

7 March 2007

Committee Secretary
Community Affairs Committee
Department of the Senate
PO Box 6100
Parliament house
CANBERRA ACT 2600
Australia

By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

Australian Unity Limited

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CHIEF EXECUTIVE'S OFFICE

AGED CARE AMENDMENT (SECURITY AND PROTECTION) BILL 2007

Further to our attendance at the Senate Commission on 1 March 2007 and your request for additional comments on the Aged Care Amendment (Security and Protection) Bill 2007, Australian Unity is pleased to provide the following feedback for your consideration.

Australian Unity operates a number of residential aged care facilities, within which
many of our residents have a diagnosis of dementia. Our clinical experience has shown
that some residents with dementia can claim that staff have used unreasonable force
against them, sometimes several times in one day, as part of the disease process and
their symptomatology. In these types of circumstances under the current wording of
the Bill we would be required to contact the police in the first instance.

In such circumstances, where the *allegation* is made by a person with dementia, we believe it would be more appropriate for the approved provider to determine if there are any reasonable grounds for the allegation via a clinical assessment, rather than police intervention, as the first point of call.

All allegations, their assessment and actions should be documented and available for viewing by all relevant care staff, the GP and the Department of Health & Ageing or their delegate.

GPs play a vital role in the clinical management of residents with dementia and we value their expertise in working with the residential care team to assist in the management of these complex situations.

We request clarification on the issue of the rights of individual residents to decline compulsory reporting of an allegation, where the resident has the capacity to make an informed decision. Australian Unity supports residents in residential aged care being afforded the same level of rights to choice as the general community.

- 3. We reiterate the comments in our original submission relating to victim support. We would be comfortable that the Bill be amended to include a requirement that the approved provider engage appropriate counselling and support for an elder abuse victim at the earliest possible time.
- 4. We remain concerned with regard to the role of the police, as the impact upon their resources would appear significant, should all allegations, whether reasonable grounds for suspicion exists or not, go directly to them. We have excellent working relationships with local police and would not wish to jeopardise this in any way through unnecessarily burdening their limited resources.
- We support the intent of the Department of Health & Ageing (DoHA) to address the poor performance of some approved providers in service delivery. However, we feel that the DoHA should explore alternative mechanisms to address performance issues and standards of care through the existing accreditation processes, rather than introducing indiscriminate, uniform reporting requirements.
- We request that the timeframe for implementation of new legislation be extended by two months to allow for adequate update of approved provider systems and training of staff.

Please do not hesitate to contact us should you require further information or clarification on any issues raised.

Yours sincerely

Rohan Mead

Group Managing Director

Derek McMillan

Group Executive

Retirement Living Services