Policy Position Statements
December 2022

Video surveillance in residential aged care

Summary

- Currently, Dementia Australia does not endorse broad video surveillance usage in residential aged care settings.
- There is insufficient evidence to determine whether video surveillance alone reduces serious incidents or improves care quality.
- Video surveillance should be proportionate and targeted, so that people living with dementia are not subjected to 'blanket' surveillance.
- There are numerous consent and privacy concerns associated with the video surveillance of people living with dementia.
- Our focus should be on approaches that have shown to prevent serious incidents and improve quality of life, like person-centred care, dementia enabling design, and dementia education.
- National regulatory guidelines are urgently required.

Background

Video surveillance, also known as closed-circuit television (CCTV), in residential aged care is a significant issue for people living with dementia, their families, carers, and service providers. Dementia Australia acknowledges that there's no community consensus on the use of video surveillance.

Common reasons cited for video surveillance include:

- To document instances of abuse or neglect
- To deter serious reportable incidents, aggression, or abuse
- To reduce accidental injuries, such as falls

A 2019 study of video surveillance in residential psychiatric care found that, although CCTV presence makes residents and staff feel secure, their objective security does not increase[i]. A recent South Australian trial suggests that video surveillance may disrupt care delivery, resulting in a negative impact on overall quality[ii].

The Australian Law Commission warns that video surveillance may amount to a restrictive practice, with people with intellectual disabilities disproportionately subjected to monitoring in residential care settings[iii].

Dementia Australia recognises that video surveillance continues to be sought and utilised on a case-by-case basis, with potentially greater application in the future.

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Issue

The high prevalence of cognitive impairment[iv] within the residential aged care population creates significant consent and privacy implications.

Enduring waivers, signed on admission, may not reflect changing circumstances or wishes, especially as a person's health declines or dementia progresses.

Visual cues alerting people to video surveillance in common areas may not be dementia accessible. Residents with dementia may forget they gave, or later withdraw, their consent.

> **"I'd like the option because it doesn't suit everyone."**
> -Person living with dementia

Bedroom video surveillance may constitute a privacy breach for residents with advanced dementia, as they commonly have bathing, toileting, private appointments and medical procedures performed in this space.

Residents with dementia and their families may be asked to consent to video surveillance due to behavioural concerns. Changed behaviours affect 29-90 per cent of residents[v] and is often produced by unmet need, combined with an inability to express these needs. Only a fraction of people with dementia will display actual or threatened violence.

Proxy decision makers must be supported to make decisions that align with the resident's values and wishes, even if that decision carries greater risk, and that their decision is free from actual or perceived coercion.

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Residential aged care is an essential service, and no-one should feel pressured to choose between receiving the care they need or the right to privacy.

Person-centred care and dementia-enabling environments offer staff and residents better protection against serious incidents, whilst improving quality of life and staff satisfaction.

A dementia-competent workforce has greater confidence in de-escalation and responsiveness, and experiences less stress or 'burnout'. These are critical factors in reducing elder abuse and neglect.

> **"Systemic issues need to be addressed such as understaffing, unreasonable workloads which lead to poor quality care, burnout and high staff turnover."**
>
> - Former carer

At this time, there is no regulatory supervision of video surveillance in residential aged care settings. This must be addressed before there is any expansion of video surveillance programs in Australian residential aged care.

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Dementia Australia's position

By focusing our attention to person-centred care, we can reduce the number of serious incidents whilst increasing quality of life, safety, and wellbeing for residents and staff.

Aged care staff should complete dementia education, including training in non-pharmacological intervention and de-escalation strategies.

Aged care homes should be modified or built to dementia-enabling design principles to reduce the incidence of wandering, disorientation and accidents.

The use of video surveillance should be proportionate and targeted. People living with dementia should not be subjected to video surveillance based on their condition alone.

People diagnosed with dementia should talk to their families and carers about how they feel about video surveillance and consider putting their preferences in their advance care directive.

Aged care staff should be encouraged to seek assistance from behavioural support specialists and dementia consultants, such as the National Dementia Helpline.

Further research is needed to ensure policy decisions regarding video surveillance are evidence-based.

Australia urgently needs nationally consistent regulatory guidelines on the use of surveillance technology in residential aged care settings.

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[i]Appenzeller YE, Appelbaum PS, Trachsel M. Ethical and Practical Issues in Video Surveillance of Psychiatric Units. Psychiatr Serv. 2020 May 1;71(5):480-486. doi: 10.1176/appi.ps.201900397. Epub 2019 Dec 18. PMID: 31847737.

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[iii]Australian Law Reform Commission. (2014, 9 18). The use of restrictive practices in Australia. Retrieved from https://www.alrc.gov.au/publication/equality-capacity-and-disability-in-commonwealth-laws-alrc-report-124/8-restrictive-practices-2/the-use-of-restrictive-practices-in-australia/#_ftn11

[iv]The South Australian Health and Medical Research Institute. (2020, August 24). Research Paper 8 - International and national quality and safety indicators for aged care. Retrieved from Royal Commission into Aged Care Quality and Safety: https://agedcare.royalcommission.gov.au/publications/research-paper-8-international-and-national-quality-and-safety-indicators-aged-care

[v]Parliament of Australia. (2014). Senate Standing Committee on Community Affairs. Retrieved from Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Dementia/Report/c02#:~:text=%5B16%5D%20BPSD%20is%20not%20a,in%20Australian%20nursing%20homes%3B%20and

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