

100 Submissions Ruth Farr

I would like to thank the Albanese government, and the Minister for Aged Care Services, Anika Wells in particular, for inviting a public response to the Aged Care Bill 2023 Exposure Draft. I am also copying just this first introductory email to my federal and state members, Carina Garland and Paul Hamer given that aged care reform will need to be worked on together by both federal and state governments until the quality of aged care is lifted to a far higher standard appropriate for all Australians.

There is not much an individual citizen can do to bring about change for the better, but that doesn't mean there is no value in an individual citizen ought attempting something.

I have read the whole Aged Care Bill 2023 Exposure Draft and the Consultation Paper No 2. My response as an individual citizen aged care user is not one of professional legal or healthcare expertise. I have done what I can in the time available for public response, which I have curtailed to 100 short email responses to the fundamental systemic problems Australia has with aged care, which I will send, one by one, immediately after sending this introductory email.

I am aware that my response to the Aged Care Bill 2023 Exposure Draft would be more effective if I were personally less angry and appalled at what my loved ones have suffered in Australian residential aged care, but social policy reforms don't get underway without an initial trigger of heartfelt citizen protest, so I simultaneously apologise and do not apologise, for the intensity of my personal indignation in response to all I have observed over the last decade of how the Australian aged care system operates, and how those institutionalised in it suffer from substandard care which because the system and its workforce both lacking the required health care knowledge and resources, inevitably cause rapidly accelerated decline, neglect, isolation and suffering.

While having no influence beyond my own small circle, what I can do in future as an individual to protect those for whom I am responsible, is to not use residential aged care again, and if asked by others about it, advise others not to use residential aged care if any other solution at all can possibly be found by the family and friends of the person needing care. With the system operating as it does at present, appropriately knowledgeable and skilled care is not provided in Australia's residential aged care institutions, because all workers at every level lack the training which would equip them with the knowledge and communication and care skills to provide high quality care.

My response is not that of a knowledgeable expert in either health care, or the human and legal rights of elderly Australians, but a response based on a decade of observation of loved ones living the last stage of their lifespan in residential aged care, from which observations, I most certainly know that the Australian aged care system is of far too low a standard of care for my elders, myself, my descendants, and all of my fellow Australians, past, present and future.

The privatised aged care system has stayed in business, when it ought not to have done in a free market, where a product should only continue to be bought if it is good enough to buy. The two reasons for it staying in business, when it ought not to have stayed in business, given the poor quality of the product, are

- 1) Australian society and culture are weak when it comes to caring for the elderly. For children, families take complete and undisputed responsibility to be involved with and critically monitor every detail of their care. Where children require care, Australian families, whenever a child's wellbeing requires it, reduce participation in the workforce. Other cultures, however, see families take just as strong a responsibility for care of their elders as Australians do for their children. These are the cultures where the last stage of the lifespan of each elderly person is spent surrounded by the care,

dignity and respect which they deserve, after a lifetime of contributions to their country, and contributions to those they have themselves cared for over the decades of their younger years. The fact that our culture does not embrace this commitment to caring for elders means that our culture requires a national aged care system to put uncared for elderly people in.

However, in delegating aged care to business, and in separating aged care from the healthcare system, the Australian government has failed, continues to fail and will continue to fail each and every Australian who lives long enough to require aged care services. This failure of government is reflective of voter choices - every country has the government it deserves - and Australians have voted for governments which prioritise wealth accumulation far above care needs - both the Australian government and the Australian society would need to shift for higher quality care to come about - my observations lead me to conclude that high quality aged care is both non-existent and not possible in the current deregulated privatised Australian aged care system.

2) The second most significant and more easily addressable reason for the current poor quality system to have stayed in business, when it should have gone out of business due to the poor quality product, is that Australians simply don't by and large know the full reality of how poor the aged care system is until they find themselves, due to cognitive vulnerability of the elderly, too deeply embroiled in it to retreat.

I believe it is a duty of those who have found out how poor the quality of care is, and the full extent of neglect suffered by those in the system, to make sure that as many other fellow citizens become fully aware of all the details of how poor the care is, and how extensively a person will be neglected in this system, before making the decision to use it.

In the words of my adult daughter on observing the neglect of her grandparents and others in residential aged care

" Having seen the standard of "care" for all my grandparents in two different aged care facilities and keeping in mind the aged care royal commission's findings, there wouldn't be a single situation where I would consider aged "care" for myself or anyone I cared about.

Better to be neglected in a familiar environment than experience long isolated days sitting in dirty pads, dehydrated, ignored, confused and ultimately traumatized.

What I have seen is not aged care but aged storage.

I do not place the blame with the individual staff who I recognise are under trained, underpaid and underappreciated, but rather on the lack of regulation, lack of care from governments, high number of residents to staff ratio, indifferent aged care facility owners and the meagre value society at large holds for our elders.

The irony of us doing nothing to improve these conditions is unfortunately a lot of us will end up in aged care when we are no longer able to fight these battles for ourselves."

As indicated by the Minister for Aged Care Services, Anika Wells in her address to the National Press Club, it was never the intention of the Albanese government to aspire to match higher quality aged care systems in the countries where a greater percentage of the GDP is spent on aged care. It was always the first priority of the Albanese government to keep providers of the current system in business, so it is no surprise that the overriding impression of this exposure draft is that it has been written with providers for providers.

This is also admitted with the statement that the exposure draft, if enacted, will be only "the first of several phases of legislative reform".

This exposure draft aspires to legislate, on the presumption that the existing business providers will, by the nature of business and its reasons for operating, inevitably fall short of the standard of care deserved and expected by those needing care.

Australia and the Australian government giving highest priority to business, commerce and corporate operations, often to the detriment of the wellbeing of its citizens, explains the statement of Stephen Duckett and Hal Swerrison, writing for the Grattan Institute, that in the Australian aged care system, "the providers hold all the cards".

Business providers have come to hold all the cards because of the deregulating 1997 aged care act. Whichever of the two parties is in government at any given time, it continues to allow business providers to hold all the cards in the belief that the Australian people just want "sound commercial practice" to minimise cost. However, Australians only choose it until the reality of a substandard care system is forced upon them or a loved one and they discover firsthand what it is really like to live a life subject to such substandard care and neglect.

This exposure draft places reforms required by those needing care firmly in second place to the "sustainability" of the business operated sector, which was described by the aged care royal commission to be a "national disgrace", "pervaded by substandard care", in which, like the layers of an onion, every layer of substandard care revealed another layer of substandard care underneath".

Author of The Jaguar collection of poems, Sarah Holland-Batt, has indicated that, even if all implemented in full, the reforms recommended by the aged care royal commission would not go far enough for people to willingly enter the system (Sarah Holland-Batt, Dacey Topics, Good Weekend Magazine, The Age 14/10).

Collective national grief over the neglect and substandard care which Australians who use residential aged care suffer, is powerfully communicated in The Jaguar collection of poems. The collection resonates with Australians who experience the same deep level of grief over the suffering of those who end their lifespan in residential aged care. The poems mourn mortality and death itself, but residential aged care which inflicts such a neglected end upon people who use it, adds substantially to the horror of mortality and death. Residential aged care leaves its mark on the rest of the younger people's lives who witness it. Witnessing the poor way in which we treat fellow citizens in the last stage of the lifespan limits the appreciation of our own younger lives still to run, and increases the horror of ageing.

The excerpts below from The Jaguar collection illustrate this point:

'My Father as a giant Koi' - "he surfaces three times a day when the nurse brings a tray"
All aged care residents suffer neglect, as the "care" consists only of a few tick box tasks per twenty-four hours, undertaken by workers who lack knowledge of the effects of the ageing process, and consequently lack the expertise to carry out each tick box task other than in the most perfunctory way.

'The Gift' - " I'm having a bad day...I'm having a bad year... I'm having a bad decade" ... Day, year, decade, scale of awful economy".

Aged care residents have nothing meaningful to do and are utterly alone as, in the words of my loved one, "it just goes on and on and on".

'The Parachute' - "He cannot understand how he landed behind enemy lines in this crawlspace"

Aged care residents, due to neglect and poor quality care, are in the words of my daughter "traumatised and confused." like citizens traumatised by war.

'Brazil' "Last week in his nursing home, my father told my mother he was taking her to Brazil"
Aged care residents, due to neglect and poor quality care, are left to dream up unreal scenarios - lack of knowledge and expertise in the care system leaves them to dream up unrealities, because reality offers them nothing and resources are lacking to make reality meaningful.

'Empires of Mind' - " a lunch of cremated schnitzel spoon fed by the carer"...he cries like a child seeking absolution...the cleaners are unmoved...with the hardness of one who has heard all the crying in the world and finds in that reservoir nothing more disturbing than a tap's dripping drumbeat in a sink"

Aged care residents suffer all the pitfalls of being institutionalised.

Aged care residents are ignored when distressed, or snapped at by other residents equally trying to survive the existence they cannot escape.

Aged care residents are subjected to a terminal decline model of treatment, where even abilities they still have when they first enter the facility are quickly lost "You have to get used to the way we do things here" my loved one was told. Aged care residents suffer immediate, rapidly accelerated decline, losing every ability they might have retained if they had entered a knowledgeable and expert high quality care system more worthy of prosperous and educated Australia.

'The Gurney' - "I am seized with an uncontrollable shudder summoned from some primordial place from behind the daylight mind"

Because aged care in Australia is so lacking in resources, knowledge of the science of ageing and any and every kind of scientific care expertise, most people from the community can't bear to visit residential aged care facilities, which leaves residents more isolated than they ever expected to be, suffering out the last stage the last and most difficult stage of the lifespan alone.

'Time Remaining' - "In this void of time... present continuous...known only to those who wade in, full immersion"

Residential aged care in Australia for those who can no longer move themselves is just a void of time, the place where there is more utter loneliness is experienced by those in distress than any other corner of Australian society.

'Lime Jelly' - "Grace came as a nurse who thought of jelly ... a last rite so tender"

In the Australian residential aged care system, kindness received comes from the chance of grace from kind individuals. The system ought to have the comfort of universally understood and universally practised healthcare science resulting from a nationally mandated thoroughly tertiary trained professional workforce, so that aged care residents are not left to having only the chance of some unexpected random individual kindness to make any difference to their suffering.

'The Kindest Thing' - "The doctor ... coaxes patients towards death like an emerald boa ... until the..frog is entirely inside the snake's head"

To me one of the most profound aspects of the disgrace of the Australian aged care system is that doctors are, despite the Hippocratic oath of their profession, also mainly motivated by business and commerce, like the rest of government and society. Few medical practitioners speak up against the substandard care in aged care. I have not heard of any who work in aged care identifying the main problem which is an aged care workforce, lacking the knowledge required to provide high quality care. It is extraordinary, that in the main, the only people speaking up are ordinary citizens without health care qualifications.

If the scientific knowledge, expertise and ethics which underpin all other areas of Australian health care were operating in the aged care system, the aged care system would provide confidence-inspiring continuation of high quality health and social care. As the aged care royal commission reports, there is no reason why the last stage of the lifespan should not have as much meaning and promise as all stages prior.

Other poems in The Jaguar collection add further evidence that witnessing the neglect of elders in Australia profoundly negatively affects the rest of the lifespan of those that witness it.

Given that decline was suffered for twenty years by Sarah Holland Batt's father, and is suffered for the better part of a decade by many Australians, high quality, knowledgeable, scientific aged care using a university trained, professionally paid aged care workforce is where Australia should be heading on aged care, particularly towards the 2050s, when when one in four Australians is expected to be 65 or older. If one in four Australians are still suffering such poor quality care, that will be a sad indictment upon the nation and its international reputation on human rights.

The justification for doing aged care on the cheap and easy, without the same research and careful nationally mandated tertiary training requirements of workers in all other areas of the health system, is the premise that old people aren't worth the bother or the cost. This means that given most Australians grow old, from a government perspective, the Australian people are worth nowhere near as much as business and commerce.

This all pervading national prioritising of business and commerce is why the 1997 Aged Care Act handed aged care over to business providers and allowed them free rein to "hold all the cards", as Stephen Duckett and Hal Swerrison, wrote for the Grattan Institute. Prioritising business and commerce above all else has become a socially destructive problem for the Australian people. As wealth inequality increases, and no government is prepared to change established practices to bring about core change, the country has a steadily growing proportion of its citizens who will never be able to make ends meet.

For all who have discovered the effects of its shortcomings, the poor quality of the Australian aged care system reverberates down to those who are for the present still younger, lowering the opinion of Australians of their country, and causing them to mourn for the direction the country has taken in pursuit of profit above people.

An important paper in the trajectory of improving the standard of aged care and the human rights of the elderly in Australia is health researcher Sarah Russell's consultation with relatives of aged care residents exploring what is wrong with aged care in Australia and how it might be improved: 'Living Well in an Aged Care Home', October 2017.

The paper is also a useful indicator of the worth of, and progress resulting from, citizen engagement with the issue. The aged care royal commission's final report 'Care, Dignity and Respect' noted that in Australia, the consumer voice is strangely weak. I would suggest this might be partly because in most aspects of life citizens are well treated, resulting in a justifiable presumption, erroneous in the case of aged care, that surely the aged care system could not be that bad. Astonishingly and disgracefully, aged care is found in practice to be even worse than its bad reputation, with governments glossing over it and rarely mentioning it.

However, since Sarah Russell's paper was published, there has been significant increase in the level of public awareness of Australia's aged care problem, because of the aged care royal commission, still only being clamoured for in 2017, and the pandemic with its long lockdowns, where the true

extent of the actual powers of the providers was exposed, to the extent of setting in motion a trajectory of widespread public horror at the aged care system emanating from The Howard government's 1997 Aged Care Act. However, the basic observations in the 2017 paper of what happens in residential aged care in Australia remain tragically similar. What the relatives said then about the poor treatment of aged care residents still applies in 2024.

At the time this paper was published, Sarah Russell believed that there were in existence in Australia well run aged care homes, where people lived well. My experience of having loved ones in residential aged care leads me to conclude that there cannot be good aged care homes in Australia, because the aged care workforce is not equipped with the level of training which would give it the knowledge and expertise to provide the care Australians in the last stage of the lifespan actually need. Even the incredibly expensive ██████, for example, shut out Powers of Attorney on the strength of individual manager decision alone, during the long pandemic lockdowns and ██████ still doesn't operate with enough staff to look after residents for the two hours of the afternoon handover. The same TAFE certificate III workers staff all aged care homes, whatever the plushness or poverty of the buildings and furnishings, with the consequence that all aged care residents suffer neglect because of insufficiently trained workers.

This paper confirms that aged care in Australia remains of such poor quality, because the details of its dreadfulness are not sufficiently well known to the general public meaning that people keep entering the system unawares. A system on a par with the excellence of the rest of healthcare in Australia will not be created while the substandard system continues to receive custom.

Sarah Russell indicates that "I doubt I would have become an aged care advocate if the manager had not..." yet once her loved one was negatively impacted, a decade of extraordinary personal effort and research ensued.

The personal nature of the grief which moves individual citizens into aged care activism is gruelling and therefore no one person can have the stamina, or length of lifespan to pursue the activism for achievement of concrete better outcomes, given most Australians only become sufficiently aware of the problem of aged care in Australia when they are approaching retirement themselves.

During the pandemic lockdowns, adult grandchildren of aged care residents observed and understood the true helpless position of their grandparents, who literally lost the guarantee of their human right of contact with their families, and in particular those they appointed as powers of attorney to monitor their care. Residential aged care is a terrible place to be, but it is a nightmare when you are incarcerated there without the right to be visited by your primary carer, the human being of most importance to you, most often spouse, son, or daughter.

Dr Karen Hitchcock's article "Dear Life", in the Quarterly Essay, Issue 57, March 2015 provides evidence that the failings of the Australian aged care system are not emanating only from political, economic and societal choices, but from the approach of the Australian medical profession as a whole:

P3 "Our response to age-related memory loss and dementia is to institutionalise, isolate, sedate" - In my loved one's facility, there are no resources other than to keep putting those afflicted with dementia back to bed, or locked in a room together with nothing meaningful to do, with the effect that their decline is rapidly accelerated.

P8 "to "palliate": that is, to not treat or investigate the disease" - This is the foundation of the effort and money-saving practice of the Australian aged care system - a year ago the facility's response to a deterioration in my loved one's health, was to not investigate the cause and to thicken all drinks due to lack of worker knowledge and expertise to administer normal drinks, leading to my loved one stopping drinking and eating, with the prospect of imminent death. The family stepped in to turn this around (we found it perfectly possible to administer unthickened drinks), but most aged care residents have no family who maintain sufficient connection to observe what is going on and work out what needs to happen in response to the lack of knowledgeable care and practice of the system, so most aged care residents in my loved one's position would suffer the premature death that my loved one was saved from.

P14 "our collective turning away from ageing" - This is a whole society problem resulting in 21st century aged care in Australia essentially operating according to Charles Dickens' Scrooge "let them die and decrease the surplus population" and a continuation of Dickens' observation of the effect of the Scrooge approach being "many would rather die" than find themselves in such institutions.

P14 "health-rationing for our elderly" - In residential aged care, Australians lose the interest of the medical profession, lose access to medical specialists, just at the time they find their ageing process calls for more, not less, medical specialist best diagnosis to facilitate best treatment and condition management for continued meaning and promise in life.

P20 "to do well, patients need to eat, move and remain mentally active" - Residential aged care guarantees reduced outcomes for all three. This is due to three main factors: firstly and above all, the lack of required knowledge and expertise across every level of the aged care workforce; secondly, the terminal decline model of care driven by a lack of resources of every kind which prioritises ease of operation of providers over what residents need; and thirdly, providing only low cost token tick-box activities which require no pertinent worker expertise, which would never have been of interest to the resident when younger, taking away any potential for there to be meaning or promise in life once a person is institutionalised in the current residential aged care system.

P21 "hospitals precipitate adverse outcomes" - Residential aged care in Australia is essentially a mass palliation exercise and, if a hospital patient is of an advanced age, particularly if that patient lives in a residential aged care facility, the hospital medical response is predisposed towards a palliative response, different to what the hospital medical response would have been if the person had not been very old or had not been an aged care resident.

P22 "doctors can get most patients or their families to agree to any treatment or treatment withdrawal simply by changing the way they present the information" - There is no scenario which sees this phenomenon in operation, than residential aged care in Australia, where families maintaining close and frequent connection with their loved resident, learn not to trust any assertions of any workers at any level (who are all invariably not sufficiently knowledgeable, trained or expert in matters of specialist gerontic care). Proactively watchful family carers find themselves having to question everything, despite not being health care professionals, in order to come up with guesswork solutions based on the help the resident might have received if they had not been in residential aged care.

P28 "Many palliated patients recover - around 10 per cent" - My mother would have died, but the family resisted the quick to palliate approach the unknowledgeable aged care system took. Over a year later, thanks to combined family effort and interest, our loved one is astonishing both ourselves and aged care workers with the extent of her recovery and restored capacities.

P29 "unsustainable" ... this is a ... word used to argue the need to slash public spending on health" ... "sustainable" is just a word for "what we are willing to pay". "Of the world's wealthy nations, Australia spends among the least on health as a percentage of GDP." - I find this incredibly offensive on behalf of my elders, who have contributed to the nation's wealth, but have been jettisoned to spend the last stage of their lifespan in squalor, neglect and rapidly accelerated decline, due to minimal and ignorant "care" in a system separated from mainstream healthcare.

P30 waste in the healthsystem need not be addressed if "we can blame an ageing population for the need to ration health care - of the aged." - Given those who are now elderly have contributed to the wealth and expertise of the country and its health care system and as a generation took out private cover in greater numbers than before or since, it is a lesson not to contribute to the health system by taking out private health cover, because the aged care system proves that you will not be rewarded with any level expertise when you most need it for the last and most difficult decade of the lifespan. For continuation of expertise in the healthcare you receive in the last stage of the lifespan, it is absolutely essential for Australians to refuse to use the current insufficiently knowledgeable residential aged care system.

P30 Increasing wealth inequality means that "the real tsunami is not one of age per se, but of population of increasingly poor, obese, diabetic, sedentary young and middle-aged" - As someone who provides care for family members across four generations, my observations confirm that growing wealth inequality and inexorable "streamlining" of health services reducing the quality of preventative healthcare, places increasing demand on all areas of the health system leading to inferior health outcomes for Australians of every age

P31 "the American health system... a mostly unregulated fee-for-service private system" - When only the wealthy can access the best healthcare, the wealthy also end up suffering because of it. Everyone, including the wealthy, in a society is dependent on the wellbeing of everyone else for an optimally functioning society

P32 in the United States... "the relationship between patient and doctor has become a commercial transaction... a system that has led to an erosion of the ethical basis of the patient-doctor relationship" - This is happening more and more in Australia due to corporatisation of medical practices and the consequent reduction in availability of bulk-billed consultations.

P36"IN THE END, HOW FAR WE CAN GO IN OUR PUBLIC INSTITUTIONS...IS A DECISION THAT WE MAKE AS A SOCIETY... THROUGH OUR ACCEPTANCE-OR NOT-OF THE FUNDING LIMITATIONS IMPOSED UPON THESE INSTITUTIONS BY GOVERNMENT." - We, as a society, should have long ago realised how substandard the Australian aged care system is and collectively driven it out of business by refusing to use it. Nothing will stop continued production for profit of a faulty product, except a lack of customers.

P41 "those who are vulnerable due to loneliness and a conviction that they are burdensome" - as wealth inequality increases to the point of an increasing proportion of the population not able to afford home ownership or market rate rent, this phenomenon of loneliness and burdensomeness is more and more not only applying to the elderly. The poor way in which our oldest citizens are treated and discarded in the separated aged care system, is filtering down to people of any age who lack the support of secure employment, family and friends - note that the Exposure Draft opens up aged care to younger Australians at risk of homelessness. More and more Australians live alone without personally knowing anyone they can really depend on in times of difficulty. Once a society jettisons the elderly as not worth bothering about, younger members of society in similar situations become jettisoned too.

P46 In a nursing home "he spends most of the time in his room, lying on the bed" - The conclusion I draw from observing the neglect of nursing home residents is that, given this neglect inevitably causes rapidly accelerated decline suffered in return for half a million dollars RAD plus daily fee on top of that, it is clearly a better decision for any elderly who have middle-aged children or friends to return to the homes of those middle-aged children or friends, with adjustments made to the property, with aged care workers and locums visiting as necessary and with ambulances called to attend emergencies, because even if that household is out at work and school, leaving the elderly person alone for the working day, the elderly person will be less neglected than living in residential aged care. At least the elderly person will have the interest of the comings and goings of those they know and love. They will not just be lying or sitting with nothing to do and with no familiar human contact round the clock, with only an occasional uncommunicative stranger dashing in and out of the room, without expertise or empathy, to perfunctorily perform the small number of rapidly executed tick box tasks which justify the ACQSC's re registration of a profit making facility - if the aged care system is not to be imbued with the knowledge and skill of the rest of the health care system, Australians must stop using it and make societal changes to look after their elders properly. This may well impact participation in the paid workforce, just as inadequate child care provision inevitably does.

P47 "Decisions made as a well seventy-year old may not reflect one's wishes as a ninety-year-old with many physical and mental impairments. Those impairments may turn out to be bearable, after all. People change their minds." - The recent enthusiasm of the media and of people not suffering from dementia in campaigning for VAD for dementia was extremely disturbing - cognitive decline is as manageable by knowledgeable and expert health care as physical decline.

P55 "False assumptions are made about what a person is capable of doing" - This is inevitable when the aged care workforce does not have the knowledge, skill or resources to know much at all about individual residents, and most aged care workers are insecurely employed. Even visiting my loved ones every day, I am still regularly taken aback by how much of their younger selves is still there behind the disabilities that have come with ageing - the aged care system and society itself writes people off according to the little they have lost in the ageing process, rather than focusing on what very much still remains and could be held on to longer and better, if the aged care workforce at every level were more pertinently knowledgeable and skilled.

P59 "the elderly are not a growing cost to be managed or a burden to be shifted or a horror to be hidden away, but people whose needs require us to change our society" - The truth of the matter is that each Australian who does not suffer premature death prior to old age due to disease or accident will become elderly and the value of their personhood should not diminish because of the ageing process. Every person alive, whatever their age ought to be valued equally across every day of the gift of their lifespan - older Australians are not different to younger Australians - they are all one people, one species, the baby becomes the older person, the new generation of babies observe the former generation of babies progress through the stages of the lifespan to the last stage of the lifespan, and every Australian of every age remains valuable and worthy of whatever healthcare expertise the global stock of human knowledge can furnish. Recognition of the value of every Australian of every age as a person should be honoured and sustained. This ethical approach is behind the statement of the aged care royal commission's final report that "there can be no doubt of the public importance of the Australian aged care system to every Australian of every age".

P59 "A change in training and legislation is urgently needed to address the state of care in all nursing homes. If it can be done well in some places, it can be done well across the board... even in the later stages of dementia, people remain capable of challenge, engagement, creativity and love" - The

2021 aged care royal commission final report agrees with this 2015 assertion of Dr Hitchcock's, indicating that there is no reason, with proper healthcare knowledge and expertise, for there not to be as much meaning and promise over the years of the last stage of the lifespan as in all stages prior.

P69 "The elderly, the frail are our society" - In viewing Australians who are old and frail as unlike the rest and not worth as much as the rest of Australians, we deny our younger ourselves and our children the same worth too, because barring demise from disease or accident ahead of old aged, every young person will transition to becoming an old person, most likely afflicted with ageing-related disability, but whatever the nature and extent of ageing related disability, every person retains throughout the lifespan the same level of valuable personhood.

P 70 "they are every one of us in the not-too-distant future" - Part of my horror of what has happened to my elders in the current aged system is the horror that, if it stays this way, or becomes even worse due to inexorable ongoing demands for economic "sustainability", my children and grandchildren will also have this nightmare of an end to their lives - I want better for them - I don't want them to suffer as my elders have suffered.

I was pleased to hear directly from the Department of Health and Aged Care in the early months of the Albanese government's incumbency on aged care related research initiatives in letters such as ref [REDACTED], particularly to learn of the Dementia Ageing and Aged Care Mission administered by the National Health and Medical Research Council.

However, I am concerned about the direction the Australian government has adopted with regard to aged care research, moving away from research which discovers new ageing-related science at Group of Eight universities, down into "evidence-based", less scientifically- demanding projects in universities outside of the Group of Eight, not in the world's best.

An example is the work of Professor Joseph Ibrahim, whose team of researchers at Monash University produced science outcomes such as the paper "Premature deaths of nursing home residents: an epidemiological analysis" MJA 206(10) 5 June 2017.

Epidemiology is not, as is the general perception, confined to studying new viruses such as COVID-19 and developing vaccines for them. Epidemiology is the study of the distribution, effects and causes of diseases in populations and the means by which they may be treated or prevented (The Chambers Dictionary). A disease is an unhealthy state of body or mind; a disorder, illness or ailment with distinctive symptoms, caused eg by infection; unhealthiness, or a specific ailment (The Chambers Dictionary). Ten years of observation of Australians in residential aged care confirms that this growing proportion of our population is unhealthy in every way and at every level, due to substandard care.

The Ibrahim et al. paper has the kind of science which would lift the quality of healthcare in the aged care system up towards the world best quality of all other healthcare, which is provided for Australians until they enter the aged care system, and from which Australians, particularly in residential aged care, find themselves in practice cut off from, if they enter the aged care system. This separation comes from a wide range of causes, all linked in one way or another to the deliberate government choice, reflected in the Howard government's 1997 aged care act, to minimally resource the aged care system. People can pay top private health cover their whole lives long, only to find themselves in the most difficult last stage of their lifespan in an aged care

system where there is no longer any possibility of continuity of the high quality knowledgeable care received in the health system proper.

This paper notes that "there is a leading national agency, the Australian Commission on Safety and Quality in Health Care " where "preventable harm is monitored, investigated and acted upon by providing resources, training, education and research to rectify problems and improve care".

Aged Care should be included under this umbrella, or have a similarly scientifically informed and proactive organisation, independent of both government and providers. The Albanese government's decision to continue with the Aged Care Quality and Safety Commission (which I have observed over the last decade is staffed with workers who have no more expertise in detecting poor quality care, and the reasons for it, than the general public who have never encountered the aged care system), will make achieving high quality aged care on a level with the rest of healthcare unlikely to be achieved.

Why was the funding lost for an epidemiological research approach?. Research is intended to add to the stock of human knowledge. Research brings new discoveries which lead to new and more effective responses to and treatment of poor health and suboptimal wellbeing. Research leads to medical practice which is proactive to promote wellbeing, rather than just reactive to loss of wellbeing.

Although the majority of aged care reform advocates and primary family carers of elders are older women, there are also some men who devotedly care for their loved elders, and very significant for the cause of Australian aged care reform, there are also more socially influential men who have contributed professionally towards raising public awareness of the need for aged care reform.

A general criticism by aged care advocates is that the aged care taskforce was weighted in favour of providers. It would have been a good use of rarer advocacy resources, for the Albanese government to have involved those whose outstandingly high social conscience increases the worth of their pertinent knowledge of the existing aged care system, the law, healthcare science and government social policy, and whose recommendations for reform would most likely result in more change than the valid, but not as influential opinion of older non-professional women.

Some names I have come across and found value in what they say should be done about aged care reform are Tony Pagone, Joseph Ibrahim, Peter Rozen and Stephen Duckett. It seems a waste that these influential professionals, with higher knowledge of how and what aged care reforms would make the most positive care difference to the elderly were not involved in the Albanese government's aged care taskforce.

Capitalism has essentially disappointed, caused ever worsening wealth inequality and, with privatisation, reduced customer service concepts and skills almost to zero and its methods of increasing profit are the fundamental reason why aged care in Australia does not provide the quality of care required.

At one of the hugely expensive █████ residential aged care facilities, the family of a resident was asked to cover care for two hours each afternoon when all staff were unable to attend to residents due to the shift handover. It is irresponsible of a provider not to hire staff to cover the shift handover period.

When my father entered residential aged care, his GP noted that the family would need to go in every day to keep checking on him, because of the inevitable neglect he would suffer in the system.

The onus to identify how an aged care might have improved quality of life only seems to be possible coming from those paying for services, not those who are paid to deliver those services. There is ever reduced expertise and only a pretence, a veneer of marketing jargon, of wanting to do the best for the customer. Everything serves the service provider, instead of those needing the service..

Given how unsatisfactory, unknowledgeable and expensive residential aged care is, why aren't Australians aware of how unacceptable it is, and why aren't Australians finding other ways to rearrange family and work life to boycott and bring to an end through lack of customers, this system which is a moneymaker for providers, not a care system?

It is a fact that the few government owned and run aged care facilities have a far more ethical attitude to providing aged care than deregulated for profit privatised facilities, even though they are still limited to using the same woefully minimally trained workers.

Sarah Russell writing in *The Conversation* in 2016 noted that "The Victorian government recently introduced the Safe Patient Care Act, which prescribes ratios of registered nurses for a small number of publicly owned aged care homes in the state.

On the morning shift, one registered nurse is required for every seven residents; in the afternoon, one registered nurse for every eight residents' and on the night shift, one registered nurse for every 15 residents.

When enough registered nurses are on duty in aged care homes, residents have better outcomes. They have fewer pressure ulcers, lower rates of urinary tract infections and are less likely to lose weight.

Most importantly, care from registered nurses results in fewer residents being transferred to hospital.

But the Victorian legislation covers just 30 or so state-owned aged care homes, not the 2,600 or so other facilities around the country."

Sarah Russell also writes on the subject for Michael West media "The exception is Victorian-owned public aged care homes, which operate under the Safe Patient Care Act. This act prescribes ratios of registered nurses... Compare this with staffing in privately owned residential care homes, where a single registered nurse is often required to look after more than 100 residents".

Making profit out of the elderly is ethically questionable - to put it more bluntly "farming the elderly for profit" is not a practice Australia should be operating. Aged care should be on a level of knowledge and expertise with the rest of healthcare, and its primary purpose and effect should be quality of care like that provided in Australia's public hospitals, not privatised industry profit.

While extensive public consultation has been glossy and flattering, it is a strange exercise when only family members and friends of those suffering the substandard care, untrained themselves in all matters of healthcare, are the only ones revealing the unsatisfactory aspects of the system, and the only ones being called upon to make suggestions for improvements.

Even though we have a minimal care aged care system, because governments believe voters don't want to pay for a better one, nonetheless, it is the responsibility of governments to lead citizens to better enlightenment on citizen equality and human rights. Enlightenment and the removal of prejudices are nearly always government-led. Germany, for example, has had a levy for aged and disability care for thirty years.

The public service, universities and healthcare bodies independent of private providers and government would be the most knowledgeable and consequently pertinent bodies to consult for reforms. If the system were improved by consultation with appropriately knowledgeable groups to reliably meet the daily living needs of every aged care resident every hour of every day, which is not the case at present, then the system might then go further to aim for high quality care reforms, which would focus, through a workforce thoroughly equipped with training to give them much more specialist gerontic care knowledge and expertise, on enabling Australians to maintain in the last stage of their lifespan, as much of the quality of their life prior to entering the aged care system as possible.

The healthspan (with thanks, for alerting me to this useful term to Bec Wilson, author of 'How to Have an Epic Retirement' and 'True cost of a longer, healthier retirement, Sunday Age Money 3/9) as distinct from the lifespan, is the duration of person's life where they are physically and cognitively able to live independently, as is the general practice in Australian society. The lifespan which can extend for years beyond the end of the healthspan, can regularly turn out to be a considerable proportion of a person's whole lifespan.

The aged care system ought to be a system which enables the high quality life enjoyed for the decades of the healthspan to continue to be enjoyed as far as possible for the years when independence is reduced due to the negative physical and cognitive effects of ageing.

The Australian aged care system, however, quite intentionally to save money and effort has the exact opposite effect on Australians who use it, particularly residential aged care, where profits are prioritised and made from the property where those requiring care are stored as a means of profit. The system causes rapidly accelerated decline, rather than providing knowledgeable and expert healthcare which would enable continuing quality of life.

The Disability royal commission highlights that disability should come to be seen as part of human diversity, not just an expense to be born causing a duty of social care. Ageing related disability afflicts every person who lives long enough to encounter it, and so ought all the more, not to be seen as a burden on society, but a privilege of provision for society's valuable citizens where, as each in turn is afflicted by it, their quality of life should be viewed ethically as much worth embracing for the benefit of all, as the life of those yet to reach that stage of the lifespan.

More science and hugely more scientifically trained workers would enable, as the aged care royal commission put it, there to be "as much meaning and promise" in the lives of elderly Australians needing care as all other Australians. Rationing the healthcare of the elderly, because we have not yet as a society learnt to value every citizen, has meant that Australians entering residential aged "care" immediately begin to decline much faster than if they had struggled on alone.

Although all of aged care services in Australia lack the knowledge and worker training which would be required for the last stage of the lifespan of Australians to hold as much meaning and promise as all stages of the lifespan prior, it is nonetheless observable that Australians in the few government

run aged care homes which are a tiny percentage of the full number of aged care homes across Australia lead a happier life.

When it comes to the vulnerable, privatisation has been demonstrated to serve them badly, and by association has served badly all those connected to each vulnerable Australian by way of being family, friends, and fellow Australians.

I do not believe that the aged care system will provide adequate care through measuring and comparing private providers in the mere hope or recommendation that the standard of care will go up. It will take government and independent health authority assessment creating the standards of care, the training of workers and the monitoring of those newly created standards for those needing care to receive the quality of care that they ought to receive in a prosperous and educated developed country such as Australia.

When it comes to operating schools, what teachers need to know, how they should practice classroom delivery is not left up to private providers to work it all out as best they see fit. Aged care workers at every level should be undertaking training courses designed and mandated by the government in consultation with independent healthcare bodies. The standard of care would be hugely higher if all aged care workers were appointed by and paid by the government, with mandated worker to aged care residents ratios.

It should have always been obvious that aged care services would never be able to provide the knowledgeable and expert healthcare needed by the elderly, if they were managed and directed by business providers or churches. Aged care services need to be as science based and informed as surgery, general practice, nursing and the various allied health branches of medicine.

If you want to work in paediatrics, you have to do more training than average health care workers. The same should apply to aged care workers. Many of Australia's elderly are far more vulnerable than children, because so many have no one left who cares about them personally. This will only become more so, given the increasing proportion of Australians who live alone. The vulnerable elderly need government protection at least as much as children, and certainly not less.

A most obvious illustration of the lack of science in the aged care system is the continued blanket mandated use of face masks by all staff and visitors across all residential aged care facilities.

For the last four years, adding to the poor quality and lack knowledge in the "care" has been the fact that Australia's tens of thousands of aged care residents have had their cognition and connection to the world around them deteriorate even more quickly, through not seeing the human face, or understanding what people are saying to them.

If Australia approached aged care as a science, it would be known that successful communication with an elderly person is a top requirement for administering their care to enable their wellbeing.

Little follow up research has been done on the real effectiveness of universal mask wearing to prevent the spread of airborne diseases, but universal mask wearing did not stop every resident getting COVID in the latest wave through my mother's facility, but it has stopped aged care residents understanding what people are saying to them.

Even if research had been done to determine that some type of mask might prevent spread of COVID, the damage done cognitively to thousands by unthinking universal four-year ongoing,

unquestioned continuation of the practice of mask wearing among the elderly who need to see people's faces most, speaks volumes about the utter lack of the science of care for the elderly in the system, and is a strong reason in itself for Australians not to use residential aged care.

Universal, mandated, unquestioned use of masks in residential aged care, when the rest of the community is completely free from mask wearing also adds to the volumes of evidence that going into residential aged care in Australia involves damaging loss of a whole variety of human rights, compared to the rest of Australians.

High quality care is first about healthcare. The aged care system is not providing the healthcare needed because of inadequate equipment.

All chairs, including tub chairs need to be mandated to be usable in a wheelchair taxi, otherwise the person cannot get out of the facility into the real world they operated in prior to the onset of ageing disability..

The pads used in aged care facilities are insufficient for purpose so that they cannot contain the urine overnight so the bed slept in and the chair sat in always stink.

There is no overall care in Australian aged care and the things that matter most for daily wellbeing are not picked up. The nurse just does set clinical tasks in a reactive way, but most of the negative effects of substandard care go unnoticed by all but very regular visitors. The majority of aged care residents don't get daily visitors, so much of the substandard care goes completely unnoticed.

The personal care attendants with their minimal training notice absolutely nothing and rush in and out to tick the box of their task completely lacking any skills for interacting with the person, understanding the person's needs, or noticing anything amiss about the person's environment. They simply do not understand the ways in which ageing disability affects people, and do not know the importance of, or how to communicate respectfully with people affected by ageing disability and so just rush in, shovel food in a way that puts the person off the food and then rush out because the minimal staffing of the shift only allows a few minutes of attempt per resident.

One of the most significant indicators that residential aged care in Australia is a discard pile for people who the health system has written off and rationed what medical attention they can receive is that there is no provision at all for consultation with specialists. If you are bedridden, you have to take the hugely expensive patient transport (\$750 charged for a return journey to take my loved one to a specialist recently.

I find, however, that the facility GP could not answer my medical questions, and the facility regularly wrongly asserts that their limited knowledge and approach is sufficient for a person in the last stage of the lifespan. The system constitutes discrimination in the way it limits practical availability of proper diagnosis and treatment because of a person's age and level of disability.

This is yet another reason why the advice for residential aged care needs to remain "Do not use" because it cuts a person off from properly qualified medical attention years before their lifespan has ended.

Geriatricians operate privately outside of the aged care system, or in public hospitals. Unlike other specialists, a referral can be sought for a geriatrician to visit a patient in a residential aged care

facility, but the prevailing system means it is rarely done and usually only at the request of family carers.

The geriatrician is a practitioner of medicine for the elderly with complex health problems, with a much higher specialist gerontology knowledge base. The geriatrician is trained to examine all of a person's different afflictions and adjust the balance of treatments, and is able to successfully diagnose which condition is causing the most trouble.

A high quality aged care system would add very regular examination by a geriatrician into a person's care in residential aged care. The terminal decline model of care currently in operation is only reactive to adverse symptoms, but a model of high quality care would incorporate regular monitoring with the purpose of minimising and preventing adverse symptoms.

While in a public hospital, a patient is assessed by a doctor every day to make sure that treatment is being properly administered and to be one step ahead of potential problems occurring with the recovery process. Substandard aged care practice in Australia invites problems to occur, doesn't notice a lot of the time that the problems have occurred, even if the problems are noticed by chance avoids getting proper diagnosis of the reason for the problems, and through lack of knowledge, expertise and resources, keeps medical response to a detected problem to a bare minimum. Australians in the aged care system don't receive the health care which those not in the aged care system receive.

Yet another reason why Australians should not use residential aged care is that every kind of health professional, GPs, nurses and allied health workers, who does work in residential aged care are those who have not found the workplace of their choice.

Not only do they have no specialist training for gerontic applications to their field, they are actually the least skilled of their specialisation, who would prefer to work elsewhere, but haven't succeeded in securing their workplace of choice.

Working in aged care ought to require specialist extra training in gerontic application of a medical or allied health discipline, and ought to require application of the extra knowledge and skills required for people ravaged by the ageing process. Working in aged care ought then to attract a higher salary than working where specialist gerontic care application is not required. Nurses working in aged care are paid less than nurses working elsewhere, but if they had the specialist gerontic care nursing knowledge and skills they actually need, would be paid more than other nurses due to completion of post graduate specialist gerontic care diplomas. It is no wonder that Australians who enter residential aged care find themselves immediately precipitated into rapidly increasing decline.

High Quality Care is above all very knowledgeable. Knowledge comes from pertinent training courses, which do not yet exist to provide the Australian aged care system with a workforce which has the science and care expertise needed for enabling high quality aged care.

Endocrinologist Dr Caroline Meyer provided the usefully illustrative analogy that residential aged care is like an interminable plane flight, where those enclosed must stay on board, without hope of arriving at a sought after destination, with the only thing breaking up the inescapable tedium of existence being the brief punctuation of the timing of arrival of meal trays.

The Australian aged care system, and the health rationing Australians suffer in it, when they become disabled by ageing, comes from the societal belief that once a person cannot operate independently that their life is essentially over already even though they are not yet dead.

This underlying societal belief should be fiercely contested, because there is no such belief applied to those who are disabled prior to the age of 65, as exemplified by the comparatively magnificent NDIS, which focuses on enablement to participate as fully as possible in society and life, whatever the nature and extent of a person's disability.

The Australian aged care system prioritises the opposite. As soon as a person can't take themselves to the toilet, due to lack of resources and workers, they are very quickly left to do all their business in only two pads per twenty-four hours. As soon as a facility can find an excuse to do so, people are dumped in tub chairs and are left alone in their room round the clock, where they lose all muscle power, not only in their legs which can no longer walk, but even in their torso and neck, so they can no longer use a wheelchair which is suitable for a taxi outing. Their cognition quickly disappears through lack of movement, lack of company and lack of activity and their decline towards death is consciously hastened by the system, underpinned by the very wrong attitude that this person's life is already over.

The person's life is not over because they must consciously live out the reality of it. High quality aged care uses the science and knowledge of best global care practice to make every day of that continuing life have worth, comfort, enjoyment and meaningful company and activity. The Australian aged care system operates far below this level even though as a prosperous country of scientific opportunity, it would be one of the countries in the world most capable of achieving high quality aged care.

Recently, federal Senator Don Farrell sought to temper public expectations on stricter regulations on political party donations with the caution that "politics is the art of the possible" ("Rage against the money machine", *The Age* 3/2).

Coalition aged care spokesperson, Anne Ruston, has kept public comment on the Albanese government's progress on aged care reform to the minimal statement that "the opposition wants to work constructively with the government to make aged care more sustainable and would be considering the taskforce's advice in good faith" ('Push to use superannuation to ease crisis in funding for aged care', *The Age* 4/8).

For the thousands of Australian families who have found the aged care system a personal grief, a profound disappointment, and a horrifying realisation that such a system exists and operates to the eventual detriment and suffering of every Australian who falls victim to it, either directly or alongside a loved one, the words "possible" and "sustainable" when used by politicians are offensive, because they are applied subjectively according to government priority of the day.

When federal Labor uses the word "possible" and federal Coalition uses the word "sustainable" they apply a political glass ceiling impeding improvement in the quality of aged care in prosperous, educated Australia. Both major parties are indicating to the Australian people that they want to make as few changes as "possible" in order to make the objectionable business-oriented aged care system "sustainable" which means minimal change.

I note the ACQSC's advertisement in *The Sydney Morning Herald* and *The Age* on 10/2/24 for a Chief Clinical Advisor and respond that it should not be the ACQSC, the representative of the government's position on what is possible and sustainable for aged care in Australia, which ought be

responsible for the appointment. It should be a healthcare body independent of both providers and government.

Canberra Times editorial 10/2/24 P38 made the thought-provoking assertion that "The broader issue that Australia's profit-hungry corporate culture has accelerated the yawning gap between haves and have-nots". This doesn't just affect the ability of Australians to own, or even rent, a place to live. It also negatively affects what happens to each and every Australian when they become very old. It negatively affects younger Australians supporting an elderly Australian. The knowledgeable health care needed for continuing quality of life after ageing disability sets has been limited to what politicians and business operators consider "possible" and "sustainable", rather than a standard dictated by global best knowledgeable specialist gerontic healthcare experts.

Of course high quality aged care would be possible for Australia. Persisting with this business model of minimally knowledgeable substandard care of the aged should have seen this privatised system collapse through lack of custom years ago.

A significant reason why I will not use the ACQSC for my aged care complaints, is that the ACQSC only monitors to ensure that the system is being operated according to the limited requirements of the system, whereas most of the manifestations of substandard care I have observed are because of the system, which lacks the specialist gerontic health care knowledge, care skills and equipment required.

The ACQSC's method of approach to complaints, is to find a worker in the system to blame, rather than the system itself, which is the true source of blame. In this system, aged care workers simply do not have the training they require to provide the care which the elderly need. The nurses, GPs and allied workers also lack the specialist gerontic care postgraduate training required for administering health care to people in the last stage of the lifespan.

Two examples of individuals taking full blame for incidents caused by systemic failures are the recent case of young policeman Kristian White ('Taser accused to face trial', Sydney Morning Herald 8/2/24), who was called to a typical understaffed, under resourced, lacking the required knowledge for aged care, facility and used a taser to deal with a dementia patient who had found and picked up a knife. While using the taser was an error of judgement resulting in the tragic death of the aged care resident, it is not the role of the police force to know how to manage citizens suffering from ageing-related disability such as dementia. It was reported in the media at the time, that due to the understaffing and lack of knowledge and expertise in the deregulated privatised aged care system, police are often called to deal with problems that should be skillfully dealt with by a thoroughly trained workforce, operating high quality care, which the system and the workforce in Australia falls far below, due to separation from the healthcare system.

It is my hope, that while this was a serious error of judgement on the part of the young police officer, the blame for Claire Nowlands' tragic death shortly after the incident lies with the aged care system, and ultimately the Australian government which the aged care royal commission stated to have failed in its regulatory responsibility for aged care. The blame also to some extent lies with the providers who take the business opportunity to make money, without having the knowledge to properly care for the elderly. In significant part, Kristian White is a scapegoat, taking blame for the shortcomings of the system which as a police officer he should never have had to interact with.

A similar scapegoat was targeted in October 2022, when an aged care worker was fined \$25000 for turning up to work with COVID and I wrote the following to the Minister for Aged Care Services

"Ms Wells - I thought it very sad today that The Age should allocate a photo and many paragraphs to shaming the aged care nurse who went to work with covid because she was short of money. I thought it very sad that she should personally be fined \$25000 dollars when the system was at such fault and she would not have been the only one to do that, and there are many and varied wrongs in the system, afflicting the elderly needing care."

These aged care workers, paid a pittance, trained a pittance, far from their families in another country, are copping the blame for the disgraceful system. What should happen instead is action that penalises those who really are to blame for aged care tragedies, such as every provider which staffs to a minimum.

When this worker was personally fined \$25000, the aged care system was operating on casual workers putting in hours at multiple facilities, which the Morrison government very publicly banned for a short period during the worst of the pandemic, but then very quietly, the Morrison government then lifted the ban and workers were once again working at multiple facilities.

The ACQSC should be scrapped and replaced by a knowledgeable specialist gerontic care body independent of providers and government.

Of some concern about the exposure draft is that it does, at this stage of reform, focus on money more than those needing care.

Most of the regulation includes the specification that the regulation is for those qualifying for commonwealth funding.

The problem of poor quality aged care and inadequate protection of the human rights of the vulnerable elderly applies to all those needing aged care services, not just those allocated commonwealth funding. Even if those disqualified by the means testing don't receive commonwealth funding, their aged care needs to be provided by appropriately trained workers and to be protected in their vulnerability by legal provisions to protect their human rights.

There is the saying that no matter how wealthy you are, you cannot take your wealth with you when you die. Australia has shown through its disgraceful aged care system operating with such a minimally trained workforce that no matter how wealthy you are, you become as vulnerable in extreme old age as every other Australian of whatever poverty or wealth.

In the last stage of the lifespan, rich and poor alike find themselves in the same position, hoping for knowledgeable healthcare to alleviate suffering and enable continued enjoyment, meaning and promise in life.

The gap between reality and public awareness of how bad care is in the deregulated, privatised residential aged care system was strikingly emphasized during the pandemic lockdowns by the case of ████████, where residents died, among other causes, of neglect.

The facility owners initially refused to be questioned by the enquiry in case it exposed them to any criminal liability, but their request, like that of ████████ appealing to the High Court to overturn the lower court's ruling that the sacking of baggage handlers was illegal, was overturned.

██████ showed firstly, that once a government privatises and deregulates a service which is intended to meet a public need, business and commerce and the protection of those operating

business and commerce inevitably take precedence over the safety, wellbeing, human rights and interests of the citizens in need. Hence, the Morrison government swiftly, easily, cheaply, and without delay moved to protect aged care providers from criminal liability, but even now, no federal government legislation has occurred to guarantee aged care residents the human right of face to face contact with those they nominated, when in robust physical and cognitive health, to act as their powers of attorney to monitor their care, which for the elderly in Australia, is more essential than in other developed countries, owing to the very poor quality of deregulated care, as exemplified by [REDACTED].

[REDACTED] secondly, showed how far short the Australian people were informed on the dire conditions across deregulated, privatised residential aged care. [REDACTED] was presented by the media as an unusual situation, whereas what I read about [REDACTED], resonated as similar to the neglect experienced by my loved ones.

The aged care royal commission used the term "national disgrace" for the deregulated aged care system. I would use the term "carefully hidden ongoing national tragedy".

Sadness, however, is more powerful in prompting change for the better, than anger.

My mother in residential aged care received a letter dated 12 February 2024 from the federal government's Aged Care Quality and Safety Commissioner, Janet Anderson, and the federal government's Aged Care Quality and Safety's Chief Clinical Advisor, Dr Melanie Wroth (soon to be replaced according to job advertisement), urging my mother to get a COVID booster, when it became due. My mother received the same letter a year ago.

My mother has had all the boosters when due, although local public health unit delivery of boosters to her residential aged care facility last year was significantly delayed, a further indication that neither the government, the Aged Care Quality and Safety Commission, nor the providers actually move beyond the existing system to bring elderly Australians the care they need, as soon as they need it.

What I find extraordinary about this 12 February letter, and its similar predecessor last year, is that in the face of all the substandard care, neglect and restriction of human rights (repeated and lengthy denial of visitor access of powers of attorney) which my loved ones have suffered in residential aged care, this is the only subject of communication there has been from those responsible for operating the system which has inflicted such damage and humiliation upon them.

The Aged Care Quality and Safety Commission should be scrapped and replaced by a knowledgeable gerontic healthcare body independent of providers and government.

Aged care residents who have taken up all vaccine boosters and receive the anti-viral medication whenever they , despite up-to-date vaccination status, test positive for COVID, in the main, including my mother, do not become seriously ill with it. The biggest threat to their well-being continues to be the lack of quality of care, which is not only minimal in quantity, but even if it were increased via the proposed daily minutes mandate (not a chance this could be achieved in mother's facility), would still fall short due to being applied without the knowledge needed for effective alleviating and enabling care.

The sustainability of provider business is what the federal government, and even more so the federal opposition, are most interested in.

The Albanese government's sympathy comes across in this Exposure Draft as more with how providers will cope with any changes required to the system, than with addressing the sufferings of past and present aged care residents, or expressing outrage and apology for what they have suffered and will continue to suffer, for as long as the workforce is operating with such minimal training requirements.

Aged care residents are still living in a world of masked faces when they should not be. The Aged Care Quality and Safety Commission visits facilities and doesn't pick up the evidence of the substandard care, ticking all the boxes for reregistration of the facility despite the substandard care being quite plain to daily visitors.

The irreversible damage to my mother's wellbeing was and is not being done by COVID, but by the restrictions imposed in 2020, 2021 and 2022 by individual provider decision alone, and by the ongoing lack of pertinent gerontic healthcare knowledge at every level of the aged care workforce.

Given the tens of thousands of Australians who have suffered degradation and loss of human rights in residential aged care since the deregulation and privatisation of the system emanating from the 1997 aged care act, and given the severity of the aged care royal commission's findings of the aged care system being "a national disgrace", "pervaded by substandard care", with each layer of substandard care, like the peeled back layers of an onion, revealing yet another layer of substandard care underneath, it is extraordinarily inappropriate for the federal government to communicate to the Australian people, through creating for aged care services a shared federal ministerial portfolio with sport, that the needs and rights of Australians once they become elderly are only as much a priority as that of sport.

An apology to the Australian people for the long unaddressed suffering caused by the deregulation of the aged care system would be appropriate, but equating what needs to be done about the problem as only as important as the nation's sporting priorities is an insult to each and every Australian and their family, who has suffered and lost their worth as citizens and as human beings through the poor quality of the aged care system.

One of the reasons the Australian people are not as aware as they need to be of the very poor quality of the aged care system is that marketing strategies are also unregulated and therefore spread implied untruths for the purpose of canvassing business.

My mother's facility has a banner advertising memory support, but there is no memory support happening inside the facility whatsoever - those with dementia are either confined to a locked ward and left to their own devices, or if they have lost their mobility, they are lying in bed alone in front of a TV. No-one who comes through the facility as a worker knows anything about the specific type of dementia each person has, how it negatively affects them, or anything about what science and expertise would enable them to maintain as much of the capacities they still have when they are first confined to the institution.

Behind the walls of aged care facilities, people who have lost their mobility are just lying in bed unattended, with absolutely no knowledge or expertise available to do anything more than that - it is storage, not care. Yet the marketing lies show photos of able smiling people with white hair as a token suggestion that these people could in theory be found within. The people in these marketing photos are clearly far too well and nowhere near disabled enough by ageing to be paying half a million dollars RAD plus a daily to be confined to an institution, inside which the lack of knowledge

and resources of every kind means they have no chance of continued quality of life for their remaining years.

The marketing shouldn't be allowed when it is simply not true - people need to keep out of a system which rapidly accelerates decline, instead of providing scientific health care and expertise to alleviate ageing related disabilities. Substandard care lacking knowledge causes more damage to wellbeing than no care. It would be more appropriate to have health warning signs about what lies behind residential aged care facades, than the totally opposite to reality marketing photos which are put up.

The federal government owes the Australian people at least the courtesy of telling the truth about the shortcomings of the system the Australian government itself is responsible for allowing to come into being.

The recently released Disability royal commission's report revealed a strong intention for application of a strong standard of human rights for those who are under 65 who are disabled. The same high ambition ought to infuse every operation of the aged care system, so that there is no discrimination of Australians once they reach the age of 65. Germany's universal care levy does not separate provision for caring for the disabled - the levy is used to provide national care for all those who need it due to disability, whatever their age, and whatever the cause of disability. What is the matter with Australia that it is so focused on profit and not on the wellbeing of its people?

From the Disability royal commission's report:

"Our terms of reference specifically recognise that: people with disability are equal citizens and have the right to the full and equal enjoyment of all human rights and fundamental freedoms, including respect for their inherent dignity and individual autonomy."

The following statement from the Disability Royal Commission report indicating some intention to make aged care more like the NDIS is encouraging:

"In March 2022, the Australian Commission on Safety and Quality in Health Care, the Aged Care Quality and Safety Commission and the NDIS Commission issued a Joint statement on the inappropriate use of psychotropic medicines to manage the behaviours of people with disability and older people."

Until the Albanese government secured a 15% pay rise for aged care workers through the Fair Work Commission, the model for aged care and its workforce was based entirely on the premise that both childcare and aged care can operate with an unskilled workforce, paid at the minimum wage, so that workers in other sectors, might use the cheap care service to enable them to take up their own employment, with their own employment being at a higher rate of pay than what they have to pay for the care service.

This premise is questionable even for childcare, although perhaps more understandable than for aged care, given that parents do mostly care well for their own children without receiving formal education or salary to do so. However, the premise that minimal learned knowledge and skill is required for care work is unworkable for aged care, where there is no natural born instinct, or simple life experience which will furnish knowledge of how to properly care for those disabled by the ageing process. Only knowledgeable gerontic healthcare, learned through specialist gerontic care education

could enable those negatively affected by the wide range of manifestations of disability caused by the ageing process, to receive proper care.

The aged care worker pay rise, while possibly preventing a little of the exodus of the current and minimally trained and paid workers in the sector, (although 15% of a minimum wage does not actually do much in dollars to change the personal wellbeing and living conditions of aged care workers), in no way addresses the shortfall of their knowledge and care skills, which is the main contributor to outcomes of neglect and substandard care for Australians who become disabled by the ageing process.

For the aged care "industry" to attract and keep sufficient numbers in its workforce, the federal government would have to equip the aged care workforce with nationally mandated new much more comprehensive training standards, to equip aged care workers, most importantly the workers who spend the most time on care, the personal care attendants, with the gerontic health care knowledge and expertise, which would bring them the job satisfaction of witnessing positive outcomes for those needing care.

It is unpleasant to work in aged care with only the level of education of a childcare worker. The people you are caring for in aged care are unwell and disabled. You witness that the little knowledge you are equipped with still leaves them suffering, neglected, isolated and confused. You witness it all the time you are at work, and you constantly feel the inadequacy of what you are able to do to improve their situation. The minimal training of the aged care workforce, most importantly the workers who spend the most time on care, the personal care attendants, is why no-one works in aged care if they can secure work elsewhere.

The unpleasant suffering in residential aged care of those needing care is also why the GPs, nurses and allied health workers services aged care facilities turn out in practice to be those who are not as good at what they do as those working outside aged care. Even where good nurses, GPs and allied health workers are secured, they lack further specialist gerontic health care training to bring expertise pertinent to those negatively impacted physically, psychologically and socially by the ageing process.

The minimal training of the workforce, most importantly the workers who spend the most time on care, the personal care attendants, causes a nationwide lack of quality of life for Australians in residential aged care. This makes visiting aged care residents unpleasant, so much so that many, many people who have loved an aged care resident dearly for their whole life long and been loved dearly by them are simply not able to cope with visiting them in residential aged care. It is too depressing to see them so uncared for. This makes the aged care resident's life, to a significant extent, already lost on entry to residential aged care.

We justify it by saying their life is over, but not for the resident it isn't - the resident must live through it, no matter how lonely, unpleasant and painful. A workforce with the knowledge and skills required for delivering high quality alleviating and enabling care, in particular, the workers who spend the most time on care, the personal care attendants, would not only alleviate and enable as appropriate, but also bring visitors back into the lives of Australians disabled by the ageing process, so that they don't endure the most difficult last stage of the lifespan alone.

The minimal training of the aged care workforce, most importantly the workers who spend the most time on care, the personal care attendants, is why life in residential aged care is so unpleasant and a meaningless existence for those whose ageing related disability has resulted in loss of mobility in residential aged care.

The minimal training of the aged care workforce, most importantly the workers who spend the most time on care, the personal care attendants, is the main underlying cause of the bewildering isolation Australians spend the last stage of their lifespan suffering, particularly once mobility is lost.

Residential aged care costs half a million dollars RAD for the use of a room and a daily fee on top of that, but life in residential is only bearable if you can still do everything for yourself - why would you spend that money if you can still do everything for yourself, and why would you spend that money if you know that once ageing decline increases and you can no longer do everything for yourself, you will be then utterly neglected and isolated for however long the time is to the end of your life, due to an insufficiently trained and insufficiently numbers-mandated workforce?

The duty of the Australian government is to recognise that aged care requires far more and more specific knowledge and care skill than childcare. The Australian government needs to work towards commissioning and mandating new comprehensive training courses, preferably at the university level rather than TAFE to professionalise the aged care workforce to a standard the Australian people need and deserve after all their contributions over the decades of their life

COVER: "A Bill for an act about aged care, and for related purposes"

P1: "This Act is the Aged Care Act 2023"

Points of most concrete interest:

P2&3: Australia's obligations under the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of Persons with Disabilities

P3: promoting positive community attitudes to ageing

P3: promote public confidence and trust in the Commonwealth aged care system

P3: an "appropriately skilled workforce"

P4: a screening law to determine whether a person who works or seeks to work with individuals accessing funded aged care services poses a risk to such individuals - at present all such individuals are at risk due to the lack of nationally mandated training standards for application of the necessary knowledge and skills for high quality care

A key factor in aged care reform is whether young adults two generations below current aged care residents identify how poor aged care is and consequently refuse to use it and protest against it:

My adult daughter, who has a toddler, created the following parable as to how childcare in Australia would look if it were reduced to the level of aged care, and concludes there is no way people would accept it as the status quo. Here is the parable - this is what the elderly suffer in residential aged care in Australia, but, by and large, it is accepted due to people not knowing the details of what is going on in residential aged care, because we don't as a society monitor the welfare of our elderly anywhere near the extent to which we know we must stay closely connected with everything that happens to our children, even when we pay an outsider to care for them:

"A parable showing what childcare in Australia would look like if it were allowed to operate as disgracefully as aged care does", written by daughter of Ruth Farr, aged 29:

" Childcare is great. It is a wonderful, necessary, helpful service allowing kids to be educated and nurtured with other children their age while giving parents the ability to go to work, earn money and fulfil their career goals, knowing their children are being well cared for during the working day.

However, it has come to my attention that there are some major problems with some childcare centres in Victoria and Australia. Take the nearest child care to me, for instance. I have noticed the following issues. - There is not a large enough ratio of carers to children to give appropriate care. Legally there is, but the children are not receiving the care they deserve not just as children, but also as humans. - Children are left in wet nappies for hours and hours and hours. - When children call for help or cry for any reason, there is a long wait before any educator responds.

The centre is open on weekends, when it is even more understaffed due to the owners being unwilling to pay penalty rates. In this case, the children are put to bed at around 3pm and expected to stay there until their parents arrive for pick up.

The educators do not have time to spend on the children or interact with them much at all, so the children are left to their own unsupervised devices for hours on end, including babies who are unable to do anything at all for themselves. - If complaints are directed to staff or management, parents and carers are simply told that "this is the way it is. It's what you get if you end up in childcare. It's always been this way"

Meals given to younger children who can't feed themselves are very rushed and if the child does not take the meal no attempt is made to offer them anything else. They are left to go hungry until the next meal, where very little effort is made again. - Children are frequently dehydrated and there have been instances of children suffering kidney damage.

If children of any age sometimes cough or splutter with their drink they are immediately deemed a legal liability for choking and only offered disgusting thickened liquid, which even if they refuse are unable to be given normal liquid, unless the parent signs a legal waiver.

Parents are not allowed to pick up their children without doing a covid test every time. If any child tests positive to covid during the day no parent is allowed to access the centre without full PPE.

Children's hands are never cleaned during the day even if they have got messy with food or play. - Essentially, children are dropped off, ignored all day except for brief events such as meal times, where they are not given the age appropriate care to eat their meals, their hygiene needs are neglected, and most suffer from depression and loneliness.

Children who attend this centre quickly lose any spark they had, and face decline and delay in reaching their age appropriate milestones.

The centre and a lot of people in the community simply feel that this situation is the natural outcome of that stage of life and using childcare. As the children generally don't spend many years in childcare, it is not deemed important to make those years rich, safe and enjoyable. After all, the children won't remember them anyway and don't have all the same skills and capacities of fully grown adults to partake in activities."

P 8 Definition of carer "a person who provides personal care, support and assistance to another individual who needs it because that other individual is an older individual".

This carer is appointed by the older individual themselves and is the most important person for that older individual. In the pandemic lockdowns where such carers were prevented from face to face visits by individual provider decision alone is one of the biggest human rights failures of the Australian government towards its own citizens.

Nothing has been done by way of loophole free legislation by the federal government to prevent this failure of human rights happening again. It is the principal reason why Australians should not be using residential aged care. It is the most important negative aspect of the Australian aged care system and the first fact every Australian needs to be aware of before considering anything else about the Australian aged care system.

"The registered nurse's scope of practice" is insufficient for purpose in the Australian aged care system.

Nurses working in aged care need more, not less, knowledge and training than nurses working in the health system generally. After completing a nursing degree, nurses intending to work in the aged care sector should be required to undertake a postgraduate diploma in gerontic nursing and consequently be paid more, not less, than nurses working in the health system generally.

I have found the nurses working in aged care to be clearly "the bottom of the pile" - they haven't managed to secure work elsewhere and end up providing substandard nursing care, lacking the knowledge and care expertise required for communication with and the nursing of our most elderly citizens.

All of aged care is providing care for individuals who require immediate treatment for the loss of a bodily function - loss of cognition is also loss of functioning capacity of the physical brain.

At present the inadequate level of knowledge and training of the aged care workforce at every level means that alleviation of loss of bodily function is not possible. Residential aged care is only OK for those that go into it before they need to and then only OK for the duration of the continuation of their body and cognitive faculties functioning.

People should not go into residential aged care because, even if they can still do things for themselves when they first go in, they will inevitably reach a point of loss of bodily and/or cognitive function and then inevitably suffer the harm done by an inadequately knowledgeable workforce operating without resident to care worker ratios.

P9 The Convention of the Rights of Persons with Disabilities done at New York on 13 December 2006 and the final report of the Australian Disability Royal Commission released in 2023 should both be closely mirrored by the Australian Aged Care Act 2023.

It is inappropriate for the nation's health care response to those with a disability acquired after the age of 65, to be so far below its response to those with a disability acquired prior to the age of 65.

The enabling care focus and the focus on maximising quality of life which drives the NDIS must be incorporated into the Australian Aged Care Act 2023.

A big question mark over this exposure draft is "The Rules" which are yet to be published.

The suffering and neglect the 1997 Aged Care Act has caused to thousands upon thousands of elderly Australians was due to deregulation and not prescribing any rules.

So unsuitable across the board for the elderly needing care has this deregulation been, that "The Rules" as yet unwritten, will need to specify and regulate every detail of every aged care resident's care requirements every day - if the rule isn't written it has been shown to be inevitable that a deregulated system won't provide the care required.

My long observation of the experience of loved ones in the deregulated system has caused me to know that no-one working for or in the system can be relied on, nothing that is said by those working for or in the system can be relied on, and nothing that is done by those working for or in the system can be relied on. Nothing can be relied on except that the care most certainly won't turn out to be sufficient in either quality or quantity.

Page 18 refers to The Private Health Insurance Act 2007.

Part of the great grief of my family's suffering at the hands of the aged care system is that our loved ones paid top private health cover their whole lives long only to be jettisoned and abandoned to the substandard treatment of the aged care system, where no private health cover exists which might provide the same level of knowledgeable expert care in the last stage of the lifespan as they in all stages prior.

The Australian aged care system is a disgraceful way to discard and mistreat Australians who have contributed so much over the course of their long lives.

"the aged care workers of registered providers"

For me to consider registered providers worthy of custom, the aged care workers would not be "workers of registered providers", but workers employed and paid by the federal government, used by registered providers, but knowledgeably and expertly trained for the purpose of administering high quality gerontic care following completion of new comprehensive nationally mandated tertiary training courses.

P20 "a responsible person of a registered provider"

It should be noted that "executive decisions", "planning", "activities" and "management of nursing services" of registered providers in the current deregulated system have been utterly unsatisfactory and have caused much suffering through neglect and unawareness of what constitutes high quality care.

Registered providers in the current system have shown themselves to be unworthy of the responsibilities they were accorded by deregulation - when they were given carte blanche to determine what aged care in Australia should look like, they abused it by paring back care to a default setting of neglect.

P22 the Australian Health Practitioner Regulation Agency should be regulating practitioners in the aged care system - the aged care system should be part of the rest of the Australian health system,

not separated from it. The separation is why high quality knowledgeable health care stops for Australians once they are discarded into the aged care system.

P25 I hope that "the Rules" do provide "how registered providers must deliver funded aged care services, and also hope that "the Rules" are created by a new body of gerontic health care experts independent of both providers and government.

P26 I would like to document here that putting someone prematurely in a tub chair so that the lack of staff numbers and expertise does not result in any "incident" is a restrictive practice, where the person is confined to a position of accelerated decline because all mobility becomes inevitably lost.

I would also like to document here that the keenness of the unskilled workforce the current system to thicken a person's drinks prematurely is a restrictive practice, because it restricts what a person feels like drinking, and therefore leads to them not drinking which leads to premature death.

My mother's life was nearly lost a year ago through one such decision made due to lack of staff numbers and lack of staff knowledge and skills. The family found that actually my mother could drink unthickened fluids perfectly well, providing she was properly awake, upright and aware that a drink was being proffered. The family saved her life a year ago from the system by making sure between us that she was visited every day to give her the drinks she needed to stay alive.

Once drinking enough, she began eating enough again, and eventually the facility conceded that her drinks did not after all require thickening.

If my mother had been one of the seventy per cent of aged care residents who are rarely visited, she would have died prematurely a year ago.

P25 & 26 A reportable incident should include "neglect of the individual".

In the current system every aged care resident who has lost their mobility is neglected every day. They lie in bed with nothing to do and no one to interact with, rapidly losing every faculty they still had when first consigned to bed or tub chair due to the lack of knowledge, skills and staff numbers which would have enabled them to continue living meaningfully outside of the bed or tub chair.

I find evidence of substandard care every day I visit, but the regulator always reports that the provider is doing a satisfactory job. This is why the ACQSC should be scrapped and replaced by a body independent of providers and government with the knowledge and expertise to determine what constitutes proper care.

There is significant failure every day in residential aged care on every front.

It could reasonably be expected by the Australian people that the aged care system of a developed country with one of the world's most prosperous economies, that in entrusting a loved one to residential aged care, certain care details would be guaranteed, but this is not the case.

People do not get to go to the toilet anymore, but sit in their soiled pads for up to 16 hours, people do not reliably get their teeth cleaned, or their hands washed, or really any proper assessment made of their needs at all. People get put to bed before dinner because that suits the skeleton staff which the deregulated system allows the profit-making providers to operate with. The regulator doesn't pick up these details, because the regulator is no more informed on what constitutes high quality care than the workforce

Like the profit-making providers, the regulator is only motivated to tick the few boxes their skeleton regulatory prescription requires to be ticked.

To only penalise when there is a systematic pattern of conduct with a number of individuals over a period of time being neglected, shows the minimal interest of society and governments in the plight of Australia's citizens who end up in residential aged care.

One failure to one person on one occasion should be enough for a response of corrective action and potentially discipline. Otherwise the privatised system will just work out how many failures can be got away with to save effort and money.

Meaning of high quality care as indicated in this exposure draft is too general, compared to the specifics of what is required to provide proper daily care for Australians disabled by the ageing process.

What I would have liked for my loved ones is a much more concrete definition of high quality care which specifies what knowledgeable physical and psychological care a person needs in the face of ageing disability to enable the quality and standard of life enjoyed before ageing disability to continue: such as facilitating them to continue to use the toilet, making sure their teeth and nails are cleaned and their hands washed. I would like an aged care workforce trained in communication skills and knowledge of the effects of ageing disability which hinder communication which leaves the elderly person feeling so isolated from the rest of humankind.

The first priority of residential aged care when a person first enters a facility should be a thorough assessment of all the physical, cognitive and social capabilities a new resident still has and the care plan should have as primary aim to maintain as fully as possible every aspect of capacity.

There are many requirements for high quality care which, because they are not being provided at all in the deregulated privatised system, now need to be specified in the new aged care act, such as a person must be given outdoor time every day and must never be in a chair which a wheelchair taxi cannot transport - high quality care is about a workforce operating entirely through scientific education in every area of human wellbeing specific to those disabled by the ageing process.

You cannot stay connected to the community if you are in an environment which is too unpleasant for the community to visit.

You cannot stay connected to the community unless the daytime furniture you are confined to is able to be transported by vehicles readily accessible to the community.

It is depressing to visit loved ones who are not properly looked after, so most aged care residents don't get visited.

There is no motivation to make sure that aged care residents do and can get out, so they are essentially incarcerated through inadequate equipment and inadequate knowledge of how important it is for them to get out. Accelerated decline ensues, because after a life of contributing to the community and to their descendants, they find they no longer see either the community or their descendants.

This is a shortcoming of our society as well as our aged care system. If the aged care system were knowledgeable and expert and that knowledge and expertise were used to better resource aged

care to enable the continued participation of aged care residents in community and family activities, then it would help our society to shed the ageist attitudes which are ultimately responsible for the poor quality of life suffered by aged care residents in Australia.

It is not possible to have specific tailoring of care to the personal needs, aspirations and preferences of the individual unless there is a huge increase in the training requirements of the workers who have most to do with the individuals, the personal care attendants.

A nationally mandated three-year full-time university degree would go some way towards personal care attendants having the knowledge they would need to acquire the observational and communication skills to tailor the care they extend to each individual disabled by ageing

Only a sufficiently knowledgeable workforce would allow the aged individual cared for to feel as respected and in receipt of a similar level of healthcare science which they benefited from prior to becoming disabled by the ageing process.

This would most certainly require a universal levy to fund - Germany has had a universal levy for decades to cover the cost of caring for all disabled citizens, whether disabled from birth, from accident or illness.

Page 28 v "supporting the improvement of the individual's physical and cognitive capacity.... including by keeping the individual mobile and engaged" is exactly the opposite of what residential aged care in Australia currently does to Australians.

This is exactly what does not happen in the current system operating with minimal numbers of minimally trained workers. Those who enter residential in Australia transition very quickly from people who still have some physical and cognitive capacity to just lying in bed with nothing to do. I see it over and over and over again - residential aged care in Australia rapid acceleration of terminal decline, leading to premature death, and should not be used by anyone if at all possible.

People suffering any form of dementia, if they can still move, are usually shut away in dementia wards because the system lacks both numbers and training of staff. There are no appropriate activities for them - a facility only has one activity such as bingo, which very few Australians see value in prior to old age. If bingo, or the one activity of the day doesn't suit, which for most residents it doesn't, then there is nothing to do. People suffering from dementia who can still walk around are kept in bed so that they don't "intrude", because there are not enough staff with enough knowledge and skill to enable them to do anything but be put back to bed. Staying in bed all the time makes a person lose remaining mobility, cognition and quality of life.

This is why I say every level of the aged care workforce needs more training, not less, than standard health professionals. Nurses who work in aged care need to not only have the degree training of all other nurses, but it should also be nationally mandated, that to work in aged care, nurses must complete a postgraduate diploma in gerontic care nursing to give them the knowledge of how ageing disability affects a person and how that ageing disability need not reduce their participation in life as they have enjoyed it and participated in it prior to suffering ageing related disability. Health professionals of every level should undertake more, not less study, than their general health professional peers.

The specialist area of working with those disabled by ageing should, due to increased training requirements, result in those working in aged care receiving higher pay, not lower pay, than those in the general system.

There is nothing happening in Australian aged care to enable those needing aged care services to be allocated carers who are fluent in their first language.

Having a minimally trained, minimally knowledgeable and minimally paid workforce means that the only people prepared to be aged care workers are those from overseas whose first language is not English, and in nearly all cases, whose first language is not one of the main languages other than English spoken as a first language by Australian citizens.

When aged care residents can't understand what is being said to them and can't make understood what they are trying to say , it hastens their decline and alienation.

Multicultural Australia should be able to implement policy which facilitates an aged care workforce which matches those needing care with carers who have command of the person needing care's first language.

Page 28 "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"

This will not be possible to anywhere near achieve without national mandate of degree level training for all aged care workers resulting in worker retention due to aged care work being a professional field where workers acquire the specific extensive professional knowledge for delivery of high quality care.

Page 29 The most important thing about aged care rights is that they are of no use unless they are enforced. They cannot be enforced without sufficiently forceful, loophole-free federal government regulation.

The most worrying absence of right in the residential aged care system is that, although in theory aged care residents have a right to be visited, and since the pandemic recommendations has been issued and restrictions have loosened, it remains the case in practice, that there has been no federal government legislation to absolutely prevent reoccurrence of what happened to aged care residents in the pandemic lockdowns of 2020, 2021, 2022, where aged care providers made individual decisions, which could not be challenged in any way, legal or otherwise, to shut out all visitors for prolonged periods of time. They found they had the power to make those individual decisions, there was no legislative protection in place to stop them, so they did, causing thousands to suffer accelerated decline due to separation from the person they had appointed to be power of attorney to monitor their care, in most cases a spouse, a son or a daughter.

The deaths from accelerated decline due to isolation in residential aged care over the course of pandemic lockdowns, in particular via individual manager decision, to refuse admittance to the spouse or power of attorney must not be glossed over and forgotten. The fact that nothing has been done to prevent this happening again should continue to be used very publicly as a strong reason why residential aged care should be avoided if at all possible.

The people who suffered this deserve the justice of a federal government public acknowledgment that it was a dreadful and very wrong breach of their human rights at the time of life when they were most vulnerable. Those that suffered this also deserve the justice of immediate enactment of federal government loophole free legislation to make the refusal of admittance to a

spouse or power of attorney, not only illegal, but instantly overturnable by an appropriate mechanism of law. From the moment such a mechanism is in place, providers or responsible persons working for providers, who offend should become criminally liable for doing so, or attempting to do so.

As I write this email 53, I dedicate it to the memory of those I witnessed suffer accelerated decline due to separation from their spouse or power of attorney, in some cases causing irreversible mobility and cognitive damage, leading to premature death. I also dedicate this email 53 to the grieving spouses and powers of attorney, who might have intervened to save their loved ones had the individual provider allowed, or had the right of the aged care resident to be visited by their spouse or power of attorney, already been enshrined in enforceable law by the federal government.

What happened in the pandemic in this regard still matters very much. It matters for those who died and their surviving family and friends; it matters for those currently still living in residential aged care and the family and friends who care about them; and it matters for all Australians who might find themselves living in residential aged care in the future; in short it matters very much for every Australian of every age, past, present and future, that the federal government legislate to enforceably guarantee the right of the aged care resident to be visited, particularly by spouse and enduring powers of attorney, in all circumstances, pandemic, war or any other social upheaval imaginable or unimaginable.

Page 30 "aged care workers of registered providers who have appropriate qualifications, skills and experience"

This is not possible in the current aged care system, because nationally mandated courses have never been created to give aged care workers, in particular the personal care attendants with whom aged care residents have most interaction with, the knowledge and expertise in care and communication needed to extend not only care, but dignity and respect to Australians who grow old enough to suffer ageing-related disabilities.

The training requirements of every part of the health care system, except the separated aged care system, for specialists, doctors, nurses and allied health workers are stringent and extensive. To allow older Australians continuation of the knowledgeable and expert health care and quality of life enjoyed over the six, seven, eight or nine decades of their life prior to the onset of ageing related disability, aged care workers would need just as much training as all other health care workers to have the knowledge required for alleviation of ageing related difficulties and for enabling continuation of quality of life .

Due to an underlying wrong ethical approach that old people aren't worth as much, aged care has been relegated by the Australian government to an insufficiently regulated minding service, a minimally skilled activity wrongly perceived as requiring no more expertise than childcare, storing the elderly out of sight, out of mind and using their disabilities for profit.

Aged care should be a specialist health care service using thoroughly specifically trained for gerontic care workers at every level, with the underlying ethical position, that people in the last stage of the lifespan, where ageing related disability means they are no longer able to live independently, should be enabled to maintain the quality of life, health and wellbeing and connection with the community they enjoyed over the decades of their independence.

How a nation treats its elderly is an indicator of that nation's regard for its citizens. Australia does not treat its elderly with the care, dignity and respect it ought, and that is filtering down to a perception and an increasing reality, that Australia has become a nation whose only interest is economic growth, with that economic growth only benefiting a continually dwindling proportion of the population. Everything is contracted out for profit and a greater proportion of Australians citizens are increasingly negatively affected by the wrong ethical approach of over emphasis on business, commerce and the corporate approach.

The statement "an individual has a right to be free from all forms of violence, degrading or inhumane treatment, exploitation, neglect etc" is of no use unless these rights are enabled through sufficiently comprehensive training of all aged care workers, and protected through enforcement.

The federal government must take up responsibility for the details of what training ought to be required for aged care workers - handing that responsibility over to business providers has resulted in most aged care residents who lose their mobility living a degraded life, where they have nothing to do, spend all but a few minutes of the twenty-four hours of each day alone and unattended, with not even their most basic needs of hygiene, hydration and nutrition anywhere near met.

The undignified life my loved ones have suffered in privatised residential aged care is shocking, all the more so because, until encountering Australia aged care I was like most Australians, generally proud of Australia. The details of how terrible the aged care system is should be made known to all Australians, so that no more Australians enter the residential care system until it is reformed sufficiently by the Australian government to become a system worthy of Australians.

An individual has a right to communicate in the individual's preferred language or method of communication with access to interpreters and communication aids as required"

This is just not happening in residential aged care, where even communication in Australia's first language, English, is not operating successfully for residents, due to lack of workforce knowledge of how communication becomes impaired by the ageing process.

A right is of no use unless action is guaranteed which will enforce that right. As well as awarding a commonwealth supported place, a person taking up that commonwealth supported place in residential aged care must be also awarded guarantee of securely employed carers equipped with the knowledge of how their ageing disability has hampered their communication with others, and be able to be awarded securely employed carers who have the same first language as the resident.

I think the safest solution, and the one most likely to reliably deliver this right to aged care residents, would be to have all aged care workers securely employed by the government, not the private providers, so that it operates like kindergartens, where the extent of qualification of the workers and the salary and terms of the employment are set by the government.

Rights 10, 11 and 12 covering the right to be visited need to be legislated and worded to be far stronger to rule out every opportunity for the business provider to have any say whatsoever in the matter. A child has a right to the physical presence of a parent at all times. In the last stage of the lifespan, the need of a human being for the guaranteed physical presence of the one they nominated to be power of attorney to monitor their care, should have been, but wasn't allowed during the pandemic lockdowns. The right should now be publicly acknowledged and enacted in universally, reliably enforceable law.

Any restrictions on visits of powers of attorney should never be determined by the provider, but by the Australian government in accordance with proper and full international regard for human rights.

There was never a more destructive illustration of Grattan Institute's Stephen Duckett and Hal Swerrison's observation that "the providers hold all the cards" as the shutting out of spouses and powers attorney on individual provider whim during the pandemic lockdowns of 2020, 2021 and 2022. The Australian government was unmoved and spineless in response, washed its hands of all responsibility, turned a blind eye and let down thousands of elderly citizens and their families, to the extent of causing accelerated irreversible decline and premature deaths - a national disgrace in addition to the national disgrace of all other aspects of Australian aged care reported by the aged care royal commission, and worse, because it was a human rights disgrace.

The word "safe" in 12a would continue to allow providers to do exactly the same as they did in the pandemic lockdowns and interpret it to refuse all visitors entry, even the all important primary power of attorney carer. This should not have happened. It was wrong and should have been immediately recognised as wrong by the Australian government. A condition of residential aged care business operation must be that the spouse and powers of attorney carers appointed by the resident must have as free in-person access as any staff. No Australian should go into residential aged care without an enduring power of attorney - the Australian government should also initiate a Department of Health process for determining powers of attorney for those who never appointed one for themselves, and then become too disabled by the ageing process to do so on entry to residential aged care. It is wrong to separate a child from their primary carer. It is equally as wrong to separate a person in the last stage of the lifespan from their spouse or power of attorney primary carer.

Page 32, 21 Effect of Statement of Rights (3) "nothing in this Division creates rights or duties that are enforceable by proceedings in a court or tribunal".

With this statement the Exposure Draft fully admits that the situation as far as human rights of Australians living in residential aged care will not be changed by this bill.

Australians still should not use residential aged care, because there is no enforceable guarantee of their human right to have the physical presence of their spouse and powers of attorney at all times.

With thanks again to aged care royal commissioner Tony (Gaetano) Pagone AO for his categorical, very true and powerful warning for potential aged care users "Rights are of no use unless they are enforced".

The Statement of Principles, like the Statement of Rights is a statement of how the Australian aged care system ought to be, but is in reality categorically and at every level and in every detail the exact opposite of how it ought be. Stating Principles and Rights is an insult to aged care residents when due to insufficient training of workers at every level of the aged care workforce, there is no real possibility of the principles and rights being carried out.

The most outrageous, when compared to the reality of the lived experience of those in residential aged care is 22 Statement of Principles, (3) (d) that the Commonwealth aged care system supports individuals to "maintain or improve the individual's physical, mental, cognitive and communication capabilities to the extent possible".

The real extent in practice is set at "impossible", because the workforce lacks the knowledge and resources that would enable it to be possible. Marketing what is the opposite of true and stating principles that have no chance of real outcomes, must continue to be called out, and the truth of the matter be made fully known to every Australian of every age, to protect Australians from this system, which inevitably leads to rapidly accelerated decline, because it has been separated from the health system, and therefore is operating entirely without the workforce knowledge and the resources required to enable the Statement of Principles to have any bearing on the care that is actually provided.

The Statement of Rights could be more easily enforced than the Statement of Principles if the federal government legislated on behalf of aged care residents, in the same manner as the federal government legislated to protect providers from criminal liability, but kowtowing to the providers as usual so that work might continue to be done by them despite all their failings, rather than the government, this Exposure Draft states that "Nothing in this Division creates rights or duties that are enforceable by proceedings in a court or tribunal".

Another statement causing outrage is Section 22 (7) "The Commonwealth aged care system recognises the valuable contribution carers make to society, consistent with the Carer Recognition Act 2010, and carers SHOULD be considered partners with registered providers who deliver funded aged care services"

WHERE WAS THE CARER RECOGNITION IN INDIVIDUAL PROVIDER DECISIONS IN 2020, 2021 AND 2022 TO SHUT OUT ACCESS TO POWERS OF ATTORNEY MONITORING THE CARE?

WHERE WAS THE COMMONWEALTH GOVERNMENT RECOGNITION OF CARER IMPORTANCE AT THAT CRUCIAL TIME?

The role of carers in the current national disgrace of an aged care system serves as the only real policing occurring on behalf of aged care residents to monitor the level of care or lack of care received.

I, and other powers of attorney were not able to continue to police the substandard care over those long provider-choice lockdowns and many aged care residents suffered irreversible decline leading to premature death, due to powers of attorney being shut out. The word SHOULD needs to be replaced by MUST, if public confidence is to begin to be restored. Nothing that is worded "should", or "recommended" to happen, ends up being what actually happens in residential aged care in Australia.

The warning must be there for all Australians that in committing a loved one to a residential aged care institution, what should happen, has been repeatedly and terribly demonstrated as exactly what won't happen.

Australians should be aware of the full truth of residential aged care in Australia, in all its sobering details down to people lying in dirty pads for up to sixteen hours, with furry uncleaned teeth, filthy fingernails, minimal hydration, spending most of the twenty-four hours of each day alone in these conditions, put back to bed if they are still able to get up but prove a nuisance to staff and other residents if they do get up, and with the provider still having the ability in practice to shut out the power of attorney if they choose to.

Until such time as sweeping reforms are achieved, it is at least the duty of the Australian government to refrain from presenting residential aged care as less dangerous to wellbeing than it actually is.

Page 36 (12) (b) "Value for money"

Half million RAD on a room plus a daily fee and the return for this is:

Rapidly accelerated decline, living alone in squalor and dehydration once a person loses mobility to look after themselves, due to unregulated gerontic healthcare standards, and a nowhere near sufficiently knowledgeable or numbers mandated workforce at any level.

"Value for money" is currently an insult to those suffering the reality of what is received for that money.

Page 36 "Evidence-based best practice"

What does evidence based mean? - not acquiring the knowledge required and just going by evidence of the bad consequences of mistakes?

Is the rest of healthcare in Australia limited to operating through "evidence-based best practice"

My impression is that the rest of healthcare does not. The rest of health care in Australia is informed by and operates according to new global advances in healthcare science, which improves through new discoveries emanating from new investigations. The rest of health care in Australia doesn't limit itself to operating under the limitations of what is currently evident.

The best evidence-based response of the Australian public to the current Australian residential aged care system is not to use it.

This is why it is very important that the evidence of how poor the care is should be made fully known in all its distressing details to all Australians, so that families can spare their elderly loved ones this suffering and know they need to plan years ahead of the onset of ageing disability in order to manage caring for elderly loved ones themselves to avoid using residential institutions for as long as the current system is so bad.

Nothing in this Division creates rights or duties that are enforceable by proceedings in a court or tribunal."

"A failure to comply with this Division does not affect the validity of any decision and is not a ground for the review or challenge of any decision".

These statements are for the reassurance of providers and continue the impediments of the current system in upholding the rights of Australians needing care.

Page 42 Section 30 talks about restrictive practice, how the provider must consult those who have a close continuing relationship with the individual before applying restrictive practices and how actions taken on behalf of an individual must be the least restrictive.

Two restrictive practises have occurred which have effectively ended or almost ended my mother's life and both occurred because the workforce lacks knowledge and numbers to provide appropriate care

Firstly the blanket decision was made to jelly drinks causing my mother to slip into a decline of not eating or drinking - the family saved her life by signing a dignity of risk, administered daily drinks that were not thickened simply by making sure my mother was properly awake, properly upright and properly aware that the drink was approaching, none of which the workforce had time, skill or ability of thought to administer. Having the unthickened administered by family members also restored appetite for food. Without family coming in every day, the decision to apply restrictive practice would have ended my mother's life prematurely.

The other restrictive practice which I should never have agreed to, but felt in a corner with no other options, is the placing of my mother in a tub chair. My husband was wiser in regard to his mother and refused permission for her to be placed in the movement restricting tub chair. Not being in a tub chair maintained my mother in law's core body strength, so that even though she had lost mobility in her legs, she could still lean forward, turn and operate as her former self.

The putting of my mother in a tub chair allowed the facility to leave her unattended because the tub chair prevents movement which might risk a fall, but it resulted in muscle deterioration and reduced her down into a category of abandonable residents. The ones in the tub chairs don't get any attention and are left to decline alone and uncared for except the few who are visited often by family and friends. Being put in the tub chair has confined my mother to the facility because tub chairs don't go in wheelchair taxis.

It should be mandated by the new aged care act that all chairs used should be wheelchair taxable. People's quality of life is ruined if they cannot leave the facility to join in community and family events outside the facility.

Not applying to my mother, but to other residents I observe, as stated previously, the restrictive practice of just putting people who have dementia back in bed every time they wander destroys those people, who still have plenty of mobility and interest in social interaction. Lack of worker knowledge and lack of numbers in the workforce condemn so many Australians to accelerated loss of mobility and cognition because of spending all day as well as all night in bed.

People enter residential aged care facilities presenting as dignified Australians and within a very short time, they are lying in bed, nothing to do, no-one to talk to the consequence of rapidly accelerated decline towards death which would not have come so soon if the work force were appropriately knowledgeable, as would befit a prosperous and educated developed country like Australia.

Australians should not use residential aged care while its workforce is so unknowledgeable and unregulated in terms of mandated training and ratios of workers at every level.

Page 40 Persons "appointed as a representative of the individual under section 376" include (2) (c) a person who "holds an enduring power of attorney granted by the individual"

How is it then that those holding enduring powers of attorney granted by individuals were prevented at length and repeatedly on the strength of individual provider decision alone, from in person visits during the long lockdowns of 2020, 2021, 2022?

This prevention caused irreversible decline leading to premature deaths and the federal government has neither acknowledged that this was wrong or taken any action to guarantee prevention of recurrence.

If the facility remains operational, spouses and enduring powers of attorney must be able to get through the door to monitor care face to face, at least as freely as employed staff.

"Recommending" is not strong enough - the risk of provider decision preventing access by powers of attorney has been demonstrated as real and harmful.

Without such legal enforceability in place, Australians should not use residential aged care.

It seems that the concept of supporters or representatives, appointed by the current system, is for people without family members or friends they have appointed as enduring powers of attorney? It is interesting that the act is seeking to be very thorough to protect supporters and representatives who will be part of the system, but has little interest in addressing the lack of power of enduring powers of attorney, who did not get through provider doors to monitor care in the long lockdowns of 2020, 2021 and 2022.

This Exposure Draft is written with providers for providers. There should have been more people independent of past and present connection with providers appointed to The Aged Care Taskforce. This Exposure Draft comes across as a provider taskforce seeking to make sure the federal government does not allow them to be held to account for the neglect causing rapidly accelerated decline resulting in premature death, which providers have practised in increasing severity since the 1997 aged care act deregulated the sector.

This must be turned around by government mandating of a vastly more knowledgeable workforce - residential aged care could only be high quality if the workforce were degree trained at every level and workers were employed by the government, like the teaching workforce, leaving providers to deal with only administration and property, with responsibility for care removed from them entirely.

Penalty units need to be defined and clarified. They appear to be instead of providers being criminally liable for neglect.

We don't have penalty units for any other health practitioners, because apart from deregulated aged care, nationally mandated training requirements for all other health workers are rigorous enough that one mistake can be enough to have a worker banned from practice.

The penalty units instead of criminal liability will encourage providers to have confidence to skate close to the line, that they can get away quite a lot before they are stopped. Given the very elderly are the most vulnerable of all Australians needing health care, they need to be more protected from provider malpractice and neglect, not less protected.

Aged care is not suitable for dealing with homelessness.

As wealth inequality continues to increase and negatively affect an increasing percentage of Australians, the proportion of Australians who cannot afford to buy a property or rent a property and have no personal connections with people who can offer them shelter will increase.

The federal government needs to create separate new provisions for people who are homeless and not old enough to need aged care services.

"Dishonest according to the standards of ordinary people"

This is an extraordinary statement to be included in a health care bill. It shows how low Australian aged care has fallen, that instead of addressing the fact that the whole workforce is inadequately equipped in terms of health care knowledge and in terms of the government regulation of operation required, providers involved in drafting this bill are wanting definitions of dishonesty as protections for themselves.

The whole effort so far by the federal government has been to cover up past wrongs, so that the system need not be changed, so that the providers who have used the deregulation to maximise justification for getting away with the wrongs, might continue business as usual.

This bill needs to be about lifting the standard and quality of the aged care workforce up to the standards and quality of all other areas of health care practice, not about how providers might legally wriggle out of an accusation of dishonesty.

This page of the exposure draft is hard to respond to calmly when every point in section (b) (1) to (viii) is exactly the opposite of what happens to Australians when they make the unwitting decision, which turns out to be a dreadful life-ending decision to substitute their access to the high quality Australian healthcare system, for being trapped in a system utterly lacking knowledgeable care and pertinent resources.

My loved ones through our making what turned out to be a very wrong choice of residential aged care

- 1) - have suffered loss of inclusion in the community
- 2) - have lost mobility due to the way residential aged care facilities are run with minimal numbers of next to nothing trained workers
- 3) - have been placed in furniture that causes their mobility to rapidly dwindle away
- 4) - have been left without workers who have knowledge of the manifestations of ageing as affecting them individually, who have no expertise whatsoever to even detect the manifestations of ageing, let alone alleviate them
- 5) - have found residential aged care, not only not to be a habilitation or rehabilitation service, but a driver of accelerated irreversible decline to the lack of knowledge of the workforce and the lack of government regulation of what constitutes "enough staff"
- 6) Residential aged care maximised, not minimised the likelihood of further impairment - I see this for every new resident I have observed, entering the facility their wonderful selves on day one, but very quickly just lying in bed with no meaning in their life
- 7) Residential aged care takes no interest in what is causing a person's decline, only in what constitutes easiest business operation of the facility - diagnosis of health conditions is lost on entry to residential aged care, no-one working at the facility knows enough to provide the care needed. Everything operates for provider convenience.

In 49 (1) (a) the System Governor must be "satisfied that the individual has a long-term physical, mental, sensory or intellectual impairment and the impairment may hinder the individual's participation in society on an equal basis with others"

This is very strange given that our family's experience of residential aged care that the system and the workforce are just not equipped with the knowledge or expertise to assist or alleviate any of these impairments.

Furthermore residential aged care has the effect of isolating the individual from their entire previous life, because few want to visit them in such an environment, and the obstacles to enabling the individual to continue to participate in society as they used to do, are in practice overwhelming.

The effect of underresourced residential aged care operating with a completely inadequately trained workforce is rapidly accelerated decline.

Australians should not use residential aged care for so long as nothing is done by the government to improve the level of healthcare knowledge and expertise nationally mandated for its workforce.

As repeated on page 59 "the Rules", whatever they turn out to be, will be the determinant of whether Australians should in future begin to consider using the post Albanese government residential aged care system.

So far it seems that it will much more likely be the case, given what has happened over the last quarter of a century since the 1997 aged care act, that, because "the Rules" turn out to be far too limited in favour of ease of business operation, referred to by politicians as "sustainability", that it will remain imperative for dignified Australians and their families, to wherever possible, not subject themselves to residential aged care, where the demeaning effects of rapidly accelerated decline, caused by the political choice to separate aged care from the rest of health care, would continue to negatively undermine the wellbeing of Australians in the last stage of the lifespan.

Restorative care is not a term which can be applied to residential aged care in Australia. Residential aged care in Australia causes further decline because it operates without the health care knowledge required for restorative care, and operates using a workforce that knows even less about aged care than many average citizens.

The term funded aged care services starts to make an impression at this point of the exposure draft.

The emphasis on protecting government funding of aged care services sends alarm bells, because most wrong with the aged care system is its lack of necessary knowledge and worker education and the loss of human rights experienced by those who are unfortunate enough to have to use residential aged care.

For as long governments focus on money more than ethics and healthcare standards, the aged care system doesn't have much chance to improve to a quality acceptable to Australians and worthy of Australians.

It is not only commonwealth funded aged care places which need regulation and protection by the federal government. All aged care for which workers are receiving payment, whether from the government in commonwealth funded places, or from individuals needing aged care services outside of commonwealth funding, needs government regulation to be of an acceptably knowledgeable and high quality standard of health care.

We don't have tinpot hospitals using an insufficiently knowledgeable workforce, able to make their own decisions to operate more on the cheap, causing more harm than healing, nor should we have any such aged care operations - at the moment all aged care in Australia is operating at the tin pot unknowledgeable level - a money-making operation instead of an expert health care service, using workers at every level with nationally mandated qualifications.

Aged care is not a storage service, it is a health care service which requires as much knowledge and workforce expertise as any other part of health care in Australia.

"the approved assessor must have the skills and qualifications prescribed by the rules"

The Aged Care Quality and Safety Commission assessors absolutely do not have the skills and qualifications needed to identify whether a facility is providing high quality care. The ACQSC comes into a facility and ticks the boxes required to allow the business operator to stay in business, but they don't notice anything about the wellbeing of the residents at all - they are not qualified to do so and so are not able to detect evidence of substandard care.

I blame the ACQSC for my loved ones suffering in residential aged care, rather than the minimally trained workers, because the regulator should have had the knowledge to spot the suffering, but didn't. I blame the Australian government for allowing a regulator to operate without sufficient knowledge to identify the suffering.

Scrapping the ACQSC and replacing it by a knowledgeable health care body independent of government and business providers is a necessary and significant step for giving Australians the health care which would enable the last stage of their lifespan, where ageing related disability limits their ability to operate with their former independence and is often as much as ten or fifteen per cent of the whole lifespan, to be a stage which might hold as much meaning and promise as every stage prior.

It is not only the aged care workforce which would need to operate with far more health care knowledge and skill that it currently has, but also the regulator.

If the federal government continues with these providers which have undermined the wellbeing of so many Australians through their business practice, the federal government must make sure the public know, via media the public uses, about the changes the government makes for the benefit of those needing care - a longstanding bad reputation is almost impossible to turn around. After seeing how her grandparents have been treated, my 29 year old daughter says she could never trust any residential aged care again, no matter what reforms the federal government might achieve. If the government brings about any aspect of better aged care, the government must make sure every community member knows of the improvement.

The federal government takes a scientific approach to justify rationing aged care needs "the scientific population study", but less interest in the science which would provide high quality pertinently knowledgeable gerontic health care.

Australia disappoints its own citizens by prioritising the capitalist approach of growing profit at the expense of the wellbeing of an increasing proportion of its citizens. The growing proportion of the population who are elderly suffer through the prioritising of profit over people and so do Australians of every age in areas such as education and housing.

The suffering of the elderly in the aged care system and the increasing difficulties of the young to make a life for themselves and their country are both linked to the failures of the capitalist approach and the way a particularly blinkered Australia doesn't want to change its economic trajectory through which wealth inequality is steadily increasing.

" The Commissioner must consider whether an entity meets key eligibility requirements before deciding whether to register an entity"

All the evidence to date is that no entity meets what ought to be the standards of key eligibility requirements and neither has there ever been any body in existence in Australia with the necessary knowledge and expertise to determine what key eligibility requirements there should be for high quality knowledgeable and skilled gerontic health care for Australians suffering ageing related disabilities.

The Australian government should be responsible for determining and enforcing aged care standards for all aged care services receiving payment, whether or not that payment is government funding.

There needs to be a new and uniformly high standard of aged care knowledge and practice, whether or not the government is funding the aged care service. The standard required should not only apply where government money is being spent. A new standard of mandated knowledge and expertise for aged care throughout Australia needs to be created and maintained for national self-respect, not just to monitor how much money gets spent and by whom.

To earn money as a medical specialist, a GP, a nurse, an allied health practitioner, or a school teacher in Australia, there are standards of knowledge, education and practice that must be acquired and upheld. Aged care needs the same high standards in every area of operation It is predicted that by the 2050s, one in four Australians will be over the age of 65 - new, currently non-existent, standards of knowledge, education and practice must be established for aged care and its workforce, as they have long been established and enforced in every other area of other health care practice in Australia.

When the ACQSC ticked all the boxes to re-register my mother's facility for three years, they didn't notice her bed stank of urine, her teeth were never cleaned, or that the chart of supposed physio exercises put up in her room was put up only in the few days before the ACQSC's visit. She has never seen the physio who created the chart, prior, during or since the ACQSC's visit a year or so ago.

The ACQSC is the national disgrace behind the national disgrace of the aged care royal commission's findings. It should be scrapped and replaced by a knowledgeable gerontic health care expert body, independent of providers and government.

The key obligations on providers are insufficiently spelt out. That is why Australians who enter residential aged care soon find themselves in pads rather than going to the toilet, don't get their teeth cleaned, only have a shower once a week despite the fact they are in pads all the time, don't have anything meaningful to do, and find that when they call out in distress, there are not enough staff to respond, and even when someone does finally respond it is something like putting the resident to bed to make it easier for everyone else, or to turn off the call button and say that they will have to wait because help is not available.

"Key obligations" sounds impressive, but in the current system the term is meaningless, because even the basic essentials of care are not being met.

The Commissioner can revoke or suspend a provider's registration in certain circumstances".

Revoking and suspending just doesn't happen, because the Commission is the same as the government who allowed these providers to decide for themselves how to organise their business. The Commission and the government know that the substandard care and neglect is the fault of the government for failing in its regulatory responsibilities for aged care, for continuing turning a blind eye to the substandard care and continuing to carry out sham tick box inspections, which don't pick up how the care is substandard.

Australia is quick to point out other countries' shortcomings and sham elections, but Australia has a sham aged care system. Australia is capable of providing for its citizens a global best aged care system with a properly trained and knowledgeable workforce. This should be Australia's aim now, even if it takes years of slow and steady progress towards the desired result.

A universal aged care levy would allow long term progress of the kind required. We pay car and other types of insurance, even though many of us will not end up needing cover. Everyone having car insurance is sensible, because statistically many will need that cover, even though who ends up needing that cover is random and unpredictable. A universal aged care levy is the way to fund high quality care for the significant percentage of Australians who will end up needing it.

"individuals able to seek compensation in cases resulting in serious illness or injury"

Why only serious illness or injury? If hospitals make one mistake, there is follow-up. Aged care needs to be as rigorous and scrutinised. There are plenty of serious outcomes through aged care neglect - the tragic case of Claire Nowland is an example where a young policeman was called, because the system just didn't have the knowledge or resources to provide the care the resident needed. Blaming the policeman for the incident, but not creating a more knowledgeable, expert and properly resourced aged care system will result in more such incidents. Compensation is a cop out for the real work that should be done to prevent the need for compensation.

I don't look for compensation for past wrongs to my elders, but I want there to be enforceable legislation which guarantees immediate legal enforcement of the right of in person visitor access of spouses and enduring powers of attorney, whether or not there is a pandemic. Instead of compensation for past wrongs, I want elderly Australians from now on to receive the same high quality of care as they experience through the rest of Australian healthcare their whole life long until they reach the need for aged care.

Working on compensation and conditions where compensation might apply is a cop out to avoid working on what should be done to create a high quality aged care system where compensation would rarely be required.

Aged care worker screening is obviously required, just as childcare and disability worker screening is required. It is unbelievable that it has taken this long to bring it about.

However, more important than aged care worker screening is aged care worker training. A police check doesn't do much. If every aged care worker nationally were required to undertake a three year Bachelor of Gerontic Care, which included all the units of study actually needed to be able to interact appropriately respectfully with and dispense alleviating knowledgeable care to those afflicted with all the variations of ageing related disability, that would provide the real screening

needed to ensure that the elderly receive the high quality care they deserve. It would also result in observing that high quality care, instead of observing how elders are currently neglected. Younger people would acquire a more positive attitude to living longer if they observed their elders being well cared for by a high quality aged care system.

Whatever the "Aged Care Quality Standards" are, they are not worthy of the term standards.

If you are not enabled to go to the toilet any more, don't have your teeth cleaned, have nothing to do and spend your last days alone in frightening and uncomfortable confusion, the term "standards" should not apply- the operation of the system would more appropriately be described as the "Australian aged care terms of justifiable neglect to save national cost and effort".

Justifiable indignation from citizens is the right ethical response.

The Commissioner and the Commission has long demonstrated a practice of satisfaction with facilities and with an aged care system that is a national disgrace pervaded by substandard care.

The Commissioner and the Commission has more sympathy for keeping providers in business than knowledge of what would constitute high quality aged care practice.

The ACQSC must be scrapped and replaced by a body of best global gerontic health care experts independent of providers and government.

If registration is dependent on the government's Commissioner and Commission, registration will almost certainly go ahead whatever the shortcomings of the provider. None of these facilities should ever have been registered, because they cannot not operate using the healthcare knowledge and gerontic care specialist expertise required. The 1997 Aged Care Act handed Australians over, with the government's blessing, to damaging and distressing storage conditions at the hands of an unknowledgeable workforce.

I do not accept that the ACQSC, its Commissioner, or its staff have the knowledge and expertise to determine what constitutes a facility worthy of registration to provide high quality aged care.

Section 70 "Notices of decision and other provisions" bows to provider demands. It comes across as the government and its regulator on the back foot in the fear of losing the services of these providers of substandard care, and having to create, as the government should have done in the first place, an aged care system of a quality and expertise equivalent to all other healthcare in Australia.

Stephen Duckett and Hal Swerrison: "the providers still hold all the cards"

The cards the providers play were handed to them by the 1997 aged care act. Every card played since has resulted in increasing neglect, even more substandard care and intense suffering in isolation of thousands upon thousands of elderly Australians - the card game is one of farming the elderly for profit. It has been a decades long game going on undetected behind the scenes of the rest of community operation, all the more disgraceful, because somehow part of providers being able to continue to play it, has relied on the Australian people not being fully aware of how much their elders were suffering. Political parties and media have turned a blind eye effectively working together to keep the problem hidden in the shadows and "not an election issue".

"Public trust in the Commonwealth system" of aged care does not exist, quite the opposite.

After ten years of observing the effect of the Commonwealth system on the daily lives of my loved ones in residential aged care, I do not trust the system or the workforce one whit to provide the quality of care which I would have expected to be operating in prosperous educated Australia.

the safety, health or wellbeing of individuals accessing funded aged care services"

From my ten years of observations there is little chance of health and wellbeing for Australians in residential aged care once they are no longer able to do things for themselves - there are not enough staff and the few staff on shift don't have the knowledge and skills required.

All residents reach a stage where the ageing process renders them unable to do everything for themselves. All residents when they reach this stage suffer rapidly accelerated decline which they would not experience so fast if they were not in residential aged care. This is because they are immobile, alone and without any skilled or knowledgeable health care, without anything meaningful to do, and without any one who knows professionally how to help them.

By "continuity of care", the Australian residential aged care system more accurately means "continuity of storage". The Australian government has made the social policy choice to keep people stored in a cheaper less knowledgeable aged "care" system, rather than provide Australians disabled by the ageing process with equal quality of healthcare and the guarantee of human rights which are freely enjoyed by the rest of the community.

The Provider Register includes requirements for bureaucratic specifications, but is not helpful because what the elderly actually need is a knowledgeable and expert specialist gerontic health care system - this has never been created in Australia.

Bureaucracy cannot substitute for knowledgeable specialist health care, which can only be established by university faculties of medicine and professional bodies of expert physicians.

The penalty units are, I am presuming, a substitute for the criminal liability which the Morrison government legislated to protect providers from.

I understand that having outsourced aged care for so long, the government wants businesses to continue to undertake aged care. As a citizen, I might be less critical if federal governments had also legislated on behalf of aged care users, in particular for example to make it immediately legally enforceable at any time for powers of attorney to gain the same access to the facility as staff. The government has been strong to protect providers, and sympathetic to the difficulties providers, but has done nothing substantial yet on behalf of the Australian people needing aged care services.

The most likely, and most likely to prove effective, banning in relation to residential aged care facilities in Australia, will be the avoidance of them by potential customers, who having seen them in operation, will not only never use such unknowledgeable facilities again, but will advise others to likewise avoid them.

The problem with the 1997 Aged Care Act has been that the providers to whom aged care was entrusted have proved untrustworthy.

Therefore, even if as seems regrettably inevitable, aged care remains in the hands of these providers who have been demonstrated to be untrustworthy, I would like it to be the government that takes

responsibility to ensure that aged care workers are as knowledgeable and expert as they ought to be.

This would be most achievable through nationally mandated far more comprehensive training courses provided by universities for aged care workers at every level. Ideally all aged care workers would be employed by the government, just as teachers are in government schools.

The safety, health, wellbeing and quality of life of individuals in residential aged care has clearly not been the priority of providers in the privatised system - nobody reduces pads per resident to two per twenty-four hours for any other reason than profit, for example. Nobody minimises the number of staff on shift for any other reason than profit. Nobody reduces care to a few dash in and out of their room tick box tasks by workers without the knowledge as to how to perform those tasks, for any other reason than profit.

It is my belief that it is not possible for these business providers to provide safety, health, wellbeing and quality of life even if they wanted to, because Australia is operating aged care as a storage system for profit without a workforce equipped with the knowledge to provide the care required.

My mother's initial assessment of the environment in which she grieved to find herself was "The people here don't do anything to alleviate anything. They're just not looking after us."

This assessment initially took me aback, and I thought it must be an exaggeration, but my observations of ten years have served to confirm my mother's initial assessment.

There is no point in whistleblowing when there is no sufficiently knowledgeable body to whistleblow to.

The ACQSC should be scrapped and replaced by a knowledgeable body prioritising health care expertise, which is independent of both providers and government.

A continuous improvement plan is not useful when firstly, those responsible for it, the business providers do not have the knowledge of global best gerontic health care, do not understand why what they have been doing is not acceptable, and would have continued doing just the same had the aged care royal commission, and the exposure of malpractice provided by the pandemic occurred. Neither the providers nor the aged care workforce has the knowledge and expertise which comes with thorough global best gerontic care national mandated tertiary training requirements.

If Australia continues to operate its aged care system using these business providers who have long demonstrated their inability to understand what care is needed, then instruction for how to operate and how to improve must come from a new expert and global best gerontic care research informed health care body, independent of government and providers.

The problem with aged care is the prioritising of "efficiency" to save money and effort, rather than the prioritising of expertise.

I note the new recommendation that at least one member of the governing body must have experience in the provision of clinical care.

Clinical care in practice in the current system is entirely lacking in specialist gerontic clinical care expertise. Clinical care is also a tiny fraction of what is required for aged care residents to have quality of life. Every worker at every level of the aged care system needs more knowledge and

training for aged care residents to have quality of life. The aged care workforce needs to become a specialist professional workforce for aged care residents to have the quality of life they need and deserve after a lifetime of contributions.

"the quality of the funded aged care services"

Australia and the Australian government needs to set aside the habit of thinking money first, people second.

Whether or not the services are funded, the problem with aged care in Australia is first a problem of lack of knowledge and expertise. If our hospitals and medical practitioners lacked the knowledge and expertise that aged care lacks, we would be a third world country when it comes to health care.

The Inspector General of Aged Care role is an important step forward. This role would be fulfilled far more effectively if it were also working with a new aged care regulator which was a specialist global best gerontic care practice body, independent of both government and providers.

Once again penalty units and details of what constitutes an offence are a substitute for doing what the government ought to work towards doing.

An entirely new level of knowledgeable and specialist gerontic health care expertise needs to be created, which the Australian people deserve over the last stage of their lifespan.

The rest of healthcare furnishes Australians with global best expertise for all the decades prior to ageing disability, but then they strangely and undeservedly find themselves in a business-oriented storage system, which lacks every kind of knowledge and expertise required for wellbeing which would be possible if there were continuation of the same level of healthcare knowledge and expertise to enable continuing quality of life.

"Death or serious injury or illness" is the only outcome aimed to avoid at the moment.

The aged care royal commission indicated that the last stage of the lifespan ought to have the same meaning and promise of all the stages prior. This ought to be the aim of an aged care system. This draft aged care bill only aims to penalise in cases where the substandard care and neglect causes death or serious injury or illness.

The grief felt by those that find themselves in this system, and the grief of their family and friends in observing what they experience in this system is a grief emanating from the fact that this system cuts them off from the meaning and promise their life held up to the point of entering the aged care institution, because the insufficient workforce knowledge and resources precipitate rapidly accelerated decline.

"Just biding their time" is how the aged care royal commission charitably put it. "Danger do not enter" would be more appropriate to protect Australians from it.

The aged care system is unworthy of Australia and Australians. To reform it to become worthy requires it to be built upon a new foundation of specialist gerontic health care knowledge and expertise which does not yet exist, but ought to be aimed for.

The attitude of both major parties to aged care, that aged care is not an election issue, is a key factor in the poor quality of aged care and the continuing political focus of both major parties to keep the

providers of the current system in business, far more than to address what has happened to the Australian people, with so many ending their lifespans without the care, dignity and respect they have been accorded by the health system prior to entry into the aged care system.

I question this political attitude, especially now that the population is ageing and because of the fact that by the 2050s, it is predicted that one in four Australians will be aged over 65.

This widespread suffering has been the result of a political attitude, which political parties and politicians have believed to reflect the majority view of the national electorate. However, it is my perception, that the reason the national electorate has not protested more strongly and earlier for aged care reform, is that what has been really happening in the aged care system has remained for too long unknown in all its terrible details to the wider population.

Two factors initiated the beginning of change of this unawareness of the community at large: firstly, the aged care royal commission's findings; and secondly, the events of the pandemic, where providers showed how much they held all the cards to do as they pleased with the lives of the elderly from whom they make their money. The pandemic showed how helpless aged care users, who include the families of the elderly, actually are in the face of provider decisions, to the point that they could not get through the doors to check on the wellbeing of residents in the repeated and lengthy visitor lock outs of 2020, 2021, 2022, with the federal government washing their hands of the situation of those incarcerated citizens by doing nothing to overturn provider decisions.

Barrister Fiona McKenzie included in her impressive and helpful article of protest published in *The Age*, one statement which I felt was not strong enough, which was that, because her parents were dead now, it didn't really matter now. I absolutely disagree. What happened in 2020, 2021, and 2022 absolutely matters. Each and every one of those aged care residents who died without access to their loved ones matters, and what happened to them and what happened to each vulnerable elderly Australian who suffered alone in isolation and confusion, should be prevented from happening to any other Australians - no one should be using residential aged care while that risk remains.

Why did the Morrison government legislate to protect providers from criminal liability? Presumably, it was because there was a strong chance, given how individual provider decisions about enforced isolation of aged care residents from all visitors caused hastened decline and premature death, that they could indeed be found legally responsible if there were ever an aged care user family with the financial means and resolve to make a landmark court case of it.

As the aged care royal commission noted, the consumer voice of Australian aged care is strangely weak, but although no-one has yet had the strength and means to test out the position of aged residents in Australia with a case going all the way to the High Court, Australians ought to be full aware that they should not risk using residential aged care for loved ones, because the risk is still there of them being cut off from spouse and power of attorney in person visits.