UWU Submission: Consultation on a new Aged Care Act

8 March 2024

UNITED WORKERS UNION

Acknowledgement of Country

We acknowledge and respect the continuing spirit, culture, and contribution of Traditional Custodians on the lands where we work, and pay respects to Elders, past and present. We extend our respects to Traditional Custodians of all the places that United Workers Union members live and work around the country.

About United Workers Union

United Workers Union (UWU) is a powerful union with 150,000 workers across the country from more than 45 industries and all walks of life, standing together to make a difference. Our work reaches millions of people every single day of their lives. We feed you, educate you, provide care for you, keep your communities safe and get you the goods you need. Without us, everything stops. We are proud of the work we do – our paramedic members work around the clock to save lives; early childhood educators are shaping the future of the nation one child at a time; supermarket logistics members pack food for your local supermarket and farms workers put food on Australian dinner tables; hospitality members serve you a drink on your night off; aged care members provide quality care for our elderly and cleaning and security members ensure the spaces you work, travel and educate yourself in are safe and clean.

INTRODUCTION

UWU supports the need for the new Aged Care Act, with reform in this area fundamental to improving quality of care throughout the aged care sector, as highlighted by the findings of the Aged Care Royal Commission.

The proposed structure of the new Act, which adopts a person-centred approach to the journey of older people through the system, which is focused on the right of such people to access high quality care, and which would establish a simpler and fairer approach for accessing aged care is appropriate. UWU has made proposals to recognise and reinforce the rights of the workforce who support the rights of older people and ensure their high-quality care.

However, UWU has significant concerns that the current Exposure Draft enables providers to avoid meeting minimum care time standards for significant periods of time with no consequence (and still be funded for the higher staffing levels). The care minutes of 2,532 approved providers were recorded by the Department of Health and Aged Care for the December quarter 2023. Of those it was found that:

- 55% (1,392) were *under* their care minute targets.
- 25% were also achieving *under* 90% of their target minutes.
- Only 21% were 10% or more *over* their target minutes.[1]

More needs to be done to ensure that minimum care time standards are being met on the ground, and that older Australians are receiving the care they need and deserve.

The new Act needs stronger enforcement mechanisms for care time. Without credible enforcement, there will be ongoing unresolved complaints, workplace conflict, and continuing poor outcomes for residents and taxpayers. The Aged Care Safety and Quality Commission ("the Commission") or another agency should have the authority to impose penalties, sanctions, withdraw funding, and publicly name providers who consistently refuse to meet the minimum requirements for care minutes.

As a care worker from South Australia has told us

> *'Providers will falsify documents and make staff do out of scope practices to 'make up' the care minutes. You need to make sure the requirements can't be twisted. I have been in the room when providers have done this'.*

An effective enforcement mechanism should include:

- A clear legal obligation to achieve care time requirements for residents that attracts penalties if breached consistently.
- Funding linked to the required provision of care time, with a mechanism for recouping funding by government if those requirements are not fulfilled.
- Timelines for providers to improve care time and clearly defined penalties for those who repeatedly fail to do so.
- A system for notifying residents, their families, and staff when a complaint about care time is not resolved. Such notices should also be posted on the My Aged Care Site.

Workers play a critical role in ensuring quality care for older Australians. The regulator, the Commission, only visits facilities occasionally, and facilities often receive notice of a period in which to expect a site visit–

meaning the Commission has very little chance of getting a good idea of a provider's normal standard of operation. In contrast, workers are there on the ground every day and are the real *"ears and eyes"* of the system.

UWU's Aged Care Watch empowers workers, residents and family members to shine a light on the staffing and workload conditions impacting on quality of care across Australia.[2] There are currently over 9,600 reports on Aged Care Watch – incidents of residents being distressed, being left soiled for extended periods, missing out on medication and other instances of poor-quality care – these are incidents which are picked up by workers every day, and which are rarely noticed by the regulator. If the Government relies only on providers, or the regulator, to ensure quality care, there will likely be more aged care scandals coming up over the next few years, no matter how much is invested in aged care.

The new Aged Care Act must empower and protect worker voice. There must be a mechanism to ensure aged care workers have a key role in monitoring the implementation of care time minutes, including access to information to allow them to do undertake this role effectively, and requirements for providers to genuinely consult with workers on a regular basis.

UWU therefore advocates that the current version of the Exposure Draft:

- Needs more detail and rigour in its commitments to Mandatory Care minutes.
- Provides stronger structures for workers to have a robust voice in their workplaces to protect older people in aged care.
- Should include stronger penalties for providers who fail to meet minimum care time standards, instead of unfair penalties for workers in aged care.
- Provides review/appeal mechanisms for workers who face vexatious complaints and unfair screening checks.
- Addresses the specific needs of Aboriginal and Torres Strait Islander people in aged care.
- Needs stronger regulations for digital platforms to prevent them from exploiting loopholes in registration and funding arrangements to further undermine direct and permanent employment in the sector.

Please find below UWU's more detailed response to the Consultation Draft. UWU members in the aged care sector are committed to achieving the highest quality care outcomes for older people. Workers are keen to take up the opportunities to rebuild and revitalise the aged care sector provided by a new Aged Care Act.

For more information on this submission, please contact Tim Dymond, Senior Policy Analyst, at [redacted]

Yours sincerely

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United Workers Union

MANDATORY CARE MINUTES

The Royal Commission into Aged Care Quality and Safety Final Report's Recommendation 86 stated that:

> *1. The Australian Government should require approved providers of residential aged care facilities to meet a minimum staff time quality and safety standard. This requirement should take the form of a quality and safety standard for residential aged care. The minimum staff time standard should allow approved providers to select the appropriate skills mix for delivering high quality care in accordance with their model of care.*

In UWU's view, the Consultation Draft needs to better outline how mandated care time will be regulated. There are several sections in the Act where this could be done.

Definitions and Key Concepts

While the Consultation Draft has definitions of 'care needs' and 'carer', it does not have one for 'care minutes'. This is a disturbing oversight given how central care time targets are in ensuring older Australians receive high-quality care. The proposed definition of 'High quality care' **(cl19(c))** should be amended to include an additional priority: the provision of safe staffing levels needed to achieve targeted care minutes.

Worker requirements and service delivery

The conditions of registration for registered providers should specify that they must employ enough aged care workers to meet mandated care minutes **(cl91)**. Providers should also have to meet minimum care time standards as an explicit condition of registration for the delivery of aged care services **(cl105)**.

Reporting

Reporting requirements for providers **(cl109(3))** should include care time minutes. Also, instead of saying the rules 'may prescribe requirements about reporting' – it should be 'will' as reporting care minutes and other information such as complaints must be a priority. Reporting on care time needs to be rigorous and transparent. As a Care Worker from South Australia told us:

> *'Improvements in Care time need transparency in how they are being used. What percentage is care delivered by care workers? What percentage is documentation?'*

The Aged Care Commissioner

According to **cl142(c)(i)-(iii)** the safeguarding functions of the Commissioner include promoting:

> *(i) continuous improvement for registered providers and aged care workers of registered providers; and*
>
> *(ii) the delivery of high quality care by registered providers; and*
>
> *(iii) the confidence and trust of individuals in the delivery of funded aged care services*

The achievement (or exceeding) of mandated care minutes is essential to all these functions. Therefore, ensuring delivery of care minute targets for the sector should be a specific function of the Commissioner. The Financial and Prudential Standards made by the Commissioner **(cl163(1)-(2))** should also require that funding received by providers is spent on its intended purpose. This would include the provision of care minutes by appropriate staff.

Infringement notices

The failure to achieve care minute requirements should be specific grounds for the issue of an infringement notice **(cl236)**.

Compliance duties of Commissioner and System Governor (cl269-270)

Functions of the Commissioner and System Governor should include the assessment of care minutes compliance by providers.

Adverse action warning notices

Amend Clause 277(2)(a) to state that the Commissioner may also require the provider to train and recruit the necessary additional staff to meet care time requirements.

System Governor's assurance activities (cl297)

These should include the specific assurance that funding is spent on its intended purposes – such as care minutes.

Summary

The need for providers to meet a minimum staff time quality and safety standard was a key recommendation of the Aged Care Royal Commission. This 'mandated care time' will be vital for the ability of the Aged Care system deliver high-quality care for an aging population into the future. Care minutes not only warrant an explicit definition in the new Act, meeting them should be a condition for providers to operate within the system at all. As an UWU member and care worker in South Australia states:

> *'If you left it up to providers nothing would be done. They will just add more tasks for existing workers that are outside of their scope.'*
>
> *'For example, a care worker will be sent to administration, or to do lifestyle work – but they don't have the training or the certificate for the role.*
>
> *The regulator should speak to staff because providers will just lie about the numbers.'*

Ongoing failures to comply with mandated care minutes need to be explicitly identified within the new Act as significant failures and poor patterns of conduct by providers, which demand attention from the Aged Care Commissioner and the System Governor.

STRUCTURES FOR WORKER VOICE

Providers must have a sufficient workforce that is skilled and qualified to provide safe, respectful, and quality care and services. That workforce must have a voice right at the heart of Aged Care. Without it, the enforcement of care minutes will be weak, and there will be ongoing complaints, workplace disharmony, and poor outcomes for residents and taxpayers. As an UWU member from South Australia told us:

> *'A stronger worker voice in the sector will provide workers with a chance to give their feedback on what is happening.*
>
> *Unless have a chance to give their feedback, you are relying on employer systems in which forms go missing.*

The Consultation Draft includes sections where the explicit inclusion of worker voice and other workplace rights would improve the ability of the Act to achieve its objectives.

Objects of the new Act

Object **5(g)** calls for the provision of '*sustainable funding arrangements for the delivery of funded aged care services by a diverse, trained and appropriately skilled workforce'.* This should be expanded to specify the provision of high-quality care by staff who have a voice in the sector.

Aged Care Quality Standards

The Aged Care Quality Standards **(cl14(2)(g)-(h))** should also include how providers address workforce issues, including facilitating a worker voice.

Advisory bodies

Among the quality care advisory body or bodies that could be established under **cl101(1)(a)(iii)**, there should be a requirement for a *worker* constituted advisory body. Registered providers should not only establish such a body but be explicitly required to demonstrate they have listened and responded to it.

Raising Complaints

Cl144(e) describes the complaints functions of the Commissioner as including the promotion of *'a culture for registered providers and aged care workers of raising concerns, open disclosure (including of complaints and feedback) and best practice in handling complaints and feedback'*.

The current situation, according to an UWU member from Queensland, is that

> *"Care staff don't have a choice. They are just told what to do. You can refuse to do the tasks that are out of scope and dangerous, but that is high stakes for one individual. A worker voice would allow us to speak up and know our jobs are safe."*

A credible and effective worker voice will be crucial to building and maintaining such an internal culture. This should include robust and respected networks of union delegates and Health and Safety Representatives.

Advisory Council members

Cl172(3)(a)-(n) provides a list of fields in which advisory council appointees may have 'substantial experience or knowledge'. However, nowhere in these fields is expertise in labour rights, employment law, work health and safety, and other workforce issues. A labour-intensive sector such as Aged Care needs a perspective specifically about workers and their rights.

What counts as protected information

Cl322(2)(b)(i) includes as 'protected' information '*whose disclosure could reasonably be expected to prejudice the financial interests of an entity'*. For a worker voice to fulfil its function and improve the quality of care for older people, transparency and accountability is vital – particularly about the financial viability of providers. If such information is 'protected', it will protect underperforming providers instead of improving the sector.

Summary

The achievement of an effective voice for workers in the Aged Care sector should be an object of the new Act, and part of the Aged Care Quality Standards. Where there are provisions for advisory bodies, a worker advisory body should be a priority, as should being able to receive advice on workplace issues. Implementing a Worker Voice mechanism will help create the necessary internal cultures of raising

concerns, complaints, and feedback to improve the sector. For this to work effectively, information about providers should be readily available to workers.

UNFAIR PENALTIES ON WORKERS

UWU appreciates that, given the scandals about abuse and exploitation in the Aged Care sector, there is a desire by government to make penalties in the system stronger and more of a deterrent to bad behaviour. UWU members believe however that there should **only be penalties for providers or senior managers, not individual workers.** This position was supported by the Final Report of the Aged Care Royal Commission, which stated that:[3]

> *We do not consider that aged care workers, other than those who are 'key personnel', should be liable for a contravention of a civil penalty provision for a breach of the general duty. We agree with the submission of the United Workers Union that aged care workers are low paid, and 'do not exercise significant decision making power in the workplace'. In addition, we note that aged care workers already have duties under work health and safety legislation.*

As an UWU member from Queensland told us

> *'I don't think it is fair for care staff to be fined because providers don't have the correct staff.*
>
> *'Why should we be fined for what happens in your section if you are told to go off somewhere else and do a different job you are not qualified for, such as work in a kitchen or entertain clients?'*

Examples of such civil penalties (expressed as Commonwealth penalty units of $313 each) include the following clauses:

> **118 Aged care workers of registered providers must comply with Aged Care Code of Conduct**
>
> **Civil penalty: 250 penalty units**
>
> **119 Responsible persons of registered providers must comply with Aged Care Code of Conduct**
>
> **Civil penalty: 250 penalty units.**
>
> **121 Responsible person duty**
>
> ***Strict liability offence—serious failures***
>
> **Penalty: 150 penalty units**
>
> ***Strict liability offence—death or serious injury or illness***
>
> **Penalty: 500 penalty units**
>
> ***Fault-based offence—death or serious injury or illness***
>
> **Penalty: 1000 penalty units or 5 years imprisonment or both**

These penalties will be large enough to eat up the entirety of some UWU member's annual incomes. While UWU understands the need for a Code of Conduct, and for clearly designated senior level 'responsible persons' to have obligations with the risk of financial penalty – it makes no sense to treat a worker and a provider as interchangeable and indistinguishable. This will contribute nothing to the provision of high-quality care nor make the sector an attractive area to work in for skilled and experienced staff. As a Queensland member told us:

'It shouldn't be the case that workers get punished. They are following the rules of management.'

It should be the CEO who loses their job, not the workers.'

The penalties should be for the management, not for the carers.'

Summary

It is aged care providers and their senior managers who create the environment in which serious failures and Code of Conduct breaches occur. So, it is right that they should be penalised if failures occur. As noted by the Royal Commission, aged care workers do not exercise significant decision-making power, and where failures occur, these are a result of poor training, or inadequate time provided for workers to provide the care older people need.

The financial penalties proposed for breaches of the Code of Conduct on workers are unjust, excessive and should be removed from the Act. The maximum penalty of $78,250 is higher than what most aged care workers earn. The threat of such a penalty may act as a disincentive for workers considering the aged care sector – not because they are planning to breach the Code of Conduct, but because the Code is by nature broad, and a worker within an understaffed facility with a high workload may end up in breach of the Code through no fault of their own. The introduction of worker screening in the new Act, alongside banning orders, will act as a safeguard for those instances where inappropriate behaviour has taken place. In addition, as the Royal Commission noted, workers already have responsibilities on matters such as Work, Health, and Safety – which would be better served by *empowering* workers to carry them out.

REVIEW/APPEAL MECHANISMS FOR WORKERS

UWU agrees that there needs to be strong and effective measures for screening workers, and for treating serious incidents and complaints seriously. As one Aged Care member told us:

'Scrutiny is a good thing but it has to be fair.'

The robustness of these measures, however, will require full procedural fairness for both those making, and subject to a complaint. It is important to remember that many workers in the sector are from culturally and linguistically diverse backgrounds and are more likely to be subject to vexatious and racist complaints.

Procedural fairness needs more explicit provision in the new Act

When setting up systems to prevent significant failure **(cl18(1))** and managing incidents **(cl95)**, the new Act should explicitly assure procedural fairness for those both making and being subject to a complaint. Those involved should be entitled to representation of their own choosing.

Functions of the Commissioner and procedural fairness

Given the significant role envisaged for the Commissioner, the position ought to have an explicit reference to worker screening as one of its functions, given that 'complaints' are already included **(cl141)**. This would ensure clearer accountability for conducting worker screening and avoid the impression that providers can do their own, unaccountable 'screening'. Similarly, the Commissioner's safeguarding **(cl142)** and complaints functions **(cl144**) should include assuring procedural fairness and transparency in reportable incidents.

Worker screening database and privacy

Cl166(1)-(2) states that the Commissioner *'must establish, operate and maintain a database for the purposes of this Act, to be known as the aged care worker screening database'*. UWU has serious concerns for the privacy of workers if a range of agencies can access this database **(cl166(3))**. This and other

references to worker screening need more explicit commitments to decisions being reviewable, with workers entitled to representation of their choice.

Dealing with complaints and procedural fairness

UWU welcomes the reference to procedural fairness in dealing with complaints **(cl183(2)(h))**, however we note that it only refers to reviews and reconsiderations. Procedural fairness should be for the complaint process in its entirety.

Banning orders and procedural fairness

When considering and issuing a banning order **(cl287-288)**, there should be an explicit requirement that the Commissioner be satisfied that there has been procedural fairness. Also, the Commissioner should have to satisfy themselves that an individual being considered for 'banning' *cannot* undertake training, qualifications, or another remedial action.

There should also be an allowance for 14 days for an individual to make a written response submission, with procedural fairness, and have their chosen representative.

Worker screening and disclosure of personal information

Workers should have the right to privacy in their capacity as employees. The information collected by employers should be reasonable, proportional, and necessary for the employment relationship. Any information collected in worker screening (cl332) should be stored, managed, and used in a secure way that protects workers' privacy and does not exceed what is reasonably required by the employment relationship. The Commissioner should consult workers as to the collection, use and storage of their data.

Summary

The new Aged Care Act should explicitly assure procedural fairness for those both making and being subject to complaints, worker screenings, and bans. Where workers have personal data collected, there should be privacy safeguards. The functions of the Commissioner should safeguard these principles.

WHISTLE BLOWING

An important safeguard against understaffing, misuse of funds, or other abuses in the aged care system will be a recognised role for and protection of whistleblowers. Representatives on advisory and other bodies also need appropriate training on reporting and protections for whistleblowers.

Cl262 states that the Commissioner *'may give a registered provider a written notice (a required action notice) in relation to a matter that relates to the Commissioner's functions'*. However, the grounds for giving required action notices **(cl264)** do not include workers reporting or blowing the whistle on understaffing or misuse of funds. These should be explicitly included as such grounds.

Cl355(a) provides a list of people to whom a disclosure could be made that could qualify for whistleblower protections. However, worker advisory body and/or worker voice representatives are not on this list and should be, as many Aged Care workers who have been repeatedly let down by their managers would be more comfortable disclosing to their own independent representatives. As a South Australian Member who is also a HSR points out:

> *'As a HSR I will raise any issues, we have a good delegate structure and union membership here. But in other places and sites, people need support to speak up about safety at work.*

> *At other sites people don't know where to go or who to ask'.*

A working environment that lacks independent union delegates, and Health and Safety Representatives will not be encouraging of a culture of whistleblowing of problems and abuses in Aged Care provision.

The proposed disclosure list does include *'a responsible person of the registered provider'* (cl355(a)(iv) - which raises the issue of who exactly constitutes a 'responsible person'. **Cl11(1)(c)(ii)** states that it could be '*any person who is responsible for the day-to-day operations of the registered provider*'. While this should exclude personal care workers, it is ambiguous as some workers could find themselves de facto responsible for a short-staffed shift. The new Act should tighten its definition of 'responsible person' and increase the range of *persons* who receive training in whistleblower reporting and protections.

Summary

A recognised role for and protection of whistleblowers in the new Act needs to be explicit that workers and their representatives are more likely to be whistleblowers. Therefore, they should qualify for protection, receive appropriate training, and be able to act in the knowledge that their reporting can be grounds for requiring action.

ABORIGINAL AND TORRES STRAIT ISLANDER AGED CARE

Aboriginal and Torres Strait Islander peoples are amongst the most disadvantaged groups of workers. They endure the scourge of racism, their median gross household weekly income is 28% lower than that of non-Indigenous households,[4] and they face a lower life expectancy rate, with many not living long enough to access their superannuation. These disadvantages impact Aboriginal and Torres Strait Islander peoples as both workers in, and users of, Aged Care services.

According to the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) submission to this Consultation:[5]

> *Aboriginal and Torres Strait Islander people are more likely to use aged care services earlier in life than other Australians. A higher proportion of Aboriginal and Torres Strait Islander people using residential care are in younger age groups, compared with the broader population.*

Given this situation, the new Act should include strong and explicit commitments to 'closing the gap' on Aged Care services. UWU therefore urges the review to consider the NATSIAACC submission's recommendations. In particular we note the following:

> *The Consultation Paper proposes the removal of the existing eligibility for aged care services from 45 years of age for Aboriginal and Torres Strait Islander people. NATSIAACC strongly objects to this removal of flexibility and early access to aged care services for Aboriginal and Torres Strait Islander people. Imposing age limits on access does not reflect the practicalities and real-life experiences of Aboriginal and Torres Strait Islander people and providers.*

If the impetus for aged care reform is the increased need for aged cares services, it is perverse to propose restrictions on that services for a segment of the population who need to access it earlier.

First Nations Advisory Bodies

Earlier in this submission UWU called for worker advisory bodies to be among the quality care advisory bodies established under **cl101(1)(a)(iii)**. Similarly, advisory bodies that deal with the specific needs of Aboriginal and Torres Strait Islander people should also be established. These should address the needs of First Nations peoples as recipients of Aged Care, and as workers within the sector.

As with the earlier proposals on worker advisory bodies, providers should not only establish such a First Nations body but be explicitly required to demonstrate they have listened and responded to it.

Adequately staffing in remote and regional Aged Care services

UWU has already called for procedural fairness to be central when considering matters such as worker screening and banning orders in the aged care sector. We also make the point that the application of such measures may create barriers for aged care providers servicing remote communities to attract and retain staff. These unintended consequences may be exacerbated when English is not a person's first spoken or written language. A similar point can be made regarding the impact of the proposed penalty regime, which if implemented could have a disproportionate and unjust impact on lower paid and disadvantaged employees.

As previously stated, UWU believes there should be no financial penalties on workers as proposed in the draft Act. On worker screening and banning orders, UWU reiterates its points that the Aged Care Commissioner should apply procedural fairness, allow avenues for review of decisions, and afford individuals being considered for 'banning' opportunities to undertake training, qualifications, or another remedial action. The Commissioner should consider the impact of all these measures on the ability of remote providers to attract and retain staff to deliver services.

Summary

Aboriginal and Torres Strait Islander peoples, as both workers in and users of aged care services, should be a more prominent focus in the new Act. Not only should the Act play its part in 'Closing the Gap', but it should also commit itself to building an inclusive aged care sector that listens to and works with Aboriginal and Torres Strait Islander people, both residents/clients and workers.

REGULATION OF DIGITAL PLATFORMS

UWU welcomes the new Act's focus on digital platforms. However, there is a danger that platforms to which the Act applies will be defined too narrowly, with the consequence that the platforms with the worst impacts on quality care will be untouched by regulations.

Including funded and unfunded services

For example, **cl10(1)** sets out definitions of *'who delivers funded aged care services'*. However, the new Act needs to capture *all* subcontracting arrangements, including gig platforms, in these definitions.

In the new Act's Statement of Principles **(cl22)** it states at **cl22(14)** that:

> *Feedback and complaints about the delivery and accessibility of funded aged care services are used to inform and promote continuous improvement in the Commonwealth aged care system.*

However, feedback and complaints should not just be about 'funded' services. The Act needs to include unfunded services, particularly those in the 'gig economy', to ensure it is capturing the entirety of the sector.

Duty of operators of aged care digital platforms who are unregistered

The proposed **cl129**, 'Duty of operators of aged care digital platforms' appears to limit the application of duties to *registered* providers **(cl129(1)-(2)**. Potentially this gives unregistered providers a competitive advantage as they could operate without 'duties'. All digital platforms should be explicitly subject to the Code of Conduct whether they are registered or not.

Penalties for operators of aged care digital platforms

Cl130(2) nominates a civil penalty liability of 250 penalty units for aged care digital platforms who contravene obligations spelt out in **cl130(1)**, such as implementing a complaints management system **(cl130(1)(b))**. Given the relative harshness of civil penalties for individuals, it seems strange this penalty for a digital platform is so low. The new Act should *increase* this civil penalty so that it aligns with the statutory duty breach on providers.

Summary

The rise and spread of digital platforms through the aged care sector is a symptom of the failures of the current system – failures that the new Aged Care Act is intended to remedy. While the new Act certainly needs to recognise the reality of the role of digital platforms in the sector, it should not be written in such a way that it actively encourages their growth by cementing their competitive advantage with registered and funded providers. This will facilitate a continued race to the bottom in pay and conditions of work in a sector which desperately needs to increase those pay and conditions to secure high quality care outcomes.

[1] 2586 service providers had their performance recorded overall. However, 54 had no Care Time minutes recorded so have been excluded. *Star Ratings quarterly data extract – December 2023* https://www.health.gov.au/resources/publications/star-ratings-quarterly-data-extract-december-2023
[2] https://www.agedcarewatch.org.au/#/tracker/aged-care-watch-tracker/landing/Home
[3] Royal Commission into Aged Care Quality and Safety, Final Report, Volume 3B, p.532 https://www.royalcommission.gov.au/aged-care/final-report
[4] Aboriginal and Torres Strait Islander Health Performance Framework - Summary report (July 2023) https://www.indigenoushpf.gov.au/measures/2-08-income
[5] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council Submission (September 2023) https://natsiaacc.org.au/wp-content/uploads/2023/10/NATSIAACC-Submission-New-Aged-Care-Act-Foundations.pdf