

From: [Julie Byles](#)
To: [Aged Care Legislative Reform](#)
Cc: [John Ward](#); [HAA](#)
Subject: AGED CARE ACT EXPOSURE DRAFT: comments by Hunter Ageing Alliance.
Date: Friday, 8 March 2024 9:18:35 PM

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These comments are submitted on behalf of the [Hunter Aged Care Alliance](#).

[Hunter Ageing Alliance \(HAA\)](#) is a citizen-formed group that is asking Government, businesses, and organisations to join them to better focus on the needs of older people in our community. The Alliance currently has over 200 members and supporters.

Age-friendly communities require planning that takes the needs of older people into account, recognising that older people have the same desire to remain physically, intellectually, and socially active as younger people. This requires environmental adaptation, appropriate housing at all levels of affordability, easy access to information about services and facilities for older people, protection from elder abuse, health care services appropriate to the needs of older people and support for socially isolated people to ensure their physical and psychological well-being. Communities also need resources and services to care for the daily support and clinical needs of frail older people with complex care needs, including those requiring community, residential, and palliative care.

HAA appreciates that the new Aged Care Act intends to:

- Promote rights-based, person-centred, equitable, safe, high quality care
- Encourage autonomy in decision making
- Protect dignity, safety, privacy
- Effect re-ablement and prevention of further disability
- Include aids and technology
- Highlight the importance of good palliative care

HAA are concerned that the Act fails to:

- recognise that people who need care have (or are at risk of developing) advanced frailty, cognitive decline/dementia, and complex multimorbid health conditions.
- recognise that ageing involves a dynamic state of changing capacities and needs for support – requiring frequent reassessment, and adjustment to care requirements.
- recognise the need to integrate supportive care for daily activities with clinical care for complex health problems.
- adequately define high quality care, especially for people with complex needs including dementia.
- incorporate prevention as an important care goal throughout later life; even at the end of life (a good death).
- adequately recognize the role of aged care workers and the need for adequate training and support in these roles.
- empower older persons (and their carers), or put them at the forefront of the ACT and its implementation.
- recognise that older people and their carers need greater understanding and skills to enable them

to participate in the development and implementation of their care plans. Importantly, aged care is provided throughout later life, along a continuum. At earlier stages, people may be mostly autonomous, requiring simple supports to maintain participation in the community, to maintain their activities, and to meet their basic needs. Later, with further declines in intrinsic capacity, increasing frailty and the development of complex health care issues, a much more comprehensive approach to care is required. This care may need to be provided within a residential care setting allowing for around the clock care by an expert team with skills to deal with complex care needs including cognitive decline/dementia and behavioural symptoms. Care at this stage includes nursing, allied health and medical care, as well as supportive care for daily needs. HAA would also stress that the Act, on its own, will not fix the wicked problems of aged care. HAA is concerned that the residential aged care system is fundamentally broken. It has evolved through ineffective and onerous attempts at governance and regulation, market forces and fiscal pressures, closure of specialty hospitals, and take-over by for-profit industry. The Care System needs to be rebuilt to meet the needs of older people with complex nursing and medical problems including dementia and the associated range of difficult behavioural problems; older people with chronic mental ill-health or intellectual disability; and older people who may be at the end of life. Care of these people requires carefully designed environments, adequate skilled staff, and comprehensive primary and specialist clinical care.

NB: HAA recognizes that most workers in residential care are doing an amazing job under the existing circumstances, providing care and compassion way above the level of formal training and remuneration. This is the main strength of the current care system.

With respect to Community Care, HAA values the potential for timely and appropriate care to assist many older people to remain in their homes and engaged in their communities. While transactionally this care may consist of largely instrumental assistance (domestic, gardening, transport) we accentuate the importance of a care component in providing regular interaction, monitoring and support to older people who are at risk of decline, isolation, illness and injury. We advocate strongly for enhancement of the training, skills, and valuing of these frontline care workers as a key resource in assisting the oldest members of our communities to maintain their quality of life.

We will be happy to provide further specific and expert inputs into any of the issues listed above or other matters pertinent to the Act and its implementation.

With regards,
Julie Byles

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