



# **TECHNOLOGY IN AGED CARE CONSULTATION REPORT**



Government  
of South Australia

SA Health

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# INTRODUCTION

The South Australian Government strongly recognises that older people have the right to live with dignity, security, autonomy, self-determination and freedom from exploitation and abuse. This includes strategies and programs to support South Australians to age well and to be included in decisions that affect them. The Royal Commission into Aged Care Safety and Quality also highlighted the value of assistive and smart technologies in supporting the care and functional needs of older people; helping to promote safety and contribute to improving quality of life.<sup>1</sup>

Technology is a rapidly changing landscape and, in recent years, there has been increased focus on and community interest in the potential use of audio-visual surveillance and monitoring technology (including CCTV) to support quality and safety of care in residential aged care facilities. Whilst these technologies may have a place, the use of audio-visual surveillance monitoring within care settings, and particularly in private spaces such as bedrooms, raises significant issues regarding privacy and dignity that must be balanced against potential benefits such as increased levels of resident safety and a reduction in adverse incidents.

## Background

Between March 2021 – March 2022, SA Health undertook a 12-month CCTV pilot project in two of its residential care facilities: Northgate House – a specialist residential mental health service and Mount Pleasant District Hospital’s Residential Aged Care Service. Jointly funded by SA Health and the Australian Department of Health and Aged Care, the purpose of this Australian-first pilot was to explore the acceptability and viability of using audio-visual surveillance and monitoring in residential care settings.

The pilot trialled the use of artificial intelligence (AI) technology, in combination with CCTV cameras and sound recording devices, to assist staff in detecting adverse events and monitoring and supporting the care of residents when such events occur. Cameras and recording devices were installed in common areas and bedrooms of the pilot sites, with bedroom devices activated only with the consent of the resident or their legally appointed guardian or substitute decision-maker.

SA Health engaged PriceWaterhouse Coopers (PwC) to undertake an independent evaluation of the pilot, which included a range of resident experience measures, as well as staff acceptability and quality and safety improvement measures.

<sup>1</sup> Royal Commission into Aged Care Quality and Safety (2021) *A Summary of the Final Report*, p. 149, [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1_0.pdf)

The evaluation noted that, whilst the concept of using AI surveillance technology had in-principle agreement from stakeholders, the accuracy of the AI System did not reach an acceptable level during the 12-month trial. Despite this limitation, the trial did provide the following insights to the use of technology in aged care:

- > The concept has in-principle agreement.
- > The purpose of the surveillance should influence functionality.
- > Limitation of the proposed technology should be understood.
- > There will be trade-offs between privacy, dignity and functionality.
- > Surveillance technology implementation should be staged.
- > The value of the technology should outweigh any associated increase in workload.
- > Site specific characteristics should be considered.
- > Change management is an important part of the process.

The full copy of the [Evaluation of the CCTV Pilot Project report \(PDF 2MB\)](#) is available on the SA Health website.

To complement the findings from the pilot, SA Health undertook a community consultation process to understand the broader community's views and attitudes towards the use of surveillance and monitoring technologies in residential aged care facilities.

## Consultation Process

Between September – October 2022, SA Health released a discussion paper titled *The Use of Surveillance and Monitoring Technology in Aged Care* for public consultation. The paper explored a variety of surveillance and monitoring technologies that may support the care of residents living in residential aged care facilities and included a range of questions seeking feedback about the community's views on the social, ethical and policy implications of their use in an aged care setting. Whilst the paper particularly focused on the use of CCTV or audio-visual surveillance and monitoring, it also proposed a range of alternatives that may be considered (noting that new technologies continue to evolve).

The discussion paper, which was available on YourSAy and promoted via Office for Ageing Well's stakeholder networks, was complemented by face-to-face consultation sessions targeting community members and the aged care industry. Feedback on the topic was received via the following channels:

- > In person community consultation session – 18 attendees
- > In person aged care sector and key stakeholders' session – 24 attendees
- > YourSAy Discussion Paper – 832 people accessed the discussion paper
- > YourSAy – 160 people downloaded the discussion paper
- > YourSAy submissions (members of the community) – 46
- > Direct email responses (members of the community) – 3
- > Formal submissions from stakeholder organisations – 5
- > Informal discussion with an indigenous Grannies Group in metropolitan Adelaide – 10 attendees



# KEY FINDINGS

## YourSAY submissions and direct email responses from community members

*The Use of Surveillance and Monitoring Technology in Aged Care* discussion paper, along with 21 survey questions, was available on YourSAY for a 6-week consultation period from 5 September 2022 – 16 October 2022, with 46 responses received via the YourSAY platform and a further 3 responses received via email to the Office for Ageing Well.

A range of key themes emerged, including:

- > Technology has a role to play in aged care.
- > Consent of the resident is important.
- > There is a willingness to explore alternative types of technology such as wearables.
- > When considering the use of technology in aged care, residents and staff have a right to privacy, safety, dignity and quality of care.

- > There is a need for legislation and formal policy development to support and guide the ethical use of surveillance and monitoring technology in aged care.
- > Residents, staff, families and government all have a role to play in making a decision about the use of surveillance and monitoring technology in private spaces such as bedrooms.
- > Cost is a barrier for using technology in aged care.
- > The cost of technology should be jointly funded by the Commonwealth and State governments, residential aged care facilities and residents/families.

Specifically, there was a resounding response in favour of the question “*Do you think surveillance and monitoring technology has a role to play in aged care*”, with 39 respondents stating yes and 6 no (note: not all respondents answered all questions in their submission).



## Key issues and considerations regarding the use of surveillance and monitoring technology in aged care facilities

Pros	Cons	Considerations
<i>Ability for staff to get to resident quicker by using technology.</i>	<i>‘Snooping’ by staff.</i>	<i>Cost implications and responsibility for developing, implementing and maintaining technology must be considered. This may need to include decisions regarding user-pays versus government funding to pay for surveillance and monitoring technology.</i>
<i>Provision of accurate and timely information to support safe and quality care.</i>	<i>Impact on staff morale/carers’ rights being infringed upon.</i>	<i>Privacy – the use of monitoring technology in bedrooms and bathrooms raised concerns, particularly where residents do not have decision-making capacity. Feedback received regarding the ability to control when technology is on or off should be considered.</i>
<i>Staff protection.</i>	<i>Dignity of residents compromised.</i>	<i>Consent of the resident is paramount. Processes must be put in place to ensure the views of residents are considered when implementing technology solutions.</i>
<i>Evidence of service provision.</i>		<i>Processes to ensure data is appropriately managed in line with relevant State and Commonwealth legislation.</i>

Feedback was strongly in favour of legislation being developed to support and guide the ethical use of surveillance technology, with 38 respondents stating yes, 3 no and 3 unsure. Further support for this concept was seen in response to the question regarding whether there is a role for surveillance and monitoring technology to prevent abuse or mistreatment of aged care residents, with 38 respondents stating yes and 5 no.

Interestingly 32 of 43 respondents stated that the privacy issues associated with monitoring via a wearable device were not as significant as when the monitoring is via video surveillance. This suggests a greater appetite for wearable devices as a means of supporting care and safety.

In relation to cost, 55% of respondents believed that cost was a barrier for using surveillance and monitoring technology in aged care, with further commentary concerning cost suggesting:

- > The money should be spent on workforce.
- > The cost should be built into aged care costings.
- > It is not about cost; it is about keeping the most vulnerable people safe.
- > IT is relatively inexpensive; monitoring is costly if undertaken by staff.
- > Aged care facilities will not absorb cost, they will pass it on.
- > Cost is always a consideration but should not be a barrier to implementing technology solutions.

## Written submissions by stakeholder organisations

Formal written submissions in response to *The Use of Surveillance and Monitoring Technology in Aged Care* discussion paper were received from five organisations, offering legal, consumer and technology feedback.

The feedback was collated and a range of key themes identified:

- > Surveillance and monitoring technology should only be used with high justification that its benefits will outweigh the costs, including financial cost and residents' privacy and agency.
- > Consideration should be given to:
  - Effectiveness of surveillance and monitoring technology.
  - Consent.
  - Cost.
  - Privacy and security.
- > There may be unintended consequences from the installation of surveillance technology, including:
  - Reliance on remote monitoring to check on residents, reducing face-to-face time and hands-on care between a resident and their carer.
  - May deter a resident from having agency, such as being sexual or receiving intimate care needs.
  - May cause or escalate conflict between residents and their families as a result of differing views regarding monitoring and surveillance technology.

## Relevant South Australian legislation and guidelines

Feedback drew attention to the legislative position of surveillance technology, which includes the use of surveillance technology in private spaces. In South Australia, the *Surveillance Devices Act 2016* and *Summary Offences Act 1953* outline the legislative frameworks:

- > *Surveillance Devices Act 2016 (SA)*
  - the intention of this Act is to regulate surveillance devices that may be used in residential aged care and must be considered to ensure compliance.
- > *Summary Offences Act 1953 (SA)*
  - Part 5A contemplates situations where a person lacks capacity, an example relevant to this consultation being a resident with dementia. Section 26E of the Act provides that apparent consent is not effective if given by a person with a cognitive impairment (which includes an acquired disability such as dementia). Noting if a resident has full capacity to consent to the indecent filming of them, then this Act should not present an issue. However, in circumstances where the resident lacks capacity, care needs to be taken to ensure that the surveillance does not itself result in abusive behaviour.

In addition to the legislative requirement for surveillance technology, there are several policies and procedures for its use.

- > The Restrictive Practices Guidelines, which falls under the NDIS Restrictive Practices Authorisation Scheme, is applicable where the residential aged care facility provides care under the NDIS. The Guidelines states in relation to CCTV:

*“The use of CCTV in shared areas in disability accommodation premises is not considered an environment restraint where its primary purpose is for security against external persons, or for employee oversight. Where CCTV is installed for the purpose of monitoring client behaviour, including behaviour while in seclusion, it is an environmental restraint and can be approved by an Authorised Program Officer.”*

There is likely to be a place for surveillance devices in residential aged care to assist with providing quality care. With the advancements of technology, less intrusive and restrictive means of technology should be considered and adopted where appropriate. The effectiveness of the technology should also be a paramount consideration in balancing the benefits it has to offer with the level of intrusion on the privacy of residents. In particular, consideration should be given to its use in capturing interactions between residents, especially those who do not have capacity to consent.

The feedback also noted that secure capture and storage of surveillance data is a potential concern, with acknowledgement that approved audit processes and strong clear and enforceable guidelines must be in place to ensure ethical viewing and storage.

The feedback noted further development was needed across the sector in terms of education, building design and person-centred care, all of which would assist in providing a safe environment for quality care.

Considerations for appropriate legislative protections included:

- > Further research into the use of CCTV and monitoring technology in aged care settings
- > Nationally consistent regulatory guidelines on the use of surveillance technology in aged care settings
- > Products used to monitor residents are evidence-based, safe, have undergone user testing by people living with dementia and meet dementia enabling design principles.

Consideration could be given to utilising intelligent video analytics and facial recognition in aged care facilities to:

- > Enhance the health and safety of residents with dementia.

There is not a need for new legislation, with the *Privacy Act 1988* and Privacy Principles providing clarity on the management of personal data. Education for aged care providers on how to use technology to support care may assist in improving knowledge on the benefits.



# IN-PERSON CONSULTATIONS

## Consultation participation summary

Two facilitated face-to-face consultation sessions were held, targeting the general community and aged care sector. The community session was attended by 18 individuals, including older people. The aged care session had 24 attendees representing a range of organisations from across the aged care industry.

Both groups were highly engaged in response to the various questions presented for consideration during the consultation process and provided detailed feedback on their views about CCTV and technology use in residential aged care.



## Key themes from both consultation sessions

- > The purpose for introducing any technology must be clearly defined as this will inform the solution.
- > Consent of the resident should be considered when introducing any type of technology.
- > A nationally consistent framework is required to guide privacy and protection of information, data management, access and system compatibility of monitoring and surveillance technology to inform consumers, providers and government of their roles, rights and obligations.
- > The impact of technology on staff morale should be considered in implementing technology, noting CCTV could protect staff where disputes arise over service delivery and in the event of an injury.
- > Cost implications - people who cannot afford to pay for technology would require government support and means testing. The consensus was that government funding would be essential to purchase infrastructure and to implement CCTV technology. The costs of continuous improvement of processes and technology were recognised as requiring further consideration.
- > There are higher levels of comfort and acceptability with the use of wearable devices than with video surveillance.

## Key findings from community consultation

The responses to the community consultation provided a diversity of opinion with some clear recurring themes.

### Location of CCTV

Regarding residents, there were concerns raised about where CCTV was placed within a residential aged care facility, as well as who should monitor and have access to any footage. Table 1 provides a summary of the responses to the question where cameras should be located:

Table 1 – CCTV by location

	<i>Common Areas</i>	<i>Bedrooms</i>	<i>Bathrooms</i>	<i>Private areas pixelated only</i>
<b>Yes</b>	75%	56%	33%	38%
<b>No</b>	6%	31%	33%	38%
<b>Unsure</b>	19%	13%	33%	23%

### Technology options

The use of wearable technology such as Fitbits was considered by the attendees. Overall, 53% of respondents thought wearables were a preferred alternative to CCTV, with 20% preferring CCTV. 60% generally thought that families and loved ones should have access to the information collected by wearables. When asked about payment for wearables, 27% of responses were in favour of user-pays and 27% against user-pays, with 47% being unsure about who should pay for this technology.

Table 2 – Wearable Devices

	<i>Could wearable devices be used to instead of video surveillance?</i>	<i>Should families have access to information collected from wearable devices?</i>	<i>Do you think that residents or their families should be willing to pay for wearable technology?</i>
<b>Yes</b>	53%	60%	27%
<b>No</b>	20%	13%	27%
<b>Unsure</b>	27%	27%	47%

Table 3 – User-Pays

	<i>Do you think that residents or their families should be willing to pay for wearable technology?</i>	<i>Would you be prepared to pay for surveillance and monitoring technology for your loved one?</i>
<b>Yes</b>	27%	43%
<b>No</b>	27%	14%
<b>Unsure</b>	47%	43%

There were clear concerns raised about equity and cost, with all respondents agreeing that where people cannot afford to pay for this technology, it is a problem. Having means-tested government assistance to support people to have adequate access to monitoring and surveillance technology, if introduced, was recommended by one group, other groups suggested that the government or provider should fully fund.

One group noted that if surveillance and monitoring technology could be installed but be made optional depending on willingness to pay. Residents may have to decide between other optional extras (such as outings); foregoing these activities to fund technology.

Several participants indicated they would expect additional staff to monitor the technology. They also expect that performance of residential aged care facilities regarding technology should be independently reviewed by a newly created authority. Although this was not discussed as a cost, it is a significant cost driver for any system to include additional administration and staffing particularly higher-level staffing levels that were being discussed. These costs were not considered in the trial and may need to be accounted for in any modelling of this policy and implementation.

### Cost Implications

There were mixed opinions regarding the cost of technology, ranging from a willingness to accept a user-pays model, to a strong aversion to user-pays. One group refused to respond to a group scenario because it asked the group to consider a user-pays option, which they said was unconscionable.

When asked about a user-pays system, more people thought it was reasonable to pay for surveillance and monitoring technology (43%) than wearable technology (27%). However, slightly less than half of the respondents were unsure about user-pays.

## Key findings from the aged care sector consultation

The aged care sector discussion considered a range of issues for the resident, for providers and their staff, as well as government. A range of advantages was identified for staff relating to CCTV use within residents' rooms such as:

- > Staff protection.
- > Early identification of injury.
- > Evidence of service provision.

The group considered that issues such as matters of privacy and protection of information, data management and access, and system compatibility across the sector to support a minimum level of national consistency would be essential characteristics to include in any new framework.

Clarity of purpose for the introduction of CCTV was again mentioned as being a critical issue to address before any progress can be made. It was also noted that the scope and purpose of AI usage needs to be defined, including whether it will be used to monitor temperature of rooms, to micro-manage staff and what safeguards/actions it identifies to protect the resident.

### Consent

Consent to activate any surveillance or monitoring of residents is essential as per the Aged Care Quality Standards. Therefore, open disclosure and use of contracts needs to be in place to ensure that residents and substitute decision-makers are in agreement of any monitoring, and that all visitors to site understand and are aware, through accessible signage, that CCTV is in use.

A comment was made regarding dignity of risk, with one group posing the question, 'is CCTV monitoring a form of restrictive practice?'

## Internal or External Monitoring

There were mixed views about monitoring of AI activated CCTV, with some comments suggesting ‘external monitoring is likely to be the preferred option as it is process driven.’ Another comment supported this perspective, suggesting that internal monitoring has inherent risks, including the capability of staff to support the technology and the workforce impact of providing dedicated staff to monitor. The majority of participants preferred internal (onsite) monitoring, suggesting that this would be more cost effective, resulting in less delays in responding to residents and reduced risk of data breaches.

The sector identified the following issues requiring further consideration in determining the use of technology in aged care:

- > What protections are in place to regulate who can access the data?
- > How long is the data stored?
- > What are the boundaries of AI technology?

## Cost

There were varied opinions on the management of cost of the technology. Two small discussion groups suggested that the cost of implementing and managing CCTV in common areas should be paid for by the Residential Aged Care Provider, whereas CCTV in bedrooms should be funded by Australian Government and/or resident. Most participants indicated that government grant funding or rebates would be required to purchase the infrastructure and implement processes. The providers also focussed on the Australian Government as the key funder and the need for a national approach to introducing CCTV within residential aged care facilities.

Where CCTV is introduced and funded through government, it was anticipated that the government could specify the system and reporting requirements. Having nationally compatible systems for this purpose would streamline administration and technology upgrades. There were also comments made about linking CCTV alerts to the call bell system to improve triaging, and that AI activation could be coded to further assist with resident emergency response, for example 1. Fall, 2. Aggression. It was suggested that this could also assist with confidentiality for reporting purposes.

There were mixed views regarding technology upgrades, including recognition that technology will change dramatically over the next 15 years. Some comments suggested that improvements will be reliant on government funding. Other comments suggested that providers could absorb this cost as part of ongoing maintenance, in line with the expectation of providers engaging in continuous improvement as part of the Aged Care Quality Standards.

There was concern by the aged care sector that if CCTV was introduced with a cost to the resident, it is likely to result in a low up-take. It was also noted that government support will be required if CCTV was introduced as a user-pays option, as a significant proportion of residents would be unable to self-fund this additional cost.

User-pays was suggested on a couple of occasions as the preferred option within in-home care and independent living unit settings. This aligns with the higher level of autonomy and control older people have over their care within these settings.

## Regulation

It was evident that the aged care sector representatives considered the introduction of technology, including CCTV, to be an issue requiring national roll-out and Australian Government regulatory support to align to the *Aged Care Act 1997* and the Australian Aged Care Quality Standards. The sector indicated that funding for providers and rebating residents are currently the responsibility of the Australian Government, as when they answered questions about costs, and financial options they did so with the Australian Government in mind.

## Other issues

During discussions with the aged care sector representatives, a range of other issues was highlighted. The group reinforced issues of consent and control, with reference to the Australian Aged Care Quality Standards. The conversation noted:

- > The rights of residents to privacy, for example at times of intimacy.
- > Management of motives, complexities and competing interests of family members and substitute decision-makers.
- > Reiteration that Advance Care Directives could be considered as a vehicle to support resident decision-making, if discussed in early tenure.

Alternative technology options were discussed, such as better system alerts on smart phones, movement detectors and accelerometers. Integration of systems with existing technology systems, including call bell arrangements, was also seen as essential to streamline response to residents.

## Key feedback from the Grannies Group consultation

The Grannies Group is a peer support network of Aboriginal grandparents who advocate on behalf of issues affecting their children, grandchildren and their community. Informal discussions were held with one Grannies Group in metropolitan Adelaide regarding the use of technology in aged care. Personal stories regarding the group's experiences with the aged care system were shared. Views of the group were varied, with some believing CCTV should be installed in bathrooms and bedrooms, and others firm in the view that safeguards are needed in aged care, but acknowledged CCTV was intrusive. Key themes included:

- > There needs to be culturally appropriate aged care services for indigenous communities.
- > Safeguards for indigenous persons in aged care are necessary.
- > There is a level of distrust of technology such as CCTV.
- > Wearables could be considered as a way of keeping people safe.
- > Older people will find it difficult to cover the cost of technology.



# CONCLUSION

Through a process of consultation and research undertaken by Office for Ageing Well, it is evident that technology has advanced significantly since the SA Health pilot and there is now a range of alternatives being trialled and implemented, both locally and nationally.

If it is to be used, surveillance and monitoring technology in aged care must balance protecting the right to privacy and control with the safety of the person concerned. A resident's bedroom is not a 'public space' and surveillance in bedrooms must be cognisant this is the resident's own personal space where personal activities, including being in a state of undress, personal care and residents engaging in consensual sexual activity may occur.

More broadly in implementing technological changes in aged care settings, consideration needs to be given to the views of the people receiving the service, the suitability and adaptability of the technology and the balance between risk and privacy. Technological advancements have a lot to offer for systems and care improvement, and more work will undoubtedly occur in this field.





For more information

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