

SUBMISSION IN RESPONSE TO

The Use of Surveillance and Monitoring Technology in Aged Care Discussion Paper
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INTRODUCTION

COTA SA welcomes the opportunity to contribute to the discussion about the use of surveillance and monitoring technology in aged care. We congratulate the Minister for Health and Wellbeing and the Office for Ageing Well for creating this opportunity to engage older people and other stakeholders in considering what the future of surveillance and monitoring technology might be in aged care.

COTA SA engages widely with older South Australians across the state, in person and via phone and email including in relation to feedback about the potential upsides and downsides of technology. The lived experiences of the diverse community of older South Australians shape our policy and advocacy work and this submission has been prepared in consultation with COTA SA's Policy Council.

In 2021/22, COTA SA supported the CCTV Pilot Project which involved the trial of an artificial intelligence (AI) monitoring system in the bedrooms of consenting residents living in two aged care homes. It was the first trial of its kind in Australia. We are especially grateful to the people living and working in the two CCTV trial sites - Northgate House Older Persons Mental Health Service and Mount Pleasant Aged Care – for taking part and bearing with technology which proved, at this stage, not to be fit for purpose. Notwithstanding the limitations of the technology, the trial has enabled some important direct learnings and has also set up this opportunity for a broader look at the use of different types of technology in aged care homes.

Surveillance and monitoring technology must be used with high justification that its benefits will outweigh the costs, including financial cost, and residents' privacy and agency.

While we would love to do so, nobody, COTA SA included, has engaged widely with residents of aged care homes or other stakeholders about the use of CCTV.

The purpose of the CCTV Pilot Project was to evaluate the application of AI technology in aged care especially in relation to consent, privacy, cost, and effectiveness.

In the face of pressure from some quarters to roll out CCTV quickly and without a trial as the silver bullet to stop elder abuse, COTA SA supported the CCTV Pilot Project. Further, we supported SA Health's careful and open-minded approach to consider the value of CCTV to contribute to safety, while weighing up the benefits against the inevitable costs, including to the privacy of residents and their family and friends.

We supported that the trial took an agnostic point of view in terms of the merits of introducing surveillance technology in residents' bedrooms and we encourage this agnostic viewpoint remains when considering CCTV and other surveillance and monitoring technology in the future.

Importantly, a residential aged care facility is a place where people should feel comfortable, they are listened to, their individual needs are met and they are treated with respect and dignity. There may be a temptation to make the argument for the use of CCTV and other surveillance and monitoring technology, not because it prevents abuse, but because it serves other purposes.

Given the intrusive nature of surveillance and monitoring technology, in particular CCTV, and the knowledge that we would not choose it for our own home except in circumstances of safety, the threshold for justifying it must stay high.

ISSUES FOR CONSIDERATION

We welcome the opportunity for the CCTV Pilot Project and subsequent public consultation to consider and put in place a system to comprehensively evaluate the following issues.

Effectiveness of surveillance and monitoring technology

Further exploration (or articulation) is required to identify what problems surveillance and monitoring technologies seek to address. Given that the solutions have an invasive quality, it is essential for proponents to be clear on what the problem is before a raft of technologies is installed. This will help to identify what technologies or practices are fit for purpose in addressing a particular problem. For example, if the problem was defined as assisting people who had fallen the solution need not necessarily be CCTV.

Appropriate measures must be identified to robustly evaluate the effectiveness of surveillance and monitoring technologies, to determine which ones have the greatest impact in reducing the risk of harm, and to be able to weigh up these outcomes against the costs of the technologies. Some measures we consider important include:

- Does installing surveillance and monitoring technology reduce the risk of harm because of abuse or from falling?
- Does recording abusive acts enough of a deterrent to reduce its incidence?
- How accurate are the triggers for alarm and what is an acceptable margin of error?

- What are the consequences of the need to respond to false alarms? For example, does this detract from care or create complacency?

It is important not to over promise the utility of surveillance and monitoring technology and it is important that any technology is trialled or fully implemented in an agile and evolutionary manner.

Unintended consequences

COTA SA has heard concerns that the installation of surveillance technologies in residents' bedrooms may result in the following:

- Staff may rely on remote monitoring to check on residents, reducing face-to-face time and hands-on care between a resident and their carer.
- It may deter a resident from having agency, such as being sexual or receiving intimate care needs.
- It may cause or escalate conflict between residents and their families as a result of differing views regarding monitoring and surveillance technology.

There must be a system to monitor for and address these consequences if they occur.

Consent

COTA SA supports the rights of people to choose to use audio-visual recording equipment including in their bedrooms just as they could choose to do so in their own home.

There are both ethical and practical considerations about consent. Consent must be a pre-condition to the installation and monitoring of audio-visual recording equipment in both private rooms and in common areas. Procedures must be put in place that ensure people can give consent and importantly, refuse consent (at any time), without coercion. It will be just as significant if there are a number of refusals which will be an indicator that the process for getting consent is taken seriously.

Privacy and security

We hear from older people that one of their biggest fears when considering going into residential care is loss of privacy. The thought they might also be under surveillance, including in their own bedroom, may intensify this fear.

The privacy and security provisions, obligations and expectations must be thoroughly considered and give clear guidelines on:

- Who owns the data, where is it stored and for how long, and who can view or delete it? Who will know what surveillance and monitoring technology is used and where?
- How will privacy breaches be monitored, reported and addressed?
- Who has access to the monitoring and surveillance data? What is the application process for family members or third parties to access the data?
- Who will monitor the data, how frequently and what is the process for reporting concerns?
- What type of security does the data need to have to prevent deleting or editing it after creation?

- How admissible is the data and what are the security requirements of the data to ensure its security between creation and admission for legal reasons?
- Can family members or third parties access the data remotely in real time? (eg by mobile phone app - same as home security). Is this reasonable or unreasonable?

Cost

The cost of CCTV and other surveillance and monitoring technology is a new cost. This raises the following questions:

- Who will bear the cost?
- If a resident must bear the cost, would an older person with limited means need to trade off something else like health care (dentist, allied health etc) or something that brings joy or meaning to meet this cost?
- Might this cost inadvertently affect quality of life?
- Is the value of the technology proportionate to the cost, or is the money (whether from the public purse or the older person) better spent on something else?
- What is the cost to personal freedom and privacy? How will these costs be measured and what is the tolerance threshold?

Oversight

Consideration needs to be given to whether there is a role for oversight, at state or federal level, by a Privacy Commissioner or an equivalent arrangement to ensure surveillance and monitoring technologies are used ethically and effectually.

Who is COTA SA?

COTA SA is an older people's movement run by, for and with older people. We represent the rights, interests and futures of almost 700,000 older South Australians. We reflect the diversity of modern ageing in terms of living arrangements, relationships, income, sexuality, culture, health, geography and aspirations and connect with thousands of older people each year throughout SA. Our policy and advocacy are guided by the COTA SA Policy Council made up of older South Australians from diverse backgrounds, along with our advisory groups. COTA SA's social enterprise, The Plug-in undertakes regular surveys with older South Australians in addition to its work facilitating access to older people for organisations, researchers and service providers. COTA SA is part of the COTA Federation with independent COTAs in each state and territory along with COTA Australia. The COTA Federation undertake regular State of the Older Nation surveys (2018 and 2021) to understand the views, life experiences and needs of Australians aged 50+.

Acknowledgement of Country

COTA SA acknowledges and respects Aboriginal people as the traditional custodians of the land of South Australia. We honour Aboriginal peoples' continuing connection to Country and recognise that their sovereignty was never ceded. We pay our respects to First Nations Elders past, present and emerging and extend that respect to all Aboriginal people.