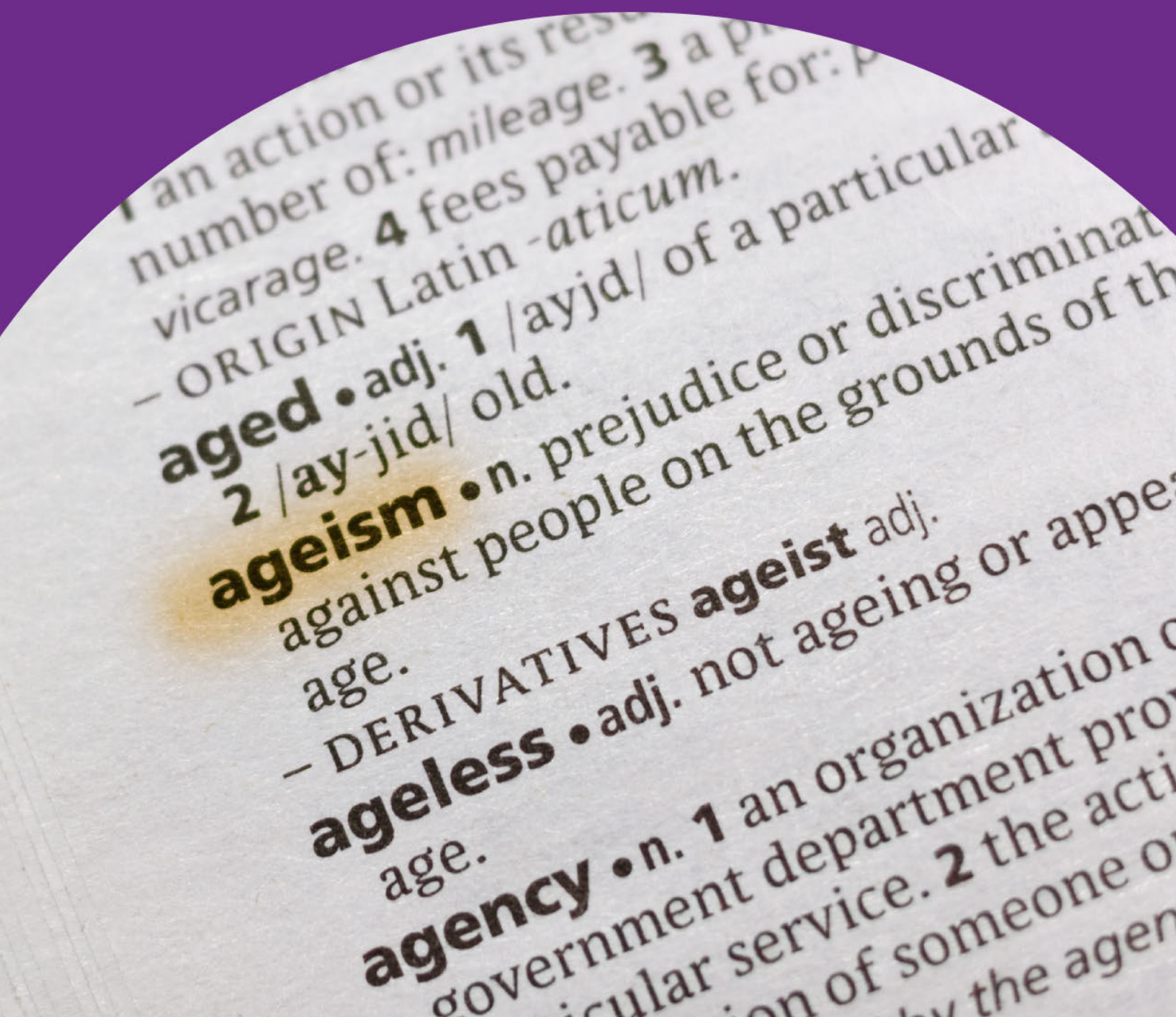


# Collective Prejudice

Better Place Australia's position paper on the Royal Commission into Aged Care Quality and Safety

Broad findings and recommendations



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# Preface

Most responses to the Australian Royal Commission into Aged Care Quality and Safety (2021) have characterised it as an important and ground-breaking publication with the potential to effect real change in the provision of aged care and its oversight.

While acknowledging this potential, this paper strives to take a more realistic and critical approach to the Royal Commission's resolutions by responding to its three main findings and in doing so explains Better Place Australia's (BPA) position on the current situation regarding older Australians and their care.

# Executive Summary

As a result of the Royal Commission into Aged Care Quality and Safety and the Covid-19 pandemic's impact and focus on older people, Australia has recently invested significant focus on senior's rights, needs and risks. Both these events demonstrated that there are many dangers older Australian's face as citizens, consumers and individuals that cannot be quickly and/or easily addressed through legislative or organisational change.

The main issue that informs national responses to older people is ageism. Ageism combines socially and culturally sanctioned stereotypes with individual and collective prejudice and discrimination to negatively impact the health, wellbeing, visibility, and rights of older people.

We here at Better Place Australia argue that ageism has allowed for the creation and perpetuation of a broken aged care system and social marginalisation of older people; and that this culture must be addressed and alleviated to affect the meaningful legislative, service provision, regulatory and self-determination changes recommended by the Royal Commissions and necessitated by the Covid-19 pandemic.

# Royal Commission into Aged Care: Our Position

Better Place Australia is a mediation and psychology-based service provider that helps diverse and overlapping groups to navigate and resolve family disputes and financial, relationship and mental health issues. We are uniquely placed to speak on issues affecting older people as we have a well-documented history of advocating for senior's rights and we deliver them a range of individual, family-focused and adjustment and mediation services through our elder abuse and residential aged care facility-based work.

We stand for the dignity, autonomy, and self-determination of seniors, and through our programs and efforts help them to define and effect desired outcomes to pressing problems. It is in this capacity that we respond to the Royal Commission into Aged Care (2021) and agree with its major findings that:

- The current system is broken and needs to be reconstituted through a new Act with a needs not means-based approach to care.
- A dedicated aged care regulator is needed to ensure the timely and appropriate resolution of issues.
- The revamped system needs to prioritise senior's real and financial autonomy and 'quality of life'.

BPA agrees that these are all excellent and urgent resolutions that will go a long way to ensuring the quality and suitability of aged care. As improving the health and wellbeing of older people and facilitating their financial and future self-determination is a goal at BPA, we fully endorse these aspirations.

# Broken System is based on stereotypes

BPA agrees with the Royal Commission finding that the system is broken. We argue that this is not only due to the identified institutional and financial abuses and mismanagement, but also the existing negative Australian cultural perceptions of ageing and the aged.

Ageing is a fact of life. As such, the process of ageing has enormous ramifications for any nation and its people. There is an inherent sense of responsibility in caring for the aged but often, as the Commissioners acknowledged, the focus is on dependence rather than autonomy, and cost of service rather than quality of life. The British Centre for Ageing Better (2020, 2) recently released a report that features an apt definition of contemporary ageism:

*Ageism is a combination of how we think about age (stereotypes), how we feel about age (prejudice) and how we behave in relation to age (discrimination).*

This means that perceptions of age frequently form a significant basis of people's social interactions and relationships. An often-unacknowledged feature of ageism is incredibly personal and relates to how people understand and experience their own ageing process – thus it is imbued with deeply held and typically well-intentioned sentiments of protectionism that can, and often do, become patronising and infantilising. According to the Benevolent Society's Every Age Counts initiative (2020) this is benevolent ageism.

A recent joint Council of the Ageing and Senior's Rights Victoria (2018) study identified some stereotypes that give way to ageism and discrimination toward older people. These assert that older people:

- Lack intellectual and physical capacity and cannot look after themselves.
- Are slow and incapable of learning new things and adapting effectively to the times.
- Need protection and cannot define or do not know their best interests.
- Have little or nothing to contribute to society, or are an active (social, financial, and physical) burden.

These stereotypes work to dehumanise and infantilise older people, and further create the impression that ageing is a uniform process that starts at 65 and involves a graduated decline until death.

Such stereotypes are wrong. The World Health Organisation (WHO) whose 2015 *World Report on Ageing and Health* flagged what a huge conceptual and demographic transition this figure of 65, and universalised notion of ageing, means.

It is stereotypical and rigid notions of age and ageing that begin as benevolent and protective that can lead to the greatest violations onto senior's autonomy and independence and thus trigger social, economic, psychological, and physical harms. These can be categorised as elder abuse. Even worse, allowing these negative stereotypes to continue



can encourage more extreme forms of abuse that go unnoticed by ageist communities that assume older people contribute little to society and that their absence will not be detrimental.

However older people do contribute to society in many vital and active ways – though their contributions are often focused within families and local communities, and do not receive the social recognition and capital of similar work by younger people. It is the perception that they do not, and the persistent belief that the social and economic cost of older people far outweighs their benefits that cause negative attitudes, social ghosting, and outright discrimination against those over 65.

At BPA we work closely with older people and have a clear sense that there is no model older person. Our experiences mirror the findings of Professor John Beard of the WHO (2021), that recognise the huge diversity in who is considered an older person and what that means. Each senior we encounter and assist is different and has a unique history, life experience, background and needs. We understand there is no one-size-fits-all response to them and their needs and argue that allowing the continuation of a stereotype-based ageist culture only enables the preservation of a broken aged care system.

## COVID-19 and Regulating the Aged Care Marketplace

BPA agrees with the Royal Commission finding that the aged care system needs to be more thoroughly regulated. We argue that the focus on and valuation of older people as consumers is at the heart of the problem of the lax oversight and standards of aged care services.

The Royal Commission found that the current market-based for-profit aged care system which defines older people as ‘consumers’ rather than patients and/or residents, is poorly framed and positioned to respond to actual needs. Rather than taking care as its focus, the system too often places a premium on profit and cost saving. Further, the bureaucracy the government has built to assess, fund, and provide aged care services, is siloed and thus ineffective.

The Covid-19 pandemic highlighted how the poorly regulated for-profit aged care marketplace literally marginalises and confines seniors. During the 2020 lockdowns, older Australians particularly those in residential care, were locked in (under the guise of protecting them) and denied access to any human contact. The only exception was their carers who sadly represent an over worked, inexperienced, underpaid and often uninterested cohort (Four Corners, 2018).

The sad reality is that this was an official government and health industry response that sought to protect both the community and economy at seniors’ expense. Quarantine was also instituted at a familial and community level – some seniors were taken into their adult children’s homes, only to be isolated for convenience or protection. As the broader public was implored to protect the older community, this was officially sanctioned protectionism. Seniors

were being protected through this approach, but it was very telling that the universally agreed appropriate response to the request to protect older people resulted in their further isolation, marginalisation and infantilisation despite the noble public health goals.

Framing older people as consumers, perpetuates their marginalisation and forced disappearance, by limiting their economic contribution and capital to the aged care marketplace – first through in home care, and almost exclusively once seniors enter residential care. This does nothing to curb detrimental and stereotype-based cost-benefit analyses of older people; but rather encourages reductionist valuations of their social and economic value.

In September 2020, the University of Melbourne's Vice Chancellor Duncan Maskell made a direct correlation between economic value and age by posing the question: 'What is the value of a 90-year-old's life versus the value of the continuing livelihood and happiness of a 25-year-old' (Le Grand, 2020)? He posed this ethical question after applying the metric the Australian Government Department of Health and insurance companies use to determine the 'utility' value of a human life: The Quality Adjusted Life Year. The method assigns a life value based on an individual's state of (ill) health and its duration on a sliding scale from 1.0 which represents full health to 0 which is death, and then applies those two values to estimate the quality of an individual's current and future life (Department of Health, 2002).

This framing reinforces a direct comparison of life value with social and economic worth. Applying it within an ageist culture that idealises youth and equates ageing with illness and incapacity would, obviously, prioritise younger people with longer anticipated lifespans and better assumed health.

This measure underhandedly incorporates economic inequity into the aged care arena. It bolsters and legitimises its focus on increasing profit and stressing the safety and wellbeing of workers over that of the older people in their care. These changes have occurred in tandem with two social trends: the demographic shift toward a significantly ageing population (thus creating supply and demand pressures) and the marginalisation of older people and aged care from the broader community. This means that there are significantly more older people, with increasingly diverse and pressing care needs, and that most aged care is largely hidden out of public sight and mind and shrouded in opacity. These factors have led to a piecemeal and reactive aged care system that strives to maximise profits while providing bare minimum services.

It was this reality that prompted Commissioner Lynelle Briggs to ask: 'why are we as a community prepared to accept this' (2021, 26)? Here at BPA, we extend that question to ask can we truly address the specific needs and desires of ageing Australians if we do not first acknowledge them as such within the systems built to address their needs.



# Prioritising Senior's Autonomy and Quality of Life

BPA agrees with the Royal Commission's finding that senior's autonomy and quality of life should be paramount. We argue that allowing older people to 'self-direct their own care by purchasing services from businesses' (2021, 26), is not the same as allowing them the power to define and dictate their care needs and daily lives.

In 2019, the Australian Government's Aged Care Quality and Safety Commission launched a nation-wide set of aged care quality standards. These were intended to reinforce the rights afforded older people through the Charter of Aged Care Rights (2019), but this framed senior's protections within the aged care sector as consumer protections, rather than basic and universal human rights. This is problematic, because it assumes that, like children who are protected by the Child Safe Standards, older people must be subject to surveillance and that safeguarding them from harm and neglect must be externally managed. This gives many people, but specifically not seniors, power over their lives, and denies them even a co-operative role in shaping their own future.

This runs counter to older people's assertions and the Royal Commission's recommendations that the preferences and desires of seniors must be distilled into aged care services and systems.

Our anecdotal evidence suggests that most seniors living in residential care typically entered because of hospitalisation; and never returned home. This means that for most, residential aged care is not a choice, but a necessity, and so they have little time to prepare physically, financially, emotionally, or mentally. This finding ties closely to the fact that there is a noted mental, physical, and emotional decline typically observed upon residential care admission that has become so normalised that it is expected and often assumed to be a natural part of the transition (Royal Commission Aged Care, Vol 2, 105).

Activists and public figures highlight the equivalence of ageing and loneliness in contemporary Australia. This link is backed by our own experiences providing counselling and mental health services to older adults. There is a definite link between the loss of autonomy and (self-defined or prescribed) need for increased care during ageing, and cultural norms that do not appreciate, promote, or incorporate the abilities and contributions of older people.

In reflecting on their wellbeing and quality of life, older people often refer to the dignity associated with usefulness and community. The Commissioner for Senior Victorians Gerard Mansour's report *Ageing Well in a Changing World* (2020) was the most recent example of this. It showed that approximately three quarters of respondents directly linked their sense of wellbeing to personal mobility, self-determination, independence, maintaining a sense of meaning and purpose, social interactions, hobbies and recreation, accessibility of learning opportunities, and community participation. The need for aged care (home-based and then residential) gradually chips away at these, leaving seniors little to live for that they identify as personally and collectively important.

The Royal Commission acknowledged these needs and the negative health outcomes that stem from their omission, but its responses were reactive rather than proactive. Mental Health Victoria (2021) claimed that 'stigma around ageing and mental ill health is a significant issue for older people and yet education campaigns to fight stigma was not an inclusion in the report's recommendations'.

Some changes were signposted in the subsequent Royal Commission into Victoria's Mental Health System (2021), however legislative and systemic health care changes alone will not offset existing cultural stigma. This situation will continue as long as residential aged care is advertised and understood through the prism of convenience-inconvenience; and the while entry is tied to family financial need and convenience as well as concerns not to be a difficult or burdensome, rather than being a free choice.

A recent survey of almost six thousand Australians over fifty demonstrated their collective opposition to and distrust of the aged care system. It found that over fifty per cent would refuse to enter residential care and would ensure no one with power of attorney over them had the right to admit them. Retiree Dr Bill Donovan represented the general feeling when he explained 'I'd prefer the machines were turned off or I didn't get treatment to going into a nursing home.' (National Seniors Australia, 2021)

This is a sad indictment of the state of intergenerational trust, and an absolute rejection of the national response to the interests and needs of older Australians. Many of the issues identified would be best resolved by listening to and working with seniors to redevelop the sector to reflect their interests and needs

# Conclusion

The Covid-19 pandemic shone an unflinchingly powerful and negative light on the failures of the aged care sector in responding to and guaranteeing the human needs and rights of older people. It and the Royal Commission findings offer a once in a generation opportunity to make a cultural change to the treatment and perception of older people. The only question that remains is: do Australians and their representatives have the will to effect and ensure such transformation?

Judging by the limited success of previous reform efforts this seems unlikely. But as demographics shift and older people represent a more numerous and vocal bloc, progress can be made to focus on wellbeing and quality of life and drive residential care to reflect what it is supposed to be – home.

The Royal Commission into Aged Care Quality and Safety has identified three important socio-political and service-based changes vital to reforming the Australian aged care system. We at Better Place Australia support these goals and assert that another deeper cultural change must accompany official efforts to prioritise senior's wellbeing, agency, and self-determination and push back against negative stereotypes that devalue older people's lives and needs.

# About the Centre for Better Relationships

The Centre for Better Relationships (CBR) is the research and policy division of Better Place Australia. Established in 2019, CBR conducts research and policy analysis in the field of family and social welfare and conducts ethical applied research in line with the values and mission of Better Place Australia.

CBR's vision is to become a research leader in the family and relationships field and dedicates its advocacy work to improving the lives of people and their families through meaningful research, knowledge translation and dissemination of research to a wide range of audiences.

CBR works in partnership with policy makers and non-government organisations to understand the relationship challenges facing Australian families and to developing evidence-based policy and practice responses. CBR also conducts high quality, needs-driven research to support the work of Better Place Australia, to improve client outcomes and contribute to best practice principles in the sector.

Its previous research work included the [Financial Hardship report](#), an examination of debt and poverty amongst over 1900 clients of Better Place Australia's financial counselling and capability service, and [Rainbow family formation and dissolution in Australia](#), a scoping review of the Australian academic literature relating to the formation and dissolution of rainbow families and their interactions with family law services.

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