

Post Polio Victoria Inc.

**Response to Requests for Comments on Proposed New Aged Care Act
29 February 2024**

Thank you for the opportunity to respond to the potential changes proposed for the new Federal Aged Care Act.

It is important to say that based on feedback received thus far it has brought more fear and concern than optimism for new and better outcomes for most older persons, especially those with disabilities excluded from the NDIS. One of the key mistakes evident in the draft is the Inequity displayed between those who are eligible for NDIS assistance and those who it seems are prevented from doing so by age. The complete lack of procedures and policies for those with permanent disabilities is abhorrent, resulting from the current discriminatory NDIS age bar of 65. The inequity displayed by this structure is appalling.

The Act must implement recommendation 72 of the Aged Care Royal Commission

“Recommendation 72: Equity for people with disability receiving aged care
By 1 July 2024, every person receiving aged care who is living with disability, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions.”

There is no enforcement of participants' rights - section 21 (3) is a perfect case of 'rights washing' *No enforcement of participants' rights - section 21 (3).*

We at PPV are a not-for-profit advocacy organisation of polio survivors (infantile paralysis) now enduring the DISABILITY of the late effects of Polio/Post Polio Syndrome, who have been discriminated against due to our age and have been excluded from the NDIS.

The following dot points are key concerns that we believe require feedback, clarification and change to ensure a best practice Act that provides dignity and respect to older citizens and the efficiency of the Government.

1. The Aged Care Act (ACA) is very broad and non-specific in nature, it needs to be made clear that it covers *at least* a four (4) fold agenda of;

- Home care,
- Residential care
- All kinds of recognised disability
- End-of-life/palliative care.

2. The whole system is sadly dominated by the interests of commercial providers, including international funds. The well-being of the participants is largely ignored, clearly, this is unconscionable.

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3. There is no information proposed for the Act which actually defines what services will be provided. As understood at this time.
4. Information provided in Government sponsored briefing sessions states that **"All Services to be Provided will be Contained in a SINGLE LIST"**, and that This list **"Does not Exist at this time"**. What this would seem to indicate is that no one involved in revising the Act actually knows what the proposed systems will do. This needs to be made clear and rectified.
5. The Act refers to other laws, eg whistleblowers, freedom of information etc, these laws already exist and can be used when needed and do not need lengthy explanations in this Act. Perhaps a list of complimentary legislation and laws that are required adherence in each State and Territory, could be added as an addendum?
6. Throughout the Act, many terms are used. There needs to be a glossary of terms and definitions at the beginning of the Act, to ensure when individuals are reading or enacting the intent of the Act that they are all on the same page e.g. practise quality, informed etc.
7. The Act must be inclusive of disability as previously stated. It is true to say many people can be older, have an illness *and* be **disabled**.
8. The Act needs to explain clearly the alignment of mainstream health e.g. primary care, which is general practice, secondary care which is acute health care, and tertiary care such as end-of-life/palliative care/rehabilitation. Where is the alignment of all of these in the Aged Care Act?
9. The Act must ensure that in implementing services, the providers must place clients in the centre of the process in line with the Charter of Rights and Principles.
10. The Act requires clarification of the new terms that support decision makers/nominated representatives and how this will be implemented and operated.
11. Power of Attorney, Wills, End of Life Plan, etc should be administered by Federal Law, to ensure compatibility across state and territory boundaries.
12. The Act should not use automation and or algorithms when assessing clients, whether it be in-home/residential or end-of-life care. It cannot be overstated that the dignity and respect of individuals need to be considered. Decision-making should be provided by skilled trained departmental staff.

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Decision-making by a computer program is completely inappropriate in deciding whether to grant access to aged care. Part 7 of the Act should be removed. *"Part 7—Use of computer programs to make decisions"*.

13. The Act must make it clear in the area of funding modes i.e. can a person be in NDIS and aged care, and go into residential care? As discussed in depth in other forums and documents, a failure to remove the age discrimination built into current practices is immoral, discriminatory and unethical.

The Act should provide support for disabled people in aged care in the same way as NDIS does and on the same terms.

Similarly, the current situation whereby those receiving aged care funding assistance can be required to pay Co-Payments, and those receiving similar (if not identical) NDIS assistance do not. **How can this be seen as fair and equitable??**

14. The Act must sure ensure that any reporting undertaken by any provider at any capacity must be sighted and agreed to by the individual before submission.

15. The Act must use simple language and no acronyms. If acronyms are used, these must be included in the glossary.

16. The Act should increase the role of GPs and nurses and decrease the power of OTs. Use people with lived experiences.

17. The Act does not seem to cover the imperatives of the acquisition and training of staff for the industry. Moving forward; a strategy must be developed separate from the Act to ensure the ongoing training and workforce supply for home and residential workers.

If you require any further information/clarifications, please contact me directly.

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President

Post Polio Victoria Inc

