

# Joint Statement by 12 Aged Care Consumer Organisations

10 April 2021



## Actions to be taken following the Royal Commission into Aged Care Quality and Safety Final Report: Care Dignity and Respect

Issued on behalf of the above organisations by COTA Australia

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## Statement endorsed by:

- Association of Independent Retirees Limited
- Carers Australia
- Council on the Ageing (COTA) Australia
- Dementia Australia
- Elder Abuse Action Australia
- Federation of Ethnic Communities Councils of Australia
- Legacy Australia
- LGBTIQ+ Health Australia
- National Seniors Australia
- Older Persons Advocacy Network
- PICAC Alliance
- Returned and Services League Australia

## Introduction

The Royal Commission into Aged Care Quality and Safety was announced in September 2018 and concluded in March 2021. During this time, it received 10,144 submissions; conducted 12 community forums attended by 2,416 people including 228 speakers; conducted 13 roundtables with 192 participants and heard evidence across 97 hearing days from 641 witnesses, 113 of whom were direct experience witnesses. In addition, the Royal Commission visited 34 aged care services, investigated overseas models and released 14 research papers, 8 background papers and consultation papers.

The Royal Commission's Final Report, Care, Dignity and Respect, was released by the Australian Government on 1 March 2021. The report identifies the many examples of neglect, abuse and indifference experienced by older people accessing the aged care system. The report, as well as its recommendations, emphasise the need for cultural change and leadership within aged care; at the government-led system level and the individual provider level.

The Australian Government provided an interim response on the same day. Further, Government indicated it will make major announcements in the May 2021 Budget and comprehensively respond to the Royal Commission's recommendations in a report to the Australian Parliament by 31 May 2021.

The signatories to this Statement were active participants in the Royal Commission, - They -are national peak organisations who represent the interest of a diverse range of older Australians as well as their family/friend carers.

The signatories are committed to an aged care system that is safe, high quality and based on human rights. They want this system to deliver an entitlement to high quality care and support for older people and ensure they receive it. The care and support delivered must be timely and assist older people to live an active, self-determined and meaningful life in a safe and caring environment that supports a dignified life. Aged care services must be person centred, culturally safe and ensure the individual needs of diverse and marginalised older people needing care are met.

The purpose of this joint statement is to provide a clear unified voice to Government. It is inclusive of the views of current and future older people using aged care (including those who face barriers to access). This Statement conveys the signatories' expectations of Government in advance of its budget and comprehensive response to the Royal Commission. In broad terms, this Statement seeks to highlight key items that must be acted upon in the 2021/22 Federal Budget, as well as items that require future consideration.

Given the short length of time available to compile this Statement, signatories note their positions may evolve during future consultations.

The Statement has been structured around 10 key asks developed by leading aged care consumer organisations and released on 20 September 2020. A copy of that Statement is available [here](#).

## How aged care works today

- About 1.3 million older Australians access the Aged Care System<sup>1</sup> this includes:
  - About 183,989 older Australians who live in aged care homes; often called residential aged care facilities by the industry, or nursing homes by members of the public.
  - About 839,373 older Australians who receive CHSP, a service that provides low level help in the home, with things like cleaning etc.
  - About 142,436 older Australians receive a home care package (HCP). These are assessed as levels 1-4, with increasing levels of help and care provided, and can include anything tailored to meet the assessed needs of the person, but typically include help personal care, home maintenance, assistance with transport and shopping , home modifications, some assistive technology and some access to allied health.
- Over 50% of older people accessing aged care have one or more attributes placing them in a diverse or marginalised needs grouping.<sup>2</sup> This includes:
  - About 37% of older Australians were born outside Australia; about 24% live alone; about 18% speak a language other than English at home; about 16% were homeless when aged 55 and over; 12% need assistance with a core daily living activity.<sup>3</sup>
  - Around 70% of people with dementia live in the community.<sup>4</sup> About 46% of these live with only informal assistance, 29% receive both informal and formal care, 16% receive formal assistance only, and 9% have no assistance at all.<sup>5</sup> ‘Over two thirds of Australian aged care residents (68.1%) have moderate to severe cognitive impairment.’<sup>6</sup>
- Aged Care homes are run by a mix of:
  - not for profit organisations, especially religious charities (55% of aged care places-
  - for profit organisations, small businesses (typically family) and larger businesses including multinational health corporations (41% of aged care places)
  - State, Territory or Local Governments (4%).
- Aged care homes are funded by giving the operator money to provide a bed, and they get paid for it being occupied. Whilst there are waiting lists for some aged care homes, others are - recruiting residents.

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<sup>1</sup> Source: ROACA 2019-20, Summary available at [https://www.gen-agedcaredata.gov.au/www\\_aihwwgen/media/ROACA/ROACA-Summary-2020.pdf](https://www.gen-agedcaredata.gov.au/www_aihwwgen/media/ROACA/ROACA-Summary-2020.pdf)

<sup>2</sup> Stronger data collection methods are required throughout the aged care journey to ensure that accurate monitoring of access and equity by diverse and marginalised groups are captured.

<sup>3</sup> Source: Australian Institute of Health and Welfare. (2020). Health of older people. Retrieved from <https://www.aihw.gov.au/reports/australias-health/health-of-older-people>

<sup>4</sup> Australian Institute of Health and Welfare. (2012). *Dementia in Australia*. Retrieved from <https://www.aihw.gov.au/getmedia/199796bc-34bf-4c49-a046-7e83c24968f1/13995.pdf>

<sup>5</sup> Source: Brown, L., Hansnata, E., & La, H. A. (2017). *Economic cost of dementia in Australia 2016-2056: Report prepared for Alzheimer’s Australia*. Retrieved from <https://www.dementia.org.au/files/NATIONAL/documents/The-economic-cost-of-dementia-in-Australia-2016-to-2056.pdf>

<sup>6</sup> The Registry of Senior Australians (ROSA) South Australian Health and Medical Research Institute. (2020). *International and National Quality and Safety Indicators for Aged Care Report for the Royal Commission into Aged Care Quality and Safety*.

- Home care and support is provided by two programs:
  - Home Support (CHSP) providers are funded directly by Government - the makeup of this provider ownership type is not for profits (69%), government (24%) and for profit (7%)
  - Home Care (HCP) providers are chosen by the older person receiving aged care. Home care recipients have chosen not for profit providers (72%), government (21%) and for profit (7%)
- The waiting list for a home care package is around 99,268 (as of September 2020) with people often waiting longer than 12 months. In past years, approximately 10,000 people per year have died waiting, and another 19,000 have moved into aged care homes because they could not access the help they needed to stay in their own homes.
- In 2020/21, the Federal Government - provided an extra 40,000 home care packages - to reduce the waiting list for home care. However, at least another 70,000 packages are estimated to be needed.

## Future Aged Care Governance

The Final Report identifies the need for independent oversight of any future Aged Care System. While the Commissioners propose alternative pathways to achieve this, they are united in their view that such independence is required.

The signatories are concerned that too much media attention is being given to the different governance pathways at the expense of public discussion about the issues needing to be addressed. The signatories indicate their preference for the following governance and regulation of aged care in the future:

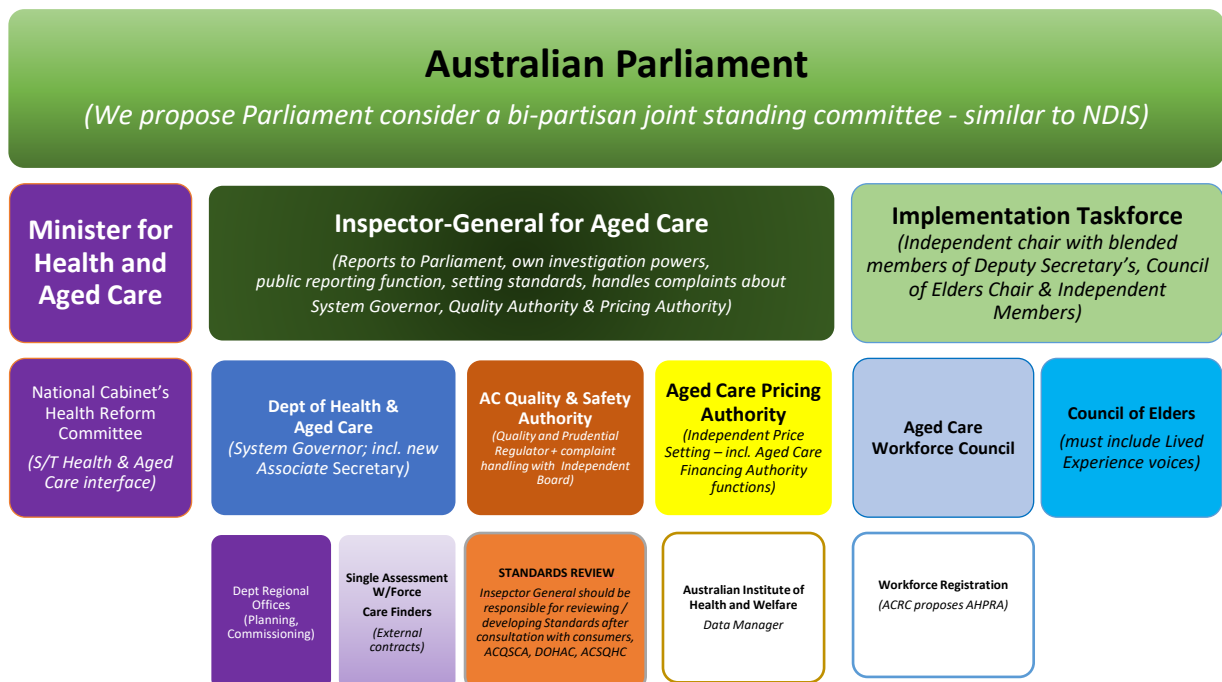


Figure 1: A future structure for aged care governance and regulation

- **A System Governor<sup>7</sup>** who is responsible for system governance and stewardship, program management, the setting of regulation, policy and the evaluation of the success or otherwise of the system. In Australia's Westminster system of government, such responsibility has been imposed on the relevant minister and their department. Coupled with the oversight of an Independent Taskforce and a Parliamentary Committee, signatories believe that such an approach should continue. If adopted, the signatories note the recommendation that the newly named Department of Health and Aged Care would include an Associate Secretary responsible for Aged Care and a Cabinet Minister for Health and Aged Care.
- **Regional Offices of Department<sup>8</sup>:** The Regional Offices should be responsible for local planning for and commissioning of aged care services. The Royal Commission recommends alignment with Primary Health Network regions to better integrate aged care services with primary health care and hospital planning.
- **Local Assessment and Care Finding<sup>9</sup>:** The System Governor should contract an appropriately qualified workforce that delivers a single unified assessment team. Such a function should be supported by the role of Care Finders -who would assist older people to navigate the system. It is imperative the best solution for local populations is achieved. In some instances, this may include government employees. However, in others, directly procuring assessors for vulnerable populations would be required. In all instances, it will be necessary to consider provider conflicts of interest.
- **Independent Implementation Taskforce<sup>10</sup>:** An implementation taskforce should be chaired by an imminently qualified independent person and have a membership of relevant Deputy Secretaries, the Chair of the Council of Elders and independent members of diverse representation. It should be responsible for directing the implementation of the Royal Commission's recommendations, providing advice where additional independent information is sought and supported by a secretariat from the Department of Health and Aged Care.
- **Council of Elders<sup>11</sup>:** Signatories note their enthusiastic support for the Council of Elders proposal but recommend its membership include the diverse voices of people with a current lived experience of aged care. The Council should be mandated to engage regularly with older people in aged care and their families/carers to ensure their satisfaction with the services being delivered.
- **Joint Standing Parliament Committee<sup>12</sup>:** While not a recommendation of the Royal Commission, the signatories propose Parliament establishes a Joint-Standing Committee. The

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<sup>7</sup> The System Governor has alternative proposals. In the Independent Commission model, these functions would be by the Australian Aged Care Commission (Recommendation 5, 7). In the Government Leadership model, this would be by the Department of Health and Aged Care (Recommendation 8, 10).

<sup>8</sup> Recommendations 5, 8, 41e

<sup>9</sup> Recommendations 5, 8, 25, 28, 29, 30, 31, 36, 38, 40, 42, 48,

<sup>10</sup> Signatories note that implementation contains alternative proposals. In the Independent Commission model, these functions would be by an Implementation Unit of the Department of Prime Minister and Cabinet (Recommendation 146). In the Government Leadership model, it is the Department of Health and Aged Care (Recommendation 147). Signatories Recommendation 147 is enhanced to include independent members and incorporates elements of Recommendation 146 that the Taskforce direct the implementation of the recommendations.

<sup>11</sup> Recommendation 9

<sup>12</sup> This is not a recommendation of the Royal Commission, but a supplementary proposal by the signatories of this statement to ensure ongoing bipartisan support for aged care reforms over the coming years.

Committee would have oversight of the aged care reform processes. This multi-partisan forum would provide a structured mechanism for continued bipartisan support for aged care reforms.

- **Aged Care Quality and Safety Authority (ACSQA)<sup>13</sup>**: As the Quality and Prudential Regulator, the ACSQA would have a broader range of powers, enhanced complaints investigation powers and receive more data from providers in real time to assist with risk profiling. Governed by an independent board, the Authority should include three Commissioners responsible for Presiding, Complaints and Consumers, and Care Quality. Dedicated statutory officers must be included to identify responsibility for Prudential, Clinical Advice and Aboriginal and Torres Strait Islander people.
- **An Inspector-General of Aged Care<sup>14</sup>** should be created in 2021/22 (initially as an office within the Department, and then in 2023 established as an independent within the new Act). The Inspector-General must have the capacity and ability to conduct own-investigations, make its reports public and be accountable directly to the Australian Parliament. Signatories propose that the Inspector-General of Aged Care would be well placed to be the independent facilitator of the review and development of revised Aged Care Standards. Of course, this would involve consulting with the department, the Quality Regulator, and the relevant commissions in Healthcare and the NDIS. The Inspector-General would also be responsible for addressing complaints about the Department, the System Governor, assessors, the Quality and Prudential Regulators and the Pricing Authority.

## 1. A better Aged Care Act

### What do consumers want:

***A better Aged Care Act that is designed to uphold human rights and ensure consumer choice and control; containing stronger protections for consumers; and better accountability of aged care providers, with tiered enforcement measures and penalties.***

### What did the Royal Commission say?

The Final Report recommends the current Aged Care Act 1997 should be replaced by July 2023 with a new Act incorporating a rights-based approach that would provide the foundation of the new entitlement based aged care system.<sup>15</sup> It proposes the new legislation will place a general statutory duty on aged care providers to provide high quality and safe care<sup>16</sup> and associated civil penalty for certain contraventions of the general duty.<sup>17</sup> The new Aged Care Act would protect whistle blowers,<sup>18</sup> redesign the Aged Care System,<sup>19</sup> and outline a number of obligations to be adopted by the System Governor<sup>20</sup> and Quality Regulator.<sup>21</sup>

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<sup>13</sup> Recommendations 13, 19, 20, 21

<sup>14</sup> Recommendations 12 (and included in Recommendations 148, 98, 96, 30, 20, 5)

<sup>15</sup> Recommendations 1 - 3

<sup>16</sup> Recommendation 14

<sup>17</sup> Recommendations 14, 101 and 102

<sup>18</sup> Recommendation 99

<sup>19</sup> Recommendations 93, 46, 12, 8, 5

<sup>20</sup> Recommendation 96,

<sup>21</sup> Recommendations 98, 92, 89,

### What is needed in 2021/22?

It is essential that the Australian public and the aged care sector are provided with a clear, high level timetable for the implementation of key reform recommendations.

The signatories call for the publication of an implementation timetable of the key reform recommendations to shape and inform expectations and build awareness of when changes will occur.

- **Publish and commit to a timetable detailing when key reforms will be implemented:** The Royal Commission has provided the Australian public with a clear reform timetable outlined by the Royal Commission for the next 4-5 years. Should Government disagree with this implementation timetable it must publish its own outline of when parts of the reform agenda will be completed. The Government's timetable should signal when consultation with consumers and their informal carers/families will commence. In line with the Royal Commission's stated objective that the voices of older people and their families/carers must be heard, consumer consultation must occur before decisions are finalised.
- **Consultation on a new Aged Care Act:** A clearly articulated timeline for how Government will consult and implement the reforms. This must include significant consultation with older people using aged care, their family/friend carers, systemic advocates of these populations and experts in the legislating of human rights protections. These consultations must commence in 2021/22. This is required to provide Government the necessary opportunity to consider the consultation outcomes prior to finalising a new Aged Care Act.
- **Ensuring Diversity is embedded in a new Aged Care Act:** The Royal Commission recognises the importance of a future Aged Care System that services people from diverse backgrounds and experiences.<sup>22</sup> A new Aged Care Act must include recognition of these "diverse needs and marginalised groups" and the allocation of support they may require for effective consumer choice. Consultation with these populations should address their inclusion in the Act as well as question how future primary and subordinate legislation may mandate the collection of appropriate data to ensure reporting of diverse populations. There needs to be a mandated collection of population attributes to ensure relevant data elements are collected throughout the aged care journey.
- **Commit to and invest in a co-design process with older Australians and their informal carers to inform the development of the new aged care program:** The Royal Commission highlights the need for the Aged Care System to place greater weight on the perspectives of older people with lived experience of receiving aged care services. The implementation of a new Aged Care System must enable the diversity of older people's voices inform the design and implementation of a new aged care program. Included as part of this implementation must be sufficient resourcing to ensure the participation of older people with diverse live experiences and facing accessibility barriers.

### What else is needed?

- COVID-19 impacts on residential aged care providers identified tensions between the rights of older people accessing aged care and the rights of aged care providers within the current legislative framework. One of the most prominent examples of this tensions was the restriction

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<sup>22</sup> Recommendations 21, 25, 30



of visitors during COVID in aged care, while visitations in mental health facilities could continue. A legislated 'nominated representative' should be included in the new Aged Care Act.

## 2. A simple system where care is guaranteed within 30 days

### **What do consumers want:**

***A simple system where assessed and appropriate care is guaranteed within 30 days and easy to access whether at home, in the community or in residential aged care (including future de-institutionalised models).***

### **What did the Royal Commission say?**

The Royal Commission recommends an entitlement based single aged care system<sup>23</sup> planned on need. This is supported by the signatories. The restructured Aged Care System, as outlined in the Appendix, would be finalised by July 2024 and is proposed across five categories of services (Assistive Technology, Respite, Social Support, Care at Home and Residential. In the interim, the Final Report recommends that by December 2021 no one waits for a home care package more than 30 days, and that the future Care at Home program should have dedicated funding for access to allied health, wellness and reablement. A number of different client fees / contributions across the various categories and sub-categories is proposed to be paid by older people<sup>24</sup>.

### **What is needed in 2021/22?**

- **Funding for Home Care:** Signatories recognise the severe workforce challenges inherent in the Royal Commission's December 2021 deadline. Therefore, the signatories contend Government must implement this recommendation as soon as possible thereafter, and not later than December 2022. In addition, a clear plan and timeline for the new single Care at Home program must be outlined in Government's response to the Royal Commission.
- **Funding for Home Support:** Funding home care packages is an important step in supporting older Australians with greater support needs to age in place. Government must also ensure growth funds are provided in the current Home Support program to address the growing number of older Australians who are seeking lower levels of support and/or are waiting for extended periods.
- **Residential Care funding in the hands of residents:** Following the Government's in-principal support in 2018 to put residential age care places in the hands of consumers and its subsequent report commissioned regarding how to do this, a clear timeline for an orderly process to consult on the implementation of this objective is needed in Government's response to the Royal Commission. This should include recognition for the unique solutions required within some rural, remote and Aboriginal and Torres Strait Islander locations.

### **What else is needed?**

- Signatories want a simple system that makes sense to older people accessing aged care. While supportive of the Royal Commission's categories and subcategories of care, it will be important

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<sup>23</sup> Recommendations 25, 32, 33, 34, 35, 36, 37, 39, 40, 45, 46

<sup>24</sup> Recommendations 126, 127, 128, 129, 140, 141

to ensure that older people are supported by their assessor in developing their care plan in order to navigate the proposed structure. An assessor-developed care plan must then be implemented by the relevant service provider, supported by their chosen care manager or by the older person themselves where they elect to self-manage their care.

- Consultation with older people using aged care around client contributions and fees will be needed to ensure consumer required contributions are easy to understand and equitable. This could include assessing a person's capacity to pay and identifying the cents in the dollar to be paid by an older person and the remaining cents in a dollar to be paid by the Government.
- Commence consultation on the design of dedicated funding component within Care at Home for access to allied health wellness and reablement services.

### 3. Full transparency and easy to understand indicators to help inform consumer choice

#### What do consumers want:

***Requirements that ensure full transparency about staffing, quality measures, complaints, compliance, and financial outcomes and supported by easy to understand indicators to help inform consumer choice.***

#### What did the Royal Commission say?

The Royal Commission recommends by July 2022 the implementation of a Star Rating<sup>25</sup> system that provides performance information for people seeking care. The star rating would consider each aged care provider's performance against the standards, clinical indicators, quality indicators, staffing levels and information from current people receiving care. In addition, increased information of the lived experience of aged care should be collected and published, the serious incident reporting scheme commenced, staffing hours reported and home care statements standardised.<sup>26</sup>

#### What is needed in 2021/22?

- **Informed Choice of Provider:** Consumers want choice and control and need information to make informed decisions about care quality, services- and providers. Government, in consultation with older people, must commence developing the Star Rating system in 2021.
- **Real time provider data:** Immediately require providers to publish staffing numbers and begin to require real time funding acquittals. Future requirements should include real-time availability of services.
- **Increased lived experience reporting:** Immediately action increased collecting and reporting of the lived experience of aged care including that from people of diverse backgrounds. This must , include additional resources to ensure inclusive participation. Over time this should go beyond the aggregated results of the ACQSC's Consumer Experience Report and include reviews, complaints and compliments of aged care services.

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<sup>25</sup> Recommendation 24

<sup>26</sup> Recommendations 94, 100, 127, 124

- **Improved Compliance Reporting:** The Australian Parliament recently passed legislation to improve the reporting of serious incidents in aged care. From its implementation in April 2021, the updated scheme needs to be monitored to ensure it is achieving its objectives.

#### **What else is needed?**

- Extensive consultation with older people accessing home care services will be required to ensure the appropriate template for the standardisation of home care statements is developed that will also reflect the capacity of providers to respond to diversity.

## **4. A trained, registered and qualified workforce**

#### **What do consumers want:**

***A trained, registered, and qualified workforce across all care settings, with the right number of staff to ensure quality support and care, with the right skills to meet all their consumers needs and positive attitudes to working with older people.***

#### **What did the Royal Commission say?**

The Royal Commission recommends increased wages via the aged care award, with a minimum staff time in residential care and minimum staffing qualifications.<sup>27</sup> Funding is proposed for training, changes to professional development and a review of course content.<sup>28</sup> Minimum qualifications, a registration scheme for personal care workers and a preference for providers to directly employ workers are proposed.<sup>29</sup> The Department recommends a specific workforce planning division of the Department and stronger collaboration between the Department and the Aged Care Industry Workforce Council (ACIWC)<sup>30</sup>.

#### **What is needed in 2021/22?**

- **Immediate increased staff wages:** Funding to support increased staff wages should be supported immediately. This needs to be tied to a requirement for providers to publish information about how the funding was spent on their staff and their pre-funding and post-funding staffing levels.
- **Minimum residential care staff time:** Commencing July 2022 a minimum time standard as outlined in Recommendation 86 should be implemented. This includes proposals to increase minimum staff time to 3-3.5 hours per resident per day (including 40-44 minutes of a registered nurse's time). Work should be commenced to identify an appropriate minimum staff time of allied health to be introduced no later than July 2023.
- **Minimum Staffing Levels:** The Royal Commission outlines a pathway to having a Registered Nurse onsite in aged care homes at all times. It also mandates residential care providers engage certain allied health professions. Signatories support the increased access to nursing, allied health services and lifestyle support staff. Plus, they note that upon the introduction of the Star

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<sup>27</sup> Recommendations 81, 84, 85

<sup>28</sup> Recommendations 79, 80, 82, 83, 114

<sup>29</sup> Recommendations 77, 78, 87

<sup>30</sup> Recommendations 75, 76

Rating system further staffing levels beyond the minimum will be required to achieve excellent levels of quality care. It is also imperative that foundational skills, including understanding dementia, are embedded in education and training pathways.

- **Fixing the aged care award to value workers:** Government, employee organisations and aged care providers should apply to the Fair Work Commission to vary wages in relevant awards (home care and residential care) to reflect the work value of aged care employees and to ensure equal remuneration for men and women. Preparation for this application should include consultation with older people.
- **A comprehensive workforce plan:** Implementation of the workforce planning measures is needed to recruit and retain sufficient numbers of staff required to support the system. Signatories note that without sufficient people trained in the respective minimum qualification, minimum staffing levels and staff time cannot be achieved.
- **Establish a workforce education and training fund to improve care quality:** Aged care workers need regular updating and expanding of skills to deliver quality care and be part of an organisation and system culture that supports and promotes this. The fund should also provide access to minimum qualification training for current aged care workers. Ongoing training must include building awareness and knowledge of providing high quality and appropriate care to culturally and diverse populations, regardless of the identified make up of a particular service. It is imperative that foundational skills, including understanding dementia, are mandatorily embedded in education and training pathways.

#### **What else is needed?**

- Continue with funding for upskilling the existing aged care workforce, while also funding training to attract and retain new qualified staff across all skill levels.
- Consultation with older people in aged care, representative organisations of older people, informal carers, aged care providers and aged care workforce should occur on how to implement the requirement for aged care providers to “preference” direct employment of workers in a way that doesn’t diminish the choice and control of older people accessing aged care.
- The proposed Aged Care Workforce Planning Division must consider the challenges faced by workers necessarily sourced from overseas. This includes the limited recognition of comparable overseas qualifications, the increased vulnerabilities faced by workers who can only work under temporary migration visas without social and other protections, and the currently limited pathways towards permanent residency. The Department of Health must work with the Department of Home Affairs to achieve these objectives.
- A clear component of the 2022–25 workforce planning strategy and framework must be a sub plan addressing issues faced by culturally and linguistically diverse (CALD) workers and address the needs of Aboriginal and Torres Strait Islander workers.
- Recognition of an increasing proportion of aged care workers from CALD backgrounds and, as part of a quality workforce priority, the need to recognise prior skills and expertise in the development of a comprehensive accreditation and career development strategy.
- Older Aboriginal and Torres Strait Islander people’s preference to have their care needs met by Aboriginal and Torres Strait Islander workers (also the need for Aged Care Assessment staff who are Aboriginal and/or Torres Strait Islander) needs to be respected and actioned. Whilst it is appropriate to have strategies to increase participation of Indigenous workers in the Aged Care Sector it must be recognised that, at present, the likely source of qualified Indigenous workers is

Aboriginal community-controlled organisations/aged care providers. There is need for a clear and explicit Government policy position which addresses the perceived conflict of interest for Aboriginal community controlled aged care providers working in care finder and assessment roles.

## 5. Proper recognition and support for the role of informal carers

### **What do consumers want:**

***Proper recognition and support for the role of informal (family/friend) carers who help people to stay at home, with dedicated flexible carer support services designed to preserve their health and wellbeing.***

### **What did the Royal Commission say?<sup>31</sup>**

The new Act should include supports, including respite for informal carers of older -. Improve support for informal carers by providing access to a range of supports, including respite, should be based on an assessment of the needs of the informal carer and the development of a network of Carers Hubs. Additional recommendations to include linking Carer Gateway and My Aged Care and improving information on My Aged Care. The Royal Commission proposes that Government should consider additional entitlements to informal carers' leave in the National Employment Standards.

### **What is needed in 2021/22?**

- **Immediate increase to access respite care:** A component of increased funding within Home Support prior to the creation of the future Respite Category must include an increased funding in respite services across all types.
- **Carers Hub Network:** Immediate work to delineate the nature of the proposed Carers Hub network and its integration with the existing Carers Gateway regional model.
- **Examine entitlements to unpaid carers' leave:** Commence a process to examine proposal for incorporating additional entitlements to informal carers' leave in the National Employment Standards. Such a process should involve comparisons with leave provisions in comparable countries and include public consultation and active engagement with current and former family/friend carers.

### **What else is needed?**

- ACAT and Care Finders to facilitate, at first contact with a carer, referral of carers to Carer Gateway assessment and services; no need to wait until 2023.
- Undertake demand analysis<sup>32</sup> to estimate service demand and understand unmet need for respite care among carers (this type of analysis could also assist in determining locations for Carer Hubs) and develop a planning ratio for respite care across the programs.

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<sup>31</sup> Recommendations 42, 43

<sup>32</sup> At a minimum this should describe the characteristics of the person accessing aged care services and the carer in need of respite; Explore 'what' respite is needed and current barriers to access or reasons for not accessing current respite

- Include carers' rights to support in the new Aged Care Act and incorporate the acknowledgement of informal carers as partners in care as per the Carers Recognition Act.
- As part of the development of a single assessment process, incorporate appropriate assessment tools for informal carers seeking support for themselves.
- Scoping study that explores options for integration of elements of My Aged Care and Carer Gateway to streamline carer experience and access to support services, including respite.
- Ensure training and other support services for informal carers are available.

## 6. Easy to understand information and local solutions

### What do consumers want:

***Easy to understand information and local solutions available for older people and their families/friends, supported by care finding (independent of government and providers), advocacy or case management when they need it to ensure older people access and receive the care they need, when they need it.***

### What did the Royal Commission say?<sup>33</sup>

Government should fund education and information strategies to improve awareness and knowledge amongst the public, as well as professionals who provide aged care services to older people. More usable, standardised and verified information should be included on My Aged Care including availability of services, performance indicators and annual reports. Care Finders should be available to support people navigating and commencing aged care services. Additional funding should be provided for volunteers, a new volunteers visitors program and the National Aged Care Advocacy Program.

### What is needed in 2021/22?

- **Increased funding for Aged Care Advocacy:** Signatories support the increased funding for the National Aged Care Advocacy Program to enable 5% of older people accessing aged care to receive advocacy services.
- **Care Finders:** Signatories support the concept of Care Finders to supplement assessment services and support older people, their families and informal carers in navigating the aged care system. However, such services cannot exclusively be provided by a Government employee as many vulnerable people will not access Government services without a trusted community support partner. Solutions to support older people prior to the commencement of the Care Finders must be considered.

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services, including carer identification and awareness of the 63-day provision; Determine a clear map of what respite services are currently available, including geographic location, access pathways, eligibility requirements, type (short-term planned, ongoing planned or emergency), and models (residential, flexible, centre-based, cottage); Consider data collection improvements to capture respite utilisation outside of residential facilities to continue to inform policy, planning and funding decisions, and Undertake economic modelling related to the varying respite delivery methods, including capital and ongoing costs

<sup>33</sup> Recommendations 22,23, 26, 27, 29, 44, 109

- **Additional information on My Aged Care:** The Royal Commission proposes a number of additional changes for My Aged Care to help enable informed choice. This includes real time availability data on services. Work to build the necessary ICT interface between providers and My Aged Care should commence as soon as possible. Verification of specialist services identifying themselves as having experience with particular diverse and marginalised populations should be introduced no later than 1 July 2022. This process should include the ability to correct information found to be unsupported.

#### **What else is needed?**

- The Royal Commission proposes a Public Awareness Campaign to increase public confidence in the Aged Care System. Signatories support this concept but note the lack of clear timelines.
- Signatories support the Royal Commission's proposed introduction of a Quality of Life Tool and additional Quality Indicators. Co-designing the implementation of these enhanced quality indicators will ensure their adoption by older people choosing and using aged care services. A variety of cultural and other considerations may necessitate appropriate Quality of Life Tool for certain populations (for example, the 'Good Spirit, Good Life' Tool for Aboriginal and Torres Strait Islander People).
- Currently the information provided on My Aged Care is unverified. Future processes must ensure the accuracy of this information if it is to be accepted as useful by people in selecting their aged care provider. Signatories propose the Quality Authority should be resourced to regularly review and verify the accuracy of My Aged Care entries.

## **7. A strongly resourced regulator that takes robust action to ensure consumer protections**

#### **What do consumers want:**

***A strongly resourced independent regulator that takes robust action to ensure consumer protections and fosters public confidence in quality aged care through vigorously investigating, enforcing and prosecuting breaches of standards utilising a wide range of enforcement tools and penalties.***

#### **What did the Royal Commission say?**

The Royal Commission proposes a review of the current Quality Standards occur and nominates specific areas to be considered in this review and enhanced in future standards.<sup>34</sup> With regard to providers, this includes governance and prudential requirements in addition to quality. Future standards would be assessed in a graded performance, incorporated into star ratings and include measures to increase the voices of lived experience.<sup>35</sup> The future Quality Regulator would have enhanced enforcement powers, better complaints and monitoring processes, a review of its current capability, improved responses to coroner requests and increased transparency.<sup>36</sup>

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<sup>34</sup> Recommendations 13, 18, 19, 20, 21, 88, 89, 90, 91, 131

<sup>35</sup> Recommendations 95, 94

<sup>36</sup> Recommendations 92, 93, 96, 97, 98, 103, 104, 105

### What is needed in 2021/22?

- **Stronger Enforcement powers now:** Signatories support the Royal Commission’s outlined stronger powers for the Quality Regulator. However, waiting until 2024 (for the new Aged Care Act) to ensure stronger enforcement powers is too long. Earlier consideration must be given to what enhanced powers can be operationalised under existing legislative frameworks.
- **Capability audit of ACQSC:** The Royal Commission recommends a capability audit of the current Quality Regulator. The audit must include the competency of the workforce to deal with diverse and marginalised populations of older people.
- **Greater weight on lived experience:** Signatories support the proposed increase to 20% of residents surveyed as part of the Quality Regulator’s Consumer Experience Tool and other measures to increase the voice of older Australians. They also recommend beginning the enhancement of the Consumer Experience Tool to capture more informative data from a diversity of respondents.

### What else is needed?

- Future reviews of the Quality Standards should be conducted by an entity with experience and understanding of Quality of Life measures. In reviewing the Standards, retention of the Consumer Outcomes must be guaranteed. A focus on the outcomes of Quality of Life and other consumer-centric Standards and embedding diversity is paramount.

## 8. Services that are inclusive, culturally safe and sensitive

### What do consumers want:

***Core business practices that respect all clients with diverse characteristics and life experiences, by ensuring all services are inclusive, culturally safe and sensitive.***

### What did the Royal Commission say?

The Royal Commission recommends a number of principles being applied to the Aged Care System to support older people accessing aged care who have diverse needs or are vulnerable. In addition, it recommends consideration be given to mandating the adoption of the Government’s Diversity Framework and Action Plans.<sup>37</sup> A range of specific recommendations is made for Aboriginal and Torres Strait Islander communities,<sup>38</sup> people with a disability,<sup>39</sup> people experiencing dementia<sup>40</sup> and people living in regional, rural and remote<sup>41</sup> areas. While many other populations do not have specific recommendations, signatories note the recommendations made for these diverse groups may be equally applicable to other populations.

### What is needed in 2021/22?

- **Embedding diversity as core business:** Signatories support the Royal Commission’s statement that “Diversity should be core business in aged care”. More than 50% of older people in aged

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<sup>37</sup> Recommendations 21d, 30

<sup>38</sup> Recommendations 47, 48, 49, 50, 51, 52, 53

<sup>39</sup> Recommendations 72, 73, 74, 109

<sup>40</sup> Recommendations 15, 16, 17, 65, 80 (and 19, 30, 42, 45, 55, 59, 79, 114)

<sup>41</sup> Recommendations 54, 55, 62



care have one or more diverse or vulnerable attributes. While personal care plans and person-centred care may address some of the issues for an individual, future aged care service practice must embed diversity and vulnerability principles as core business. This should be embedded across the whole system to achieve equity of access and outcomes. Government must ensure diversity requirements are included in organisational governance, quality standards, clinical governance and provider policies and practice. The Quality Regulator must also have a diversity capacity and focus within its workforce and practice.

- **Ensuring all diverse needs groups are considered:** While specific recommendations have been made for people with dementia, older people living in regional, rural and remote places and Aboriginal and Torres Strait Islander people, collective diversity measures should be applied to all diverse needs and marginalised groups. In addition, specific responses may be required for specific groups.
- **Make diversity mandatory within Standards:** The review of Quality Standards, must include the mandatory implementation of the Diversity Framework and Action Plans for diverse needs and marginalised populations by all aged care providers. It should be a mandatory requirement that providers develop Diversity Plans and that these are published and reported on annually. Implementation of Diversity Plans would be assessed by the Quality Regulator as part of accreditation and review processes, with appropriate consequences for those who are not meeting these requirements. Consideration should be given to the employment of Diversity Advisors who can provide support, information and advice to providers.
- **Ensure appropriate services in rural and remote areas:** Many older people, located more than 50km from a major regional centre, report challenges in accessing home care services in their homes. Efforts to implement the Royal Commission's recommendation for rural and remote users of aged care must be prioritised.
- **Diversity advisory group:** As part of an aged care system governance structure there must be a diversity body/group or advisory council at a national level to drive diversity as core business with appropriate expertise and skills to advise on diversity, equity and inclusion. Representatives of this group will sit on the Implementation Taskforce, the advisory structure of the Aged Care Quality and Safety Authority, Pricing Authority and Aged Care Workforce Council and any other oversight body. This group will also provide support to diverse and marginalised group representatives on the Council of Elders.
- **National Advisory Group on Aboriginal and Torres Strait Islander Aged Care (NAGATSIAC):** The continuation of the NAGATSIAC will ensure the voices of Aboriginal and Torres Strait Islander people are guiding the reforms.

### What else is needed?

- **Ensure appropriate access pathways:** While the Royal Commission identifies the need for culturally appropriate and safe 'access pathways for people experiencing dementia and those who are Aboriginal and Torres Strait Islander, signatories urge the Government to build access pathways for all older people who are vulnerable and/or have diverse needs. This may include specific assessments and care finder functions delivered by organisations trusted by these populations.
- **Implement recommendations pertaining to Aboriginal and Torres Strait Islander people:** Implementation of the proposed care pathway for Aboriginal and Torres Strait older people which enables greater involvement of Aboriginal workers and organisations in provision of aged care to Aboriginal and Torres Strait Islander people. Concrete measures are required to enable

this to include flexible funding and care provisions, as demonstrated by the current National Aboriginal and Torres Strait Islander. In addition, the Flexible Aged Care Program (NATSIFACP) must be embedded in the new Aged Care Act, as well its capacity and capital works resourced appropriately. This will enable Aboriginal organisations to develop and deliver culturally safe, holistic and integrated aged, health and disability supports.

- **Implement recommendations pertaining to people experiencing dementia:** In addition to mandatory training for all staff on dementia for a transformed aged care workforce, developing dementia practice leaders will support the application of this learning as well as promoting practice change. An integrated and specialist service response with a single access point will provide dementia support pathways. Finally, future design of aged care physical environments should support people living with dementia to be as independent and possible. This includes developing and embedding a set of robust, evidence based and practice informed dementia friendly standards.

## 9. A funding model that ensures sufficient taxpayer funding, control by consumers over their funding, independent pricing and transparency in how funds are spent

### What do consumers want:

***A funding model that grows with the population, ensures sufficient taxpayer funding; balanced with consumer contributions where they can afford to pay. Future funding will provide individuals control over their funding, introduce independent pricing regulated by Government and ensure transparency by service providers in how funds are spent.***

### What did the Royal Commission say?

The Commissioners recommend an independent pricing authority and each proposes additional revenue through a Levy to fund the aged care deficit.<sup>42</sup> Both Commissioners recommend immediate increases in the Basic Daily Fee and viability supplement and changes to aged care indexation calculations.<sup>43</sup> The Commissioners propose a case mix reablement focus of residential care funding including the phasing out of Refundable Accommodation Deposits (RADS) and access to comparable quantum of funds in home care, as in residential, through a mix of block and activity based funding.<sup>44</sup> The Commissioners also identify pathways to increased funding for staff (discussed under item 4 – Workforce) and consumer fees (discussed under item 2 – A simple system).

### What is needed in 2021/22?

- **Real-time acquittal of funds in return for increased funding:** A significant injection of additional funds will be required in the May 2021 Budget whether they are sought from general revenue, changes in taxation for superannuation earnings or a specific aged care levy. To ensure the confidence of the Australian public, as well as older people accessing aged care, greater

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<sup>42</sup> Recommendations 6, 11, 115, 116, 138, 139, 144

<sup>43</sup> Recommendations 110, 111, 112, 113,

<sup>44</sup> Recommendations 118, 119, 120, 121, 123

transparency on how providers spend Government provided funds must be sought. Government must require funding acquittals in real time.

- **Increased Basic Daily Fee:** Signatories support the proposed \$10 per day increased basic daily fee, noting the Royal Commission's requirement funding be tied to enhanced nutrition.
- **Viability and indexation:** Signatories support continuation of the viability supplement and an immediate indexation correction to help improve financial viability.
- **An Independent Pricing Authority:** The Authority must be dedicated to aged care and required to work with price setting agencies and publish commentary on comparisons with prices from hospitals, health and disability. The Authority should identify reasonable prices for care and services, as well as the component of those items to be paid by Government and advise on the expected consumer fees. Pricing of services for specific specialist service providers should consider additional supplements or loading/premiums for delivering additional services to culturally diverse and vulnerable populations. The establishment of an independent pricing authority should incorporate the current advisory functions of the Aged Care Financing Authority.
- **Maintain consumer choice by not entirely abolishing RADs:** Parts of the sector's over dependence on Refundable Accommodation Deposits (RADs) presents legitimate prudential concerns. However, to abolish RADs is to remove choices for older peoples and their families on how to fund their residential care accommodation costs. Solely relying on a rent-like "Daily Accommodation Payment" does not maximise consumer choice. If RADs were to be abolished, alternative 'home ownership' like solutions should be developed. Greater linkage to the Financial Information Services Officers should be created to support older people making financial choice.

#### **What else is needed?**

- In 2018 the Government provided in principle commitment to the abolition of the Aged Care Approvals Round (ACAR) and conducted an Impact Study to identify how best to place the funding for residential in the hands of older people to choose their preferred aged care home. The Government must implement this commitment as part of the reform to aged care.

## **10. Better integration of other health and wellbeing services with aged care**

#### **What do consumers want:**

***Better integration of other health and wellbeing services into aged care including but not limited to disability, general practice, palliative care, pharmacy, primary, allied, community, oral and mental health systems.***

#### **What did the Royal Commission say?**

Royal Commission identifies the need for greater integration between aged care and various health sectors including primary, dental, mental, oral and pharmacy while increasing its focus on using

allied health professionals to enhanced restorative and preventative care.<sup>45</sup> It proposes a Seniors Dental Benefit Scheme, improved payments under MBS for GPs and enhanced use of telehealth.<sup>46</sup> It proposes a multi-disciplinary outreach team and accredited GP practices for older people in aged care. Greater sharing of data between health and aged care is also required.<sup>47</sup>

### **What is needed in 2021/22?**

- **Seniors Dental Benefit Scheme:** Signatories strongly support the proposed Seniors Dental Benefit Scheme designed to provide pensioners and aged care residents with improved oral health and basic dental hygiene. Signatories note that at the last election the Australian Greens and the ALP supported a similar scheme while the Coalition did not. Signatories urge Government to reconsider its future stance in light of the evidence of the horrific impact of poor oral and dental hygiene collected at the Royal Commission.
- **Enhanced medications reviews:** Signatories support the Royal Commission's focus on ensuring appropriate medications for older people in residential care. We note, however, that improved access to medication reviews must also be afforded to people living at home, including those who are receiving aged care services.
- **Embedding 'reablement':** Many of the recommendations signal a focus on restorative care and reablement and necessitate increased use of allied health professionals. Currently this care focus only exists within the CHSP program and in a light way.
- **Improved Medicare Benefits Schedule:** This is to ensure access to health services for residents in aged care homes to a range of health services including mental health support, allied health , as well as better provision of primary health care.

### **What else is needed?**

- Government, as soon as is practicable, must implement improved data sharing practices including via My Health Record. Past experiences of such attempts would indicate IT scoping and build, along with the changing of behaviour, culture and practice necessitates this activity starts sooner than later.

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<sup>45</sup> Recommendations 4, 36, 38, 56, 59, 61b-d, 60, 64, 70, 71

<sup>46</sup> Recommendations 61, 62, 63, 66,

<sup>47</sup> Recommendations 67, 68

## Appendix – New Aged Care Program

The below items diagram the proposed categories and services under the new aged care system proposed by the Aged Care Royal Commission.

