

Appendix 1: Root Cause Analysis of failures in Aged Care

Aged Care Crisis Inc.

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We have an aged care system that has been problematic for 60 years. Attempts to address the issues in the 1980s were frustrated by vested interests who joined with government in a very different reform program based on a belief in markets.

Over the last 20 years, the system has been characterised by recurrent scandals and steady deterioration in the care provided. The response to scandals has been to ignore the causes of the problems and tinker with the system – all the while, assuring us that we have a world class system.

To understand what has been happening, why it has happened and what to do about it, we need to do the sort of analysis that has been carefully avoided. We worry that it still is.

Contents

1 Glossary	2
2 Executive Summary	4
3 Introduction: Groundhog days in aged care	9
3.1 Many eyes needed, but we only use one.....	9
3.2 Insights from many eyes – different perspectives.....	10
3.2.1 The perspective of history.....	11
3.2.2 Perspective: market theory.....	17
3.2.3 Logical perspective - necessary conditions.....	18
3.2.4 Logical perspective - a tautology.....	20
3.2.5 Perspective: Mis-specifying human behavior.....	23
3.2.6 Perspective: Humans and truth.....	25
3.2.7 Perspective: Becoming human and claiming an identity.....	26
3.2.8 Perspective: Pressures to conform.....	28
3.2.9 Perspective: Strategies used to conform.....	29
3.2.10 Perspective: Understanding language.....	30
3.2.11 Perspective: Education.....	31
3.2.12 Perspective: Media analysis.....	33
3.2.13 Perspective: Resilience.....	34
4 Conclusion	35

1 Glossary

The way some terms are used in this analysis needs explanation because they can sometimes be used or understood in different ways.

Acuity: In health and aged care acuity is an assessment of disease state, frailty and incapacity. It can be used to predict outcomes, to assess physical needs, or to calculate the staffing numbers and skills needed. If it is used at all in aged care then it is not transparently done. The success of assessments based on acuity is monitored by assessing outcomes.

Anomy or Anomie: The term has been used in different if similar ways by social scientists in different contexts. We use it to describe a sense of worldlessness, orderlessness and chaos in which the fragile ideas and patterns of thought that we use to understand the world we live in and which give our lives meaning lose relevance and collapse, often in the face of life changing events or experiences. It is accompanied by disorientation and intense anguish as we search for new ways of understanding and new meanings.

Neoliberalism (also free-markets and economic rationalism): We use it to refer to the belief system that arose during early 20th century, gained global ascendancy during the last 40 years and has become the policy and mode of operation of schools of management, politicians and businesses in western countries. It has become a one size fits all ideology.

Formulated by economists as a philosophy of personal freedom this freedom was seen to be expressed through unrestricted markets. Any form of restraint but particularly by society or government was seen as a threat. It was particularly concerned by what it called 'the collective', which it equated with socialism.

Discourse: The way the philosopher Michel Foucault used the word 'discourse' has been summed up¹ as "systems of thoughts composed of ideas, attitudes, courses of action, beliefs, and practices that systematically construct the subjects and the worlds of which they speak'. The meaning includes the communicative process through which systems of thought are developed and maintained. He explains how power and particularly control and interpretation of knowledge enables those with power to govern (control) the systems of thought of citizens in society and so the way they understand the world and behave in it,

Paradigm: A set of theories that explain the way a particular subject is understood at a particular time:

Tautology: The word is commonly used in grammar and mathematics. In logic it is used differently. It refers to an argument that is flawed because it is based on an assumption that is accepted as incontestably true when it is clearly false or its truth needs to be questioned.

The argument that because unimpeded markets if unrestrained always correct themselves, then market failure should be corrected by removing anything that is restraining or controlling the market is a tautology. This is because the idea that markets always correct themselves denies existing knowledge, is contestable and is unlikely to be true. This logical error is common in ideologies where the consequences can be dire. It gives rise to the truism that while beliefs may be illusionary their consequences are real.

¹ Discourse Wikipedia <https://en.wikipedia.org/wiki/Discourse>

Truth decay: Truth decay refers to the breakdown of the “systems of thoughts” that “construct the subjects and the worlds” we live in. It accompanies major societal challenges and events. While analogous to anomy it affects all or most of a society creating social instability and anxiety. It is important to understand that this has nothing to do with the truth or falsity of the particular discourse or worldview.

Dysfunctional ideologies are usually based on false truths and arguments based on them but while they are believed they create stability. The collapse of these truths when their adverse consequences become incontestable can precipitate a further period of truth decay creating a cycle of recurrent social failure. Our interest is in how to break this cycle. We use the currently popular term ‘post-truth’ in the same way as truth decay.

2 Executive Summary

Groundhog days

Aged care has been a series of groundhog days – of recurrent failures followed by unfounded claims to excellence and progressive deterioration.

We live in a complex world and it is not always easy to understand. Those who are addressing the problems in aged care need a far deeper understanding of what has been happening and where it has gone wrong if their reforms are to be effective. Sometimes simple things need to be examined in greater depth.

It is not possible to understand what has happened and why the aged care system has failed and been so resistant to change within the thinking and approaches currently adopted. They do not explain why the system has failed or point to what needs to be done.

There are many other ways of examining (many eyes) that provide useful insights into this complex system. In this analysis we describe what different perspectives show.

Perspectives: History

An examination of history shows that the new free-market (neoliberal) policies ignored the lessons of hundreds of years of history. The new policies introduced in 1997 ignored all previous knowledge about markets in care as well as the findings of previous reviews of the sector.

We describe the history of aged care and the warnings that were ignored. We show how care progressively deteriorated as the same policies were doggedly adhered to in the face of evidence. We describe the consequence for staffing. We ask how and why this happened? When we look with other eyes this becomes obvious.

Perspectives: Understanding markets and logic

We look at how 300 years of knowledge and warning about markets in general and their use in providing care to the vulnerable in particular were ignored. Fundamental logic was ignored. Two critically important 'necessary conditions' for a market to work were absent in the free-market model they imposed on the aged care sector in 1997.

This model was based on a belief that was so fundamental for believers that it has been described as a tautology because it could never be wrong. We describe how this unchallenged belief skewed the response to every problem that occurred so that multiple attempts at remediation failed. We went through 20 years of regular groundhog days.

Perspectives: Mis-specifying human behavior

As social animals we grow up in and depend on society. We absorb its values and altruistic motivations to develop 'social selves' – consciences that guide and restrain us. We also have deeper selfish-selves and instincts which need restraining. In responsible citizens our two selves balance one another so that other members of society and the 'common good' are protected.

Caring depends on the expression of our humanity – our community values and altruism. The vulnerable can easily be exploited for personal advantage. For over 2000 years, we have recognised the threat for vulnerable citizens when self-interest is not controlled. We have always taken additional steps to protect sectors like health and aged care.

The tautological belief on which free-market ideology is based rejects any sort of control. As a consequence the free market is driven primarily by uncontrolled self-interest. It denies both our humanity and our vulnerability.

This policy has freed the market in care from the necessary conditions that ensure self-interest is controlled so that we can express our humanity and protect the vulnerable.

The application of free market principles to aged care was never going to work. The refusal of believers to confront their beliefs prevented needed reform.

Perspectives: Humans and truth

To live in the world humans must develop ideas and concepts which enable them to understand what they are seeing and doing there. Within this they also need to develop meanings so that they have a direction in their lives. In a complex world they need many ways of looking to get a better understanding.

Humans find conflicting understandings difficult to manage and when the world changes and our understandings no longer work we find this very disturbing. We become vulnerable to attractive ideas even when they ignore the knowledge we have and are not logical. They become our new 'truths' and we hang onto them as if our lives depend on them rejecting all challenges. We call them ideologies. We are likely to behave in ways that harm others and ignore the good of society. That is readily apparent in aged care.

Perspectives: Becoming human and claiming an identity

As adults we develop selves and claim an identity within groups in our society. We do that by acting out the sort of person that society or the group values and accepts. This may be very different to the selves we have become. The identity and the self we are claiming to be may not be authentic. To be that person we have to deceive ourselves and behave in ways that we would not otherwise accept. That creates a lot of tension and some unhappiness within us.

We can see this as a problem when a young nurse who enters the aged care sector with altruistic professional values must claim an inauthentic identity in a market system and develop a career there – to belong in the system. It can be a cause of a lot of unhappiness particularly when the sort of care being provided to make profits is poor, people are neglected and caring values are ignored.

Perspectives: Pressures to conform

Social scientists have studied the pressures that are generated to conform with beliefs within groups. Powerful people are able to control the way others think and behave. Once an ideology is adopted by those with power and influence it becomes very difficult to challenge. We have known this for a long time. Social scientists have studied the way neoliberal style management impacts on the thinking and behaviour of nurses.

Perspectives: Strategies used to conform

Scientists have also described the multiple strategies we use when we need to maintain our belief in an ideology which is causing harm. They have studied the strategies we use to resist challenges and protect the beliefs that have become central to our lives. They can be very effective in resisting evidence and logic.

Inauthenticity creates tensions and conflicts within the workplace. Cultural problems have developed at all levels in aged care. Similar strategies to those above enable those who have claimed an inauthentic identity to maintain it in the face of evidence.

Perspectives: Understanding language

What we can understand is limited by our language and the ideas we develop are expressed through language. Ideologies and the cultures they create change the words used so that they fit the beliefs and avoid challenge. We can see it in aged care.

Perspectives: Education

Critical thinking: One of the most important things that effective citizens need to learn is 'critical thinking'. The failures in aged care and the response to COVID-19 across the world has shown that critical thinking is in short supply in leaders and in our societies.

The ability to think critically allows us to work with multiple different ways of understanding and resolve the conflicts between them. Being able to do so makes it much less stressful. Critical thinking challenges ideology and is our defense against it – the vaccine that protects us from harmful ideas. Leaders in a democracy are a product of the communities they grow up in and who elect them. That is where they should learn to think critically.

Neoliberal management has turned our universities into giant training colleges mass producing workers for the marketplace. This has come at the expense of the social sciences whose teaching and approach to citizenship provides training in critical thinking. This exacerbated an existing 20th century trend created by technological advances.

Had current aged care policy been subject to critical analysis and been assessed critically against knowledge and logic, it is unlikely to have commenced. If it had, it would have been changed as soon as problems became apparent. Some did think critically and challenged but were ignored.

Developing critical thinking: Educators have developed an understanding of how knowledge and critical thinking are developed and integrated. They try to create the sort of contexts that encourage the development of knowledge and critical thinking.

There are important lessons here if we are to rebuild society, encourage critical thinking and so inoculate it against more harmful ideology. This will enable us to develop leaders with the capacity to meet challenges. It suggests a path that will enable us to break out of the endless groundhog days.

Perspectives: Media analysis

Mass media has altered our world and our capacity to share knowledge but our society has lacked the maturity to manage this. Mass media has facilitated the rapid spread and dominance of ideologies over the 20th century.

Digital technology and the internet have created huge opportunities for engagement and for developing society but it too has been misused by an unprepared society. Instead it has become a vehicle for fake news and ideological nonsense.

To realise media's full potential we will need to develop the sort of balanced more stable educated society that can manage and benefit from it. Doing so will challenge those whose lives are tied to beliefs and they will resist.

We might start addressing this by engaging groups of citizens with different experiences in the analysis and resolution of problems including those in aged care. This is how critical thinking is developed.

Perspectives: The perspective of complex social system analysis and resilience theory

There has recently been a lot of interest in the adaptability and resilience of complex social and socioecological systems - the reasons they fail and what to do about it. We have recently looked at this. These academics have developed two models.

Balanced forces: One model shows how stable adaptable and resilient systems are characterised by a multiplicity of forces that hold them in balance and allow them to adapt when forces change or be resilient in a crisis. The model shows how it fails when this balance is disrupted by strong unbalanced forces - and how difficult it is to return these systems to balance.

Cycles of failure: The second model shows how those complex systems that don't work or fail, go through cycles of failed attempts to fix them so that there are more groundhog days. That sounds like aged care.

They noted that responses to failure usually involve greater centralisation, more management, processes and more efficiency. This results in less flexibility, less adaptability, less resilience and more failures. It is particularly resistant to change at this stage even as it starts failing and it all comes undone.

It is most susceptible to real change after its failures are exposed and can no longer be denied. Resolving the issues and creating a totally new system is resisted by vested interests and the cycle of central management and efficiency starts again.

Successful change: These analysts found that sometimes systems at this vulnerable stage were successful in bringing the system back into balance and making it work. Instead of centralizing, they decentralized and moved to regional management and developed networks of involved citizens working with regional managers. They were less efficient with more redundancy but worked better because they were more adaptable and resilient.

Aged care: Aged care seems to fit this model well. It describes what has been happening. Regionalism and networks of involved citizens offers a path that would address the many insights revealed by the many eyes we have examined in this document.

We are not aware of anyone who has analysed the aged care system along these lines before. Aged care is clearly a complex social system and it has clearly failed on more than one occasion. The strategies that have worked are similar to those that Aged Care Crisis and some others have been advocating for a long time.

We have therefore included our analysis of aged care as a failed complex social system and the implications of that in a separate document. Complex system analysis provides another set of useful eyes.

Conclusion

The many alternative viewpoints explain the history of aged care, the reasons why it has failed and why it has been so resistant to change. Neoliberalism is now under challenge and many are looking for alternatives. Rebuilding society, regionalism, localism and community engagement are being widely canvassed as alternatives. In the UK, the Centre for Welfare Reform² has been advocating strongly for citizenship and for involvement of citizens in the provision of social services.

A vision for the 21st century is emerging and it is clear that one is needed. Vested interests are likely to resist. When Kevin Rudd mounted an attack on Neoliberalism eleven years ago it got nowhere and he was dismissed³. It is revealing that the Labor party president has very recently published a policy paper on the Labor party web site. It attacks neoliberalism and claims that Labor opposes it⁴. This suggests that labor has seen the writing on the wall. It is a good indication that the tide is finally turning. Will aged care be a part of it?

In aged care the late Professor Hal Kendig has been a persistent advocate for regionalism and localism of aged care over the last 20 years of his life⁵. Aged Care Crisis has been pressing for local community involvement and a central reach down and support approach to regional and local management for over 10 years.

The Grattan Institute has recently published a report pressing for a rights-based system⁶. It recommends a central integrating body with regional management. There is provision for community to have input into regional management and centrally. That would be an excellent starting point which allows for flexible development and we support it.

We urge politicians who understand what is happening to get on board and join the march into a very different 21st century for aged care.

We think that the Royal Commission is unlikely to come up with a magic bullet to escape from the cycle of recurrent failures although government and industry will promote it as such. It is only the beginning of a difficult process if we are to get the needed changes.

The Royal Commission will set the starting line in a favourable or an unfavourable or even impossible position. Real change will only happen if politicians who understand what is happening work closely with citizens. They should start working on that sooner rather than later.

² Centre for Welfare Reform <https://www.centreforwelfarereform.org/>

³ The global financial crisis Kevin Rudd The Monthly February 2009 <http://bit.ly/32cWveV>

⁴ A Society Built From The Bottom Up, Not The Top Down Wayne Swan, ALP National President <https://www.alp.org.au/national-president-media/a-society-built-from-the-bottom-up-not-the-top-down/>

⁵ Professor Hal Kendig Submission to the Productivity Commission Inquiry into Caring for Older Australian July 2010 <https://www.pc.gov.au/inquiries/completed/aged-care/submissions/sub431.pdf>

⁶ Duckett S Stobart A and Swerissen H Reforming aged care: a practical plan for a rights-based system Grattan Institute <https://grattan.edu.au/wp-content/uploads/2020/11/Reforming-Aged-Care-Grattan-Report.pdf>

3 Introduction: Groundhog days in aged care

Writing so many submissions to different inquiries over so many years gives us a sense of déjà vu. We have seen and heard all of this (or similar) before, on multiple occasions – over and over again in multiple government inquiries over the last two decades and with the current Royal Commission. We have written the same things over and over again over the last decade. They are still being ignored.

For example, each reinvention of parts of the aged care system has been launched with boastful claims of vigour and a world-class system. Each iteration disregarded clear red flags to serious systemic problems. Glaring failures have been labelled as rare exceptions and system failures blamed on poorly performing providers of care, who are described as ‘bad apples’.

It is impossible to claim we have a ‘world class’ system when comparison of our staffing levels with international standards shows that the majority of Australian aged care homes are so poorly staffed that this would be considered to be **‘dangerously low’**⁷.

Staffing numbers, skills and motivation have always been the most critical determinants of the standards of care and the quality of life of residents. Poor staffing skills and levels are a consequences of flawed policy based on flawed thinking. They are implemented by people who ignore the obvious consequences of policy, attack and discredit whistle blowers, explain away the failures and maintain their beliefs when they are logically untenable.

Without an understanding of why and how this happens, and steps to address these issues we are doomed to never ending groundhog days.

The social sciences have studied the issues and have had the knowledge, some of it for hundreds of years, yet those who have that knowledge have not been involved. A report to the Royal Commission has documented the multiple inquiries over the last 20 years and wondered why they all failed so badly. No attempt has been made to answer that question.

3.1 Many eyes needed, but we only use one

“The more eyes, different eyes, we know how to bring to bear on one and the same matter, that much more complete will our ‘concept’ of this matter, our ‘objectivity’ be”.

Source: Friedrich Nietzsche (philosopher) in *The Genealogy of Morality* (1887)⁸

We live in a complex world which requires many different eyes coming from many different perspectives. Yet progressively over the last 40 years our leaders, our governments, our economist, our managers, our markets and ultimately our citizens have been molded by narrow one size fits all patterns of thinking that exclude the many other eyes that are needed.

They are unable to see it in any other way and are blind to alternative ways of understanding and to evidence, particularly evidence and logic that expose their failures and suggest alternatives. This situation has occurred many times in the past, particularly during the 20th century. It has been studied, and is well understood. That knowledge has been ignored. Their denials, rationalisations and ultimately aggressive response to those who expose the flaws and failings has been extensively studied.

⁷ Still Failing the Frail: The data and records behind our reporting and our database Penn Live 14 Oct 2018 <http://bit.ly/2LaD3uc>
Royal Commission into Aged Care Quality and Safety, media, 11 Oct 2019: <http://bit.ly/2KVBtxu>

⁸ Quoted by Alexis Papazoglou in The post-truth era of Trump is just what Nietzsche predicted, The Conversation, 15 Dec 2016
<https://theconversation.com/the-post-truth-era-of-trump-is-just-what-nietzsche-predicted-69093>

In 1996 the first president of Whistleblowers Australia wrote⁹:

The organisation's response to the whistleblower is very powerful and follows a recognisable pattern. It is crushing in its intensity, as the organisation can use as many staff as it takes, for as long as it takes, to wear the lone whistleblower down...

None are as viciously vindictive or as crushing in their responses as the nation state when citizens who see with different eyes expose their crimes. This response is by the people we elect to lead us. We expect them to lead by example.

Julian Assange exposed government crimes in Iraq. In Australia, Bernard Collaery and Witness K exposed criminal behaviour sanctioned by politicians. In 2017 journalists exposed war crimes by Australian forces in Afghanistan forcing an inquiry. All have been viciously intimidated and pursued by the state. This is the example we are set – the standard of behaviour set by our leaders and by which Australia is judged.

Our knowledge about the vital role that whistleblowers and the press play in maintaining system integrity is ignored. Staff, residents and families who see with different eyes have exposed failures in health and aged care. They have been dismissed, criticised, discredited, fired and even sued.

Carmen Lawrence has been a state premiere, a federal health minister, a president of a major party and now a professor of psychology. She was referring to the other eyes that provide important insights when she summed up her experience writing.

“... Even more uncommon is any deep exploration of what we know about human behaviour and how social structures are likely to influence it. This deficiency is nowhere more obvious than in the political class, who seem to be rendered tongue-tied – or resort to soothing, infantilising babble – whenever uncomfortable truths are broached...”

Aged care is a part of this society and cannot be examined in isolation any more than staffing issues can be addressed without addressing the problems in the aged care system.

Similar failures to those in aged care have occurred in the banks which own much of aged care, in education which trains the staff (eg VET system) and in multiple other sectors. The political system impacts on them all, then they impact on and influence aged care. Aged care is seldom examined within this wide context.

In a report in 2016 researchers who were writing about staffing in aged care described the situation¹⁰:

“Clothed ears. Blinded eyes. Blunted policy; put it off until we absolutely need to attend to it. While in the interim, the people who are working in the industry and people being cared for in that industry sector are suffering- - - - it's going to become a burgeoning problem, a worsening problem as times go on”.

3.2 Insights from many eyes – different perspectives

If we are to address issues and develop systems that behave differently we need to understand how and why patterns of thinking and the systems based on them develop and why people behave like this. We need to look at these many events from many points of view – from different perspectives. Some are obvious yet we ignore them.

⁹ What happens to whistleblowers and why by Jean Lennane 1996 Past president Whistleblowers Australia. Social Medicine Volume 6, Number 4, May 2012 page 249. <http://bit.ly/32fBUqv>

¹⁰ Government blind to urgent workforce issues: expert Australian Ageing Agenda 23 Oct 2015 <http://bit.ly/2kq84ye>

The patterns of thought, the systems and the behaviours all have a history of which they are the consequence. They also have a future which will be a consequence of the present. We need to start by looking at where they came from as well as where they are taking us if we are to change.

There is a truism in the social sciences that asserts that if something is believed to be real then it is real in its consequences – and that applies even when the belief is false.

3.2.1 The perspective of history

“But the past is not the past. It is the context. The past -- memory -- is one of the most powerful, practical tools available to a civilized democracy. - - - Without memory, we are a society suffering from advanced Alzheimer's, - - - -“

Source: John Ralston Saul. *How we will make Canada ours again 2000*
(First LaFontaine- Baldwin Lecture, Institute for Canadian Citizenship)

Saul also commented that only ideology erases the past. The analysis he performs in his books shows how vulnerable citizens and societies are to ideology, and how they have gone astray when they ignore history and the evidence coming from the real world. The title of his best known book, ‘The Unconscious Civilisation’, reflects this blindness. If we have only one narrow view of the world then we cannot see most of it.

The many inquiries into aged care over the last 20 years have seldom looked back to see what had happened and explore where or why we went wrong. When they did no one listened. Problems were never corrected. This was surely social pathology, a disease - like Alzheimer’s.

Lawrence also wrote *“I stress to students that in order to judge what people are likely to do in the future, we need to know a little about where they’ve been, what forces are acting on them and how they see the world ...”* That too has been absent – a sign of social incapacity with an inability to think critically. We will look closely at the forces that ‘are acting on them’.

History of Aged Care before 1997

When we look back at the history of aged care we see that problems commenced in the 1960’s when strong commercial pressures were introduced into the system.

Multiple inquiries over the subsequent years (*Coleman in 1975, McLeay in 1982, Giles in 1985 and Ronalds in 1989*) recognised the complexity, the diversity and the individual nature of care. They understood that it could only be managed locally if these diverse situations and individual needs were to be met. Central managers were too far away.

There needed to be central management structures to integrate and support the regional and local structures as their capacities were limited. There also needed to be regular close oversight of care and some of that should be local.

The last two inquiries understood the importance of local knowledge and power. They sought to collect data (Quality Indicators), involve community members in addressing complaints and suggested that community visitors and advocates should watch over care. They recognised that citizens had a role in countering commercial pressures in this vulnerable sector.

When reforms were commenced in 1986 they were resisted by vested interests and instead of local empowerment, the system started centralising quite rapidly. Even these reforms withered when a new global ideology, now called Neoliberalism (also called ‘free markets’ or ‘economic rationalism’) swept across Australia in the 1980s and 1990s and was adopted by managers who set out to restructure our society.

Warnings by economists¹¹ (Gregory 1993), social scientists (Rees and Rodley 1995 - editors of 'The Human Costs of Managerialism: Advocating the recovery of humanity') and doctors¹² (Arnold P in 1996, Leeder S in 1996 and Wynne JM in 1996) were all ignored.

In 1997 aged care was restructured within the new patterns of thinking, patterns that were unsuited to the sector. Recently released cabinet papers from 8 August 2000 confirm that the aged care industry were '*extensively consulted during the development of the Aged Care Act 1997*'. Doug Moran who had led the industry's opposition to the 1980's reforms, had very close ties and great influence with politicians.¹³ He claimed to have been responsible for much of the policy.

The warnings as well as the knowledge obtained by the previous inquiries was wiped away. Both major political parties adopted these policies uncritically although factions within each were less radical in their approach.

The 1997 Aged Care Act: Consequences for staffing

There was still a faction within the Labor party that understood what was happening and in opposition they could still speak out. Staffing was a major concern.

Senator Gibbs¹⁴ was a strong advocate for the vulnerable and disadvantaged. She realised what was going to happen in aged care and spoke out strongly when the 1997 Aged Care Bill¹⁵ was introduced.

Gibbs gave a telling and prophetic speech in parliament in which she aptly referred to George Orwell's book '*1984*' as she described the way the words '*nursing care*' had disappeared from the discourse about aged care.

Prophetically, Gibbs spoke of '*managers with no nursing experience. No longer do nursing homes have to employ a qualified director of nursing who will ensure that professional standards are met*'. She referred to '*dramatically decreased guarantees of the level of care that residents will receive*' in a system where there would '*no longer be the checks and balances*'.



Gibbs was describing a system where those who make policy, decisions and manage care, not only lack the information needed, but have no practical experience in the provision of care. She was describing 2020.

Gibbs asked "*who is going to ensure that the taxpayers' money that the government allocates to these nursing homes is properly spent on nursing care?*" Even at that early stage the '*minister is going around claiming that accreditation will take care of everything*'.

This is a claim that two decades later was still being trotted out in the face of evidence that the system was failing. **This flawed regulatory process has been used for marketing the system and has been the first line of defense when failures in care are publicly criticised.**

¹¹ Gregory R Aged Care Reform Strategy Mid-term Review Report Stage 2 Oct 1993.

¹² Price competition, professional cooperation and standards Dr Peter Arnold (recently awarded OAM), Chairman of the Federal Council of the Australian Medical Association MJA 2 Sept 1996 p 272

Professor Stephen Leeder "Mad-cow thinking - how far has it spread" Australian Medicine 20 May 1996 page 6

The Impact Of Financial Pressures On Clinical Care Lessons From Corporate Medicine. Wynne JM in Access to Surgery: A National Symposium on the Planning and Management of Health Care Programs under Medicare. Townsville, May 23-24, 1996, editors Prof. P.K. Donnelly and Assoc. Prof. L. Wadhwa, published by the University of Queensland Press. Corporate Medicine web site <http://bit.ly/32idUTJ>

¹³ How Doug Moran looks after himself AFR 18 Oct 1997 <https://www.afr.com/politics/how-doug-moran-looks-after-himself-19971018-k7pj4>

¹⁴ Gibbs, Brenda (1947–) Australian Senate Biographies <http://biography.senate.gov.au/gibbs-brenda/>

¹⁵ Aged Care Bill 1997, Hansard, Senator Gibbs, 24 Jun 1997, page 5042 <http://bit.ly/2rfThau>

In the Bill there was *‘a deliberate budget driven omission which fails to appreciate the health risk to residents in reducing or removing nurses’*.

In 2020, we know that levels of staffing and particularly skilled staff have steadily decreased at the same time as the acuity (frailty and so level of attention and service needed) of the residents that need this skilled care has rapidly increased since the introduction of the 1997 *Aged Care Act*.

Senator Gibbs urged that *‘aged care should never regress to the situation before 1984, as highlighted in the Giles report. This report highlighted a range of complaints against nursing homes. In fact, some of the photographs of neglected patients with bed sores you could put your fist into were horrifying.’*

Gibbs concluded her speech prophetically saying *‘I believe this legislation will start a move which will work to the disadvantage of many of our most vulnerable senior citizens’*.

That certainly happened. Those whom our aged care system has failed, including many staff, would agree that Gibbs was prophetic in describing what was going to happen.

Evidence and staffing

The banks and private equity did not invest in aged care because companies that had invested heavily could not make the expected profits. This was because the unions were able to resist staff cuts. The unpopular work choices legislation that reduced union power was passed in 2005 and these groups then invested,

Research: Australia was at the forefront of academic research in regulation (Braithwaite et al¹⁶) in the 1990s and also in determining staffing levels – way ahead of the USA.

As long ago as 1983/5, the Extended Care Society of Victoria identified and tried to address the problem of understaffing. No time was left for interaction and relationships. This undermined both the motivation of staff and the quality of life of residents. There was a need for a model for calculating the amount of care needed.

The Extended Care Society carried out an in depth study of the number of trained nurses needed to provide good care based on the acuity (frailty) of the residents¹⁷. They developed a ‘patient-nurse dependency’ system that calculated the nursing time needed on the basis that patients admitted to a nursing home were entitled to direct care by qualified nurses. They did not include time on non-direct activities which was calculated separately. At that time, Victoria did not allow aides to provide nursing care.

They carefully evaluated the amount of care needed by residents based on an acuity scale of 1 to 5. Using their system, any facility could assess the acuity of its residents and calculate the staffing requirements.

The recommended trained nursing staff time in their 1985 report, for levels 4 and 5 (the sort of residents in nursing homes today) was 3.4 and 4.6 hrs per day respectively, a mean of 4 hrs. The study supported a minimum of 3.5 hours per day of skilled nursing care for residents in nursing homes. The federal government at the time ignored these recommendations and were only prepared to fund a much lower figure of 2.4 hrs per day.

¹⁶ Raising The Standard: Resident Centred Nursing Home Regulation In Australia, Aged and Community Care Service Development and Evaluation Reports Number 10 Jan 1993 Braithwaite J, Makkai T, Braithwaite V, Gibson D <http://bit.ly/2kspMBe>
Regulating Aged Care by J. Braithwaite; T. Makkai; V. Braithwaite 2007 e.Books.com: <http://bit.ly/2rnUgU8>

¹⁷ Hardy Y et al Patient care analysis / presented by Extended Care Society of Victoria in conjunction with Bendigo Home and Hospital for the Aged <http://trove.nla.gov.au/work/13159053>

The Extended Care Society recommendations are comparable with the total hours recommended in the USA 15 years later¹⁸ and now accepted by the Royal Commission into Aged Care Quality and Safety. It is also comparable with a study done for the nursing unions by academics in South Australia¹⁹ in 2016. Both evaluated the skill levels needed.

The US recommended levels are based on 10 years of careful study of outcomes during the 1990s. Below these levels an unacceptable number of failures occurred. These recommended levels have been confirmed and refined over the years by setting them against measured outcomes. Staffing levels of individual providers are published and set against recommendations.

In Australia, the evidence from both countries is ignored and instead staffing 'benchmarks' are published by an accounting firm. This is a graphic illustration of the patterns of thinking in industry and government.

Unlike the USA, individual provider staffing levels are not published. Averaged levels have been collected by industry bodies like StewardBrown and Bentleys but these have not been readily available to the public until recently. Early inquiries into staffing in aged care in 2001, 2002 and 2003 identified the decline in staffing. They made recommendations but nothing was done.

In talking about quality of life, an industry representative²⁰ told a parliamentary committee in 2003 that *"Their (Bentleys) survey shows that the amount of time per resident per day has declined consistently over the last five years. So the amount of time that staff can spend talking to residents has been reduced"*.

Comparing data: By 2016, Australia averaged roughly 2.8 hours of nursing care per resident per day, an increase of only 0.4 hours over the levels government was prepared to pay in the 1980s. There had been a marked increase in resident acuity. This is compared with an average of four hours per day in the USA.

US residents were receiving over a third (1 hour) more nursing care overall and double the amount from trained nurses. This means that over half of our nursing homes would be considered to have 'dangerously low' staffing levels in the USA.

In the 1980s all nursing care in Victoria was provided by trained nurses. Today in Australia, the bulk of nursing care received by residents is provided by Personal Care Workers who do not have the required training. With this staffing it is not possible to provide consistently safe care, let alone a good quality of life.

These changes in staffing have occurred under the watch of our regulators, who have consistently supported the claim by industry that requiring minimum staffing levels and skills is not effective or practical. Some have reinforced this by asserting that ageing is not an illness and nursing homes are not hospitals.

Political change

Sadly Labor, while in the political wilderness after 1996, abandoned the principle of social responsibility to the vulnerable. It was finally re-elected in 2007. Even though Prime Minister Rudd himself was very critical of neoliberalism, nothing was done to address the issues, perhaps due to factional division and lack of support within the party. After he attacked neoliberalism in 2009 he was replaced.

¹⁸ See Future of Australia's aged care sector workforce - Supplementary submission to Senate Workforce Inquiry 28 Nov 2016 Aged Care Crisis https://www.agedcarecrisis.com/images/pdf/sub302ss2_ACC.pdf

¹⁹ National Aged Care Staffing and Skills Mix Project Report 2016 - ANMF & Flinders and Adelaide universities

²⁰ Review of Auditor-General's reports, fourth quarter 2002-03 - Joint Committee Of Public Accounts And Audit 18/08/2003 <http://bit.ly/2SexKNe>

Labor then reneged on their previous policies and embraced neoliberal free market principles calling this the *Living Longer Living Better* (LLL) reforms. It introduced the policies it had successfully opposed in 1997 itself.

Neoliberalism revitalised

A new strongly neoliberal coalition government was elected in 2013. It neglected evidence to a greater extent than previous governments.

Data on performance: International data since the 1990s has shown that for profit status, large corporate size and increased commercial competition are associated with reduced staffing and poor care. In Australia in 1993, Jenkins and Braithwaite²¹ showed that pressures to be profitable compromised care and that for-profit providers were most affected. A lack of trustworthy data after 1997 prevented further studies. In 2014 Baldwin was able to show that over the years for-profit owned homes were more than twice as likely to be sanctioned²².

Evidence had also shown that smaller and more personal nursing homes provide both better care and a superior quality of life. Large nursing homes are more efficient in reducing costs and generating profits but provide inferior care. The number of large nursing homes in Australia has been growing as competitive pressures increased.

The new government moved rapidly to form a closer relationship with industry through a new Aged Care Sector Committee and to develop a more market driven 'Aged Care Roadmap'.

It considered the market to be fragmented and immature. It was enticed by potential profits that large competitive corporate providers could generate by providing aged care services in China under a trade deal it had negotiated.

Government ignored the evidence and adopted a policy of competitive consolidation. Additional funding was provided to drive this process. Commercial competition escalated as companies competed to buy smaller operators who were threatened, obtain greater market share and list on the share market. The focus on larger and more efficiently profitable facilities that provided inferior care escalated.

Staffing and care came under much greater pressure and the situation spiraled out of control as more and more failures in care occurred.

The ABC Four Corners two-part program "Who Cares" in 2018 shone a bright light on what had happened. It precipitated the decision to call a Royal Commission into Aged Care which confirmed it.

Regulatory failure

Australia led the world in developing a rigorous regulatory oversight process in the early 1990s and eminent criminologist John Braithwaite was active in studying and supporting this. The for-profit industry resented this level of oversight. Neoliberalism saw markets as self-regulating. Any form of outside regulation or restraint prevented the market from working effectively and it needed to be 'liberated' from this.

In 1997 regulation was abandoned and an industry friendly accreditation process substituted. The minister stressed that "*in place of a rigid policing style system, we will have a system that will work to assist residential aged care facilities to improve service delivery ...*".

²¹ Jenkins A and Braithwaite J. (1993) Profits, pressure and corporate lawbreaking. *Crime, Law and Social Change* 20: 221-232, 1993.

²² Quality failures in residential aged care in Australia: The relationship between structural factors and regulation imposed sanctions Baldwin R et al, *Australasian Journal on Ageing*, 22 May 2014 <http://bit.ly/2RG93F4>

Until its independence was abolished in 2014, the agency itself stressed that it was not a regulator and that accreditation and regulation were incompatible.

Industry were always well represented in the Accreditation Agency and exerted strong influence. In 2014, the CEO of LASA the major body representing the industry, was made CEO of the agency, which was renamed the *Australian Aged Care Quality Agency*. It was incorporated into the Department of Social Services so was no longer independent.

Braithwaite was scathing about the new system and in criticising this change in 2001 he wrote²³:

“... There are even more fundamental reasons why depending on the rationality of the market will never work well for quality of care. Sensible policy for providing nursing home care requires a larger welfare state, a larger regulatory state, and encouragement of public, nonprofit providers. Australia's recent experience shows that to head in the opposite direction is medically, economically, and politically irrational ...”

By 2001, no one was listening and policy continued unchecked.

In 2003, the Accreditation Agency was criticised for not collecting data. The agency and industry representatives promised parliament that they would collect objective data. This never happened and it was forgotten.

In 2005, Braithwaite and his team were allowed to carry out a study of the way the new system was operating. In his 2007 book he described his findings. He was very critical of its many failures. He explained that:

“- we fear from our observation of Australian business regulation over four decades that today business values are capturing regulatory values more than the reverse. When those regulatory values are about protecting the most vulnerable members of our society from abuse and neglect, the community should be concerned”.

His warnings were ignored again. Between 2000 and 2016, the success rate in passing all standards increased from 64% to 97.8%. Only 2.2% of nursing homes had any flaws. During this period acuity increased and the proportion of residents needing high care doubled. At the same time, the proportion of trained nurses available to care for this increasingly frail population fell by 35%.

What had been happening was exposed at the end of 2016 when a state body reported on failures at Oakden in South Australia. Residents had been neglected and abused over a period of 10 years. During this period, the facility had been inspected by the agency and awarded a perfect score several times. The Royal Commission has since confirmed the regulator's many failures.

It is now clear that the regulators were protecting the industry, government and the belief system ahead of the residents who depended on them. This should not surprise us as the regulatory process in countries wedded to an ideology has behaved in this way many times before.

We know how and why it happens, but this knowledge has been ignored. We need to look with different eyes to understand it. To prevent it from happening the regulatory system needs to include many eyes – citizens that see from many different points of view.

Those prime ministers who tried to move away from these policies (Rudd 2010 and Turnbull 2018) were treated like traitors and rapidly disposed of. Any threat to belief initiates a vigorous defensive response.

²³ The challenge of regulating care for older people in Australia by John Braithwaite BMJ 2001;323:443-6 - 25 Aug 2001 <http://bit.ly/2YOUVh2>

Inquiries that failed

Multiple inquiries and reviews have examined aged care over the last 23 years. None have properly explored and interpreted the history or addressed the root problems of the failures. Doing so would have exposed belief to scrutiny and challenged it.

Inquiries were conducted by or appointed by government or in the senate by their political opponents. Only people whom they saw as credible would have been appointed. They documented the problems but challenging fundamental truths was not tenable and both parties avoided this.

It is interesting that the Royal Commission, itself appointed by a neoliberal government, has documented the failures in care, the staffing problems and many other failures. It has been very critical of government. It has commissioned a close examination of these inquiries and shown that they failed. The report asked why this happened but did not answer the question. The Royal Commission has also not done so – publicly at least. It has not critically examined the history of aged care.

The social science analysis and alternative insights (alternative eyes) that explain what has happened have been drawn to the Commissions attention in submissions. They have not been addressed – at least not publicly.

Concluding comment on history

During the last 23 years both major political parties have supported a system that was not based on evidence or logic. They have somehow found ways of ignoring evidence and denying or explaining away failures even though this has repeatedly been drawn to their attention.

They have steadfastly insisted that we have a world class aged care system and used the rigorous and effective regulation shown by ever improving performance in meeting accreditation standards to support this – even though many had complained of their inadequacies. Multiple inquiries have examined the system but not addressed the underlying causes of its failures.

To understand how and why this happens we need to use other eyes to look at what it means to be human and how we behave as humans. We have known that humans behave like this and we have known it for a long time.

3.2.2 Perspective: market theory

One of the first and most profound examinations of markets was made by the father of economic theory Adam Smith in the 18th century. He looked with many eyes and understood both the good that markets could do and the dangers if they were not controlled and directed²⁴.

“...Again and again, Smith warned of the collusive nature of business interests, which may form cabals or monopolies, fixing the highest price ‘which can be squeezed out of the buyers’. Smith also warned that a business-dominated political system would allow a conspiracy of businesses and industry against consumer, with the former scheming to influence politics and legislation” (The Wealth of Nations, 1776).

Neoliberalism has seen the alignment of political and business interests, a revolving door of industry advisers, a system where political success relies on political donations and where a lobbying system gives these marketplace donors great influence. This is surely the “*business-dominated political system*” that Smith warned about.

²⁴ Adam Smith. Quotes are from Wikipedia <http://bit.ly/2m4HkE3>.

The NSW Upper House General Purpose Standing Committee will remember the way in which a member of the NSW government conspired with vested interests who were lobbyists and donors in 2016/17. They successfully persuaded government in the Lower House to block legislation to require Registered Nurses in all nursing homes.

It was described in Hansard²⁵ in 2017 and in a media release *'Borsak: "Seniors deserve answers for Adam Marshall's betrayal"'*. Many have suffered neglect as a consequence.

The perverse influence of vested interests has been an enormous problem in aged care for well over 20 years. These same interests have made an enormous effort to influence and persuade the Royal Commission. Their own comments suggest that they now feel confident about the outcome.

The customer: Adam Smith also noted that:

It is not from the benevolence of the butcher, the brewer, or the baker, that we expect our dinner, but from their regard to their own interest.

It is an effective customer with knowledge and capacity that ensures that the tradesman's own interests will be in serving the customer. This is what makes the market work.

In aged care, like banking and other vulnerable sectors, the customer lacks knowledge. In aged care, recipients also lack capacity due to frailty and mental deterioration. Aged care recipients cannot depend on the tradesman to provide the service well because the tradesman's self-interest will be best served by exploiting their vulnerability. They need assistance and protection and that has been lacking.

Community: Smith indicated that the interest of businessmen:

"is always in some respects different from, and even opposite to, that of the public ... The proposal of any new law or regulation of commerce which comes from this order ... ought never to be adopted, till after having been long and carefully examined ... with the most suspicious attention. It comes from an order of men ... who have generally an interest to deceive and even oppress the public." (The Wealth of Nations, 1776).

Clearly Smith is looking to community and the government that represents and protects it to carefully set the limits of acceptable conduct and expel those who fail to operate within those limits. They have the power.

In the past society and government have recognised the vulnerability of sectors like aged care and set a higher bar of acceptability. Only those who society considered could be trusted (fit and proper people) were licensed to provide care – probity regulations upheld this and enabled government to support the community and protect its members. State probity regulations were used to protect Australians from rogue multinational companies in the 1990s.

3.2.3 Logical perspective - necessary conditions

If we look through the eyes of basic logic theory and within that at the concept of 'necessary conditions' then we can argue that there are two necessary conditions for a market to work in the best interests of citizens. Necessary conditions define the conditions and situations that are necessary for a system including markets to work effectively.

²⁵ [Public Health Amendment \(Registered Nurses In Nursing Homes\) Bill 2016](https://www.parliament.nsw.gov.au/Hansard/Pages/HansardResult.aspx#docid/HANSARD-1820781676-73184) Legislative Council Hansard, 04 May 2017
<https://www.parliament.nsw.gov.au/Hansard/Pages/HansardResult.aspx#docid/HANSARD-1820781676-73184>

The first is an effective customer and the second a society that has the power to enforce acceptable conduct. If one is absent then the system is at risk of failure and the other must act for it. When both are absent markets are very unlikely to work and the weak will be exploited.

Neoliberalism and necessary conditions: Organised civil movements and society have been the driving force in fighting for freedom from totalitarian monarchs (eg. France), from colonisation (eg. USA) and from totalitarian states (eg. Taiwan and Hong Kong/China). Civil movements have established the democracies and civil societies that protect the freedoms of all citizens, while curbing excesses that harmed others or society itself.

Democracies have inherent weaknesses so do need constant reaffirmation and renewal. As is now revealed in the USA those weaknesses lie within society, within individuals and as we will explain within the very nature of our being. Societies can become diseased and those diseases can be infectious spreading from country to country.

If we look back at the origins of neoliberal thinking in the 1930s we see that it misinterpreted the nature of the chaos and collapse of society in the great depression. This was a pathological state where the fundamental truths that support society collapsed leading citizens to cast about and look for new truths and meanings. It has happened on a number of occasions and has been called 'truth decay'.

It is important to distinguish between the many false truths, which support and give ideologies legitimacy and so stability. We are referring to truth decay as the social instability that occurs with major social disruptions in which truths of all sorts lose their legitimacy.

The current version we are witnessing in western society has been referred to as the post-truth era and we use that term in the same way. Any truth is better than none and citizens will grasp onto often illogical truths and blindly follow those who advocate them when that is all that is on offer.

The truth decay associated with the great depression in the 1930s was followed by the rise of fascist dictatorships in Germany and Italy. The current 21st century example is attributed in large part to the collapse of neoliberalism's 'truths', promises and credibility - although it still holds power. It has seen the rise of populist leaders like Donald Trump in the USA and Boris Johnson in the UK.

Neoliberalism's founders in the 1930s, 1940s and 1950s failed to recognise that this truth decay and populism was pathological and instead considered it to be the normal way society behaved. This they claimed was a threat to individual freedom because it would inevitably lead to totalitarian dictatorships as had just happened in Germany and Italy. They described any concerted societal grouping and action by citizens and society as 'the collective'.

Communism and socialism soon became their primary targets and were seen as the major threats to individual freedom. This was even though Marx and Engels' theories developed during the 19th century and the Communist Manifesto was published in 1848. It was an intellectual response to the disruption caused by the industrial revolution for peasants and workers. The defeats sustained by the Russians in World War I led to unrest and then the Russian revolution in 1917. The Communists seized the opportunity. They did the same in China following the war with Japan and then World War II.

Like Neoliberalism which arose among economic intellectuals in the 1930s and 1940s but seized power at the end of the 1970s, there was a long incubation period. We can hypothesize that both of these right and left ideological movements arose during periods of truth decay that weakened large sections of society and then seized power during subsequent similar periods.

Neoliberalism started in the Austrian school of economics during the 1930s and economists led the movement. These economists saw freedom as being expressed through markets. They claimed that provided markets were not interfered with, regulated or controlled then they would always correct themselves. So a philosophy of individual freedom (from society and government) expressed itself through free markets. Evidence and logic were ignored. That illogical belief system gradually spread and has dominated western society since the 1980s – a period of 40 years.

Civil society neutralized: While freedom from regulation and small government is the message politicians sell, there is behind this a deep distrust of civil society (the collective) which has been managed, controlled and pushed aside. Instead of engaging with society to develop policy that represents their views and needs, government sells policies based on their own beliefs to the public.

Society's has withered from lack of engagement. Its capacity to set the limits of acceptable conduct and hold the market to account has been eroded. The government bureaucracy that should represent and support civil society has been drastically reduced and lacks capacity. It has aligned itself with the market and depends on it. The necessary condition of an effective civil society is missing from most markets today.

The customer: Neoliberalism is also based on what has been called 'Rational Choice theory'. Human complexity is ignored and we are considered to be rational individuals who are always knowledgeable and capable customers - or at least can be turned into ones. We always act in our own personal self-interest. This assumption is readily apparent in the Aged Care Roadmap.

But individuals are not always rational and are often altruistic. They may lack knowledge or power. In some sectors they have dementia or other impairments. They can be easily exploited.

When necessary conditions are not met markets fail: Neoliberal free-markets, as a one size fits all system, frequently fail one and sometimes both necessary conditions for a market to work. If we look around there have been multiple failures. In aged care it fails both necessary conditions. A free market in aged care was never going to work and the vulnerable were always going to be exploited. Warnings were ignored and that is what has happened.

3.2.4 Logical perspective - a tautology

There is at the core of the celebration of markets relentless tautology. If we begin by assuming that nearly everything can be understood as a market and that markets optimize outcomes, then everything leads back to the same conclusion—marketize! If, in the event, a particular market doesn't optimize, there is only one possible conclusion—it must be insufficiently market-like. This is a no-fail system for guaranteeing that theory trumps evidence. Should some human activity not, in fact, behave like an efficient market, it must logically be the result of some interference that should be removed. It does not occur that the theory mis-specifies human behavior.

Source: Robert Kuttner 2001 *The Limits of Markets*²⁶.

Robert Kuttner was an analyst and critic of social systems. He was the editor of 'The American Prospect' and wrote a book "Everything for sale : the virtues and limits of markets" in 1997. He was a critic of neoliberalism. He was also an analyst and strong critic of the corporatization and marketization of health care in the USA during this period.

²⁶ Kuttner R. The Limits of Markets in The American Prospect 2001 <https://prospect.org/article/limits-markets>

He describes the claim that markets if freed from any control would always correct themselves, as a tautology. A tautology in logic (as apposed to its use in grammar) is a flawed argument that depends on an assertion that something else is true when the truth that the argument depends on is false or its truth can be challenged. When a belief is as fundamental for an ideology as the claim that markets always correct themselves then for those who believe, there is no doubt. It is inconceivable that it could be wrong. Kuttner describes this argument as a tautology to make the point much more forcibly than simply describing it as a belief because beliefs are not always true and can be challenged. Even when the tautological belief is illusionary, the consequences, as revealed in aged care are real.

When a market system failed then it could only be because something was trying to control it and so preventing it from correcting itself. The interference needed to be removed. Clearly if it was the market itself that was at fault then removing control would make the situation even worse. That was not a possibility for believers. Kuttner suggested that it was often at fault because *“the theory mis-specifies human behavior”*.

For example, in aged care the theory asserted that the probity requirements that excluded untrustworthy providers were obstructing the market. The theory held that the repeal of probity regulations in aged care in 1997 was removing restrictions and so should have improved the performance of the market in providing care. Instead it exposed vulnerable aged care residents to unscrupulous predators! We have seen the consequences.

During the last 23 years multiple political reviews like the Aged Care Roadmap and many inquiries, particularly those conducted by the Productivity Commission, have attempted to make this free market work more effectively. Instead of improving, the system has become steadily worse. It has been neglecting and abusing the residents.

Kuttner and logic theory suggest that because this market was unsuited to this sector, this is exactly what we should have expected would happen if controlling mechanisms like probity were removed. It was based on a misunderstanding of human nature and also did not meet the necessary conditions for a market to work,

Groundhog Days and a tautology: Those who have been watching this system and analysing it over the last 20 years have experienced it as a never ending series of groundhog days. Each exposure of failure is followed by a response claiming to contain it. More effort has been directed to preserving the integrity of the system and the truths on which it is based that the integrity of the care being provided.

The ongoing failures in care were addressed by assertive claims to a world class system and this was supported by claims to a rigorous regulatory system rather than evidence. The ever greater success in passing standards was paraded as proof. This was used to discredit whistleblowers and critics.

Scandals were each followed by inquiries and then regulatory changes which ignored the powerful forces that were driving the system further and further away from care. They were marketed at the public as reforms and these soon became claims to a world class system supported by a rigorous regulatory system that seldom wavered as it showed ever better performance against standards.

If we look at what they said and what they did, at no stage over 20 years did they consider for a moment that the policies and the reforms they had introduced were themselves flawed. The belief that the market self-corrected and any regulation impeded it was never challenged.

Typical are the responses by Bronwyn Bishop following the first scandal as revealed in recently released cabinet documents, and those of the latest scandal under the Turnbull and Morrison governments as the system finally unraveled after Oakden. Neither considered for a moment that this market system itself was flawed.

Bronwyn Bishop: Multiple failures and intense criticism started early and Bishop was the third new aged care minister when appointed in 1998. The Riverside kerosene baths scandal in 2000 finally exposed what was happening and her role in that.

The press was highly critical and the Courier Mail²⁷ wrote *“All the while the Minister responsible, Bishop, has trumpeted the triumph of the Government's aged care reforms and the move to better standards in homes”*.

The Australian²⁸ wrote *“Bishop was quoted as saying the only standard of training required in a nursing home was ‘middle-aged women providing tender, loving care’. Such a response gives little comfort to those who fear the dark history of the aged care industry in the 1980s - with all its rorting, fraud and neglect - is set to repeat itself”*.

In 2000 cabinet papers recently released, Bishop affirmed the faith of the government in its policies. Bishop described the aged care reforms as *“a basis for a sound and sustainable aged care system”*. She rejected the need for ratios for nurses and claimed that high care residents with dementia *‘do not generally have a need for nursing care’*. Bishop describes the changes that were being made in 2000, in response to the numerous failures and the recent scandal, as *‘fine tuning’*.

Similar minimal interference responses followed the rape scandals in 2006 and subsequently. The *Living Longer Living Better* reforms of 2012, the Red Tape Reduction program in 2014 and the Aged Care Roadmap implicitly reaffirm this faith and protect the free market.

The ‘reforms’ associated with the Aged Care Roadmap remain an article of faith and neither major party has repudiated them.

Turnbull/Morrison and Ken Wyatt: In response to the Oakden scandal and many other failures, government amalgamated all of the regulatory bodies into a single body. This would have made it easier to control and manage unwelcome data and failures in care. It was described as a ‘one stop shop’. The number of accreditation standards were reduced from 44 to just 8 claiming this as an improvement. It introduced a new Charter of Rights for residents.

Press releases referred to the new single regulator as a *“Powerful New Aged Care Quality and Safety Commission”* claiming a new era in aged care had started²⁹. Many claims were made and at the same time the material indicated that *“our Government's aged care reform agenda will continue at full pace”* (ie the Aged Care Roadmap!) The one thing that was not questioned was the fundamentals of the governments free-market philosophy and approach.

²⁷ Even Dickens would be appalled. The Courier Mail 26 Feb 2000

²⁸ Crimes of neglect. The Australian 4 March 2000

²⁹ Powerful New Reforms to Ensure Safe, Quality Aged Care Dept. Health Press Release 16 April 2018
New Era in Aged Care Begins with First Quality and Safety Commissioner Announced Press Release Hon Greg Hunt and Hon Ken Wyatt 28 Oct 2018 <https://www.medianet.com.au/releases/169090/>
Powerful New Aged Care Quality and Safety Commission Press Release Dept. Health 27 Nov 2018
New watchdog for aged care promises to ensure nursing homes are up to standard ABC News 2 Jan 2019
<https://www.abc.net.au/news/2019-01-02/aged-care-watchdog-formed-promises-improvements-in-sector/10678500>

It's always good people who do the most harm

Inevitably we blame the people involved for what has happened and we cannot criticise without criticising them. But we are dealing with a pathological process, a disease of society and these participants are infected. If we were infected most of us would behave similarly.

Wise men like Henry James (1890) have pointed out that it is always good people who do the most harm in the world. A hundred years earlier Adam Smith had already recognised this. He explained that it was because they were not constrained by conscience. They believed in what they were doing.

As humans we have this deep need for belief. It motivates and drives us. Simply regulating to control some of its consequences does not address the problem. What requires attention is the pathology in society, our weakness for beliefs of this nature. A belief that is tautological is particularly dangerous because it creates a belief that can never be wrong.

We need a society which is not vulnerable to diseases like this and which has defense strategies in place that filter out beliefs that ignore history and are based on flawed logic. We need to find a form of societal immunisation to boost our immunity.

A particular problem of this latest belief system is that like HIV it has attacked and neutralized our immune system - our many eyed civil society. This makes our society more susceptible to other infections (eg Trumpism). We need to rebuild and strengthen our civil society urgently.

3.2.5 Perspective: Mis-specifying human behavior

Philosophers look at the complex world we live in and the complex animal we are. What does it mean to be human and what is our relationship with this complex world and others in it?

Humans as social animals

Becoming Human: Humans are primarily social animals. We are born incomplete and are formed by the society within which we live and of which we remain a part. We learn a language and then form relationships and bonds with others. We learn from them as we explore the world. We learn to reason and think. We imagine their lives and empathise with them. We form close relationships and accept responsibility for others and for society as a whole.

In doing so we become responsible citizens by developing social selves – a conscience within us. We are motivated to help others and serve society, finding satisfaction in it, develop values and become altruistic. Society continues to exert pressure on and guide its members throughout life.

We are unique in that language allows us to pass the lessons of one generation on to the next making us highly adaptable but also more vulnerable when society gets it wrong.

Our selfishness: Within us we have the remnant of the independent selfish animal in our evolutionary heritage. It seeks independence and is interested in self and personal advantage. This more selfish self, drives us to challenge society and to do things that serve us rather than others. This is often beneficial because it opens new horizons for society and drives change.

But there is a balance. The social selves, our conscience that continues within us, constrains us. Society sanctions us when we go too far and harm others or society. Our selfish self becomes a threat when it gets out of control.

Markets as Adam Smith made clear are driven by self-interest and personal advantage and the pressures generated by competition will reinforce this and can lead to the exploitation of vulnerable people.

Large corporations behave in the same way prioritizing the interests of their shareholders. They are structured to do so and use incentives and bonuses to encourage their managers and staff to do so by appealing to their own self-interest.

Restraint needed: When markets are a part of society and must serve a dominant society that expects values and altruism, then those in the market are released from these pressures. They are able to express their humanity and their values. They are able to embrace and identify with their social selves and will be happier and fulfilled in their work. A balance can be achieved.

For example: The internal financial and sexual pressures created for doctors by their unique activities and the vulnerability of patients was recognised 2500 years ago by Hippocrates. His oath encouraged collegialism above competition, reinforced conscience in prohibiting exploitation and ensured patients interests were primary. Advertising was tightly controlled to prevent misinformation.

This worked well when supported by society but ideological pressures in society have repeatedly induced doctors to abandon their traditions. The institutions that upheld them were undermined. This happened on occasions in Germany under Hitler (fascism), in Russia (communism) and in the USA (Neoliberalism) during the 1980s and 1990s.

The largest and most successful US hospital corporations such as National Medical Enterprises and Columbia/HCA soon discovered that marketing was the secret to success and much of this was deceptive. Citizens were exploited and there were multiple scandals.

One of the first things that neoliberal governments did in Australia was to introduce competition policy and pass laws to enforce it. Restrictions on advertising were banned as were other forms of collegialism that restrained the market in health care. There have been problems and the profession has struggled with them.

A visit to the web site of any aged care company in Australia will reveal the glowing advertisements and photographs of happy seniors used to entice our elderly into facilities where we now know they are likely to be neglected.

Neoliberalism: Neoliberalism is based on the rights of individuals and a distrust of society. For example one of its supporters, author and claimed philosopher, Ayn Rand, wrote novels glorifying individuals who overcame societal pressures and control. Her philosophy of objectivism saw self-interest as a virtue, condemned selflessness and described altruism as a disease imposed by society. Relationships, she claimed, were purely instrumental and based on mutual self-interest.

Neoliberals do not question her legitimacy and several think-tanks promoting her ideas are included in the list of 500 Atlas think tanks around the world. While this may be the extreme end of neoliberal thinking we might see Trump as its one of her heroes!

As Kuttner indicated neoliberal theory '*mis-specifies human behavior*'. It encourages self-interest and selfishness and it is readily apparent that this will have a profound impact on the sort of people who will succeed in the marketplace and in the corridors of power. It will impact on the way citizens think and behave and it is likely to be passed on to succeeding generations. We need to look critically at our society and observe the patterns of behaviour of succeeding generations.

Industry led aged care: We have an aged care system that was largely designed by industry, for industry. Industry and government have been locked in a tight embrace since 1997. Industry has advised and been consulted at every step. Nothing has been done without their approval. Every beneficial change has been reluctantly acceded to under pressure from the community and the press. Many proposals have been watered down by industry's influence.

Not only has industry influenced government and management policy in our nursing homes, but it has created a power imbalance between recipients of care and the providers, and between caring professionals and providers.

Investors – the banks: We think of each system in isolation and seldom consider the influence and pressures of the wider marketplace and society. Other sectors profoundly influenced by neoliberalism have had a huge impact on aged care and this has been ignored.

Over the last 40 years the banks have been enormously successful, dominated the business world and been the role models for others. They became the experts for a one size fits all business model.

The banks have been major investors in health and aged care and in the USA ran meetings in which they coached health care providers in successful business practices. The US banks and financial advisers have been at the centre of major scandals exploiting vulnerable investors in the USA (Citigroup is a good example³⁰) and so have the health and aged care companies they worked with³¹.

In Australia, Citigroup's private equity group briefly owned first Australia's largest private hospital company and then its largest aged care company. Australian banks have been leaders in the extensive fraud and exploitation of vulnerable citizens that we have seen in Australia over the last 30 to 40 years³².

Calls for a Royal Commission were resisted but eventually there was no choice. What was happening was exposed. Banks have been heavy investors in aged care over the years. Their representatives would have been very influential on boards.

Training – the VET system: Privatisation has also had a profound influence on staffing not only through policy and management but in the training of personal carers and nurses. The Howard government privatised the successful TAFE training system.

The new privatised Vocational Education and Training (VET) scheme soon became a lightning rod for those who made vast profits by deceiving and exploiting trainees, and exploiting the weaknesses in the HECs funding system³³.

Many unsuitable students, who were induced to enroll, were left without qualifications and with huge debts. Training was very poor and at one stage it was necessary to withdraw qualifications from over 1,000 people including many already working in aged care and retrain them.

Not only were these future nursing staff poorly trained, but teaching humanitarian values and altruism would not have interested these companies. The aspirations and altruism of trainees would have been bruised by the context and the example they were set. Trust and trustworthiness would have suffered and a more selfish approach to their work created by the example they were set.

3.2.6 Perspective: Humans and truth

For at least 200 years philosophers have understood that the world is a very complex place and subject to change. To live in it we need to have a grasp of what it is and what is happening there. Our interaction with this world is limited by the five senses through which we experience it and by the language which we use to interpret and analyse that information.

³⁰ Citigroup. Corporate Medicine web site 2004 http://www.corpmedinfo.com/access_citi.html

³¹ The Health Care Marketplace in the USA. Corporate Medicine web site 2000 to 2008 http://www.corpmedinfo.com/corporate_overview.html

³² Failed markets and culturopathy. Inside Aged Care 2016 <http://bit.ly/2ryheHr>

³³ Contracting government services to the market. Inside Aged Care 2016: <http://bit.ly/2byL9ld>

The experience of any one individual will depend on the part of this world that he or she interacts with and what they do there. It will of necessity be incomplete and not representative and sometimes contradictory.

Different individuals and different languages will yield different ideas about the world and we will have to repeatedly adjust them when the world or what we do there, changes.

As social animals cooperating together we do need to live in the same world and in order to do so we share and negotiate agreed understandings of what it is and what we are doing there. Philosophers write about different coloured glasses that each transmits only one colour. We need to transmit many colours to see clearly. We call the shared ideas we decide on, paradigms and also discourses when they fall into patterns that fit together. These are the 'truths' on which we base our lives and we call that 'reality'.

Of necessity we will require a multitude of paradigms and discourses if we are to interact with this only partly understood world and do the many things we do there. We often have to negotiate our way through conflicting paradigms and need to develop the capacity to critically evaluate alternatives. We can get it wrong. This can be difficult and stressful but doing nothing is seldom an option.

Clearly one size fits all ideas will never be effective in all situations and for all activities and we need to resist the temptation to go down this path. This is a particular problem when we are seduced by illusionary ideas and adopt them because of our need for certainty and their appeal rather than the extent to which they represent the real world.

This weakness for grand one size fits all ideas has plagued the 20th century. We are looking at the consequences of the most recent in aged care.

3.2.7 Perspective: Becoming human and claiming an identity

We are existential beings born into a world where we have no choice but to do things and act. We create ourselves and our world by interacting with it and with those around us. We create shared paradigms and as importantly develop meanings and understandings that motivate us. We need to claim a self and have an identity, but that self and identity is granted by others.

Identity

We act out our desired identity before real others, or often in our minds before an imaginary other, before we lay claim to it. In doing so the truths and meanings (including our values) that define our world and give our lives meaning are welded into our identity – often described as our psychological DNA. We create a stable world to live in.

We experience an attack on the truths and meanings that we have built our lives on as an attack on ourselves. We instinctively respond by defending it. When confronted by evidence or arguments that question these foundations to our lives we come under pressure and we usually do our best to reject, ignore or dismiss the challenge.

Belonging

One of the philosophers who analysed all this in the early 20th century (Sartre) described a peculiar phenomenon. In order to claim an identity within a group which we aspire to, we quite often need to be a very different sort of person to the person we have already become. We might, for instance be expected to ignore our core values. In doing so we deceive ourselves as we claim a new identity for ourselves. As a consequence, that identity is not authentic.

We escape into inauthenticity in order to succeed and be what we aspire to. We do that by lying and we do it by lying to ourselves. Sartre considered it a schizophrenic phenomenon because we know and our comments sometimes reveal that we know yet at other times we do not acknowledge that we know to ourselves. He called it 'bad faith'.

This sort of self-deception in order to meet workplace expectations creates tension and unhappiness in the marketplace. Employees may need to ignore their core values in order to be a 'team player' and succeed. This problem of inauthenticity is now recognised and understood. Articles attempt to identify it and address it. They offer advice in how to deal with it³⁴.

In aged care: We can see this as a huge problem in aged care where the culture of the marketplace requires staff who have absorbed community and professional values and are motivated by altruism, to aspire to, perform and succeed in a marketplace where these values are not embraced.

Anomy (often spelt 'anomie')

When the stable world, the meanings we have used in building our lives and our defense of them collapses, we can experience disorientation, acute stress and uncertainty. This has been called anomy.

It is more important for our stability that we have a stable set of ideas and a meaning system, than that it is real in accurately reflecting the world. We are likely to seize onto and adopt whatever is on offer. We are particularly vulnerable to religious cults and simple attractive ideologies.

We readily become disciples of the populists who advocate them. We have already referred to truth decay and they go together. We can understand why it happens.

Traditional religions of all forms have formed a buffer that can protect us from anomy. They exist outside the world and so are at less risk of challenge. They have also sometimes mutated into dangerous cults (eg. Al-Qaeda). Religions are a less effective buffer in a more secular world.

An understanding of these issues is important when we consider the strategies used to protect identity and ideology. We can understand what has been happening and what needs to be done to address it.

Neoliberalism

As we indicated earlier neoliberalism had its origins in a period of truth decay and it was based on the observations of the way individuals and society responded to this by embracing ideology.

Many businessmen were frustrated by the restrictions placed on markets after the excesses that resulted in the great depression. Neoliberalism condemned these restrictions and they became converts.

There were confronting stresses and problems in the USA and the UK in the 1960s and 1970s. These included the Vietnam war, the resignation of president Nixon after the Watergate scandal, union unrest and an economic downturn. Some have suggested there was truth decay due to these stresses³⁵ and that this was the impetus that brought neoliberalism into power.

Democracy has come under pressure in the countries adopting neoliberal thinking over the last 20 to 30 years. Increasingly we seem to have adopted a type of management that has created a form of economic and market totalitarianism that protects ideology rather than citizens.

³⁴ How to Be More Authentic at Work Hewlin, P. F, Greater Good Magazine Univ of California and Center for Positive Organizations, University of Michigan 3 Aug 2020 https://greatergood.berkeley.edu/article/item/how_to_be_more_authentic_at_work

³⁵ Truth Decay: An Initial Exploration of the Diminishing Role of Facts and Analysis in American Public Life Jennifer Kavanagh, Michael D. Rich Rand Corporation 2018 <http://bit.ly/32gmrGE>

This has limited the role and freedom of individuals to criticise and of the civil society on which democracy depends.

An ideology claiming to protect the freedom of individuals has failed to do that and instead eroded it. Citizens in our communities have less and less control over their lives and of what happens in their communities.

Neoliberalism's focus on the rights of individuals and markets to be free ignores the fundamental democratic principle that rights must come with responsibility to society and to others who have rights too. Article 3 of the United Nations Universal Declaration of Human Rights says "*everyone has the right to life, liberty and security of person*". Aged care is a prime example of how neoliberalism has, like another disease³⁶, COVID-19, been "*a pandemic of hypocrisy*". It has induced citizens, providers and politicians to ignore their responsibilities to fellow citizens and society, while claiming to serve them.

3.2.8 Perspective: Pressures to conform

We are a species adapted to survive in whatever context we find ourselves as individuals. Social scientists have studied the social pressures to conform and believe on one hand, and the strategies we use to do this in the face of evidence and logic on the other.

Pressures to conform

Studies of group dynamics show how the pressures of opinion within a group will inhibit individuals from expressing contrary views and induce them to conform with the views adopted by the group. Studies showed that when strong social pressures from authoritative individuals were applied subjects could even be induced to torture prisoners and administer lethal shocks.

Example: The black consciousness movement in the 1960s and 1970s recognised how the more powerful in a conversation could set the paradigms within which the conversation was conducted and decisions made. They realised how the less powerful would accept their position and how this undermined their confidence when they opposed apartheid in South Africa.

To build confidence they broke away from multiracial organisations that sought to support and improve their lot and formed their own organisations. They were able to build confidence and organise themselves into a cohesive protest movement that was more effective in achieving their objectives. This caused considerable angst among the white citizens who were trying to help them and could do so without consequences. They saw this as radicalisation.

The work of the French Philosopher Michel Foucault became widely recognised in English countries in the second half of the 20th century. He was interested in 'systems of thought that systematically construct the worlds of which they speak' and called them discourses.

He explained how the powerful were able to control social discourse and so the patterns of thinking of citizens. They could decide not only what was credible and acceptable but also decide what was not credible, unacceptable or even taboo to discuss. This enabled government and others in power to govern (ie control) citizens thinking and create a degree of conformity in a society – beneficial for cohesion in a nation.

But when the powerful embrace an ideology, they are able to drive it through society and then ensure that challenging ideas and evidence are discredited and belief is not challenged.

³⁶ With rights come responsibilities: how coronavirus is a pandemic of hypocrisy The Conversation 18 August 2020 <https://theconversation.com/with-rights-come-responsibilities-how-coronavirus-is-a-pandemic-of-hypocrisy-144270>

We can see how managers were able to do this with Neoliberalism. We can also understand why numerous inquiries and even the Royal Commission have avoided directly confronting neoliberalism and blaming it for what has happened.

Example: When conversion leads to greater rewards for staff then many more are likely to convert to the ideology. We saw this in the US psychiatric scandal at the end of the 1980s. When rewarded many staff embraced the thinking and enthusiastically explained to others how they had exploited their patients without any insight into the harm being done. Only a small number understood what was happening and were unhappy. When staff are disadvantaged as has happened in aged care in Australia they are more likely to see what is happening and be unhappy.

Aged care: In our submissions we have argued that the dominant free-market (neoliberal) discourse has been imposed on aged care by powerful management. This is a context where an existing community and professional discourse is more appropriate but it has lost power and legitimacy. The two are incompatible and the staff are worse off. Paradigm conflicts lead to cultural conflicts, role conflicts and often toxic cultures. Staff and residents suffer the consequences.

Nurse academics have used Foucault's concepts to study the impact of neoliberal style management on nursing staff. They show how their thinking and behaviour have changed over time. In her doctoral thesis in 2006, De Bellis explained³⁷ how this resulted in appalling standards of care. She wrote:

“The incorporation of power is able to render the individual and collective bodies under control through a process of making them docile, asleep, silenced, and disciplined to the dominant discourse - thereby governing their acts, attitudes, and modes of everyday behaviour and practice”.

De Bellis spoke out and called for an inquiry, but was ignored by the minister. She was attacked by industry which complained to her university. It has taken almost fourteen years for the Royal Commission to confirm her assertions and show the issues were systemic.

One of us has reviewed a number of other articles and doctoral theses that examine the adverse impact of the neoliberal discourse and management in different nursing sectors including aged care. Several use Foucault's insights. The sources are given there³⁸.

3.2.9 Perspective: Strategies used to conform

As we indicated, when under pressure to conform to belief, many convert and accommodate to the belief system. Some are unhappy and wisely leave and go elsewhere. Others are altruistic. They realise what is happening and the consequences if they leave so do the best they can. A few have the courage or are so foolhardy that they speak out. They and their families suffer the traumatic consequences.

We have referred to the concept of self-deception as 'bad faith'. Social scientists have described the many strategies that we adopt in order to deceive ourselves when conforming to and maintaining our faith in a belief that is illogical or clearly failing.

Compartmentalisation: When being successful in a system requires one set of paradigms but the wider public expects a different standard based on different paradigms we can keep them in separate mental compartments and not confront the contradictions. This is readily apparent in

³⁷ Behind Open Doors - A Construct of Nursing Practice in an Australian Residential Aged Care Facility by De Bellis A. Doctoral Thesis Flinders University October 2006 <http://theses.flinders.edu.au/uploads/approved/adt-SFU20061107.122002/public/02whole.pdf>

³⁸ Nurses under pressure Wynne JM May 2017 Inside Aged Care website. <https://www.insideagedcare.com/aged-care-analysis/theory-and-research/nurses-under-pressure>

health and aged care if we compare the business reports to shareholders with the public statements in interviews and in marketing by the same people.

The neoliberal discourse and its focus on profits drives the successful business but success comes from claiming to prioritise the discourse of care. We can see this as deliberate deception but it is as likely to be self-deception by believers who compartmentalise.

Rationalisation: the development of glib explanations to explain away facts or logic and so justify what we are doing.

Perceptual blindness and willful blindness: We may simply not see or comprehend something that is outside the belief system or that challenges it. We instinctively look past it.

More commonly this is a more deliberate strategy and it is called willful blindness. If we don't acknowledge something that is happening or refuse to acknowledge its significance the challenge goes away. Margaret Heffernan has written a book examining this and related conduct³⁹.

In the 1990s many warned of the consequences of the new neoliberal policies for our humanity and for the vulnerable. No one listened. In aged care we see the way in which claims to a world class system were maintained in the face of numerous accounts of neglect and regulatory failure for over 20 years. Surely this was willful.

We remember the promises to collect objective data in 2003 and can understand that doing so would soon have exposed problems. The decision not to meet those promises must be considered willful.

The accreditation agency, advocacy services and even the state oversight system visited Oakden many times over the years. How could they all have missed what was happening. Did they talk to the families or prefer not to. In his 2007 book Braithwaite and his team described what was happening to discourage action and warned of the consequences. No one listened.

A multitude of inquiries have looked past the root causes of the failures in aged care. They have not been prepared to confront neoliberalism or address issues that would require them to do so. This all looks willful.

Defensive responses: When forcefully confronted the responses are dismissive, then the messenger is attacked and discredited taking attention away from the message. There is assertive aggression and anger as the whistleblower or critic is pursued.

An examination of the history of aged care reveals all of these defensive strategies. This is not new. We have known that we behave like this for many years yet no effort is made to consider it when examining failures of planning change.

3.2.10 Perspective: Understanding language

The sign of a sick civilization is the growth of an obscure, closed language that seeks to prevent communication - - - the intent to use language to communicate, or alternately, through control of it, to use language as a weapon of power. (page 57)

Rhetoric describes the public face of ideology - - - aimed at normalization of the untrue (page 63)

Source: John Raulston Saul "The Unconscious Civilization"-The Massey lectures Penguin books 1997

³⁹ Willful Blindness: Why We Ignore the Obvious at Our Peril Margaret Heffernan Bloomsbury USA; 2012.

Margaret Heffernan: The dangers of "willful blindness" Youtube 12 Aug 2013 <https://www.youtube.com/watch?v=Kn5JRgz3W0o>

Philosophers and social scientists have looked at the way we use language to change the way we understand something. Consultations and decisions are made with ‘stakeholders’ rather than ‘citizens’ who might have very different ideas. ‘Nursing homes’ are homely places where skilled nurses provide care.

Changing the name to ‘Residential Aged Care Facilities’ (RACF’s) removed the need for homeliness and nurses. They could be marketed as if they were holiday resorts and the focus could be on profitable hotel services.

3.2.11 Perspective: Education

Critical thinking

One of the most glaring failures has been the absence of critical thinking and the delegitimising of those who are able to think critically. Any sort of critical analysis of what has been happening in aged would have exposed what was happening. Training people to think and analyse critically⁴⁰ is probably the most important contribution that universities make to society and the social sciences lead the way in doing this.

The minister for education, Dan Tehan, considers their purpose⁴¹ to be to “*produce job-ready graduates – preferably in STEM (science, technology, engineering, maths) rather than HASS (humanities, arts, social sciences) areas*”.

Universities like the rest of society have been profoundly altered by neoliberal policies, and managers who see education as preparation for a role in the market and not for citizenship. They have been the target of neoliberal managers, who have turned them into giant training schools for the market. Social science courses have been the victims of this, not least because they turn out the sort of citizens who question and then challenge ideology.

It is not a coincidence that government has seized the opportunity created by the pandemic to make it twice as expensive to study social sciences as other courses. Neoliberalism is under attack and is in defensive mode.

Solving the multiple problems we have successfully will depend on our capacity to develop a society that thinks critically, but that is a threat to a powerful establishment.

Political implications: Politicians are nurtured and trained by the society that they come from. The sort of politicians we have and the leaders we elect will depend on the sort of society we become. If we look at leaders around the world today, particularly in the USA we can see the sort of societies we have become. Our solution does not lie in calling for more leadership. It must lie in rebuilding and in educating the civil society from which leaders are drawn.

What is required is a concerted effort to involve citizens and communities in the affairs of their own communities and of the nation. We need a hierarchy of structures that support and facilitate their involvement and give them representation and influence. We need to bring many eyes that see in many different ways to the table. Ongoing education and the development of critical thinking will be critical during the 21st century.

⁴⁰ How to Teach Critical Thinking Daniel T. Willingham in Education Future Frontiers series NSW Dept Education 2019 _ <https://apo.org.au/sites/default/files/resource-files/2019-06/apo-nid244676.pdf>

⁴¹ What are universities for? If mainly teaching, can they sack academics for not meeting research targets? The Conversation 19 Aug 2020 <https://theconversation.com/what-are-universities-for-if-mainly-teaching-can-they-sack-academics-for-not-meeting-research-targets-143091?>

Creating a context

Education theory can make a critically important contribution. The emphasis has moved from teaching students authoritatively to focusing on enabling learning. The secret to this is the elimination of the power imbalance by creating contexts where the teacher facilitates and guides but does not teach as such. Facts and real life situations are debated and critically examined.

Paradigms are developed, challenged and debated. Students are encouraged to confront their own beliefs as well as those of others. Critical thinking is developed. Knowledge is constructed rather than imposed. The ideas that underpin this are based on theories of knowledge that see knowledge as something we construct as we interact with others who bring different eyes to the table. It is called constructivism.

Application: If we are to rebuild society and create an effective democratic society that values citizenship then we need to involve citizens in the affairs of their communities and the nation. We need them to bring their many eyes to the process and interact in a constructive way.

As a society and as communities we need to form networks of groups that focus on issues in the community and more widely and then debate them together. Issues should become matters for inquiry and debate and leaders should encourage this and engage.

University educators can play a critical role in supporting and maintaining these groups and in involving and motivating them to educate themselves further. In a context like this, challenging beliefs, critical thinking and building new knowledge are no longer crushed and inhibited.

It becomes an exciting and rewarding experience contributing to personal growth and building social capital. Research too can become place based and be conducted in collaboration.

The insights from the eyes of those in close contact with the issues being addressed must have impact and there should be a hierarchy of managing, supporting and mentoring structures starting locally and extending vertically as well as horizontally. This would ensure that the insights from multiple eyes are shared and contribute to society's decisions.

Pressures for change: Many are now challenging neoliberalism and also talking about regionalism and localism as the road to a reformed more deliberative many-eyed democracy.

Broadly this means moving from centralised management and control to regional engagement, management and oversight to which a web of community groups contribute and have influence. Central government's role would be to support and build society, to manage the process, to mentor, guide, facilitate, support and implement. This is essential too.

Aged care: Care has been a victim of a one size fits all ideology. It desperately needs many eyes and a set of paradigms that are more appropriate for the sector. It is too complex to be managed centrally and that has failed.

Care is provided in our communities and in our homes. We all age and we are looking at our own futures. Aged care is particularly well placed to start down this path.

To date, the Grattan Institute is the only body to propose a solution for aged care along these lines. Its latest report focuses on human rights and in doing so advocates for regional management and oversight. It makes provision for interested community groups to have input and for more central community representation. It deserves strong support, but it will be up to communities, perhaps supported by academics who bring their knowledge of social process, to seize the opportunities provided.

3.2.12 Perspective: Media analysis

"Hitler's dictatorship...made the complete use of all technical means for domination of its own country. Through technical devices like the radio and loudspeaker, 80 million people were deprived of independent thought"

Source: Albert Speer (Nazi official) quotes https://en.wikiquote.org/wiki/Albert_Speer

The advent of mass media has opened enormous opportunities for the dissemination of human knowledge and for learning but during periods of truth decay it can be used for very different purposes.

It has been a tool for ideology and self-interest and enabled the market to prosper by marketing misinformation to us. It was used by health care corporations in the USA for this purpose and citizens were exploited. We need only look at the idealised way an aged care system that has been neglecting our elderly citizens has been portrayed.

It requires an educated and responsible community to take control and use the media to enhance and build society. It has learned to do that although vested interests still use it to disseminate falsehoods. There are now debating forums on television and it has become a critically important medium for exposing misconduct and poor care.

Interactive digital media has widened our capacity to share knowledge and we can look up anything with a few clicks. Interactive media have created enormous opportunities for networking, discussing and debating.

We can form groups that work together to debate and build knowledge and we are not restrained by distance. The opportunities are endless but we have not had the capacity as a society to capitalise on this.

Instead it has become a medium for misinformation and petty infighting. In our 'post truth era' charismatic leaders have fed misinformation that has built the sort of society in the USA that we have seen on our televisions.

If we are to realise the enormous benefits and the sort of democracy that is now possible we need to build society. It needs to critically examine, then take control and make the system serve it as a forum for debate and critical analysis.

3.2.13 Perspective: Resilience

With so many ecological and social failures we have seen a growing interest in analysing complex social and ecological systems. This interest has focussed on their adaptability to change and their resilience to crises.

There have been many articles examining personal resilience including in the elderly and in aged care nurses. There is an Australian Institute of Disaster Resilience, and the Torrens Resilience Institute at Flinders University whose research seems to focus on resilience to natural disasters.

In June 2020 after the COVID-19 outbreak they joined the South Australian government in publishing a *“Toolkit for Assessing Disaster Resilience for Aged Care Facilities”*. That addressed fires, floods and earthquakes but not care or pandemics.

The nearest we could find to aged care system analysis and reform by doing an internet search was an article reviewing work on resilience in public health⁴². It also focused on resilient communities.

In 2006, Walker and Salt published a book in which they described two complex social system models. One explained how and why complex systems fail, and the other explained why they are so resistant to change and continue to fail in spite of attempts to fix the problems. The models have been used primarily for socio-ecological systems.

When we examined this we were surprised at how well it modelled what has been happening in aged care where we are in the final stage of our second cycle of failure. It also showed at what stage of the process there was a window of opportunity where the cycle of recurrent failures could be broken and the system changed in ways that addressed the problem. The system is nearing the end of that stage now which suggests some urgency if we are to break the cycles of recurrent failure. We need to do this before it becomes resistant to change again.

While this analysis does not address the insights from all of the eyes we have described above, it provides another and we think informative set of eyes. The sorts of interventions that these analysts have found to be effective are the same as those suggested by our analysis above. It includes regionalisation and a network of many local eyes.

As far as we are aware the aged care system has not been analysed in this way before. We have therefore included our analysis in an appendix.

⁴² Castleden, M. Martin McKee, M. Murray, V and Leonardi G. Resilience thinking in health protection Journal of Public Health, Volume 33, Issue 3, September 2011, Pages 369–377 <https://academic.oup.com/jpubhealth/article/33/3/369/1559482>

4 Conclusion

The 20th century has been characterised by major technological advances which have had huge benefits for human life. These advances have been interspersed by recurrent societal failures and wars due to ideologies. In the past and during this period we have learned a great deal about these processes but not applied that knowledge. This is in part because the technological advances have not been accompanied by similar advances and development of our civil societies.

During the last 40 years society has gone backwards due to an ideology that has centralised and controlled, so undermining and driving societal development backwards. Social capacity and social capital have declined. As a consequence, the quality of the leaders coming from that society has declined. Particularly worrying is the absence of critical thinking. It has become a one eyed society with only one set of paradigms to which all of society was pressured to conform.

The future has many challenges and current politicians have shown themselves to be incapable. Any solution must include the rebuilding of civil society and the creation of channels of communication and influence that insure that its many eyes are able to contribute to solving the problems that face us. This is the way to break the endless cycle of ideologies and develop responsible leaders capable of meeting challenging situations.

Aged care is a part of our society and has suffered more than any other from the current neoliberal ideology. Regionalism and networked groups are clearly the solution that is required. Aged care is particularly well placed to do this. It will not be an easy or a quick solution and it will require support and backup from governments, academics who understand the situation and several other systems including health care.