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Mr Elton Humphery
Committee Secretary
Senate Community Affairs Committee
Parliament House
Canberra ACT

Dear Mr Humphery

Aged Care Amendment (Security and Protection) Bill 2007

The AMA would like to thank the Government for the opportunity to make a submission on the Aged Care Amendment (Security and Protection) Bill 2007.

From the outset, the AMA Committee on Care of Older People expressed its concern to the Minister for Ageing that the scope of compulsory reporting of abuse in residential aged care had extended to inter-resident abuse. This remains of particular concern given that the majority - sixty per cent of low care and eighty per cent of high care - residents in aged care facilities have some form of cognitive impairment.

The AMA has maintained that while abuse between residents needs to be addressed, extending the focus of compulsory reporting to resident-on-resident and resident-on-staff interactions is inappropriate, and will have significant resource implications. The AMA strongly believes that the core focus of compulsory reporting should be on preventing elder abuse by health care workers.

The attached AMA Principles Paper on Elder Abuse 2006 reinforces the need for a three pronged approach to address the issue of elder abuse – a clear reporting system, appropriate training and resources, and a strong complaints mechanism.

The AMA notes that in the Minister's second reading speech pertaining to the Bill, the Government has proposed there be a discretion not to report minor assaults perpetrated by residents with a diagnosed cognitive impairment, such as dementia, to the Police and the Department of Health and Ageing.

However, this only addresses the issue in part. While a diagnosis of cognitive impairment often occurs upon admission to an aged care facility, this process is not always formalised at this stage, the diagnosis does not always remain current, and the current cognitive status of a previously competent resident might not be known.

It is for this reason that the AMA would like to see the Bill propose that reporting of all resident-on-resident abuse or resident-on-staff abuse not be mandated in the first instance. This would be a far less resource intensive approach and would allow for a review of the cognitive status of the resident/s involved prior to any further action being taken.

The AMA also calls on the Government to consider what the fall back position might be for residents who are charged with assault in terms of the provision of appropriate care and accommodation thereafter.

The AMA is keen to work with Government to strike a balance between valid compulsory reporting mechanisms for health care workers who have breached their duty of care with the need to address the significant issue of resident-on-resident abuse.

The AMA supports the Government's proposed behaviour management plan approach and believes that this should be the focus work undertaken by the Aged Care Commissioner, supported by adequate education and training for health care workers. In addition, the AMA considers that an internal database of assaults by residents would be useful to identify behavioural triggers and the interventions that might be helpful in preventing a reoccurrence of that behaviour.

The AMA would welcome an opportunity to expand on these points at the public hearing, now scheduled for Thursday 1 March 2007 at Parliament House in Canberra.

Yours sincerely

A handwritten signature in black ink that reads "Peter Ford". The signature is written in a cursive style with a large initial 'P' and a long horizontal stroke at the end.

Dr Peter Ford
Chair
AMA Committee on Care of Older People

27 February 2007

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