

Eat Bananas

Identity Abuse in the Care of Older Australians

Bourne and Associates P/L



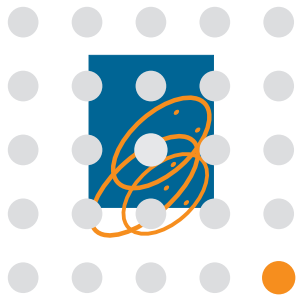
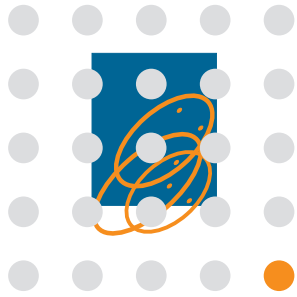


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The circles on each page represent individual people - while having much in common, are individuals each with their own particular needs, wants and desires.

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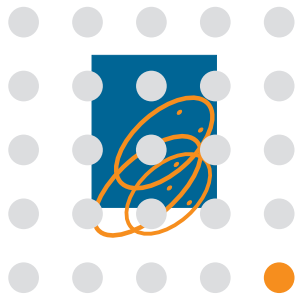
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1. Executive summary

We know the number of elderly is rising and will continue to do so as baby boomers retire and age. In due course circumstances will arise which will impact even further on our nation/community, on the lives we want to live and those we love - so it is a personal as well as national concern.

The context of this submission is related to each human being's unique needs, wants and desires and how these are met through one's whole-of-life journey.

Societal beliefs and values have travelled from generation to generation since our earliest beginnings. In understanding that people cared for others who had impairment through illness or injury by providing, at the most basic level, sustenance, shelter and rudimentary medical assistance demonstrates that an individual was valued by that society. If a person could not source food and water, create a shelter, or other activities that required physical attributes, then their value was through accumulated wisdom, knowledge and/or emotional fulfilment. The journey of what it was to be human began and the journey continues.

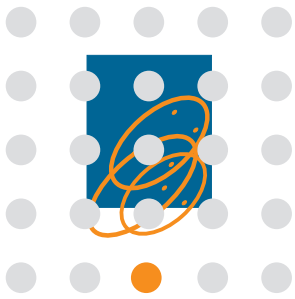
Today, issues range from government policies, legal, financial, family conflict, abuse, health, care at home/in nursing homes even to the food and clothes to wear which speak of us as individual human beings - each with unique needs, wants and desires.

When people no longer have a voice and others speak and act for them, the rights of the individual are on a scale from being fully met and understood to not being met at all to abuse. The various types of abuse - physical, social, neglect, psychological or emotional, financial and sexual - are often referred to and, in the main, understood. However, there is a crucial abuse which is not recognised, that being 'identity abuse', particularly under the law with the flow on into families and society in general.

There has never been a more critical stage to confront the challenge of caring for a generation of older Australians who has better health, more wealth, an independent spirit and an expectation of whole-of-life care being given which recognises their individual needs, wants and desires than any previous generation. This requires a fundamental change in attitudes, in prioritising and expanding the existing funding in health care, education and training and making appropriate regulatory changes and our community in general.

It is a difficult challenge - government roles and responsibilities, regulatory frameworks, funding and workforce arrangements and cultural change.

Nevertheless, whatever the effort to tackle this form of abuse is needed and necessary, for to do otherwise is to diminish us all as this stands at the core of humanity and civil liberty. For that reason, Bourne and Associates recommends solutions which are designed to warrant action.



2. Bourne and Associates

Bourne and Associates was founded in 2010 to draw together expertise in different disciplines to provide an holistic approach to identifying problems and offering solutions.

We foster an indefatigable passion for research, inquisitiveness for knowledge and an exacting rigour in all our endeavours.

These pillars have been constructed over a combined 80 plus years experience and now come to fruition through Bourne and Associates.

The partners bring together practice, supported by qualifications and experience in medical laboratory science, psychology, research, business, education and training.

The firm has the experience and skills to transfer knowledge and expertise from one sector to another, from one industry to another. Here ideas, abilities and insights abound and permit innovation to flourish.

Acknowledgements

We would like to warmly thank the following for their generous contribution of both their expertise and time in discussions.

Particular thank you to Dr Stephen Macfarlane, Clinical Director and Associate Professor of Aged Psychiatry, Caulfield Hospital, Victorian Department of Human Services for his insightful and informed views on the subject of this proposal.

Dr. Susan C. Ant n, Associate Professor, Center for the Study of Human Origins, Department of Anthropology, New York University. Joint Editor, Journal of Human Evolution. Director, MA Program in Human Skeletal Biology.

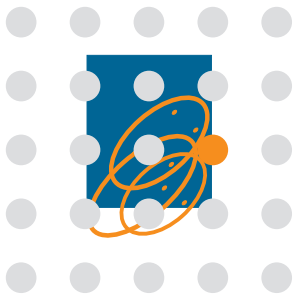
Mr Michael Pearce SC, President, Victorian Council for Civil Liberties.

Mr Glenn Rees, CEO, Alzheimer s Australia.

Professor Antonio Sagona, Director, Centre for Classics and Archaeology, School of Historical Studies, Melbourne University.

Health professionals and care workers.

Individuals have spoken to the authors about their parents, grandparents, aunts and uncles who have, and are being, subjected to identity abuse. Their views have informed this submission. Their response to being identified by name was negated by all, therein, their responses are confidential. When talking about their situation, the common response observed was guilt, despair, anger, disempowerment, resignation, secretiveness and/or the notion of unfairness. They strongly support Bourne and Associates actions to formally acknowledge identity abuse and the steps to have this form of abuse acted upon, especially regulatory arrangements.



3. Introduction

Bourne and Associates welcomes the opportunity to present a submission to the Productivity Commission.

We understand that submissions are designed to assist the Australian Government and related agencies in determining what policies, systems and processes are in place to meet the individual's needs, whilst delivering to the collective at a national level in regard to the care of older Australians.

This submission arises from a focused investigation across a range of sources involved in the care of older Australians. The research revealed a number of issues. Two were selected and the focus of the investigations concentrated on two issues, one is identity abuse, the other is independent mobility. The former is the subject of this submission.

Identity abuse is related to each human being's unique character - his/her needs, wants and desires and how these are met through our whole-of life-journey. It is the foundation of what it is to be 'human' and our society's ability to provide the wherewithal for those with impairments to speak for themselves.

Whilst various forms of abuse have extensive research and understandings and are underpinned by legal and other safeguards, there has emerged a crucial abuse area that is not included and one that stands at the essence of who we are as individual human beings - our identity and the ability for self-determination regardless of socio-economic circumstances, health or age.

We support a notion of identity abuse to be where there is provision of a range of care and responses to needs, wants and desires of older Australians which can run mostly, or totally counter to, an individual's sense of identity, self-concept, lifestyle preferences, priorities and choices.

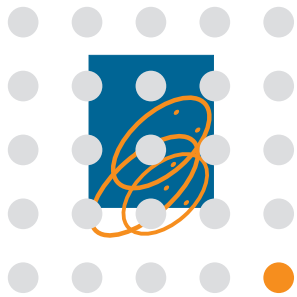
It includes either errors of omission as well as commission, and whether an older individual is aware or unaware, results in disempowerment and at worst, assumption and/or denial of their rights as a human being.

We reject the notion, that because there may be difficulties in constructing legislative and other safeguards to address this form of abuse, that the abuse has to continue unabated.

We strongly recommend that action is warranted as lives are being impacted now and with the increasing number of baby boomers reaching older age in the months and years to come, it is our contention that the abuse will continue to grow.

Whatever the effort to address this form of abuse, it is necessary to undertake, for to do otherwise is to diminish us all as it stands at the core of humanity and civil liberty.

For that reason, Bourne and Associates recommends solutions which are designed to warrant action.



4. Context • Methodology

The Commission has been asked to address the social, clinical and institutional aspects of aged care in Australia and related areas including workforce requirements.

As stated, *demand for aged care services is also expected to become more diverse in the future because of:*

- *growing and substantial affluence among some older Australians*
- *increased diversity among older Australians in preferences and expectations (including rising preferences for independent living arrangements)*
- *improvements in [care] technologies.*

The Commission's *Trends in Aged Care Services* report stated: A sizeable increase in the required quantum of services is not the only challenge in providing aged care services. Over the next few decades, older Australians are expected to become more diverse in terms of their care needs, preferences, incomes and wealth. This will have important implications for the qualitative aspects of aged care services (such as the range of services needed and the flexibility of service delivery) and the cost of these services. (PC 2008, p. XVII)

A further challenge will be the need to provide a significant expansion in the range of options aged care workforce at a time of aged induced tightening of the labour market, an expected relative decline in family support and informal carers.¹

In calling for submissions, the Commission has stated that *Participants should not feel that they are restricted to comment only on matters raised in the issues paper. The Commission wishes to receive information and comment on issues which participants consider relevant to the inquiry's terms of reference.*

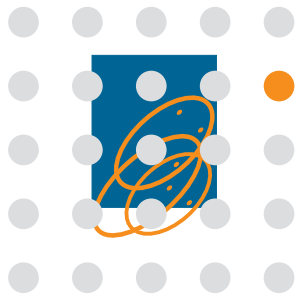
Accordingly, this document proffers views and proposed solutions for action focusing on two issues identity/self-determination abuse and independent transportation/mobility. This second issue will be discussed in a separate submission.

Particular emphasis is given to reforming regulatory arrangements.

This paper arises out of discussions with those who are carers, various members of the aged care workforce and research related to care of the elderly in reports and papers prepared by government agencies and the private sector. Case studies are included arising out of experiences within family situations.

These key issues go beyond the scope of those outlined in *Caring for Older Australians. Productivity Commission Issues Paper*, May 2010, but must be integrated into an holistic solution for care of older Australians.

1. Australian Government Productivity Commission (2010). *Caring for Older Australian, Productivity Commission Issues Paper*. Canberra: Australian Government Productivity Commission, Commonwealth of Australia. p1.



- (a) Identity abuse can abound, where because of diminished capacity, other (usually carers/relations) assume responsibilities and/or assets, which in other situations would have been denied them. It can involve improper use, even fraudulent misconduct, in gaining and executing power of attorney or guardianship.
- (b) It happens, or is more likely to happen, where individuals are put in care facilities, but doing this could provide the circumstances/opportunities of more flagrant abuse where those affected are 'removed' from their homes.
- (c) Identity abuse can involve, but is additional to other forms of abuse ie physical, social, neglect, psychological or emotional, financial and sexual¹.

Methodology

This submission arises from a focused investigation across a range of sources encompassing papers, web-based documents, consultations using open ended questions with health professionals, government agencies and the community involved in the care of older Australians - see Acknowledgements and Sources.

The research revealed a number of issues. Two were selected and the focus of the investigations concentrated on these issues, one is identity abuse the other is independent mobility. The former is the subject of this submission.

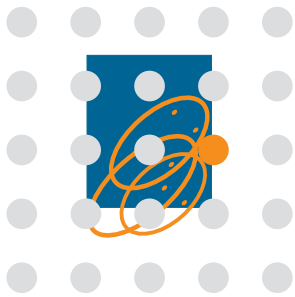
1. Aged Care Branch (2009). *With respect to age - 2009. Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse*. Melbourne: Victorian Government Department of Human Services. p 12-16



5. Definition

identity abuse

Providing a range of care and responses to needs, wants and desires which runs mostly or totally counter to an individual's sense of identity, self-concept, lifestyle preferences, priorities and choices.



6. Are these not simple needs?

Maslow's Hierarchy of Needs segments the areas which relate to an individual's well-being and health (see attachments). Identity abuse, in its various manifestations, can be aligned to each layer from basic physiological needs such as food, sleep through to self-actualisation. Our views support the findings of CJ Scholzel-Dorenbos, et al.¹

Are these not simple needs?

Well, actually no - when it comes to being elderly and cannot speak for yourself.

Individuals have spoken to the authors about their circumstances. Some of their stories are below. One individual writes:

In my own family, I observed this [identity abuse] with alarm with regard to my mother's care. After she had an illness which meant that she had difficulty coping alone at home, games were played to get her to change her executors - without discussion between the siblings. Transferred to a lower order nursing home, very much against her will, when she could have been cared for at home (concern about eroding the (modest) inheritance being a likely reason).

But there was another form of identity abuse - Federal election. My mother was a feisty woman who voted as she thought fit - and in a different direction to my father. My elder sister had always voted as "Daddy" told her to do. That sister helped her fill out her postal voting papers and made sure that she voted for the correct party. How's that for identity abuse!

Others' experiences are:

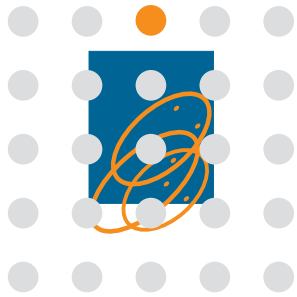
Change Attitudes

I was talking to the head nurse at the nursing home about my mother's intense dislike for bananas, even to the point of making her feel physically nauseous. The response - she doesn't remember she doesn't like bananas. My mother still has bananas set before her.

On another occasion I expressed my wish to spend even more time with my mother. The response - she doesn't remember if you are here or not, when you last visited, or if you visit at all. Your concerns about how frequently you visit are about your own needs, not hers. How wrong she is. My mother stands up tall, her face and eyes shine, she hugs and kisses me and holds tightly. She knows when I am leaving and sadness engulfs her whole body; she hangs her head; her eyes dim; she knows and feels. You just have to have patience to observe and learn other ways of communicating.

When I had my voice	I can't verbalise my needs, so this is my life today
My home was my haven, my safe place, it is the one place I want to be in this world. To pay it off and own it was a monumental task. My children promised to never put me in a nursing home, but look after me in my own home as our family has always done with our elderly.	I'm in a nursing home. One of my children put me here. She moved back in with me and now she believes my home, that I paid for, is hers. She doesn't want carers in the house. Now I'll never sleep in my own bed again. I can still say a few words. I tell them, "I want to go home". No-one listens.
I always dry my hair after showering or bathing.	They have showered me and now I'm sitting in a chair with wet hair. I'm cold.
I don't like fruit, most especially bananas, except for fruit when it is in an apple pie, a cake or lolly.	Even though my daughter told them about my intense dislike of bananas, they still serve it to me.
I have always worn best quality clothes, especially designer labels, I was a model.	I wear op shop, or low end department store clothes now.
I've never worn track suits - no style.	I now wear pull on track suit pants.
I've always worn jewellery - love it.	My jewellery was taken from me.
One of my children took out a Power of Attorney. [As advised by her specialist doctor, medically this individual did not have the capability to consent and was not a signatory. Furthermore the specialist was not consulted at any stage during the process of obtaining the authority, nor was a signatory.]	I have lost all say over my financial matters including my home and the daughter, who I asked and has taken care of my money over the years, didn't know about this Power of Attorney until years after the papers were signed.

1. Scholzel-Dorenbos, C. J., Meeuwssen, E. J., & Olde Rikkert, M. G. (2010). Integrating unmet needs into dementia health-related quality of life research and care: Introduction of the Hierarchy Model of Needs in Dementia. *Aging Ment Health*, 14(1), 113-119.



7. More than before

Changing Demographics

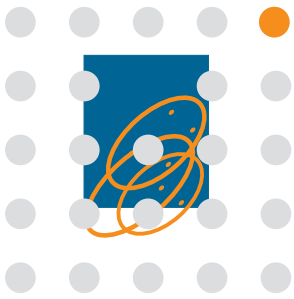
We know the number of elderly is rising and will continue to do so as baby boomers retire and age. In due course circumstances will arise which will impact even further on our nation/community, on the lives we want to live and those we love - so it concerns the individual, family, and community as well as national interests.

What we are talking about is when we are taking care of the elderly and the legal issues surrounding guardianship and power of attorney (ie the take over of financial affairs including the disposal of property without the fully informed consent of the aged individual), we focus attention on the most basic of human needs - food, shelter, clothing, medical and safety.

In only focusing on these, we negate the very broad range of needs which surround a person's identity, their lifestyle choice, priorities and the right to be who they want to be ie self-determination to express their individuality. What does not appear to be taken into account are the values and lifestyle the individual has lived over a lifetime - their choices of what they wear, eat, drink, adorn themselves with, hair style, colours, independent travel, their taste in music to whether they prefer cotton or flannelette sheets, hate bananas and love roast lamb. Our understanding is that the more conventional and limited view in the law, with the implications that arise from this, do not meet individual needs and that this is not being addressed - 'eat the bananas'.

It is about what government policies, systems and processes are in place to meet the individual's needs, whilst delivering to the collective at a national level. It is not about disability, but about what it is to be human and a society's ability to provide the wherewithal for those who are not able to speak for themselves.

Our view is that, it is these latter issues that are being totally negated in both government policy, the laws and legislation. There is the flow on into legal, financial, family conflict, abuse, health, transport, care at home/in nursing homes and the process whereby some people are placed in nursing homes.



8. Lessons of history

In briefings from those in the legal profession, the authors understand that the current laws express care as being kept physically clean, given medication where indicated by a medical practitioner, dressed in clean clothing, provided with food and a place to dwell in a safe environment eg off the street. When asked of one barrister, “Is this just not keeping a body alive and nothing more, a battery hen if you will? The response was uneasy agreement with the comment that the law does not allow for individual care.

This raises a barrage of questions. In brief:

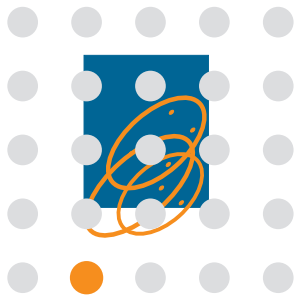
- Q:** At what point and in what circumstances is all each person is - their values, beliefs, preferences be taken away, not valued, dismissed?
- Q:** When can you or I no longer express our own individuality and choices - what I wear, eat, drink, my hair style, watch the footy, colour preferences, want my hair dried after bathing, my taste in music to whether I prefer cotton or flannelette sheets, love roast lamb and hate bananas, I feel physically ill at the smell of them?
- Q:** Is humanity and care for each other absolute from the beginning of hominin presence, or is it a quality that is continually evolving in a journey from the caves to higher entities?
- Q:** So as to not replicate the misunderstandings and failures from the past, what can we learn and leverage from history to better understandings of each other and ways to live together to our highest potential - **equal but different** (old and young, healthy and impaired, male and female, the list goes on)?

As humans, we each grow upon the earth and create our own unique mark on the lives that surround us and the environment in which we live.

As humans, we age, grow frail, lose neuronal capacity and we become dependent upon those with whom we live, on families and on society.

In days long ago, when one could no longer provide for oneself through injury, illness or age, one could not survive. However, a time came when care was given to keep the person alive. We began to empathise, to put aside self-interest, to love. The roots of humanity began to grow.

The site of Dmanisi in the Eurasian republic of Georgia has yielded striking hominin, faunal and archaeological material as evidence for the presence of early Homo outside Africa 1.77 million years ago, documenting an important episode in human evolution. Here we describe a beautifully preserved skull and jawbone from a Dmanisi hominin of this period who had lost all but one tooth



several years before death. This specimen not only represents the earliest case of severe masticatory impairment in the hominin fossil record to be discovered so far, but also brief communications raises questions about alternative subsistence strategies in early Homo.

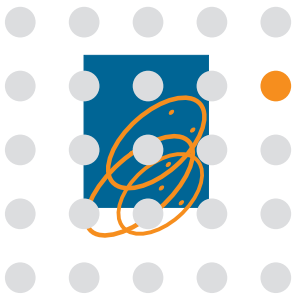
The D3444/D3900 individual apparently survived for a lengthy period without consuming foods that required heavy chewing, possibly by eating soft plant and animal foods and/or by virtue of help from other individuals, which must have exceeded that capable of being offered by non-human primates. The edentulous Dmanisi specimen raises interesting questions regarding social structure, life history and subsistence strategies of early Homo that warrant further investigation .¹

Whilst there is some difference of opinion as to the extent to which the Dmanisi person would have been dependent on the care/subsistence from the group mates, it raises the question as to what it is to be human. To care for those not only as we wish to express our care, but, crucially, to express the care they want, need and desire for themselves if they still had the voice to express it and still had the ability to care for themselves.

If we understand what care is and that it is not only to confirm to that notion of care to the satisfaction of the most basic of human needs , then it also raises the spectre of where the fuller notion of care is neglected or abandoned , or is even still, abusive .

In our view, documents such as *The Victorian Charter of Human Rights and Responsibilities*, Victorian Equal Opportunity & Human Rights Commission, April 2009, the descriptors for freedom, respect, equality and dignity do not cover 'identity and self-determination'.

1. Lordkipanidze D, Vekua A, Ferring R, Philip Rightmire G, Agusti J, Kiladze G, Mouskhelishvili A, Nioradze M, Ponce de León M S, Tappen M, Zollikofer C. *The earliest toothless hominin skull* Nature, Vol 434, 7 April 2005. p717-718 www.nature.com/nature



9. Key Issues • Recommendations

1. Government roles and responsibilities

Identity abuse is to be acknowledged as a form of abuse. This in keeping with the UN's position to promote social progress, better living standards and human rights ¹.

Recommended actions

- 1.1 An amendment to the Australian Constitution to have a Charter of Human Rights which includes identity abuse.
- 1.2 That the 'Victorian Charter of Human Rights and Responsibilities' include identity abuse alongside other forms of abuse.
- 1.3 The Australian Government lobby international Governments and peak agencies such as the UN, WHO and EU to include this form of abuse in their regulatory framework and human rights activities.

2. Regulatory arrangements

Currently an Enduring Power of Attorney can be attained without the consent and/or participation of the person over whom the authority is gained, nor is that person even a signatory on the form.

An Enduring Power of Attorney can be attained without specialist medical advice when a person is medically impaired such as Alzheimer's disease.

An Enduring Power of Attorney can be attained by one family member without the knowledge or agreement of other family members. This can occur where one or more family members want authority over, for example property and/or finances, for their own vested interests.

We propose that the Australian Government write legislation which will address identity abuse, so that is an offense and to more clearly define the circumstances under which an individual's agencies not only assume a carer's role, but also where they trespass informed consent and deny self-determination as well as individual dignity and rights and the appropriate Government departments at Federal and State level as well as local government.

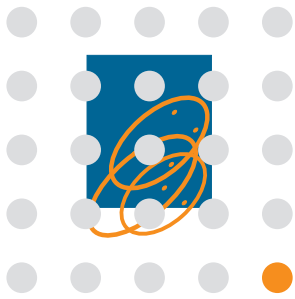
Recommended action

- 2.1 That there be more regulation and overview of the application of legislation and signatory bodies Enduring Power of Attorney and Guardianship, with the role of bodies of appeal and review, being made more explicit.

Note:

Identity abuse is inclusive of respect, equality and dignity, not equivalent to, or instead of.

1. www.un.org/en/aboutun/index.shtml



- 2.2 The powers of bodies connected with care allowances and supports to be widened to review changes and/or resumption of assets of those supported (or for this to be investigated in an appropriate regulatory body), especially where an Enduring Power of Attorney has been granted.
- 2.3 An Enduring Power of Attorney and/or Guardianship can be gained only with the full consent of the person and where appropriate support or specialist/s advice is assured to confirm this.

3. Workforce requirements

Delivering quality services and lifelong career pathways

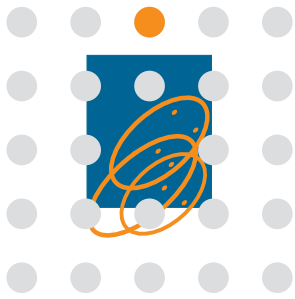
In keeping with delivering quality care by professionals who have the skills, knowledge and insights to provide full care including addressing identity abuse, we recommend further investment of funds to upgrade education and training in both home and supported care.

Recommended actions

- 3.1 That Governments (Australian, State and Local) invest adequate funds to upskill current education and training curriculum; to develop appropriate courses for care workers to build career pathways; and funds for on-going professional development for life-long learning as methods/strategies advance :
 - those working in government who develop policy, systems and processes particularly legal frameworks
 - managers and administrators within the public and private sector responsible for the delivery of services
 - geriatrics
 - mental health
 - gerontological nursing
 - carers and care workers
 - counselling and on-line services for primary care givers, family and friends to better understand the requirements of caring for older Australians.
- 3.2 The training of all care agencies personnel such as those in nursing homes, be extended to include strategies/materials focused on individual 'self-determination', along with the provision of the most basic needs.

4. Communication inventory

For those who due to illness or injury cannot voice their needs, wants and desires, we recommend an inventory is designed and implemented which documents their choices. There are to be delivered and sustained for whole-of-life eg at an appropriate time this can be referenced within a likely prognosis for future need for care such as when a diagnosis for Alzheimer's disease is made.



Recommended action

- 4.1 A method and related technology be determined to hold the inventory of each participating individual.
- 4.2 The inventory would be voluntary.
- 4.3 The inventory would be confidential to the individual until such time as it is activated due to illness or age related incapacity.
- 4.4 The inventory be easily accessible and updated such as on a card the size of a business card which can be carried within a wallet, or on a memory stick designed for attachment to key ring, or piece of wearable art such as jewellery item.
- 4.5 The categories of the inventory fully reflect the needs, wants and desires of the individual and are achievable for delivery in the home under a carer, in a nursing home or other like arrangement.

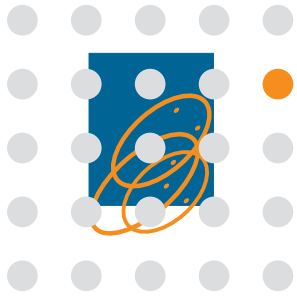
In Walters, Iliffe and Orrell's study they stated 'Despite decades of research showing high rates of unmet need in older people, there currently is little understanding of why these needs remain unmet... The majority of older people and their carers do not appear to seek help for their unmet needs for a range of complex reasons, often involving issues of withdrawal, resignation and low expectations.'¹ However, we do not find such conclusions unexpected as without identity abuse being acknowledged and mechanisms put in place to address this form of abuse, silence pervades and as Walters and Orrell say there is 'withdrawal, resignation and low expectations.' Other studies in this area such as undertaken by M Orrell, GA Hancock, KC Liyanage, B Woods, D Challis and J Hoe J², that compare the needs of older people with dementia living in care homes, as assessed by the older person themselves, a family caregiver, and the staff of the care home does not account for the older person who cannot contribute to such a study due to their incapacities. For other examples, please refer to Sources.

Recommended action

- 4.6 Research bodies are encouraged with funding investment in documenting the parameters of identity abuse and the instruments and skills to deliver whole-of-life care.

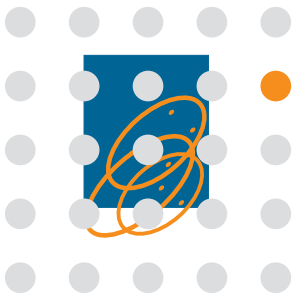
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10. Future directions

Bourne and Associates is committed to further research and work in this area and will make themselves available to participate in activities such as undertaking research projects, participating on boards, speaking at events including conferences and/or sitting on industry roundtables.



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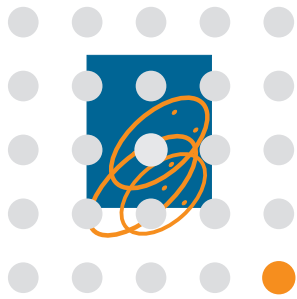
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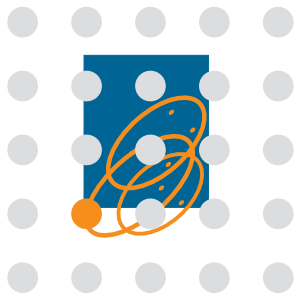
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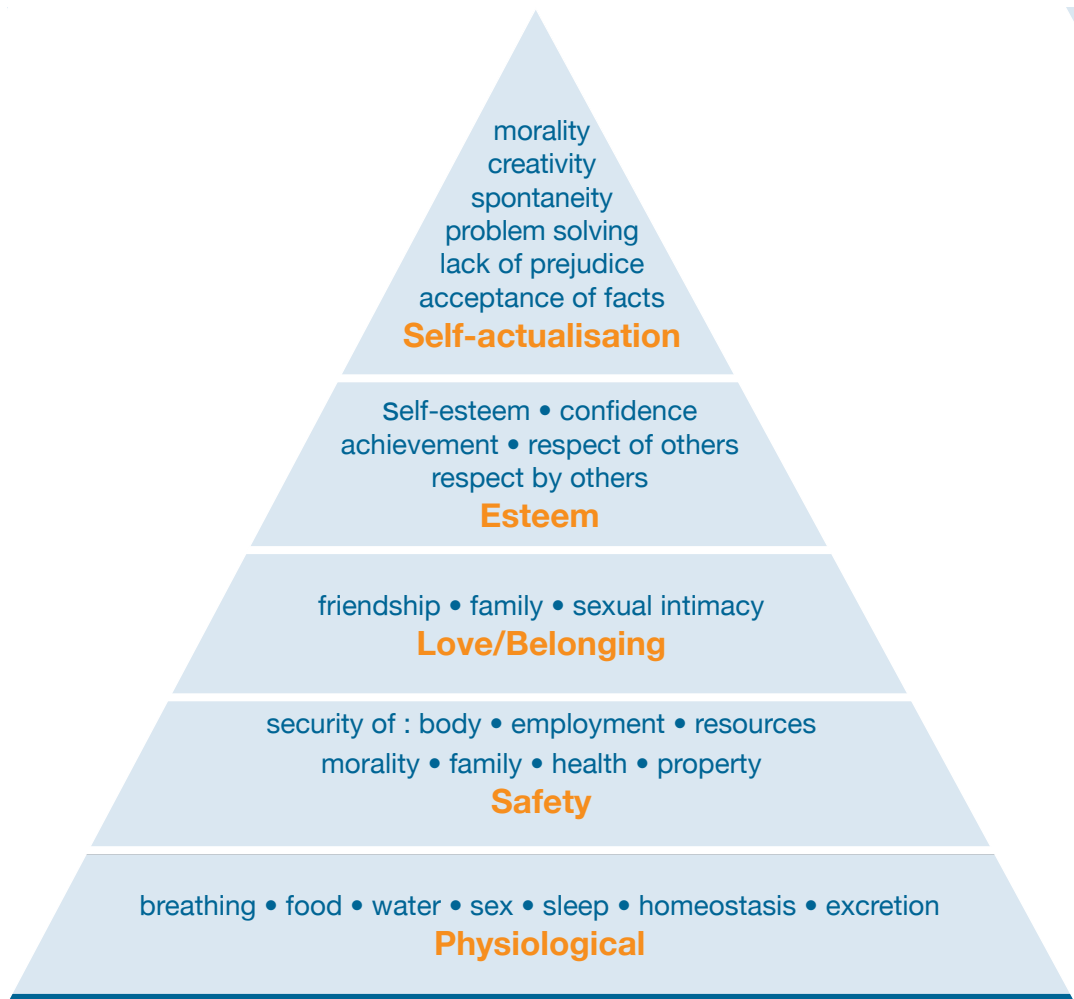
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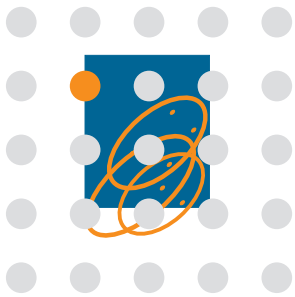


12. Attachments

Maslow's Hierarchy of Needs



Source : www.en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs



About the authors



Some current and past affiliations and memberships

Member of the Order of Australia (AM) • Patron, Architectural Glass Design Association • Member, Committee for the Economic Development of Australia (CEDA) • Member, CEDA “CEO Roundtable” • Fellow Royal Society of the Arts, UK Member, Built Environment Design Professions Action Agenda, Manufacturing, Engineering and Construction, Department of Industry Tourism and Resources, Australian Government • Member, National Centre for Sustainability Advisory Board, Swinburne University of Technology • Member, Master Builders Association of NSW, Training Committee • Member, Victorian Design Advisory Board, Victorian Government Member, Department of Premier and Cabinet, Victorian Design Industry Workshop • Design Strategy Reference Group (Policy), Victorian Government • Member, Task Group, Creative Australia Project, Commission for the Future • Member, Australian Academy of Design Member, Federal Government’s Action Agenda: Furnishing Industry, Innovation and Design Committee • Member, Artisans Guild of Australia (Hon) • Board Member, Artists and Industry P/L • Member, the National Trust Cemeteries Committee

Carolynne Bourne AM

In 2010 Carolynne Bourne AM established Bourne and Associates P/L. As its cofounder and Director, she brings significant local and international experience as a medical laboratory scientist, researcher, business-woman, designer and educator to the contemporary challenge of bridging the gap between ideas and their commercial application into viable businesses.

Over the years Carolynne has continued to expand her insights, knowledge and skills into the constraints and opportunities facing Australian industries at all occupational levels within international perspectives. Industries include, but are not restricted to medicine, manufacturing, building and construction, environment, heritage, education and agriculture, as well as the creative industries.

Carolynne joined Nylex in 1966 as an industrial chemist. She subsequently took up a position at Monash University in 1967 as a clinical and research medical laboratory scientist, a position she also held at the Alfred Hospital five years before returning to Monash University in 1985 to take up the position of Chief Technical Officer (Genetic Engineering). In 1990 she joined a project which was to ultimately develop into International Specialised Skills Institute where she held the position of founding CEO until 2010.

In addition to her career in science, Carolynne has also established her own businesses in multi-disciplinary design and an antique furniture retail/wholesale firm. She has held positions as an educator with a private provider and with higher education organisations at national and state levels, an industry training consultant and design education consultant, RMIT University.

Carolynne’s university qualifications have a particular focus on consumer behaviour, business including change management, multi-disciplinary design, lateral thinking, psychology, archaeology and education.

She has many affiliations with private sector industries and firms, public sector agencies at federal and state level, higher educational institutions and professional associations.

Carolynne has numerous articles and papers published in Australia and internationally including Lancet, Archives of Pathology and Laboratory Medicine, Medical Laboratory Science, Archives of Pathology and Laboratory Medicine and Pathology.

In 2006 Carolynne was honoured with a Member of the Order of Australia (AM) award.



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In 2010 Michael Bourne established Bourne and Associates P/L. As its cofounder and Director, he brings significant experience as a highly respected practising psychologist, researcher, businessman, and educator to the challenge of bridging the gap between ideas, problems to solutions. A significant proportion of his professional service has been in leadership positions.

Michael is an Education and Developmental Psychologist registered with the Psychology Board of Australia and is a full member of the Australian Psychological Society (MAPS) for over 25 years.

He has spent over 40 years in education having taught and worked in primary, secondary and lectured in tertiary institutions (Swinburne and RMIT Universities) as well as having supported schools with psychological services in most of the Metropolitan area of Melbourne, and a number of schools statewide, in general and senior psychological positions.

With work in curriculum and teacher education, he has held positions on statewide and national testing (assessment) programs; undertaken research projects at Melbourne University and the Australian Council of Educational Research and been a member of the statewide Primary Maths and Curriculum Standing Committees; educational management at the Reading, Research and Treatment Centre, a statewide specialist centre; worked directly under members of the Ministerial Committee Testing of Literacy and Numeracy, where he managed the Assessment Unit and its programs to professional groups, teachers and parents across Victoria at all levels.

Consultancy projects include proposal presentation to the Victorian Government in the field of lateral thinking with Dr Edward De Bono; visiting expert presenter in International Specialised Skills Institute's industry workshops in Consumer Psychology and a speaker to numerous groups across industry sectors, designers and educationalists. Michael has authored a number of research articles and papers with topics. He has presented the work through a wide range of activities such as lectures, forums and workshops. In addition to his career in psychology, Michael has also co-owned an antique furniture retail/wholesale business and a lecturer in total Quality Management and Consumer Psychology at RMIT University.

He has pursued his interest in the links between health and psychology through his M. Ed. thesis, *Educational, Psychological and Demographic Characteristics of Coronary Heart Patients*.

