

Australian Centre for Evidence Based Aged Care (ACEBAC)
Australian Institute for Primary Care and Ageing (AIPCA)

13/02/2024

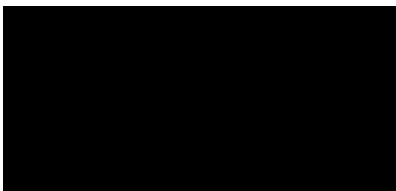
Re: Exposure Draft | Consultation Paper 2

To whom it may concern,

Thank you for the opportunity to provide comment on the Exposure Draft of the new Aged Care Act. We are a group of experienced academic researchers at the Australian Centre for Evidence Based Aged Care (ACEBAC) at La Trobe University. Our work is largely focused on evidence-based care of older people living in residential aged care settings.

We provided a submission in response to the first consultation and although many of our issues have been addressed, there are some key issues for us in the Exposure Draft. We believe we have a responsibility to make further comment in this round of consultation. You will find our comments in the attached document. We would be happy to answer any questions the Committee has about our response and recommendations.

Yours sincerely,



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New Aged Care Act Exposure Draft - Consultation Paper 2

We are pleased to note that there have been improvements made following feedback from the first consultation, and in particular we believe that the Statement of Rights/Statement of Principles have been made clearer by providing sub-headings within the Statement. The revised definition of high-quality care does align with the recommendations from the Royal Commission into Aged Care Quality and Safety. The section on decision-making remains complicated and needs to be more explicit. There are situations where individuals may need/want a representative and a supporter and this aligns with a human rights framework and a person-centred approach¹.

Our primary concerns relate to some of the foundational elements of the ACT. With a rights-based approach focusing on individuals and respect for self-determination, the definition of person-centred care is unclear in the current draft document. We note the mention of person-centred communication; however, the term person-centred is not well understood and thus open to interpretation. There needs to be a clear definition and understanding of this approach to care to ensure that the intent of the ACT is applied and supported.

Much of our recent research has focused on the workforce and the issues around recruitment, retention and suitability. The Aged Care sector relies on a diverse workforce to provide high quality care and yet the ACT refers to a single definition of Aged Care Workers. Greater clarity is needed to distinguish between registered_nurses and enrolled nurses, and personal care workers, as the latter do not have the same professional obligations (scope of practice or registration requirement) as nurses. In addition, there are a number of registered allied health professionals that work in the sector. The workforce is a complex, heterogenous group and should not be referred to with a single definition.

We note that no definition is included in the ACT of 'trained and appropriately skilled workforce'. The findings from the Royal Commission included the need for more education and training for the aged care workforce. It is imperative that the ACT defines what 'appropriately skilled' means, and which elements of the workforce this refers to – registered nurses, enrolled nurses, endorsed enrolled nurses, assistants in nursing, and/or personal care workers, allied health staff? The workforce is further referred to as 'well-skilled'; however, this is not defined nor the aspect of care provision in which it applies. These elements need to be made explicit to enable monitoring and compliance for providers and the Commission.

Much of the aged care workforce is not registered with a national professional body such as the Australian Health Practitioner Regulation Agency (AHPRA), meaning standards are regulated by individual residential aged care facilities (RACFs). The lack of national registration of workers makes it difficult to monitor quality and suitability of care workforce. This is reflected in the recent need for changed funding arrangements for registered training organisation (RTOs) delivering National Training Packages (preparing aged care workers, PCA, and enrolled nurses) due to poor quality training accompanied by closure of multiple RTOs.

These healthcare workers are now circulating with no capacity to formally determine skill and professional attitudes.

The Royal Commission highlighted the need to support older people living in residential aged care to engage in meaningful, self-chosen activities that include those that enable them to remain connected to the wider community. We applaud that the right to social participation has been recognised in the new Act. However, we have the following concerns (we refer here to Chapter 1, Part 2, Definitions and Key concepts, Division 2, key concepts page 28 of the Exposure Draft):

(vi) how can *'supporting the individual to participate in meaningful and respectful activities and remain connected to the community, where the individual choses to'*, be included when no funding is provided to services for activities in or outside residential aged care services?

(xi) how can *'worker retention and training to facilitate the delivery of the service by well-skilled and empowered aged care workers who are able to develop and maintain a relationship with the individual'* be included when no funding for ongoing aged-care worker education is provided?

In Section 6 on Page 4 the ACT states *'Supporters and representatives may be appointed to assist individuals with navigating the systems and are required to act in accordance with principles that promote supported decision making'* and yet there is no definition of supported decision making provided in the ACT to guide supporters and representatives. In Section 20 under Statement of Rights it states that *'an individual has a right to be supported (if necessary) to make those decisions, and have those decisions respected'* - how will evidence of supported decision making be provided to the Commission for accreditation?

We fully endorse the principles on which the new ACT is based, however we have genuine concern relating to the mechanisms of governance that will accompany the ACT to ensure it achieves its purpose. We appreciate that an ACT cannot be prescriptive and is a guidance document, however we would like to see greater attention to the principles of operationalising the ACT. How the ACT and the Aged Care Quality Standards integrate to enable providers to meet their obligations and improve care quality is unclear and requires explication. We do not believe that implementation in July 2024 is realistic given the amount of work that will need to be done to prepare the sector and to ensure that all stakeholders are fully informed.

References

¹ Byrne A-L, Baldwin A, Harvey C. Whose centre is it anyway? Defining person-centred care in nursing: An integrative review. PLOS ONE. 2020;15(3):e0229923. doi:10.1371/journal.pone.0229923