

SUMBISSION ON NEW AGED CARE ACT

On the overall I think the new act is a good one and is much more client focussed. This will provide for better outcomes for aged people.

I attended a workshop in Melbourne on the new act. At a guess I would say I was one the very few people not working in aged care at this session, certainly the only one at my table. Probably at least 95% where people working from agencies.

My perspective is very different to others at the workshop. My mother is living at home and trying to access aged care at home services was my reason for being there. I have had a mother-in-law previously in nursing home care and then moved to dementia care. I have been able to observe both sides of the aged system.

I had only known about the consultation through my Member of Parliament as I wrote to her about concerns with the CHSP in our area.

Many of the people at the workshop were from agencies and where worried about the timeline for implementation. But from the Royal Commission findings, I feel that the timeline is correct. I know there will be hiccups into with implementation. But residents and carers are crying out for action and the government needs to act as quickly as they can.

It was explained at the workshop that the act does not give all the details as there would be operating procedures for the finer details. I think this is the right decision as issues are found they may need to be fine tunes and this would create delays going through government legislation.

I would not like the issues with agencies implementation to hold up this legislation and the ultimate goal of improving aged care services. If any modification it should be a minor delay to implementation, not postponed till next year.

I was disappointed to find out that the at home services any changes would not be in place till July 2025, but that reflects my frustration at the services within our area. I do realise a stepped introduction is needed but I would have preferred a January 2025 introduction for at home services.

I was glad to see the CHSP was stating equitable access, this is long overdue. Currently my mother cannot get services and we are assigned to the one agency which fails to provide adequate services in this area. We were not in a remote area, but only just outside the Melbourne Metropolitan area. If she lived a short distance away in the metropolitan area, we would have several service providers to choose from.

Currently to be assessed someone has to drive from [REDACTED] taking two hours to come to our area. That is four hours out of a day for travelling, when someone from the metropolitan area could be here in ½ hour. To make the system more efficient we need to remove boundaries and use a system that makes sense where the closest assessor or agencies attends.

If people cannot get basic services like domestic help at home how does this help them to stay in their home. It seems the current system waits for them to get so incapable that they have to go into residential care. While the responsible agency does not show why services were not provided or required to give an explanation.

One lady in our area is awaiting neck surgery and is in lots of pain. Cleaning her shower she could not get up again and had to spend ages trying to crawl across the floor to get to the toilet and in pain pull

herself up. None of these people can get an aged care package that would give them some flexibility. I am not sure what these people are supposed to do.

Chapter 1 Q4: states should someone have the right to remain connected to an Island home. At the workshop there was some confusion over this question and it was stated to be indigenous. I think the statement is ambiguous. I have no problem with indigenous remained connected to country etc. Unfortunately for more specialised services including residential care this may not always be practicable.

Island home could also refer to a person living on an isolated island where they are the only resident needing assistance. I don't think this should be included because it creates confusion, but could include a statement about indigenous Australians be enabled to connect to their culture in ways that are possible. An example is where an indigenous person has to reside in residential care due to illness or cognitive abilities away from their home, but could be linked to their community through internet or special activities.

Q7 High quality care does align with my vision for the changes

Q14 Of course an aged person should be able to appoint a representative while they are able to.

Q13 Whether supporters and representatives not complying with their duties should receive penalties needs further explanation. If it already broke another law as in elder abuse, of course it should be punishable by that system. There would need to be a system where all members of a family were kept informed about the different roles and were fully understood. Of course if it was deliberate breach then there should be a penalty.

Ch2 Prioritisation: I would like to see an equitable arrangement for this. Currently we suspect because my mother has family nearby she is listed as a low priority. My mother comes from generations of rural farm people who you get on do it, despite the aches and pains. She never asked for services when she was 65 or 70, but in her 80s she needs them. It also seems because once you are in your mid 80s they just think you should go into residential care.

Q1& 2 For people not eligible I would like to see them referred and given priority for other services. For homeless people aged care is not a solution to a problem. We can't just keep putting younger people in aged care to fix a problem which needs its own solution.

Q6 the current CSHP is not working and needs an overhaul. Currently we have one provider and we need a choice. The current provider takes a large area is not required to provide services in all area. This leaves our area with very limited services. They can spend a fortune on ½ page newspaper ads advertising their services but not provide them. If they cannot provide the services other agencies should be able to service this area.

There should also be a system where provider needs to keep those on waiting lists informed on what is happening. People are told to ring every few weeks. You can never ring and get straight through to people and it is designed to never get back to you so you give up.

Ch3 Who will report providers not doing the right thing? The aged people fear reporting someone because of negative impacts on them. Relatives of those in aged care don't report because they are not there all the time and not sure how their relative will be treated.

Q4 Why is everything all digital? Not all of our aged people are not digitally connected. As people faculties deteriorate, they cannot retain digital information or even give it to a relative to read for them. It excludes people from the process.

There is a privacy issue of who can access these platforms. People on aged care packages say that providers know all about what package they have and send invoices for larger amounts to use up their allowance.

Q7 Currently with CHSP the workers are signing the sheets and not the client, sometimes being charged extra time.

Ch4 Q6 Support providers given additional funding should of course be required to be used for that purpose and there should be reviews to insure this is happening.

Ch6 Q1 I do believe the extra powers granted to the commissioner will give improvements to the sector.

Q2 I do not have concerns about the Commissioner to enter residential aged care home without warrant or consent. At the workshop service providers were concerned that it was also other people's home and what they would think. If the Commissioner feels it necessary it is in the interest of all residents. I also believe the Commissioner's staff would enter would not be doing it like a police raid and would be mindful of the other residents.

When my mother-in-law was in aged care we could tell when they were to have a review. They would be changing things for weeks before, all spruced up and lots of activity. It did not result in better services.

I recently visited a friend in a nursing home. Taking her to a lounge area there were no cups to make a drink as staff suggested. This reminds me of visits to mother-in-law where we would always be looking for cup.

Some of the residents were left in a lounge watch a letters game on TV. It was like a group blankly looking at a screen. There was no carer there encouraging or giving them paper and pencils to participate. Previous experience in nursing homes, this is common issue.

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