

## New Aged Care Act: exposure draft consultation

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Thank you for the opportunity to comment on the *New Aged Care Act Exposure Draft (Exposure Draft)*. My comments are based on years of experience as a social work clinician and a research academic studying self-managed aged home care and disability services nationally and internationally. I have attached my recent publications relevant to the exposure draft. Further details of my work can be found on *The University of Melbourne* website noted above.

The Objects, Statement of Rights, and Statement of Principles in the *Exposure Draft* are to be applauded and supported. All are in line with international best practice and supported by research evidence. They uphold the rights of older people; promote active, self-determined and meaningful lives; support social participation; facilitate choice and control in the planning and delivery of services; and promote innovation in the Commonwealth's aged care system.

The *Exposure Draft* needs to be read in conjunction with the *draft Aged Care Quality Standards*. When considered together, the two documents do not support the principles espoused in the *Exposure Draft*. Choice, control, and responsibility are removed from older people and their families and transferred to registered providers, under the guise of 'safety and service quality'.

I recently completed a research study of self-managed home support services in Australia and the final report will be released shortly. The study comprised 30 interviews with people from across Australia who self-managed their home aged care package, were support workers, registered service providers, experienced care planners, care co-ordinators and consultants. The study found that older people aspired to those exact principles promoted in the *Exposure Draft*. Older people wanted to be self-determining and in control of their lives. Older people particularly wanted the right to select support workers who provide their personal care and domestic support. Most older people had previous experience of traditional aged care service models where an external agency managed their supports and provided workers. Interviewees changed to self-management mainly because they were uncomfortable with unknown rostered support workers coming into their homes. Older people felt safer when they could select support workers who were directly answerable and accountable to them. Contracted support workers recruited by older people, often provided quality services, and remained with them for many years.

Safety was a major theme identified in my study. Professionals interviewed had years of experience managing risks in aged care services. They appreciated the complexities of providing oversight and protection to vulnerable older people who had dementia or declining capabilities, and they were well versed in reporting requirements. Respondents strongly recommended the best way to ensure the safety of older people is to support their self-determination and maintain their personal and community networks. Isolation was seen as a major threat to safety. Strategies for managing this problem had the older person taking the lead in decision-making as much as possible. Suggestions included using home aged care funds to proactively strengthen existing informal networks and to create ‘circles of support’ around the older person.

The *Exposure Draft* fails to emphasise the importance of strengthening the personal and community networks around older people. While mentioning social participation, the *Exposure draft* focuses on administrative and legalistic procedures that transfer, or ‘outsource’ responsibility from the older person to a registered service provider. The requirement by the *Aged Care Quality and Safety Commission* that all workers (‘associated providers’) write shift notes *for the registered provider* on every episode of service, left older people in the study feeling infantilised and outraged. Having self-managed and recruited their own support workers, gardeners, and cleaners, older people resented their staff writing ‘shift notes’ about them after every service. Their anguish intensified knowing that these notes will be ‘confidential’ to the registered service provider and unavailable to them.

The proposed changes aim to hold registered service providers *fully responsible* for the wellbeing of their clients and for the workers who come into their homes. This strategy disempowers older people, removes their dignity of risk, and effectively stifles self-management. It goes against the Objects, Statement of Rights and Statement of Principles in the *Exposure Draft*. The new Act imposes obstacles for older people who want to direct their own lives. This is a retrograde step that will put Australia behind other comparable countries practising self-directed care.

My experience as a social work clinician and research academic has shown that legalistic procedures that override people’s personal agency are counterproductive. Co-produced plans that give people as much responsibility as possible, are far more effective. The draft documents do not enable any form of co-production. Research shows that people’s wellbeing is best secured through a web of relationships, informal and formal, across multiple service systems, where *all eyes* are on quality and safety – not just one registered provider being solely responsible.

The need for accountability for public money is understood and undisputed. The balance between accountability for public funds and the right of older persons to enact principles of choice and control has not yet been found. More dialogue is needed across the community of older people, providers, regulators, and the Department of Health.

In conclusion, although the *Exposure Draft* embraces world leading principles, the practices and processes it proposes are disappointing. The admirable principles are violated through legalistic and intrusive mechanisms. The *Exposure Draft* describes a service system designed to remove choice and control from older people. Requiring the gardener to write a 'shift note' to the service provider after every visit, unseen by the older person, is a backward and ineffective regulatory tool. Empowering mechanisms that facilitate choice and social connections are far more likely to safeguard older people. Better strategies can be developed with the input of all affected parties.