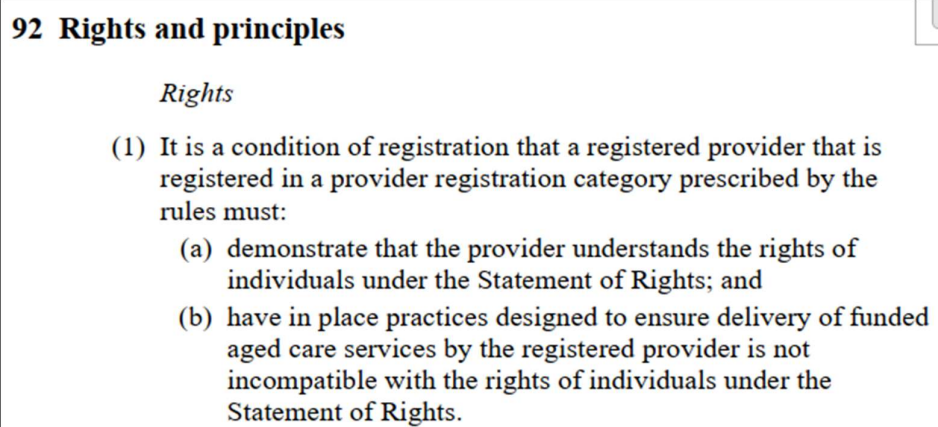


In making my submission to the Exposure Draft of the new Aged Care Act, I shall first submit my answers to the questions as requested.

Questions to think about for Chapter 1:

- 1. I believe the objects, Statement of Rights and Statement of Principles are clear enough, and sound just what is needed – almost the perfect world. As for whether they meet their aims depends entirely on how they are carried out by providers and workers, and all involved.**

However, I do not see any real reference on how these objects, rights and principles are going to be implemented, then enforced to carry out the purpose of the new Act.



Yes, the Act has some requirements in the provider registration process, but has it been actually worked out how this is going to be done, firstly as a check of their understanding, then of the ongoing continuance?

I have read all the papers I can possibly do in this time apart from the actual Act of which I have only read limited portions. I have read many Acts over the years and understand the need to set out clearly what is required, and a good portion of this Act covers the governance of it, necessary of course.

I have viewed many webinars and Q&A's etc. I have no challenges with the Act but there are a few points I wish to express:

- (a) So much time and effort has been put into webinars where assorted young people have read through how great these changes are (and I agree they are if they can be carried out).**

But how are these Rights, Principles and objects going to be activated? Even most of the workers, let alone the providers, and Government employees have absolutely no idea what challenges the elderly meet.

I myself, five years ago at 76 years of age and in pretty good shape for my age, never ever dreamt that I would struggle to change beds, turn mattresses, climb ladders, clean windows, kneel down to clean cupboards, carry my washing down and up 4 steps, be driving my husband everywhere, not be able to drive at night, and now not be able to drive distances; and so the list goes on.

It all sounds absolutely ideal. Unfortunately, nearly everyone dealing with this, has really no concept of what being old is like, and they are not really listening either. They are caught up in the “great presentation mode”.

And so the words flow about how great this will be to turn things around, how easy to change etc. But they forget - where are the workers to do these things? Most people don't want to clean for themselves these days let alone for someone else. There is a massive shortages of nursing staff, aged care workers for residential care, let alone for those at home with their own pressing needs.

Other things seem to have been completely ignored – important things, specifically in relation to regional, rural, and remote regions (12.2.2 of the Royal Commission Final Report). This showed the dire need back nearly 10 years ago for workers in the regions, but what has been done – 10 years and nothing has changed and nothing seems to be proposed to change it.

More and more services and products are being refused by Aged Care Providers. The new list of exclusions provided by the Government during this process has actually cut out a good proportion of the needs and items required and previously validly received by the elderly; items that should be included. Although something may be an everyday living requirement, doesn't mean that the elderly possess it or can afford to buy it or are even aware of its existence.

Where is the high-quality care? Where are we being listened to and understood? Where is the real assistance to live my life as I want

to, with dignity and with my own choices, preferably in my own home? Where is it possible to have control over and the real right to make choices about my care and personal and social life?

(b) So how is the primary consideration to be put into action for:

- a. the safety, health, wellbeing, and quality of life of older people**
- b. and put the older persons first so their preferences and needs drive the quality of care.**

(c) I am noticing already the problems the providers are seeing in the process of putting changes in place to accommodate what they are understanding to be their upcoming requirements. They appear to be panicking and in the process are refusing quite simple and reasonable requests for equipment or services which are critical to living the stated principles of a life of safety, happiness, and wellbeing in our own homes.

In fact as things are now progressing, it is going to push more people into residential care – the exact opposite of the purpose of these changes.

I am aware of different people with the same provider, some being approved for e.g., Cabcharge, others declined. Air-conditioner provision/servicing has been in the past allowed – now declined as “not in the list” – and yet so vitally important in this last hot summer.

My husband 85 years old, with dementia, on a Level 3, has funding in his package awaiting provision of a ramp, tilting bed and chair, chair risers, a couple more handrails in the bathroom, etc, etc, all OT approved/suggested nearly six months ago – but stalled whilst apparently they have to get quotes for the same equipment from other sources.

We are two hours from the city, two hours in another direction from where the ACAT staff are based. We are not prepared to have workers travel two hours each way to provide the services like cleaning, etc, and so most people don't even bother asking for an ACAT.

To solve this, our town, and another district 40 kms away from us are trying to set up the “Our Town Cares” process to organise local workers, transport, social support etc. And then the area Health

Dept seems to think the city providers are “missing out on work” and must have made an instruction to the ACAT assessors to put everyone possible to CHSP programmes, despite the CHSP provider having been unable to provide the necessary services “forever” with no more possibility of doing so in the near future.

Why then were 4 out of 5 people in the district 40km away who all need Aged Care packages, given only CHSP which is based in our town, the only place for them to do their grocery shopping, chemist, Drs, allied health etc, with no bus or taxi services whatsoever? One lady took 5 ACAT assessments last year to get her necessary Level 3 package. Our own town has suddenly had mostly CHSP approvals (as I said for a CHSP service already overwhelmed).

And so, you might wonder why I say the words sound lovely but how is that solving anything?

- 2. We are not First Nation people although we live in a town with a reasonably large population of them. I see major problems in the younger population which can only be changed by them, not by any “Yes” vote, or continued increasing monetary assistance – nothing of course to do with this submission, other than the fact that I am aware of considerable elder abuse and the need for change.**
- 3. Do I believe that the updated definition of high quality care will encourage providers to do better? I would certainly hope so – they are being pumped a lot of money to do exactly that. And does this definition match my idea for aged care in the future – yes, the definition does. It requires very big changes in a whole lot of places starting with the Government and flowing right down through the services.**
- 4. On the surface, a specific list of services sounds to be a good idea but is already proving to be a problem.**

The problem is that portions of that list are too stringent. It must be flexible to cover hundreds of persons different needs, different wishes, different aspirations of their comfort and wellbeing.

Yes, there will need to be a comprehensive list, but there has also to be a very clear emphasis that this is still basically a guide, not a flat yes/no.

For instance, air-conditioning having been cut out. There are parts of Australia that this is essential for the heat, other parts essential for the cold, or some parts with need for both in the different seasons. This is a major expense for any household and for a pensioner, if that packs up right in the heat of the season, or in the middle of winter, it needs immediate attention which has now been completely cut off, rather than being urgently considered on the basis of need.

What about the alternative health supports that have been excluded. People in constant pain (and that probably amounts to 90% of the elderly) need access to whatever service or activity which helps provide a bit of relief.

Normal household items are completely excluded, but what about if a person needs a microwave to heat their pre-made meals because they are unable to cook for themselves – they are now being declined. If the washing machine packs up and the older person has incontinence, a washing machine and in most parts of Australia, a dryer is essential immediately, not six months down the track when it is saved up for.

If carpets need cleaning, they need cleaning.

Another aspect is where services are excluded “because they are covered by other Government programmes”, e.g., hearing, sight, and dental services. But they are not fully covered.

Our spectacles may cost \$900, but we get \$57. We get no dental subsidy unless we attend a dentist two hours or more away and that means staying overnight because I cannot drive both ways in the same day. My husband has hearing aids, with severe hearing loss. He needs some that cost \$5,000 plus including rechargeable ones rather than battery replacement (he has dementia – my hands are too compromised to do the fine changing of batteries and cords), but no, the Federally funded hearing aids come in at \$1195.00 plus subsidised batteries.

I brought this up in a previous submission after I had been pushed round in circles by provider, My Aged Care, Hearing Dept, Health Department and back again to My Aged Care. I was advised by the Health Dept to go to his audiologist who would see about getting access to the necessary aids. Then the going round in circles

started again. The audiologist was told we had to do the contact, she couldn't and so it goes on.....

- 5. Supporters and Representatives. Yes, the roles are clear. I just do not understand, and I believe others also, why you can have only supporters or representatives. I personally believe that it is more important to have a local Care Partner, paid from the package, who is independent of the provider and the elderly person, who will supervise the services and be aware of the needs of the recipient.**

This then could be complemented by supporters and representatives as felt necessary by the care recipient. Those persons would then be required to go by the rules as to their rights and responsibilities.

- 6. Basically, already covered in 5 – yes I believe there are times where both may be required.**
- 7. I do not think providers have time to be dealing with numerous supporters and representatives – I believe that this is where the Care Partner comes in. This would also take considerable work off the Provider Plan Manager because the Care Partner will know the actual needs and requirements for their care recipient. The provider should just then be able to process the authority and payment.**
- 8. How can you have penalties for supporters and representatives who are providing a voluntary service, other than to cancel their right to be a supporter or representative? These are less important if there was a Care Partner. Family members can disagree and forget what the actual care recipient's wishes are.**
- 9. Surely if a person is not able to make their own decisions or does not wish to, they will already have a Power of Attorney and/or Power of Guardianship and hopefully AHD in place. There should not really be a need to have something more than this.**

Of course, there is the problem that with each State having its own rules on these documents, it is causing difficulty, particularly with instances of being used in the wrong way – not part of this submission but something which must be addressed urgently. Also, the challenge caused by these not being in place when a person is believed to be cognitively unable to sign the documents.

Questions for chapter 2:

- 10. I thought the ACAT assessment process had been clarified with the process of moving to one assessment for all services, but this is not proving to be the case as already mentioned earlier. This seemed to be a good move but is somehow going astray.**

I think in fact that there is too much reading for most people to do and even watching webinars where it sounds so smoothly covered, is not really helping. I printed the transcript off after the 14th December webinar which I had watched, and this was far easier to follow – but not everyone can do that. I think more Q&A sessions for providers and staff may be easier for them to understand in a shorter time frame.

I am aware that the Act has to cover all eventualities and my skimming through the important sections and the headings showed it to be what I would expect, but even I have not had time to read it through.

Probably specific fact sheets similar to the one on the Rights, for most applicable sections will be easier for both providers, staff, workers, and the elderly.

- 11. As before, not applicable to us.**

- 12. I am 81 and my husband is 85 so not applicable.**

- 13. The needs assessments should be covered by the ACAT assessments, and later I believe by the Care Partner who would advise if a new assessment were required. This would also take some pressure off the ACAT teams who obviously are not keeping up with the demand.**

I hear of people in extreme need waiting months for assessments. I myself, although not in need of a current package because my husband's covers our needs, had an assessment nearly six months ago so that I am "in the system" should anything happen to him, and I then immediately need assistance in my own right. I have not yet had a result – not a problem for me, but for many people that delay is a problem.

In fact, My Aged Care staff are suggesting to many of us when we ring, that we don't "need an assessment so leave it to those who do". Had I not had a recent fall when I slipped on ice on our steps, I would not have been put through for the assessment. This is wrong – people should be able to be assessed if they so wish. If the

assessor deems the person to not need much assistance, they will allocate accordingly. Further, people do not have to take up the package until it is needed – we had to wait for 3 years for my husband's to become available, luckily just at the time we decided we needed to take it up, it was available.

To answer your question, I don't know how this can be sorted by inclusion in the Act, other than perhaps to state that anyone who qualifies by age should be able to request and receive an assessment when they so wish. It would then be up to the hopefully "up-to-date" single assessment process to take it from there.

Another point is that I believe that couples should be assessed as couples, and the new system of funding under the Support at Home should make that easy.

- 14. I am comfortable with any recipient, Aged Care Package or CHSP, being able to vary services according to their needs. That is the way it should be. I saw a recent suggestion that recipients be assessed for a value based on their overall needs, and then let them decide how it is to be spent within that budget – that would save a lot of time and expense with the whole programme.**
- 15. I think clear enough but in practicality not necessarily happening or going to happen – the whole understanding of the elderly by people generally needs to change.**
- 16. This is something that has not arisen within my experience at the present time, although I can understand the need for this in many instances. It needs to be cut and dried that the necessary assistance is available immediately it is needed, whatever is needed, whether the person is in the cities or in the regions – a much bigger challenge in the regions.**

Chapter 3 – Questions:

- 17. I would have thought so, but apparently it does not, although perhaps it is just fear of the unknown.**
- 18. To the best of my knowledge, I agree.**
- 19. I haven't really the time to investigate this but believe that any digital platform should definitely be completely up-to-date with current requirements and practices.**

20. Out of my area of knowledge but surely, if they are going to provide a platform, it must be accurate, simple to use, and do the job it claims to do, safely.

Chapter 4 – Questions

21,22, and 23. Until the Financial Taskforce report is available, it is too soon to be able to comment on this other than to submit yet again, my thoughts on funding.

First, of course, the whole provision of services must be sustainable, but I don't think the answer is by imposing more charges on "user pays" basis. The current generation is not necessarily superannuation funded although this will change a little in the future. There are many people in all age groups who do not have superannuation, so it is still a long term need for aged care assistance.

Yes, if a person can afford to contribute to their care, they should do so, but I have seen some daily fees that are unfair in comparison with others who have more personal funding who are more financially savvy.

I also believe that means testing creates not only a massive job to keep control of, but also leads to the rich getting richer and the poor getting poorer.

Surely it is better to go with universal pension payable to everyone over 65 and then that pension is added to all other income and taxed accordingly. The cost of means testing alone no longer needed would negate a good portion of the funding required.

There would be no long waits with Centrelink/Services Australia because it would just be a case of proof of age. Those who choose to continue to work, can do so without all the work involved in reducing pension or continual reporting etc.

I also believe that GST should be increased to 15% - those who have money are the ones who spend – those with less, can only spend within their means. Then of that extra 5%, there would be around 2% for Aged Care and NDIS, 1% for sustainable energy and probably 2% for disaster relief, or the other way round.

Perhaps the time has come to abolish the superannuation system and take that burden off employers, enabling them to use the funding to go back to wage adjustments to cover the cost of living. Alternatively,

superannuation needs to be available to be used for deposits on purchasing a home.

24. This sounds a good idea but whether it would be workable is another matter.

Chapter 5 Questions:

25, 26, 27: What I read appears to be fair enough, although I would have thought that the Complaints Commissioner should be independent.

28. Yes, I believe home aged care providers should have the same financial responsibilities – thought they already had and in fact, they seem to overstep the mark on holding back on approving usage of approved funds to care recipients. This seems to have even deteriorated since the funds were retained by Government and released only upon application of used funds. This of course does mean that some providers may not be able to financially continue to provide the same level of service.

I have no challenge with the Government holding the funds – it is meaning that individual companies are not able to utilise the funds for their own financial benefit and it saves the Government having to commit the funding before required.

Chapter 6 Questions:

29. I would certainly hope so – otherwise, what is the point of the cost involved in having that Commissioner.

30. No. And perhaps the same powers should relate to the home care providers.

31, 32, 33. No input from me as not something I have been able to investigate at all.

Chapter 7 Questions:

No input.

Chapter 8 Questions:

37. No input

38. I would certainly hope that any decisions that the System Governor's office would be involved in would be made only by senior staff. This is the System Governor we are talking about after all.

Chapter 9 questions:

39. It would have been preferable to have all been in one stage but it has already been delayed too long and must continue. I think the biggest mistake is delaying the absorption of CHSP past July 2025.

40. it is probably more challenging – it is going to be a constant process of things changing, and then changing again, and perhaps yet again.

41, 42. As said, I am not sure that a staged change is a particularly good idea.

43. Nothing, other than urgently sorting out the matter of what is and isn't included in home care packages, preferably by making a list of definite inclusions and non-inclusions and then a "possible" list as there used to be.. There must still be a clear provision for the necessity of still allowing for a case by case review of needs and requirements.

44. Just keep on reading.

45. Losing my already touch-and-go eyesight and/or my ability to access the necessary information online which a good proportion of those my age do not have.

46. I hadn't expected to have concerns but I am seeing it as being very evident that I need to. Providers are just not coping and I suspect it is more with overload of information rather than the actual changes.

Notes I have made for myself whilst reading but not covered by these questions:

- 1. I do not believe a provider should have responsibility for a sub-contractor. If a person is offering to do a job, they should be responsible for themselves. Placing the onus on the provider means that they are less likely to employ a sub-contractor and therefore will not be able to fulfil their care recipients' needs.**
- 2. I agree with the break-up categories for the service type groups, apart from Social Support and community engagement being in**

Category 4. This seems a bit over the top. I believe for home care at any rate, this should be under Category 1.

- 3. Those aged care recipients in rural and regional areas have different costing needs to those in the city who have access to public transport, more services, more local medical services etc.**

The current Viability \$85.00 a month (in our region) does not go anywhere near the needs for just transport alone to medical appointments in the city which involves at least a 5-to-6-hour trip plus milage.

I think that really it will need to be included at ACAT assessment time, as to the needs and distances, and the funding to take this into account along with the other needs and assistance.

- 4. The ability to pool funding in, for example, retirement villages, is a good idea and should be extended to include regional town care groups.**
- 5. The use of the word “ability;” in place of “capacity” is a good move.**
- 6. There should not be any more delays in implementing the changes. Suggesting 2027 at the very earliest, for the absorption of CHSP into the one system is way too long - it is not working in regional areas at any rate, so why prolong it? Why not July 2025 along with Support at Home.**
- 7. It is as Father Frank Brennan said about the “Closing the Gap”, what is needed is a change of thinking in the Government. We have people talking about the great things being done who have no concept what is happening out there in the world to either the elderly or the indigenous. And the answer is not to just keep on pouring more money where it currently is being poured without achieving any change whatsoever.**