



13 QUESTIONS

WHERE DO YOU STAND ON AGED CARE?

SURVEY RESULTS JULY 2022

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ABOUT AGED CARE REFORM NOW

Aged Care Reform Now (**ACRN**) is a non-partisan grassroots organisation, consisting of aged care services recipients, families and friends, and current and retired aged-care workers – all who have personal experiences with aged care and want to make a change. ACRN advocates for aged care reform that delivers improved benefits to all Australians receiving residential and in-home aged care services.

ACRN's vision is a transparent and effectively regulated aged care system that is focused on the human rights and quality of life of older people.

ACRN is a platform for people interacting with the aged care system. ACRN provides a strong voice in the delivery of quality services, complaints management and for practical solutions to advance the care and wellbeing of aged care recipients. It does this through:

- Engagement in the reform process with politicians and government departments
- Media advocacy to highlight issues and potential solutions
- Collaboration with like-minded stakeholders to influence change
- Consulting and mobilising its membership – giving voice to the real needs of people interacting with the aged care system.

For more information please visit our website <https://agedcarereformnow.com.au/> or contact info@agedcarereformnow.com.au

BACKGROUND TO THE 13 QUESTIONS SURVEY

The “13 questions – where do you stand on aged care” survey (13 questions) was launched by ACRN to raise awareness of the issues in aged care with both politicians and everyday Australians.

As part of its advocacy work, members of the ACRN organising committee realised that many politicians they were meeting with while sympathetic, didn't always fully understand the issues of the Aged Care system and the impact it was having on older Australians and their families.

Starting out as a list of questions the group would send to politicians prior to meeting, the questions grew into a wider campaign as the group realised the need for wider education – particularly with potential new politicians who might be entering Parliament following the upcoming federal election.

Its launch in March 2022 was timed to coincide with the one-year anniversary of the release of the Aged Care Royal Commission's final report into Aged Care Quality and Safety and in the lead up to the federal election.

The questions were devised by the ACRN Organising Committee with input provided by the wider membership via feedback in its Facebook group and email responses to its newsletter.

It was important the survey covered the key areas of:

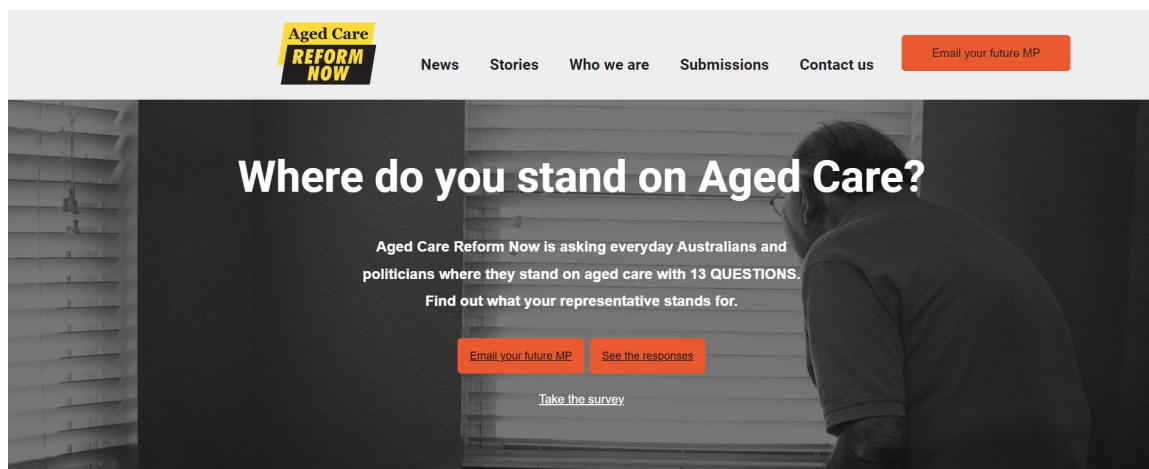
- Quality care
- Workforce
- Transparency and accountability

Of course, there are a myriad of other issues relating to aged care and the original list of questions the group came up with had over twenty questions. However it was important that the survey be simple and understood by people without an aged care background.

These 13 questions form the basis of the ACRN policy platform but is not an exhaustive list of the issues in aged care. ACRN will continue to advocate for reform in these areas as well as those that are needed to ensure quality care for older Australians.

THE PROCESS

The 13 questions survey was an online survey hosted on SurveyMonkey. An email campaign tool (NewMode) was used to enable the link being sent to politicians standing for election. ACRN acknowledges the assistance of United Workers Union in the facilitating the email campaign on its platform.



Aged care needs reform now

ACRN also promoted the survey across its membership and networks.

Survey Responses

We received:

- 179 responses overall
- 107 responses from community members identifying as ‘an everyday person concerned about the provision of aged care services to older people’
- 72 politician responses including:
 - multiple responses from Labor, The Greens, One Nation, United Australia Party, Informed Medical Options and The New Liberals (TNL) candidates
 - individual responses from the Animal Justice Party, Australian Progressives, Democrats, Liberal Democrats, Australian Federation Party, Reason Party, Socialist Alliance, Vic Socialists and two independent candidates.
- The Liberal and National parties did not respond to the 13 Questions survey.

CONSENSUS: THE TIME FOR MEANINGFUL CHANGE IN AGED CARE IS NOW

The issues highlighted by survey respondents are not new and have been raised across many years by community members, elected representatives and in multiple reviews, reports and most recently through the findings of the Royal Commission into Aged Care Quality and Safety. While the previous federal government had commenced a reform process and the new Albanese government has made a clear commitment to reform the sector, little has changed for the people engaging with aged care services. The stories of a lack of care, ineffective regulation, poor complaint handling and neglect continue.

The survey results indicate **significant consensus** across the issues and proposed solutions, with overall support for the questions put forward by ACRN with the exception of:

- The Greens position that Aged Care should be not-for-profit and their desire to phase out for-profit aged care entirely (Question 4)
- Mixed views on the existing Aged Care Assessment process (Question 6)
- Labor’s position to not support minimum training standards within the sector until further engagement with providers and unions (Question 8)

While supportive of registration of aged care workers in the survey responses, the Aged Care legislation proposed by Labor in August 2022 does not include this measure.

A WAY FORWARD

ACRN believes change must occur urgently, and on a number of fronts if we are to see the critical improvements outlined by the Royal Commission into Aged Care Quality and Safety.

We must ensure adequate staffing and skills, effective regulation and transparency in the aged care system and no longer accept the poor standards that are causing harm. This change can and must start today. We acknowledge the legislative process currently being led by the Australian Government to implement the recommendations of the Royal Commission but call on the government to **put the needs and safety of older Australians at the centre of its actions.**

To see Australia move to a system that is safe, person-centred, accessible and sustainable, the areas of focus that must go hand in hand are:

1. **Quality of care** – putting older people, their voices and human rights at the centre of the care they receive
2. **Workforce** – the people working in aged care are adequately resourced, remunerated, trained, registered and valued
3. **Transparency and accountability** – at all levels of the system to ensure:
 - a. public money is appropriately spent as intended
 - b. regulation is effective, creates incentives for best practice and consequences for non-compliance with laws and standards.

Specifically, ACRN is calling on the Australian Government to implement:

Quality care:

- Working with older people, their nominees and support network, when designing aged care services
- A new Aged Care Act that focuses on the human rights of older people
- Home care that prioritises each individual's need for support
- Sufficiently funded and accessible allied health services for older people who receive aged care services, both in the home and in residential care
- Work towards deinstitutionalisation of residential aged care facilities to move to smaller residential care services (fewer than 30 beds) and mandate no new large facilities built.

Workforce:

- Increasing staffing levels according to the needs of the individual receiving care
- Harmonised national training standards with mandatory registration and ongoing training (continuous professional development)
- Minimum training of any care staff to be a Certificate 3
- Skill mix of staff – 30% Registered Nurse/ 20% Enrolled Nurse/ 50% Carer
- Allied care minutes must be separate and in addition to general/nursing care.

Transparency and Accountability:

- Effective regulation which creates incentives for best practice and consequences for non-compliance with laws and standards
- Financial transparency
- Public disclosure of performance indicators
- Public access of regulator's spot check reports
- A complaint handling process that is responsive, timely, respectful and prioritises the needs of the care recipient and their support network
- Public reporting of complaints including how they were managed and resolved
- Expanding the definition of elder abuse to include abuse occurring in aged care settings
- Mandatory reporting of elder abuse in aged care settings.

SUMMARY COMPARISON DATA AS AT 06/08/2022 COMMUNITY RESPONSES AND 'POLITICIAN' RESPONSES

Table 1: This summary table provides a snapshot of the overall responses for each respondent group.

Question		Community Responses	Labor	The Greens	One Nation	UAP	Informed Medical Options	TNL	Others
QUALITY CARE	1. Do you support home care that prioritises each individual's need for support?	✓	✓	✓	✓	✓	✓	✓	✓
	2. Do you support a minimum amount of care per day to be provided in residential care, based on individual care needs?	✓	✓	✓	✓	✓	✓	✓	✓
	3. Do you support sufficiently funded and accessible allied health services for older people who receive aged care services, both in the home and in residential care?	✓	✓	✓	✓	✓	✓	✓	✓
	4. Do you support capping of administration fees for home care providers so more funds are available for direct support?	✓	✓	x	✓	✓	✓	✓	✓
	5. Do you support the provision of a variety of fresh, nutritious, appetising and appropriate meals in line with the meal choices of aged care residents?	✓	✓	✓	✓	✓	✓	✓	✓
	6. Do you support keeping the existing Aged Care Assessment process, the existing Regional Assessment Service (RAS) and Aged Care Assessment Teams (ACAT/ACAS) in public hands?	✓ ?	?	✓	✓	✓ ?	✓	✓	✓
WORKFORCE	7. Do you support registration of all aged care workers in both residential and in home care settings?	✓	✓	✓	✓ ?	✓	✓ ?	✓	✓
	8. Do you support a national minimum standard of training for all care staff in both residential and home care. This would specify training modules in personal care, dementia, palliative care, wound care, cultural, diversity, infection control, communication.	✓	?	✓	✓	✓	✓	✓	✓
	9. Do you support at least one Registered Nurse (RN) on duty at all times in an aged care facility?	✓	✓	✓	✓	✓	✓	✓	✓
ACCOUNTABILITY	10. Do you support financial transparency of how taxpayer funds are being used in both residential and home care?	✓	✓	✓	✓	✓	✓	✓	✓
	11. Do you support public reporting of complaints including how they are managed and resolved, and public disclosure on whether the provider is meeting or failing quality standards?	✓	✓	✓	✓	✓ ?	✓	✓	✓
	12. Do you support new Aged Care legislation that prioritises the human rights of older people and mandates quality?	✓	✓	✓	✓	✓	✓	✓	✓
	13. Do you support the mandatory reporting of serious incident within a timely manner in both residential and home care?	✓	✓	✓	✓	✓	✓	✓	✓

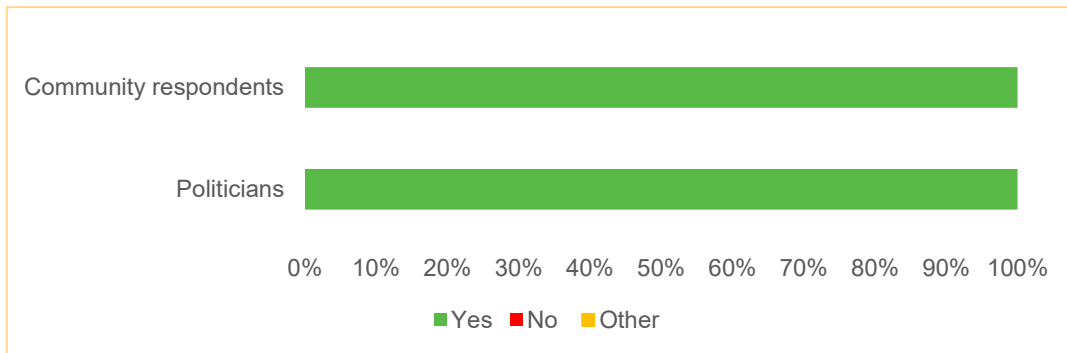
✓ = the majority of a respondent group answered 'Yes'

? = the majority of the respondent group answered 'Other'

x = the majority of respondent group answered 'No'

✓ combined with ? = while the majority of the cohort answered yes, > 10% of responses from the Community cohort or >1 respondent from a political party answered either 'No' or 'Other'.

QUALITY CARE
Q1. DO YOU SUPPORT HOME CARE THAT PRIORITISES EACH INDIVIDUAL'S NEED FOR SUPPORT?

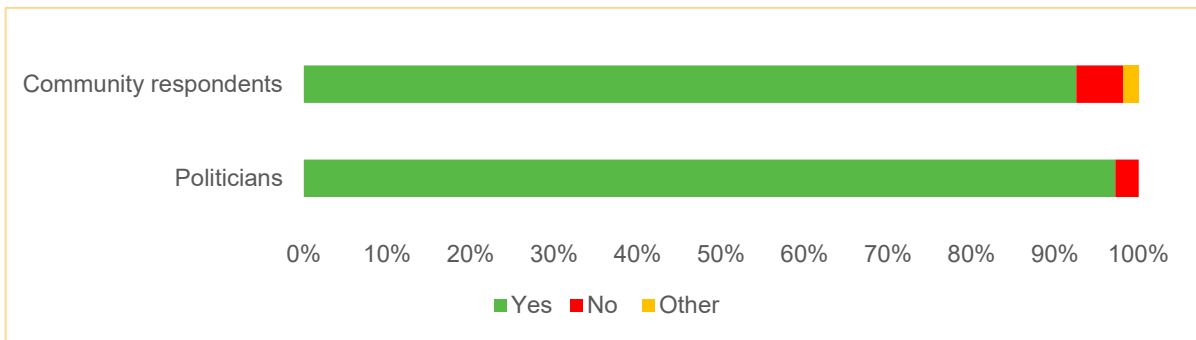


	YES	NO	OTHER	TOTAL
Community respondents	107 (100%)	0	0	104
Politician	72 (100%)	0	0	72
Total respondents	179	0	0	179

Community respondents <i>Support</i>	Emphasised the need for consumer directed, person-centred care, flexible services that change as a person's needs change, adequate resourcing, appropriate training of carers, financial support to make homes safe. Highlighted the negative impact of providers putting profit before people.
Labor <i>Support</i>	Labor has committed to capping Home Care fees to make sure that funding is spent on what it's intended for - the care that older Australians need to help them stay in their own home for longer.
The Greens <i>Support</i>	The Greens call on the government to implement fully funded and appropriate support services for older people who choose to remain in their own homes, including community care programs and home modification.
One Nation <i>Support</i>	Providing care and resources to enable a person to live with dignity and care to stay home should be a priority.
United Australia Party <i>Support</i>	Each case should be assessed on each individual's requirements With adequate and personalised support the elderly will be able to remain in their homes for longer with improved physical and mental health.
Informed Medical Options <i>Support</i>	Providing support to older people should be based on what they need, not cost savings. Administrators must listen to, and hear the voices of our elderly men and women, rather than the administrators deciding 'what's best'.
TNL <i>Support</i>	Home care will only work when the care workers also have appropriate employment arrangements, training, travel, safety and entitlements.
Other <i>Support</i>	Packages are too low, do not upgrade quickly enough for changing needs and the whole process takes far too long. This is the best option. Free in-home assistance should be guaranteed for those who want it.

- Aged Care Reform Now recommends:**
- Quality home care should assess each individual’s need for support and provide choices which will facilitate that person’s ability to maintain their independence and preference of place where they live in order to live their best life.
 - Hours of care and time must align with the individual’s needs.
 - Care provision should be provided within 60 days of assessment.
 - Workforce number planning and training places funded should be assessed based on waiting list numbers annually. Workforce is critical to quality care both at home and in residential care. The home care workforce is dealt with in Questions 7 and 8.

QUALITY CARE
Q2: DO YOU SUPPORT A MINIMUM AMOUNT OF CARE PER DAY TO BE PROVIDED IN RESIDENTIAL CARE, BASED ON INDIVIDUAL CARE NEEDS?



	YES	NO	OTHER	TOTAL
Community respondents	99 (92.5%)	6 (5.6%)	2 (1.9%)	107
Politicians	70 (97.2%)	2 (2.8%)	0	72
Total respondents	169	8	2	179

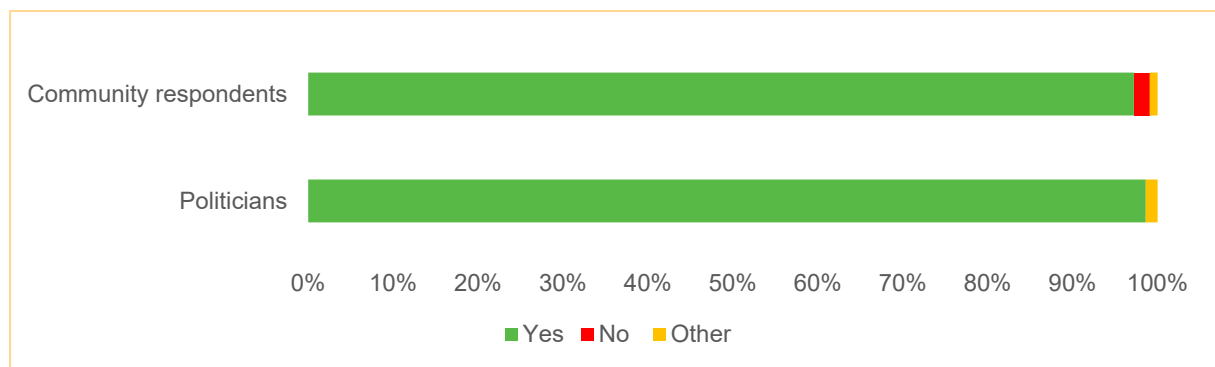
Community respondents <i>Support</i>	Emphasised the need for transparency, qualified, caring staff, adequate staffing levels. ‘No’ and ‘Other’ responses referred to care based on individual needs, rather than a minimum, the need for flexibility and adequate staff to provide care.
Labor <i>Support</i>	Labor has committed to implement the Aged Care Royal Commission’s recommendations to require an average care time of 215 minutes per resident per day, of which 44 minutes must be provided by a registered nurse. The amount of care time a resident receives will be linked to their care needs and assessment.
The Greens <i>Support</i>	Including that increase in staff ratios to ensure at least one registered nurse is rostered on at all times in every facility. Care needs to be individualised, recognising complex social, physical, cognitive, emotional and spiritual needs.
One Nation <i>Support</i>	-

United Australia Party <i>Support</i>	All residents should be entitled to a minimum level of care, with allocation of appropriate funding.
Informed Medical Options <i>Support</i>	Older people in residential care should receive the care they need, whatever that amount is. Administrators must listen to and hear the voices of our elderly men and women.
TNL <i>Support</i>	Should be needs based, with evidence for the care and that the care is delivered.
Other <i>Support</i>	We must do better than minimum standards. Administrators should not prioritise the provision of care.

Aged Care Reform Now recommends:

- Care minutes as recommended by the Aged Care Royal Commission are a device for calculating nurse staffing numbers. Care minutes as stated in the 2021 Five Pillars five-year Budget plan to be implemented by December 2022. Workforce recruitment should be made a priority by:
 - Immediate parliamentary bipartisan support for 25% wage increase in carer case before Fair Work Australia.
 - Mandate full and part time work contracts for all aged care staff and offer job share to cover rostered leave. Zero hours contracts staffing model is a large reason for staff attrition and inability to recruit carers due to perceived job insecurity.
 - Bipartisan parliamentary support for Registered Nurse wage parity with public sector EBA state wage agreements.
 - Aged care support staff to have wage parity with disability support staff.
 - Sufficient ratio of skilled staff. It has been recommended that this mix should be 20% RN 30% EEN and 50% carers. (Note allied care minutes must be separate to personal/nursing care)
- Older care recipients tell us they want “Enough workforce with the right skills, at the right time, with the right approach to facilitate the right outcome for each individual respectfully with compassion and expertise.”

QUALITY CARE
Q3: DO YOU SUPPORT SUFFICIENTLY FUNDED AND ACCESSIBLE ALLIED HEALTH SERVICES FOR OLDER PEOPLE WHO RECEIVE AGED CARE SERVICES, BOTH IN THE HOME AND IN RESIDENTIAL CARE?

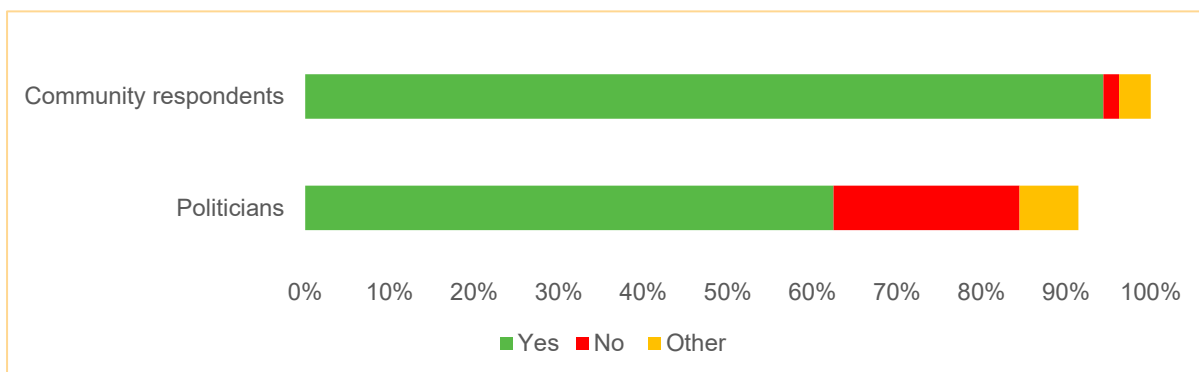


	YES	NO	OTHER	TOTAL
Community respondents	104 97.2%	2 1.9%	1 0.9%	107
Politicians	71 98.6%	0	1 1.4%	72
Total respondents	175	2	2	179

Community respondents <i>Support</i>	Emphasised the value of allied health in maintaining physical and mental health, need for transparency and easier access to services ‘No’ and ‘Other’ responses referred to a lack of access of allied health services in the broader community and current rorting of the system.
Labor <i>Support</i>	Access to allied health care is crucial to the health and wellbeing of aged care residents. There is a wealth of evidence that tells us just how important these interventions are in maintaining and enhancing a resident’s cognitive functions, dexterity and mobility, for example.
The Greens <i>Support</i>	The expansion of allied health services for older Australians, including First Nations specific aged care facilities and individualised, coordinated, multidisciplinary, and evidence-based services. Services should be funded by State health system or provision guaranteed by the Federal health system.
One Nation <i>Support</i>	-
United Australia Party <i>Support</i>	All older people deserve accessible and adequately funded care. Providing allied health services is both caring and efficient, requires both funding and good management.
Informed Medical Options <i>Support</i>	Support services for older people need to be funded appropriately, service providers thoroughly held accountable and audited. We can increase the Medicare levy to accommodate the funds needed to support older people properly
TNL <i>Support</i>	Should be needs-based - with evidence for the care, and also evidence that the care (hours and complexity of care) have been delivered.
Other <i>Support</i>	Funding needs to be boosted.
<p>Aged Care Reform Now recommends:</p> <ul style="list-style-type: none"> • Review and revise Medicare entitlements for occupational therapy and physiotherapy via at home and in-reach aged care services. • Rehabilitation and reablement assessments to be part of initial care assessment plans in both the home and residential facility, with a provision to re-assess ongoing need at 30 days and 3 months post initial assessment. • Allied health needs assessment to be specific to medical/ physiological review eg diabetes Clinical Nurse Consultant (CNC) review for diabetics, speech pathology review for speech and swallowing issues post stroke and advanced neurological conditions including advanced dementia and in palliative care management. • Holistic assessment that focuses on physical, social and emotional modalities to maintain independence, purpose, achievement, and a sense of self by professionally trained allied health services should not be too much to ask for our senior Australians. 	

QUALITY CARE

Q4: DO YOU SUPPORT CAPPING OF ADMINISTRATION FEES FOR HOME CARE PROVIDERS SO MORE FUNDS ARE AVAILABLE FOR DIRECT SUPPORT? (THEY ARE CURRENTLY BETWEEN 8% AND 35%)



	YES	NO	OTHER	TOTAL
Community respondents	101 94.4%	2 1.9%	4 3.7%	107
Politicians	45 62.5%	22 30.6%	5 6.9%	72
Total respondents	146	24	9	179

Community respondents <i>Support</i>	Emphasised excessive fees, a lack of transparency and lack of accountability. ‘No’ and ‘Other’ responses referred to administrative costs being funded separately from support costs and being unclear about the question.
Labor <i>Support</i>	Labor has committed to capping Home Care fees to make sure funding is spent on care that helps older Australians stay at home for longer.
The Greens <i>Do Not Support</i>	Aged care should not be run for profit. The Greens are committed to phasing out for-profit providers and ensuring aged care is provided on a not-for-profit basis.
One Nation <i>Support</i>	Residential Aged Care should be non-for-profit organisations.
United Australia Party <i>Support</i>	There should be a limit on these fees. The appropriate and wise administration of care facilities is crucial to all levels of operation. Administration costs should be separate from needed funds to ensure the recipient gets all the care they need.
Informed Medical Options <i>Support</i>	A complete audit and analysis of support for our elders is needed; aged care should not be a cash cow for service providers
TNL <i>Support</i>	There needs to be a realistic level of funding for administration for all providers while ensuring that there are rules to protect every recipient of care from attempts to profiteer. Our approach would be that whether utilising private sector or government services here, there would be no cost to the person receiving the care.
Other <i>Support</i>	Needs quantification.

Aged Care Reform Now:

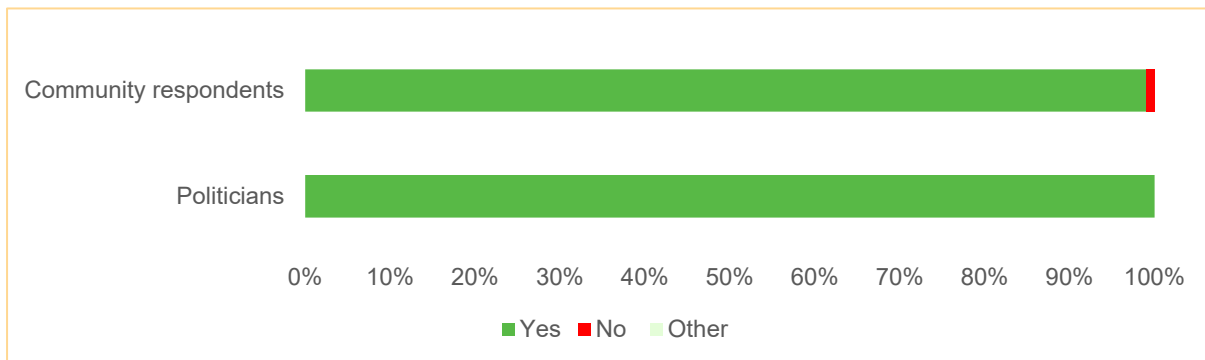
- Acknowledges the Australian Government has committed to the capping of administrative fees.

Recommends:

- Administration fees should be set by an independent pricing authority on an annual review basis. Invoicing should clearly show administration fees as separate items.
- An individual’s care package must be quarantined for the provision of their assessed care requirements and not used to provide disproportionate profits to providers.
- Individuals should be encouraged to self-manage when possible.

QUALITY CARE

Q5: DO YOU SUPPORT THE PROVISION OF A VARIETY OF FRESH, NUTRITIOUS, APPETISING AND APPROPRIATE MEALS IN LINE WITH THE MEAL CHOICES OF AGED CARE RESIDENTS?



	YES	NO	OTHER	TOTAL
Community respondents	106	1	0	107
	99%	1%	0%	
Politicians	72	0	0	72
	100%	0%	0%	
Total respondents	178	1	0	179

Community respondents
Support

Emphasised the need for much better quality of meals, the need for choice of meals, time and place they are provided
‘Nor’ response referred to residents determining meal choices.

Labor
Support

Labor will ensure that there is better food for residents of aged care homes. A Labor Government will work with partners, residents, their advocates and the sector to develop and implement mandatory nutrition standards, guidelines, and education materials for cooks in aged care homes to ensure every resident gets good food, including culturally and religiously appropriate food. Labor will also make reporting on food and nutrition mandatory to give families more visibility to make informed choices

The Greens
Support

Fresh, nutritious, appetising and appropriate meals are essential for quality of life and wellbeing. Dignity must be maintained at all time.

One Nation
Support

This should be addressed immediately. As we get older, our bodily nutritional needs change and fresh vegetables, high protein and calcium diets are needed.

United Australia Party
Support

'Health' care is much more than ensuring that medications are administered. A healthy balanced diet is critical to maintaining health at every age. Prison inmates get better treatment than Australia's elderly.

Informed Medical Options
Support

Providing healthy and delicious food for residents should be mandatory for aged care facilities.

TNL
Support

Essential. We propose to bring aged care under the direct control of the government, whether in partnership with the private sector or solely as a government function and this would be an absolutely fundamental requirement.

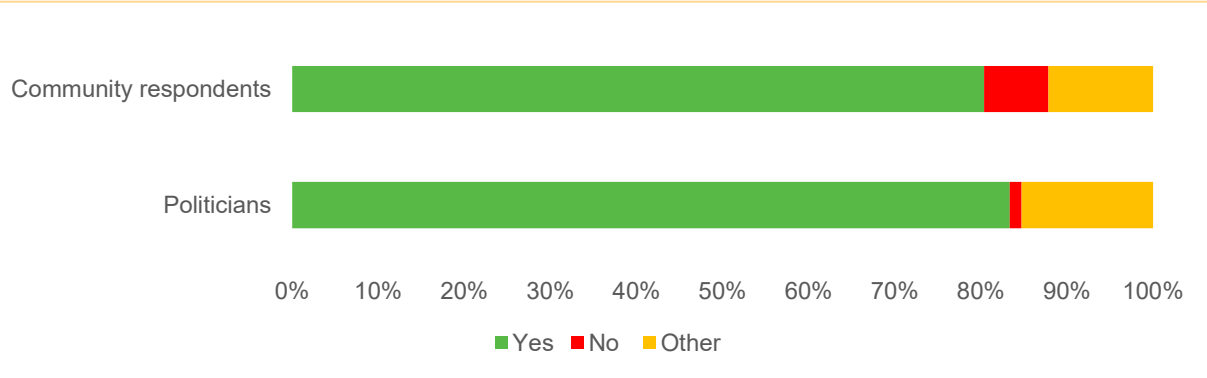
Other
Support

Nutrition is the key to wellbeing.

Aged Care Reform Now recommends:

- Nourishment is a human right. The right to enjoy life sustaining food free from hunger, and malnutrition. Adequate and nutritious food aids general health and wellbeing as well as supporting mobility, cognition and healing. As well as being nutritious food should look appealing and be appropriate for the individual's dentition, swallowing, dietary and cultural requirements
- The proposed 2023 Aged Care Act should be accompanied by national regulations which delineate aged care food standards including nutritional guidelines which define employment standards of qualified chefs, cooks and food service staff. Where current staff do not have qualifications in dietary modification requirements mandated, paid retraining should be initiated immediately via national TAFE based training.
- Food safety, food hygiene standards and awareness of nutritional standards and texture modification standards should form part of carer and support staff initial and ongoing training Certificate 3 and 4.

QUALITY CARE
Q6: DO YOU SUPPORT KEEPING THE EXISTING AGED CARE ASSESSMENT PROCESS, THE EXISTING REGIONAL ASSESSMENT SERVICE (RAS) AND AGED CARE ASSESSMENT TEAMS (ACAT/ACAS) IN PUBLIC HANDS?



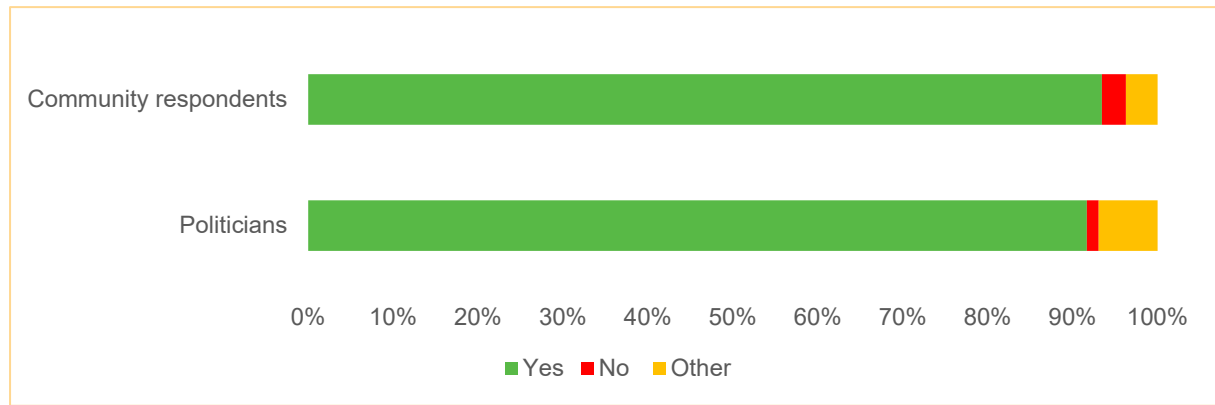
	YES	NO	OTHER	TOTAL
Community respondents	86	8	13	107
	80.4%	7.5%	12.1%	
Politicians	60	1	11	72
	83.3%	1.4%	15.3%	
Total Respondents	146	9	24	179

Community respondents <i>Support</i>	Emphasised the need to retain in government hands to minimise profiteering, and the high levels of skills required for assessments. ‘No’ and ‘Other’ responses referred to the need to streamline, standardise and simplify the process, and make it enforceable.
Labor <i>Other</i>	Labor is aware of issues with the assessment process and has no plans to privatise the assessments process in aged care. A Labor Government will take advice from the Department of Health, advocates, the sector, and experts on whether to make any alterations to the commitments already made by the Morrison Government.
The Greens <i>Support</i>	The Federal Government must play a central role in funding, regulation and support of high-quality services. Aged care should be provided on a not-for-profit basis, and therefore such assessments should be kept in public hands.
One Nation <i>Support</i>	Needs additional resources, continual accountability and transparency and depends on how it is managed.
United Australia Party <i>Mixed</i>	Some respondents want to see a review and need more information.
Informed Medical Options <i>Support</i>	A complete audit and analysis of support for our elders is needed; aged care should not be a cash cow for service providers. The government should continue to support elderly people.
TNL <i>Support</i>	Must be public, accountable and consistent. We need to urgently streamline these assessment processes.
Other <i>Support</i>	Need more transparency and accountability in both private and public sectors.

Aged Care Reform Now recommends:

- Communities expect locally accessible public owned assessment services that are aware of local issues, needs and limitations. It is important that supportive, significant others have input into the individual’s assessment.
- Ideally existing assessment services should be maintained as the current service works reasonably well. Should there be a change there should be yearly re-assessment of the suitability of nominated assessors and assessment process.

QUALITY CARE / WORKFORCE
Q7: DO YOU SUPPORT REGISTRATION OF ALL AGED CARE WORKERS IN BOTH RESIDENTIAL AND IN HOME CARE SETTINGS?



	YES	NO	OTHER	TOTAL
Community respondents	100	3	4	107
	93.5%	2.8%	3.7%	
Politicians	66	1	5	72
	91.7%	1.4%	6.9%	
Total respondents	166	4	9	176

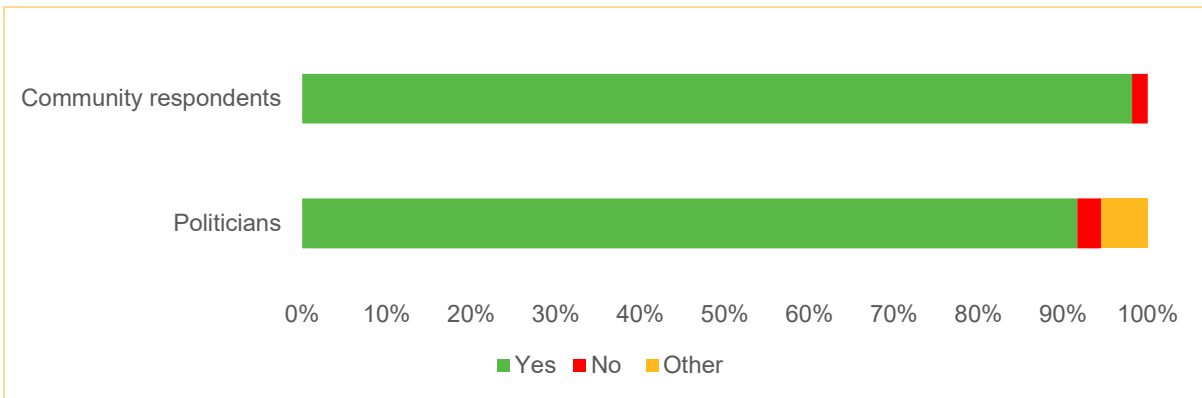
Community respondents <i>Support</i>	Emphasised that registration will support quality of care, accountability and will protect workers. Also need higher wages and minimum qualifications. ‘Other’ responses referred to the need for some flexibility and how registration process is managed.
Labor <i>Support</i>	Labor will establish a national registration scheme for protecting residents and to further professionalise the aged care workforce
The Greens <i>Support</i>	All aged care workers need to be registered and supported to access adequate training and workplace conditions.
One Nation <i>Support</i>	Some concerns about the process and protection of privacy, and other types of workers who work in aged care facilities.
United Australia Party <i>Support</i>	Aged care is essentially "health care" and hence some form of registration relevant to the work undertaken should be required. ‘Other’ responses raised ensuring people raising concerns within the sector are protected.
Informed Medical Options <i>Support</i>	‘Other’ responses included that vetting is more important than registration, and the risk of organisations becoming organs of control rather than help.
TNL <i>Support</i>	Support the Commission’s recommendation to establish a national registration scheme.
Other <i>Support</i>	Allowances must be made for mobile eservices and provisions for rural and country areas.

Aged Care Reform Now recommends:

- Workforce is critical to any and all improvements in aged care. There should be National registration with AHPRA with yearly re-registration dependent on mandated 20 hours of competency training in all skill areas.

- Course content for Certificate 3 and 4 in personal care/ NDIS to be designed by Registered Nurses and allied health professionals to form a national harmonised training course.
- Quality and safety of care is linked to accountability and governance. National registration ensures that aged care workers have codes of conduct that are overseen by AHPRA and that ongoing maintenance of education standards are embedded into practice on a yearly cycle. This ensures that the workforce is continually improving their standards of care.
- A code of conduct alone is not sufficient if there is no central body to record or report breaches to. Under the current system unless a worker receives a police conviction for breaches such as rough handling, they can still move from one employer to the other.

WORKFORCE
 Q8. DO YOU SUPPORT A NATIONAL MINIMUM STANDARD OF TRAINING FOR ALL CARE STAFF IN BOTH RESIDENTIAL AND HOME CARE? THIS WOULD SPECIFY TRAINING MODULES IN PERSONAL CARE, DEMENTIA, PALLIATIVE CARE, WOUND CARE, CULTURAL, DIVERSITY, INFECTION CONTROL, COMMUNICATION, AND ONGOING REFRESHER TRAINING



	OTHER	YES	NO	TOTAL
Community respondents	0	105	2	107
		98.1%	1.9%	
Politicians	4	66	2	72
	5.6%	91.7%	2.8%	
Total respondents	4	171	4	179

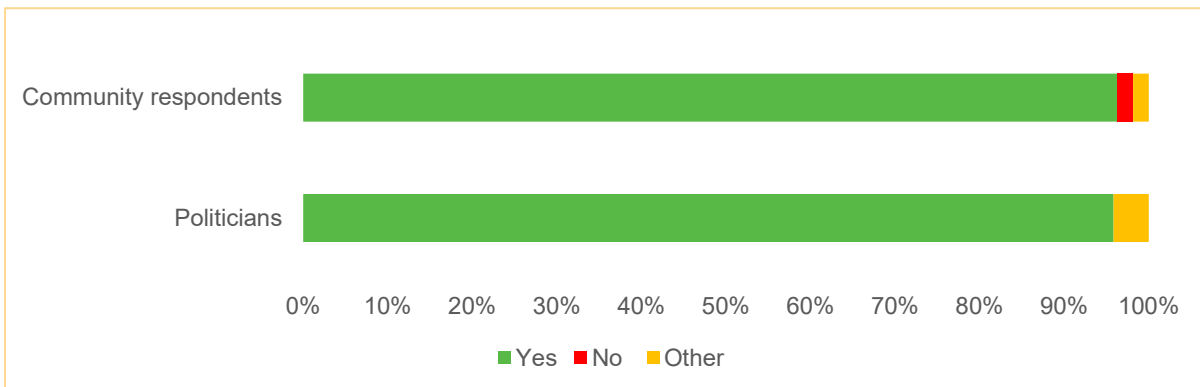
Community respondents <i>Support</i>	Emphasised the quality of training needed to manage complex care needs, the need for training to be paid for, better pay and scrutiny of training providers.
Labor <i>Other</i>	Initially, Labor will not be making education levels mandatory but this is something we're open to doing in the future. Close consultation with providers and unions is required to ensure we aren't unfairly penalising workers and are not risking the care and safety of older Australians.
The Greens <i>Support</i>	The Greens education policy calls for free initial and ongoing training. Along with better pay, this will help.
One Nation <i>Support</i>	The more training and specialised staff, the better

United Australia Party <i>Support</i>	This is absolutely necessary and most other health care sectors require ongoing professional development to maintain registration. Needs to be managed in light of staff shortages and costs.
Informed Medical Options <i>Support</i>	Concern raised about driving valuable workers out of the sector
TNL <i>Support</i>	Must be accompanied with a commensurate increase in remuneration, funded by the sector
Other <i>Support</i>	Support for training best practice.

Aged Care Reform Now recommends:

- The Aged Care Royal Commission highlighted deficiencies in carer training, especially in dementia care, infection prevention and control and health communication. A harmonised national training syllabus needs to be enacted focusing on true person-centred care. This should include modules in personal care of the frail elderly, dementia, responding to behaviours of concern, wound care, cultural diversity, infection control, English language communication, and ongoing refresher training in infection control and palliative care.
- As Australians are living longer, the complexity of care requirements is increasing. Many have co-morbidities who require extra supports to live their best life.

WORKFORCE
Q9: DO YOU SUPPORT AT LEAST ONE REGISTERED NURSE (RN) ON DUTY AT ALL TIMES IN AN AGED CARE FACILITY?



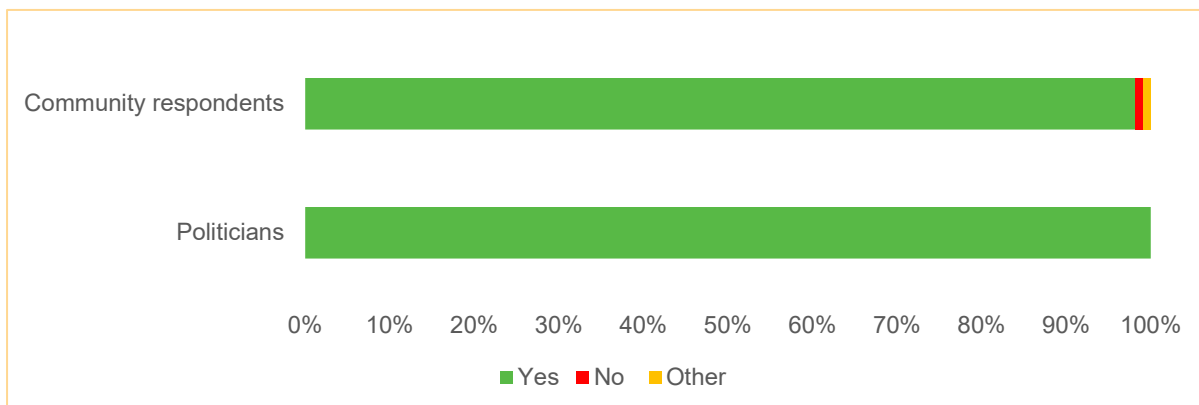
	YES	NO	OTHER	TOTAL
Community respondents	103 96.3%	2 1.9%	2 1.9%	107
Politicians	69 95.8%	0	3 4.2%	72
Total respondents	172	2	5	179

Community respondents <i>Support</i>	Emphasised this should be a minimum and be higher in some circumstances. 'Other' responses referred to the need for more than 1 RN.
Labor <i>Support</i>	Labor will require every aged care facility to have at least one registered nurse on duty, at all times, from July 2023.
The Greens <i>Support</i>	One registered nurse on duty at all times is necessary to maintain the safety and effective care of older people's complex medical needs.
One Nation <i>Support</i>	There needs to be staff to resident ratios. Noted different kinds of aged care facilities, including self-care where this may not be appropriate.
United Australia Party <i>Support</i>	This should be non-negotiable and is a bare minimum.
Informed Medical Options <i>Support</i>	Absolutely essential
TNL <i>Support</i>	In smaller facilities an experienced EN (with meds experience etc) might be suitable when an RN (or Dr) is supervising remotely.
Other <i>Support</i>	Essential.

Aged Care Reform Now recommends:

- Having an RN physically present in residential care is a basic non-negotiable minimum. Until that can be achieved, a paid, on call roster system by currently employed staff, supported by digital technology, should be instituted immediately. RN roster coverage might be augmented by a "travelling nurse" system to cover planned leave such as annual leave, long service leave and remote area recruitment replacement. RN 24/7 should be implemented by December 2022.
- A Nurse mentor and career structure to be in place by end 2023 to enable workforce succession planning and quality assurance programs.
- The flow-on effect of diminished trained nursing staff currently means that that prevention or early detection of issues such as pressure sores and infections is severely compromised. Some conditions that could be treated at the residential facility by trained staff are needing to be transferred to tertiary hospitals. This contributes to bed block in the hospital system and is often very distressing for the individual.
- The trend in Australia towards larger, less home-like aged care facilities means the quality of care and the human rights of older Australians are being undermined.

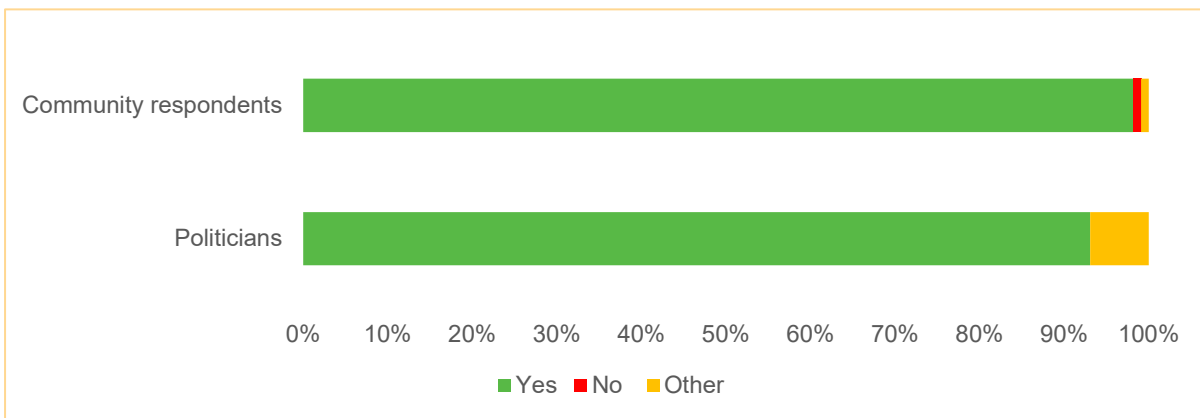
TRANSPARENCY AND ACCOUNTABILITY
Q10: DO YOU SUPPORT FINANCIAL TRANSPARENCY OF HOW TAXPAYER FUNDS ARE BEING USED IN BOTH RESIDENTIAL AND HOME CARE?



	YES	NO	OTHER	TOTAL
Community respondents	105 98.1%	1 0.9	1 1%	107
Politicians	72 100%	0	0	72
Total respondents	177	1	1	179

Community respondents <i>Support</i>	Emphasised the need for ‘people before profits’, transparency in order to have accountability and need to stop private providers from making profits and diverting funds to other parts of their business.
Labor <i>Support</i>	Labor will require all aged care providers to provide a breakdown of their expenditure as part of the Aged Care Financial Report. Providers will be required to show how much is spent on care, nursing, food, maintenance, cleaning, administration, and profits. Labor will establish a new complaints commissioner to ensure complaints against providers are properly and thoroughly dealt with
The Greens <i>Support</i>	Accountability and transparency are essential for effective management of residential and home care services. The priority must be on ensuring funds are spent on care.
One Nation <i>Support</i>	Absolutely.
United Australia Party <i>Support</i>	A much higher level of detail is required. Tax-payer money is being used to fund these services and it should be transparent. No commercial in confidence agreements
Informed Medical Options <i>Support</i>	Absolute transparency and accountability is necessary.
TNL <i>Support</i>	Committed to supporting systems which embody the objectives of transparency and accountability; which are foundational to establishing good governance and building integrity.
Other <i>Support</i>	Absolutely. A Federal ICAC is a must.
<p>Aged Care Reform Now recommends:</p> <ul style="list-style-type: none"> • Separate funding streams for Staffing wages/staff leave accruals and hotel services costs. • Individual residential care facilities and home care providers must provide detailed annual profit and loss and company annual reports detailing how taxpayer and client supplemental payment funds were utilised. Taxpayer funds allocated to Aged Care must only be used for that purpose. • The new 2023 Aged Care Act should mandate that all providers and parent companies who are licensed as aged care providers be registered in Australia and must provide annual reports for scrutiny by the Australian Tax Office. This should be regardless of the size or ownership of the provider. 	

TRANSPARENCY AND ACCOUNTABILITY
Q11: DO YOU SUPPORT PUBLIC REPORTING OF COMPLAINTS INCLUDING HOW THEY ARE MANAGED AND RESOLVED, AND PUBLIC DISCLOSURE ON WHETHER THE PROVIDER IS MEETING OR FAILING QUALITY STANDARDS?

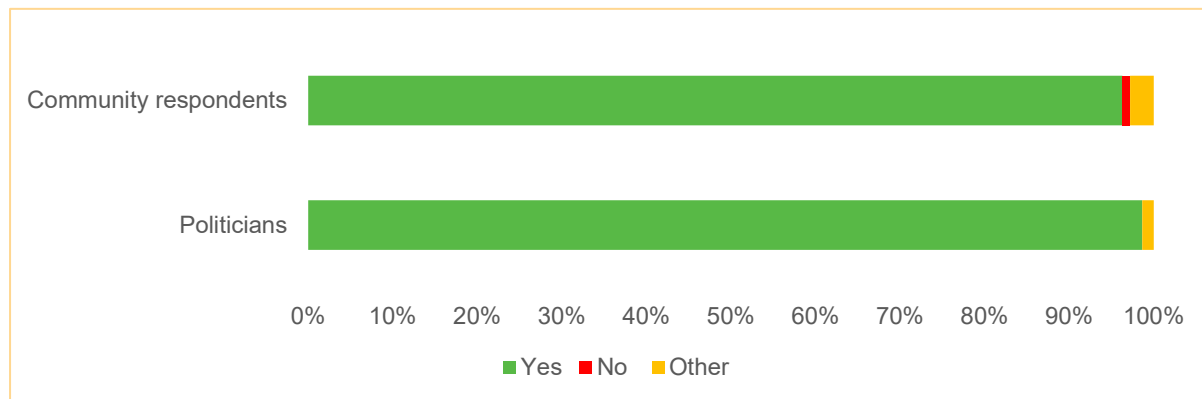


	YES	NO	OTHER	TOTAL
Community respondents	105	1	1	107
	98.1%	0.9%	0.9%	
Politicians	67	0	5	72
	93.1%		6.9%	
Total respondents	172	1	6	179

Community respondents <i>Support</i>	Emphasised the current system managed by ACQSC is ineffective - ‘a total waste of everyone’s time and public money’. Public reporting will ensure providers are held accountable for their actions and should be tied to government funding.
Labor <i>Support</i>	Labor will establish a new complaints commissioner to ensure complaints against providers are properly and thoroughly dealt with. The performance of the Complaints Commissioner will include public reporting of how many complaints have been resolved. Labor also supports the public reporting of whether providers are meeting quality standards.
The Greens <i>Support</i>	There must be public reporting of complaints but how much is reported should depend on their severity and the outcome of how they are resolved. The level of detail published needs to consider privacy.
One Nation <i>Support</i>	Transparency is a must. Need checks to validate the reporting process.
United Australia Party <i>Support</i>	An external complaints system should be established so that providers are followed up and accountable. Provide industry standards and rating system (accreditation system). Concerns raised about level of detail published, privacy and vexatious complaints.
Informed Medical Options <i>Support</i>	ACQSC handling of complaints is woeful. All complaints (and their management and resolution) should be public, to ensure accountability.
TNL <i>Support</i>	Support this where the report is related to clear risk and/or harm to a recipient of care. There must also be conditions applied to how and what is reported. Needs to be a capacity to quarantine provider's revenue.

Other Support	This is essential for trust.
<p>Aged Care Reform Now recommends:</p> <ul style="list-style-type: none"> The Aged Care Quality and Safety Commission should be required to produce quarterly publicly available statistics on reports of complaints lodged of failures to meet Aged Care Standards or Serious Incident Reports. Such reports should be accompanied by trend statistics, actions taken to rectify issues and the time taken to resolve such issues. These reports should be easily accessible from individual providers websites. Cases should remain available in the public domain for seven years from reporting date as in public sector health. They should not be expunged if a facility or provider changes ownership as is currently the case. 	

TRANSPARENCY AND ACCOUNTABILITY
Q12. DO YOU SUPPORT NEW AGED CARE LEGISLATION THAT PRIORITISES THE HUMAN RIGHTS OF OLDER PEOPLE AND MANDATES QUALITY?



	YES	NO	OTHER	TOTAL
Community respondents	103 96.3%	1 0.9%	3 2.8%	103
Politicians	71 98.6%	0	1 1.4%	72
Total respondents	174	1	4	179

Community respondents Support	Emphasised the extent of human rights abuses, systemic discrimination and disempowerment in aged care and the need to legislate for change. ‘Other’ responses emphasised the need for older people to feel safe and be supported to exercise their right to self-determination.
Labor Support	Labor will establish a new complaints commissioner to ensure complaints against providers are properly and thoroughly dealt with. The performance of the Complaints Commissioner will include public reporting of how many complaints have been resolved. Labor also supports the public reporting of whether providers are meeting quality standards.
The Greens Support	There must be public reporting of complaints but how much is reported should depend on their severity and the outcome of how they are resolved. The level of detail published needs to consider privacy.
One Nation Support	Transparency is a must. Need checks to validate the reporting process.

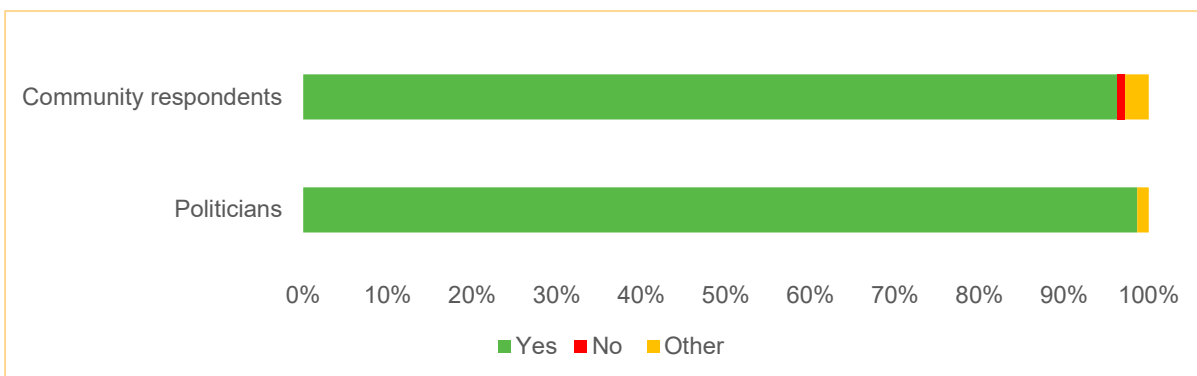
United Australia Party <i>Support</i>	An external complaints system should be established so that providers are followed up and accountable. Provide industry standards and rating system (accreditation system). Concerns raised about level of detail published, privacy and vexatious complaints.
Informed Medical Options <i>Support</i>	ACQSC handling of complaints is woeful. All complaints (and their management and resolution) should be public, to ensure accountability.
TNL <i>Support</i>	Support this where the report is related to clear risk and/or harm to a recipient of care. There must also be conditions applied to how and what is reported. Needs to be a capacity to quarantine provider's revenue.
Other <i>Support</i>	This is essential for trust.

Aged Care Reform Now recommends:

- The 1997 Aged Care Act must be abolished. Aged Care Legislation should be based on International Human Rights legislation and should mandate against ageism, aged care rights abuses and abuses of state-based guardianship laws as is currently the case.
- New Aged Care legislation should mandate that Patient Choices Legislation and the rights of the individual for choice and self-determination should be paramount. The current Act has the provider at the centre and provides anonymity and non-disclosure rights for them. The individual receiving care should be at the centre of the new Aged Care Act.
- There should be consequences for non-compliance with laws and standards. Financial penalties for the provider organisation should be the bare minimum, with more serious incidents leading to criminal convictions.

TRANSPARENCY AND ACCOUNTABILITY

Q13. DO YOU SUPPORT THE MANDATORY REPORTING OF SERIOUS INCIDENTS WITHIN A TIMELY MANNER IN BOTH RESIDENTIAL AND HOME CARE?



	OTHER	YES	NO	TOTAL
Community respondents	1	106	0	107
	0.9%	99.1%		
Politicians	0	72	0	72
		100%		
Total respondents	1	178	0	179

Community respondents <i>Support</i>	Emphasised the need for timely reporting and responses, with the current system not leading to improvement or prevention. Guidelines and a clear definition for serious incidents is needed. Acknowledged the complexity with the home care setting.
Labor <i>Support</i>	Labor supports the extension of the Serious Incidents Report Scheme to Home Care.
The Greens <i>Support</i>	A national online reporting system should be easy to set up and maintain. To make it worthwhile there must be full funded and resourced agency and response procedures
One Nation <i>Support</i>	This is already in place but is not regulated and policed. Added resources and teeth is needed to the Aged and Quality Care Commission.
United Australia Party <i>Support</i>	An external reporting body needs to be established so that incidents can be reported, investigated and dealt with in a timely manner without concern for the repercussions of the person reporting or the elderly person it has happened to.
Informed Medical Options <i>Support</i>	Mandatory reporting of serious incidents is essential and any serious incident must be dealt with urgently.
TNL <i>Support</i>	Reporting is essential. The reports should also provide historical (contextual) information as how and why this was able to occur This should not need to be a question as these matters often have criminal negligence characteristics and should be reported to police.
Other <i>Support</i>	Need protection for whistle blowers.

Aged Care Reform Now recommends:

General

- Although Serious Incident Response amendment legislation is in train, the quarterly reports since July 2021 show there are far too many incidents still occurring. Schedule 9 providing indemnity to providers should be rescinded.
- Urgent training of a specialist trained assessor workforce needs to be implemented. There are too few staff, too slow responses at present. Assessors and investigators need to be based in each state, should have the ability to visit the facility and deal with staff on the floor when required.
- A specialist mental health/dementia/ behaviour-modification unit of health professionals needs to be set up to design courses and systems to deal with serious incident management.
- Civil and criminal penalties need to be enacted. As in childcare there should also be the option of financial penalties for providers for serious incidences. There should be consideration given to the role of boards and management in systemic failures.
- Presently actions are too provider-centric and lack practical solutions to ensure prevention. Families and significant others wait months or years for resolution and suffer frustration due to obscure and difficult communication channels. Serious incident reports (or links to them) should be easily accessible on a provider’s website, as well as My Aged Care.

Home care

- Aged Care Reform Now made a submission to the Department of Health’s consultation into SIRS in-home Aged Care services. The full submission can be found at - <https://agedcarereformnow.com.au/wp-content/uploads/2021/08/Aged-Care-Reform-Now-Response-to-SIRS-for-in-home-aged-care-services-Aug-2021.pdf>

The major recommendations were:

1. Consumer right to self-report to SIRS

2. Independent advocacy support for complainants
3. Central complaints triage
4. National reporting system
5. Expanded definitions of serious incidents
6. Electronic record of attendance
7. A consumer's care plan should define what incidents are serious according to individual circumstances
8. National registration of in-home aged care workers (see Question 7 of 13 Questions)
9. 72-hour timeframe for reporting level 2 incidents.

APPENDIX 1**'EVERYDAY PEOPLE'/COMMUNITY RESPONDENTS****FREE TEXT COMMENTS****QUESTION 1****DO YOU SUPPORT HOME CARE THAT PRIORITISES EACH INDIVIDUAL'S NEED FOR SUPPORT?****COMMUNITY RESPONDENTS YES = 107 NO = 0 OTHER = 0****Free text comments:**

- Need more staff & funding
- Of course, and as a community we have to be prepared to pay for the unavoidable cost of providing it
- Stop treating the elderly like cash cow's by charging exorbitant fees for substance services
- whilst this sounds great in theory it is not actually what happens in the real world unfortunately.. even not for profits are about their bottom line, rather than ensuring each individual gets exactly what they need.
- needs to allow for high dusting and shifting furniture periodically if required
- need range widely
- People often don't have cognitive ability to know they need help
- Consumer Directed Care must stay.
- Individual needs says it all. Everyone requires different types of emotional and mobility care
- Yes but this must be seen from consumers perspective
- Needs to be reassessed more to ensure that changing needs are addressed
- It needs to be quality care
- This cannot happen with undertrained staff and Companies that put profit before care.
- currently particularly insufficient individual support
- this needs to be better resourced
- why wouldn't it be individual when people have individual needs
- Absolutely! Good Home care packages will enable people to stay in their homes longer!
- There needs to be a way to pay loved ones to undertake the care where possible.
- I believe the assessment framework should have an age basis, then add a physical/mental capacity, then a remoteness factor and an awareness that people are not going to want to admit their frailty so err on the side of assistance rather than making it difficult.
- But I am also concerned for the people who are unable to advocate for themselves being left behind
- Based on NEEDS, not wants.
- It's the only way you can give proper care, our elderly deserve this after all they have done for this country
- We need to be innovative and creative in provision of care to support each individual's need. It will take more than just money being thrown around and 'at it'.
- Can't get help when needed because of wait list times
- The support needs to be appropriate - provided by those with the necessary level of knowledge and skill.
- My Mother is on a HCP and her individual needs are not met, they don't care.
- Holistic person centred care should be provided
- If Age Pensioners want to stay in their own homes then they desperately need financial assistance to make that home safe for them, as they get older and, for some of us, as our bodies give way and make basic moving around risky.
- Absolutely ,every person's circumstance is unique and as a person who advocates person centred care ,which might I add is part of the new standards in aged care cannot possibly be delivered to a sector in such crisis as ours .
- Person centred care must be at the heart of any aged care service

QUESTION 2**DO YOU SUPPORT A MINIMUM AMOUNT OF CARE PER DAY TO BE PROVIDED IN RESIDENTIAL CARE, BASED ON INDIVIDUAL CARE NEEDS?**

COMMUNITY RESPONDENTS YES = 99 NO = 6 OTHER =2

Free text comments:

- Everyone is different, therefore care needs are different & need to be managed accordingly. Not a case of 'one fits all'.
- and there needs to be transparency, Ticking off a task as done does not mean it has been done and has been done to the appropriate standard
- Must be high quality care by educated, caring staff and monitor staff performance insnd their behaviour towards the elderly
- How is this likely to happen though? Residential facilities are so short staffed, especially with the requirement of all staff to be jabbed with gene modification technology - where is the system going to be when the inevitable happens and there workforce is even more greatly reduced? Who pays for this "minimum amount of care" if the facilities don't have enough money (even privately owned) to fund current staff levels?
- *(NO) All care needs should be based on need, not a minimum*
- according to individual needs
- 4 hours
- will be good to know what is considered min amount of care as a starting point.
- I've seen this myself, over two years visiting my husband and saw that many people did not receive adequate care or attention
- *(NO) Needs to be a maximum amount of care*
- There would also need to be a mandated requirement for detailed daily record of this within care plan.
- The provider needs to ensure they have enough staff rostered on the floor to ensure needs are met as quickly as possible
- I am an EEN of a 30 bed Dementia Unit and we are all exhausted and burnt out
- *(NO) The care needs to be structured for the individuals needs*
- Which has to be individualised!
- The current minimum is too low. I live on a pension and I eat way better.
- poor staff are rushed off their feet, stressed beyond fairness and need much more support and in some cases training
- this is imperative aged care industry is either greedy or underfunded and many residents need supervision just to keep them safe that they don't have and let alone support to give them emotional support and to help them engage and participate in daily life
- I would like to see more than just a minimum
- Nursing and allied health need minimum minutes (and specifying needs to be EN/RN and allied health professionals to count, not assistants)
- Totally
- Determination of individual needs must be transparent and the decision reviewable with a clear review process. Not all assessors are the same.
- *(OTHER) I fear using language such as a minimum amount of care to be provided runs the risk of the determined "minimum" only being provided. How is decided what the minimum is? And how is it determined when more is needed? If care is provided on individual care needs there would be days when there is a certain amount of minimum ADLs but others when a lot more care/interaction/support is required. It needs to be fluid and not time based which I believe the minimum is. Sometimes time needing spent on same care requirements is longer on some days than others due to individuals circumstances on the day*
- How will this be ensured?
- The level of 'per day' hours per individual to be assessed by specifically trained people.
- It is paramount for proper care to be provided
- I do support this but with tight controls and monitoring to make sure it is being provided as it is too easy to tick a box on a hard copy or digital plan.
- *(NO) need more nurses to do one to one bases*

- Royal Commission recommendations
- There needs to be an appropriate skill mix amongst staff - those providing the care need to have the relevant competencies
- Lack of staff made this very hard in my parents' facility
- Minimum Mandated Ratios.
- There needs to be more staff on the floor available to provide the care as requested promptly
- Individual needs must be met as per care plan which is extremely difficult given the lack of staffing.
- It's important that the amount be based on individual care needs, not on an arbitrary number like 200 minutes as varying care needs are required.

QUESTION 3

DO YOU SUPPORT SUFFICIENTLY FUNDED AND ACCESSIBLE ALLIED HEALTH SERVICES FOR OLDER PEOPLE WHO RECEIVE AGED CARE SERVICES, BOTH IN THE HOME AND IN RESIDENTIAL CARE?

COMMUNITY RESPONDENTS YES = 104 NO = 2 OTHER = 1

Free text comments:

- particularly dental services
- Stop treating the elderly like cash cow's by charging exorbitant fees for substance services
- *(NO) Allied health is not available to all citizens unless you have extras cover*
- according to individual needs
- Prevention of falls etc is vital for quality of life and Govt cost management
- Without good dentition you don't have health
- Absolutely, I hate to fight for this for my husband. But most often they didn't have staff or time even though physio was in my husband's care plan
- Older people are due this funding for years of their contribution to society
- In RAC access to psychology through a mental health plan
- Can't believe this needs to be begged for
- Extremely important to assist with maintaining productive adls
- Definitely need to assess each person's needs and not expect staff to be everything (nurse, housekeeper, maid, teacher minister) to them. Only one person does that for another and that person is called MUM. People in Aged Care usually don't have a living Mum any more
- very difficult processes currently in place to assist in funding, we need a simpler system and people that are minded to help, not the huge wait times that are currently via phone or personal visiting for ACAT assessments
- *(OTHER) In my opinion there is already support for AH and unfortunately this is sometimes rorted too by AH professionals who spend minimal time and have little knowledge/experience working with elderly (especially people living with dementia). This is especially in the area of psychological support. Also, a total waste for physiotherapists to 'massage' people (nothing to do with improving mobility or reducing falls). This is merely to increase funding income under pain management!!!!*
- a necessary support to maintain physical and mental health
- Definitely. Allied health is an essential human right, and 22 minutes a resident a day is needed as it is overseas and recommended by authors of the new funding system and royal commission
- Allied health services like physiotherapy and podiatry kept mum going
- More transparency about what their role is and how much time is allocated is needed for residents to understand. Coming to have a chat for 10 mins and doing 5 mins of massage isn't always in the residents' best interest.
- There are services now but there's not capacity and long wait lists
- There needs to be capping on the fees charged, if the allied health service is contracted to privately owned 'providers' of the allied health service.
- This is the age that it is necessary to have quality of life. This is essential for care
- The more healthy we can keep our family/citizens the less it will all cost.
- *(NO) They are not sufficiently funded at all that is why the Politicians need to answer for all these question why not enough nursing staff because they are leaving of terrible conditions.*
- If they don't get it their lives are shortened and more painful
- Action to significantly improve services to address oral health needs, (incl dentistry) and services to assist with orientation and mobility of those with vision impairment is needed
- Very important

- Access to services as needed, not having to wait for months
- Absolutely. It is devastating this is at risk. However infirm my father was with Parkinson's, physio was important to him and his carer, my mother. What luck will people have getting physios to their facility if they can afford it, when its so hard to get GPs in there?
- Of course, this is integral to their health and impacts their quality of life .
- Allied health services help prevent further issues down the track

QUESTION 4

DO YOU SUPPORT CAPPING OF ADMINISTRATION FEES FOR HOME CARE PROVIDERS SO MORE FUNDS ARE AVAILABLE FOR DIRECT SUPPORT? (THEY ARE CURRENTLY BETWEEN 8% AND 35%)

COMMUNITY RESPONDENTS YES = 101 NO = 2 OTHER = 4

Free text comments:

- *(OTHER) Administration required to substantiate and document care – more care needed in addition to thorough administration*
Transparency and accountability are both essential
- Stop treating the elderly like cash cow's by charging exorbitant fees for substance services
- Otherwise, keep it as is and you will find more and more individuals will look for alternative independent care, rather than the money hungry big "providers". At least then they might actually receive better one-to-one care, rather than a revolving door of support workers that don't understand their needs.
- Profit should be minimal and capped
- set rate required
- *(OTHER) I don't know enough about this*
- Some in Shepparton are 48%
- There should be guidelines for admin fees.
- There should be no administrative fees. Cut NDIS, that give (hand out) unrealistic funding away, and put the funds towards aged care
- Service providers to charge by 15 min increments not hourly
- Transparency on where their funds go. My organisation profit last year was over 6 million dollars, yet they say they can't afford new equipment or enough staff
- So many providers out there that take excessive fees and take advantage of care workers.
- Privatisation has been a big disaster.
- aged care owners are like fat cats currently while the residents suffer
- many orgs get away with this
- I would like to see more accountability for the funds provided to Residential Aged Care
- Yes, more funds should go to direct care
- And there needs to be complete transparency and ease for consumers to compare
- Needs to be reviewed and more information shared about indecently managed packages.
- *(OTHER) I support administrative costs being funded separately from support needs so that the providers can provide a high level of administrative and customer service without impact the money available for care and support needs*
- Definitely
- *(OTHER) Not sure what this means*
- Aboriginal providers charge up to 48% check Rumbalara
- And scale back the number of 'providers' as a means of reducing overall 'admin' charges. Avoid the 'empire building.'
- Absolutely, aged care should not be about profit
- The fees should be capped like the fees for doctors are set by Medicare/Government
- *(NO) They get enough out of paying our monthly account*
- They are a complete ripoff for many. Silver Chain for one. Personal experience
- Transparency and accountability required
- My parents bank account was gouged above the 85% of their pensions on a fortnight basis. This caused much stress to my father in his final months. Aged care is profit before people in my opinion
- Absolutely
- This should be high priority. The amount providers can charge for an hours home care should also be capped.

- Each individual should not be denied care due to lack of funds after admin fees
- I think fees can reach those heights for 2 reasons: pure cynical profit, and inefficient and not fit for purpose systems and processes. While aged care orgs had plenty of notice to the consumer directed model many failed to prepare for what this meant in their business operations and are expensive as a result.
- I currently get some support from a Govt. supported organisation and I'm dammed if I can see where the 'admin fees' go to.
- There is not enough transparency on where funds are spent, this is a massive issue for residents, their families and staff trying to deliver excellent care.
- While I understand providers have to pay their staff and earn money, the exorbitant fees charged by some is rorting taxpaying funds for personal gain.

QUESTION 5

DO YOU SUPPORT THE PROVISION OF A VARIETY OF FRESH, NUTRITIOUS, APPETISING AND APPROPRIATE MEALS IN LINE WITH THE MEAL CHOICES OF AGED CARE RESIDENTS?

COMMUNITY RESPONDENTS YES = 106 NO = 1 OTHER = 0

Free text comments:

- Offering a choice to individuals is so important. We need to respect the choices they make.
- the choice should include choice of both the time and place the meal is eaten.
- My mother spent her last year's in a lovely aged care place in Redlands. Her only, but frequent complaint was about the poor quality of the food.
- Must give choice, food must be fresh, healthy and nutritious
- Anything would be a great improvement on the mass produced meals that they are getting now.
- *(NO) Residents should determine the meal choices*
- according to individual preferences
- you mean it isn't by default??
- Should not have to lobby for basic nutritional care for those who need it
- Definitely supported
- The food my parents are given is disgusting. We used to take in food for Mum as she couldn't physically eat what they provided. My parents pay over \$1000 each per week. Their meals consist of things like party pies & chips. Also cordial instead of juice is the default drink.
- The food choices need to be varied. No one enjoys sandwiches and soup and mashed potato every single meal.
- Absolutely the neutrinos needs a update
- Choice, variety, healthy and appealing presentation
- Our current aged care residents brought up families on very low income indeed and managed to fill kids tummies with good nutritious food
- more fresh fruit - that is ripe enough to eat on the day too
- this is with the top 5 needs
- Party pies, sausage rolls and sandwiches are not nutritious meals. Also dinner is frequently served around 4.30 in afternoon, residents are maybe served supper (cuppa and biscuit later - if they are awake) and breakfast is at 8 next morning - 15 hours without food/fluid!!!!
- Stop making so hard for facilities, dietitians are so shit with there menu chooses.. Resident's like what they like..
- shouldn't have to be asked for
- Food is an appalling quality. Maggie Beer, dietitians and many others have been commenting on this for years. We need an actual reporting of what's spent on food, and what type. Too much sugar/fat and processed food. Need evidence based food that helps dementia prevention esp
- Malnourishment is a huge concern, Mum dropped from 53 kgs to 36 kgs in a short time
- Nutrition is so important and there also needs to be allowance for individual preferences
- When the residential care home has a central office in Melbourne, the food going to the tropics eg Cairns is sometimes ridiculous and different climates need to be considered. Also freshly prepared foods would give coeliacs more options to have similar food to their table mates rather than often being excluded from the meal and given steamed, dried up lumps of fish because whatever was the meal was breaded or crumbed.
- The meals in my mother's RACF are very poor quality

- I wouldn't say aged care residents have choice or nutritious or appealing. It would be better to find best practice meals for older people that are nutritious and culturally diverse.
- How can this be ensured?
- Elderly frail people in Nursing Homes who are very often aware of their own mortality, may consider that a meal may be like their 'Last Supper' so the expectation that that meal be appetising, seems like a little to ask.
- This is essential for good health and quality of life
- This is an absolutely basic requirement. Meals are often the highlight of the day for many residents.
- Good quality appropriate food, properly prepared and cooked should be a basic human right
- Cultural diversity in the population means this is important
- And would very much like to see forensic auditing of the \$10 per resident already paid.
- Makes such a difference to their enjoyment and outcomes
- The food my Papa has is disgusting and I wouldn't even give it to my dog.
- It's the same thing nearly every day, the residents complaints are not taken seriously. Written up as behaviours
- Despite its shortcoming, am thankful for the good food at the facility my father was in.
- ... but only if that is what the person wants, not because some so-called expert say it is what they 'SHOULD HAVE'.
- Everyone deserves to eat well ,this impacts their health and recovery. Plus choice gives them some independence and that their feelings, wants and needs are always taken into consideration
- Good nutrition is essential to human life and appealing and appropriate meals in line with the choices of aged care residents are a basic human right!

QUESTION 6

DO YOU SUPPORT KEEPING THE EXISTING AGED CARE ASSESSMENT PROCESS, THE EXISTING REGIONAL ASSESSMENT SERVICE (RAS) AND AGED CARE ASSESSMENT TEAMS (ACAT/ACAS) IN PUBLIC HANDS?

COMMUNITY RESPONDENTS YES = 86 NO = 8 OTHER = 13

Free text comments:

- *(NO) Not necessarily best for our aged loved ones*
- *(OTHER) I'm not well enough informed to answer this*
- Put these in private hands and the quality of services will decline and staff exploited all for the sake of profit.
- Absolutely, enough of greedy corporations squeezing profit out of vulnerable people
- *(OTHER) I guess... not sure..*
- *(NO) At my mother's RACF staff said they were told to increase the needs required by each resident*
- *(NO) simplify so there is no repetition*
- These people are at their most vulnerable and I fear privatising it would be a health risk.
- *(OTHER) It needs to be standardised and enforceable*
- *(NO) One program as in New Support at home is more streamlined*
- This should not be a private business that's out to make profits
- The Government also need to be fully responsible for training, keeping and attracting staff to the industry
- *(OTHER) I'm not 100% sure of the definitions so I would be guided by the community on this question at this stage.*
- I would be very concerned if the assessment was left up to the greedy money making Nursing Homes!
- Needs to be overhauled.
- I don't know enough how this operate but looking at the age care today how it's going they surely need a big shake up and realise what is really going on rather just reading reports
- EVERYTHING SHOULD BE DONE BY GOVERNMENT.
- *(OTHER) not sure how this would play out either way, but it sure needs a rework*
- we should never make profit from aged care
- Wait times for assessments are ridiculous
- Just better governance needed..
- but it all needs an overhaul

- Retention is fine as long as the complaint service has integrity; this is not my experience with the ACC
- *(OTHER) More family members need to have access to the assessments as they can give an insight of the real things that do and do not occur in the facilities, as residents are not always capable of giving true assessments*
- OMG - I didn't even realise this was under threat!
- The Public has @ right to have a say
- *(OTHER) I don't have enough knowledge of these processes to comment*
- *(OTHER) I am not sure I know enough to be sure either way. The assessors and the providers cannot be the same organisation though.*
- The current ACAT workforce is highly skilled and it will be a huge loss for the whole sector if this is lost. The RAS is already run by private organisations. Their staff do not have the appropriate skills and experience to manage this client group. I think the RAS and ACAT should both be part of the public system (so they are completely impartial) should build on the knowledge and skill of the current ACATs and ideally should be aligned by state/territory public health systems. I strongly believe that the highest level of skill and experience should be at the very front of the system. MAC contact centre staff who are the first contact do not have the skills and abilities to appropriately direct people. The initial screening of a client should be completed by a clinician with the highest level of skills and abilities (like the skill level of an ACAT assessor to avoid multiple unnecessary assessments and going being passed from one agency to another with no action. Outsourcing ACATs to private organisations will remove the one workforce that has the depth and breadth of knowledge to navigate this system. Listen to and consult with ACAT assessors on ways forward. They are the experts in this field and so far have been sidelined in these discussions. Include geriatricians and public health systems in these discussions as they are the ones managing the consequences of the lack of available/appropriate in-home supports:
- No contracting out to private entities, and the often increased \$\$\$ to do this!!
- *(OTHER) unsure*
- *(OTHER) I'm unsure of this process so cannot comment*
- Privatising other areas has led to poor outcomes. Throwing money at it instead of fixing the problems is easy short term but expensive long term.
- Privatisation leads to cronyism, corruption and the drive to incentivise perceived savings against the good of the applicants.
- It is vital that this is in public hands - transparency and accountability are essential
- No brainer
- *(OTHER) I support the recommendations of the Aged Care Royal Comm on this matter*
- *(NO) The process is lengthy, complicated and needs to be reassessed ASAP*
- As long as they consist of family ,residents and the public having in put into these departments ,full disclosure and transparency and to be held accountable too.
-

QUESTION 7

DO YOU SUPPORT REGISTRATION OF ALL AGED CARE WORKERS IN BOTH RESIDENTIAL AND IN HOME CARE SETTINGS?

COMMUNITY RESPONDENTS YES = 100 NO = 3 OTHER = 4

Free text comments:

- it would add safety and quality of care and would be worth the additional cost
- *(OTHER) I believe there is space for non registered health care workers in aged care alongside registered nurses.*
- Must monitor their performance, must provide training
- *(OTHER) It depends on what hoops people will actually need to jump through to get registered.*
- regular training and assessment to update skills to qualify
- This is a minimum standard for quality control
- you mean is not??
- Yes they need to know what to do
- Definitely Registration. Further, whilst there are staff shortages, place workers who have completed some training, to work in areas where they have so far trained in, so as to take the load off the registered - Moving towards all being registered ASAP
- This shouldn't even be being questioned.

- Definitely need to have everyone in aged care to be held accountable. Everyone needs to be on the same page to provide care
- This makes each worker answerable to the level of care they give
- Yes. Having worked in this sector in 1985 it needs regulating for the sake of the clients/patients/residents/participants
- This is a no brainer
- we had an privately employed carer start visiting our parents - offering to help and be like a daughter - she took multiple things from the house before we discovered, and then disappeared
- Unregulated workers (Cert3 and Cert4) require a way of monitoring their practice. This is especially important in home care as often they are the sole person going into the home of very vulnerable people.
- for their own support as well as accountability
- Hopefully this ensures improved remuneration so that good quality workers are retained.
- Not just registration but more in depth care training and understanding of the aged care needs
- Minimum qualifications are a must and registration is too
- This workforce in the community providing care on an ABN is invisible and unsupported (and not quality controlled)
- But they also need to be paid significantly more. This is a profession that is very difficult and to do it well requires a very high level of skill. At present aged care workers are some of the lowest paid workers in the country and they do one of the most challenging, necessary and skilled jobs there is. Until they are appropriately remunerated the system will not be able to retain good quality staff. There needs to be particular attention paid to the employment conditions of these staff who are often explored for their caring nature by providers who are profiting from their generosity
- *(OTHER) Depends on the source of the worker, if it is a family member or friend, maybe they need to be trained but not registered unless there is a fee exemption*
- With first aid certification
- Registration & at least a 12 monthly performance appraisal & paid training to enhance appropriate skills.
- Yes this would make staff more responsible but we need to up the training and the pay scale.
- Yes, I can see that an APHRA oversight would give these workers a protection they currently do not have. Registered nurses have a code of conduct that they legally must follow. There is also and aspect of ongoing professional development that is audited to ensure compliance.
- If I could only tick yes for one of these questions this would be it. Registration may impose a cost but it would enable a consistent standard of education, mandatory competencies, ability to communicate in English and better governance of both training organisations and aged care services
- Lack of qualified staff and some incompetent and non caring nurses I found to be very disturbing. As a nurse myself I often visited my parents as both a nurse and daughter which made me very sad
- May help with maintaining standards of care to a higher level
- We all should be registered, we all require police check, so registration should go in hand too
- All childcare workers must be registered. Why wouldn't we register aged care workers?
-

QUESTION 8

DO YOU SUPPORT A NATIONAL MINIMUM STANDARD OF TRAINING FOR ALL CARE STAFF IN BOTH RESIDENTIAL AND HOME CARE. THIS WOULD SPECIFY TRAINING MODULES IN PERSONAL CARE, DEMENTIA, PALLIATIVE CARE, WOUND CARE, CULTURAL, DIVERSITY, INFECTION CONTROL, COMMUNICATION, AND ONGOING REFRESHER TRAINING?

COMMUNITY RESPONDENTS YES = 105 NO = 2 OTHER = 0

Free text comments:

- Better training is crucial, also staff must speak adequate English
- Competency in English. A friend passed a private training company's course with very limited English. They also had their friend do their assignments
- regular training and assessment to update skills
- Vital to meet diverse needs
- of course!

- Aged care staff require respect for their individual human worth and dignity and support to facilitate their care and support roles. They need access to FREE training in all these domains and many other areas, ASAP
- As well as compassion training and advanced care planning
- Untrained staff should not be in charge of our most vulnerable elderly citizens.
- More training and suitable qualified staff will ensure care providers maintain quality staff
- Training needs to be dramatically improved with more on the job experience.
- I worked at Kew Cottages, Victoria in the early to mid 80s and the staff there that abused both residents and vulnerable fellow staff had started as ward or kitchen staff 20 years earlier. Many of them were wonderful but the rogues thrived. They also cared more about the pay check than the people around them. When an unqualified staff member drives a Jaguar (and abuses residents physically and staff sexually) something needs to step in.
- and add in the ability to speak understandable English, well enough that aged people with hearing issues can understand.....can understand
- RTO's need more scrutiny as many are also corrupting the system - proving 'training' using inexperienced teachers and doing 'competencies and assessments' sometimes over the phone (how can you assess someone's skill to shower a frail person properly if it's over the phone)?
- very inconsistent at present
- Adequate remuneration is imperative to assist the inflow and retention of Aged Care workers.
- I'd add in recognising signs of pain in older adults, and also a module on when referral to allied health is needed
- Totally. Inadequately trained and qualified staff cannot perform their roles
- But this needs to take into account paying people to attend training, backfilling their time on the floor
- This also needs to be accompanied and recognized with appropriate pay
- Again consider access and fee exemption for family or friends supporting loved ones.
- Add behaviour management
- The adequacy of training programs needs an overhaul to adjust to the cohort of workers whose English comprehension is limited and cultural aspects need attention
- To encourage workers in the sector, introduce an Apprenticeship Scheme.
- essential
- The complexity of care needs for the elderly calls for this requirement. Without it quality care cannot be given
- Absolutely! Even with the pandemic it was plain that many staff were not using the 5 moments of hand hygiene! These areas listed above should be basic training.
- There is a wide range of expertise required to perform their duties. We expect appropriate skill levels in health care in our hospitals and that should be the case in this branch of health.
- Again, I believe this is vitally important. The quality of the care currently provided to many older people demonstrates society's disdain for them and their rights.
- Acute conditions and pain needs were often not addressed. My mother was taken to hospital with a temperature of 39.1 degrees no observations were attended by nursing home staff done. She had to undergo the distress of a PCR test at the hospital in that same nursing home having a wing closed due to Covid restrictions. Lack of duty of care to my mother, residents and the public
- Along with specialist training for dementia (I.e. not just as a module in the standard training course)
- You really don't want to hear what I think about this
- the staff need to be certified and are paid correctly for the role they are doing. Making AINs do more work by medication rounds and wound care means less need for registered staff. Unfair to be expected to do nursing work as carers.
- minimum standard of training and quality assessment in delivery. Not online learning that can be easily cheated or completed by someone else
- And can we include training in understanding that not every old person thinks the same or needs the same assistance.
- Absolutely 100% ,there are way too many in this sector fast tracked to employment that are not trained sufficiently ,nor suitable for the sector . Language skills and good communication are imperative when working with the elderly, yet I see a lot of terribly trained staff and I end up training on site on my shift ,much added stress having to do this .
- Training is essential to quality care.

QUESTION 9**DO YOU SUPPORT AT LEAST ONE REGISTERED NURSE (RN) ON DUTY AT ALL TIMES IN AN AGED CARE FACILITY?**

COMMUNITY RESPONDENTS YES = 103 NO = 2 OTHER = 2

Free text comments:

- One is often not enough!! Aged care facilities are under staffed and under resourced
- and 'on duty' means they are readily accessible
- I believe this should be increased and backed by a pay rise and further incentives for people to study nursing with a focus on aged care.
- This must be mandatory
- Must be more nurses, One is not enough
- When isn't there???
- *(NO) If someone is cared for by family at home they wouldn't have an RN 24/7. Some staff should be onsite who have basic nursing skills, not a fully qualified RN.*
- according to numbers of residents and distance between different areas - needs to be accessible within a time to deal with emergencies
- Older people have 24 hour health needs
- *(OTHER) More than one.*
- Absolutely, what if something happens to someone, and to care for palliative residents
- More than one as a future focus. Access to FREE training may work towards this
- 2 at a minimum depending on ratio of residents.
- There needs to be more than one.
- Two at a minimum. Some people have complex needs
- Should at least have an EN overnight to assist the RN in larger bed facilities
- In some cases more than one
- Should have been compulsory decades ago.
- There needs to be someone to back up less knowledgeable staff for the sake of the aged person
- should be 2 RN's as a minimum at all times, it's at night where residents get left and left, and left..
- Also depends on the size of facility e.g. all very well if facility has 45 residents but not ok if the facility has 245 residents!!!!
- At the very minimum 1 RN in each area
- absolutely!!! carers just don't have the knowledge and it just isn't their job and many residents need the medical support
- This would be minimum. I would also expect Enrolled Nurses to be on duty with an RN, not just 1 RN and PCAs. The RN is responsible for medications, supervision of carers, wound care, plus many other needs. One is not enough, especially when some homes have more than 100 residents. it should be ratio based as in the hospital sector.
- *(OTHER) I believe there should be more than 1 RN in care facilities as well as Nursing Assistants, not just trained carers*
- Or more
- This is ESSENTIAL
- Absolutely, a must! Nursing homes need clinical/nursing care 24/7
- This is the absolute minimum.
- One is not enough
- There needs to be a ratio of nurse to resident and then high or low care. The nurses are run off their feet with administration and following up carers for event reporting.
- I actually support a ratio to residents of RNs in RACFs. There is a big difference between having 1 RN to 40 residents versus 80 residents. So having a minimum of one at all times is not always going to be best practice.
- Should be one RN to a determined number of residents rather than having just one RN in a NH
- More than one, depending on the number of residents under their care. A ratio of one RN to 30 residents would be satisfactory
- RNs need to be rostered on a ratio basis per Resident basis. And the RNs need to be able to communicate clearly & concisely with Residents & other staff.
- More than one.
- If proper care us to be given, it's an essential requirement

- 1 RN for many aged care facilities is nowhere near enough! There should be ratios so that the RN has some chance of doing their job.
- Oversight of technical issues, ethical issues, pharmaceutical issues and compliance with health mandates and codes should be the responsibility of a properly qualified and up to date medical professional.
- And 'on duty' does not simply mean able to be contacted by telephone. It means able to physically attend, to advise and assist
- There should be minimum 2 nurses on duty in case of emergency incidents
- At a minimum. Larger facilities with more residents should have more RNs on duty at one time to enable emergencies to be dealt with promptly
- Although I have found the EN to be 100% better than the RN
- 2 or more as a minimum,
- Rn must be on all shifts, even x2 Rn, so many emergencies and things can happen all at once on shift in different sections ,particularly on night shift with reduced staffing at night.
- I also support ratios.

QUESTION 10

DO YOU SUPPORT FINANCIAL TRANSPARENCY OF HOW TAXPAYER FUNDS ARE BEING USED IN BOTH RESIDENTIAL AND HOME CARE?

COMMUNITY RESPONDENTS YES = 105 NO = 1 OTHER = 1

Free text comments:

- Absolutely, no more filling pockets of greedy corporations
- publicly available reports
- We need to know how public money is spent
- (OTHER) More transparency on ALL funding, taxpayer and customer base.
- Make Aged Care public. Private is all about making more profit than previous years at the cost of care
- People before profits.
- We need to know how community money is being spent
- There is a lot of money in aged care but unfortunately some providers are very good at distributing funds elsewhere e.g. to prop up other divisions (church, childcare, fostercare, shareholders, head office growth etc etc etc)
- this is huge!! why on earth wouldn't there be a requirement for transparency! how can there can accountability without transparency
- Accountability for all funding sources would be preferable i.e. from both the public and private individual
- Esp around allied health. Should have breakdown on how much is university trained allied health professionals, and how much is lifestyle assistants and physio aides. At the moment they are lumped together and homes are trying to avoid being held accountable on using lifestyle officers instead of physios and allied health
- We need to see where the funds are destined
- I would like to know how what funding is being accessed for our loved one and exactly how it is being utilised. Particularly as the care response has dropped considerably since 17 Dec 2021 with the new Covid rules and with unvaccinated family members declined access less support is available, especially for high needs. If anyone can transmit Covid/flu regardless of vaccination it makes no sense to prevent access when a RAT test could be done prior to each entry for unvaccinated at their own cost. I would like to know how much of Mum's funds goes to RAT tests and PPE for family to be able to visit.
- So important.
- They are sinking funds into further development of my facilities and neglecting those already in the system
- The funding body, Federal Govt., need to conduct the Auditing of the Financial Statements of the Privately Funded Providers, not the so-called 'Independent Auditors' paid by those Providers.
- long overdue
- Too many providers don't want to provide costs of their services. When asked they say "your package will pay". Not good enough. It's taxpayers funds. We need VALUE for \$
- If the government provides taxpayers money then it should be transparent as we are paying for it.

- it is rather amazing that any taxpayer funds are not checked and audited. If not why not?
- Currently there do not appear to be constraints on profits by unscrupulous operators. Eg the extra \$10 day for better food given by the Commonwealth and it's widely reported abuse .
- REAL transparency that is. The word is sometimes used inappropriately transparency can
- My view remains, profit displayed before care for our loved ones
- Absolutely to many providers are making millions and not providing adequate care
- No brainer
- This isa high priority.
- This needs to be at the individual facility level
- quarantine government subsidies to clinical care, personal care and workforce
- The providers yearly profit is easily accessible on Google. Extremely large profits. Yet, can't afford equipment or staff?
- Yes ,way too much corruption and miss managed funds ,absolutely not acceptable
- Absolutely essential
- Transparency and accountability are the only ways we can ensure taxpayer funds are going to where they are needed most. To the provision of aged care services both in residential settings and in the home.

QUESTION 11

DO YOU SUPPORT PUBLIC REPORTING OF COMPLAINTS INCLUDING HOW THEY ARE MANAGED AND RESOLVED, AND PUBLIC DISCLOSURE ON WHETHER THE PROVIDER IS MEETING OR FAILING QUALITY STANDARDS?

COMMUNITY RESPONDENTS YES = 105 NO = 1 OTHER = 1

Free text comments:

- This should be tied to government spending on aged care facilities that are not performing so as to address the issues that have arisen.
- publicly available reports
- Complaint management are important in continuous improvement of services
- The complaints STRICTLY scrutinised and laying a foundation for changes required
- Yes though a waste of time & money when there are not enough legislated requirements for nursing homes to record detailed daily care of residents. The complaints process with the AQSC is a total waste of everyone's time & public money. The neglect that is occurring in Nursing Homes cannot be proven without them not having legal requirements to have this information available
- Will ensure providers are held accountable for their actions
- Gives families a better understanding of what the facility is it isn't achieving.
- Yes. When a facility is failing we need a team of trouble shooters to come in, freeze finances except for basic household bills and demote Managers. Managers need training and ongoing courses for re registering. Reasonable salaries and no making major profits.
- complaining currently means the resident suffers, at least somehow, with stress and an off attitude from those who know any complaint has been made
- Already in place
- not to the current aged care quality and safety commission. they have little knowledge and no power
- Prompt written responses to complaints that have been fairly dealt with should be mandatory
- We need this s t make an informed decision when choosing a facility
- I would like to see the use of the independent moderated platform Care Opinion used for this. There also needs to be independent advocacy to assist those who need help navigating how to seek redress
- (OTHER) *This is tricky. You want to promote a system where it is okay to complain and you want complaints to result in Osiris changes and learnings not just public shaming (which I think leads to a culture of hiding the issues). Facilities need to be closely regulated. They should also not be for profit*
- I would like to see a standard designed for complaints as my experience has been that there is avoidance to put things in writing and then comments are made that the resident is 'mistaken' or 'confused'. There is a lot of manipulation and blame occurring resulting in residents not wanting to

- complain due to fear of being treated badly or neglected. We have witnessed this first hand on 2 occasions in a 6 month period for one resident a facility with a good reputation.
- There are many private issues involved in complaints, and it is now always an issue with the provider, therefore I feel it would be unethical to publicly report complaints. I do feel that anyone should be able to see if a Provider is meeting quality standards or not though.
 - Definitely required
 - Unless reports are made available to the Public, the transparency & accountability issues may not be resolved.nr
 - The complaints system as it stands is a disgrace. There is never a response in a timely manner
 - It's the only way we can ensure accountability and be able to make an informed choice
 - The avenue by which to complain is very hazy and it takes a long time of being 'in the system' to know the processes. Often people won't complain because they believe their loved ones will suffer. The complaints systems has to be more visible and rigorous.
 - Accountability is required. The Commonwealth gives a vast amount of money and we are entitled to see where it goes and why. Prospective clients can / should be able to see a place's benchmarked standard.
 - Action taken to address problems needs to be described objectively, preferably by an independent body
 - My concerns I felt to be addressed with lip service and inactioned at times by clinical staff
 - Again, this needs to be at the individual facility level
 - Staff fear reprisals, or a labelled as troublemakers We all need to be held accountable for our actions.
 - Unbelievable that a complaints system was not enforced after the Royal Commission. One of the key outcomes from the Banking Royal Commission -- but no such demands for the secretive aged care sector
 - but without revealing the complainant's identity!
 - This is a public right, people spend big money to have their loved ones taken care of.
 - It's essential for people making a choice about using a provider for aged care services for themselves or for their loved ones.

QUESTION 12

DO YOU SUPPORT NEW AGED CARE LEGISLATION THAT PRIORITISES THE HUMAN RIGHTS OF OLDER PEOPLE AND MANDATES QUALITY?

COMMUNITY RESPONDENTS YES = 103 NO = 1 OTHER = 3

Free text comments:

- Good quality aged care is a right - not a service that we are providing because we are being kind
- Brilliant idea.
- *(OTHER) Older people, including some who may have difficulty identifying their emotional needs, require to feel safe, be supported to exercise their right to self-determination, have high quality care and services and be treated with dignity and respect.*
- From the very beginning of the covid lockdowns our elderly were shut away from loved ones and left alone, sometimes to die. This treatment of our most vulnerable sickened me then as it does today. We need to strengthen and protect the freedom to choose and liberty for all our citizens - including our most vulnerable.
- Again cant believe that this even needs to be discussed. Shame on us all for getting to this point!
- Well overdue
- This shouldn't even be a question. Human rights are mandatory!
- Have the staff, residents and family run a level of governance committee (and I know what I am talking about I am unpaid on the Medication and Therapeutic Goods Governance Committee of the Ballarat Base Hospital as the unpaid consumer representation.
- Already in place but very weak.
- shouldn't be an issue there is legislation that means nothing apparently
- Legality in support of the current Standards of Care and the Charter of Rights is essential to wake up an industry that ignores both of these when it suits them.
- We cannot deprive our frail elderly, vulnerable of their Human rights
- I feel that their is a very ageist and discriminatory attitude. At age 64 if you have a stroke or a spinal injury you will be supported through NDIS to stay at home. On your 65th birthday you no longer

- have access to appropriate levels of support to maintain you at home (unless you are already and NDIS participant) and will likely need to enter Residential Care. This is age based discrimination and should not be allowed to occur.
- There needs to be ways to test the application of the knowledge of staff in how they apply it in everyday situations, eg. No blame, no dismissal of concerns because of age or that they are confused when in fact the carer has lied to avoid disciplinary action. The managers need training in how to get to the bottom of issues.
 - Especially with covid visitor rights
 - It MUST happen
 - *(OTHER) Does it minimise Human Rights? can they be any lower?*
 - *(OTHER) Not sufficiently familiar with the new legislation to determine.*
 - essential esp after royal commission
 - This is SO important but the words on their own mean nothing without deeds to back make it real.
 - Currently the rights of residents are being ignored at will by providers with very little recourse by the residents. They and their families are effectively held hostage by providers by abusive practices, bullying and financial constraints. I think it's not about quasi feel good human rights but pure, enforceable legal rights.
 - If it does prioritise rights and mandate quality. Not all the recommendations of the Royal Commission into Aged Care Quality and Safety have been accepted. The recommendations re funding have not been accepted and it is difficult to achieve increase in quality and respect for rights without adequate funding being guaranteed
 - I will forever advocate to be the voice my mother was unable to express herself due to her suffering with Alzheimer's Disease
 - Oh yes absolutely human rights!
 - How will this be enforced?
 - The legislation needs to encompass mechanisms for measuring and reporting performance on these issues
 - It should be already, it's going to be you and me one day
 - Of course, they deserve it ,have contributed to society and our country now they should be taken well care of in their twilight years .
 - Essential.
 -

QUESTION 13

DO YOU SUPPORT THE MANDATORY REPORTING OF SERIOUS INCIDENTS WITHIN A TIMELY MANNER IN BOTH RESIDENTIAL AND HOME CARE?

COMMUNITY RESPONDENTS YES = 106 NO = 0 OTHER = 1

Free text comments:

- Timely and responsive attention is required to reduce risks. Preventative measures for successful aging is achievable with sound planning for old age
- Immediate reporting needed. Too many people die waiting to have concerns/complaints addressed
- All incidents are serious and if it would not be tolerated by community when out socialising, parenting, social inclusion then it should not be tolerated ANYWHERE
- after a complaint officially made, nothing changed at my parents aged care - nothing changed until I personally contacted the owners, I do not believe they ever knew of the issues we had uncovered
- *(OTHER) There are processes to monitor this without it being mandatory. At the moment with all the mandatory requirements, the skilled workers e.g. Directors of Nursing and senior RN's spend enormous amounts of time reporting to fulfill mandatory requirements which does not address the root causes and subsequent prevention into the future.*
- isn't that already required
- Please define 'Serious incidents'. Lockdowns without COVID in the facility occurred commonly yet appear to be being swept under the carpet.
- High priority for sexual and physical assault don't leave it up to staff to decide if any damage has been done
- The existing system of SIRS is unworkable. People either report everything or very little.
- Clear guidelines as to what is serious. Eg. Pushing a newly disabled resident on a commode chair into the centre of a room away from a call button and leaving them naked, wet and cold for 45 mins

is a form of torture. The mental scars from that incident will impact on every toileting and showering activity for the remainder of her days.

- A definition of serious should include significant bruising from “unknown circumstances”
- And the person or body reporting the serious incidents being made accountable, should there be any query in relation to making that report.
- Need to start with residential care where RNs need to be available to assess the incident and report it. Home care is more difficult to regulate however if carers are trained, paid well and registered in some way it may work.
- This should be a matter of course but apparently isn't. Home care is a difficult area and I doubt it can be adequately addressed. Residential and institutional care is different and can be enforced legally and punitively by an oversight body in addition to the APHRA system of control.
- I was often only notified of incidents the following day. I was often given information from concerned carers that told me their concerns fell on deaf ears from senior staff.
- I believe this is already mandatory in RACFs but I would like to see this per facility so that families have visibility over the number and type of incidents
- There needs to be a timely follow up process too.
- such incidents need to be on the public record
- Of course, way too many things get swept under the carpet, these are people's lives we are caring for, people and their actions must be held accountable 100%
- For far too long, serious incidents have been swept under the rug and dealt with inadequately.

APPENDIX 2
POLITICIAN RESPONDENTS
FREE TEXT COMMENTS

QUESTION 1**DO YOU SUPPORT HOME CARE THAT PRIORITISES EACH INDIVIDUAL'S NEED FOR SUPPORT?****POLITICIAN RESPONSES YES = 72 NO = 0 OTHER = 0**

Labor:

- This is why Labor has committed to capping Home Care fees to make sure that funding is spent on what it's intended for - the care that older Australians need to help them stay in their own home for longer.

The Greens:

- The Greens call on the government to implement fully-funded and appropriate support services for older people who choose to remain in their own homes, including community care programs and home modification
- I support an individual having the right to live in dignity at home, and to be enabled to do so with individualised support.
- Instead of duplicating services and increasing travel times with NGO or for-profit providers. State or Local government run home care services should be set up for areas based on there demand over the medium term for that area. They should have sufficient staff for daily support visits as well as for on demand call out for minor incidents etc. The Green are proposing a minimum income guarantee which would provide a liveable income for family members and companions who act as full time carers.

One Nation:

- Health and care requirements are unique to each individual.
- I have my elderly dad still living in his home and I absolutely support that each person has unique and individual needs which should be taken into account and assessed in accordance with those needs
- As a Social Worker & Mental Health Counsellor, every individual would dearly love to stay home. Providing care and resources to enable a person to live with dignity and care to stay home should be a priority

United Australia Party:

- Each case should be assessed on each individual's requirements.
- Both of my parents were supported with home care, allowing them a level of independence that would have otherwise been impossible.
- With adequate and personalised support the elderly will be able to remain in their homes for longer with improved physical and mental health.
- One size fits all policies does not solve anything, it's a lazy approach to a solution
- My 82 year old neighbour has had cancer. The carer was only available for about 1.5 hours a day. This meant that there was no one other than my wife and I to check in on him regularly. If he fell over he would not have been found until the next day. I'd like to see more visits throughout the day and night carers where required so aged can stay in their own homes as much as possible.
- The elderly have worked so hard to support the younger generations. They deserve the right to stay in their homes in their place of love and comfort.

Informed Medical Options:

- Providing support to older people should be based on what they need, it shouldn't be about cost savings
- The administrators must listen to, and hear the voices of our elderly men and women, rather than the administrators deciding 'what's best'
- I believe our elderly population deserve to enjoy their last years and be treated in a caring and dignified manner.

TNL:

- Home care will only work when the care workers also have their employment arrangements, training, travel, safety and entitlements that work for the workers.
- I have been a carer for the last two years for my mother. I have accessed home care services for her and found there is not enough flexibility and they are not always easy to tailor to her exact needs
- We consider this essential

Others:

- Home is the most favoured place where everyone wants to be.
- Packages are too low, do not upgrade quickly enough for changing needs and the whole process takes far too long
- This should always be the best option.
- 100%
- Free aged-care assistance in the home should be guaranteed for those who want it

QUESTION 2

DO YOU SUPPORT A MINIMUM AMOUNT OF CARE PER DAY TO BE PROVIDED IN RESIDENTIAL CARE, BASED ON INDIVIDUAL CARE NEEDS?

POLITICIAN RESPONSES YES = 70 NO = 2 OTHER = 0

Labor:

- Labor has committed to implement the Aged Care Royal Commission's recommendations to require an average care time of 215 minutes per resident per day, of which 44 minutes must be provided by a registered nurse. The amount of care time a resident receives will be linked to their care needs and assessment.

The Greens:

- A level of minimum care must maintain & promote dignity, independence and quality of life
- Yes, including that increase in staff ratios to ensure at least one registered nurse is rostered on at all times in every facility.
- Care needs to be individualised, recognising complex social, physical, cognitive, emotional and spiritual needs.
- This should include intangibles such as social interaction as well as physical needs.

UAP:

- With allocation of appropriate funding
- We need to be able to trust that our loved ones are actually 'cared' for and seen as people, not just customers.
- All residents should be entitled to a minimum level of care.
- Of course if it's required. There may be circumstances where a resident doesn't need the minimum that day and they should be able to communicate that it isn't required

- As above comment
- Everyone's circumstances are different which is why equity is so important

Informed Medical Options:

- I believe older people in residential care should receive the care they need, whatever that amount of care is
- The administrators must listen to, and hear the voices of our elderly men and women, rather than the administrators deciding 'what's best'
- This could take the form of vetted and varied 'activity officers' who could read to them, give them massages, help them with crosswords - or whatever activities that may spark joy in the individual.

TNL:

- Needs based - with evidence for the care, and also evidence that the care (hours and complexity of care) have been delivered, are full recorded and then audited annually. This will probably need a care audit (de-identified) system as part of a finance system.
- I support the Commission's recommendations to implement a minimum staff time standard for approved providers which includes a minimum amount of time to be provided by a registered nurse and for the minimum standards to be linked to the needs of the individuals within each facility.
- This is a no brainer. There should also be minimum staffing levels.
- Again essential

Others:

- admin should not prioritize provision of care.
- We must do better than minimum standards.
- Also needs to be 'codified' by the regulator for clarity
- I support implementing this and all the recommendations of the Royal Commission

QUESTION 3

DO YOU SUPPORT SUFFICIENTLY FUNDED AND ACCESSIBLE ALLIED HEALTH SERVICES FOR OLDER PEOPLE WHO RECEIVE AGED CARE SERVICES, BOTH IN THE HOME AND IN RESIDENTIAL CARE?

POLITICIAN RESPONSES YES = 71 NO = 0 OTHER = 1

Labor:

- Access to allied health care is crucial to the health and wellbeing of aged care residents. There is a wealth of evidence that tells us just how important these interventions are in maintaining and enhancing a resident's cognitive functions, dexterity and mobility, for example.

The Greens:

- I support the expansion of allied health services for older Australians, including First Nations specific aged care facilities that are culturally inclusive and operated by First Nations organisations.
- Allied health services need to be individualised, coordinated, multidisciplinary, and evidence based. For example, people require coordinated multidisciplinary team care to manage pain versus minimally effective brief massage.
- Weekly visits from allied health practitioners such as podiatrists, physiotherapist, occupational therapists should be fully funded. These services should be directly funded by the State health

system with funding or provision guaranteed by the Federal health system.

<https://greens.org.au/platform/health#prevention>

United Australia Party:

- All older people deserve accessible and adequately funded care.
- Allied health services provide either at home is both caring and efficient. It also removes the need in most instances for the person receiving care to travel to health centres where they are at a higher risk of being exposed to infectious diseases.
- I fully support improved funding for the aged care sector.
- Funding is one part. Good management is the next part.

Informed Medical Options:

- Support services for older people needs to be funded appropriately. Older people have worked all their lives and contributed their taxes to help build this country and we need to give them the support they need in their older age. We can increase the medicare levy to accommodate the funds needed to support older people properly.
- Our elders need to be sufficiently supported by adequate funding, and service providers thoroughly audited and held accountable
- The vast majority of people in Aged Care homes have spent decades paying their taxes and growing Australia, and as such it is now our responsibility to care for them.

TNL:

- Needs based - with evidence for the care, and also evidence that the care (hours and complexity of care) have been delivered, are full recorded and then audited annually. This will probably need a care audit (de-identified) system as part of a finance system.
- There are not enough packages and my mother's care needs are increasing. She is on level 4 but the funding is no longer sufficient to support her in home. She will be forced into residential care. However, even there it is blatantly obvious facilities are under-funded. Increase the number of packages, the funding per package at each level and the funding to aged care facilities.
- Again essential

Others:

- *(OTHER) information on allied health services to be able to answer this question*
- Packages take too long to be enacted, there are not enough of them
- Funding to community-based aged care services should be boosted

QUESTION 4

DO YOU SUPPORT CAPPING OF ADMINISTRATION FEES FOR HOME CARE PROVIDERS SO MORE FUNDS ARE AVAILABLE FOR DIRECT SUPPORT? (THEY ARE CURRENTLY BETWEEN 8% AND 35%)

POLITICIAN RESPONSES YES = 45 NO = 22 OTHER = 5

Labor:

- Yes. Labor has committed to capping Home Care fees to make sure funding is spent on care that helps older Australians stay at home for longer.

The Greens:

- *(NO) Aged care should not be run for profit. As the Royal Commission showed, privatisation has been a disaster for older people and their families who need aged care. Looking after our older*

citizens is a public service, not an opportunity for billionaires and big corporations to make super-profits. The Greens are committed to phasing out for-profit providers and ensuring aged care is provided on a not-for-profit basis.

- I want admin fees kept to a minimum and I join with Greens leader Adam Bandt in calling for nursing home profits to be redirected to care provision: adam-bandt.greensmps.org.au/articles/billions-aged-care-profits-must-go-care-instead

One Nation:

- To be honest, Residential Aged Care should be for Non for Profit organisations

United Australia Party:

- Should be planned within the allocated budget.
- The appropriate and wise administration of care facilities is crucial to all levels of operation. However, 'administration' fees provide an opportunity for unscrupulous operators to redirect finances that could and should be used for more direct care.
- There should be a limit on these fees.
- *(OTHER) Administration costs should be separate from needed funds to ensure the recipient gets all the care they need.*

Informed Medical Options:

- *(OTHER) A complete audit and analysis of support for our elders is needed; aged care should not be a cash cow for service providers*
- Whilst adequate administration is necessary for any business or organisation, from my research it seems a lot of administration could be condensed and more funds spent on the elderly, their food and direct support.

TNL:

- There needs to be a realistic level of funding for administration for all providers (some providers have recipients with little or no assets), while ensuring that there are rules to protect every recipient of care from attempts to profiteer (some recipients have significant assets).
- Too much goes into administration. In the case of providers I know in our area it is certainly greater than the actual cost of that administration
- *(OTHER) Our approach would be that whether utilising private sector or government services here, there would be no cost to the person receiving the care.*

Others:

- That's a huge variance!
- YES. see - <https://www.democrats.org.au/aged-care-platform/>
- 10%
- Needs quantification first but in principle yes

QUESTION 5

DO YOU SUPPORT THE PROVISION OF A VARIETY OF FRESH, NUTRITIOUS, APPETISING AND APPROPRIATE MEALS IN LINE WITH THE MEAL CHOICES OF AGED CARE RESIDENTS?

POLITICIAN RESPONSES YES = 72 NO = 0 OTHER = 0

Labor:

- Labor will ensure that there is better food for residents of aged care homes. A Labor Government will work with the Maggie Beer Foundation and their Alliance partners, residents, their advocates and the sector to develop and implement mandatory nutrition standards, guidelines, and education materials for cooks in aged care homes to ensure every resident gets good food, including culturally and religiously appropriate food. Labor will also make reporting on food and nutrition mandatory to give families more visibility to make informed choices.

The Greens:

- Nutritional health is important. Dignity must be maintained at all time.
- Fresh, nutritious, appetising and appropriate meals are essential for quality of life and wellbeing.
- During my time as a PCA I noticed that meal quality and choice improved but I remember feeding a few poor residents with some pretty average meals.

One Nation:

- This should be addressed immediately. In 2018, my grandfather was being fed party-sized sausage rolls for lunch. Nutrition is so important for health and quality of life.
- As we get older, our bodily nutritional needs change and fresh vegetables, high protein and calcium diets are needed

United Australia Party

- Absolutely.
- 'Health' care is much more than ensuring that medications are administered. A healthy balanced diet is critical to maintaining health at every age.
- I support and have written a policy brief Supporting a National Vitamin D Health and Fortification Policy
- This supports both the health and dignity of aged care residents.
- Seems there are times prison inmates get better treatment than Australia's elderly
- I strongly believe aged care should be getting more than the criminal in jail. I think aged care is \$6 a day and prison is \$9... something wrong with that!

Informed Medical Options:

- I think it is a disgrace when aged care residents are given food that is not fresh, nutritious or appetizing. Providing healthy and delicious food for residents should be mandatory for aged care facilities. Who wants to eat food that is not fresh or appetizing - no one does!
- The fact this is even a question highlights the lamentable state of our aged care system
- This is SO important to me! Simple menus can still be delicious AND nutritious - juices, soups, a variety of salads, steamed vegetables, stews, quiches, lasagne... there are many options that are not overly expensive or difficult to manage in bulk.
- This is very important that food quality both nutritionally and taste are provided to aged care residents

TLP:

- Essential
- This is a no brainer.
- As we propose to bring aged care under the direct control of the government, whether in partnership with the private sector or solely as a government function, this would be an absolutely fundamental requirement and will be guaranteed both via government funding and regular government inspection of premises. That this has not been the case in the past is a matter for national shame.

Others:

- Nutrition is the key to wellbeing.
- It's well known how gardening can help ppl. It should be encouraged in Homes so some of those foods are super fresh.
- Should that even be a question?
- 100% - like many visitors I am concerned at food options for residents

QUESTION 6

DO YOU SUPPORT KEEPING THE EXISTING AGED CARE ASSESSMENT PROCESS, THE EXISTING REGIONAL ASSESSMENT SERVICE (RAS) AND AGED CARE ASSESSMENT TEAMS (ACAT/ACAS) IN PUBLIC HANDS?

Politician Responses Yes = 60 No = 1 Other = 11

Labor:

- *(OTHER) Labor understands that there are concerns about the planned changes to the aged care assessment process and we hear regular complaints that there has been a lack of transparency and consultation around this measure and many other parts of the aged care reform process. We think there's a lot to be fixed and a future Labor Government will take advice from the Department of Health, advocates, the sector, and experts on whether to make any alterations to the commitments already made by the Morrison Government. Labor also has no plans to privatise the assessments process in aged care.*

The Greens:

- The Federal Government must play a central role in funding, regulation and support of high-quality services
- Aged care should be provided on a not-for-profit basis, and therefore such assessments should be kept in public hands.
- Aged care assessment processes need to be publicly funded with independent accountability mechanisms and mandatory response timelines.
- There is no way any assessment should be provided by non-government agencies. No matter how well intentioned to begin with, NGO's end up being under resourced and there is no competitive market in the aged care sector to get the best out of for-profit providers

One Nation:

- *(OTHER) All depends on how it is managed.*
- As long as there is continual accountability and transparency
- It needs additional resources

United Australia Party:

- I would not like to see it privatised.
- I am always happy to hear another point of view but from my experience, the privatisation of these services may be promoted as being efficient, all too often that efficiency really means profitability. The conflict between providing care and providing profit for share-holders does not benefit those who desperately need support.
- *(NO) I support a review*
- There is too much scope for rotting of the system when these services are outsourced to private "for profit" organisations.
- *(OTHER) I don't know enough about this specific service to give a yes or no*
- *(OTHER) Sorry I am not familiar with the process of this. I would need to get further information to comment.*
- Privatisation will see unrealistic price rises that communities won't be able to afford.

Informed Medical Options:

- *(OTHER) A complete audit and analysis of support for our elders is needed; aged care should not be a cash cow for service providers*
- I think the Australian government should continue to support elderly people through providing safe, clean and caring environments.
- As long as they do not become bloated bureaucracies.

TNL:

- Must be public. Must be accountable. Must be consistent.
- Private aged care is fundamentally flawed.
- *(OTHER) We need to urgently streamline and simplify these assessment processes. Whether those processes should be privatised is a complex issue. I can see merit in permitting the private sector to take a role in the provision of these services provided that there are sufficient safeguards in place to ensure independence and transparency.*
- Vitally important. An organisation motivated by profit won't be concerned about adequately and accurately assessing needs
- Yes certainly

Others:

- *(OTHER) Need more information on the processes to be able to answer this question.*
- We need a great deal more transparency and accountability for both private and public sectors
- Profit motives are counter intuitive for optimum care
- *(OTHER) some yes and no. Private monitoring would be required first.*

QUESTION 7

DO YOU SUPPORT REGISTRATION OF ALL AGED CARE WORKERS IN BOTH RESIDENTIAL AND IN HOME CARE SETTINGS?

Politician Responses Yes = 65 No = 1 Other = 5

Labor:

- Labor will establish a national registration scheme for protecting residents and to further professionalise the aged care workforce.

The Greens:

- All aged care workers need to be registered and supported to access adequate training and work place conditions.
- Good idea. Green MPs having been pushing for better pay, better and fully funded training and a dedicated vaccination service for aged care workers. A central register of care workers across the industry would greatly facilitate these.

One Nation:

- *(OTHER) Depends on the process and protection of personal privacy.*
- *(OTHER) Many people work in an aged care facility, including plumbers, gardeners, cooks, music therapists, diversional therapist, volunteers etc these people do not need registration. People providing personal care and / or nursing need the appropriate training profession registration*
- Registration much like RNs is needed to wean out the bad apples.

United Australia Party:

- To ensure everyone has the appropriate education/training level required and for safety.
- *(OTHER) I would like to see the model and goals of registration before I could comment either way. During the last 2 years the 'registration' of many health workers has been weaponised to ensure compliance with a government narrative. I would not support a system for example where a worker in this industry would be deregistered for expressing legitimate concerns about the treatment of those in their care.*
- Aged care is essentially "health care" and hence some form of registration relevant to the work undertaken should be required.
- We need to make sure all are qualified and good law abiding citizens.

Informed Medical Options:

- *(OTHER) I think the vetting process is more important than the actual registration, and vetting should be done through an independent agency that takes on some of the liability of the workers they approve as 'registered'.*
- *(NO) No more organisations that can become organs of control instead of help.*

TNL:

- Registration - with government supported education and training. Government needs to set the standard through having some responsibility for those skills in the sector.
- As long as it doesn't become too bureaucratic, costly and time consuming for workers.
- *(OTHER) This needs more explanation, it is my understanding workers in aged care are required to undertake several forms of registration*
- I support the Commission's recommendation to establish a national registration scheme which requires workers to meet minimum qualifications and industry standards. The needs of those in aged care are complex and multidimensional, the Government can play an important role in funding teaching programs in partnership with aged care and tertiary education providers. These systematic changes will improve the capacity of the aged care workforce to deliver high quality needs based care.
- This is a no brainer.

Others:

- allowances must be made for mobile eservices and provisions for rural and country areas
- That doesn't happen now ???

QUESTION 8

DO YOU SUPPORT A NATIONAL MINIMUM STANDARD OF TRAINING FOR ALL CARE STAFF IN BOTH RESIDENTIAL AND HOME CARE. THIS WOULD SPECIFY TRAINING MODULES IN PERSONAL CARE, DEMENTIA, PALLIATIVE CARE, WOUND CARE, CULTURAL, DIVERSITY, INFECTION CONTROL, COMMUNICATION, AND ONGOING REFRESHER TRAINING?

Politician Responses Yes = 66 No = 2 Other = 4

Labor:

- *(OTHER) Initially, Labor will not be making education levels mandatory but this is something we're open to doing in the future. This would need to be done in a carefully planned and considered way in close consultation with providers and unions to ensure we aren't unfairly penalising workers and are not risking the care and safety of older Australians.*

The Greens:

- I support all care staff receiving modular training.
- While I was working as a carer training standards were enforced fairly haphazardly depending on the home or the Nursing Agency I worked for. I don't remember any nursing agency that required us to keep up competencies in anything other than manual handling. As mentioned above, this is something we in the Greens have been calling for for a long while. The Greens education policy calls for free initial and ongoing training. Along with better pay, this will help.

One Nation:

- The more training and specialised staff, the better.

United Australia Party:

- This is absolutely necessary and most other health care sectors require ongoing CPD to maintain registration.
- I believe that staff shortages and the need to have workers may mean that not ALL training might be completed prior to someone commencing their employment. However, their training should be a priority and the level of training should be considered when creating rosters, to ensure appropriate care is always available. There needs to be a system where the costs for ongoing training and upskilling do not impact the level or availability of care provided.
- Aged care is essentially "health care" and minimum standards should apply.
- I assume the fact this question is asked is because it doesn't happen? That's unbelievable
- Professional development is essential in preventing stress not only to patients but to all workers.

Informed Medical Options:

- The minimum standard of care should also be assessed in person, not simply as a 'click and pass' online training.
- *(NO) It will drive a lot of valuable caring workers out of the aged care sector.*

TNL:

- Registration - with government supported education and training. Government needs to set the standard through having some responsibility for those skills in the sector.
- This must be accompanied with a commensurate increase in remuneration, funded by the sector
- Another no brainer.

Others:

- Training lifts standards of care.
- *(NO) I support best practice.*

QUESTION 9

DO YOU SUPPORT AT LEAST ONE REGISTERED NURSE (RN) ON DUTY AT ALL TIMES IN AN AGED CARE FACILITY?

Yes = 69 No = 0 Other = 3

Labor:

- Labor will require every aged care facility to have at least one registered nurse on duty, at all times, from July 2023.

The Greens:

- I support an increase in staff ratios to ensure at least one registered nurse is rostered on at all times in every facility.
- One registered nurse on duty at all times is necessary to maintain the safety and effective care of older people's complex medical needs
- While I was working in Victoria the Nurses Union and HSU (post Jackson episode) was fighting a rear guard action to keep the administering of medications in the hands of medical professionals. An RN permanently on staff was seen as an unnecessary cost burden by an increasingly privatised sector. RN eventually went, emergency room visits went up transferring costs from the federal government to the state government health system and increasing the overall cost of health and aged care while reducing the standard of care.

One Nation:

- *(OTHER) There are many kinds of Aged Care Facilities, including Self Care. Where we are talking about Nursing Home Care, Hostel Care or Dementia Specific Care we need suitably qualified and trained staff. In the case of dementia, this may be additional training to the RN training. It is self evident that where an institution in taking responsibility for the provision of scheduled medication that the individual in charge of any shift has the appropriate knowledge, training and registration to administer that medication. In the case of residential self care there is no requirement to have an RN on Duty, as the elderly in these facilities retain their independence. Any attempt to remove that independence should be vigorously defended.*
- Absolutely need a Nurse on the premises at all times
- There needs to be Staff to Resident Ratios.

United Australia Party:

- As a minimum
- Absolutely
- I would also support doctors on standby should they be needed.
- This should be non-negotiable.

Informed Medical Options:

- Absolutely essential!!
- It would depend on the size of the facility, and to make a blanket ruling would be unwise.

TNL:

- Ideally - yes. In smaller facilities an experienced EN (with meds experience etc) might be suitable when an RN (or Dr) is supervising remotely.
- Absolutely, this should always be the case.
- Most definitely
- Absolutely
- *(OTHER) Unless there is a nurse of higher rank in the facility(CN, NP, etc).*

Others:

- This role is essential.
- and not at less pay
- An absolute must.

QUESTION 10

DO YOU SUPPORT FINANCIAL TRANSPARENCY OF HOW TAXPAYER FUNDS ARE BEING USED IN BOTH RESIDENTIAL AND HOME CARE?

Yes = 72 No = 0 Other = 0

Labor:

- Labor will require all aged care providers to provide a breakdown of their expenditure as part of the Aged Care Financial Report. Providers will be required to show how much is spent on care, nursing, food, maintenance, cleaning, administration, and profits. This will help rebuild trust in the sector and ensure that residents' and taxpayers' funds are being spent on the care of older Australians.
- Labor will establish a new complaints commissioner to ensure complaints against providers are properly and thoroughly dealt with. This will make sure there is a dedicated, accessible, and accountable process to help residents, families and aged care workers report and resolve issues and complaints. The performance of the Complaints Commissioner will include public reporting of how many complaints have been resolved. Labor also supports the public reporting of whether providers are meeting quality standards and, subject to Department advice, will continue the rollout of the five-star rating system.

The Greens:

- Accountability and transparency are essential for effective management of residential and home care services.
- This is a no brainer. Protecting commercial confidentiality means nothing in a sector where private providers face no real competition to provide effective market incentives for quality care for all but the wealthiest age care recipients. The priority must be on ensuring funds are spent on care. The Greens had this to say on the failure of private Aged Care providers during the pandemic: <https://adam-bandt.greensmps.org.au/articles/colbeck-must-go-profit-aged-care-ended>.

One Nation:

- Absolutely

United Australia Party:

- A much higher level of detail is required.
- Tax-payer money is being used to fund these services and it should be transparent. There needs also however, to be a process for enquirees that does create a new administrative burden for organisations, that in turn diverts resources away from providing quality care.
- I support transparency in all sectors - not just aged care!
- We need transparency everywhere, our entire system is corrupt
- Absolutely no commercial in confidence agreements.

Informed Medical Options:

- A complete audit and analysis of support for our elders is needed; aged care should not be a cash cow for service providers
- Absolute transparency and accountability is necessary.

TNL:

- The Australian Government is the main funder of aged care and the funding requirements are increasing. I am committed to supporting systems which embody the objectives of transparency and accountability; which are foundational to establishing good governance and building integrity.

Others:

- Absolutely!
- Again - <https://www.democrats.org.au/aged-care-platform/>
- Federal ICAC is a must

QUESTION 11

DO YOU SUPPORT PUBLIC REPORTING OF COMPLAINTS INCLUDING HOW THEY ARE MANAGED AND RESOLVED, AND PUBLIC DISCLOSURE ON WHETHER THE PROVIDER IS MEETING OR FAILING QUALITY STANDARDS?

Yes = 67 No = 0 Other = 5

Labor:

- Labor will establish a new complaints commissioner to ensure complaints against providers are properly and thoroughly dealt with. This will make sure there is a dedicated, accessible, and accountable process to help residents, families and aged care workers report and resolve issues and complaints. The performance of the Complaints Commissioner will include public reporting of how many complaints have been resolved. Labor also supports the public reporting of whether providers are meeting quality standards and, subject to Department advice, will continue the rollout of the five-star rating system.

The Greens:

- *(OTHER) This needs to be incorporated into ensuring the privacy of those involved.*
- There must be public reporting of complaints but how much is reported should depend on their severity and the outcome of how they are resolved. Complaints that are clearly resolved to the satisfaction of all with no findings of malpractice, abuse or other mistreatment should have the identities of carers and health workers involved protected for reasons of privacy and professional reputation. Any resolution process must be expedited so the full details of complaints can be published in a timely manner. How much detail is published when is something I don't have the resources to answer yet but that there was a complaint should be published within days.

One Nation:

- *(OTHER) As long as there are checks to validate the reporting process*
- Transparency is a must. We can not be putting our ageing parents in a place where they are not the number ONE Priority.

United Australia Party:

- An external complaints system should be established so that providers are followed up and accountable. Provide industry standards and rating system (accreditation system)
- I would like to know exactly what is meant by 'public' in this context. I do not believe that breaches in the delivery of care should be kept hidden. However, 5 minutes on social media will show the willingness of many in our communities to slander almost anyone they perceive to have a different opinion on almost any matter. I would be keen to hear ideas of how to balance these issues in a way that once again does not divert limited resources to constantly addressing vexatious complaints.
- *(OTHER) needs to be taken out of the hands of the Government and greater poweres extended to the Ombudsman*
- *(OTHER) Providers should be publicly accountable. General complaints & resolutions could be reported but detail is not relevant to the public.*

Informed Medical Options:

- I think the public has a right to know if older people are being badly treated in both residential and their homes. Elder abuse needs to be eradicated from our society and so shining a light on people who cause harm to older people is essential in helping eradicate abuse.
- ACQSC handling of complaints is woeful
- All complaints (and their management and resolution) should be public, to ensure accountability.
- *(OTHER) The current system of complaints have become very political and open to abuse. I would be cautious to proceed on another government controlled complaint organisation.*

TNL:

- Yes - Where the report is related to clear risk and/or harm to a recipient of care. There must also be conditions applied to how and what is reported. Clear failures, however, should be reported and disclosed. This should also report and where a system or a standard (facility or broader) was not "fit for purpose".
- There also needs to be a capacity to quarantine provider's revenue and the ability of the regulator to resume those funds where there is a deficiency in care standards and to resolve any service shortfalls in care using the providers revenue

Others:

- Essential for trust.

QUESTION 12

DO YOU SUPPORT NEW AGED CARE LEGISLATION THAT PRIORITISES THE HUMAN RIGHTS OF OLDER PEOPLE AND MANDATES QUALITY?

YES = 71 NO = 0 OTHER = 1

Labor:

- Labor supports the drafting of a new Aged Care Act. Labor will consult heavily with older Australians, their families, their advocates, workers, unions, experts and the sector on what the New Act should contain.

The Greens:

- We should support the human rights of older people to participate in all social, economic and political aspects of life and to maintain control over their independence.
- Older people have the same rights as all other adults to participate in social, economic, spiritual and political aspects of life and to maintain control over their independence
- Australia is one of the only OECD countries without a bill of rights and we have been pushing for an Australian Bill of rights ever since we became a party.

One Nation:

- The Royal Commission report clearly spelt this out.

United Australia Party:

- Human rights is catered for in State legislation however there is always areas we can improve on.
- The last 2 years in particular have been very difficult. Like many of us, I have a family member who has been essentially locked in a care facility for months, not allowed to have any contact with their loved ones. This we are told, is for their health. Many have not been able to see loved ones at all before they passed away. I have to believe that there is a better way to prioritise the need to recognise their humanity and their need for the love and support of those they hold dear. I do not believe that locking an elderly resident in their room for weeks or months prioritises their human rights or constitutes quality care. We must do better.
- I support a Bill of Rights for all people and a list of alienable rights
- I support human rights of ALL people!
- Of course, and nationally we need a Bill of rights for all citizens.

Informed Medical Options:

- A complete audit and analysis of support for our elders is needed; aged care should not be a cash cow for service providers. Laws should focus on the needs and quality of life of our living elderly men and women.
- The human rights of aged care residents were decimated in the Covid and I would support legislation that this could never happen again.

TNL:

- Yes - provided the government is shouldering its responsibilities. There must be independent evidence that the government is doing its part - a ministerial statement is not evidence, it is not appropriate. All disclosures must come from third party sources - not the government..

- the implementation of new aged care legislation is the critical first step to drive reform and should be a priority for the Federal Government.
- (OTHER) This should be included in a Bill of Rights so it is difficult to change and therefore the human rights of older people reduced
- Yes and in due course the rights of older people would be included in our proposed Bill of Rights and entrenched in the Constitution.

Others:

- Our older people must receive the best of care
- I see so much elder abuse in my law practice - it must stop

QUESTION 13

DO YOU SUPPORT THE MANDATORY REPORTING OF SERIOUS INCIDENT WITHIN A TIMELY MANNER IN BOTH RESIDENTIAL AND HOME CARE?

Yes = 72 No = 0 Other = 0

Labor:

- Labor supports the extension of the Serious Incidents Report Scheme to Home Care.

The Greens:

- A national online reporting system should be easy to set up and maintain. To make it worthwhile there must be full funded and resourced agency and response procedures.

One Nation:

- Pls note this is already in place but is not regulated and policed. Added resources and teeth is needed to the Aged and Quality Care Commission.

United Australia Party:

- An external reporting body needs to be established so that incidents can be reported, investigated and dealt with in a timely manner without concern for the repercussions of the person reporting or the elderly person it has happened to.
- The mandatory reporting of serious incidents is required by law in every workplace.
- This will improve accountability.
- Same with any other industry.

Informed Medical Options:

- Mandatory reporting of serious incidents is essential and any serious incident must be dealt with urgently.
- As long as they do not become a place of minor reporting escalated.

TNL:

- Reporting is essential. The reports should also provide historical (contextual) information as how and why this was able to occur.
- This should not need to be a question as these matters often have criminal negligence characteristics and should be reported to police. Failure to do that is, itself, an offence. That they are not being reported to police is, itself, something that needs to be investigated and charges laid where appropriate
- Absolutely
- RE Q13: Who doesn't?

Others:

- and protection for whistle blowers
- We need to be world's best practise.

APPENDIX 3 – MEDIA RELEASES

MEDIA RELEASE

EVERYDAY AUSTRALIANS ASKED TO HOLD POLITICIANS ACCOUNTABLE ON AGED CARE WITH 13 QUESTIONS

9 March 2022: One year on from the Aged Care Royal Commission’s final report, and in the lead up to the Federal election, everyday Australians are being asked where they stand on aged care and to help make their local politicians accountable.

Aged Care Reform Now (ACRN) has launched its ‘13 QUESTIONS – WHERE DO YOU STAND ON AGED CARE’ campaign, asking all Australians to take a minute to make sure aged care reform is a major election issue.

ACRN Committee member Amina Schipp, whose mother tragically died from neglect in an aged care facility, said aged care touches every Australian’s life in some way, either through helping a loved one who needs care, or just by growing old and needing help in the future.

“We created this survey because no one should have the excuse that they don’t know about the issues in aged care,” Mrs Schipp said.

“We need to keep the pressure on politicians on all sides, to clearly understand that Australians demand aged care reform that results in a quality, safe and efficient aged care system now and for generations to come.

“There has been a significant focus recently on the fallout from the Aged Care Royal Commission and the devastating impacts COVID has had on the elderly. But there are also major reforms underway and Australians have the chance to influence these changes.

“We also want our elected officials to be transparent on their views about aged care, so that voters can make a clear choice on election day,” she said.

The 13 questions campaign is a simple online survey to get the views of as many Australians as possible and is available on <https://agedcarereformnow.com.au>

Australians are also being asked to email their local politicians and candidates to ask them to complete the survey. ACRN will publish those elected member and candidate responses on its website www.agedcarereformnow.com.au so voters can see at a glance where their local candidates stand on important aged care issues.

The 13 questions cover both home care and residential care, and have been voted by ACRN membership as the most important issues facing aged care – quality of care, a well-trained and remunerated workforce, transparency, and accountability.

ENDS

For more information, contact:

info@agedcarereformnow.com.au

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ABOUT AGED CARE REFORM NOW

Aged Care Reform Now (ACRN) is a grassroots group dedicated to improving aged care services in Australia. Consisting of people with lived experience of the aged care sector – older Australians who are aged care services recipients, families and friends, and current and retired aged-care workers – we advocate for a new aged care system that focuses on transparency, accountability, and effective regulation to ensure the human rights of older people are upheld. ACRN is a platform for people interacting with the aged care system and provides a strong voice in the delivery of quality services, complaints management and practical solutions to advance the care and wellbeing of aged care recipients, now and in the future.