

# Advocare NEWS

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## ABUSE PREVENTION PROGRAM UPDATE

By the end of its first nine months to the end of June 2002, Advocare Inc.'s pilot Abuse Prevention Program (APP) had achieved well beyond its forecast education targets for the full year.

A total of 1019 individuals attended education sessions. Of these, two hundred and ninety seven were Home and Community Care clients and 150 were members of the general community. This group of older adults was told about the problem of elder abuse and steps they could take to prevent it. The steps include approaching Advocare's APP for more information and assistance.

Education about elder abuse and the APP was also delivered to 366 HACC staff, 35 tertiary students, 42 carers and 129 other professionals and interested individuals, including social workers, medical professionals, police and lawyers.

By June 30 the APP had provided advocacy support to 98 clients. This figure is surprising, because the APP is a new program. Until promotion began in November 2001 it was an unknown entity.

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Figure 1: Types of Abuse

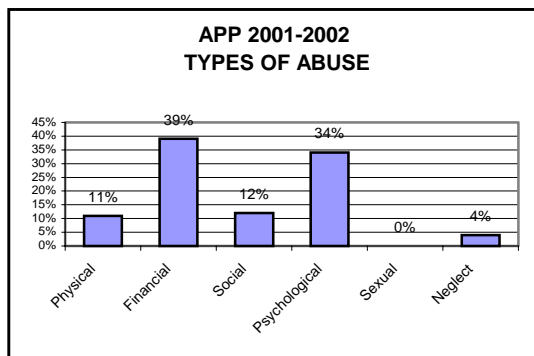
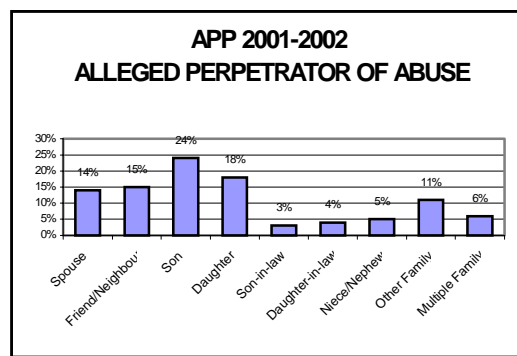


Figure 2: Alleged Perpetrator of Abuse



Statistical data shows that 71 of the APP's clients were female and 27 were male. The most common types of abuse experienced were financial abuse, (39%) and psychological abuse, (34%). Some clients experienced multiple forms of abuse.

In the majority of cases the alleged perpetrators were male (58%). In about half of the cases of elder abuse encountered by the APP, the alleged perpetrators lived in the same house as the older adult.

Like all of Advocare's programs, the APP uses an advocacy model that assumes that older adults who have decision-making ability can decide for themselves what is the best course of action once they have information and options to choose from.



Please feel free to photocopy this newsletter as often as you like,  
and distribute it to clients, residents, carers, staff and visitors!

## ACCREDITATION INVOLVEMENT

From my observations, most residents and family members believe the accreditation process is something that is the concern of the facility and that their involvement is of little consequence.

During a number of Advocare Inc. promotional talks which I have given to resident's meetings and are attended by residents and a few family members and/or friends, there is a reluctance to speak up and give

opinions about possible changes to the way the facility might function.

What then is the answer? Facility providers go to great lengths to meet Standard 1.1.4 regarding comments and complaints by providing suggestion boxes, improvement logs, care manager attendance at resident's meetings and so on. Whilst these points may encourage feedback, I believe that residents and family members still have

lingering doubts about the chance that any negative feedback may bring repercussions. To help overcome these lingering doubts, more promotion of Resident's Rights and Responsibilities through discussion groups being included in the activities program may provide opportunities for residents to obtain a broader understanding of the process of continuous improvement and complaints mechanisms.

*Margaret Cowan-Guthrie*

## FEARS

At Advocare we assist and help lots of people who receive aged care services. We help them with issues, concerns, problems or complaints they have with their service providers. We encourage people to sort things out for themselves and know that many do. However we also know that many people are hesitant or unwilling to ask for help. We've asked people why they or others are reluctant to ask for help. Here is a list of some of the most common responses:

- I did not know my rights, I did not realise I was entitled to something more.

- I did not think anyone could do anything to make things change for the better.
- I did not think anyone would believe me or take my side.
- I was afraid that if I complained things would get worse.
- I was afraid of retribution or rejection or bad consequences if I complained.
- I was too embarrassed or ashamed to talk to anyone who could help me.
- I did not think I had a right to complain about all these good people who are helping me.
- There is no point in

complaining.

- I did not understand about Advocare or the Complaints Resolution Scheme.

These and other reasons for not seeking help often make the problem more worrying and difficult to sort out. We promote you sharing your problems with your family, care staff or an advocate. Our experience shows that most problems involve a breakdown in communication. Advocare assistance is free, independent and confidential.

*Michael Crowley*

## RESIDENTS AT RISK OF VITAMIN D DEFICIENCY

According to the *Medical Journal of Australia* (5 August 2002), up to 76% of elderly people in nursing homes and 53% of hostel residents have evidence of vitamin D deficiency, largely because they are confined inside, away from sunlight. Exposure to direct sunlight for 1-2 hours per week is required to maintain adequate levels. Although in Australia some food (particularly some

dairy products) is fortified with the vitamin, this is unlikely to benefit residents of aged care facilities because they frequently have a restricted dietary intake.

The main role of vitamin D is to maintain calcium and phosphorus levels to sustain a wide variety of metabolic and physiological functions. These include the maintenance of bone health

and neuromuscular function. Suboptimal levels of vitamin D contribute to the development of osteoporosis, a major risk factor for hip fractures.

Increased exposure to sunlight either in a sunny room with the window opened or on a verandah several times a week should be considered for these at-risk groups.

*Maureen-Helen*



### Hip protectors

These are cushioned pads that are placed securely inside the underpants of people who are prone to falls and at risk of fracturing their bones. Hip protectors help to prevent fractures to the femur, at a reasonable cost. For more information contact the Independent Living Centre on 9381 0600.

## PAIN MANAGEMENT

Chronic pain among residents in aged care facilities may be endemic, because pain can be the consequence of degenerative disease associated with ageing. According to Pamela Melding, 'Depression and poor psychological adjustment are also more prevalent in older people who are in pain.' (*Medical Journal of Australia*, July 2002)

Melding says that there are several reasons why pain

goes untreated and unnoticed. One of these may be a lack of knowledge, and another may be that 'medical and nursing staff fail to enquire adequately about pain, or are too busy to spend much time with individual patients.' This is in spite of the requirement of Standard 2.8, which requires that systems should be in place to ensure that pain is adequately managed.

Chronic pain may cause

behavioural changes in older adults, which in turn can lead to the administration of inappropriate medication that masks the pain or even makes it worse. Adequate diagnosis of pain and the administration of adequate, regular analgesia may not only increase a resident's comfort, but also make management less problematic.

*Maureen-Helen*

## HEARING THE RESIDENT

We often hear talk about consultation, discussion, and dialogue when we visit facilities and these terms are often banded around quite loosely. Residents and families, however, repeatedly convey a feeling that these are token gestures when compared to their actual experience. They often express a feeling that they are dismissed and not valued.

The question or challenge that remains is. How do you see the resident? Do you attempt to appreciate where the resident is coming from? Do you then tailor the delivery of care in response

to his/her particular needs?

If a resident asserts his/her need to be consulted and challenges the way care is delivered, do you regard this as obstructive or resistive? Does such behaviour leave workers tentative and defensive?

I raise these questions because often residents feel that facilities would prefer it if they were passive and compliant. This is not to say that staff do not value input from residents, it is merely a reflection of a common experience often expressed by residents.

Issues of concern do not fade away. If you can appreciate and value the resident and their perspective, it will prevent a deterioration in the relationship with the facility later on. This prevents a lot of unnecessary grief for all concerned.

It is rare, in our experience at Advocare, that residents raise issues that are either unreasonable or unrealistic. The challenge is to resolve them promptly and in a spirit of good faith by all parties.

*Stephen Evans.*



### Independent Living Centre

This centre can provide information and advice about a large range of aids and appliances that may help with the comfort and care of people with disabilities, including those that result from age and frailty.

The Centre is a non-profit community service organisation that provides impartial, expert advice on equipment, building and design, access and resources for people with disabilities, their advocates, carers and service providers.

The Independent Living Centre can be contacted by aged care facilities, HACC service providers and the general public on 9381 0600. Their web site is [www.ilc.com.au](http://www.ilc.com.au)

The new address for Independent Living Centre is the corner of Aberdare Rd and Hospital Avenue, Nedlands. Everyone is welcome to call in and browse.

**Advocare assists and supports you to exercise your rights as consumers or potential consumers of residential care and community care services.**

*Advocare News welcomes suggestions, contributions and letters . Please forward all material to The Editor, Advocare News at the Perth address listed on the front page. This newsletter is also available on our website: <http://www.iinet.net.au/~advocare>*

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