



# Safe and inclusive aged care for Forgotten Australians/ Care Leavers

## Recommendations for aged care providers

Outcomes of the Inclusive Care  
for Older Trauma Survivors (ICOTS)  
collaborative research study

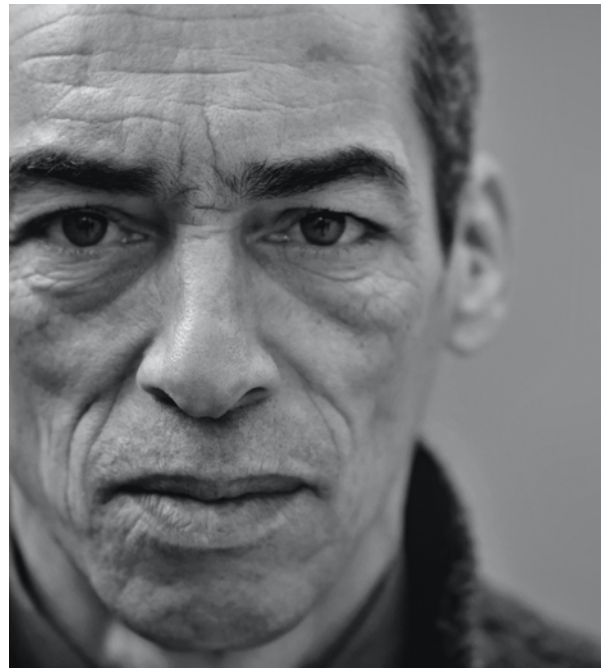
# 1. Acknowledgement

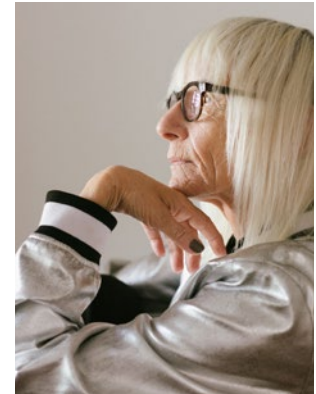
The project team wishes to acknowledge all Care Leavers, including Forgotten Australians, Child Migrants, members of the Stolen Generations, and others placed in institutions, missions, homes, or orphanages as children, as the custodians of the knowledge contained in this report. We also acknowledge the Traditional Owners of Country on which we live and work throughout Australia and pay our respect to Aboriginal and Torres Strait Islander cultures; to Elders past and present; and to all Aboriginal and Torres Strait Islander peoples. We recognise their continuing connection to lands, waters, and communities.



## 2. Definition of terms

In this report we use the term Forgotten Australians / Care Leavers to refer to Australian children who were placed in institutions, missions, homes, or orphanages during the 20th century. This group are distinct from other Care Leaver groups, including the Aboriginal and Torres Strait Islander Stolen Generations and the British and Maltese Child Migrants. We acknowledge that 'Forgotten Australian' is not the accepted or preferred term for everyone to whom it refers. Other terms, including 'Care Leaver', 'Ward of the State', or 'Homie' may be preferred.





### 3. Contributors

This report is the product of a collaborative research project lead by:

- Dr Monica Cations, Ms Diana O'Neil, Dr Kathryn Browne-Yung, Associate Professor Ruth Walker, Associate Professor Kate Laver, Professor Maria Crotty (Flinders University)
- Ms Megan Corlis, Ms Fran Lovell (Helping Hand Aged Care)
- Ms Alison Smyth (lived experience expert; Alliance for Forgotten Australians)
- Mr Peter Putsey (lived experience expert)
- Professor Elizabeth Fernandez (UNSW Sydney)

We extend our heartfelt gratitude to all the Forgotten Australians / Care Leavers and professional stakeholders who participated in this research.

We are so appreciative that you have given so generously of your time to discuss a difficult subject with openness and honesty. In addition, this work would not have been possible without the expert guidance of Ms Alison Smyth and Mr Peter Putsey based on their lived experiences as Forgotten Australians / Care Leavers or in supporting their family members who are Forgotten Australians / Care Leavers.

We also gratefully acknowledge Luci Lovelock, Kelly Francou and other team members at Elm Place at Relationships Australia South Australia for their ongoing support for this project.

Funding for this project was provided by the Flinders Foundation and the Australian Association of Gerontology RM Gibson Research Trust.



## 4. Contact

Enquiries about this report should be directed to project lead Dr Monica Cations at Flinders University:  
[monica.cations@flinders.edu.au](mailto:monica.cations@flinders.edu.au).

Support services for Forgotten Australians / Care Leavers can be accessed from Find and Connect, via their [website](#) or by phone (national phone line 1800 16 11 09 will direct to the local office).

## 5. Suggested citation

Cations M, Browne-Yung K, O'Neil D, Smyth A, Putsey P, Walker R, Corlis M, Laver K, Fernandez E, Crotty M. 2020. Safe and inclusive aged care for Forgotten Australians / Care Leavers: Recommendations for aged care providers. Adelaide: Flinders University.

# Top 10 Immediate Actions for Aged Care Organisations

Inclusive care for older  
Forgotten Australians / Care Leavers

1.

Ensure every person working in the aged care sector is aware of the existence of Forgotten Australians / Care Leavers and their common childhood experiences.

2.

Implement elements of trauma-informed care, including routine screening for a trauma history and provision of choice and flexibility to meet trauma-related needs. These questions can be helpful for screening:

- a. *"Is there anything about your past that might affect your care, that you would like us to know?"*
- b. *"Do you have any important preferences or requests that would ensure you feel safe while we provide care?"*

3.

Avoid making assumptions about family (for example, by asking 'Which of your family members provides care for you?'). Change language to instead refer to 'support people'.

4.

With consent and where appropriate, maximise information sharing between services (including hospitals, assessment services, and aged care providers) to reduce the need for repeated disclosure.

5.

Rename aged care facilities or units within facilities that have the same names as former orphanages, missions, institutions, or children's homes.

6.

Involve the person in every decision made about every aspect of their care. Consent should be obtained (in some form) for all care tasks.

7.

Always communicate what is going to happen before it happens. Explanations should not be rushed and Forgotten Australians / Care Leavers should be given time to ask questions, refuse any service, or make changes.

8.

Always use the person's preferred name.

9.

Build trust by working in reliable and transparent ways, with consistent caregivers who keep appointments and do what is expected.

10.

Maintain access to psychological and/or counselling services, including pre-existing psychological and/or counselling supports. Where not provided by the aged care organisation, suitable support may be available via [Find and Connect](#).

## 6. About these recommendations

**The aim of this report is to provide a series of recommendations for aged care providers about how to improve the safety and accessibility of their services for Forgotten Australians / Care Leavers.**

Indeed many of the recommendations can be implemented to improve the quality and safety of care for all older people, especially those who have survived psychologically challenging experiences.

These recommendations are based in part on the results of a recent research project in which we conducted qualitative interviews with fifteen Forgotten Australians / Care Leavers and eight people who provide informal support to Forgotten Australians / Care Leavers (e.g. family members or friends). In this research we aimed to develop a deeper understanding of the perceptions, needs, experiences, hopes, preferences, barriers, and facilitating factors for accessing aged care among Forgotten Australians / Care Leavers.

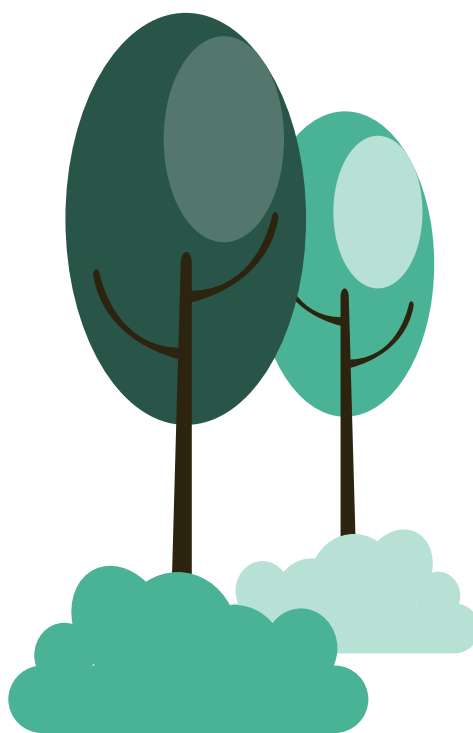
We additionally conducted a series of focus groups with professional stakeholders to better understand how the aged care industry can adapt to improve the safety and quality of care for Forgotten Australians / Care Leavers. The recommendations included here were also devised based on a review of the existing literature, and feedback from the wider community of Forgotten Australians / Care Leavers and other stakeholders.

.....

“Engaging with the aged care sector triggers an automatic thought: ‘every time they touch me I want to scream... this is my nightmare’. Of course, ‘touch me’ is interchangeable with any action that makes us as Forgotten Australians feel unsafe or threatened. It is essential that professionals working in the aged care sector understand our fear and do whatever they can to make their services safe for us. We deserve that much, for all we have been through.”

– Alison Smyth, Forgotten Australian and expert advisor for this project

.....



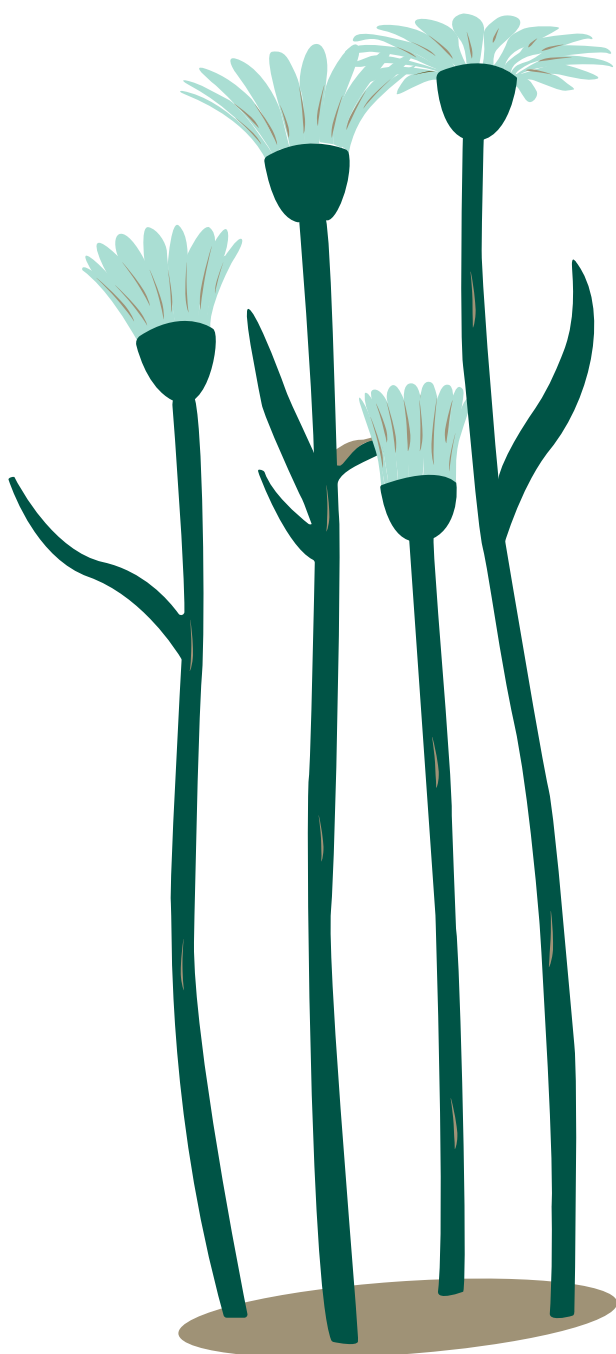
## 7. How to use these recommendations

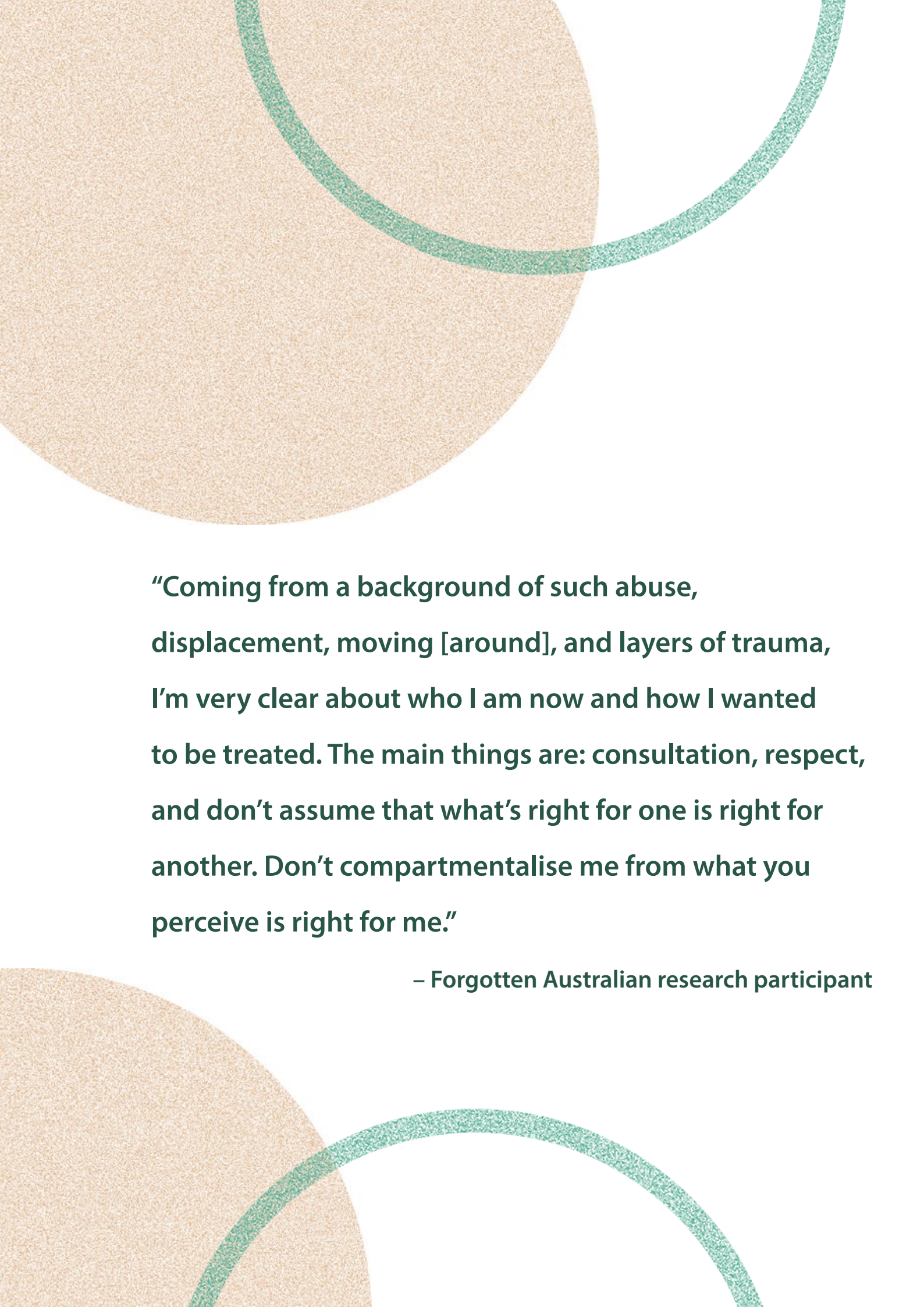
Recommendations included here are relevant for all professionals working in the aged care industry, including in assessment services, hospitals, home and community care, residential care, mental health and other ancillary services, palliative care, and regulatory settings. General recommendations are followed by those more specific to home and community care providers, and then residential aged care providers.

These recommendations are pragmatic and do not address systemic barriers to change such as funding and regulatory frameworks. This report is also **not** intended to provide a comprehensive overview of the project findings.

Where possible, we refer to existing resources including:

- The Australian Government Department of Health [Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package](#).
- Publicly available resources from the [Alliance for Forgotten Australians](#) and [Care Leavers Australasia Network](#).
- A [report](#) describing the results of a 2010 survey of older Care Leavers conducted by the Care Leavers Australasia Network.
- The [final report](#) from the Long-term Outcomes for Forgotten Australians study.
- The Australian Government Department of Health [guide for aged care providers on shared actions to support all diverse older people](#).
- A report prepared by the [Australian Association of Gerontology](#) concerning service provision for older Care Leavers experiencing, or at risk of, homelessness.





**“Coming from a background of such abuse, displacement, moving [around], and layers of trauma, I’m very clear about who I am now and how I wanted to be treated. The main things are: consultation, respect, and don’t assume that what’s right for one is right for another. Don’t compartmentalise me from what you perceive is right for me.”**

**– Forgotten Australian research participant**

## 8. Background



### About the Forgotten Australians / Care Leavers

During the twentieth century, it is estimated that over 500,000 Australian children were placed in institutions, orphanages, missions, or homes run by Government, charities, religious groups and other organisations (1). This group, at times collectively referred to as Forgotten Australians, are the largest subgroup of Australian Care Leavers. They are distinct from the Aboriginal and Torres Strait Islander Stolen Generation and the British and Maltese child migrants, though the experiences, impacts, and needs of these groups overlap (2).

Forgotten Australians / Care Leavers were placed in care due to some real or perceived hardship affecting the family's ability to care for their children: poverty, being orphaned, being born to a single mother, family dislocation from domestic violence, divorce, mental illness, impact of war, loss of a parent, lack of assistance to single parents, and so on. This occurred in the context of variable cultural, religious, class-related, and political views about 'acceptable' environments for children. Alternative models of care moved between those favouring institutions and those favouring family-based foster care. By the 1990s, most institutions were closed (2).

Thanks to continued advocacy by Forgotten Australians / Care Leavers, several public inquiries have scrutinised the 'care' provided within these institutions. This has included a [2004 Australian Federal Senate Community Affairs Reference Committee](#) and the [2013 Royal Commission into Institutional Responses to Child Sexual Abuse](#).

As such, there is overwhelming evidence that the time spent in 'care' by the Forgotten Australians / Care Leavers was marked by neglect, abuse, and human rights violations. Children were isolated from family, received little education, and their labour was often relied on for the financial sustainability of the institutions. Experiences of physical and/or sexual abuse and neglectful care, including a lack of kindness and respect, further compounded the trauma of their disrupted and dislocated childhoods (1,3). Some children were forcibly used as subjects in medical experiments. Many had an absolute lack of privacy (4). In their conclusions, the Senate Community Affairs Reference Committee noted that "*very few children who experienced institutional care for long periods or at crucial stages of their development have escaped detrimental effects in later life and this has often damaged their ability to live as effective members of society*" (1 p. 16).

The '[Long-Term Outcomes of Forgotten Australians \(LOFA\)](#)' study, completed in 2016, was the first Australian research to examine the long-term impacts of childhood placement in institutional or out-of-home care. The results describe a lifelong cascade of disadvantage triggered by early life trauma, neglect, and lack of enrichment. It also found that rates of unemployment, poverty, and homelessness are high (2). The adverse adult mental health effects of trauma experienced in care are a profound impediment to lifelong wellbeing for this group. They report a range of ongoing mental health problems including anxiety, depression, flashbacks, mistrust, paranoia, suicidality, self-harm and hypervigilance (2). Living with the mental health impacts of trauma has resulted in high levels of social and economic marginalisation and disempowerment (5).



## Forgotten Australians / Care Leavers and aged care

The LOFA study and a survey of older Care Leavers conducted by the [Care Leavers Australasia Network in 2010](#) both note a phenomenon of premature ageing among their cohort, whereby Forgotten Australians / Care Leavers are declining in health more rapidly than the general population and similarly to other socio-economically disadvantaged groups.

Forgotten Australians / Care Leavers have reported serious concerns about their transition to older age, and especially about accessing aged and health care services. LOFA investigators reported a pattern of responses from older participants that they “would rather ‘kill themselves’ before going back into ‘an institution’” (p. 211), a prospect they perceive as ‘re-institutionalisation’ (2). This theme is repeated in Government reports (e.g. 1) and qualitative studies of Care Leavers in other countries (6).

There are several aspects of being raised in institutional or out-of-home care that may render mainstream aged care services high-risk for Forgotten Australians / Care Leavers. These include, but are not limited to, lack of privacy, restricted choice, strict routines, lack of social support, kindness, and respect, threats to identity and autonomy, and high rates of sedation. Research with other traumatised groups, including holocaust survivors, has shown that survivors are

sensitive to aspects of aged care that can evoke distressing memories and intensify trauma-related fear, grief, and humiliation (7). Receiving aged care services, whether in community or residential settings, introduces a power imbalance that requires the survivor to trust both a providing organisation and the person delivering the care (8). The survivor is inherently required to accept limitations to their choice and control, directly threatening the most important component of recovery from trauma (9). Entering residential care also almost always results in a loss of possessions, sometimes including a home the survivor has cultivated as a safe space (8).

Personal care, food provision, mobility impairments, unfamiliar support workers, shared living spaces, closed (or open) doors, noise, lighting, medical procedures, and other aged care practices and environments can trigger trauma reactions in ways that are difficult for care staff to understand (7,10). The survivor’s response to the perceived threat can appear out of proportion (e.g., “explosive” anger or fear, aggression, hoarding) or go entirely unnoticed (e.g., dissociation, hopelessness, withdrawal) (8) posing risks to physical and psychological well-being. That the trauma occurred within institutional settings is a unique barrier to accessing aged care services among Forgotten Australians / Care Leavers.

## Aged care in Australia

Aged care quality and safety in Australia is governed by the Aged Care Quality Standards (11). These standards reflect the level of care and services that the community can expect from aged care organisations, specifying that care must be individualised, respectful, safe, and co-designed. Care Leavers are also included as a Diverse Group under the Australian Government Aged Care Diversity Framework (12). These frameworks provide the basis for our vision that all Forgotten Australians / Care Leavers have access to equitable, inclusive, high quality care that is responsive to their needs.

.....

**“I’d rather die in the middle of a street, get run over by a truck or a bus. I would not go into a nursing home”**

– research participant

.....



## 9. Recommendations

.....

**“If you’ve been marginalised outside of your own control, how can you access a better lifestyle? Because it feels almost like our whole life is a punishment of not being able to access certain services and nice experiences, because we have limited funds or access or because we haven’t had a solid history.” - research participant**

.....



Overall, our findings reflected a desire for a person-centred, trauma-informed care model where Forgotten Australians / Care Leavers are recognised as a distinct group of individuals with unique needs. The following includes the key recommendations that recognise some of the enduring harmful legacies of childhood institutionalisation.

# 1

## Trauma-informed, Care Leaver-informed care

.....

**“Attitude will count  
because if somebody  
is either patronising  
or cold, that’s what  
we experienced  
in homes.  
We experienced the  
feeling of lack of  
warmth”**

**– research participant**

.....

- 1.1 Providers of all types of aged care services, including assessment services, should implement elements of trauma-informed care as ‘business as usual’. A toolkit is readily available to [guide organisational implementation of trauma-informed care](#).

Specific strategies include:

- All staff, including those not working directly with clients / residents, should receive a base level of training to allow them to recognise when historical psychological trauma may be affecting care and know what to do with that information.
- Forgotten Australians / Care Leavers must be involved in every decision made about every aspect of their care.
- Clear referral pathways to psychological and / or counselling supports, including pre-existing psychological supports, must be available and known to all staff. Where not provided by the aged care organisation, suitable support may be available via [Find and Connect](#).
- All organisational policies and procedures should be updated to provide clear guidance about what staff should do to recognise and meet trauma-related needs.

- 1.2 Rename aged care facilities or units within facilities that have the same names as orphanages, institutions, or group homes.
- 1.3 Provide Forgotten Australians / Care Leavers with resources and education about the aged care sector and how to access appropriate services.

### Why?

*A narrow view of aged care as limited to residential care was a common barrier to help-seeking among our research participants.*

# 1

## Trauma-informed, Care Leaver-informed care



- 1.4 Avoid traditional residential aged care, especially when delivered by religious organisations, in favour of alternative housing options like specialist accommodation, independent living, or specialist funding to top up home care packages.
- 1.5 Clinical skills in mental health first aid, risk assessment, and suicide prevention should be available within the aged care organisation (or readily accessible from external providers).

### Why?

*Older Forgotten Australians / Care Leavers are at high risk for depression, self-harm, and suicide.*

- 1.6 Resources, including psychological services and/or counselling, should be provided to support older Forgotten Australians / Care Leavers who are seeking Redress for institutional childhood sexual abuse or are otherwise engaged in advocacy efforts.
- 1.7 Trauma-informed organisations must provide all staff with access to psychological support and opportunities to debrief.

### Why?

*Caring for people who have experienced psychological trauma in their lives can be challenging, particularly for staff who have a history of psychological trauma themselves.*

- 1.8 Take a strengths-based approach to care that recognises the strength, resilience, and wisdom of the Forgotten Australian / Care Leaver. Strengths should be nurtured to maximise independence.

# 2

## Disclosure and recognition

.....

**“I don’t want to embarrass myself by breaking down; because you start bringing up all the things that happened to you. I’m very hard when it comes to that sort of thing, but even grown men cry”**

– research participant

.....

2.1 Every person working in the aged care sector should be aware of the Forgotten Australians / Care Leavers and the range of neglectful and abusive treatment experienced by this population.

2.2 Aged care providers should be aware of and sensitive to barriers to disclosing information about childhood experiences.

### Why?

*Participants in our research varied in their willingness and readiness to disclose their personal stories and experiences of institutional care. Many were fearful of re-triggering their trauma or did not want to revisit painful memories. Some fear that they will not be believed. Disclosure requires the Forgotten Australian / Care Leaver to put themselves at risk for stigmatisation, which can be highly distressing.*

2.3 Implement specific screening questions on admission to aged care services, for example:

***Is there anything about your past that might affect your care, that you would like us to know?***

***Do you have any important preferences or requests that would ensure you feel safe while we provide care?***

2.4 Be aware that some Forgotten Australians / Care Leavers refer to themselves using a different term, including ‘Care Leaver’, ‘Ward of the State’, or ‘Homie’. Others may not recognise that they are a part of a special needs group at all.

### Why?

*The term ‘Forgotten Australians’ is not a universally accepted or preferred label.*

# 2

## Disclosure and recognition

.....

**“It’s half the battle,  
you don’t have to  
explain yourself  
over and over again.  
And if you’ve got  
someone that gets  
it and knows it, it’s  
better experience for  
everybody around”**

– research participant

.....

- 2.5 Providers conducting intake and other assessments should avoid making assumptions about family (for example, ‘Which of your family members provides care for you?’). Changing language to instead refer to ‘support people’ can ensure that care is more inclusive.

### Why?

*Assuming that a person is in contact with their family members places undue pressure on a Forgotten Australian / Care Leaver to share details of their history that they do not wish to share.*

- 2.6 Forgotten Australians / Care Leavers may require support to navigate online aged care access systems, and assessment processes should be conducted in person wherever possible.

### Why?

*Online processes provide no opportunity for the Forgotten Australian / Care Leaver to develop a sense of trust and rapport with aged care services or the broader Government structures that funds and regulates these services. Online access portals also assume a base level of digital literacy which some Forgotten Australians have not had the opportunity to develop.*

- 2.7 Where appropriate and with consent, maximise information sharing between services (including hospitals, MyAgedCare, aged care assessment teams, regional assessment services, and aged care providers) to ensure that information carries over from one service to another, where consent is provided by the person.

### Why?

*Many participants in the research spoke of the high assessment burden of the aged care eligibility process. Having to repeat the disclosure process adds an unnecessary risk for re-traumatisation.*

# 2

## Disclosure and recognition

.....

**“Those assumptions behind our questions that everyone had a particular type of upbringing and that there was a family. I think that can be really detrimental because you can start from the wrong foot straight away if you’re going in there with that expectation that they’ve had a family”**

**– professional working for a Care Leaver support service**  
.....

2.8 Flexible arrangements should be in place where Forgotten Australians / Care Leavers do not have access to documentation usually required to verify identity.

2.9 Aged care organisations should maintain ‘active’ Care Plans for all Forgotten Australian / Care Leaver clients that regularly integrate new knowledge such as triggers, sensitivities, coping mechanisms, likes and dislikes.

### Why?

*Disclosure is not necessarily a one-step process. Forgotten Australians / Care Leavers may need more time to feel safe to talk about their history and preferences.*

2.10 Processes should be in place to ensure that direct care, cleaning, and catering staff have an opportunity to document and share what they learn about the Forgotten Australians / Care Leavers preferences so that Care Plans can be updated.

### Why?

*Direct care and lifestyle staff spend the most time with clients/residents, so are often best-placed to develop strong and trusting relationships with Forgotten Australians / Care Leavers.*

2.11 Forgotten Australians / Care Leavers may not ever disclose their experiences or the ongoing impacts of these. Staff-wide training in trauma-informed care will increase the capability of staff to identify signs of distress, implement mitigation strategies, and deliver brief interventions or refer to other professionals where appropriate.

# 3

## Building trust: competence, communication, reliability, and flexibility

Forgotten Australians / Care Leavers can find it difficult to trust people and organisations who deliver aged care, particularly religious organisations. Developing this trust can take a very long time. Aged care providers can implement many strategies to minimise harm and to help Forgotten Australians to build a sense of trust and control.

.....

**‘True care is, I think, empathy. Give me time to express myself; don’t do all the talking’**

- research participant

.....

- 3.1 Provide care with kindness, respect, and compassion.

### Why?

*The Forgotten Australians / Care Leavers live with the ongoing impact of receiving neglectful care during childhood that lacked kindness, respect, and compassion.*

- 3.2 Always communicate what is going to happen before it happens. Explanations should not be rushed and Forgotten Australians / Care Leavers should be given time to ask questions, refuse any service, or make changes.
- 3.3 Forgotten Australians / Care Leavers should retain control over as much of their care as possible. Consent should be obtained in some form for all care tasks.
- 3.4 Include the Forgotten Australian / Care Leavers in shared decision making, providing choices wherever possible. Ensure that assessment processes capture preferences and that they are accommodated.

### Why?

*Life experiences can affect the experience of care in ways that may not be immediately obvious. For example, some Forgotten Australians / Care Leavers may prefer to sleep with the lights on, to keep their bedroom door open, not to be served a certain kind of food, or not to celebrate birthdays.*

# 3

## Building trust: competence, communication, reliability, and flexibility

.....

**“When I’m upset,  
I manage by staying  
in bed 18 hours. After  
that I just carry on.”**

– research participant

.....

3.5 Support should be provided to assist people to complete forms and other paperwork, where necessary.

### Why?

*Many Forgotten Australians / Care Leavers had limited access to education during their childhood, which may impact their literacy levels.*

3.6 Preferences about the gender of personal carers should be accommodated in all circumstances.

### Why?

*Receiving personal care from a person who is the same gender as someone who perpetrated abuse can be highly re-traumatising.*

3.7 Giving Forgotten Australians / Care Leavers an opportunity to witness staff security screening information (e.g. Aged Care Sector Employment screening check) may help them to develop a sense of trust with their caregivers.

3.8 Use respectful care that enables independence; do not take over tasks or rush.

3.9 Always use the person’s preferred name. Do not refer to a person by their room number or any other identifier.

3.10 Rights, complaints and advocacy information needs to be meaningfully provided. Forgotten Australians / Care Leavers must be provided with support to access these services from someone they trust.

# 4

## Reducing distress

.....

**“Mr Jones down  
the road might find  
a lady or a man  
showering him easy,  
for me it will be  
a major trauma for  
somebody to touch  
my body  
in the shower.”**

**– research participant**

.....

- 4.1 All staff should be aware that responses to experiences that trigger memories or traumatic reactions can include “explosive” anger or fear, aggression, hoarding, dissociation, hopelessness, withdrawal and any other emotional, psychological, and behavioural reaction. Forgotten Australians / Care Leavers with dementia may be particularly vulnerable to changes in their behaviour when distressed, given associated impairments in orientation and memory.
- 4.2 Know the person’s preferences regarding how (and how not) to approach, talk to, and touch them.
- 4.3 Brief interventions can be implemented by any staff member to help reduce acute distress and arousal (and associated challenging behaviour) for a Forgotten Australian / Care Leaver. These might include:
  - Allowing them to retreat to a quiet and safe place
  - Breathing exercises
  - Grounding techniques such as diverting attention to items that can be seen, heard, felt, smelled, or tasted
  - Creative activities
- 4.4 Each episode of acute distress should be reviewed as a team to identify possible triggers and update care plans.
- 4.5 Access existing recommendations (for example, those provided by the [Dementia Centre for Research Collaboration](#)) for reducing the risk of behavior change among people with dementia. For example:
  - Avoid startling the person, for example by approaching them from behind. Knocking or announcing on approach can be helpful.
  - Ensure that the person’s needs are met, including that they are not in pain, hungry, thirsty, too hot or cold, or bored.
  - Use distraction, such as a walk or other activity
- 4.6 If your staff do not have the expertise to support the person, refer them on.

# 5

## Home and community care

Some recommendations are particularly pertinent to home and community aged care providers.

- 5.1 Assessment services should not assume that there is an informal carer available to 'top up' home and community care funding.
- 5.2 The preferences, customs, and rituals that the Forgotten Australian / Care Leaver maintains in their home and community must be identified and respected even where they are difficult to understand.

.....

**"I can send someone, give three hours just to build rapport for a couple of weeks, that actually may do a lot better than suddenly putting in a cleaner and then the [Forgotten Australian] having to be all nervous about 'who's this stranger in my house'. And then if that cleaner can't come the next time it starts again, they've got another stranger in their house"**

**– professional working for an aged care organisation**

.....

### Why?

*Forgotten Australians / Care Leavers, like many trauma survivors, may have cultivated their home as a safe place. They can be wary of anyone seeking to enter this space.*

- 5.3 The Forgotten Australian / Care Leaver should be invited to set boundaries about how the aged care provider should behave in their home, including where they can and cannot go.
- 5.4 An initial introductory contact with the aged care provider via phone prior to first visit can help to establish rapport and trust.
- 5.5 Where possible, offer that the first in-home visit be devoted to establishing rapport and setting boundaries if the Forgotten Australian / Care Leaver prefers.
- 5.6 Continuity of caregivers can help to reduce the risk of distress. If an emergency substitute is necessary, inform the Forgotten Australian / Care Leaver before the visit and ensure the substitute is informed of the person's preferences.
- 5.7 The aged care provider can help to build trust by working in reliable ways, for example keeping appointments and doing what is expected. Where changes are unavoidable, keep the Forgotten Australian / Care Leaver informed.

# 6

## Residential aged care

Strategies that can reduce risk of distress for Forgotten Australians / Care Leavers living in residential settings include:

.....

**“I don’t like to be in a group of people because I was brought up in the government boys’ home and I can’t cope with a lot of people around me, especially when I’m eating”**

**– Forgotten Australian research participant**

.....

6.1 The built environment should be welcoming with warm colour schemes, soothing furnishings, soft music, and pleasant smells. Independent unit or cottage-style accommodation is preferred over traditional institutional care.

6.2 Staff and visitors should knock and gain permission to enter the person’s room before entering.

### Why?

*Privacy may be very important to the Forgotten Australian / Care Leaver, as many did not have access to private spaces as children.*

6.3 Staff should ensure they are aware of the person’s preferences regarding locked doors. Jangling keys should be avoided.

### Why?

*Locks can provide a sense of security for some Forgotten Australians / Care Leavers and a sense of fear in others.*

6.4 Choice and control should continue to be facilitated wherever possible in residential settings. The person may want to choose how their room is configured, and what food they are served.

6.5 Group activities should not be mandatory.

# 6

## Residential aged care

.....

**“The majority of aged care facilities are still fairly well structured in an institutionalised way and a medication trolley coming up a corridor or even people being told they need to take the medication”**

**– professional working for an aged care organisation**

.....

6.6 Forgotten Australians / Care Leavers should be free to come and go from their room and from the facility, where safe to do so.

6.7 Pets should be permitted to live in or visit the facility, where possible and requested by the person.

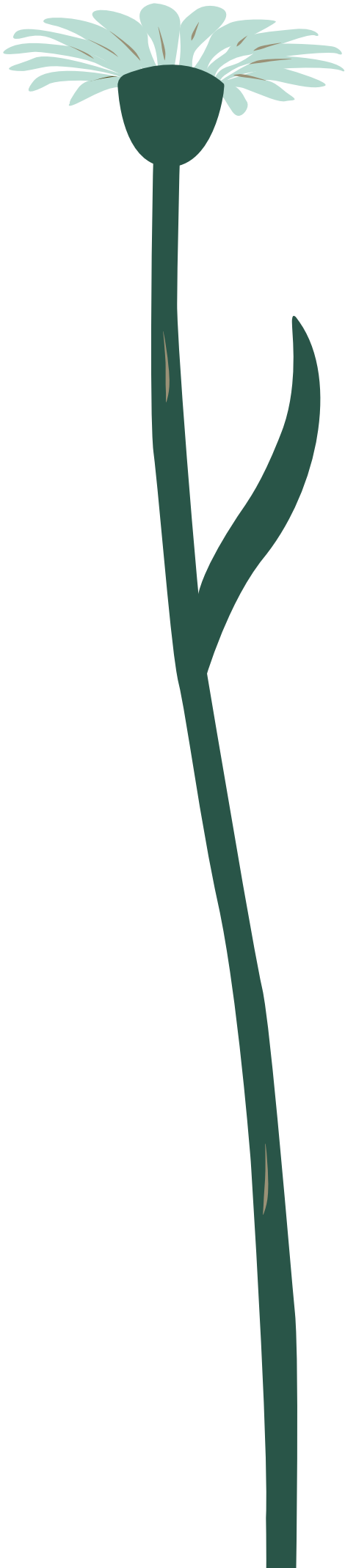
### Why?

*Many Forgotten Australians / Care Leavers who participated in our research described a profound attachment to their pets, and considered these pets essential to their emotional and psychologically wellbeing.*

6.8 Forgotten Australians / Care Leavers (similarly to all other residents) should not be required to engage in any routinised mandatory behaviours and should have the opportunity to pursue pastimes.

6.9 Forgotten Australians / Care Leavers should have regular access to an aged care rights advocate who is independent of the residential care organisation.

6.10 Access to allied health support should continue after entry to residential care, including psychological therapy or counselling. Where not provided by the aged care organisation, suitable support may be available via [Find and Connect](#) (national phone line 1800 16 11 09 will direct the person to their local office).



"I don't know if  
I would have survived  
if I hadn't have gotten in  
touch with [counselling  
services]. A lot of trusting.  
I'll keep going back there  
until the day I die"

– research participant

# References

1. The Senate Community Affairs References Committee. Forgotten Australians. Canberra, Australia: Commonwealth of Australia; 2004.
2. Fernandez E, Lee J-S, Blunden H, McNamara P, Kovacs S, Cornefert P-A. No Child Should Grow Up Like This: Identifying long term outcomes of Forgotten Australians, Child Migrants and the Stolen Generations [Internet]. Sydney, Australia: University of New South Wales; 2016 [cited 2018 May 28]. Available from: [http://www.forgottenaustralians.unsw.edu.au/sites/default/files/uploads/LOW%20RES%2012859\\_UNSW\\_FASS\\_ForgottenAustralians\\_Report\\_Nov16\\_LR\\_FA.pdf](http://www.forgottenaustralians.unsw.edu.au/sites/default/files/uploads/LOW%20RES%2012859_UNSW_FASS_ForgottenAustralians_Report_Nov16_LR_FA.pdf).
3. McPhillips K. Traumatic Isolation: Institutional Stigma and the Australian Royal Commission into Institutional Responses to Child Sexual Abuse. Health Hist. 2018;20(2):75–90.
4. Fernandez E, Lee J-S. Experiences and Outcomes of Adults Who Endured Maltreatment as Children in Care in Australia in the Twentieth Century. In: Child Maltreatment in Residential Care History, Research, and Current Practice. Springer; p. 419–60.
5. Mendes P. Remembering the ‘forgotten’ Australians: The Care Leavers of Australia Network and the Senate Inquiry into Institutional and Out-of-home Care. Child Aust. 2005 ed;30(1): 4–10.
6. Duncalf Z. Listen up! Adult care leavers speak out : the views of 310 care leavers aged 17-78 [Internet]. Care Leavers’ Association; 2010 Jul [cited 2018 May 11]. Available from: <https://strathprints.strath.ac.uk/27410>.
7. Teshuva K, Wells Y. Experiences of ageing and aged care in Australia of older survivors of genocide. Ageing Soc. 2014;34(03):518–537.
8. Peters J, Kaye LW. Childhood sexual abuse: a review of its impact on older women entering institutional settings. Clin Gerontol. 2003;26(3–4):29–53.
9. Harris M, Fallot RD. Envisioning a trauma-informed service system: a vital paradigm shift. New Dir Ment Health Serv. 2001;2001(89):3–22.
10. Anderson KA, Fields NL, Dobb LA. Understanding the Impact of Early-Life Trauma in Nursing Home Residents. J Gerontol Soc Work. 2011 Nov 1;54(8):755–67.
11. Australian Government. Quality of Care Amendment (Single Quality Framework) Principles 2018 [Internet]. F2018L01412 Sep 28, 2018. Available from: <https://www.legislation.gov.au/Details/F2018L01412>.
12. Department of Health. Aged Care Diversity Framework. Canberra, Australia: Australian Government; Available from: <https://www.health.gov.au/initiatives-and-programs/aged-care-diversity-framework-initiative>.



**Flinders**  
UNIVERSITY



Safe and Inclusive aged care for  
Forgotten Australians / Care Leavers.  
Recommendations for aged care providers:  
Outcomes of the Inclusive Care for  
Older Trauma Survivors (ICOTS)  
collaborative research study.