Anchor Excellence

Trauma Aware and Healing Informed Care

Acknowledgement of Country

In the spirit of reconciliation the Anchor Excellence team acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander people today.

Objectives for this session

- The current aged care context - The Aged Care Reform Agenda
- To become familiar with the language used when we discuss trauma aware and healing informed care
- To define trauma aware and healing informed care in the aged care context
- To outline and describe the principles of trauma aware and healing informed care
- Position trauma aware and healing informed care within the Final Draft of the Strengthened Aged Care Quality Standards (2024)
- To identify instances where trauma aware and healing informed care relates to Special Needs Groups
- To provide working examples of how trauma aware and healing informed care related to care and services planning for older people

Legislative and Regulatory context for Trauma Aware and Healing Informed Care (TAHIC)

- *The Aged Care Act 1997* & Draft Exposure Draft *Aged Care Act 2024*
- Aged Care Quality Standards (ACQS), and guidance material (2019, 2024)
- Statement of Rights (2023)
- Statement of Principles (2023)
- Code of Conduct for Aged Care (2022)
- Charter of Aged Care Rights (2019)
- Diversity Framework (2023)
- National Quality Indicator Program (NQIP) (2023)
- Serious Incident Response Scheme (SIRS) (2023)

Aged Care Today

- Royal Commission into Aged Care Quality and Safety Final Report and TAHIC as a flow on effect
- Changes to legislation and regulation - *Aged Care Act 2024* (Exposure Draft released)
- The Strengthened Aged Care Quality Standards (July 2024)
- Consumer expectations-internal and external complaints mechanisms
- The Role and Responsibilities of the Aged Care Quality Commission - Special Needs Groups (SNG)
- Assessment contacts and Accreditation process will have a TIC lens
- The National Quality Indicator Program (NQIP) - Quality of Life indicators
- Serious Incident Response Scheme (SIRS)
- The role of advocacy agencies
- AN-ACC - Compounding Factors and opportunities for reassessment-BRUA assessment
- Restrictive Practice and Behaviour Support Planning Requirements
- Workforce planning and sufficiency

Useful Definitions

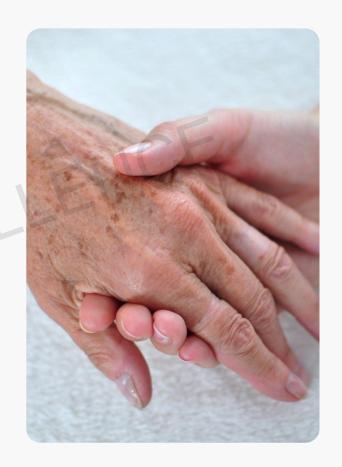**Trauma Aware and Healing Informed Care (TAHIC) in the aged care context**

TAHIC acknowledges the many traumatic events and influences an older person has experienced throughout their life.

These traumatic events shape the older person's interface with the aged care and services delivery systems they engage with. These significantly underpin the older person's approach and attitudes. For example, an older person from a geopolitical war zone may have PTSD and is defensive and non-compliant with the health care team especially if they are wearing a uniform.

For effective TAHIC to be in place a whole of organisation commitment is needed as TAHIC seeks to establish:

- Safety
- Trust
- Choice
- Collaboration
- Empowerment

Source: ACQSC Final draft Strengthened Aged Care Quality Standards November 2023.

ACQSC definition

Trauma aware and healing informed care recognises that a number of older people have experienced trauma in their lives and considers how this may impact them when providing care. Trauma aware and healing informed approaches must be used to restore wellbeing and enable older people to self-manage and control their care decisions.

As part of trauma informed care, providers and workers should:

- Understand the effects of trauma on the older person (including through assessment)
- Promote safety and trust (create a safe environment, interact in a respectful way
- Empower older people (by providing transparency, informed consent, collaboration, choice and control)
- Build connections, focus on strengths and promote quality of life.

Source: ACQSC Final draft Strengthened Aged Care Quality Standards November 2023.

Definitions (cont)

Rights Based Approach

A Rights Based Approach is a framework to protect and promote the rights of the older person. The older person is the centre of all care and service decision making and provision.

A Rights Based Approach promotes:

- Autonomy
- Dignity
- Improved quality of life
- Enhanced wellbeing

Source: Benetas (2018) Implementing rights-based practice.

Definitions (cont)

Trauma Aware and Healing Informed Care in an Aboriginal and Torres Strait Islander Context

This approach to care:

- Is sensitive to past trauma
- Acknowledges and supports the impact of multiple causes of trauma and distress
- Acknowledges and supports unresolved and/or accumulated trauma
- Supports holistic health
- Supports recovery and restoration of spiritual balance

Source: ACQSC Final draft Strengthened Aged Care Quality Standards November 2023.

Special Needs Groups (SNG)

The ACQSC (2023) has identified a number of population SNG. These groups have a history of individualised and institutionalised trauma.

SNG	Example
People from Aboriginal and/or Torres Strait Islander communities	Involuntary relocation. Family violence. Poverty of education. Poor health literacy. Poor health outcomes.
Older people from CALD backgrounds	War related trauma, prejudice and discrimination, financial trauma, family separation, linguistic barriers.
People who live in rural and remote areas	Poverty of resources. Poor access to health and education services to support health literacy.
People from LGBTQIA communities	Discrimination, physical abuse and institutional violence, financial abuse, difficult interations with health services, family seperation, sexual assault.

Special Needs Groups (SNG)

SNG	Example
People who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran	Combat, witnessing death, being a prisoner of war (POW). Exposure to chemical warfare agents. Delayed recognition of war service. Drug usage.
Parents separated from their children by forced adoption or removal	Loss of self, sexual abuse, physical abuse, family separation, institutional abuse, poverty, mental health issues.

Source: Commonwealth of Australia (2023)

Special Needs Groups (SNG)

SNG	Example
People who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations) *First Nations Peoples*	Institutional abuse, family separation, childhood neglect, financial poverty, poverty of learning, long term chronic health disease, poor interactions with healthcare providers, poor interactions with government agencies.
People who are homeless, or at risk of becoming homelessness *People who have been incarcerated and released*	Physical abuse, institutional abuse, neglect, financial abuse, sexual abuse, loss of autonomy, chronic health disease, poor interactions with health and other government agencies.
People of a kind specified in the *Allocation Principles 2014*	

Source: Commonwealth of Australia (2023)

Older people- Examples of special needs

SNG	Example
People with cognitive impairment	Physical abuse, neglect, financial abuse, sexual abuse, loss of autonomy
People living chronic mental health conditions	Physical abuse, institutional abuse, health abuse, neglect, financial abuse, sexual abuse, loss of autonomy
People with low literacy levels	Physical abuse, institutional abuse, health abuse, neglect, financial abuse, sexual abuse, loss of autonomy
People who have been incarcerated	Physical abuse, institutional abuse, health abuse, neglect, financial abuse, sexual abuse, loss of autonomy

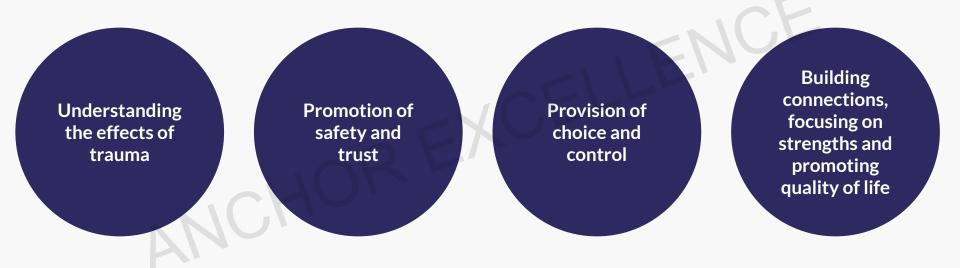Source: Commonwealth of Australia (2023)

Other descriptive words used in the TAHIC context

- Transparency
- Mutuality
- Your voice
- Stress
- Toxicity
- Pain
- Hurt
- Sadness
- PTSD
- Responsiveness
- Open Disclosure
- Inclusion
- Awareness building
- Capacity building

Principles of TAHIC

Understanding the effects of trauma

Promotion of safety and trust

Provision of choice and control

Building connections, focusing on strengths and promoting quality of life

What is a traumatic event?

Traumatic events for older people are any events that cause a disruption to their wellbeing. These can be:

- Physical
- Cognitive
- Emotional
- Social
- Judgemental attitudes to diversity by health care staff and other bureaucrats
- Being forcibly removed from family and care leavers
- Geopolitical and war experiences as a refugee - PTSD, physical disability, mental health illness
- Loss of self - routines, independence, autonomy, identity
- Loss of capacity - physical, cognitive, emotional, social and physical injury preventing return to live at home

What is a traumatic event for an older person?

- Historical abuse
- Loss of autonomy and independence
- Domestic Violence
- Feeling invisible
- Elder abuse
- Loss
- Chronic physical illness
- Acute physical illness
- Relocation-consensual and non-consensual
- Financial distress
- Disability-invisible and visible including mental illness
- Loss of mobility
- Memory loss, distress, anxiety, anger, depression, withdrawal
- Injury

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Impact of trauma on older people

Trauma results in loss and grief for an older person. These losses and associated grief may go unrecognised and be compounded over time culminating in deep, unresolved pain, anger and lack of connectedness with family, friends and other structured support processes.

Some examples of this in an aged care setting are:

- Inability to adjust to change in circumstances
- Agitation
- Behaviour changes-labile
- Isolation and withdrawal
- Refusing care and services including medication and nutrition and hydration
- Lack of clarity-change in decision making status
- Forgetfulness
- Suicidal ideation and attempted suicide

The principles of TAHIC in action in aged care

Vision, purpose and values alignment required

Understanding the effects of trauma	- TAHIC - Staff induction program - TAHIC - Education program - Cultural safety and diversity- (Compulsory) - TAHIC - Leadership by example - TAHIC - Multilingual information available - TAHIC - Incorporated into Performance Appraisal/Management framework
Promotion of safety and trust	Open Disclosure, Fairness, Feedback Management System, Care and Services Conferencing, IMS, Use of translation services including AUSLAN, advocacy services
Provision of choice and control	Dignity of risk, Consent, Decision making, ACDs and end of life care, Nutrition and hydration,care and services planning, Leisure and Lifestyle/Wellbeing
Building connections, focusing on strengths and promoting quality of life	Partners in care, reablement program, wellbeing choices, community connectedness

Final Draft Strengthened Aged Care Quality Standards

Strengthened Aged Care Quality Standards

Standard 1 The Person

Outcome 1.1 Person Centered Care

Outcome 1.2: Dignity, respect and privacy

Outcome 1.3: Choice, independence and quality of life

Outcome 1.4: Transparency and agreements

Strengthened Aged Care Quality Standards

Standard 2 The Organisation

Outcome 2.1: Partnering with older people

Outcome 2.2: Quality and safety culture

Outcome 2.3 Accountability and quality systems

Outcome 2.4: Risk management

Outcome 2.5: Incident management

Outcome 2.6: Feedback and complaints management

Outcome 2.7: Information management

Outcome 2.8: Workforce planning

Outcome 2.9: Human resource management

Outcome 2.10: Emergency and disaster management

Strengthened Aged Care Quality Standards

Standard 3 The Care and Services

Outcome 3.1: Assessment and planning

Outcome 3.2: Delivery of care and services

Outcome 3.3: Communicating for safety and quality

Outcome 3.4: Coordination of care and services

Strengthened Aged Care Quality Standards

Standard 4 The Environment

Outcome 4.1a: Environment and equipment at home

Outcome 4.1b: Environment and equipment in a service environment

Outcome 4.2: Infection prevention and control

Strengthened Aged Care Quality Standards

Standard 5 Clinical care

Outcome 5.1: Clinical governance

Outcome 5.2: Preventing and controlling infections in clinical care

Outcome 5.3: Safe and quality use of medicines

Outcome 5.4: Comprehensive care

Strengthened Aged Care Quality Standards

Standard 5 Clinical care (cont)

Outcome 5.5 Clinical safety

5.5.1 High impact high prevalence risk

5.5.2 Choking and swallowing

5.5.3 Continence

5.5.4 Falls and mobility

5.5.5 Nutrition and hydration

5.5.6 Mental health

5.5.7 Oral health

5.5.8 Pain

5.5.9 Pressure injury and wounds

5.5.10 Sensory impairment

Strengthened Aged Care Quality Standards

Standard 5 The Clinical Care (cont)

Outcome 5.6: Cognitive impairment

Outcome 5.7: Palliative care and end of life care

Strengthened Aged Care Quality Standards

Standard 6 Food and Nutrition

Outcome 6.1: Partnering with older people on food and nutrition

Outcome 6.2: Assessment of nutritional needs and preferences

Outcome 6.3: Provision of food and drink
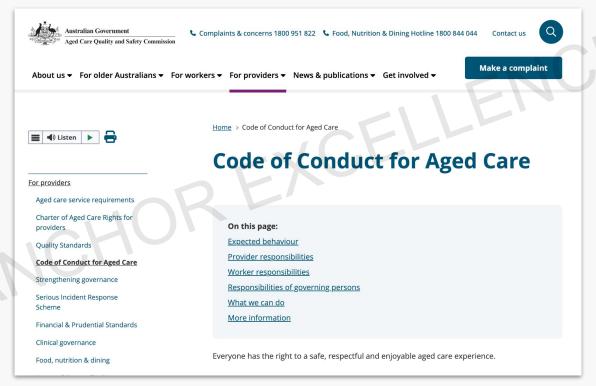
Outcome 6.4: Dining experience

Strengthened Aged Care Quality Standards

Standard 7 The Residential Community

Outcome 7.1: Daily Living

Outcome 7.2: Transitions

Trauma Aware and Healing Informed Care &
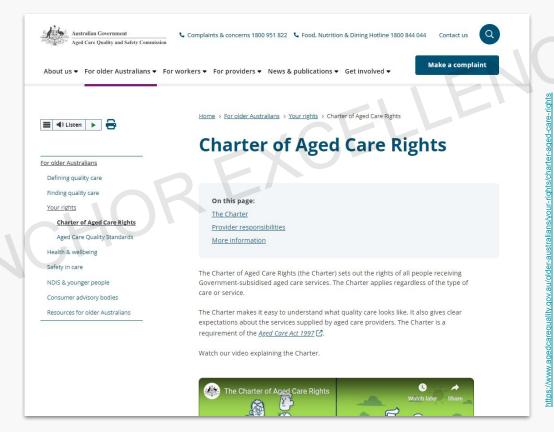# The Code of Conduct

https://www.agedcarequality.gov.au/for-providers/code-conduct

Trauma Aware and Healing Informed Care & The Charter of Aged Care Rights

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What are the benefits of using a TAHIC approach to care and services planning, delivery and evaluation?

- Promote cultural safe interventions
- Decrease any stigma and preconceptions about a population group
- Increase consumer participation
- Enable identification of suicide and suicidal ideation
- Increase knowledge and skill staff capacity
- Consolidation/Rationalise of service pathways - government support
- Quality use of medications
- Improved/simplified mental health service access
- Improve support for transition into and out of care
- Improved trust in health services
- Improved autonomy-choice and control
- Reduction in internal and external complaints
- Improved community connectedness
- Improved staff safety
- Engagement with care and services
- Reduction in refusal of care eg personal care and medications

Capacity building for effective TAHIC

- Education
- Targeted recruitment
- Partnerships in care requirements
- External referrals policy and process
- Escalation policy and process
- Capability profile

Connect to:

Outcome 2.8: Workforce planning

Outcome 2.9: Human resource management

Case Study

Sam, aged 82, fell at her home of 60 years, sustaining a fracture neck of femur. Family support was limited as the family lived interstate and overseas, leaving Sam with no local support. The home of 60 years has fallen into disrepair and hoarding was identified by the hospital social work team.

Even as a short term measure post surgery, Sam returning to the family home was not a viable option. Entry to a RAC was the preferred option. Sadly, Sam didn't get to return to or visit the family home.

For Sam, this was an immeasurable trauma. With this trauma came both visible and invisible pain.

How would trauma aware and healing informed care support Sam to transition to this level of residential care?

Case Study cont

Considerations

- Choice, independence and quality of life - Standard 1
- Risk management related to inability to accommodate new environment - Standard 2
- Feedback and complaints management - Standard 2
- Workforce planning and Human Resource Management - Standard 2
- Planning appropriate care and services - Standard 3
- Environment and Equipment - Standard 4
- Clinical Care - in particular 5.5.6 Mental Health
- Assessment of nutritional needs and preferences - Standard 6
- Transitions - Standard 7

Reach out to us

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