



**Australian Government**

**Department of Health**

# REPORT ON THE OUTCOME OF PUBLIC CONSULTATION ON THE DRAFT CHARTER OF AGED CARE RIGHTS

**November 2018**



## ACKNOWLEDGEMENT

The Department of Health would like to sincerely thank the consumers and consumer peaks, aged care providers and provider peaks, as well as the other individuals and groups who contributed comments on the draft Charter of Aged Care Rights. The feedback provided as part of the public consultation will support the development of the Charter of Aged Care Rights.

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# PART 1 – BACKGROUND

## A. Context

The Australian population is ageing, and the expectations of older people and the community are changing. In recognition of this, the Australian Government is making fundamental reforms to the aged care system. The reforms aim to ensure high-quality services that meet consumer needs and preferences.

Over the last three years, the Department of Health (the department) has been partnering with consumers, the aged care sector, experts and the community to develop a Single Aged Care Quality Framework (the Framework). The Framework includes:

- new aged care quality standards (taking effect from 1 July 2019)
- improved risk-based assessment of provider performance
- improvements to the information available to consumers to support them to make choices about their aged care
- a single Charter of Aged Care Rights, applicable to all recipients of Commonwealth subsidised aged care services.

The single Charter of Aged Care Rights is intended:

- to focus on the core rights of central importance to consumers, rather than include consumer responsibilities, consistent with charters in other similar sectors, such as the Australian Charter of Healthcare Rights, the New Zealand Code of Health and Disability Services Consumers' Rights, and the United Nations Convention on the Rights of Persons with Disabilities
- to provide the same rights and make rights clearer for consumers, regardless of the Commonwealth subsidised care type they receive, noting that:
  - providers also have a wide range of other responsibilities under the aged care legislation and through the Aged Care Quality Standards (the Standards)
  - care is delivered in a partnership between consumers and service providers.
- to replace the existing four Charters for residential care, home care, short term restorative care (in a residential setting) and short term restorative care (in a home setting)
- to sit alongside, but not duplicate, other laws that inform the delivery and quality of aged care, for example, the *Aged Care Act 1997*, the consumer outcomes in the new Standards, and rights under Australian consumer law and anti-discrimination law.

A draft Charter was developed in consultation with consumers, consumer peaks, providers and provider peaks through a series of forums.

On 5 September 2018, the department released a Consultation Paper describing a draft Charter of Aged Care Rights that included twelve individual rights for people receiving aged care (Attachment A – Draft Charter of Aged Care Rights – September 2018).

The public consultation period continued to 10 October 2018 seeking feedback from a wide range of respondents including consumers, their families and carers, aged care organisations, staff of aged care organisations, advocacy groups and peak bodies.

The consultation was announced through a media release by the Minister for Senior Australians and Aged Care, Ken Wyatt AM and email alerts to stakeholders. The department promoted the public consultation on its website, on Facebook and through Twitter as well as the department's Provider Newsletter. In addition, a range of key stakeholders were approached to assist with disseminating information about the consultation process as widely as possible.

The consultation documents were placed on the department's Consultation Hub at <https://consultations.health.gov.au/aged-care-policy-and-regulation/the-australian-charter-of-aged-care-rights/>.

This paper summarises the key outcomes of public consultation on the draft Charter of Aged Care Rights.

## PART 2 – KEY THEMES EMERGING FROM CONSULTATION

### A. Overview of feedback

The department received 553 submissions from:

- aged care consumers including family/carers (39%)
- aged care providers (21%)
- aged care workers (18%)
- advocacy services (4%)
- peak bodies (9%)
- other (28%)<sup>1</sup>

Input was received from stakeholders in all states and territories, as well as stakeholders living or operating in metropolitan areas (65% of respondents), regional areas (37%), and rural and remote areas (17%).

Responses were received from providers delivering all types of aged care services including residential, home care, Commonwealth Home Support Program and various types of flexible aged care.

Overall, respondents:

- strongly supported a Charter of Aged Care Rights
- supported the inclusion of the twelve rights described in the draft Charter, although some made suggestions regarding additional rights.
- considered that the rights described in the draft Charter were easy to understand
- thought the Charter should be phrased in the first person 'I have the right to'
- provided suggestions to changes to the wording (refer Part 4 this report).

Following are the key themes emerging from submissions.

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<sup>1</sup> Respondents were able to nominate more than one role, therefore the total responses is greater than 100%.

## B. Scope and expectations of the Charter

In addition to comments regarding the Charter, many of the submissions expressed more general concerns about a range of issues outside the scope of the Charter<sup>2</sup>, including the quality and safety of aged care. For example, many respondents expressed opinions about:

- Staffing levels, staff shortages, skills and low wages in the sector. Some respondents felt that adequate staff to resident ratios needed to be mandated
- poor quality of care and the need to improve care
- abuse suffered by older Australians.

Diverse views and expectations about the Charter's role and scope were expressed, however the majority of respondents wanted the Charter to be limited to one page. For example, some respondents:

- felt that the Charter would 'make a difference', whereas others expressed concern that it would not
- felt that the Charter should represent a minimum set of rights, whereas others expressed concern that if a right was not articulated, it was at risk of being lost
- were uncertain about the relationship between the Charter and human rights, the rights of consumers at general law, and the rights of care recipients under aged care legislation
- felt that the Charter should reference both rights and responsibilities. A number of respondents noted that mutual respect underpins quality care and that staff have a right to work free of abuse (from consumers, families and others)
- felt that the Charter would set unrealistic expectations because each individual consumer's rights could not always be met at all times (for example, the needs or preferences of one consumer could impinge on those of another)
- suggested that the draft Charter does not adequately reflect consumer rights in different aged care environments. Specifically, stakeholders commented that a consumer in the home care environment has different rights and responsibilities to a consumer living in a residential aged care environment
- emphasised the importance of the government monitoring compliance with the Charter and the Charter being enforceable.

Overall, many respondents felt it was important that the scope and role of the Charter are clear, and that supporting material be developed to describe the interaction between the Charter and other laws and the intent of the rights.

A number of respondents also stated that it was important for consumers to have information about where to go to get help in asserting their rights, how to make complaints if their rights are not observed and how to enforce their rights.

## C. Content of the Charter

Overall, the majority of respondents supported the rights detailed in the draft Charter.

Most respondents agreed that the Charter should be short, sharp, easy to read and include high-level rights.

A wide variety of suggestions were made that specific consumer groups should be referenced in the Charter or that additional rights should be included (refer Part 4B).

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<sup>2</sup> Public consultation coincided with heightened media about poor quality of care and the announcement of the Royal Commission into Aged Care Quality and Safety.

For example:

- Suggestions of additional groups whose rights could be referenced in Charter included:
  - volunteers
  - carers
  - certain types of consumers (for example people living with dementia and Aboriginal and Torres Strait Islander people).
  
- Suggestions for additional rights that could be added to the Charter included:
  - rights to maintain intimate relationships, quality of life, and to practice religious traditions
  - rights to different types of support (for example, interpretation services and grief and bereavement support)
  - financial rights (for example, to be informed about fees and payments, maintain control over finances and not be overcharged)
  - staffing related rights (for example, adequate and trained staff, English-speaking staff, staff ratios)
  - health-related care rights (for example, palliative care, sufficient nourishing food, freedom from chemical restraint, and adequate pain relief).

These suggestions are discussed in Part 4.

#### **D. Ease of understanding / simplicity of wording**

The majority (84%) of respondents to the survey felt that the wording of the draft Charter was easy to understand. Conversely, some commented that the wording was too bureaucratic and that the rights could be phrased more simply. Others felt that in attempting to simplify the draft Charter, it had been rendered too vague.

## PART 3 – FEEDBACK REGARDING THE CHARTER STYLE, PREAMBLE AND PROMOTION

Various comments were made by respondents regarding the style of the draft Charter, the content of the preamble to the draft Charter, and how consumer awareness of their rights under the new Charter could be enhanced.

Following is a summary of the key issues that were raised in relation to each of these matters.

### A. The Charter style

Most respondents supported the draft Charter being a simple one page document with a short preamble.

There was support for the approach used in the draft Charter to, express each right in the first person: 43% of respondents supported 'I have the right to'; 38% were comfortable with either 'I have a right to' or 'you have a right to'; 14% of respondents preferred use of the second person ('you have the right to').

### B. The Charter preamble

The draft Charter reflects feedback from consumers and providers during preliminary consultation. While consumers and consumer groups considered it should focus on rights, they agreed that an individual's rights need to be balanced with the rights of others. The purpose of the preamble was to contextualise the rights, particularly in residential care where consumers live as part of a community.

Respondents were asked to comment on whether the words proposed for the preamble to the Charter required clarification or any further information. 58% felt it did not require any further clarification.

Overall, respondents felt that the preamble:

- could be shortened with repetition removed
- could more simply state that the Charter is intended to create a shared understanding between people receiving aged care and aged care providers
- should make it clear:
  - how the Charter intersects with other rights
  - that there are also other laws, including Aged Care Quality Standards that '*tell aged care providers what they can and cannot do, and what they must and must not do*'
  - in some circumstances, an individual's rights may be necessarily constrained
  - the Charter applies to people receiving Commonwealth subsidised aged care
- should avoid unclear language such as '*Sometimes aged care providers may have to balance competing rights*'
- should include the context in which consumers exercise their aged care rights (for example, '*your rights are everyone's rights*').



### **C. Promoting and explaining the Charter**

A wide range of suggestions were made about how the Charter could be effectively promoted including:

- continuing to require the Charter to be:
  - set out in care agreements between consumers and approved providers
  - displayed in aged care services
- requiring providers to:
  - display the Charter on their website
  - inform consumers about the Charter
  - remind consumers about the Charter after they commence aged care services and on a regular basis thereafter (noting that consumers receive significant amounts of information on entering or commencing a service and reiterating important information about rights would be valuable)
- education by advocacy services and consumer peak bodies (for consumers and for aged care workers)
- advertisements and brochures in health and medical clinics, pharmacies, Centrelink and on public transport
- social media campaigns that raise community awareness
- having aged care assessment services (for example, ACAT and RAS staff) give copies of the Charter to the people they assess
- publishing the Charter on the My Aged Care website.

## PART 4 – FEEDBACK REGARDING THE RIGHTS DESCRIBED IN THE DRAFT CHARTER

### A. Proposed rights

Overall, respondents felt that the rights proposed in the draft Charter should remain, with less than 2% of respondents suggesting that any single right should be removed.

Various comments were made regarding opportunities to change the wording of the rights contained in the draft Charter. Some of the key themes included the desire for the rights to:

- be expressed as simply as possible
- be strengthened
- avoid duplication
- remain high level (but with detailed supporting material available to consumers and providers)
- avoid passive language such as ‘receive’.

The following is a summary of some points made in relation to each of the twelve individual rights.

#### (i) Safe and high quality care and services

The draft Charter proposed:

- a) *I have the right to receive safe and high quality care and services.*

Many respondents viewed this as the most important and overarching right.

Suggestions in relation to the wording and intent of this right included:

- While many respondents felt that ‘high’ quality was appropriate and that we should be striving for high quality care, others were concerned that ‘high’ was subjective and open to interpretation
- concern that the word ‘receive’ was too passive and could be removed – for example: *I have the right to safe and high quality care and services*
- a desire to reference staffing ratios, adequate staff and care provided by skilled staff being critical to the provision of safe and high quality care and services
- that care should be delivered not just safely and to a high quality but also compassionately
- concern that by focusing on the delivery of safe care, the rights of a person to take risks that improve their quality of life may be undermined
- explicitly stating that care needs to be patient (or consumer) centred.

#### (ii) Dignity and respect, individuality, identity, culture and diversity

The draft Charter proposed two similar rights:

- b) *I have the right to be treated with dignity and respect and to have my individuality valued*
- c) *I have the right to have my identity, culture and diversity valued and supported.*

Many respondents felt that these were duplicative, with some suggesting that:

- the reference to 'individuality' expressed in b) was not required, as the right expressed in c) sufficiently covers the right to have one's individuality valued. Others felt that the right should only refer to individuality, noting that culture and diversity forms part of a person's individuality. 'Uniqueness' might be a more appropriate way to describe the value of an individual
- the right should also include the right to have religion, spirituality, sexuality, intimacy and mental health diagnoses valued and supported.

### **(iii) Independence**

The draft Charter proposed:

*d) I have the right to maintain my independence.*

Respondents expressed differing views regarding a consumer's right to maintain their independence. Some suggested that independence can be associated with risk, which may be a contradiction to safety, such that independence can only be maintained within safe parameters. Others felt that consumers should be supported to exercise their independence.

Comments made by respondents in relation to independence included:

- the importance of acknowledging the right to take informed and calculated risks
- that this right is duplicative of g) which relates to maintaining control over decision making about care, personal and social life
- 'to maintain' is static and does not aim for improvement
- the right creates a perception that residents in aged care facilities can live independently of the community they are living in, without taking into account the rights of others within the community
- the need to clarify that if needed, staff will offer assistance to consumers who cannot maintain their independence
- that it is not clear whether 'independence' refers to 'physical independence' (which is not possible for some) or 'autonomy'.

### **(iv) Abuse and neglect**

The draft Charter proposed:

*e) I have the right to live without abuse and neglect.*

This right was strongly supported, with some respondents suggesting it should be expanded to include freedom from harm, exploitation or discrimination. Others felt these concepts were covered by abuse and neglect.

Some respondents also suggested that the concept of discrimination should be expanded to be a right to be free from discrimination on the basis of race, language, religion, culture, gender or sexual orientation. Others suggested that freedom from discrimination is sufficiently covered by anti-discrimination legislation.

Some stakeholders:

- sought clarification about whether the word 'abuse' covered physical, verbal and financial abuse (with a desire to see this clarified in supporting material)
- queried how this right would be ensured, particularly in circumstances where a provider was delivering home care and a family member of a consumer was abusing the consumer.

## **(v) Access to information**

The draft Charter proposed:

- f) *I have the right to be informed about my care in a way that meets my needs, have access to information about my rights, care, accommodation and anything else that relates to me personally, and get the information I need in a timely way.*

Many respondents felt that it was ‘too wordy’ and contained several concepts that should be expressed as separate rights.

Some commented that the reference to being ‘informed about my care in a way that meets my needs’ is unclear. Some interpreted ‘needs’ to refer to communication needs, while others related it to the care needs of the person (for example the physical, psychological and spiritual needs of the person).

In addition, some respondents suggested that specific types of information should be described in the Charter or drawn out in supporting material, such as information about fees and charges.

## **(vi) Control over care and personal and social life**

The draft Charter proposed:

- g) *I have the right to maintain control over, and continue to make decisions about, my care and personal and social life.*

As for the right to independence, many comments were made regarding a consumer’s right to take risks, including comments about the way that independence, choice and safety interact with risk. For example, some suggested that ‘safe’ is a poorly defined term and is often used as a justification for limiting a person’s choice and dignity of risk, which places safety ahead of lifestyle, engagement and happiness.

Other suggestions included:

- that this right should refer not just to decisions relating to care and personal and social life, but also to financial decisions
- if people are to make decisions, they need to be informed (noting the link with the right to information described at f)
- the Charter should include an express reference not just to decisions but also to having choice
- providers should support and encourage consumers to maintain control over and make decisions about their care and personal and social life
- rewording the right, for example ‘I have the right to lead and direct decisions about my life and how the services I use support me’.

## **(vii) Listened to and understood**

The draft Charter proposed:

- h) *I have the right to be listened to and understood.*

Suggestions and comments in relation to this right included:

- it could be expressed more simply as:
  - *‘I have a right to be heard’*
  - *‘I have a right to express myself and be understood’*
- it is about the right to communicate and to speak in one’s preferred language
- while the right is worthy, it is not easily put into practice.

### **(viii) Another person speak on my behalf**

The draft Charter proposed:

- i) I have the right to have another person speak on my behalf.*

Comments made in relation to this right included:

- the tensions that can arise when family members or others speak on behalf of consumers
- suggestions regarding the specific types of support people who could speak on behalf of a consumer, including advocates, legal representatives (such as persons appointed under a power of attorney or guardians), carers and family members
- the right should refer to the person of the consumer's choosing
- the right to have a person support the consumer should be included, and that the person chosen by the consumer should also have access to relevant information about the consumer.

### **(ix) Complaints**

The draft Charter proposed:

- j) I have the right to complain, and to have my complaints dealt with fairly and promptly.*

A number of respondents sought to strengthen or amend the wording. Suggestions included:

- referencing a consumer's right to complain without:
  - fear of reprisal or retribution
  - fear of discrimination or bad service
  - fear of poor treatment or discrimination
  - being subjected to intimidation and retaliation
- expressly stating that a person should have the support of an advocate if they wish
- that complaints should be resolved rather than just dealt with fairly
- it was not clear what 'promptly' meant (and that depending on the nature of the complaints, some complaints may need to be dealt with more urgently than others)
- the need to be clear that consumers can access external complaints mechanisms
- that the Charter should refer to 'feedback' rather than 'complaints', with some preferring a focus on 'complaints, and others suggested 'feedback and complaints'.

### **(x) Exercising rights**

The draft Charter proposed:

- k) I have the right to exercise my rights without it adversely affecting the way I am treated.*

Many respondents did not interpret this right as applying in combination with all the other rights. For example, many stakeholders did not associate the right to complain with the right to complain without it adversely affecting the way the consumer is treated.

Also, some respondents were unsure about whether the reference to 'rights' was to the consumer rights as set out in the draft Charter or all of a person's rights.

## **(xi) Personal privacy and personal information**

The draft Charter proposed:

- l) *I have the right to personal privacy and to have my personal information kept confidential.*

Overall, respondents supported the right to personal privacy. However, respondents generally felt that this concept was separate to the concept of confidentiality of information and that privacy laws already address the protection of personal information.

Some respondents were also concerned that the concept of confidentiality could act as a barrier to family members and their representatives getting information they need in relation to the consumer, particularly where the consumer does not have capacity to make certain decisions.

### **B. Suggestions regarding additional rights to be included in the draft Charter**

Respondents suggested a wide variety of additional rights.

A broad range of additional matters, many beyond the scope of the Charter, were suggested for inclusion in the draft Charter. For example, respondents suggesting additional rights felt that the draft Charter needed to:

- explicitly mention the rights of volunteers, carers and/or certain types of consumers such as:
  - consumers living with dementia (for example, the right to be cared for by persons who are specifically trained in dementia care)
  - consumers experiencing mental health conditions
  - consumers who are incapacitated
  - Aboriginal and Torres Strait Islander people
  - the veteran community
  - multicultural consumers
- expand the consumer rights to include the right to:
  - compassion, love, patience and to thrive despite diminishing abilities
  - patient/consumer centred care
  - dignity of risk and quality of life
  - a meaningful life with autonomy
  - access care without delay
  - the right 'amount' of care (not just safe and quality care but 'enough' care)
  - express my emotions
  - maintain intimate relations
  - practice religious traditions
  - come and go at will
  - participate in decisions about where I choose to die
  - choose and change care and services
  - ensure my goals and preferences are adhered to
  - the provider providing me access to services available generally in the community

- address rights relating to staff including the right to:
  - adequate staff
  - trained staff
  - staff ratios
  - English-speaking staff
  - communication through eye contact and touch
- describe rights relating to finances such as the right to:
  - affordable care
  - be informed about financial services
  - be informed about fees and payments
  - make financial decisions
  - maintain control over finances
  - not be overcharged
  - be informed about how the government funding provided for my care is being spent
- describe a wide range of health-related rights such as the right to:
  - nursing care
  - palliative care
  - sufficient nourishing food, healthy food choices, or provision of nutritious meals and mid-meal snacks whilst in aged care
  - live free from chemical restraint
  - adequate (and effective) pain relief
  - assisted dying
  - access a doctor (or medical care generally)
  - mental health services
  - refuse medication/use alternative medicines
  - choose which health practitioners provide my care, including a nurse, doctor and/or pharmacist
  - quality use of medicines, including correctly dispensed and administered medicines provided by appropriately qualified registered health practitioners
- refer to specific supports that should be available to the consumer such as the right to:
  - access free interpreter services and translated information
  - receive information in consumers own language
  - receive help to exercise rights
  - grief and bereavement support
  - a support person.

Stakeholders, particularly providers and staff, also felt that the Charter should contain both rights and responsibilities. Some felt that this would help promote mutual respect and give guidance on positive relationships between providers and consumers.

## PART 5 – RESPONSE

The Charter of Aged Care Rights will provide the same rights to all aged care consumers, regardless of the type of care and services they receive. All rights currently afforded to care recipients under the existing charters of aged care rights will be maintained through a combination of the Charter, the new Aged Care Quality Standards (the Standards) and amendments to the *User Rights Principles 2014*. It is intended that all of these will come into effect at the same time, from 1 July 2019.

The rights described in the Charter will sit alongside other laws that inform the delivery and quality of aged care, for example the *Aged Care Act 1997*, the consumer outcomes in the new Standards, and rights under Australian consumer law and anti-discrimination law.

Minimising duplication between the Charter, other provider responsibilities and other legislation as much as possible, will ensure the Charter is easy to understand as a one page document and reduce unnecessary regulatory burden for providers.

### A. Outcome of feedback

Based on consideration of feedback, the Charter will be an easy to read document that focusses on high-level consumer rights. To support this approach, the department intends to:

- simplify and make more active (less passive) the language in the Charter, wherever possible - suggested alternative wording will be considered
- focus the Charter on high level rights rather than particular needs of specific consumer groups (the Charter applies to all consumers of aged care services; the content of the Charter expressly addresses consumer identity and diversity)
- ensure the Charter focuses on rights only
- further consider how to address key areas of concern to stakeholders (such as adequately reflecting the right to make choices, take risks, complain free from reprisal and have a support person of choice)
- develop resources to support a shared understanding of the Charter, for example:
  - the role of the Charter (including how the Charter interacts with other laws)
  - the intent of the Charter
  - how consumers are supported to enforce their rights under the Charter
  - how the rights of all parties involved in the provision of care and services could be balanced.

The Charter will not address staffing issues and matters related to organisational governance. These matters are addressed in the new Standards. For example, the new Standards provide that:

- the number and mix of staff on duty at all times provides for safe and quality care and services
- consumers get quality care and services from people who are caring, competent, trained and supported to perform their roles
- organisations' governing bodies are accountable for a culture of safe, inclusive and quality care and services
- there are effective organisation wide governance systems in place, including workforce and clinical care governance frameworks.

The Charter will not refer to specific care and services, as the new Standards deal expressly with these. For example, the new Standards provide that:



- consumers get the personal care and/or clinical care that is safe and right for them (as an individual)
- consumers' needs, goals and preferences inform their care and services
- consumers (and others they wish to involve) partner in decisions about their health and well-being.

Many other issues raised by respondents were outside the scope of the Charter (refer Part 2 Section B Scope and expectations of the Charter).

## PART 6 – NEXT STEPS

Feedback from this consultation is being considered in detail by the department through consultations with consumers, consumer peaks, providers and provider peaks to develop the final version of the Charter of Aged Care Rights.

Once the Charter has been finalised, it will be included in aged care law. Subject to the agreement of the Australian Government on amendments to legislation, it is expected that the new Charter will take effect from 1 July 2019, in line with commencement of the new Standards.

The department intends to work with key stakeholders to develop supporting material to supplement the sectors' understanding of the Charter.

The single Charter will also be translated into different languages.

Opportunities for raising awareness of the Charter will be explored, including through avenues identified by respondents through their submissions during the public consultation process.

The department would again like to thank respondents for their submissions.

### DRAFT CHARTER OF AGED CARE RIGHTS

The Australian Charter of Aged Care Rights (the Charter) helps to create a shared understanding about the rights of people receiving Commonwealth subsidised aged care. Having a shared understanding between people receiving care, their family, friends and carers, and aged care providers and their staff, helps everyone work together to achieve safe and high quality aged care.

The rights described in this Charter sit alongside other laws that inform the delivery and quality of aged care, for example the broader *Aged Care Act 1997*, the consumer outcomes in the new Aged Care Quality Standards, and rights under the Australian Consumer Law and anti-discrimination law.

The Charter helps people receiving care understand how their aged care provider will work with them. It also helps people receiving care understand how they will engage with others involved in their aged care service – so that they can enjoy the same rights. Sometimes aged care providers may have to balance competing rights. Providers will work to resolve these situations sensitively through consultation and with the spirit of the Charter in mind.

### Charter of Consumer Rights

I have the right to:

- a) receive safe and high quality care and services
- b) be treated with dignity and respect and to have my individuality valued
- c) have my identity, culture and diversity valued and supported
- d) maintain my independence
- e) live without abuse and neglect
- f) be informed about my care in a way that meets my needs, have access to information about my rights, care, accommodation and anything else that relates to me personally, and get the information I need in a timely way
- g) maintain control over, and continue to make decisions about, my care and personal and social life
- h) be listened to and understood
- i) choose to have another person speak on my behalf
- j) complain, and to have my complaints dealt with fairly and promptly
- k) exercise my rights without it adversely affecting the way I am treated
- l) personal privacy and to have my personal information kept confidential

Draft Charter – September 2018

## ATTACHMENT B – PROFILE OF STAKEHOLDERS RESPONDING TO THE SURVEY

In total, 553 submissions were received on the Draft Charter of Aged Care Rights. The data in Attachment B and Attachment C relates to the 546 responses to the online survey, and not from the seven submissions made separately to the department.

Please note that the number of responses in various tables does not correlate with the number of surveys completed because stakeholders were able to select multiple responses to some questions. Similarly, for these tables total responses exceed 100 per cent.

**Table 1 Role of stakeholders responding to the survey**

Stakeholders were asked to choose the role that best describes them and were able to choose more than one role.

Category of stakeholder	Online survey responses
Aged care consumer receiving residential care	<b>13</b> (2.38%)
Aged care consumer receiving care at home	<b>41</b> (7.51%)
Family, representative and/or carer of consumer receiving residential care	<b>97</b> (17.77%)
Family, representative and/or carer of consumer receiving care at home	<b>60</b> (10.99%)
Aged care service provider – care at home	<b>66</b> (12.09%)
Aged care service provider – residential	<b>47</b> (8.61%)
Aged care worker/professional	<b>97</b> (17.77%)
Advocacy service	<b>22</b> (4.03%)
Peak body – consumers	<b>21</b> (3.85%)
Peak body – other	<b>26</b> (4.76%)
Other	<b>151</b> (27.66%)
Not Answered	<b>27</b> (4.95%)

**Table 2 Location of stakeholders responding to the survey (where the individual lives or where the organisation operates)**

Stakeholders were asked where they lived, or where their organisation operated and were able to choose more than one location.

Location of stakeholder	Online survey responses
NSW	<b>141</b> (25.82%)
VIC	<b>135</b> (24.73%)

Location of stakeholder	Online survey responses
QLD	<b>96</b> (17.58%)
WA	<b>51</b> (9.34%)
SA	<b>75</b> (13.74%)
TAS	<b>22</b> (4.03%)
ACT	<b>25</b> (4.58%)
NT	<b>5</b> (0.92%)
Australia-wide	<b>37</b> (6.78%)
Not Answered	<b>10</b> (1.83%)

**Table 3 Location of stakeholders responding to the survey (categorised by metropolitan, regional or remote)**

Stakeholders were also asked to specify whether they lived (or the organisation operated in) a metropolitan, regional or remote area.

Location of stakeholders	Online survey responses
Metropolitan	<b>354</b> (64.84%)
Regional	<b>203</b> (37.18%)
Rural/Remote	<b>92</b> (16.85%)
Not Answered	<b>26</b> (4.76%)

**Table 4 Consumer identification with groups**

Consumers were asked whether or not they identified with a particular group, or with a number of different groups, noting that they could nominate more than one group.

Type of consumers	Online survey responses
People from Aboriginal and/or Torres Strait Islander communities	<b>12</b> (2.20%)
People from culturally and linguistically diverse backgrounds	<b>36</b> (6.59%)
People from rural or remote areas	<b>38</b> (6.96%)
People who are financially or socially disadvantaged	<b>64</b> (11.72%)
People who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran	<b>23</b> (4.21%)
People who are homeless or at risk of homelessness	<b>14</b> (2.56%)

Type of consumers	Online survey responses
People who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)	<b>8</b> (1.47%)
Parents separated from their children by forced adoption or removal	<b>7</b> (1.28%)
People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities	<b>21</b> (3.85%)
People living with dementia	<b>62</b> (11.36%)
Not Answered	<b>376</b> (66.86%)

**Table 5 Groups that organisations provide support or services to**

Stakeholders completing the survey on behalf of an organisation were asked which groups of people their organisation provided support and services to. Stakeholders were able to select as many categories as applied to their organisation.

Type of consumers receiving services	Online survey responses
People from Aboriginal and/or Torres Strait Islander communities	<b>102</b> (18.68%)
People from culturally and linguistically diverse (CALD) backgrounds	<b>125</b> (22.89%)
People from rural or remote areas	<b>85</b> (15.57%)
People who are financially or socially disadvantaged	<b>119</b> (21.79%)
People who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran	<b>85</b> (15.57%)
People who are homeless or at risk of homelessness	<b>72</b> (13.19%)
People who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)	<b>52</b> (9.52%)
Parents separated from their children by forced adoption or removal	<b>44</b> (8.06%)
People from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities	<b>94</b> (17.22%)
People living with dementia	<b>133</b> (24.36%)
Not Answered	<b>384</b> (70.33%)

**Table 6 Type of service delivered by organisations**

Stakeholders completing the survey on behalf of an organisation were asked to select all the types of care their service delivers.

Type of service	Online survey responses
Residential care	<b>81</b> (14.84%)
Home care	<b>90</b> (16.48%)
Commonwealth Home Support Programme services	<b>84</b> (15.38%)
Transition care	<b>26</b> (4.76%)
National Aboriginal and Torres Strait Islander Flexible Aged Care Program services	<b>9</b> (1.65%)
Multi-purpose services	<b>13</b> (2.38%)
Innovative care services	<b>10</b> (1.83%)
Short term restorative care services	<b>20</b> (3.66%)
Not Answered	<b>394</b> (72.16%)