



12 March 2025

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Subject: Anglicare Sydney submission on new Aged Care Act Rules - Release 3

1. About Anglicare Sydney

Anglicare Sydney is a Christian not-for-profit providing care to older people and services to the vulnerable throughout Sydney, the Blue Mountains, Illawarra, Southern Highlands, Central West, New England, North West and Norfolk Island. We have a long history of service provision and a solid commitment to supporting over 4,500 home care clients living in the community and over 7,000 residents in our homes and villages. We have some 5,500 committed and skilled staff plus 1,500 volunteers. In more than 70 years of providing aged care services, Anglicare has been guided by a commitment to quality service provision both clinically and holistically, underpinned by principles of dignity and choice, hope and compassion, supported by highly trained and caring staff.

2. Introduction

Anglicare Sydney appreciates the opportunity to provide feedback on the Release 3 consultation draft of the new Aged Care Act Rules, specifically regarding provider obligations. As a key provider of aged care services in New South Wales, Anglicare Sydney welcomes the intent of the new rules to strengthen care quality and governance. However, we have identified several areas where the proposed requirements may require clarification or adjustment to ensure feasibility and alignment with the sector's operational realities.

3. Key issues that need further clarification or amendment

- **Definition of Risk-Assessed Role (Section 5-5, Definitions)**

The term "direct delivery" remains unclear in the definition of a risk-assessed role. Without further clarification, providers may struggle to determine which roles require additional risk assessments.

Recommendation: The Rules should explicitly define "direct care" and provide examples of roles that fall under this category.

- **Serious Injury Definition (Section 7-22)**

The expanded definition of "serious injury" now includes malnutrition and dehydration, which could impose additional reporting and statutory obligations on providers.

Recommendation: Clarify whether all instances of malnutrition and dehydration require reporting or only those deemed significant.

- **Role of Supporters (Chapter 1, Part 8)**

While the concept of supporters is frequently referenced, details on their function and interaction with other legal mechanisms remain unclear.

Recommendation: A transition period should be implemented where existing mechanisms remain valid until the role of supporters is clearly defined and understood by providers.

- **Risk Management Plan Reference (Section 152-30(1)(a))**

The reference to paragraph 152-15(1)(d) is incorrect.

Recommendation: This should be corrected to reference paragraph 152-15(1)(e).

- **Restrictive Practices (Section 17-5)**

Immunity from civil or criminal liability for restrictive practices will no longer apply from December 1, 2026. This change may create legal risk for providers.

Recommendation: Introduce transition guidance and clear protections for providers implementing restrictive practices in accordance with best practices.

- **Worker Screening and Qualifications (Section 152-35)**

New workforce requirements will be phased in, including risk management plans and mandatory qualifications for aged care workers.

Recommendation: Provide a longer transition period and financial support for upskilling staff, particularly in regional areas.

- **Frequency of Complaints and Whistleblower Communication (Sections 165-20(1)(j), 165-50(1)(f), 165-55(g))**

The requirement for providers to communicate at least monthly to staff, responsible persons, and residents that complaints, feedback, and whistleblower reports are welcome is unnecessarily prescriptive administratively burdensome. A less frequent but meaningful engagement approach would be more effective.

Recommendation: These provisions should be removed, or alternatively, providers should be given flexibility to determine an appropriate communication frequency, such as quarterly updates or as part of regular staff meetings.

- **Vaccination Obligations (Section 153)**

Providers must offer pneumococcal and shingles vaccines in addition to flu and COVID-19, increasing cost and logistical challenges.

Recommendation: Introduce a phased approach to vaccine requirements, with government support for funding and logistics.

- **Record-Keeping Requirements (Section 154-5 to 154-315)**

Expanded seven-year record-keeping obligations, including vaccination records, complaints, governance, and financial reporting, increase administrative burden.

Recommendation: Allow digital record-keeping compliance and streamline reporting to reduce duplication.

- **Reporting Obligations (Section 166)**

Annual governing body sign-off on complaints and feedback reports adds compliance burden.

Recommendation: Allow for biannual or flexible reporting options where necessary.

4. Conclusion

Anglicare Sydney supports the intent of the new Aged Care Act Rules to improve governance and quality in the sector. However, some provisions introduce undue administrative burdens or lack clarity. We urge the Department of Health and Aged Care to refine these rules to ensure they are practical and effective for service providers while maintaining high-quality care for older Australians.

We appreciate the opportunity to contribute to this consultation and look forward to ongoing collaboration with the Department. Please feel free to contact us should further information or clarification be required.

Yours sincerely,

