

As the vulnerability of older people increases, their dependence on family members also increases. Often they do not want to say "No" to their children's requests for money or asset transfers for fear of upsetting these relationships. Sadly, at a time when they most need their children's love and support, the love of money can trump a person's love for mum or dad.

Elderly women deserve their age of respect

The Age, 11 December 2014

Something remarkable is afoot. The Victorian Chief Commissioner of Police, Ken Lay, and the Chief of the Australian Army, Lieutenant General David Morrison, are talking publicly about male attitudes towards women. On the Victorian Police website, Ken Lay suggests that "our culture is filled with men who hold an indecent sense of entitlement towards women".

Ken Lay and David Morrison are both middle-aged men in charge of organisations with masculine cultures. They are not your typical feminists. Although many men treat women respectfully, these men go one step further by viewing social issues through 'gender goggles'. It is a giant step.

Gender goggles are illuminating. They bring into clear focus the fact that a person's gender influences attitudes and behaviours towards them. Gender goggles highlight issues for women such as discrimination, human rights abuses, domestic violence, rape, glass ceilings, inadequate childcare, political underrepresentation, catcalling, bullying and financial disadvantage such as unfair pay and unequal superannuation.

Unlike rose coloured glasses and beer goggles that provide optimistic perceptions, gender goggles are not a frivolous fashion accessory. Ken Lay's gender goggles enable him to see that some people perceive women as "less valuable than men". This perception applies to women of all ages, including older women.

When gender goggles are applied to older women, particularly women who have not been the family's breadwinner, they may show the humiliation of financial elder abuse. Studies confirm that financial abuse is the most common, and fastest-growing, type of abuse of older women.

Research shows that women over the age of 80 are most at risk of financial elder abuse. This research found that adult sons are the most common perpetrators. Some adult sons assume that money that was once 'Mum and Dad's money' is now their money, even though their mothers are alive and well. They make assumptions that devalue the rights of their mothers.

There have been several high profile trust fund disputes in which sons have sued their mothers. A former pupil of a private boys school in Sydney sued his mother after the family estate was left to his mother rather than to him. This 'old boy' was castigated by Justice Michael Pembroke for having a "highly developed and unhealthy sense of entitlement".

According to the Office of the Public Advocate, older women are more likely to be declared legally incapable than older men. This may be due to the fact that women live longer than men. It may also suggest that older men are revered whilst older women are infantilised. This was certainly the case in Julie's family.

Julie is a middle-aged woman with five older brothers. With unseemly haste, a few days after her father's death, a GP was asked to declare Julie's elderly mother legally incapable. That she was bewildered, grieving and in the first weeks of widowhood after 50 years of marriage did not seem to have been taken into account.

After Julie's mother was declared legally incapable, the youngest son became her financial power of attorney. Tony's job was to manage his mother's estate in her best interest. Determining what was in his mother's best interest was contested. Was it in their mother's best interest to keep money in the bank and continue to pay tax? Or should the children receive an early inheritance? Questions such as these divided Julie's siblings.

The eldest son, Christopher, organised frequent financial family planning meetings. Christopher was planning his own retirement and unashamedly cast his eyes towards the Bank of Mum rather than towards his own financial planning. Julie questioned why these meetings were not convened prior to her father's death, particularly when their father's cognitive status was diminishing. Her question fell on deaf ears.

Tony prepared a financial spreadsheet describing 'Mum's assets', sharing this spreadsheet amongst his siblings. Would a financial spreadsheet with "Dad's assets" have been shared in the same way if their mother had died first? Of course not.

Then came the zinger. Julie was told that her mother's monthly expenses were excessive. Julie's sister-in-law explained to her: "Your brothers are worried about their inheritance. What's wrong with that?" Gob-smacking stuff.

Julie went into full feminist flight to show her brothers, their wives and anyone else who would listen exactly what was wrong. She defended her mother's right to spend her own money. Julie argued that their father would have wanted his wife to have as much lemon squash, cheddar cheese, milk chocolate and shortbread biscuits as she wants.

Two brothers supported her; the other three bunkered down, ensconced in their men's club with others who share their views. These brothers refused to engage with Julie. They simply dismissed Julie's views as offensive, describing her as mad and bad, as powerful men often do.

Julie's gender goggles gave her clarity. On every issue, she asked her brothers a simple question: "Would you have treated our father like this?" However, her three older brothers had stopped listening years ago.

Perhaps Julie's brothers will listen to The Victorian Chief Commissioner of Police and the Chief of the Australian Army talking about men's sense of entitlement. Men with gender goggles may be easier on their ears.

Keeping an eye on the bank of Mum

Online Opinion, 8 May 2015

Australians are living longer and living richer than at any time in our history. The Intergenerational Report predicts that 40,000 people will celebrate their 100th birthday in 2055. Some older women will enjoy their wealth – travelling the world, with their luggage broadcasting that they are 'spending their children's inheritance'. Others will live in an aged care facility while their children keep their eyes peeled on the 'Bank of Mum'.

State Trustees Victoria report '*For Love or Money: intergenerational management of older Victorians' assets'* shows that women over the age of 80 are most at risk of financial elder abuse. This research found that adult sons are the most common perpetrators.

Financial elder abuse involves taking or misusing an older person's money, property or assets. Studies confirm that financial abuse is the fastest-growing type of abuse of older women. So much so that Senior Rights Victoria suggested the terms of reference for the Royal Commission into Family Violence should include elder abuse.

When a father dies, some adult children assume what was once 'Mum and Dad's money' is now their money, not their mothers'. They are not willing to wait for their inheritance until after their mothers die. Children with 'Early Inheritance Syndrome' feel a sense of entitlement to their mothers' assets.

These impatient children will actively seek ways for their mothers to 'gift' them money, or will interfere in the management of their parents' assets to protect what they see as their entitlement. They will keep a close eye on their mother's assets and curtail her expenses, such as money she spends on holidays and carers.

According to the Office of the Public Advocate, older women are also more likely to be declared legally incapable than older men. This may be due to the fact that women live longer than men. Some children assume that older women, particularly those who have not been the family's breadwinner, are unable to manage their own finances. After the father dies, they encourage their mother to appoint a financial power of attorney, often a son.

Children with 'Early Inheritance Syndrome' make assumptions that devalue the rights of older women.

"Mum doesn't need money, and it's going to be mine anyway."

In cases of financial elder abuse, this is the most common justification given for taking a mother's money whilst she is alive.

"Mum finds talking about her finances stressful."

Some children believe that their mother finds discussions about financial issues complex and stressful. This is not only patronising but it also disempowers older women to make choices about how their money is spent.

"Having a large amount of money does not improve Mum's quality of life.

Most of us take comfort in the security of having savings in the bank. Why are older women different?

"Mum will be no worse off after gifting her money to her children".

This statement is absurd. By gifting money to their children, the children are better off at the expense of their mother. The less money an elderly woman has, the less money she will be able to spend on herself.

"Reducing Mum's income will reduce her fees at the aged care facility".

Lower fees at the aged care facility means more money for the beneficiaries of the will (i.e. the children). However, many older women may appreciate the care that they receive in an aged care facility, and are happy to pay higher fees for receiving good care.

"Reducing Mum's income will reduce the amount of tax she needs to pay"

Gifting money to children will result in Mum paying less tax. This may be a good thing for the children, but certainly not for society.

"Mum's current will cannot be changed".

Most people change their wills throughout their lives as their circumstances change. Why are older women different? Spending years in an aged care facility may change an older woman's ideas about how the money is distributed after she dies. She may prefer to give some money to Doctors without Borders, The Lost Dogs Home, or even a kind nurse at the aged care facility. This is her decision, not her children's.

"By gifting money to the children, this gift reduces their children's loans and interest payments on these loans."

Should middle-age professional people expect their elderly mother to assist them to manage their 'lifestyle choices'?

Financial elder abuse may begin with the best intentions - with an elderly woman asking a child to act as her financial power of attorney. This can quickly progress to a sense of entitlement, particularly when adult children have mortgages or debts.

There is little reliable data on the extent of financial elder abuse. It is often a silent crime – unreported and unacknowledged. Although the banking industry has introduced initiatives to help prevent this silent crime, financial elder abuse remains difficult to police.

Greedy son syndrome

Letter, The Age, 5 June 2015

Financial elder abuse is family violence. Senior Law suggests the contributing factor is ageism rather than gender. However, research shows that women over the age of 80 are most at risk of financial elder abuse, with adult sons being the most common perpetrators.

Some children assume that older women, particularly those who have not been the family's breadwinner, are unable to manage their own finances. After the father dies, they encourage their mother to appoint a financial power of attorney, often a son. In some cases, the mother is declared legally incapable.

Children with 'Early Inheritance Syndrome' feel a sense of entitlement to their mothers' assets. These impatient children will actively seek ways for their mothers to give them money. They claim: "Mum doesn't need money, and it's going to be mine anyway."

Some greedy children keep their eyes peeled on the Bank of Mum. They curtail her expenses, such as money she spends on holidays, carers and Kingston biscuits. They protect what they see as their entitlement. The financial abuse of older women is on a continuum of violence towards women. It should be a criminal offence.

ABC RN Law Report

Comment, 23 June 2015

I agree that financial elder abuse is underpinned by children's sense of entitlement to their parents' assets. It is also underpinned by greed.

The statistics suggest that this form of family violence may be gendered with older women more likely than older men to be the victims. These statistics also suggest that perpetrators of financial elder abuse are more likely to be sons than daughters.

I was surprised how easy it was to have my mother declared legally incapable. A few days after my father's death, Mum's GP declared my then 88-year-old mother legally incapable. The GP did not refer Mum to a specialist for a neurological or mental health assessment. He completed the required paperwork himself.

My mother and father were married for 64 years – so it is not surprising that she was depressed after his death. Although Mum was depressed after the death of

her husband, she was still capable of making legal, medical, financial and personal decisions.

Perhaps there should be a period of time after a spouse's death before a widow or widower can be declared legally incapable. I also think psychogeriatricians and neuropsychologists are better qualified than GPs to competently assess a patient's legal capacity.

Once my brother was appointed the financial power of attorney, he took complete control of Mum's financial affairs. There are currently no formal mechanisms to ensure that he act in my Mum's best interest.

I was shocked when he suggested that my four older brothers and I take an early inheritance. I objected strongly to this suggestion. Clearly an early inheritance was in our best interest rather than Mum's best interest.

My eldest brother who was planning his retirement then began to organise frequent meetings to discuss Mum's financial affairs. He also asked for regular updates of Mum's expenses. I questioned the need for these meetings and updates, reminding him that he never asked for this information when Dad was alive.

Then came the zinger. My three older brothers and their wives met to discuss the "family estate". They were concerned that Mum's expenses were too much.

My sister-in-law emailed me to say: "Your brothers are worried about their inheritance. What's wrong with that?" They also complained about Mum visiting her beach house.

Fortunately one older brother and I support Mum's right to spend her money as she wishes and to visit her beach house whenever she likes. However, not every family has children who advocate for their mother. Legal mechanisms need to be implemented to ensure older people are not victims of financial elder abuse.

The financial abuse of my mother has unfortunately divided my family. It is sad when the love of money trumps the love of family relationships.

Infantalising older women to disguise financial abuse

Womens' Agenda, 19 November 2015

What would make a man eulogise about his dead father at his mother's funeral and then propose a toast to his "mother and father"?

This eulogy was more than your garden-variety misogyny. It was misogyny on steroids.

Listening to the eulogy, I was transported back to the to the Victorian era. In those days, a wife lost her personal identity when she acquired her husband's name. A wife became her husband's property, his chattel.

Victorian marriage and property laws stipulated that a married woman did not have a separate legal existence from her husband. A married woman was a

dependent, like an underage child or a slave, and could not own property in her own name or control her own money.

The laws changed over a hundred years ago. Thankfully so too did attitudes towards married women. Older women may be the last bastion of Victorian traditions.

Some older women are treated like an underage child after their husband dies. They are encouraged to appoint a financial power of attorney because older women, particularly those who have not been the family's breadwinner, are assumed to be incapable of managing their own financial affairs. Not only is this patronising but also it disempowers older women.

The ultimate act of disempowerment is when an older woman is declared legally incapable. According to the Office of the Public Advocate, older women are more likely to be declared legally incapable than older men. This may be due to the fact that women live longer than men. It may also suggest that older men are revered while older women are infantilised.

Once an older woman is declared legally incapable, an enduring power of attorney, both financial and medical, is appointed. The financial powers of attorney take complete control of their mother's financial affairs. The older woman is then transported back to the Victorian era. She loses control of her own money, just like a young child.

Financial powers of attorney are required to act in the older woman's best interest. If they don't, it is financial elder abuse.

There is little reliable data on the extent of financial elder abuse. State Trustees Victoria found that women over the age of 80 are most at risk of financial elder abuse. They found that adult sons were the most common perpetrators of financial elder abuse.

Financial elder abuse may begin with the best intentions – with children acting as their mother's financial power of attorney thereby managing her finances. This can quickly progress to a sense of entitlement, particularly when adult children have mortgages or debts.

In some families, children are not willing to wait for their inheritance until after their mother dies. They assume what was once 'Mum and Dad's money' is now their money, not their mothers' money. They may even curtail the amount of money their mother spends.

There have been several high-profile trust fund disputes in which sons have sued their mothers. In one case, a former pupil of a private boys school in Sydney sued his mother after the family estate was left to his mother rather than to him. This "old boy" was castigated by the judge for having a "highly developed and unhealthy sense of entitlement".

Financial elder abuse is currently not a criminal offence in Australia. It is treated as a private issue, like family violence was treated during the Victorian

era – before the work feminists did to make it a public issue. For financial elder abuse to become a criminal offence, attitudes towards older people, particularly older women, need to change.

Risk of abuse escalates

Letter, The Age, 10 November 2015

Commissioner Susan Ryan suggests the government keep a national register for powers of attorney, so it would be clear who had control of an older person's finances.

Financial powers of attorney also need guidelines, as there are countless opportunities for an older person's finances to be managed inappropriately. They can withdraw money from an older person's bank account for their own purposes, with no questions asked. They can also control how much older people spend, and what they spend it on.

Legal mechanisms need to be implemented to protect older people. As economic conditions worsen, older people, particularly those with diminished capacity due to dementia and depression, are at a greater risk than ever of being financially abused.

Adult kids getting away with murder

Letter, *The Saturday Paper*, July 16 2016

Financial elder abuse is family violence. Research shows that women over the age of 80 are most at risk of financial elder abuse, with adult sons being the most common perpetrators.

It is often a silent crime – unreported and unacknowledged. Like all silent crimes perpetrated mostly against women, financial abuse will be difficult to police.

Claudia Castle's examples ("Where there's a will", July 9-15) demonstrate that the opportunities for children to act inappropriately are enormous. There are no formal mechanisms to ensure that financial powers of attorney act in an older person's best interest.

Boomers with early inheritance syndrome feel a sense of entitlement to their parents' assets. They make ageist and sexist assumptions that devalue the rights of their elderly parents. They often justify their actions by saying, ''Mum doesn't need money now, and it's going to be mine anyway.''

For financial elder abuse to become a criminal offence, attitudes towards older people, particularly older women, need to change.

Older People At Risk Of Being Financially Abused - By Their Children

Aged Care Matters, 14 June 2019

The United Nations (UN) has designated today (15 June) as World Elder Abuse Awareness Day. The types of abuse to be aware of include financial, physical, sexual, social, psychological and emotional abuse. Financial abuse appears to be the most common.

While some older people are enjoying their wealth – travelling the world, their luggage broadcasting that they are spending their children's inheritance – others live in aged care homes, with their children keeping their eyes peeled on the 'Bank of Mum and Dad'.

As economic conditions worsen, this second group is at greater risk than ever of being financially abused. Financial abuse involves taking or misusing an older person's money, property or assets. It also includes persuading an older person to change their will through deception or undue influence.

Research has identified adult children, particularly sons, as the most common perpetrators of financial abuse. The victims are often women over the age of 80. Like other crimes perpetrated mostly on women – domestic violence and sexual assault – financial abuse is often a silent crime, unreported and unacknowledged. As a result, there is little reliable data on its extent.

The most vulnerable include older women with diminished capacity due to dementia and depression. According to the Office of the Public Advocate, older women are more likely to be declared legally incapable than older men. This may be due to the fact that women live longer than men. It may also suggest that older men are revered whilst older women are infantilised. This was certainly the case in Julie's family.

Julie is a middle-aged woman with four older brothers who were all educated at elite private schools and have had successful careers. With unseemly haste, a few days after her father's death, a GP was asked to declare Julie's elderly mother legally incapable. That she was bewildered, grieving and in the first weeks of widowhood after 64 years of marriage was not taken into account.

After Julie's mother was declared legally incapable, the youngest son, Tony*, became her financial power of attorney. Without any guidelines to help him manage his mother's money in an ethical manner, Tony recommended his mother gift some of her money to her children. This gift would help his siblings with mortgages and other debts. "Mum doesn't need this money and it's going to be ours soon anyway".

Julie was horrified. Should middle-aged men who all have professional jobs with decent salaries rely on inherited money to help them with loans they chose to take out to support their lifestyles? Julie told her brothers they had 'early inheritance syndrome'.

Adele Horin coined the phrase ‘early inheritance syndrome’ to describe children with a sense of entitlement to their parents’ assets. These impatient children are not prepared to wait until their parents die. Children with ‘early inheritance syndrome’ often make ageist and sexist assumptions that devalue the rights of their elderly parents.

Tony assumed his mother, who had not been the family’s breadwinner, would find discussions about financial issues complex and stressful. He arranged family meetings to discuss ‘the family estate’ without his mother present. This was not only patronising it also disempowered his mother.

Julie’s eldest brother told his siblings he was planning his retirement. He unashamedly cast his eyes towards the Bank of Mum. Without blinking, he requested regular spreadsheets of his mother’s expenses so he could know his “financial position”. He assumed what was once ‘Mum and Dad’s money’ was now his money, not his mothers’ money.

There have been several legal disputes in which sons have sued their mothers over a ‘family estate’. In one case, a former pupil of a private boys school took legal action after the family estate was left to his mother rather than to him. The judge castigated him for having a “highly developed and unhealthy sense of entitlement“.

This gendered sense of entitlement is reminiscent of the Victorian era. In those days, a wife became her husband’s property, his chattel. A married woman could neither own property in her own name nor control her own money. The laws changed over a hundred years ago. Thankfully so too did attitudes towards married women. Older women may be the last bastion of Victorian traditions.

Soon after Julie’s mother’s 90th birthday party, three brothers complained that their mother’s monthly expenses were “excessive”. They wanted Julie to curtail these expenses. They also wanted to restrict their mother’s visits to her beloved beach house. Julie’s sister-in-law explained: “Your brothers are worried about their inheritance. What’s wrong with that?”

Julie defended her mother’s right to spend her own money. One brother supported her; the other three bunkered down, ensconced with others who shared their privileged views. These brothers refused to engage with Julie. They simply dismissed Julie’s views as offensive, describing her as mad and bad, as powerful men often do.

The financial abuse of older women is on a continuum of violence towards women. It should be a criminal offence. For financial abuse of older people to become a criminal offence, attitudes towards older people, particularly older women, need to change.

The rise - and risk - of 'early inheritance syndrome'

The Age 17 June 2017

Children with early inheritance syndrome feel a sense of entitlement to their parents' assets. They are not prepared to wait until their parents die. These impatient children seek ways for their parents to give them money, or interfere in the management of their parents' assets to protect what they see as their entitlement.

Financial abuse is the most common, and fastest-growing, type of abuse of older people. It involves taking or misusing an older person's money, property or assets. It also includes persuading an older person to change their will through deception or undue influence.

As economic conditions worsen, older people are at a greater risk than ever of being financially abused. People who are locked out of the housing market may expect access to their parents' assets, even though their parents are still alive.

As the vulnerability of older people increases, their dependence on family members also increases. Often they do not want to say "No" to their children's requests for money or asset transfers for fear of upsetting these relationships. Those with early inheritance syndrome may justify their actions by saying: "Mum and Dad don't need money now, but I do" or "The money is going to be mine anyway". However, some older people may prefer to give money to Doctors without Borders, The Lost Dogs Home, or even a kind nurse at the aged care home. This is surely their decision, not their children's.

Research shows that women over the age of 80 are most at risk of financial elder abuse, with adult sons being the most common perpetrators. A common assumption is that older people, particularly women who have not been the family's breadwinner, are unable to manage their finances.

Children who want to protect what they see as their entitlement may encourage their parents to appoint them as financial power of attorney. Although children acting as financial powers of attorney should act in their parents' best interest, there is no legal obligation to do so.

There are currently countless opportunities for financial powers of attorney to inappropriately manage their parents' finances. They can withdraw money from their parents' bank account for their own purposes, with no questions asked. They can also control how much their parents spend, and what they spend it on.

Financial elder abuse is not a criminal offence in Australia. For financial elder abuse to become a criminal offence, attitudes towards older people, particularly older women, need to change.

Lendlease puts 100-year-old WWII survivor through the wringer

Lendlease puts 100-year-old WWII survivor through the retirement village wringer *Michael West Media*, 7 July 2020

A captain in the Allied merchant navy during World War II, 100-year-old Egon Pedersen, has been fighting the multi-billion-dollar company Lendlease for more than six months for the legal return of his refundable accommodation deposit (RAD). Lendlease, the largest owner of retirement villages in Australia and a company that earned $92 billion between 2014 and 2019, has been relying on technicalities to try to hang on to Egon's deposit of $270,000.

The David and Goliath battle began eight months ago, soon after Egon suffered a stroke. The aged care assessment team recommended Egon vacate his apartment in Lendlease's Goodwin Close Retirement Village and move into an aged care home. He needed to pay the aged care home's accommodation deposit and took out a loan because he expected Lendlease to refund his deposit within the legislated 14 days. He certainly didn't expect to have to hire a lawyer to fight his corner when the company refused to return his money.

When I heard about Egon's situation, I phoned the Aged Care Quality and Safety Commission and Older Person's Advocacy Network. Neither could help. I was told to: "get a lawyer who specialises in contract law". Instead, I contacted Michael West.

Last Friday morning, Michael put some questions to Lendlease:

Could you please describe Lendlease's position?

Is the company relying on a claim that it is in financial hardship and therefore cannot refund the RAD?

Has Lendlease lost the plot?

By Friday afternoon, Michael had received a reply from Lendlease:

"Thank you for bringing this to our attention. Unfortunately, senior management was not aware of this issue either through escalation from the business or through our customer complaints portal. We are making contact with Mr Pedersen and his family to sincerely apologise and to take action to address the issue. We'll also be reviewing our escalation and customer complaints processes to avoid a similar issue happening again."

Soon afterwards, Egon's son received a phone call from the managing director of Lendlease retirement living. He was very apologetic and said he would direct his staff to refund the full amount to my Dad immediately. Four day's later, Egon is still waiting for the money to be returned.

In 2011 Egon moved into the Lendlease retirement village in Goodwin Close. He signed a contract as a non-owner resident and paid an ingoing contribution. This contract included a clause stating that Lendlease would return the accommodation deposit within two years of him vacating the apartment. However, the legislation changed in 2017, mandating the return of the deposit within 14 days for those moving into an aged care home. This change was intended to help fund accommodation costs in aged care.

Egon took out a loan because, like many others, he was unaware he could wait six months before paying the aged care home's accommodation deposit. Egon anticipated it would only be a short-term loan and that his $270,000 would be returned in accordance with the Retirement Villages Regulations (2017).

The only reason for a company not to return the RAD in a timely manner is if the company is in financial hardship. It is unlikely that a company that earned $92 billion over the six years from 2014 to 2019 could claim financial hardship.

Contract stands, Egon told

Egon's lawyer told Lendlease that Egon required the RAD to be returned so he could meet his ongoing care needs in the aged care home. A lawyer representing Lendlease replied that Egon's RAD would be returned within two years of the date he vacated the retirement village, as per the original 2011 contract. As Egon's son explained: "Dad might be dead by then."

Lendlease used a technicality to hang on to Egon's RAD. It was "their view" that the Regulation 7 Retirement Villages (Contractual Arrangements) Regulations 2017 (Victoria) did not apply because Egon had paid the aged care home's RAD in full (because he wasn't made aware he had any other option).

According to Lendlease's lawyer: "You will see that the regulation contemplates that payment would be made directly to the aged care provider, and (in our view) it is not intended to operate as reimbursement of the RAD already paid."

Lendlease's unconscionable treatment of a 100-year-old man makes a mockery of its stated core values ("pillars") are integrity, openness and trust. Coupled with the aggressive and arguably illegal tax position taken by Lendlease in its Retirement Village business, the fact that Lendlease has paid almost no income tax in Australia for a decade and the fact that Lendlease is claiming JobKeeper (relying on an aggressive and legalistic view of entitlements to the JobKeeper scheme), on what basis can LendLease claim to be an ethical company?

The Royal Commission into aged care quality and safety has focussed on substandard care and neglect of older people in aged care homes. It needs to give more attention to aged care providers who financially abuse older people.

Financial abuse already hurts older people

Financial abuse already hurts older people, especially women, the economic downturn now heightens the risk *Women's Agenda* 15 June 2020

As economic conditions worsen during the recession, older people will be at a greater risk than ever of being financially abused. Adult children with mortgages and other debts may turn their eyes to the bank of Mum and Dad.

Figures from the Australian Banking Association show that payments on 643,000 loans, worth around $200 billion, have been deferred since the lockdowns. People are eventually going to have to catch up on these deferred payments.

Children with 'early inheritance syndrome' may feel a sense of entitlement to their parents' assets, and consequently seek ways for their parents to give them money. They may justify their actions by saying: "The money is going to be mine anyway."

Financial abuse is the most common, and fastest-growing, type of abuse of older people. It involves taking or misusing an older person's money, property or assets. It also includes persuading an older person to change their will through deception or undue influence.

Research shows that women over the age of 80 are most at risk of financial abuse, with adult sons being the most common perpetrators. A common assumption is that older women, particularly those who have not been the family's breadwinner, are unable to manage their finances after their husband dies. Not only is this patronising but also it disempowers older women.

Several high profile disputes in which sons have sued their mothers have been reported in the media. An old boy from The King's School sued his mother for a share of his grandfather's $5.5 million estate. A Supreme Court judge castigated him for having a "highly developed and unhealthy sense of entitlement."

Believing an older woman is unable to manage her finances is a hangover from the Victorian era. In those days, a married woman was unable to control her own money. The laws changed more than a hundred years ago. Thankfully so too did attitudes towards married women. However, older women may be the last bastions to experience Victorian traditions.

Children who want to protect what they see as their entitlement may encourage their mother to appoint them as an Enduring Power of Attorney. People in these roles are required to act in the best interest of the older woman. If they don't, it is financial elder abuse. This was the case in Sally's family.

Sally is a middle-aged woman with four older brothers. With unseemly haste, a few days after her father's death, one of the brothers asked the family GP to declare Sally's elderly mother legally incapable. That she was bewildered, grieving and in the first weeks of widowhood after 64 years of marriage did not seem to have been taken into account.

After Sally's mother was declared legally incapable, the youngest son, Tony, became her Enduring Power of Attorney. Tony's job was to manage his mother's estate in her best interest. How to define this, however, was contested among the siblings. Was it in their mother's best interest to keep money in the bank and continue to pay tax? Or should the children receive an early inheritance? Questions such as these divided Sally's siblings.

The eldest son, Christopher, organised frequent financial family planning meetings. Christopher was planning his own retirement and unashamedly cast his eyes towards the Bank of Mum.

Then came the zinger. Sally was told that her mother's monthly expenses were excessive. The expenses included hiring a support worker so Sally could take her mother to her beloved beach house, away from the routines of the aged care home.

Sally's sister-in-law explained to her: "Your brothers are worried about their inheritance. What's wrong with that?" Gob-smacking stuff.

Sally went into full feminist flight to show her brothers, their wives and anyone else who would listen, exactly what was wrong. She defended her mother's right to spend her own money on as much ginger beer as she wanted. She also continued to take her mother to her beach house, despite ongoing objections.

One brother supported her; the other three bunkered down, ensconced in their men's club with others who share their ageist and misogynist views. These brothers refused to engage with Sally. They simply dismissed Sally's views as offensive, describing her as mad and bad, as powerful men often do.

Financial abuse of older people is currently not a criminal offence in Australia. It is treated as a private issue, like family violence was treated during the Victorian era. For financial elder abuse to become a criminal offence, attitudes towards older people, particularly older women, need to change.

Who cares…Arcare?

Who cares … Arcare? Aged care providers still charging for services never provided, regulator hiding *Michael West Media* 3 January 2024

Some aged care providers are a law unto themselves. Although Australian Consumer Law makes it illegal for a business to accept payment for products and services that are not supplied, some aged care businesses wilfully break the law. Residents in these aged care homes are charged for services they do not use.

Residents may be charged for services such as an internet connection, irrespective of whether they use the internet. Teetotallers may also be charged for wine with dinner. Rather than protect residents from this financial abuse, the

Minister for Aged Care and the national regulator of aged care services continue to turn a blind eye.

According to legislation, additional services can only be charged if the resident "receives direct benefit or has the capacity to take up or make use of the services". Aged care providers must not only regularly review a resident's ability to derive a benefit from the additional care or services but also itemise these additional services in a monthly statement.

When Mr and Mrs Jones entered an Arcare residential facility, the contract included an Additional Services fees of $20 per person per day. So what did this buy them? A choice of menu for lunch and dinner; a selection of wine and beer with dinner; weekly hot cooked breakfast; exclusive use of the private dining room; weekly pre dinner drinks; weekly high tea; daily newspaper in communal areas; wireless internet in your private suite; exercise classes; Foxtel, and local small group outings. Other items listed in the agreement, included, a welcome gift on arrival, exclusive use of private dining room and two meals for family and friends on first day. So residents had to pay for their own welcome gift – seriously?

When Mr and Mrs Jones' daughter questioned paying an extra $140 each per week, Arcare agreed to reduce the fee to $70 per week, on the condition that Foxtel was removed from each room. Was Arcare charging her parents $10 per day to access Foxtel?

Each month Arcare provided an invoice. This invoice included 'daily care fees', 'means tested fees' and 'additional services'. However, these 'additional services' were not itemised – so there was no way of knowing which of these 'additional services' Mr or Mrs Jones had used. Did they have wine for dinner or attend an exercise class?

When the daughter realised that Mr and Mrs Jones were not using any of the additional services, she asked to have the fee abolished. However, Arcare refused. So, the daughter made a formal complaint to the aged care regulator – Aged Care Quality and Safety Commission (ACQSC).

Eight months after her initial complaint, and after numerous follow up emails, the daughter was advised that ACQSC had not been able to resolve the complaint.

The daughter did not give up. She contacted ACCC, the Commonwealth Ombudsman and the Office of the Australian Information Commissioner and Older Persons Advocacy Network – all to no avail. She then went back to ACQSC. Surely it was their job to ensure aged care providers acted lawfully.

Her persistence paid off. Fourteen months after her initial complaint, ACQSC issued a 'Notice of Intention to Give Directions (Notice)' to Arcare. According to this Notice Arcare:

- charged an additional services fee for a bundled package but did not provide an itemised cost for each service;

- had no review process to assess a consumer's capacity to benefit from the additional services provided; and
- included care and services in a package of services already required to be provided under the Quality of Care Principles 2014 (e.g. a communal newspaper, a choice of meals at lunch and dinner, exercise classes and bus outings).

In response to the Notice, Arcare proposed a range of actions it would take. However, these actions were not sufficient to address the complaint. So ACQSC issued Directions to Arcare. These Directions outlined the actions Arcare was required to undertake (including necessary timeframes) in order to meet its responsibilities under the Aged Care Act 1997. Arcare was required to:

- take action to provide an itemised list (including costs) for each element of its bundled package of additional fees;
- provide accurate information about the availability and access arrangements for the included care and services;
- only charge for additional care and services where care recipients are able to derive a benefit from them;
- cease charging for items that should be provided under the Quality of Care Principles 2014; and
- provide refunds where they have charged additional fees unlawfully.

Arcare challenged the Directions Order in the Federal Court. It soon became clear that ACQSC was no match for Arcare's lawyers. After a year of legal shenanigans, ACQSC advised the daughter to negotiate directly with Arcare for compensation. However, the daughter was not fighting only for her parents. She was fighting for all Arcare residents who are charged for services they do not use.

Arcare continues to charge additional fees irrespective of whether residents use these services. They also do not provide an itemised list (including costs) for each service (see recent invoice).

Although the aged care regulator is fully aware that Arcare and other aged care providers are not acting in accordance with aged care legislation, ACQSC has washed its hands. ACQSC simply does not have the power to enforce residents' legal rights. What is the point of the government introducing a new Aged Care Act without a strong regulator with the power to enforce legislation?

In 2018, Regis and Japara were forced to repay residents millions of dollars that had been charged to clients under the guise of an 'asset refurbishment fee'. The 'asset refurbishment fee' that was declared illegal by the Federal Court. It's well past time for Anika Wells, Minister for Aged Care, to step up and declare it illegal for aged care providers to charge residents for services that they are not receiving in an aged care home.

Aged care advocacy

Bullying and abuse by aged care advocates must stop

Aged Care Matters,19 March 2019

There are a large number of voluntary aged care advocacy groups. Aged Care Crisis, Elder Care Watch, Aged Care Matters, Stop Elder Abuse, Angels for the Elderly, to name a few. Representatives of these voluntary groups spend hours upon hours talking with residents of aged care homes, recipients of in-home care, family members and staff.

The emergence of these voluntary advocacy groups raises an important question about the role of 'consumer' organisations funded by the federal government. Why are people seeking help from volunteers rather than COTA, National Seniors and OPAN?

The most common complaint about OPAN in Victoria is 'the answering machine'. This financial year Elders Rights Advocacy received over $1.3 million from the National Aged Care Advocacy Program (NACAP) grant. Yet, when people phone Elders Rights Advocacy for advice/help, people say they are often greeted with an answering machine. Not surprisingly, these people go elsewhere for help.

Most voluntary aged care advocacy groups are extremely well intentioned. However, in recent years, some vigilante type aged care advocacy groups have emerged. Unlike Aged Care Crisis that rigorously contests claims made by governments and providers, these vigilante groups viciously attack individuals.

One of these vigilante groups operates under the name of Actioning Change for Aged Care. Some members of this group use Facebook in an attempt to destroy the reputations of people working in the aged care sector. In the beginning, they focused their attention primarily on providers. TriCare in Bundaberg was their first target. Next was Opal.

The most recent attack is focused on an aged care home in a small town in Queensland. Over the past 18 months, this vigilante group has conducted a relentless and vicious campaign against administration, staff and volunteers of Millmerran aged care home. With the use of out-dated records, they have raised multiple vexatious complaints with the Aged Care Complaints Commissioner. They have also posted hateful remarks about aged care workers and their family and made numerous threats. The reasons for this ongoing attack can be attributed to personal grudges and the fact the community dared to contradict their claims and fight back.

This vigilante group bases its attacks on anecdotes not evidence. Members of this group claim naming and shaming is in the "public's interest", irrespective of whether there is any substance to their attacks. Fortunately journalism's code of ethics requires an independent investigation of claims of neglect in an aged care home before such claims are reported.

A Facebook page demonstrates the ongoing atrocious, vulgar, bullying and harassing behaviour from those who claim to be aged care advocates. As you will see, their abuse is not limited to individual aged care providers. They also attack individual aged care workers and even volunteers.

This vigilante group also attack other aged care advocates. Stewart Johnston (Oakden whistle blower), Charli Maree Darragh Matterson (Angels for the Elderly), Maria Berry and me (Aged Care Matters) have all been victims of online abuse. There are others who prefer not to be named.

The Internet has enabled a small group of women to disrupt many people's lives. Take Stewart Johnston for example. Since his mother was abused in Oakden, Stewart has worked tirelessly to help reform the aged care system. Yet members of this vigilante group attacked and ridiculed him.

I have also had the misfortune to read some abusive Facebook posts directed at Charli Maree Darragh Matterson. After Charli's mother was murdered in an aged care home, these sadists chose to bully and intimidate her by posting repugnant images and hateful comments on Facebook. This ongoing abuse made Charli feel suicidal.

Unfortunately, Facebook turns a blind eye to trolls and bullies whose relentless abuse has caused suicides, depression and other mental health issues. By not adequately controlling trolling, Facebook is condoning sadists' despicable behaviour.

I am the most recent victim of Internet abuse by a member of the Facebook group Actioning Change for Aged Care. Rather than call this person a troll, I call her "an abuser" because the abuse was sent via private messages.

Soon after I left Aged Care Matters' Facebook group, the Internet abuse began: "Fancy telling people in Aged Care Matters Facebook group that you're broke! You own your house and a beach shack. Yep, you're struggling! That's so offensive to people who are broke."

The conventional wisdom of the Internet is to ignore abusive messages. However, I chose to engage with humour. "I can't eat my house". The abuser then replied: "Sell a house".

The next message was directed at my approach to aged care advocacy: "People are sceptical and think you are captured because you have lunches with providers and peak bodies. You think [they] are decent people."

The abuser continued: "Like every other advocate, your advocacy has not been affective. Meetings with ministers, aged care providers and peak body groups have amounted to pretty much nothing. It was 4 Corners who where (sic) instrumental in forcing a Royal Commission, not you. No advocates are taken seriously. And as much as you talk and write, nothing has changed. So perhaps try a different tact (sic)."

I engaged: “Do you suggest I adopt your tactic and spew meaningless insulting Facebook posts?”

The abuser would not be silenced: “Not in a million years would I have lunch with people who have knowingly protected organisations that have neglected and abused the elderly for years. When are you having lunch with George Pell?”

I could not resist replying: “George Pell is a convicted paedophile. [The people you refer to] are not paedophiles. They are simply people with whom you disagree.”

I had clearly stated that people who work in industry are people with whom these abusers disagreed. Yet the abuser quickly shot back an absurd reply: “Misleading of you to suggest I think your mates [in industry] are paedophiles.”
The next message was equally nonsensical: “Pell knew about the abuse in the church and did nothing about it. Same as your mates have known about the abuse in aged care for years and have done what?”

At this point, I stop engaging. Instead I took a screen shot of the private messages and shared them on social media.

Then the threats began: “You’re a complete and utter moll. Take that down at once or I will truly expose you for the person you are… I will be filing for an intervention order on Monday.”

I continued to use humour: “Monday is a public holiday. Best to do it on Tuesday.”

Calling me a moll and making threats (e.g. to call the police, apply for an intervention order or sue for defamation) are tactics frequently used by this group. These threats have no substance. A month later, I am still waiting for the intervention order!

Most vicious messages are rants that can easily be ignored. However, some posts are deadly serious. The registered nurse in the group posted advice about how to commit murder undetected.

The women in this small cabal claim to be whistle-blowers and aged care advocates. However, their Facebook posts show they are more interested in conducting campaigns of abuse than aged care reform. It is ironic that members of this group post memes denouncing those who bully. It is definitely a case of the pot calling the kettle black.

These women call for respect of older people in aged care homes while they demonstrate disrespect towards anyone who disagrees with them. For example, a man who volunteers by taking Millmerran’s aged care residents on bus excursions questioned the claims made by these vigilantes. He then became the subject of their abuse. They ridiculed and bullied him, describing him as the “Old Bus Driver”.

A recent petition collected over 300,000 signatures from people who are concerned about standards of care in aged care homes. Under normal circumstances, this petition would cause the government to sit up and take notice. However, its association with a toxic, abusive group of women seriously undermines the petition's credibility.

It is clearly not only unscrupulous providers who need to leave the aged care sector. Immoral people who abuse and threaten on the Internet have no place in aged care advocacy.

Aged Care Matters: Solutions Through Evidence And Dialogue

Aged Care Matters, 26 March 2019

Last week I published an article about a vigilante group of aged care advocates who bully and harass aged care providers, staff and other aged care advocates. Stewart Johnston responded to this article with his personal experience of being targeted by this group. He demonstrated forgiveness and compassion for those who had abused him.

I have known about this vigilante group for some time. My impression is members of this group are angry, irrational and mostly illiterate. The few times I visited the leader of this group's Facebook page, I was shocked by her venom towards providers, peak bodies and government. My response has been to ignore this group.

I know there are some wonderful aged care homes because my parents lived in one. I also know some providers of in-home care deliver high standards of care and support. Yesterday I met the leadership team of one of these providers.

I do not agree with the leader of this vigilante group that aged care is "like the holocaust." Instead, my position is we must get the unscrupulous providers out of the sector so we only have providers who deliver high standards of care.

I have been a voluntary aged care advocate for several years. Unlike this vigilante group, my advocacy has focused on finding solutions, not screaming abuse on Facebook and Twitter.

I began analysing systemic issues in the aged care sector after my mother and father moved into an aged care home in 2010. They were both very happy living in the aged care home. Most staff treated them with kindness, respect and love. They loved the food, the activities and they made many new friends, both residents and staff. After Dad's death in January 2012, I stopped work so I could visit Mum most days for about 3 years until her death in September 2015.

With my background as a public health researcher and a registered nurse who worked in intensive care units, I was able to analyse the aged care sector through a critical and clinical lens. Rather than writing Facebook posts and Tweeting, I began writing regular letters to the editor of The Age. I wrote letters about

staffing, accreditation, aged care funding instrument, complaints scheme, living wills and polypharmacy in older people.

After Mum died, I was asked to write an Opinion Piece. The Aged Care Gravy Train catapulted me into aged care advocacy. Soon afterwards, I began a voluntary advocacy group Aged Care Matters. In addition to writing numerous opinion pieces and submissions to inquiries/Royal Commission, I met with government, peak bodies and providers. I have also undertaken a research project on aged care homes and in-home care.

Shouting abuse and sharing memes on a Facebook or Twitter does nothing to help older people. It may make the poster/tweeter feel powerful, but it is just loud noise. In my view, the aged care sector will improve when residents, relatives, staff, providers, bureaucrats and politicians collaborate to ensure older people in aged care homes and in-home care have the best possible quality of life. Engaging respectfully with key stakeholders is an opportunity to learn about different perspectives.

Over the past few years, I have received numerous phone calls from residents and relatives wanting advice and help. Yesterday, a woman contacted me. She was extremely distressed because the aged care home had resuscitated her 94-year-old mother who had a Do Not Resuscitate order in her Advance Care Plan.

It was a heart-breaking story. Rather than die peacefully after breakfast, the family watched their mother and grandmother die a slow and seemingly painful death in a hospital palliative care unit. With better systems in place, this would not have happened. With my focus on solutions, perhaps all residents in an aged care home with a Not For Resuscitation order should wear an identifying bracelet.

It has been difficult for me to step aside from aged care advocacy when there is still so much that needs to be done. However, 20-30 hours a week of voluntary work was not sustainable.

Recently, I was a victim of Internet abuse by a member of the Facebook group Actioning Change for Aged Care. This is the same group who abused Stewart Johnston, Maria Berry and Charli Maree Darragh Matterson. A member of this group said: “People are sceptical and think you are captured because you have lunches with peak bodies.”

I am not captured by anyone. I have meetings with CEOs of peak bodies because I know they are focused on finding ways to deliver the best care to older people. Although I often disagree with peak bodies, we listen respectfully to each other’s opinion. Indeed, I have much more respect for the CEOs of LASA, ACSA and Aged Care Guild than I do for those who shout abuse on Facebook and Twitter.

Yesterday, I was asked if I felt like “doing some pro-bono time for Elder Rights Advocacy”. This financial year Elders Rights Advocacy received over $1.3 million from the National Aged Care Advocacy Program (NACAP) grant. It seems that it may take some time to change people’s expectations. I am no longer a volunteer!

We should be talking about aged care during the election campaign

Aged Care Matters 29 April 2019

Our democracy depends on the robust contest of policies. Yet so far the federal election campaign has been dominated by personal insults, pork barrelling and heated discussions about preference deals. I've hardly heard a whisper from candidates about their party's aged care policies.

I am standing as a candidate for Reason Australia in my local electorate (Cooper in inner city Melbourne) so I can put aged care in the election spotlight. Reason brings an evidence-based approach to all its policies, including aged care policies.

Aged care needs evidence-based, not opinion-based, policies. It also needs kindness. Rather than listen to the opinions of the usual suspects who are part of the broken system that has failed older Australians, we need new thinking. To quote Albert Einstein: "We cannot solve our problems with the same thinking we used when we created them".

Reason Australia's policies "Respecting older people" are:

- Implement strategies to combat ageism
- Establish a national framework of Healthy Ageing
- Support the aged care diversity framework and action plans to ensure equality in care for elder Australians
- Create age and dementia friendly environments within communities
- Re-write the Aged Care Act 1997 from a human rights perspective
- Transparency about how aged care providers spend government subsidies
- Mandatory reporting of elder abuse

ALP and Greens also released new policies on ageing and aged care. The Liberal Party has not announced any new aged care election policies. Perhaps they consider their track record speaks for itself.

Consistent with LNP's focus on the 'top end of town', the government recently gave $320 million to aged care providers without any obligation that this money will improve services for older people. The Reason Party disagrees with giving providers a one off cash injection without any strings attached. Taxpayers' moneyshould be used to improve the quality of life of older people not the pockets of providers.

The numerous aged care inquiries, reviews, consultations, think-tanks and task forces over the past decade have resulted in a large number of recommendations. Both LNP and ALP governments have ignored most of these recommendations. In fact, the 2013 aged care reforms that have marketised residential and in-home aged care have bipartisan support. This may explain why ALP is not talking about aged care.

The Greens' policies on aged care are much more progressive than either mainstream party. The Greens are the only political party to address the low salaries of aged care workers. They also support staff ratios in aged care homes though curiously their policy does not require a registered nurse to be on site 24 hours per day. When there is no registered nurse on site, elderly residents, particularly those who are uncommunicative, do not receive timely treatment when their condition changes. In some cases, this is a form of neglect.

The Greens' policies include the government spending a further $8.5 billion – $3 billion on aged care homes and $5.5 billion on home care packages. They sensibly include a cap on the percentage of the funding given to service providers that can be used for administration rather than direct resident care.

Although more staff, better pay and releasing more home care packages are important, we do not support the government giving more money to aged care providers until providers are transparent about how they spend this money. There must be transparency about how aged care providers spend government subsidies.

Both the ALP and Greens have policies to address elder abuse. The ALP policy states: "Labor will address the prevalence of elder abuse". The Greens' policy on elder abuse is slightly stronger, but not strong enough. The Greens state: "Measures to prevent and respond to elder abuse". In contrast, Reason's policy makes it mandatory to report elder abuse.

According to the Aged Care Act (1997), providers must "maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met". Although 51 ALP candidates support staff ratios in aged care homes, the ALP policy on staffing in aged care homes states: "adequate staffing levels with the appropriate mix of skills". The ALP policy does not rock the boat.

Reason not only rocks the boat, we tip the boat over. Our policy is a game changer. We don't tinker with The Act (e.g. mandate ratios), our policy is to re-write the Act from scratch.

Reason Australia envisagesan Aged Care Act that focuses on the human rights of older Australians not the profits of providers. This new Aged Care Act will include transparency about staffing levels/training and data about quality indicators. Every aged care home will be required to publish data on quality indicators such as pressure sores, medication errors, weight loss, falls, infection rates admissions to hospitals. They will also need to disclose complaints and how these complaints were resolved. Finally, the new Aged Care Act will require the registration of all workers.

Reason Australia recognises that current policies on ageing and aged care are underpinned by ageism. To achieve justice for older people, we have inclusive policies to combat ageism, homophobia and racism. Our policies also focus on healthy ageing and age and dementia friendly environments within our communities. If older people choose to live in their own home, a retirement village or an aged care home, they deserve respect, kindness and love.

Slinging Mud During Election Campaign

Aged Care Matters, Slinging Mud During Election Campaign Did Not Help Resolve Aged Care Crisis 20 May 2019

A confidential internal inquiry into the office of the Aged Care Minister Ken Wyatt was leaked to the media during the recent election campaign. The journalist described the leaker as a "whistle blower."

Whistle blowers are honourable people who are motivated by altruistic intentions. Anonymous disgruntled staff members who are dissatisfied with the outcome of an internal grievance process are not whistle blowers.

I have never worked in Minister Wyatt's office so I do not have inside knowledge. However, this leak had all the markings of a political attack. Normal administrative processes resolved this grievance. That should have been the end of it.

Instead, a confidential document was leaked to the media in the middle of an election campaign. The leakers' aim was to throw the Aged Care Minister, the first Indigenous frontbencher in federal parliament, and his Senior Advisor under the bus for political purposes.

The leakers went so far as to accuse Minister Wyatt's Senior Adviser of bullying. The oldest trick in a bully's handbook is to accuse others of being a bully. Is this yet another case of the pot calling the kettle black?

Recently, false allegations of bullying have been made against many strong, intelligent and forthright women in senior positions. When a male is forthright, he is "assertive". When a female is forthright, she is "aggressive". This gendered disparity was ever thus.

I am a researcher who advocates for improving standards of care in residential and in-home care. As such, I have had many meetings with Minister Wyatt and his Senior Advisor. Paula Gelo is one of the more honourable political advisors I have met. She is intelligent and committed to her job.

Minister Wyatt's Senior Advisor and I often discussed my ideas for improving the aged care sector. She was not only respectful but also provided evidence to support the government's position. I contested this evidence. Paula welcomed this robust contest of ideas.

Others on the Executive of Aged Care Matters have also challenged both Minister Wyatt and his Senior Advisor. Paul Dwyer (Aged Care Finance Solutions) said:

"I have found both the Minister and his adviser, Ms Gelo, exceptionally devoted to the aged care portfolio. Ms Gelo has been available 24 hours, 7 days a week, in any matters. She has shown me respect and courtesy, both face-to-face and via correspondence."

In my experience, bullies do not welcome alternate views. Instead, they react aggressively. They see disagreement as combat they must win. They either attack people who disagree with them, or ignore them. Either way, they ruthlessly shut down dialogue. Bullies perceive those who disagree with them as enemies who must be silenced. If the evidence does not fit with their worldview, they will simply ignore the evidence.

A new member of the Aged Care Sector Committee blocked me on Twitter after I questioned the value of the Aged Care Workforce Strategy Taskforce's report. He refused to engage with my alternate perspective. In contrast, Minister Wyatt and his Senior Advisor always replied promptly to my emails and texts, including when I was critical of the government's policies. They always picked up the phone when I called to discuss an urgent matter. Most importantly, they always did what they said they would do.

On several occasions, Minister Wyatt took my request for access to data to the Aged Care Sector Committee (ACSC). On each occasion, the ACSC denied the request. For example, when Minister Wyatt requested all reports on spot checks be made available on the My Aged Care website, the committee provided a patronising response about the data being "too technical". According to notes from meeting on 12 May 2017 (obtained by freedom of information): "Members expressed caution about releasing unpublished reports from the Quality Agency as they believed that these reports were more technical and, without explanation, may not provide useful information for consumers or their families."

According to the media's report: "Ms Gelo spent $108,000 on airfares as well as $31,000 in travel allowances in one year." Why did this spark alarm? Surely Minister Wyatt was entitled to take his Senior Advisor with him when he visits aged care homes around the country.

The Aged Care Minister, Minister Wyatt and his Senior Advisor visited over 130 aged care homes in urban, regional, rural and remote locations. Unlike Minister Ley (the previous Aged Care Minister), Minister Wyatt consulted widely with residents, relatives and staff. Both Minister Wyatt and his Senior Advisor should be praised for this, not criticised.

During her Christmas-New Year holidays in 2017, Minister Wyatt's Senior Advisor read my research report "Living well in an aged care home". She told me she welcomed reading relative's critical feedback. She suggested a qualitative research project with older people who receive in-home care. Paula said it was important for Minister Wyatt and herself to hear genuine first-hand experiences of in-home care.

The Commonwealth Department of Health generally commissions research from consultants working in large organisations such as KPMG and Korn Ferry. I am critical of this research – it is not only extremely expensive but often lacks rigour.

I was excited to have the opportunity to bring some genuine 'consumer' voices into the debate about in-home care. However, working with the Commonwealth

Department of Health was an eye-opener, to say the least. Without Minister Wyatt and his Senior Advisor's help, it is most likely my research report "Older people living well with in-home support" would have languished in the bottom of a drawer (with all the other reports that have provided the Department with unwelcomed critical feedback).

Working in a politician's office is not for the faint hearted. The hours are long and the stress is enormous. Minister Wyatt is fortunate to have employed a Senior Advisor who showed him such loyalty.

A smear campaign in the media will soon be forgotten. Instead, aged care stakeholders will remember Minister Wyatt and his Senior Advisor's work to improve the quality of life of older people who receive residential and in-home care.

Social media and defamation

Online Opinion 2 June 2020

During the coronavirus lockdown, many of us are spending more time on social media. It is a golden era for lawyers to scroll though Facebook and Twitter looking for even the most mildly offensive comments.

Suing people for making 'defamatory' comments on Facebook is becoming an industry. While some lawyers chase car accidents, others chase social media posts. Those of us who are sued are often advised to pay 'go away money' rather than go to court. It is difficult therefore to gauge the size of this industry.

Australia's defamation laws were written long before we all had access to social media. They were written with public figures and newspapers in mind. Defamation was once considered solely the domain of rich public figures. Although public figures continue to sue media organisations, private individuals are increasingly turning to defamation laws as a way of being vindictive.

Using the legal system to protest against offensive comments on social media was never the intention of defamation law. None the less, our defamation laws currently treat a Facebook post that is read by a handful of people the same as if the comments were published in a national newspaper.

Recently, a woman was ordered to pay $35,000 in damages after posting in a neighbourhood Facebook group that a member was "intimidating, bullying and threatening" women in the group. The plaintiff alleged that this Facebook post had "totally damaged" his credibility.

Federal Attorney General Christian Porter has described these types of social media cases as "neighbourhood disputes": "There's a balance there to be struck between people having the right to defend their reputation, but not clogging up the courts with stuff where there isn't any actual, realistic, quantifiable damage to a reputation done simply because something was said in a neighbourhood dispute which was mean-spirited amongst neighbours."

The regular Twitter “pile ons”, ad hominem tweets and personal attacks that are made on Facebook pages suggest that many people posting comments on social media are unaware of the possibility of being sued for defamation. Even an innocent mistake, like the one I made, can cost a significant amount of money.

I am a public health researcher and aged care advocate. I have published several research reports about aged care and had numerous opinion pieces published about systemic issues within the sector. I also administer the Aged Care Advocacy Facebook Group, which has become a go to page for older people and families wanting advice from other members on how to tackle problems.

In recent years, some people who claim to be aged care advocates have engaged in bullying online behaviour. They use social media in an attempt to destroy the reputations of people working in the aged care sector. Some focus their ad hominem attacks primarily on providers. Others attack anyone working in the aged care sector, including aged care advocates.

Social media has enabled a small group of women to play havoc with many people’s lives. Unfortunately, Facebook turns a blind eye to those whose relentless online abuse has caused depression and other mental health issues, including suicidal ideation.

After I exposed the abusive online behaviour of some of these aged care advocates, I then became their target. The abuse against me began with a silly direct message comparing my meetings with aged care providers to “having lunch with George Pell”. It later escalated to vulgar, bullying and harassing posts. The abuse was relentless, and included a large number of uninvited posts on my personal Facebook page.

My strategy was to ignore, delete, block. However, this was difficult because these people use many different Facebook identities such as Kirri Billi, Netty Elizabeth, Marilyn Munroo and Tess Tickle.

I did not read their posts. Instead, I deleted them and blocked the accounts. I later responded with a Facebook post that was intended to name and shame. In this post, I referred to those who had posted on my personal Facebook page as “trolls”, unaware that one of the identities was the name of a real person.

I was subsequently sued for defamation. The plaintiff claimed $100,000 in damages. While I now appreciate how easy it is to satisfy the legal criteria for defamation in Australia, it remains unclear to me what actual reputational harm my post caused. Did it cause the person to lose respect within her community? Her job? Her income?

Rather than sue for hurt feelings from a Facebook post, a person should be required to show serious harm to warrant defamation action. In the first Twitter defamation case in Australia to proceed to a full trial, a judge found a former student’s posts about a school music teacher were untrue. More recently, a registered nurse sued after Facebook posts falsely claimed malpractice by the

nurse and that the nurse was drinking on duty. In both these cases, the social media posts caused serious harm by damaging professional reputations.

The federal Attorney General has indicated an overhaul of defamation law that will require plaintiffs to demonstrate serious harm. Damaging professional reputations is serious; hurt feelings are not. An overhaul of the law would make it more difficult for vindictive “neighbourhood disputes” to go to court.

I did not drag my case though the courts and instead settled the case quickly. There’s no suggestion that the particular lawyer involved in my case scrolled through Facebook for the post, but I was nevertheless left wondering how much the lawyer was paid.

Appendix 1: URL links to opinion pieces

1. Support at Home? First they came for the young people, now they come for the old *Michael West Media* 16 November 2025
https://michaelwest.com.au/aged-care-self-management-better-than-home-care-package/

2. Pay per shower: fully-funded aged care turns market-driven aged support
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3. Aged care crises continue under Labor *Pearls and Irritations* 12 September 2025
https://johnmenadue.com/post/2025/09/the-aged-care-crises-continue-under-a-labor-government/

4. Aged care "free market" where a home care package deal masks a crisis *Michael West Media* 9 September 2025
https://michaelwest.com.au/aged-care-free-market-where-a-home-care-package-deal-masks-a-crisis/

5. Big money, big conflicts. Aged care assessment privatised by stealth *Michael West Media* 1 March 2025
https://michaelwest.com.au/aged-care-assessment-privatised-by-stealth/

6. Falling through the aged care cracks *MP News* 27 February 2025
https://www.mpnews.com.au/2025/02/27/falling-through-the-aged-care-cracks/

7. Who's helping the older people falling through the aged care 'cracks'? *Women's Agenda* 26 February 2025
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8. Who cares … Arcare? Aged care providers still charging for services never provided, regulator hiding *Michael West Media* 3 January 2023
https://michaelwest.com.au/aged-care-complaints-arcare-acqsc/

9. Labor promised aged care reform. The clock is ticking for genuine change *The Guardian 2 March 2023*
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13. Shire not forced to drop aged care services *MP News* 2 August 2022

https://www.mpnews.com.au/2022/08/01/shire-not-forced-to-drop-aged-care-services/

14. Oh dear Josh: is that aged care joke funny or sad? *Michael West* 29 January

https://www.michaelwest.com.au/josh-frydenberg-aged-care-gaffes-on-abc-insiders/

15. A Poor Knock: Colbeck carousing at the cricket amid aged care crisis just tip of incompetence iceberg *Michael West* 29 January 2022

https://www.michaelwest.com.au/a-poor-knock-colbeck-carousing-at-the-cricket-amid-aged-care-crisis-just-tip-of-incompetence-iceberg/

16. "Living with Covid" – not so easy if you're in an aged care home! *Michael West* 11 January 2022

https://www.michaelwest.com.au/living-with-covid-not-so-easy-if-youre-in-an-aged-care-home/

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