

08 March 2024

In the face of unprecedented challenges and opportunities within the aged care sector, Centacare presents this submission to the proposed new Aged Care Act (the new Act), a cornerstone of reform aimed at transforming aged care services in Australia. The proposed new Aged Care Act represents a pivotal moment for setting new standards of care, accountability, and accessibility that align with the values and expectations of our society.

As an organisation deeply committed to the well-being and dignity of older Australians, Centacare¹ seeks to contribute to a framework that ensures high-quality care, respects the rights of older Australians, and fosters an environment of continuous improvement and innovation in aged care services. Our comments and suggestions are organised under several key themes, including enhancing the clarity and intent of the Act's principles, ensuring cultural safety and inclusivity, improving regulatory mechanisms, and advancing care quality through person-centred approaches. Each theme underscores the critical areas of focus necessary for legislation that not only addresses the current shortcomings but also anticipates the future needs of our aging population.

Centacare welcomes the opportunity to engage in this vital dialogue and is optimistic about the collective efforts to shape an aged care system that honours the dignity, independence, and diversity of older Australians. This submission reflects our dedication to advocating for a system that is not only fit for purpose today but resilient and adaptable for the generations to come.

¹ Information on our social and economic contribution can be found in Appendices 1 and 2.

Clarity and intent of the Revised Objects, Statement of Rights, and Principles

The revised Objects and Statements shifts the focus from the provider-centric and funding-oriented approaches, to placing the individual at the forefront of aged care. This transition ensures a genuinely person-centred approach, prioritising the unique needs and preferences of each recipient.

The Statement of Rights provides greater clarity, and more importantly, power for the client over their care. This empowerment represents a pivotal step towards fostering autonomy and dignity in the provision of aged care services.

Recognising the importance of the role of a skilled and valued workforce in shaping the quality of care for older individuals, our organisations must prioritise measures to enhance training, qualifications, and career pathways. This strategic approach will not only attract and retain top-tier talent in the industry but also embed and sustain high standards of care across all facets of service provision.

The current *Aged Care Act 1997* lacks robust incentives for innovation and continuous improvement. To cultivate a dynamic and flexible system, we must actively encourage innovation and research to support ongoing enhancements in care. This commitment to innovation will foster an environment that promotes continuous improvement, ensuring that the aged care sector remains responsive to evolving needs and challenges.

Efficacy of the revised high-quality definition

The new Act explicitly lays out expectations for providers to prioritise client preferences regarding time of services, privacy, community engagement, and inclusivity. This shift towards person-centred care pushes providers to move beyond a one-size-fits-all to aged care approach, and to instead ensure services are tailored to meet individual needs.

Clearly translating client preferences into practical service delivery models will require innovative thinking and adaptable systems. Providers need to be proactive in designing service models that facilitate meeting diverse preferences for scheduling, privacy, community engagement, and inclusivity.

Implementing person-centred, outcome-focused care requires appropriate resources. Adequate funding and support mechanisms are crucial to ensuring providers can operationalise the new expectations without compromising current services and ensuring workforce stability. It is crucial that support at home pricing structures enable the implementation of high quality



care and prevent the industry from aiming for the bare minimum experience to meet compliance and remain viable. Failure to do so will may result in a reduction in service providers in the sector, which in turn will lead to a reduction in choice and control.

A future where clients are afforded both high quality care and exceptional customer service, aligns with Centacare's approach to client care. We are supportive of these key aspects of the revised definition of high quality care in the new Act. Person-centred care puts the individual at the centre of care, respecting their preferences and choices. Exceptional customer service requires understanding and catering to individual needs and expectations. The definition goes beyond just providing care to achieving positive outcomes for clients, including improved well-being and quality of life. Positive outcomes are what ultimately lead to happy and satisfied clients.

The new Act encourages ongoing efforts to improve care and service delivery. Aged care needs to constantly evolve to meet the changing needs and expectations of clients, ensuring a continuous improvement in customer service experience.

Impact of a unified service list on service clarity and transparency

A single service list in the new Act holds promise for clarity and transparency. For older people and families navigating the system for the first time, it could be a high beneficial, reducing the current confusion and frustration by clearly outlining available services and eligibility criteria. This could potentially streamline administrative processes for providers, and even decrease complaints to the Commission due to consumer misunderstanding of the scope of the programs and eligibility requirements which we are required to comply with.

The current flexibility of Home Care packages, while empowering in some ways, has also created concerns about inconsistency and potential misuse. Some providers, particularly less experienced ones, have "bent the rules," leading to uncertainty for consumers and variations in access to services. A standardised service list could act as a safeguard, guaranteeing a consistent baseline of care regardless of location and potentially curbing such instances of misuse and inappropriate expenditure.

A single service list approach, however, could overlook the diverse needs of older people. Recognising this, the key lies in implementing the list strategically. Detailed descriptions and clear eligibility criteria for each service, and exception criterions are crucial for effective utilisation. Additionally, allowing for some regional or provider-specific adaptations within a broader framework can



ensure local needs and preferences are addressed particularly for clients experiencing a period of acute or increased need.

Roles and distinctions between supporters and representatives

While the new Act proposes distinct roles for supporters and representatives, concerns remain regarding their clarity and effectiveness for providers, particularly in addressing the current complexities of substitute decision-making for aged care clients. Best practice in client-centred care provides for involvement of the client and all relevant stakeholders in decision making. Separate roles may provide clearer delineation of responsibilities and decision-making power, potentially aiding communication and reducing provider confusion. Distinguishing supporters and representatives could strengthen client autonomy by highlighting who can access information and who can make decisions on their behalf.

The new Act does not adequately address the real-world complexities of navigating substitute decision-making. Situations involving changing capacity, family dynamics, and conflicting preferences are commonplace for providers. Providers may still struggle to fully engage clients in decision-making, this may delay decision making and impact on outcomes for the client. The new Act could be strengthened by emphasising provider responsibilities to proactively discuss preferences with clients and facilitate meaningful communication. The new Act could also be enhanced by providing safeguarding measures for when a communication breaks down or clients, supporters and representatives have different views or preferences; including avenues for clients, supporters, representatives, and providers to seek support in resolving conflict when this occurs in the best interest of the client. Effective implementation hinges on adequate training and support for providers to clearly explain and understand the nuanced roles, potentially requiring additional resources to ensure timely decision making and early resolution of conflict in the best interest of the client.

The new Act could offer more detailed guidance on applying the supporter and representative roles in diverse situations. This would ensure clarity of role and responsibility, including the need to ensure decision making is in the best interest of the client. Providers need practical tools and resources to facilitate client-centred conversations and support informed decision-making, including clear communication frameworks and access to specialised guidance.



Appropriateness of solely having representatives and supporters

Having one designated point of contact is essential for clear communication and timely decision-making processes for clients, families, and providers. To ensure safe and high-quality client care we are supportive of having a central point of contact in most cases, to avoid situations where there are multiple supporters or representatives, who may offer conflicting advice, which can potentially increase confusion and disagreement within the support network and prevent the provider in meeting the needs of the client in a timely and effective manner.

We also acknowledge that one individual might not be able to fulfill all roles, particularly if the client's needs are complex or fluctuate. In situations where there are family tensions or complex dynamics, a single representative might not adequately represent all perspectives or interests. Clients with fluctuating cognitive abilities might benefit from a supporter for day-to-day decisions and a representative for more complex or long-term choices. A supporter could handle daily living needs, while a representative with legal or financial or other expertise could assist with specific areas requiring specialised knowledge. When family members hold differing opinions or have conflicting roles (e.g., caring child and distant sibling), having both a supporter and a representative could ensure diverse perspectives are considered and communication channels remain open.

Allowing an older person to choose and assign specific roles for different areas (e.g., medical decisions vs. day-to-day care) could offer greater flexibility. Encouraging collaborative decision-making within the support network, including both formal designated roles and family members, could provide broader perspectives and shared responsibility. Ultimately, the choice between one or two designated roles should be based on the individual's unique needs, preferences, and family dynamics. A nuanced approach allowing flexibility and collaboration within the support network might better serve the diverse needs of older people navigating aged care decisions.

Provider transition support under the new arrangement

Interacting with supporters and representatives adds additional communication channels and documentation requirements, potentially stretching already strained resources for providers. Providers will need to clearly understand the distinct roles and limitations of supporters and representatives to engage with them appropriately and ensure informed decisions for the client.



Effectively implementing the new roles will require staff training on supporter/representative interactions, supported decision-making principles, and relevant legal frameworks. Therefore, providing comprehensive training modules for providers on the supporter/representative roles, decision-making frameworks, and communication strategies would be beneficial. This should include resources on managing family dynamics and navigating complex situations.

Increase funding and resource allocation for aged care providers should be considered to cover additional staff, training, technology, and administrative support necessary for smooth implementation. Training should extend to consumer groups, aged care representatives, and legal experts, ensuring they design support mechanisms and communication channels that meet the needs of all stakeholders and share responsibility, alleviating the burden on providers.

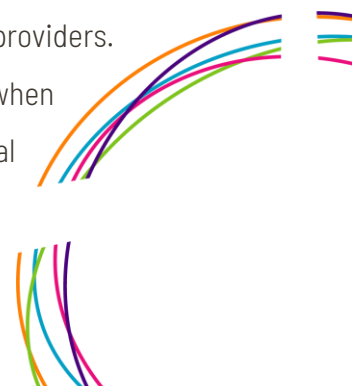
Penalties for non-compliance by supporters and representatives

Safeguarding the well-being and autonomy of older people needs to be the primary focus of the new act and penalties could act as a deterrent against deliberate neglect, abuse, or misuse of power. Holding supporters and representatives accountable for their actions fosters transparency and trust within the aged care system. However, assessing non-compliance could be challenging, as intent and motivation behind decisions are often subjective. Gathering sufficient evidence to prove deliberate neglect or misuse of power could be difficult. The responsibility for investigation of such non-compliance would not be within scope of a service provider.

Investing in comprehensive education and training programs for supporters and representatives would equip them with the knowledge and skills needed to fulfill their duties effectively, potentially reducing incidents of non-compliance. Providing access to support services and mediation resources could help address conflicts or misunderstandings within families and support networks before escalation occurs. Most importantly, we need a system to report and monitor mechanisms for aged care services to facilitate early identification and intervention in cases of potential neglect or abuse.

Older persons' autonomy in decision-making

Older persons' autonomy in decision-making requires a delicate balance between honouring client independence and empowerment, while also recognising the complexities faced by providers. Respecting an individual's right to determine how their decisions are made, even when decision-making capacity remains intact, aligns with principles of autonomy and personal



control. Some individuals may prefer delegating decisions, particularly those that are complex or emotionally charged, and denying this option could be perceived as paternalistic and disempowering. For those with fluctuating cognitive abilities, having a trusted representative could ensure continuity and informed decision-making during periods of reduced capacity.

This poses challenges for providers. Differentiating between genuine preferences and undue influence from potential representatives requires careful assessment and clear guidelines to protect individuals from exploitation. In cases of family conflicts or manipulation, allowing representative appointments could inadvertently expose vulnerable individuals to risks. Therefore, robust safeguards and reporting mechanisms are crucial and should be integrated into the new Act, while promoting existing legal mechanisms that support a variety of preferences.

Transition arrangements for new eligibility criteria

The primary concern for the transition is the potential creation of barriers for the most vulnerable and in-need individuals. To mitigate this risk, it is imperative to proactively identify and establish robust safety nets for those at high risk of falling through the cracks. This includes individuals with complex needs, limited support networks, or disabilities. Possible measures could involve implementing temporary financial assistance, providing subsidised alternative care options, or developing community-based support programs.

A crucial aspect is the investment in case management services specifically designed for vulnerable individuals. These services should offer tailored support plans, addressing gaps in services and connecting individuals to appropriate resources based on their unique needs and circumstances. To ensure a smooth transition, ongoing engagement with stakeholders is vital. Regularly involving aged care providers, advocates, and users of the system in discussions, gathering feedback, and addressing concerns will facilitate a responsive and adaptive approach to the transition process.

Services for Aboriginal and Torres Strait Islander persons at risk of homelessness

Addressing the problems of homelessness in all aging populations, but particularly those of Aboriginal and Torres Strait Islander persons, is of paramount importance as it encompasses not only a matter of social justice and human dignity but also public health. Aboriginal and Torres Strait Islanders face a myriad of physical and mental health challenges, find themselves disproportionately affected by homelessness, making them more vulnerable to harsh weather conditions, inadequate



nutrition, and limited access to healthcare. By prioritising solutions for homeless seniors, societies can mitigate the strain on healthcare systems, reduce the overall burden of chronic illnesses, and enhance the overall well-being of this vulnerable demographic. Establishing comprehensive support systems, affordable housing initiatives, and healthcare services tailored to the unique needs of Aboriginal and Torres Strait Islander persons can pave the way for a more compassionate and equitable society, ensuring that the later years of life are characterised by dignity and security.

Enhancing needs assessment processes with trauma-informed practices

We support the commencement of a single assessment process to determine access to services based on individual need. The focus on improvements in cultural safety in assessment processes is an important change. To address the needs of those who are most vulnerable in our community, we would also support changes to ensure the needs assessment process is trauma-informed. Trauma-informed assessment processes are widely used in various fields, including mental health, education, and social services. Recognising the pervasive impact of trauma on individuals, these assessment approaches prioritise sensitivity and understanding, acknowledging that traumatic experiences can significantly influence one's perceptions, behaviours, and overall well-being. Integrating trauma-informed practices into needs assessment processes, can create a safe, and a supportive environment, fostering trust and openness. This approach not only ensures a more accurate understanding of an individual's needs and challenges but also helps in tailoring interventions that are responsive to their unique experiences. Trauma-informed assessment processes empower individuals by validating their narratives, minimising re-traumatisation.

Flexibility to vary services under the CHSP

The flexibility to vary services under the CHSP has been instrumental in providing responsive care and adapting to individual client needs. Providers can tailor service packages to address clients' fluctuating needs, ensuring essential support during periods of increased dependence or illness. Flexibility allows for quick adjustments to care plans, avoiding delays and better reflecting clients' evolving circumstances. Providers can optimise resource allocation by adjusting service types and frequencies based on individual needs, potentially avoiding unnecessary spending. Adapting services within approved budget limits simplifies administrative processes compared to seeking constant funding amendments.



Review and adjustment mechanisms for classification decisions

The new Act outlines arrangements for a classification decision to be reviewed and changed if required. As the needs of clients can rapidly change, we support arrangements for classification decisions to be reviewed and changed when required. We also support prioritised assessment when there is urgency.

The new Act acknowledges the existence of urgent care needs and the importance of timely access to appropriate services. Applicants requiring emergency admission will be prioritised for assessment and placement based on their clinical urgency which ensures a focus on immediate safety and well-being rather than waiting list position.

The potential for adaptable assessment processes is particularly encouraging for individuals in need of urgent care, especially those situated in remote or healthcare-challenged settings. This flexibility is crucial, as, in certain situations, hospital admission becomes the only secure option for highly vulnerable clients lacking adequate funding to sustain their stay at home.

Statutory duties on registered providers and responsible persons

We support the proposed statutory duties and obligations for registered providers, these will assist in ensuring consistency in the deliver quality and safe aged care services throughout the sector. However, increased obligations and compliance requirements can only be achieved with adequate resourcing.

Definition and regulation of aged care digital platforms

The current definition of "aged care digital platform" in the new Act is lacking in clarity and potentially insufficient to address the concerns raised by the disruption witnessed in recent years.

The definition focuses on the platform's functionality as an intermediary and payment processor, neglecting its potential impact on service delivery and quality client care. Previous disruptors exploited loopholes in regulations, focusing solely on connecting providers and consumers, without ensuring quality standards or consumer protections.

Aged care consumers can be particularly vulnerable due to age-related issues like cognitive decline, diminished physical capacity, and dependence on care. Clearer regulations are crucial to protect them from misinformation, predatory practices, and inadequate service standards.



The definition should ideally ensure:

- platforms be held accountable for ensuring the information they provide about services and providers is accurate, up-to-date, and unbiased,
- robust data protection measures are in place to safeguard sensitive personal information of older adults,
- platforms be required to vet and verify providers listings to ensure they meet essential quality and compliance standards,
- clear and accessible complaint channels must be established for resolving issues arising from platform use.

The new Act lacks clear and robust enforcement mechanisms. Without strong penalties for non-compliance, platforms may not be sufficiently motivated to implement the new rules effectively. The new Act doesn't adequately address the issue of algorithmic bias, which could pose a risk to consumers. Algorithms designed to optimise efficiency or cost-effectiveness recommend care providers with lower costs or higher availability, even if they don't meet the specific needs of an older adult.

The online landscape is constantly evolving, and new risks are likely to emerge. The new Act must be flexible enough to adapt to these emerging challenges.

Improvements to the subsidy framework

There is insufficient information in the new Act currently to comment on the effectiveness or otherwise of categorising subsidies, however, should this eventuate it indicates a positive shift towards a more person-centred approach.

Improvements that Centacare would like to see made into the subsidy framework include:

- Flexible adjustments to existing funding approvals to cater for increased needs, for example, adding additional nursing visits or expanding personal care assistance.
- Develop tiered, temporary packages with higher levels of care and support specifically designed for managing acute episodes within the home setting.
- Allocate additional funding for short-term equipment rentals, specialised in-home therapies, or intensive pain management interventions during periods of acute need.



Purpose-specific additional Commonwealth funding for registered providers

By supporting providers in areas like staff training or innovation, the government might indirectly improve overall system efficiency and potentially reduce long-term costs associated with inadequate care or system inefficiencies. If the funding is provided for specific purposes with clear accountability measures, it could encourage transparency and responsible usage by providers, ultimately benefiting consumers through improved service quality.

However, overreliance on government funding for non-service delivery needs could potentially shift provider priorities towards securing funding rather than focusing primarily on serving consumer needs. Robust monitoring mechanisms would be crucial to prevent misuse of the funding for purposes unrelated to care improvement or consumer benefit.

Functions and roles of the aged care system regulators

The roles of the System Governor and Commissioner are appropriately explained. The System Governor ensures the system functions effectively as a whole, while the Commissioner safeguards the well-being and rights of individuals within that system. There are not any additional functions missing from the role of the Commissioner. The Complaints Commissioner's role in safeguarding the well-being and rights of older Australians within the aged care system is clearly demonstrated in the new Act.

While the broad goals of promoting quality, sustainability, and accountability are outlined, specifics on the Governor's intervention and metrics for success remain unclear. To further safeguard funding and promote responsible allocation, we could benefit from transitioning to a system where funding is tied to achieving specific, measurable outcomes for clients. This would hopefully incentivise providers to prioritise quality care that empowers clients and keeps them connected to the community.

Regularly collecting and analysing data on key performance indicators like well-being, community engagement, and financial sustainability can provide valuable insights for both providers and the Governor to identify areas for improvement and track progress. Clearly outlining the criteria and processes for allocating aged care funding would enhance trust and ensure resources are directed towards providers demonstrably delivering high-quality, sustainable care to enable older people live dignified and fulfilling lives.



The importance of privacy, confidentiality, and the protection of information cannot be overstated. Individual's autonomy and control over their personal information must be the paramount consideration in the protections under the new Act. Clients must feel secure in sharing personal details without fear of unauthorised disclosure. The protection of information also safeguards against fraud, and other malicious activities. In the digital age, where personal data is increasingly vulnerable, prioritising confidentiality and protection of information is an ethical and legal imperative. The proposed scope of protected information and protection of information under the new Act and Aged Care Quality Standards respects individual rights, but also contributes to the establishment of a secure foundation of information management by service providers.

Whistleblower framework and proposed solutions

The framework currently centres on reporting incidents related to the safety, health, and well-being of clients, which is crucial. However, to enhance its effectiveness, there is potential to broaden its scope to include issues beyond client care, such as financial mismanagement and fair treatment of staff. Early detection and reporting of financial mismanagement are vital to prevent resource diversion from client care. Accurate and legal staff payments not only protect workers' rights but also foster a positive work environment, ultimately benefiting clients. Addressing concerns about inaccurate billing or overcharging is essential to safeguard public funds and prevent financial harm to older people. By expanding the range of protected disclosures, the framework can promote ethical practices within the aged care sector, contributing to better care for older Australians.

Strategies to encourage reporting could include establishing clear reporting channels with options for anonymity, offering guidance on reportable incidents, and simplifying reporting procedures. A supportive reporting process would ideally involve trained staff, timely feedback to whistleblowers, and a streamlined triage system for prompt action on critical issues. While the whistleblowing framework provides for public disclosures of concerns with aged care services and aged care providers, it is important all providers adopt similar safeguards internally. At Centacare we have embedded a Practice Governance Framework which requires transparency and accountability in management of all client concerns, our client risk and safeguarding team manage all reportable incidents, internal feedback and complaints processes enable multiple channels for disclosures.



Phased reform approach benefits and challenges

The phased implementation of the new Act can offer several benefits to providers to ensure an effective transition. A phased approach will enable operations to adjust practices incrementally, mitigating the risk of major disruptions in service provision and providing time to adapt. Knowing the timeline and scope of changes in each phase can assist with budget and resource allocation. Gradual implementation will facilitate a measured and gradual rise in quality standards and compliance levels, avoiding an overwhelming overhaul while ensuring consistent service delivery throughout the transition and continued focus on client care and services. It is important that the implementation of changes is clearly communicated for service providers and clients. The complexities of the reforms and the agility of some providers to respond to changes must be considered in the staged implementation process.

The introduction of the Statement of Rights and the new regulatory model, while allowing time for ongoing consultation on the home care reforms is an important benefit of the proposed staged implementation. Supporting providers and workers to put the changes in place, will enable a smooth transition of the reforms for Older Australians. Along with this, education, support and adequate resourcing will assist in the implementation of the compliance and legislative requirements.

Prioritisation of the single entry point of assessment for all aged care programs and new rules about who can get an aged care needs assessment are critical to the aged care reforms. Education around these changes and the implications for service providers is essential to ensuring a smooth transition and compliance.

Transition activities and readiness factors for the New Aged Care System

While all actions necessary will be taken to ensure the transition to the new aged care system occurs smoothly, there will be necessary changes in service design, workforce composition, learning and development, increased governance and compliance requirements.


There are a range of factors that will impact the sectors readiness for the transition. Australia is currently experiencing shortages of direct aged-care workers, and this will continue to become more dire within the next decade unless urgent action is taken to boost the workforce. Significant investment is required by the government for workforce development in the aged care sector is required to ensure the objectives of the reforms are achievable.



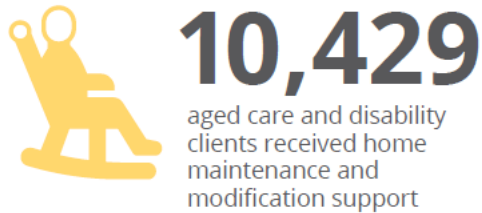
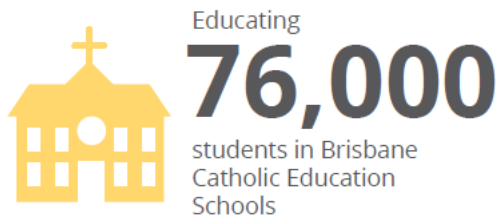
Conclusion

The new Aged Care Act heralds a transformative era in aged care, placing the individual's needs and preferences at the forefront. It champions a shift towards person-centred care, reinforced by enhanced client rights, marks a significant leap forward. While the legislation introduces commendable measures such as a single service list and clear roles for supporters and representatives, the delicate balance between standardisation and flexibility requires nuanced implementation. The commitment to digital platform regulation, privacy protection, and expanded whistleblowing frameworks reflects a forward-looking stance, yet vigilance is crucial to address potential challenges. As the phased implementation unfolds, effective communication, education, and support mechanisms will be instrumental in navigating the complexities of change. The Act's success lies in fostering a culture of transparency, adaptability, and continuous improvement, ensuring that the aging population receives not just care, but compassionate and dignified support tailored to their unique preferences and circumstances.



 ARCHDIOCESE OF BRISBANE CATHOLIC ARCHDIOCESE OF BRISBANE 2022
77,000 sq kms • 70 State Electorates • 24 Queensland Federal Electorates • 44 Local Government Areas

Promoting a strong, vibrant, inclusive community





CATHOLIC ARCHDIOCESE OF BRISBANE

77,000 sq km • 70 State Electorates • 24 Queensland Federal Electorates • 17 Local Government Areas

CONTRIBUTION TO QUEENSLAND 2019-22

DIRECT CONTRIBUTION



\$4.1 BILLION

IN WAGES PAID TO



10,197 JOBS

ON AVERAGE ANNUALLY



\$892 MILLION

GOODS AND SERVICES
PURCHASED



11,416

QLD BUSINESSES
BENEFIT ANNUALLY

FLOW-ON BENEFITS FROM OUR SPENDING AND EMPLOYMENT



11,224

ADDITIONAL FULL-TIME JOBS
SUPPORTED ANNUALLY



\$4.7 BILLION

ADDITIONAL VALUE ADD

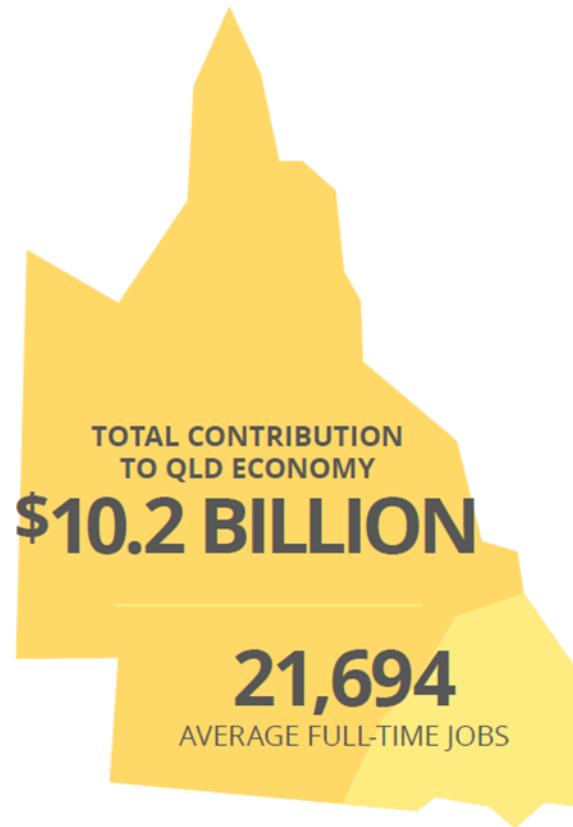


15,281

AVERAGE VOLUNTEERS
PER YEAR

\$1 BILLION

VALUE OF VOLUNTEERING



Nurturing prosperity in Queensland communities

98 parishes • **146** Brisbane Catholic Education Schools

190 Catholic Early EdCare and Centacare age care, disability and family and relationship service locations