



Australian Government

Department of Health and Aged Care



A new Aged Care Act: exposure draft

Consultation feedback report

Acknowledgement of Country

We acknowledge the Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters on which we all work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices, languages and connection to country.

Acknowledgement of participation

The Department of Health and Aged Care (the Department) would like to thank all participants who contributed their time to the consultation process. We heard from a wide variety of stakeholders including older people, family members and carers, aged care providers, aged care workers, advocacy organisations, advisory bodies, state and territory governments, human rights organisations, professional bodies and universities. It was a privilege to hear your experiences and seek your views and feedback on the Exposure Draft of the Bill for the new Aged Care Act (Exposure Draft). The feedback has been collated and will be considered, where appropriate, ahead of the Hon Anika Wells MP, Minister for Aged Care introducing the Bill to Parliament.

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Introduction

Purpose of this report

This report presents the key issues, emerging themes, and insights identified from stakeholders in response to the Exposure Draft of the Bill for the New Aged Care Act (Exposure Draft). The findings in this report are based on stakeholder feedback collected from workshops, roundtables, written submissions, and online and phone survey responses.

Why are we developing a new Aged Care Act

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) made 148 recommendations in its final report in 2021. The Royal Commission found that the current *Aged Care Act 1997* (Aged Care Act) is no longer fit for purpose as it was structured around aged care providers and how to fund them, rather than the people accessing services and what they need. It was recommended that a completely new Aged Care Act be developed to “put older people’s needs and wellbeing first.”¹ The new Act will replace current existing legislation including the *Aged Care Act 1997*, the *Aged Care (Transitional Provisions) Act 1997* and the *Aged Care Quality and Safety Commission Act 2018*. The aim of the new Act is to create a simplified, rights-based legislative framework that comprises one main piece of primary legislation that establishes and regulates the aged care system, and a single set of subordinate legislation, known as the Rules.

Royal Commission into Aged Care Quality and Safety

Since the Royal Commission’s Final Report in 2021, the Australian Government has undertaken a wide-ranging program of reform across the aged care sector. The reform program aims to create a new aged care system that puts older people at the centre of care, improves the quality and safety of care and services, and provides older people with greater choice and control over the type of care and services they receive.

The aged care reform agenda is rapidly progressing, with many reforms already delivered and a number still in progress. Major regulatory reforms are expected to continue into 2025 with the commencement of a new Regulatory Model including new strengthened Aged Care Quality Standards, a new in-home aged care funding model and commencement of a new Aged Care Act.

Once the new Act commences, it will deliver the first of several phases of legislative reform. Each phase will build towards the Royal Commission’s vision of a new,

¹ [a-new-aged-care-act-the-foundations-consultation-summary-report_0.pdf \(health.gov.au\)](#)

person-centred aged care system that delivers better outcomes for older people and continues to improve over time.

The new Act will support aged care reform and will focus on the safety, health, wellbeing, needs and preferences of older people. Importantly, a companion Consequential Amendments and Transitional Arrangements Bill will ensure there are arrangements in place to support existing providers to transition to the new system and older people to continue accessing the services they need. It will also make changes to other legislation that references the Aged Care Act, where required. Once fully implemented, the new aged care legislative framework will respond to over 50 recommendations of the Royal Commission.²

What the new Act will cover

The new Act and related legislation will:

- Outline the rights of older people in a proposed Statement of Rights
- Establish a Statement of Principles to guide the actions of government agencies
- Create a single system entry point for all aged care services, with clear eligibility requirements
- Feature a new fair and culturally safe single assessment framework for all aged care services
- Establish new system oversight and accountability arrangements
- Introduce a new statutory duty, increased penalties and access to compensation, new protections for whistleblowers, and enhanced investigatory powers for the regulator
- Introduce a new risk-based regulatory model, including streamlined obligations and robust new standards, designed to increase provider accountability and strengthen enforcement powers for the regulator
- Establish a shared understanding of high quality aged care services
- Expand the suite of regulatory powers available to the Commissioner and the System Governor.³

Consultation approach

From 16 January 2024 to 8 March 2024, 2,646 people participated in consultation activities to share their insights and reactions to the Exposure Draft. The Department oversaw and attended 36 in-person workshops, five virtual roundtables and four virtual workshops that were independently facilitated by KPMG. Online options were also made available to stakeholders, including written submissions and online and phone surveys (surveys).

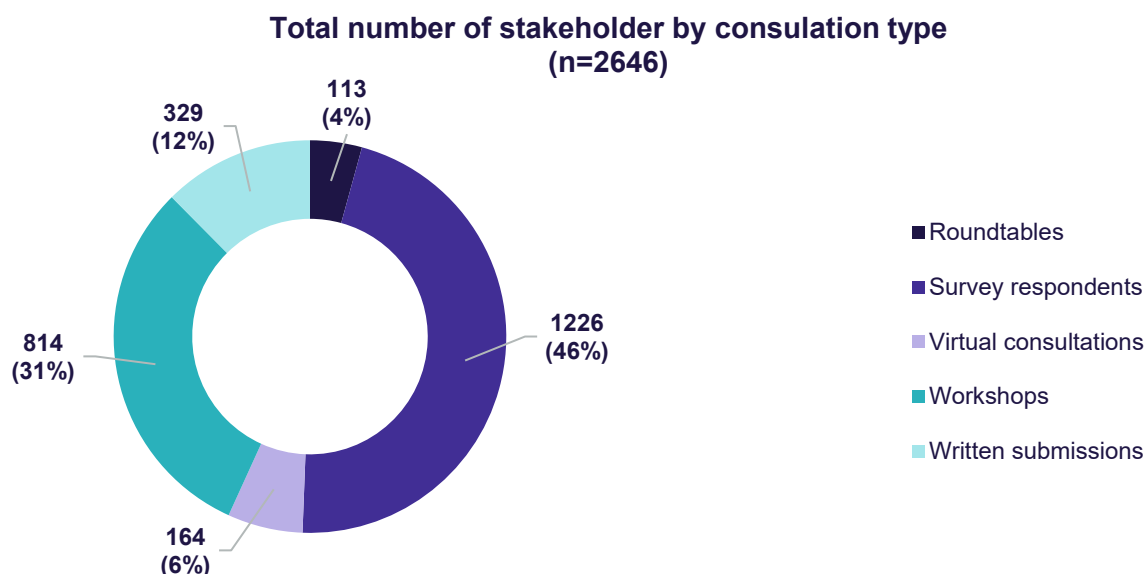
² [a-new-aged-care-act-the-foundations-consultation-summary-report_0.pdf \(health.gov.au\)](#)

³ [a-new-aged-care-act-the-foundations-consultation-summary-report_0.pdf \(health.gov.au\)](#)

Feedback from the consultations was analysed to identify key themes and emerging issues.

The figure below provides a breakdown of the total number of people who participated in consultation activities, broken down by activity type.

Figure 1: Total number of stakeholder by consultation type



Note: The total percentage does not add to 100 per cent due to rounding.

Consultation objectives

The consultation process is an extension of prior consultation on the foundations of the new Act. The goal of these consultation activities was to accumulate insights and responses from stakeholders to the Exposure Draft. The responses gathered will be instrumental in shaping further drafting of the new Act, ensuring it aligns with stakeholder expectation.

Consultation methodology

Survey methodology

A survey was developed for distribution via the Department's website, and also made available to complete over the phone, to gather insights to support further development of the new Act. The purpose of the survey was to:

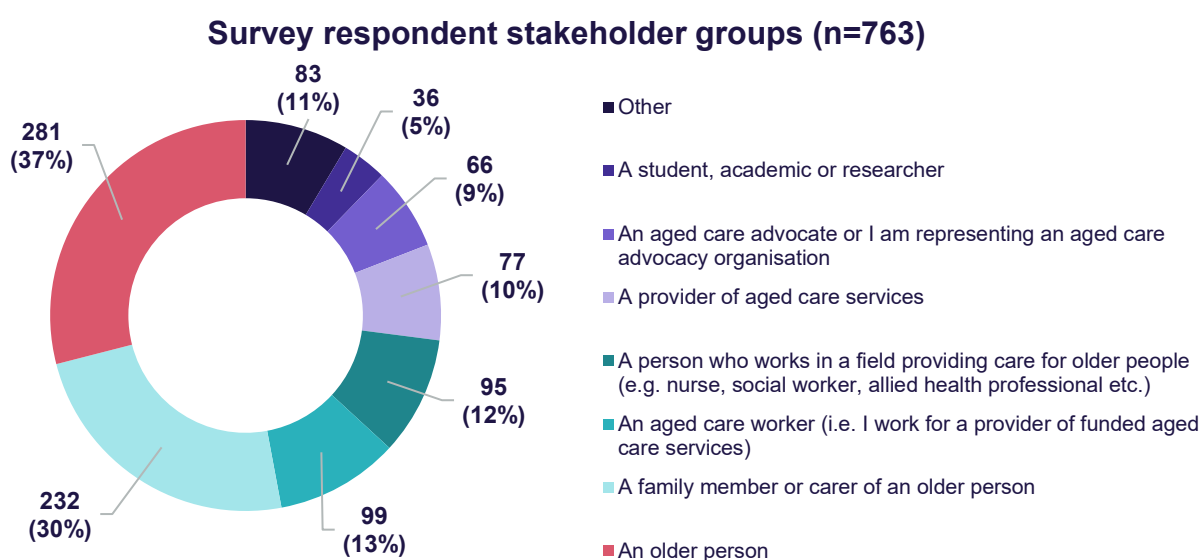
- Gather stakeholder feedback on the comprehensiveness and clarity of the proposed Exposure Draft's provisions
- Measure the anticipated impact of the Exposure Draft on improving quality, accessibility, and sustainability of aged care services
- Identify potential challenges and opportunities for implementation of the Act from the perspective of aged care providers, older people, and regulatory bodies.

The survey consisted of 50 closed ended questions focused on the eight chapters within the Exposure Draft. There were no prescribed mandatory questions within the survey, with respondents able to select which questions to respond to, and in some cases, were able to select more than one response. The results included quantitative analysis of the survey responses. The survey was open for public response for approximately eight weeks from 16 January 2024 to 8 March 2024. A total of 1,226 survey responses were received including both individual and organisational responses.

The results of the survey were analysed in tandem with the outcomes of the workshops, roundtables, and written submissions, and the themes of each are presented comprehensively in this report, including reflections on how the survey and consultation results relate to one another.

The figure below provides a breakdown of the demographics of people who participated in the survey.

Figure 2: Stakeholders who participated in the survey



Note: The survey saw a total of 1,226 respondents, however, the demographic question concerning respondent type was only answered by 763 participants. It should be noted that respondents were given the option to select more than one answer for this particular question.

Face to face workshop methodology

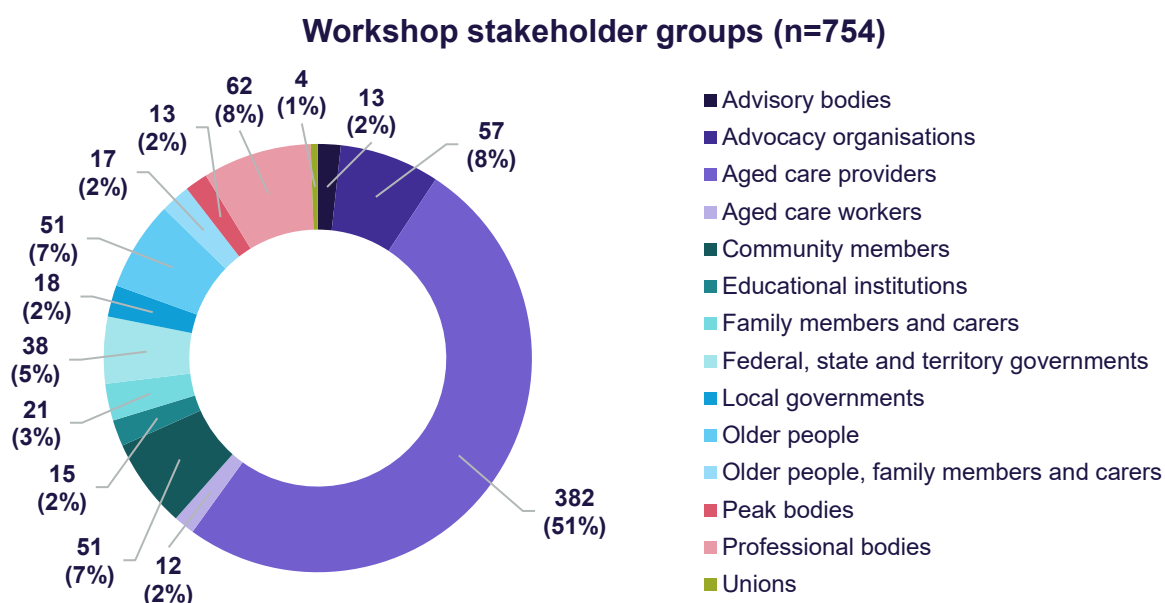
Thirty-six in person workshops were held in capital cities and regional locations in every state and territory in Australia between January 2024 and March 2024. There was significant interest in the workshops with 1,143 stakeholders registered to attend, and a total of 814 participating. Workshops were up to four hours each and open to all members of the public.

Of the 36 workshops, four were specific to culturally and linguistically diverse (CALD) communities and nine were specific to First Nations people.

The workshops were designed to be semi structured to allow participants to have ample time to put their views forward on the Exposure Draft. Where required, summary information and targeted questions were asked during workshops to prompt discussion among participants. Questions asked aligned to the questions outlined in [Consultation paper no. 2](#).

The figure below provides a breakdown of the total number of people who participated in face-to-face workshops across the various consultation activities.

Figure 3: Stakeholders who participated in the face-to-face workshops



Note: While there was a total of 814 workshop participants, only 754 participants provided further information that has been included in the figure above.

Virtual workshops

Six virtual workshops were made available to those unable to attend in person workshops. These were conducted between 12 February 2024 and 7 March 2024. A total of 886 stakeholders registered to attend, and a total of 164 participants attended. Virtual workshops were two hours in length and held virtually via Microsoft Teams.

Virtual roundtables

Five virtual roundtables (up to seven hours each) were conducted between 16 January 2024 and 7 February 2024. Roundtables were by invitation only, with 113 people participating and were designed to focus on particular topics and gain an understanding of the unique perspectives of the following stakeholder groups:

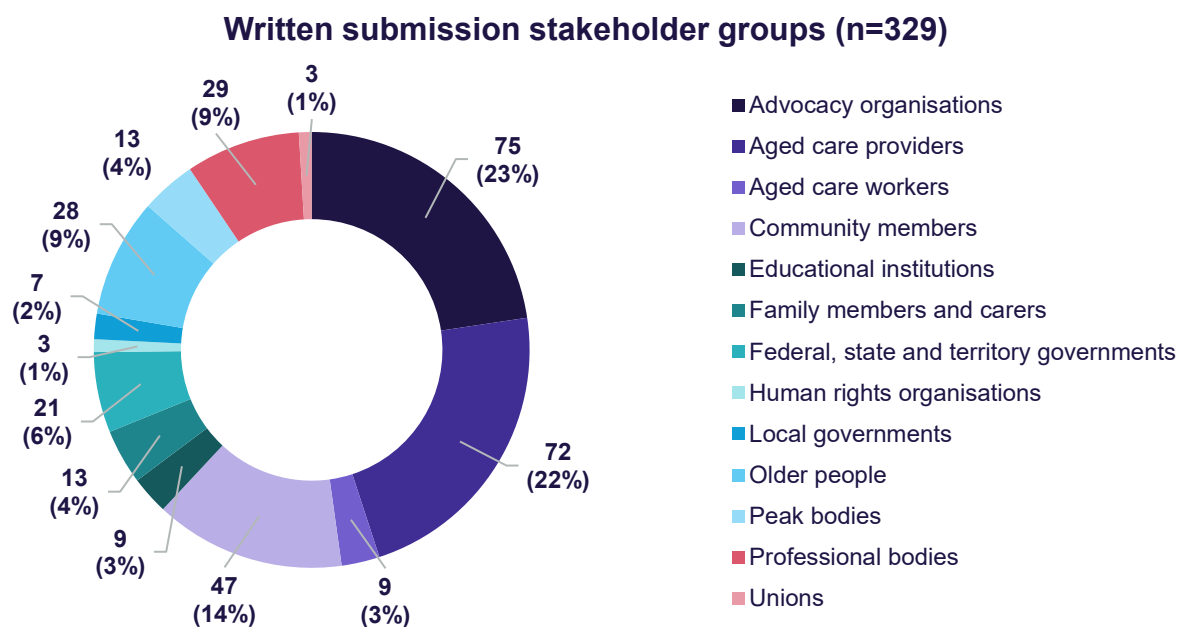
1. Culturally and Linguistically Diverse and other diversity organisations
2. Aged Care Providers
3. Advocacy Organisations
4. First Nations
5. Workers and Unions

Written submissions

The Department received a total of 329 written submissions from a wide variety of stakeholders, including multiple joint submissions. Each submission was thoroughly evaluated and themed based on the specific issues or provisions it addressed. This method ensured that each relevant issue was categorised under relevant themes for a more structured analysis.

The following figure presents a categorised breakdown of the stakeholder groups who have provided written submissions.

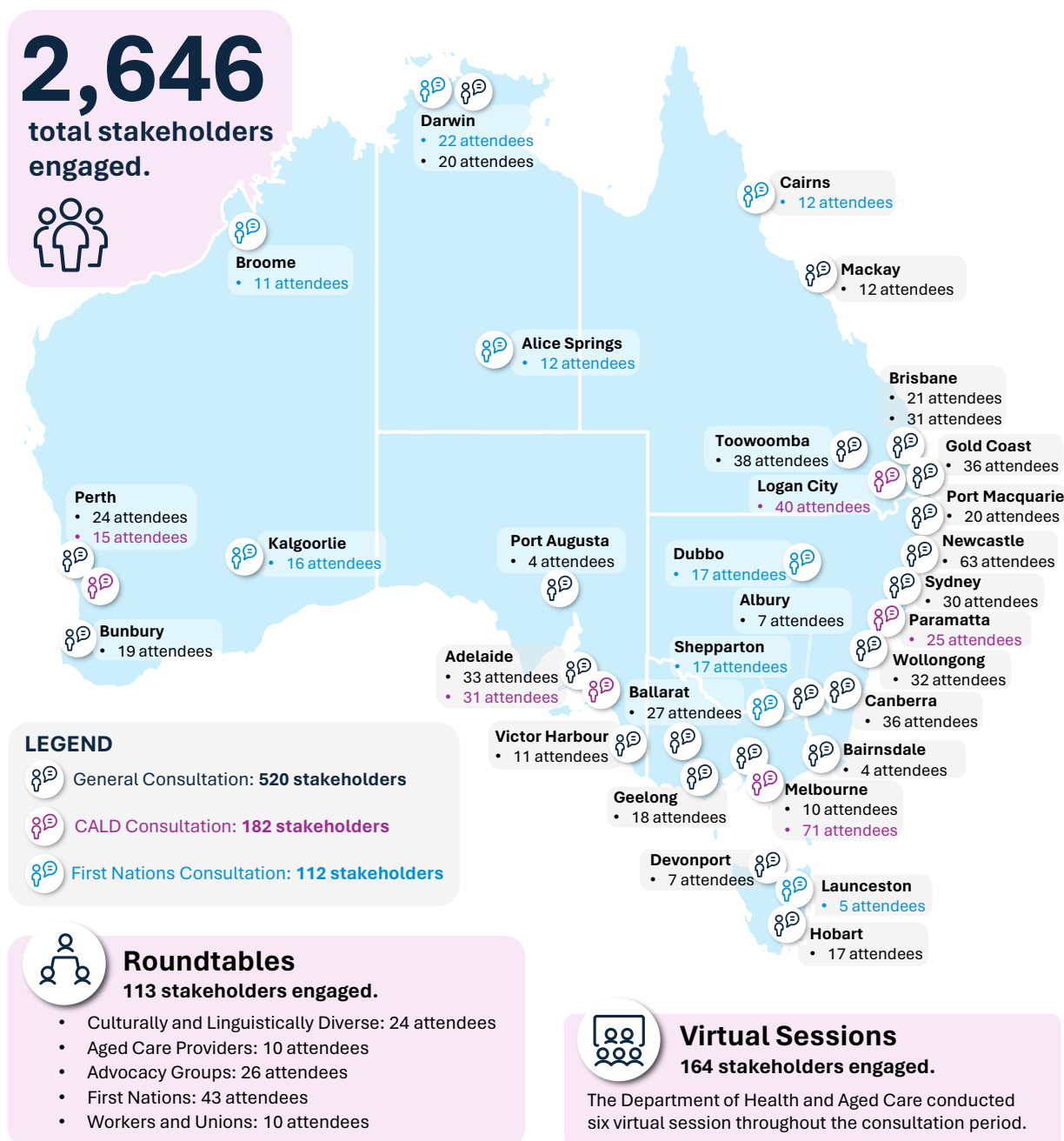
Figure 4: Stakeholders who provided written submissions.



Consultation summary

The figure below provides a breakdown of the total number of people who participated in the consultation process across the various consultation activities.

Figure 5: Stakeholders engaged



Several stakeholders, particularly providers raised concerns regarding the short timeframe for consultation, expressing they would have preferred if the consultation period was extended. This feedback was acknowledged, and the consultation period was extended by three weeks. Many participants stated they did not have adequate time to read the Exposure Draft or consultation materials prior to attending consultations which limited their ability to contribute to discussions or provide meaningful insights. Some stakeholders were also sceptical about whether their feedback would be genuinely considered, noting the short timeframes between consultations and when the new Act will be introduced to Parliament.

Further concerns were raised regarding the planned commencement of 1 July 2024 (subject to being passed in Parliament) arguing the aged care sector needs at least 12 months to prepare for and implement the changes proposed in the Exposure Draft. Conversely older Australians, community members, and carers were in favour of the new Act coming into effect 1 July 2024, and expressed their desire for changes to occur in the sector as soon as possible.

Next steps

The Department will consider relevant feedback received through the consultation process and make necessary revisions to the Exposure Draft before it is introduced to Parliament.

Summary of consultation submission themes

Chapter 1 – Key concepts

The feedback from stakeholders on Chapter 1 has been largely positive, with the majority viewing the outlined Objects as a progressive step in safeguarding the rights of older people accessing or seeking to access funded aged care services. While the intent of the Statement of Rights and Statement of Principles have been deemed clear by most, there have been constructive suggestions to ensure they achieve their intended purpose. The aspirational definition of high quality care has elicited a strong response, with many stakeholders concerned with the ability to meet the requirements outlined in the definition and how elements of high quality care will be measured. The role of supporters and representatives generated considerable feedback, which is discussed in more detail in Chapter 8.

There are concerns that providers will be unable to uphold an individual's right to equitable access to aged care services, particularly in regional, rural, and remote locations and/or in thin or no markets.

1. The rights appear to be aspirational and difficult to uphold for aged care providers

Some stakeholders, specifically aged care providers, voiced their concerns that the rights are idealistic and not feasible in practicality. It was pointed out that certain rights, such as 'equitable access' and 'freedom of choice', could create exceedingly high expectations from older people, which aged care providers may find difficult to meet. They also stressed the gap between the Statement of Rights and the ability of the aged care sector to meet needs and provide services that sustain these rights. Providers voiced concerns that failing to live up to these rights could place them at risk of an influx of complaints, reputational damage, and additional regulatory action. It was proposed that the new Act should specify it is the responsibility of the entire aged care sector to collectively uphold the Statement of Rights and not solely providers.

Despite the concerns raised during stakeholder consultations and written submissions, the majority of survey respondents expressed positive views regarding the clarity and perceived effectiveness of the Objects, Statement of Rights, and Statement of Principles to help build a better aged care system:

- When asked about the clarity of the Objects, Statement of Rights and Statement of Principles, survey results showed that 71 per cent of respondents (420 out of 591) agreed or strongly agreed that the Objects, Statement of Rights and Statement of Principles are clear (see Figure 13 in Appendix A).
- When asked if the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system, survey results showed that 61 per cent

of respondents (268 out of 442) agreed or strongly agreed that the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system (see Figure 14 in Appendix A).

2. The intersection between equitable access and choice needs to be understood

Some stakeholders noted that achieving equitable access and freedom of choice may be challenging, especially in regional, rural, and remote areas and/or in thin or no markets. These stakeholders emphasised that older people in these locations may not have equal access or freedom of choice when it comes to the aged care services they receive, due to the scarcity of aged care workers, facilities, and services in the area. It was suggested that the new Act should provide further clarification and expansion on the intersection between equitable access and choice, to ensure that these concepts are clearly defined and achievable.

3. Equitable access should include access to culturally safe and culturally appropriate care, regardless of location or care settings

Some stakeholders, particularly in First Nations and Culturally and Linguistically Diverse (CALD) focused workshops, commented that access and availability to culturally appropriate and safe care is not equal between metropolitan and regional, rural, and remote areas. These stakeholders highlighted that older people living in regional, rural, and remote areas are disadvantaged. It was suggested that the Statement of Rights should include a reference to equitable access to culturally safe, culturally appropriate, trauma aware and healing-informed assessments and reassessment and care, regardless of location or care settings.

Stakeholders, particularly aged care providers, are concerned the rights of aged care workers to work in a safe environment has not been included in the Exposure Draft.

1. The new Act should set out the expected behaviour of older people who enter the aged care system, particularly when interacting with aged care workers

Most providers stated that the new Act should clearly outline the responsibilities of older people when interacting with aged care workers, other older people, their families, visitors, carers, and aged care providers. The majority of stakeholders emphasised the need to balance the competing rights of all parties.

2. Stakeholders are concerned that there are no provisions for security of tenure in the Exposure Draft that would assist providers in reducing or ceasing service delivery in cases where conciliation outcomes fail

Some stakeholders have expressed concerns regarding the absence of security of tenure provisions for aged care providers in the Exposure Draft. They have emphasised the significance of suspending provisions in exceptional and extraordinary circumstances, particularly after unsuccessful conciliation outcomes or when there are risks to aged care workers or other older people.

Stakeholders have suggested that certain language included in Chapter 1 of the Exposure Draft needs to be reviewed to ensure clarity and appropriateness.

1. Concerns the Exposure Draft's underlying reference to sickness implies people over 65 (or over 50 for Aboriginal and Torres Strait Islander people) are weak or frail

Some stakeholders were concerned that language used in Chapter 1, specifically, references to 'sickness' is ageist as it can imply that aged care recipients are fragile, weak, and dependent. These stakeholders suggested that references to 'sickness' should be revised to include more inclusive and holistic language like 'supporting reablement to assist individuals to live healthy, independent and fulfilled lives'.

2. Overwhelmingly, stakeholders find the term 'island home' confusing, including those who identify as Aboriginal and Torres Strait Islander

Stakeholders did not understand or identify with the language 'connected to island home', but they strongly supported the inclusion of a right for First Nations people to remain connected to country. Many stakeholders, especially those in First Nations focused workshops, indicated their preference for language that reflects 'connected to country'.

Definitions and key concepts

Many stakeholders suggested reviewing some of the definitions and key concepts included in Chapter 1 of the Exposure Draft.

Some stakeholders expressed concern over the definition of an aged care worker.

Many stakeholders have expressed significant concern over the current definition of an 'aged care worker', which includes volunteers. They argue that there are clear distinctions between the roles and responsibilities of paid employees and those who volunteer, and thus, the term should not encompass both. There is a strong push from these stakeholders to refine this definition to better represent the unique characteristics of each group.

Stakeholders requested further clarity on how the new Act will intersect with state and territory Retirement Village Acts.

Some stakeholders were confused by the statement a residential aged care home includes "a place within a retirement village that has been converted to a place described by subsection (2)" and requested additional clarity. Concerns were raised regarding the intersection between state and territory-based Retirement Village Acts and the new Act. Some feedback, particularly from written submissions, suggested that a definition of 'retirement villages' should be included in the new Act.

Stakeholders requested additional safeguards be put in place in the new Act for the use of restrictive practices.

Some stakeholders suggested that restrictive practices should be authorised by an independent expert following the assessment of the proposed use of the restrictive practice. It was highlighted that an authorisation model managed by clinical experts, which the disability sector currently has in place in some jurisdictions, could help ensure proper considerations are made when deciding to approve the use of restrictive practices. They expressed concern over the current model which allows for a wide range of individuals, including those who are unqualified to consent to a restrictive practice on behalf of an older person, risking the increase of unnecessary restrictive practices and potential human rights violations.

Stakeholders would like carers to be recognised with rights and protections.

Some stakeholders were opposed to carers and aged care workers being grouped together in the Exposure Draft, and requested carers be recognised through reference to the *Carer Recognition Act 2010*. They highlighted the importance of carers in the planning and organisation of aged care services with or on behalf of the person they care for and requested that carers have their own enforceable rights and protections embedded within the Act to support them in their duties. Inclusion of informal carers in key areas of the Act such as the appointment of supporters and representatives, complaints, and whistleblower protections was also suggested.

High quality care

Stakeholders agree with the key concepts outlined in the definition of high quality care, which match what people want aged care to look like for the future. However, there are concerns that some of the concepts are aspirational, unmeasurable, and not evidence-based.

The stakeholder consultations and written submissions revealed general consensus on the key concepts of high quality care, aligning with aspirations for the future of aged care. This positive alignment was supported by survey responses. When asked if the definition of high quality care matches what survey respondents want aged care to look like in the future, results showed that 68 per cent of respondents (287 out of 420) agreed or strongly agreed that the definition of high quality care matches what they want aged care to look like in the future (see Figure 15 in Appendix A).

Despite this agreement on the definition's relevance, confidence in the definition's capacity to motivate aged care providers to improve was more varied. Consultations and written submissions revealed concerns in relation to measurability and a lack of evidence base. Only 45 per cent of survey respondents (189 out of 416) expressed confidence that the definition would encourage providers to enhance their services (see Figure 16 in Appendix A).

1. Concerns the proposed definition will be difficult to measure or quantify

The majority of stakeholders expressed concerns around the measurability and usefulness of the proposed definition. Specifically, they highlighted terms like 'kindness', 'respectful', 'connection to the natural environment' and 'timely manner' as vague motherhood statements which are difficult to quantify or measure performance against. Furthermore, they expressed concerns that the immeasurability of the proposed definition and the associated lack of standards or benchmark would fail to encourage the sector to do better.

2. Stakeholders are concerned that the definition of high quality care is aspirational and should not be included in the new Act. Stakeholders suggested that evidence-based care remains the standard in which providers are held and measured

A significant number of providers expressed concern the proposed definition to be aspirational and unfeasible to achieve in practice. They expressed concern over many of the statements including 'connection to pets and environment', 'providing interpreters', 'providing meaningful activities', and 'worker retention'. Stakeholders were concerned both aged care providers and older people would be confused about the level of care they can reasonably be expected to provide and receive. Some stakeholders suggested the definition should not be included in the new Act.

The reference to 'worker retention' in the Exposure Draft has been criticised, given staff retention within aged care is difficult and staff turnover is a normal part of doing business.

The reference to 'worker retention' in the proposed definition was critically analysed and questioned by most stakeholders, including in all CALD focused workshops. Some stakeholders emphasised the difficulty in retaining staff due to several factors such as inadequate funding, poor remuneration, extended working hours, and unsatisfactory work environments. They pointed out that a high rate of employee turnover is a common occurrence within the sector and should not be a standard for evaluating providers. They recommended that the term 'worker retention' should be removed.

High quality care should include keeping individuals connected to their families, carers and communities.

Many stakeholders proposed that the suggested definition should incorporate a reference to support an individual to stay connected to their friends, families, and carers, in addition to their community. They highlighted the importance of this in supporting the health and overall quality of life for older people.

Although concerns were raised regarding the definition of high quality care in stakeholder consultations and in written submissions, the majority of survey respondents agreed that this definition meets their future aspirations for aged care. Nevertheless, feedback varied when respondents were questioned about their confidence in whether this definition would motivate providers to improve their services – this feedback mirrors the sentiments expressed during the consultations.

Single service list

Some stakeholders noted the absence of the Service List in the Exposure Draft, which made it difficult to give detailed feedback. Despite this, during consultations and in written submissions, most stakeholders shared positive perspectives on the concept of a unified service list, noting it could enhance stakeholders understanding of services offered within the Government funded aged care system.

When asked if having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides, survey results showed that 78 per cent of respondents (319 out of 410) agreed or strongly agreed that having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides (see Figure 17 in Appendix A).

Chapter 2 – Entry to the Commonwealth aged care system

The feedback from stakeholders on Chapter 2 highlights concern about service gaps for individuals under 65 with ageing-related conditions or needs who are not eligible for aged care services. There were strong calls on the need for more flexible eligibility criteria in the new Act to accommodate various needs and conditions. Many stakeholders also emphasised standardising qualifications and training for aged care workers and assessors to ensure high quality, inclusive, and culturally appropriate assessments and care. Some suggested that emergency entry into aged care should be considered for individuals experiencing significant changes in circumstances.

Stakeholders raised concerns that there is a service gap for individuals with ageing related conditions or identified needs under the age of 65 who require aged care services, however, are not deemed eligible in the new Act. Some stakeholders highlighted that additional services should be made available to these individuals with identified needs rather than using the aged care system which is already under pressure.

1. There are limited services available to meet the needs of individuals who require support but are not eligible for aged care services.

The majority of stakeholders expressed concern over the growing number of individuals with ageing related conditions or identified needs who require aged care specific support however are not eligible. They highlighted the rising prevalence of degenerative conditions and cognitive disorders like early onset dementia and were concerned there is a significant service gap to meet the needs of these individuals when they are under 65 and ineligible for other services such as NDIS. They noted that the aged care system should not be a catch-all for individuals but emphasised that the eligibility requirements in the new Act should be more flexible and considerate of different needs and ageing related conditions.

2. There is a heavy reliance on state-based services to fill service gaps but there has been a reduction in state and territory based funding for these services.

Some stakeholders were concerned that individuals who are ineligible for aged care services with identified needs are falling through the gaps due to the limited availability of other state and territory based services. For example, some stakeholders strongly believed that homelessness is not an aged care issue but would like to see state and territory based services help those experiencing homelessness or at risk of experiencing homelessness who are not eligible for aged care. It was agreed among those stakeholders that individuals should be supported to access other services when deemed eligible for aged care.

3. Stakeholders identified the need for services for people under the age of 49 who are homelessness or at risk of homelessness however believe alternative services should be available, not specifically aged care services.

Many stakeholders, particularly in First Nations focused workshops, highlighted that alternative services to address individuals who are homelessness or at risk of homelessness should be available for all persons aged 45-49 who are deemed ineligible for aged care services. They highlighted that the cohort of individuals under 50 who are homeless or at risk of homelessness is growing and alternative services should not be provided exclusively to First Nations people.

Overwhelmingly stakeholders would like all aged care workers and approved needs assessors to have appropriate qualifications and training.

Many stakeholders across the aged care sector have identified a critical need for the standardisation of qualifications and training. They have noted inconsistencies in the quality of outcomes produced by aged care workers, due to the varying levels of experience, qualification, and knowledge. Additionally, there are concerns about the ability of approved needs assessors to provide inclusive and culturally appropriate needs assessments. Considering these issues, they are calling for the new Act to address the urgent need for standardisation and investment into qualifications within the sector.

There is a clear understanding and perceived fairness amongst survey respondents in the processes related to eligibility, assessment, approval, and reassessment for government-funded aged care services.

Survey results indicate that the majority of respondents find the processes related to aged care services, ranging from eligibility for needs assessments to the approval and reassessment of services, both clear and fair. Specifically, clarity on eligibility for needs assessments, how needs are assessed, approval processes, and reassessment procedures when circumstances change received positive feedback from over half of the respondents (see Figure 22 to Figure 25 in Appendix A).

Similarly, the fairness of these processes was viewed positively by a slight majority, suggesting that stakeholders generally perceive the system as transparent and equitable, although there is room for improvement in the decision-making process for approving services, which received slightly lower fairness ratings (see Figure 26 to Figure 29 in Appendix A).

Emergency entry to aged care

Stakeholders suggested that any significant change in circumstances could prompt emergency entry into aged care.

Some stakeholders felt that any significant or unexpected change to an older person's circumstances could result in emergency entry into aged care. Specifically, stakeholders highlighted a significant change in a person's health status, natural disasters, domestic violence, changes in carer circumstances and sudden hospitalisation as situations that should be included for emergency entry in the new Act.

Chapter 3 – Registered providers, aged care workers and digital platforms

The feedback from stakeholders on Chapter 3 highlights general support for the conditions of a registered provider and their obligations. However, there were reservations among stakeholders regarding the proposed statutory duties for registered providers and responsible persons within the aged care sector. Stakeholders are apprehensive that the imposition of penalties would dissuade qualified and experienced professionals from working or governing in aged care due to the unprecedented nature of these duties, compared to other similar sectors. Public opinion showed a mix of cautious optimism and scepticism about the effectiveness of these statutory duties in deterring harmful actions and ensuring accountability for serious incidents, indicating a divided perception of their potential impact on improving aged care practices and outcomes.

Statutory duties on registered providers and responsible persons

There was a very strong response from stakeholders regarding the proposed statutory duties on registered providers and responsible persons. Stakeholders expressed concerns that penalties will deter suitably qualified and experienced individuals from being employed, governing or engaged in funded aged care.

Stakeholders have requested further information on how proposed statutory duties could apply to responsible persons.

Stakeholders, primarily those engaged in the provision of funded aged care services, expressed concern about the possible statutory duties that might be imposed on responsible persons. They underlined that these responsible individuals are already obligated under the *Corporations Act 2001*, ACNC Governance Standards and Work, Health and Safety Laws. They also emphasised that the proposed statutory duties are unparalleled in other comparable sectors.

Stakeholders questioned the definition of a responsible person, inclusive of an individual responsible for the overall management of nursing services. This was raised in the context of small residential aged care homes where there might be only one registered nurse, who might not possess the authority, delegation or influence to make decisions.

There was cautious optimism amongst survey respondents about the potential for proposed statutory duties to improve practices and ensure accountability in the aged care sector.

While there is a hopeful outlook that these measures could lead to positive changes, a number of respondents express scepticism or uncertainty:

- When asked if the proposed statutory duties on registered providers will deter them from performing harmful actions, survey results showed that only 37 per cent of respondents (199 out of 526) agreed or strongly agreed that the proposed statutory duties on registered providers will deter them from performing harmful actions (see Figure 30 in Appendix A).

- When asked if the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care, survey results showed that 51 per cent of respondents (235 out of 459) agreed or strongly agreed that the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care (see Figure 31 in Appendix A).

Worker screening

Stakeholders in rural and remote areas requested greater flexibility in conducting worker screening as they believe this will better suit their unique circumstances and needs.

Some stakeholders, particularly those in rural and remote locations, and those focused on First Nations aged care, highlighted the workforce shortages faced in these locations. They expressed concern that the current worker screening and background checks eliminate many skilled individuals from employment because of previous criminal convictions. Further, we heard that First Nations people are concerned that Aboriginal and Torres Strait Islander peoples are disproportionately represented in the criminal justice system, and may therefore be further disadvantaged with worker screening.

Stakeholders suggested increased flexibility on worker screening, specifically around the inclusion of aged care workers with minor historic criminal convictions.

Aged care digital platform operators

Stakeholders expressed that aged care digital platform operators should be registered providers and have appropriate governance and transparency to ensure user protection.

1. Stakeholders would like digital platform operators to be registered providers.

The feedback from stakeholders indicated a preference for aged care digital platform operators, who enable the provision of services to older people, to be registered providers. There was consensus that aged care digital platforms should be regulated. Some respondents suggested this could be achieved by requiring digital platforms to register under the new model for regulating aged care and others thought the draft provisions contained in the exposure draft would provide sufficient protections.

Stakeholders emphasised the vulnerability of some older people and the need for increased regulation and oversight of how these platforms operate, especially in terms of information management to ensure the safety of personal data.

Survey results indicate mixed opinions on the safety impact of imposing additional duties on digital platform operators, with 45 per cent of respondents (204 out of 457) believing that such measures would make the aged care system safer for older people (see Figure 32 in Appendix A). However, there is strong consensus on the types of information that should be shared on these platforms and by registered providers. Specifically, 85 per cent of respondents (459 out of 542) think that digital platforms should disclose whether providers are registered, their registration categories, and the status

of individuals as aged care workers (see Figure 33 in Appendix A). Additionally, an overwhelming 95 per cent agree (453 out of 479) that providers should share information about their workers' qualifications, training, and compliance with screening requirements (see Figure 34 in Appendix A).

Some stakeholders in consultations and written submissions highlighted that preferred partner relationships and referral commissions must be clearly disclosed and displayed on all digital platform operator platforms to ensure full transparency with users.

Timelines for decision making

Stakeholders noted that the Exposure Draft sets out the required timeframes aged care providers are expected to meet, however doesn't set out the timeframes for government.

There was a strong consensus among stakeholders that the Exposure Draft sets out the expectations of registered providers to meet certain timeframes, however fails to set out the timelines for Government in relation to decision making. They have requested clear timeframes on decisions made by Government, such as those made by the System Governor in relation to accessing an aged care needs assessment and what funded aged care services are approved for an individual.

Chapter 4 – Fees, payments and subsidies

Chapter 4 is intended to cover means testing, subsidies, payments, and fee arrangements, however draft provisions were not included in the Exposure Draft at the time of consultations. Stakeholders raised concern that Chapter 4 was not drafted and therefore could not provide meaningful feedback. It was noted that further consultation on this Chapter would be valuable.

Although specific feedback on means testing, subsidies, payments, and fee arrangements could not be provided, stakeholders did share views around potential provisions in this chapter.

1. Stakeholders identified the need for affordability and equity.

Stakeholders would like more detailed and transparent information on fee structures, means testing, and subsidies to ensure that aged care remains accessible and affordable. There is a consensus on the need for equity in how fees are assessed and applied, emphasising protections against financial strain for older people and their families. There was a specific focus on ensuring that older people are not unduly penalised by fee structures. Individual submissions detailed personal experiences with the current fee structures, highlighting issues such as high management fees by Home Care Package (HCP) providers and the financial implications of means testing on care affordability. Several advocacy organisations highlighted discrepancies between the aged care system and other support systems like the NDIS, advocating for parity in access to and funding of care services.

2. Stakeholders call for financial transparency and accountability.

Some stakeholders suggested the new Act establish legislative requirements on aged care providers that government funding is used for the purpose that it is intended for and include transparent accountability mechanisms to ensure this occurs. They also requested more transparency on the financial obligations placed on older people, including how fees are calculated, the rationale behind means testing, and how these contribute to the overall funding of the sector.

3. Stakeholders would like more flexible and sustainable funding models.

Some stakeholders would like a funding model that supports high quality care delivery without disproportionately impacting those with limited financial resources. In the consultations with aged care providers, it was abundantly clear that the delivery of high quality care is inextricably linked to sufficient funding. The ability to meet the proposed definitions of high quality care relies heavily on the funding made available. Many stakeholders proposed alternative and flexible funding model arrangements to ensure culturally appropriate and inclusive delivery while maintaining system sustainability.

There is a degree of uncertainty about the new subsidy framework's potential to improve aged care and survey respondents requested clearer communication about the framework's specifics.

The response to the new subsidy framework revealed broad uncertainty about the effectiveness in addressing the financial and personalised care needs of older people, including a need for more detailed information on how the subsidy framework intends to improve aged care outcomes. Survey feedback indicated only 32 per cent of respondents (167 out of 528) agreed or strongly agreed that the new subsidy framework will better address the costs of caring for older people (see Figure 35 in Appendix A).

Only 33 per cent of respondents (159 out of 470) agreed or strongly agreed that the individual needs of older people will be better supported by the new subsidy framework (see Figure 36 in Appendix A). Clarity on the distinction between person-centred and provider-based subsidies was not evident to over half of the survey respondents, with only 44 per cent (207 out of 476) understanding the difference (see Figure 37 in Appendix A).

Chapter 5 – Governance of the aged care system

The feedback from stakeholders on Chapter 5 indicates broad support for the proposed governance arrangements, though stakeholders indicated a need for clearer delineation of responsibilities among various oversight bodies. There was strong consensus on the necessity for an independent Complaints Commissioner, distinct from the Aged Care Quality and Safety Commissioner, to enhance transparency and independence in the complaints resolution process. However, confusion was noted regarding the roles, responsibilities, and interactions among the System Governor, Aged Care Quality and Safety Commissioner, Aged Care Quality and Safety Advisory Council, Complaints Commissioner, and Inspector-General.

There was a lack of clarity among stakeholders regarding the distinct roles, autonomy, and interplay of various governance positions as detailed in this chapter.

The majority of stakeholders, particularly in CALD and First Nations focused workshops found the hierarchy, activities, independency, and intersection between the System Governor, Aged Care Quality and Safety Commission, Aged Care Quality and Safety Advisory Council, the Complaints Commissioner and the Inspector General confusing and unclear. They suggested that clear plain English language be included in the Act to improve clarity on the governance framework. Some First Nations stakeholders highlighted the absence of the Interim First Nations Commissioner from the Exposure Draft and the need to ensure this role is acknowledged and functions outlined.

Similarly, when asked about the different activities that the Aged Care Quality and Safety Commissioner is responsible for, survey results showed that only 50 per cent of respondents (229 out of 464) were clear or very clear about the different activities that the Commissioner is responsible for (see Figure 38 in Appendix A).

Survey results indicated that a significant proportion of respondents expressed their uncertainty on the clarity and understanding of roles and intentions of the aged care oversight bodies. Only 36 per cent (187 out of 524) of respondents felt clear about the differences between the System Governor, the Aged Care Quality and Safety Commissioner, and the Inspector-General of Aged Care (see Figure 39 in Appendix A). Furthermore, just 42 per cent (195 out of 465) of respondents understood the collective intent of these bodies to ensure effective oversight for the delivery of sustainable, safe, and quality aged care services (see Figure 40 in Appendix A).

There are varying views among stakeholders on whether the role of the Complaints Commissioner should be independent, separate from that of the Aged Care Quality and Safety Commissioner.

There were varying views among stakeholders on whether the Complaints Commissioner should be independent from the Aged Care Quality and Safety Commission.

Fifty-two per cent (227 out of 437) of survey respondents agreed or strongly agreed that it is appropriate to have a Senior Executive Services officer handling complaints within the Aged Care Quality and Safety Commission (see Figure 43 in Appendix A). Conversely, feedback received through workshops and written submissions expressed a desire for the

Complaints Commissioner to be separate from the Aged Care Quality and Safety Commission, and for the role to have an independent statutory office to maintain independency and transparency. They suggested that the Complaints Commissioner could be appointed by the Minister or sit within the Department of Health and Aged Care or the Office of the Inspector-General of Aged Care.

There was a mix of cautious optimism and scepticism amongst survey respondents regarding the Complaints Commissioner's role and the broader regulatory framework's capacity to address and resolve complaints in the aged care sector effectively.

There were a proportion of survey respondents who express scepticism on the oversight and complaints handling structure. Survey results indicate mixed confidence levels in the effectiveness of the Complaints Commissioner and complaints staff, with 50 per cent of respondents (256 out of 511) believing in their adequacy to resolve complaints effectively (see Figure 41 in Appendix A). Only 31 per cent of respondents (138 out of 449) felt confident about achieving appropriate outcomes from their complaints (see Figure 42 in Appendix A). Sixty-nine per cent of respondents find that incorporating principles for best practice complaint handling in legislation would enhance accountability and reassure stakeholders of the Commission's commitment to addressing grievances effectively (see Figure 44 in Appendix A).

Chapter 6 – Regulatory mechanisms

The feedback from stakeholders on Chapter 6 delves into concerns and perspectives on the enhanced powers of the Aged Care Quality and Safety Commissioner. Opinions were divided on the Aged Care Quality and Safety Commissioner's new power to enter residential aged care homes without consent; while some saw it as a necessary step for ensuring quality care and accountability, others worried about potential privacy infringements for older people and aged care workers. Stakeholders endorsed the expanded powers of the Aged Care Quality and Safety Commissioner but expressed concerns about the feasibility of their implementation without adequate resources such as appropriate staff, expertise, and management. The concept of critical failures powers was widely supported as a means to safeguard older people and aged care workers, though calls were made for clearer guidelines around proposed critical failures powers, including when these powers would be triggered.

New powers for Commissioner to enter a residential aged care home without consent

Stakeholders expressed support on entering a residential aged care home without consent.

Stakeholders were generally comfortable with the new powers for the Aged Care Quality and Safety Commissioner. Some stakeholders were in support of the new powers, highlighting it would allow the Aged Care Quality and Safety Commissioner to investigate and monitor whether older people are receiving high quality care and increase aged care provider accountability. However, other stakeholders were concerned that entering a home without consent could compromise older people's right to privacy.

Survey respondents were also supportive to provide the Aged Care Quality and Safety Commissioner with considerable authority to ensure the safety and quality of care in residential aged care homes. This includes entering facilities under severe risk conditions and appointing external managers in response to provider failures. When asked in which of the circumstances do they think the Commissioner should be able to enter an approved residential care home, survey results (see Figure 45 in Appendix A) showed that:

- Fifty-five per cent of respondents (286 out of 517) believe that the Commissioner or approved Commission officers should be able to enter an approved residential care home without a warrant or consent if it is necessary and there is a severe risk to a resident's safety, health or wellbeing, or with a warrant issued by a judicial officer, or with the provider's consent.
- Thirty-one per cent of respondents (163 out of 517) believe that the Commissioner or approved Commission officers should be able to enter an approved residential care home without a warrant or consent if it is necessary and there is a severe risk to a resident's safety.

- Nine per cent of respondents (50 out of 517) believe that the Commissioner or approved Commission officers should be able to enter an approved residential care home with a warrant issued by a judicial officer.
- Seven per cent of respondents (38 out of 517) believe that the Commissioner or approved Commission officers should only be able to enter an approved residential care home with the provider's consent.

Expanded power for the Aged Care Quality and Safety Commissioner

Stakeholders were in support of the expanded powers for the Aged Care Quality and Safety Commissioner, however raised concerns around the ability of the Commissioner to achieve them. They noted that under the new Act the Aged Care Quality and Safety Commissioner's role is extensive and achieving the expanded powers may be unfeasible without the appropriate staff, expertise, and management.

There was significant support for expanded powers to appoint an external manager to an approved provider. Survey results showed that 82 per cent of respondents (429 out of 523) believe that the Aged Care Quality and Safety Commissioner should be able to appoint an external manager to a registered provider in whom the Aged Care Quality and Safety Commissioner has lost confidence (see Figure 46 in Appendix A).

Critical failures powers

Stakeholders were largely in support of the proposed critical failures powers.

Stakeholders generally favoured the introduction of critical failure powers. The consensus was that these powers could enhance the safety and welfare of both older people and aged care workers within residential aged care homes. For example, it was noted that raising complaints or concerns about providers presents significant challenges for both older people and aged care workers. Therefore, through the proposed critical failures powers, they believed that granting authority to appoint an external manager to oversee providers would be advantageous.

Stakeholders requested additional clarity around the proposed critical failures powers.

Many stakeholders requested additional clarity and information around the proposed critical failures powers, including when these powers would be triggered. They highlighted language like "the Commissioner not having confidence that the registered provider is able to address the situation" as unclear and vague given confidence cannot be quantified.

Chapter 7 – Managing information

The feedback from stakeholders on Chapter 7 expressed concern that the definition of protected information is overly broad and may potentially shield providers from being transparent.

In regard to the whistleblower protections, there's a general endorsement of the protections, however apprehension about removing the 'act in good faith' requirement, fearing it might encourage malicious reporting. The need for clarity between a whistleblower disclosure and complaints was emphasised, alongside a call for enhanced training across the sector to ensure proper understanding and implementation of the protection.

Scope of protected information

Stakeholders found the definition of protected information too broad.

Stakeholders were concerned that the definition of protection information is too broad. They also expressed the concern that the definition which includes financial, personal, not public and readily discoverable information is too broad and has the potential to protect providers from being transparent and accountable.

However, survey respondents feel confident that personal information will be properly protected under the new Act. Results showed that 50 per cent of respondents (253 out of 509) agreed or strongly agreed that they feel confident that personal information will be properly protected under the new Act (see Figure 47 in Appendix A).

Whistleblower protections and disclosure protections

Stakeholders are generally in support of the whistleblower protections, however, raised concerns with the removal of the requirement for whistleblowers to 'act in good faith'.

The majority of stakeholders expressed concerns that eliminating the 'act in good faith' requirement might lead to malicious reporting, but they recognised that the introduction of 'reasonable grounds' could lessen this risk. Especially in written submissions, stakeholders recommended that the 'act in good faith' requirement should be included in the new Act to prevent frivolous complaints and to maintain consistency with reports made under the *National Disability Insurance Scheme Act 2018*. They pointed out that if the new Act does not incorporate 'acting in good faith,' then penalties for false disclosures should be considered.

Anonymity for whistleblowers is difficult to uphold and increased protections should be included in the new Act.

Stakeholders, particularly in First Nations workshops, noted that the right to anonymity for whistleblowers will be difficult to uphold in practice and strongly suggested that increased protections should be included in the new Act. Specifically, First Nations stakeholders stated that making a whistleblower complaint could be divisive within First Nations

communities and could detrimentally impact an individual's employment, social and family connections and safety.

Stakeholders were confused on the difference between a whistleblower disclosure and a complaint.

Some stakeholders were unclear on the distinction between a whistleblower disclosure and a complaint and suggested additional information and clarity is required.

Stakeholders highlighted the need for all parties to understand the whistleblower framework.

Stakeholders emphasised the importance of comprehensive training regarding the whistleblower framework across the sectors to ensure its proper functioning and to prevent it from being misunderstood as a complaints procedure. They pointed out that since aged care workers can receive such disclosures, it is vital to have a proper understanding and training of the framework for it to be successful. Particularly, aged care providers and advocates expressed their worry that aged care workers might fail to comprehend their responsibilities and duties within the framework. Further, some suggest alignment with the whistleblower framework outlined in the *Corporations Act 2001*.

Survey respondents have shown considerable support for robust whistleblower protections alongside a desire for greater transparency in how sensitive information about providers is managed.

Survey results suggest a strong endorsement for comprehensive whistleblower protections and a transparent approach to handling sensitive provider information. Fifty per cent of respondents (223 out of 443) feel comfortable disclosing information under this framework (see Figure 48 in Appendix A), yet only 41 per cent (183 out of 438) believe it will protect them from repercussions (see Figure 49 in Appendix A). A majority, 71 per cent (313 out of 439), agree that all aged care workers should be able to receive whistleblower disclosures (see Figure 50 in Appendix A). However, clarity around the protections available to whistleblowers and the process for disclosing information is clear to just over half of the respondents (214 out of 427) (see Figure 52 in Appendix A). About half (203 out of 418) understand the difference between making a whistleblower disclosure and the complaints process (see Figure 53 in Appendix A). Additionally, 47 per cent of respondents (238 out of 504) feel certain types of provider information should be limited in recording, sharing, or disclosing to protect providers' competitive and commercial interests (see Figure 54 in Appendix A).

Chapter 8 – Miscellaneous

Feedback received from stakeholders on Chapter 8 delves into the roles and responsibilities of supporters and representatives in the aged care sector, emphasising the consensus that these roles should primarily advocate for the preferences and will of older people. The chapter outlines concern regarding potential conflicts with existing state and territory legislation. Stakeholders advocated for clear differentiation of roles and circumstances under which representatives could act, emphasising the need for swift and unencumbered decision-making processes, particularly in urgent scenarios. There was a strong sentiment that multiple supporters and representatives should be allowed to accommodate complex family dynamics and to ensure continuity with existing legal arrangements for decision-making. Additionally, the chapter touches on annual reporting and delegation decisions, highlighting general approval for the transparency annual reporting could bring to the sector and significant apprehension towards computer-generated decision-making without adequate human oversight and public accountability.

Supporters and representatives

Most stakeholders agreed that the actions and duties of supporters and representatives should promote the will and preferences of older people.

The consensus among consultations and written submissions is that the roles of supporters and representatives in aged care should prioritise and advocate for the will and preferences of older people. This perspective is strongly supported by survey data, with a significant majority of respondents, 84 per cent of respondents (342 out of 405) agreeing or strongly agreeing that the actions and duties of supporters and representatives should promote the will and preferences of older people (see Figure 18 in Appendix A).

There is confusion around how the new Act will interact with existing state and territory legislation, such as Public Guardian and Trustee Acts. Stakeholders are concerned that the role of a representative within the Exposure Draft is duplicative of existing state and territory laws that specify substitute decision makers.

Stakeholders are concerned that the proposed representative role in the new Act is unnecessary and may cause confusion. Some stakeholders, particularly in written submissions, were also concerned with the implied assumption that older people do not have decision-making capacity. They stated that older people should be presumed to have the capacity to make decisions, and the new Act should be amended to ensure that the presumption of capacity is recognised, respected, and supported.

Some stakeholders expressed concern over the appointment and approval of representatives by the System Governor as this process may be lengthy and administratively burdensome. Stakeholders were also concerned that delays in the appointment of a representative could hinder an individual from making timely and important decisions on behalf of the older person in serious or critical circumstances.

Stakeholders raised concerns with delayed decision making when engaging with state and territory public guardians.

Stakeholders are concerned that introducing representatives alongside state and territory Enduring Power of Attorney provisions could cause delays and complications in decision making for older people. They are unsure how conflicts and a lack of consensus would be managed, and who has the final say when consensus is not reached. Some stakeholders suggested providing case studies to clarify how representatives, guardians, and attorneys would work together.

Overwhelmingly stakeholders believe multiple supporters and representatives should be able to be appointed at one time, to support varying roles and responsibilities, particularly where there is more than one legally appointed substitute decision maker.

Opinions were divided almost evenly regarding whether an older person needs to have a supporter and representative simultaneously. However, an overwhelming majority agree that an older person should be able to appoint different individuals as a supporter and representative at the same time.

Stakeholders highlighted multiple circumstances in which having both supporters and representatives would be beneficial for the older person, including the common example of appointing multiple children as representatives and appointing local community members like friends or neighbours as supporters. They also noted that older people under existing state and territory guardianship legislations can appoint multiple attorneys and therefore should be given the same right to appoint multiple representatives to maintain consistency.

Survey data further validated stakeholder perspectives on the flexibility needed in appointing multiple supporters and representatives at one time. Only a low number of respondents, 38 per cent of respondents (155 out of 401) agreed or strongly agreed an older person does not need to have a supporter and representative at the same time (see Figure 19 in Appendix A). When asked if an older person should be able to appoint different people to be a supporter and a representative at the same time, survey results showed that 88 per cent of respondents (354 out of 401) agreed or strongly agreed that an older person should be able to appoint different people to be a supporter and a representative at the same time (see Figure 20 in Appendix A).

A substantial majority in stakeholder consultation and written submissions also agreed that older people should have the option to appoint a representative to make decisions on their behalf, even when they are still capable of making their own decisions. When asked if an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them, survey results showed that 83 per cent of respondents (335 out of 406) agreed or strongly agreed that an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them (see Figure 21 in Appendix A).

Annual reporting

There was general agreement that annual reporting will improve transparency and accountability on the operation of the new Act. The survey results showed there was a positive reception towards the annual reporting, with a significant majority of respondents agreeing that such reporting will enhance transparency within the aged care system. When asked about the annual reporting on the operation of the new Act will provide additional transparency for the aged care system, survey results showed that 63 per cent of respondents (316 out of 508) agreed or strongly agreed that the annual reporting on the operation of the new Act will provide additional transparency for the aged care system (see Figure 55 in Appendix A).

Delegation decisions

Stakeholders were concerned about computer-generated decision making.

The majority of stakeholders across consultation activities expressed concern that the System Governor may arrange for computer programs to make decisions on the classification and priority of older people accessing aged care services. Stakeholders were concerned about the lack of information provided in the Exposure Draft and requested that computer-generated decisions be subject to expert oversight, monitoring, reporting and audits to ensure appropriate safeguards are in place for older people. They were particularly apprehensive about computer programs assessing people from marginalised or diverse backgrounds, and strongly advised that audit findings be made publicly available. Some stakeholders also suggested that all computer-generated decisions should be reviewed and approved by the System Governor.

Themes and findings from First Nations consultations

First Nations older people, family members and carers, Aboriginal Owned and Controlled providers, aged care workers, advocacy organisations, advisory bodies and state and territory governments were consulted throughout the consultation period, which included specific targeted consultations through one roundtable discussion and eight face-to-face workshops. In addition to the targeted consultations, First Nations specific organisations and advocacy groups submitted written submissions providing feedback on the Exposure Draft. These consultations were crucial in gathering insights and perspectives from First Nations people, with a total of 155 participants engaging across various regions of Australia. The consultation captured valuable insights into the unique needs of First Nations older people.

The key themes are outlined below.

- It is recommended that the new Act's objectives explicitly include the aim of ensuring equitable access to funded aged care services for eligible Aboriginal and Torres Strait Islander people.
- A reference to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) should be included alongside the current references to the International Covenant on Economic, Social, and Cultural Rights and the Convention on the Rights of Persons with Disabilities.
- Overwhelmingly, Aboriginal and Torres Strait Islander people did not understand or resonate with the term 'connected to island home'. Stakeholders would like the language in the Statement of Rights and throughout the Act more broadly to be reviewed to ensure it connects with First Nations people.
- Stakeholders located in rural and remote locations highlighted a need for transitional care arrangements and emergency access to aged care. They highlighted that alternative services are difficult to access for these communities due to thin markets and workforce constraints. However, stakeholders did highlight the already existing limitations in residential aged care capacity in rural and remote locations.
- First Nations stakeholders identified the importance for needs assessments to be completed face to face by culturally competent and qualified staff regardless of their location.
- First Nations stakeholders agreed with the eligibility requirements around age, however noted that the aged care system should not be a catch-all for individuals who are unable to access other services. Stakeholders strongly emphasised that the eligibility requirements in the new Act should be flexible and considerate to First Nations people.
- First Nations stakeholders strongly agreed Australians aged below 50 who are experiencing homelessness or at risk of experiencing homelessness should not be eligible for funded aged care, and other support services should be made available.

- The new Act should outline measures for enhancing the user-friendliness of digital platforms for First Nation people, ensuring equitable, safe and appropriate access.
- Stakeholder raised concerns about the unknown impact of changes to means testing and co-payments.
- Suggestions that any monies resulting from any Commonwealth or State Stolen Generations Redress Schemes should be exempt from consideration under income and assets means testing for Aged Care services.
- First Nations stakeholders identified a need for the new Act to support specific service types and assessment mechanisms to accommodate flexible pathways to support Aboriginal and Torres Strait Islander people to access and deliver aged care services.
- First Nations stakeholders identified the need for Aboriginal and Torres Strait Islander representation on the Aged Care Quality and Safety Advisory Council and an embedded link within the Act to First Nations Aged Care Commissioner and the First Nations Health Ageing and Aged Care Advisory Group (currently known as the First Nations Aged Care Governance Group).
- Stakeholders are concerned that anonymity in First Nations communities is unfeasible and would like increased protections or alternative approaches for complaints handling and whistleblower disclosures to be considered.
- Concerns were raised that aged care providers and aged care needs assessors may lack the necessary training or education to provide culturally safe and culturally appropriate care, potentially causing trauma to First Nations people.
- Stakeholders expressed concern that the Exposure Draft does not address the issue of creating a culturally sensitive workforce. Stakeholders recommend that additional First Nations people should be hired in the sector, and additional training and education should be made available to aged care workers.

Themes and findings from CALD consultations

Older people from CALD backgrounds, providers, advocacy groups, and families were consulted through a consultation period, which included specific targeted consultations through one roundtable discussion and five face-to-face workshops. In addition to the targeted consultations, CALD specific organisations and advocacy groups submitted written submissions providing feedback on the Exposure Draft. These consultations were crucial in gathering insights and perspectives, with a total of 206 participants engaging. The consultation period captured valuable insights into the unique needs of older people from CALD backgrounds.

The key themes are outlined below.

- Stakeholders were pleased to see the rights-based approach to the Exposure Draft, with human rights being explicitly recognised. Additionally, they were glad to see that the objects identified the obligations under the International Covenant on Economic, Social and Cultural Rights. Stakeholders believed the future of aged care will be focused on the cultural rights as an expression of individual human rights underpinned within the Act.
- Stakeholders would like the language used in the Objects section as well as the Act more broadly to be simplified and written in plain English.
- Throughout various workshops and written submissions, stakeholders emphasised the importance of culturally safe and culturally appropriate aged care services. They stressed the need for information and support to be provided in their languages (where other than English), asserting that this should be a clear aspect within the definition of high-quality care.
- Some stakeholders would like the term 'homeless' to be replaced with more contemporary language like 'unhoused'.
- Stakeholders were strongly in support for transitional arrangements to be put in place for individuals who do not meet the eligibility criteria. Stakeholder's suggested that older people under the age 65, who are unable to access other services, should be afforded access to aged care services.
- Stakeholders emphasised the importance of conducting needs assessments in person and ensuring that assessors are trained to provide culturally safe and culturally appropriate assessments to older Australians from diverse backgrounds.
- Stakeholders agreed the definition of high quality care could be strengthened by incorporating references to best practice principles and evidence-based research.
- Stakeholders were eager to understand how the new Aged Care Act would interface with other pertinent legislation, including those affecting veterans and people with a disability.
- Stakeholders identified concerns regarding AI and computer-assisted decision-making methods and expressed the possible risk of bias and discrimination against

vulnerable populations. Stakeholder additionally highlighted the System Governor computer-generated decisions related to individuals seeking and accessing aged care services are monitored and audited, with specific attention to their suitability when applied to people with diverse backgrounds and from more marginalised groups, and the findings of the audit made publicly available and included in all annual reports regarding the operations of the system.

References

- 1 Australian Government, Department of Health and Aged Care, *A new Aged Care Act: exposure draft. Consultation paper No. 2* (December 2023) < [A new Aged Care Act exposure draft - consultation paper number 2 \(health.gov.au\)](#)>
- 2 Australian Government, The Parliament of the Commonwealth of Australia. House of Representatives. *Aged Care Bill 2023, Exposure Draft* (2023) <[New Aged Care Act exposure draft \(health.gov.au\)](#)>

Appendices

Appendix A – Survey response data

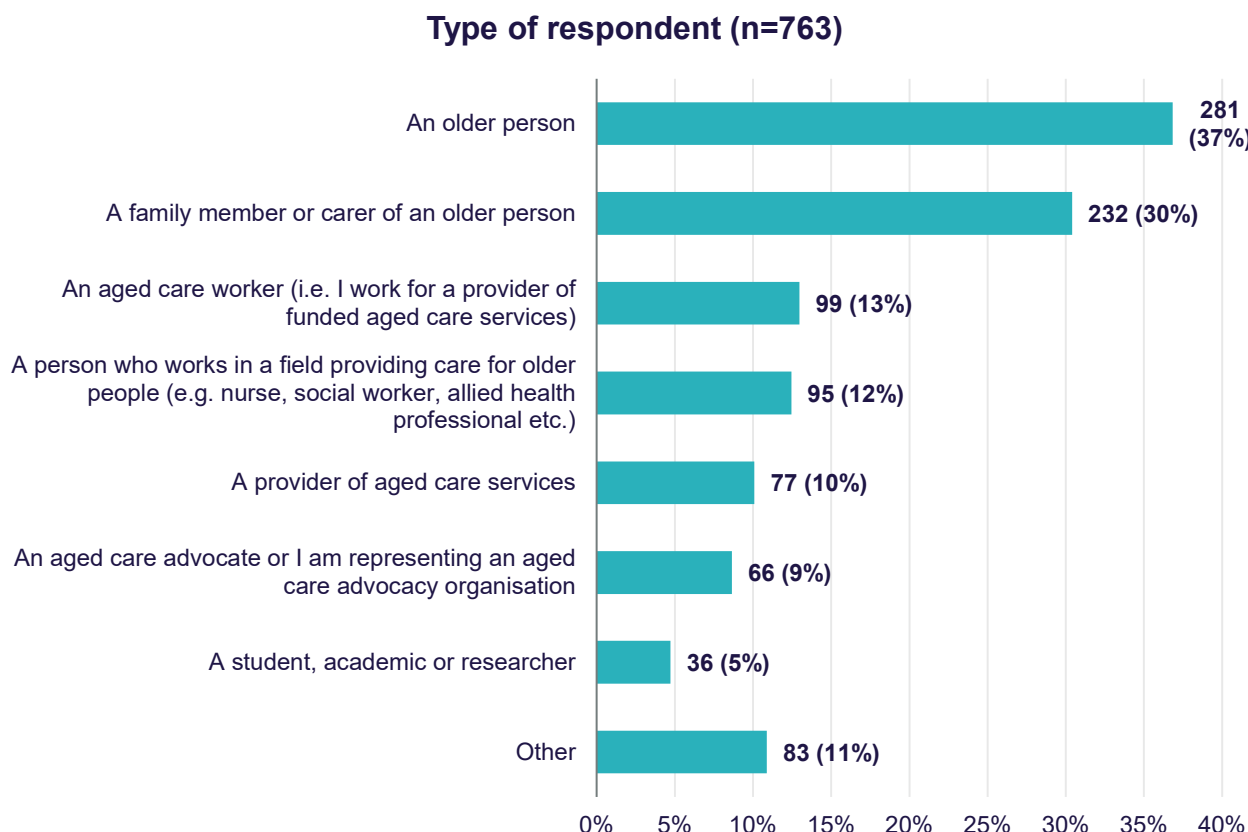
The following section presents additional data and information related to the survey.

Survey respondent background

The survey received a total of 1,226 responses from individuals across Australia, noting that not all respondents completed every question.

Of the total of 1,226 respondents, 763 individuals identified their respondent category. Thirty-six per cent of respondents (281 out of 763) identified as an older person, 30 per cent (232 out of 763) identified as a family member or carer of an older person, 13 per cent (99 out of 763) identified as an aged care worker, 12 per cent (95 out of 763) identified as a person who works in a field providing care for older people (e.g. nurse, social worker, allied health professional etc.), 10 per cent (77 out of 763) identified as a provider of aged care services, 9 per cent (66 out of 763) identified as an aged care advocate or representing an aged care advocacy organisation, 5 per cent (36 out of 763) identified as a student, academic, or researcher, and 11 per cent (83 out of 763) identified as other (e.g. previous aged care worker, retired health care worker, aged care assessor, etc.) (see Figure 6).

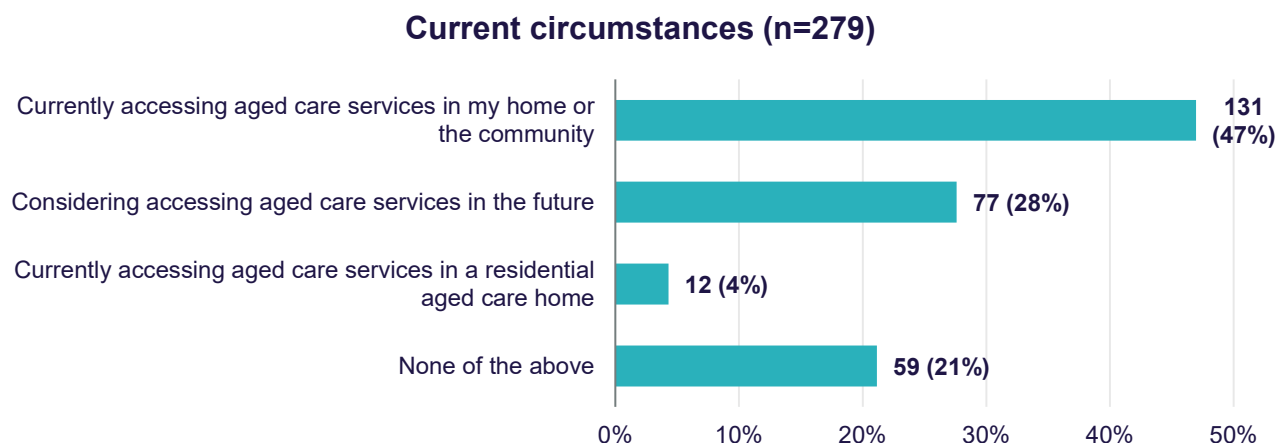
Figure 6: Type of respondent



Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 763 respondents, as respondents had the option to select multiple responses.

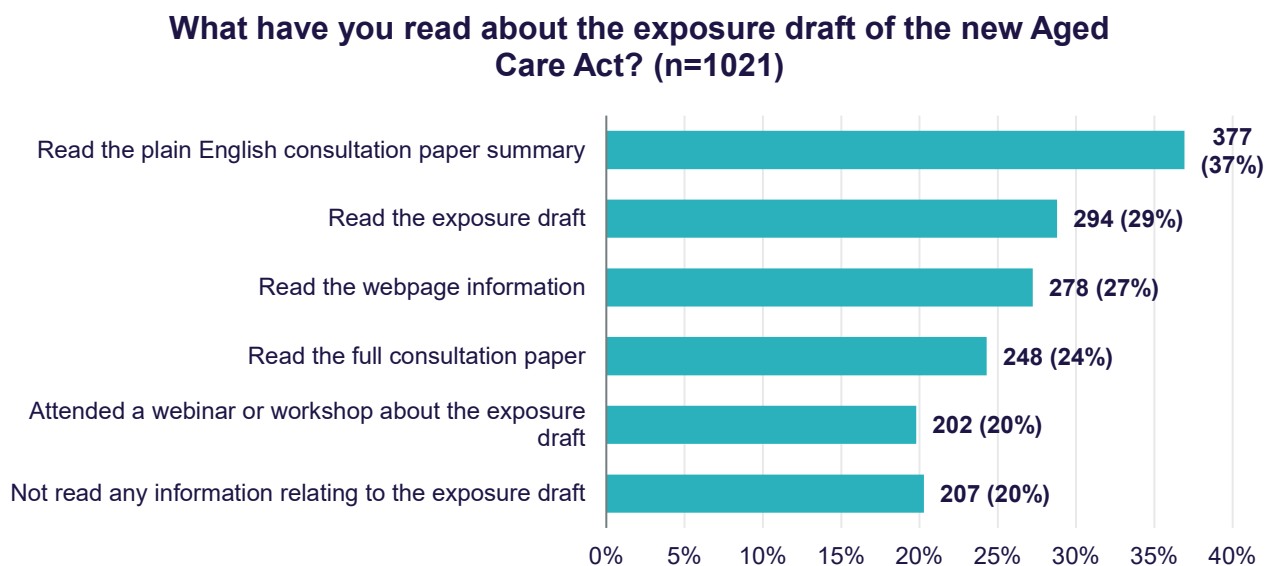
Of the total of 1,226 respondents, 279 individuals provided information on their current circumstances. Forty-seven per cent of respondents (131 out of 279) are currently accessing aged care services in their own home or the community, 28 per cent of respondents (77 out of 279) are considering accessing aged care services in the future, 4 per cent of respondents (12 out of 279) are currently accessing aged care services in a residential aged care home, twenty-one per cent of respondents (59 out of 279) do not fit into any of the previously mentioned categories (see Figure 7).

Figure 7: Current circumstances



Of the total of 1,226 respondents, 1,021 individuals provided information on what they have read about the Exposure Draft of the new Aged Care Act. Thirty-seven per cent of respondents (377 out of 1021) read the plain English consultation paper summary, 29 per cent of respondents (294 out of 1021) read the Exposure Draft, 27 per cent of respondents (278 out of 1021) read the webpage information, 24 per cent of respondents (248 out of 1021) read the full consultation paper, 20 per cent of respondents (202 out of 1021) attended a webinar or workshop about the Exposure Draft, and 20 per cent (207 out of 1021) have not read any information relating to the Exposure Draft (see Figure 8).

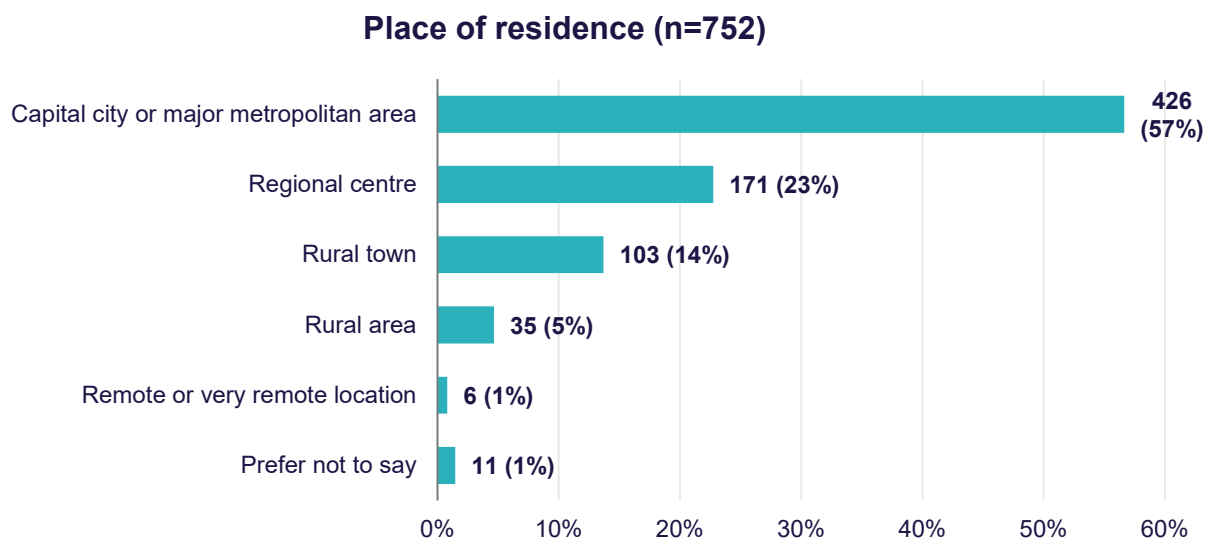
Figure 8: What have you read about the Exposure Draft of the new Aged Care Act?



Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 1,021 respondents, as respondents had the option to select multiple responses.

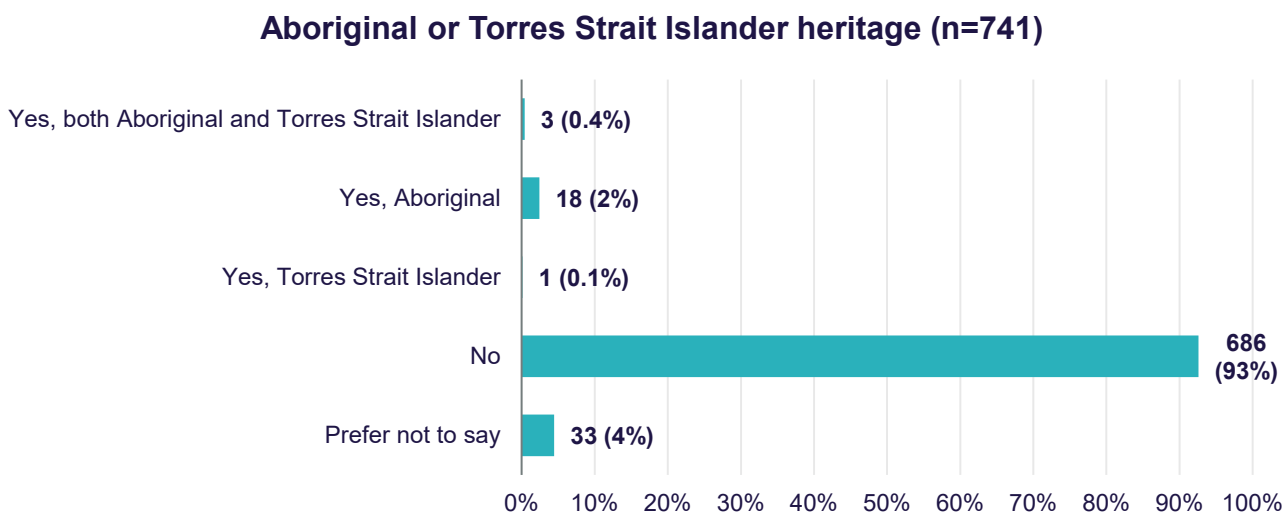
Of the total of 1,226 respondents, 752 individuals provided information on their place of residence. Fifty-seven per cent of respondents (426 out of 752) reside in a capital city of major metropolitan area, 23 per cent of respondents (171 out of 752) reside in a regional centre, 14 per cent of respondents (103 out of 752) reside in a rural town, 5 per cent of respondents (35 out of 752) reside in a rural area, 1 per cent of respondents (6 out of 752) reside in a remote or very remote location, and 1 per cent (11 out of 752) preferred not to disclose their place of residence (see Figure 9).

Figure 9: Place of residence



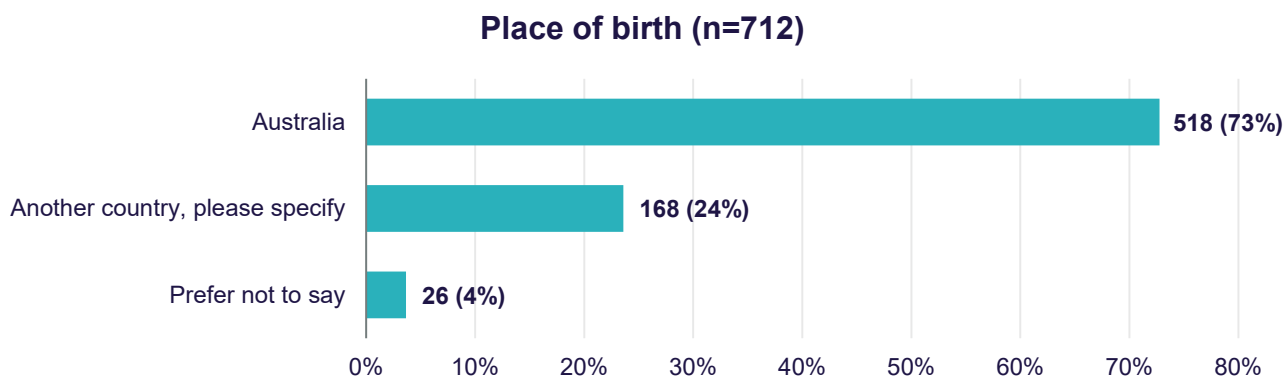
Of the total of 1,226 respondents, 741 individuals provided information on their heritage. 0.4 per cent of respondents (3 out of 741) identified as both Aboriginal and Torres Strait Islander, 2 per cent of respondents (18 out of 741) identified as Aboriginal, 0.1 per cent of respondents (1 out of 435) identified as Torres Strait Islander, 93 per cent of respondents (686 out of 741) are not from Aboriginal and Torres Strait Islander heritage, and 4 per cent of respondents (33 out of 741) preferred not to identify their heritage (see Figure 10).

Figure 10: Aboriginal or Torres Strait Islander heritage



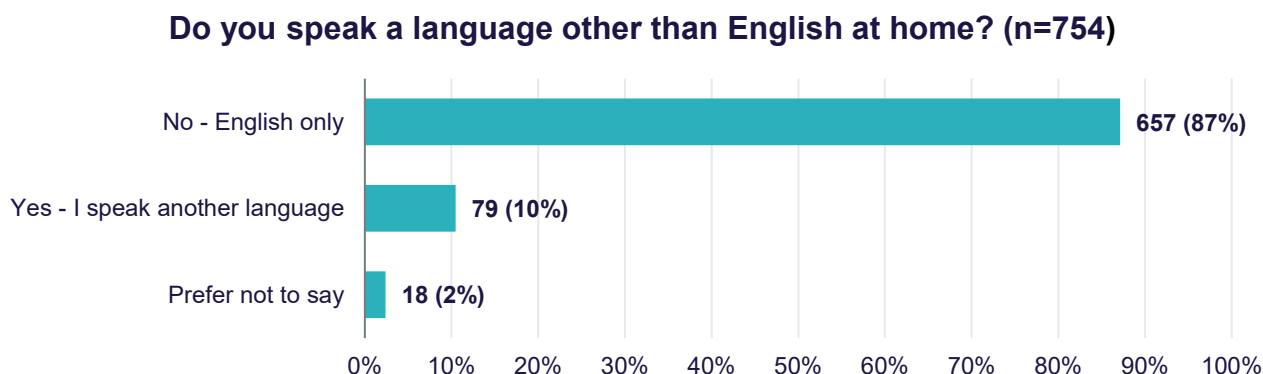
Of the total of 1,226 respondents, 712 individuals provided information on their place of birth. Seventy-three per cent of respondents (518 out of 712) were born in Australia, 24 per cent of respondents (168 out of 712) were born in another country with majority (122 out of 168) from United Kingdom (i.e. England, Scotland, Wales), New Zealand, Canada, Germany, Italy, and India, and 4 per cent of respondents (26 out of 712) preferred not to disclose their place of birth (see Figure 11).

Figure 11: Place of birth



Of the total of 1,226 respondents, 754 individuals provided information on the language they spoke at home. Eighty-seven per cent of respondents (657 out of 754) only speak English at home, 10 per cent of respondents (79 out of 754) speak another language other than English, 2 per cent of respondents (18 out of 754) preferred not to disclose on the language they spoke at home (see Figure 12).

Figure 12: Do you speak a language other than English at home?



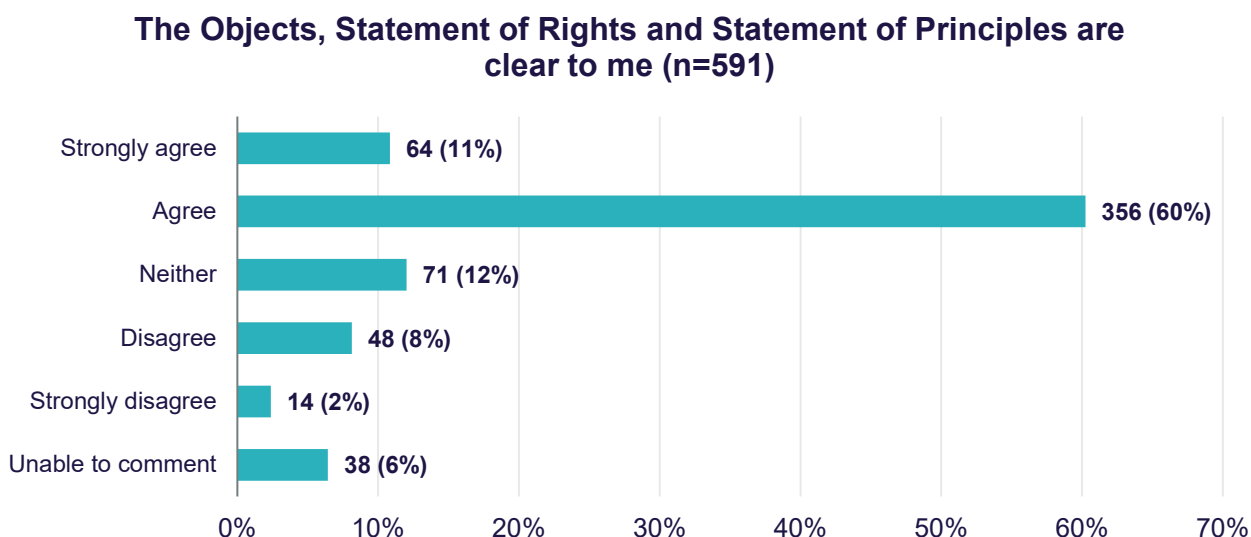
Note: The total percentage does not sum to 100 per cent due to rounding.

Survey responses to questions on Objects, Statement of Rights and Statement of Principles

When asked about the clarity of the Objects, Statement of Rights and Statement of Principles, survey results (see Figure 13) showed that:

- Seventy-one per cent of respondents (420 out of 591) agreed or strongly agreed that the Objects, Statement of Rights and Statement of Principles are clear.
- Twelve per cent of respondents (71 out of 591) neither agreed nor disagreed that the Objects, Statement of Rights and Statement of Principles are clear.
- Ten per cent of respondents (62 out of 591) disagreed or strongly disagreed that the Objects, Statement of Rights and Statement of Principles are clear.
- Six per cent of respondents (38 out of 591) were unable to comment if the Objects, Statement of Rights and Statement of Principles are clear.

Figure 13: The Objects, Statement of Rights and Statement of Principles are clear

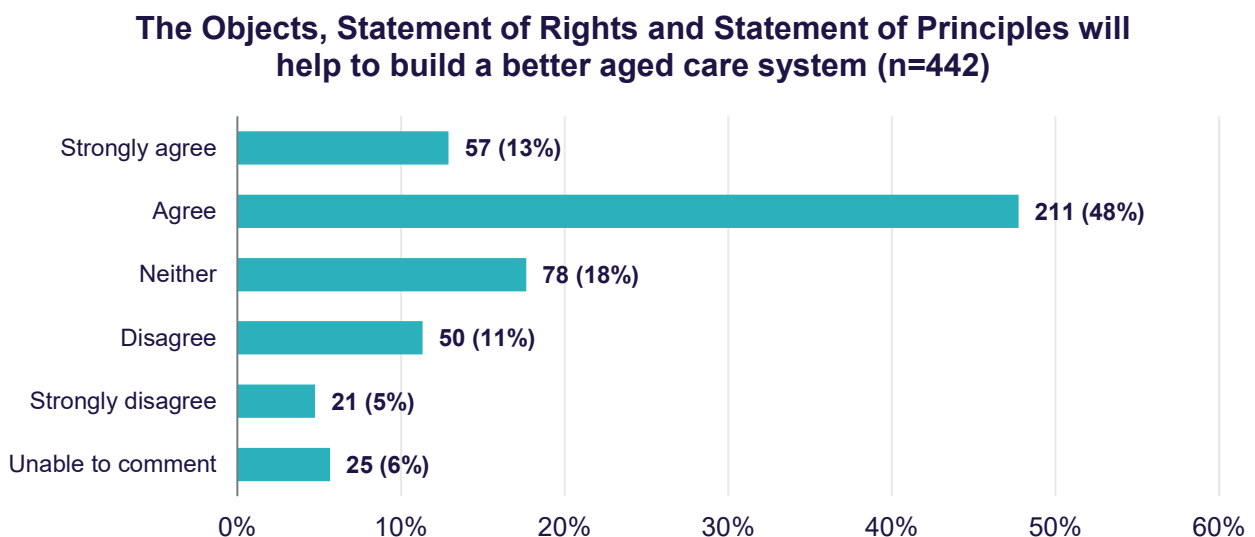


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system, survey results (see Figure 14) showed that:

- Sixty-one per cent of respondents (268 out of 442) agreed or strongly agreed that the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system.
- Eighteen per cent of respondents (78 out of 442) neither agreed nor disagreed that the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system.
- Sixteen per cent of respondents (71 out of 442) disagreed or strongly disagreed that the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system.
- Six per cent of respondents (25 out of 442) were unable to comment if the Objects, Statement of Rights and Statement of Principles will help to build a better aged care system.

Figure 14: The Objects, Statement of Rights and Statement of Principles will help to build a better aged care system



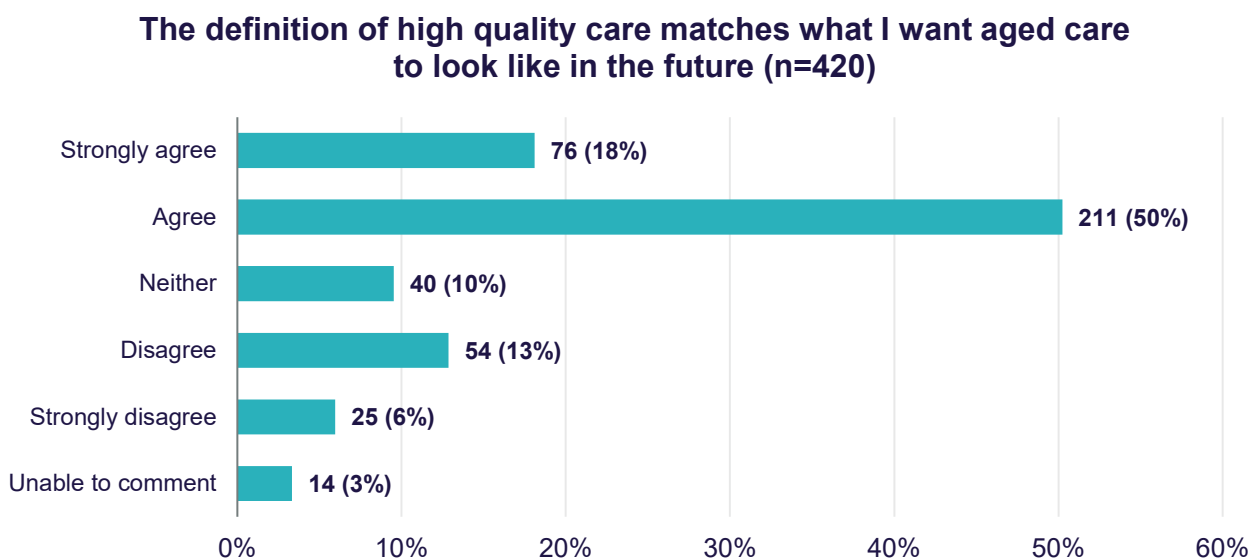
Note: The total percentage does not sum to 100 per cent due to rounding.

Survey responses to questions on high quality care

When asked if the definition of high quality care matches what respondents want aged care to look like in the future, survey results (see Figure 15) showed that:

- Sixty-eight per cent of respondents (287 out of 420) agreed or strongly agreed that the definition of high quality care matches what they want aged care to look like in the future.
- Ten per cent of respondents (40 out of 420) neither agreed nor disagreed that the definition of high quality care matches what they want aged care to look like in the future.
- Nineteen per cent of respondents (79 out of 420) disagreed or strongly disagreed that the definition of high quality care matches what they want aged care to look like in the future.
- Three per cent of respondents (14 out of 420) were unable to comment if the definition of high quality care matches what they want aged care to look like in the future.

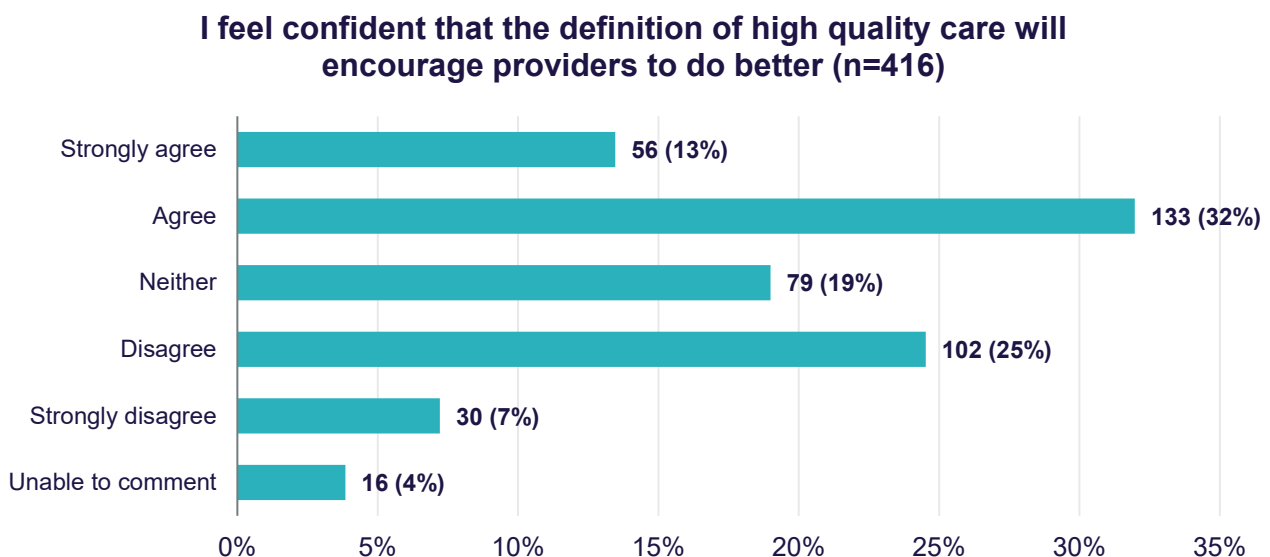
Figure 15: The definition of high quality care matches what I want aged care to look like in the future



However, when asked if the respondent feel confident that the definition of high quality care will encourage providers to do better, survey results (see Figure 16) showed mixed feedback:

- Forty-five per cent of respondents (189 out of 416) agreed or strongly agreed that they feel confident that the definition of high quality care will encourage providers to do better.
- Nineteen per cent of respondents (79 out of 416) neither agreed nor disagreed that they feel confident that the definition of high quality care will encourage providers to do better.
- Thirty-two per cent of respondents (132 out of 416) disagreed or strongly disagreed that they feel confident that the definition of high quality care will encourage providers to do better.
- Four per cent of respondents (16 out of 416) were unable to comment if they feel confident that the definition of high quality care will encourage providers to do better.

Figure 16: I feel confident that the definition of high quality care will encourage providers to do better

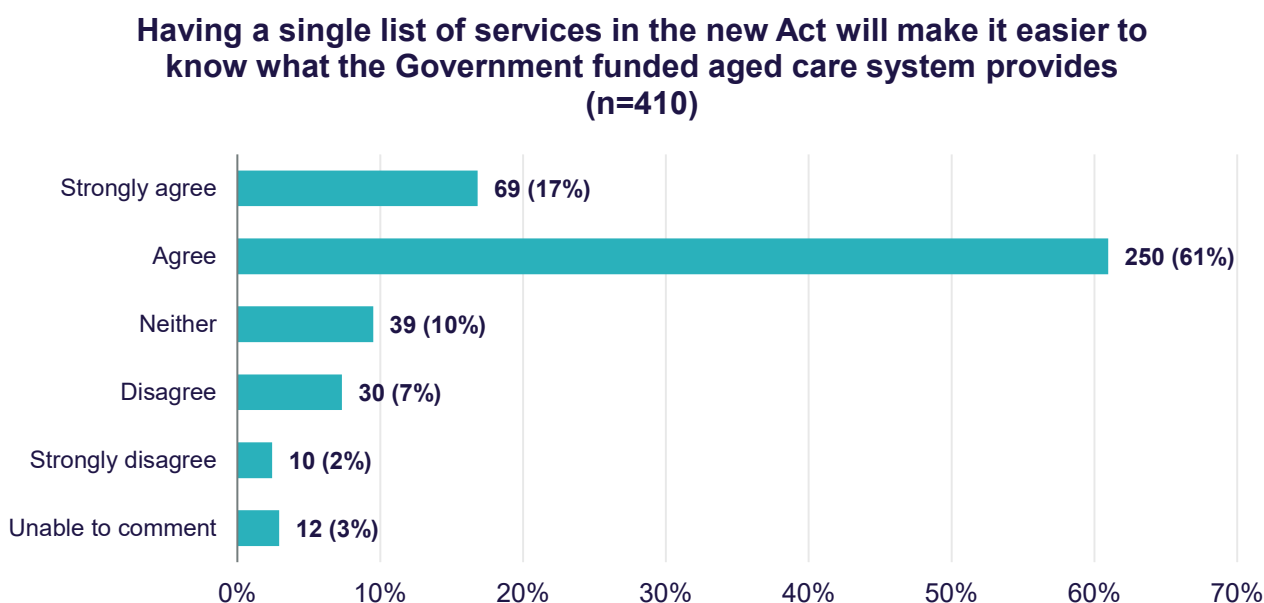


Survey responses to question on single service list

When asked if having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides, survey results (see Figure 17) showed that:

- Seventy-eight per cent of respondents (319 out of 410) agreed or strongly agreed that having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides.
- Ten per cent of respondents (39 out of 410) neither agreed nor disagreed that having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides.
- Nine per cent of respondents (40 out of 410) disagreed or strongly disagreed that having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides.
- Three per cent of respondents (12 out of 410) were unable to comment if having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides.

Figure 17: Having a single list of services in the new Act will make it easier to know what the Government funded aged care system provides

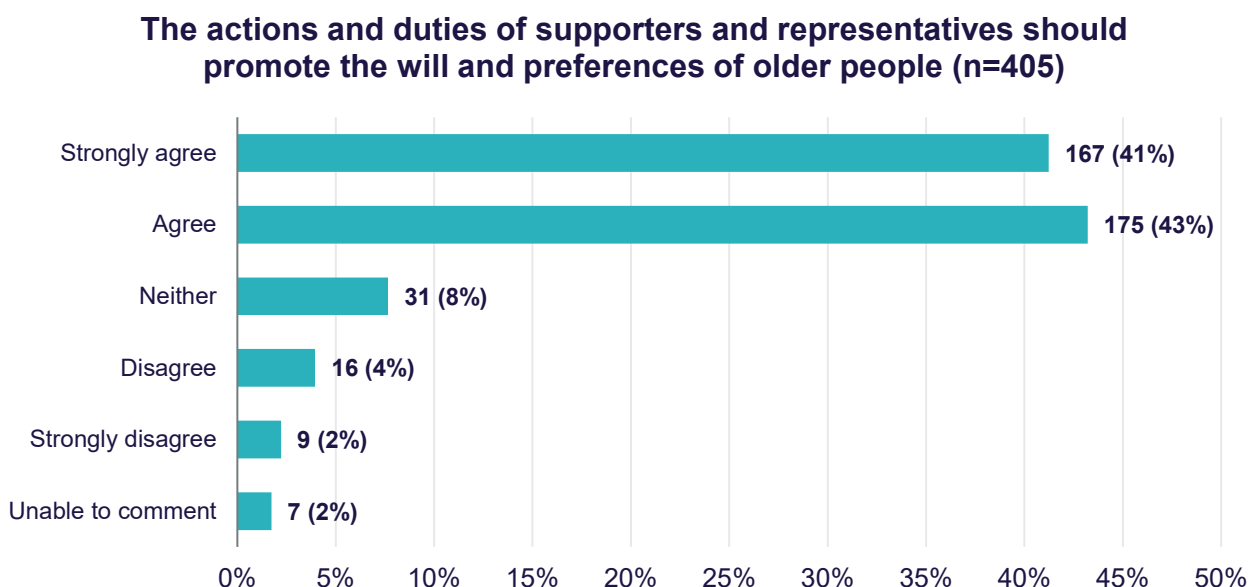


Survey responses to questions on supporters and representatives

When asked if the actions and duties of supporters and representatives should promote the will and preferences of older people, survey results (see Figure 18) showed that:

- Eighty-four per cent of respondents (342 out of 405) agreed or strongly agreed that the actions and duties of supporters and representatives should promote the will and preferences of older people.
- Eight per cent of respondents (31 out of 405) neither agreed nor disagreed that the actions and duties of supporters and representatives should promote the will and preferences of older people.
- Six per cent of respondents (25 out of 405) disagreed or strongly disagreed that the actions and duties of supporters and representatives should promote the will and preferences of older people.
- Two per cent of respondents (7 out of 405) were unable to comment if the actions and duties of supporters and representatives should promote the will and preferences of older people.

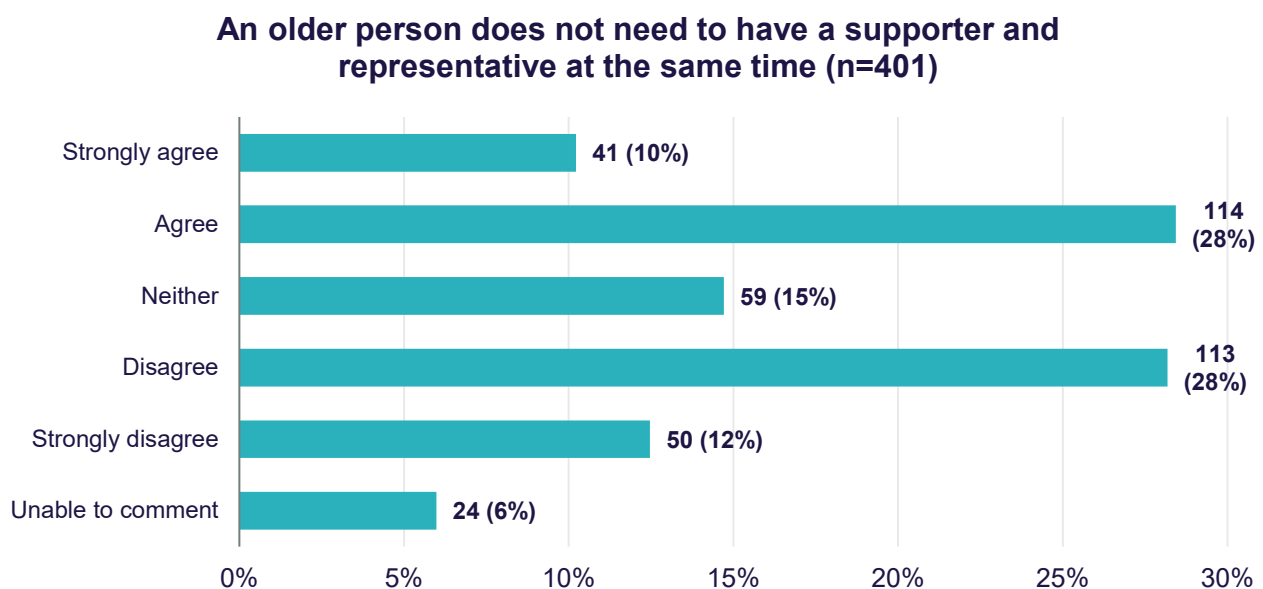
Figure 18: The actions and duties of supporters and representatives should promote the will and preferences of older people



When asked if an older person does not need to have a supporter and representative at the same time, survey results (see Figure 19) showed that:

- Thirty-eight per cent of respondents (155 out of 401) agreed or strongly agreed an older person does not need to have a supporter and representative at the same time.
- Fifteen per cent of respondents (59 out of 401) neither agreed nor disagreed that an older person does not need to have a supporter and representative at the same time.
- Forty per cent of respondents (163 out of 401) disagreed or strongly disagreed that an older person does not need to have a supporter and representative at the same time.
- Six per cent of respondents (24 out of 401) were unable to comment if an older person does not need to have a supporter and representative at the same time.

Figure 19: An older person does not need to have a supporter and representative at the same time

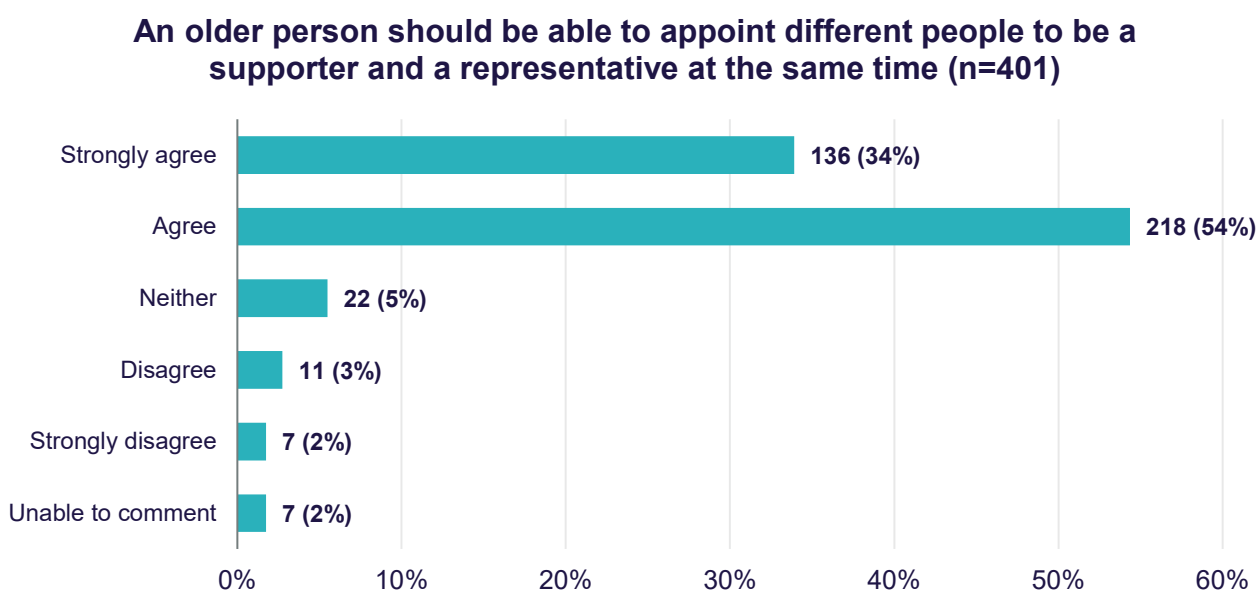


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if an older person should be able to appoint different people to be a supporter and a representative at the same time, survey results (see Figure 20) showed that:

- Eighty-eight per cent of respondents (354 out of 401) agreed or strongly agreed that an older person should be able to appoint different people to be a supporter and a representative at the same time.
- Five per cent of respondents (22 out of 401) neither agreed nor disagreed that an older person should be able to appoint different people to be a supporter and a representative at the same time.
- Five per cent of respondents (18 out of 401) disagreed or strongly disagreed that an older person should be able to appoint different people to be a supporter and a representative at the same time.
- Two per cent of respondents (7 out of 401) were unable to comment if an older person should be able to appoint different people to be a supporter and a representative at the same time.

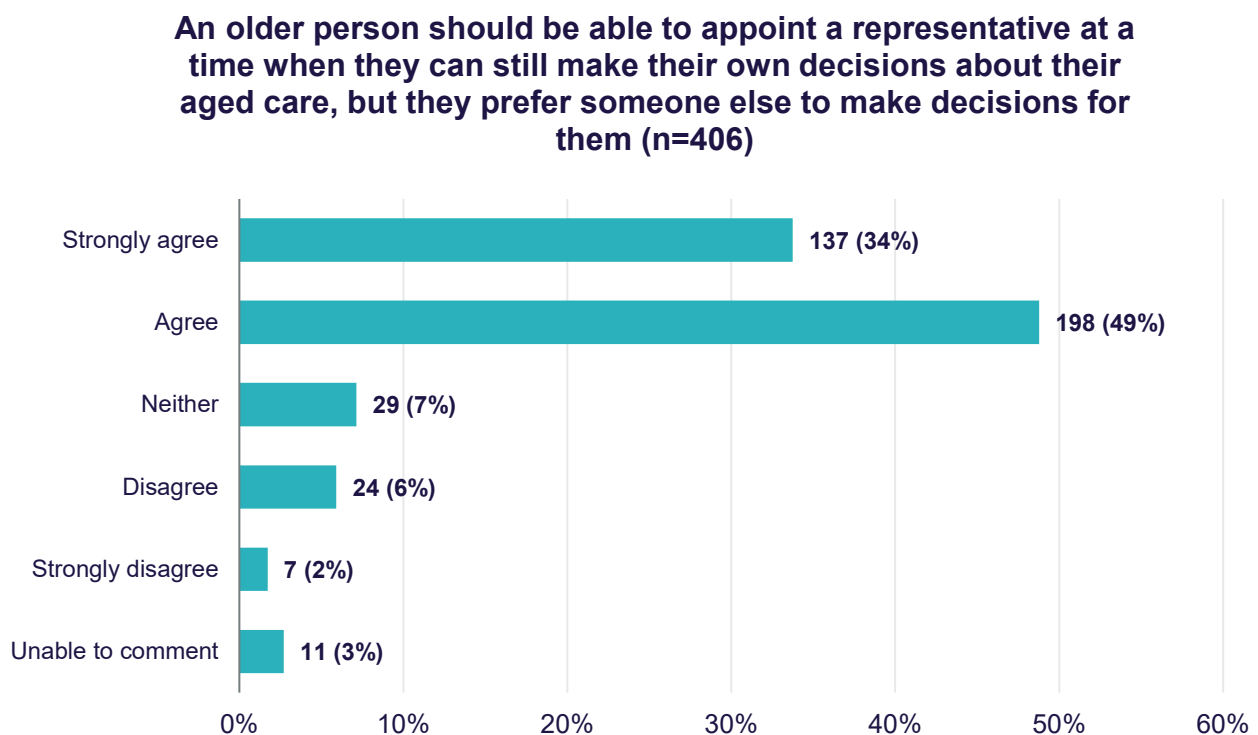
Figure 20: An older person should be able to appoint different people to be a supporter and a representative at the same time



When asked if an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them, survey results (see Figure 21) showed that:

- Eighty-three per cent of respondents (335 out of 406) agreed or strongly agreed that an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them.
- Seven per cent of respondents (29 out of 406) neither agreed nor disagreed that an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them.
- Eight per cent of respondents (31 out of 406) disagreed or strongly disagreed that an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them.
- Three per cent of respondents (11 out of 406) were unable to comment if an older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but prefer someone else to make decisions for them.

Figure 21: An older person should be able to appoint a representative at a time when they can still make their own decisions about their aged care, but they prefer someone else to make decisions for them



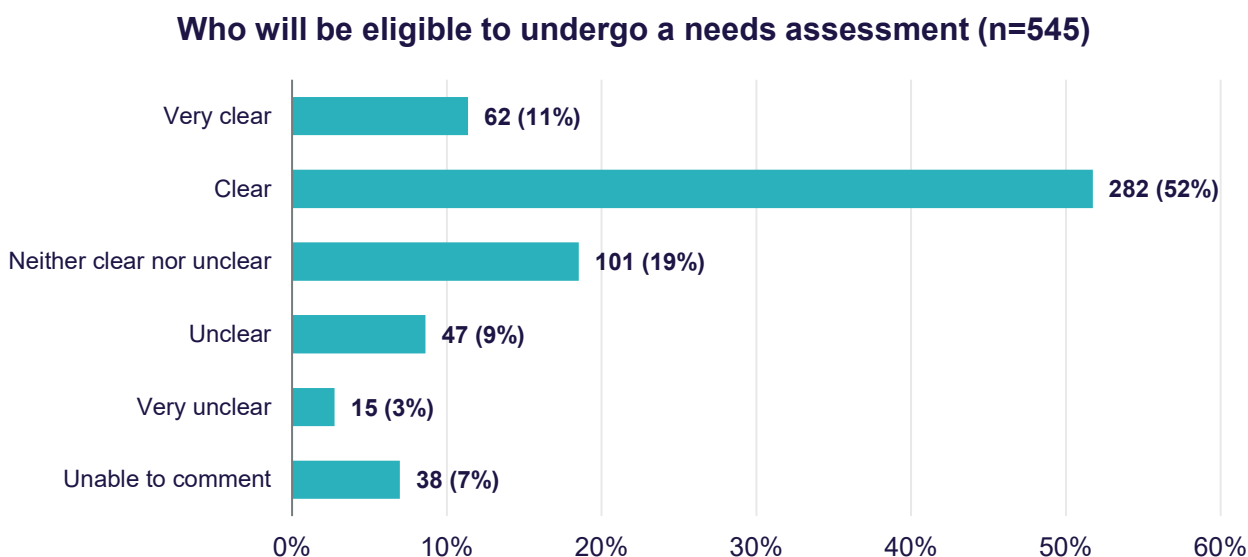
Note: The total percentage does not sum to 100 per cent due to rounding.

Survey responses to questions on needs assessment process

When asked about the clarity on who will be eligible to undergo a needs assessment, survey results (see Figure 22) showed that:

- Sixty-three per cent of respondents (344 out of 545) believe that the criteria for who is eligible to undergo a needs assessment was clear or very clear.
- Nineteen per cent of respondents (101 out of 545) believe that the criteria for who is eligible to undergo a needs assessment was neither clear nor unclear.
- Twelve per cent of respondents (62 out of 545) believe that the criteria for who is eligible to undergo a needs assessment was unclear or very unclear.
- Seven per cent of respondents (38 out of 545) were unable to comment on the clarity of who is eligible to undergo a needs assessment.

Figure 22: Who will be eligible to undergo a needs assessment

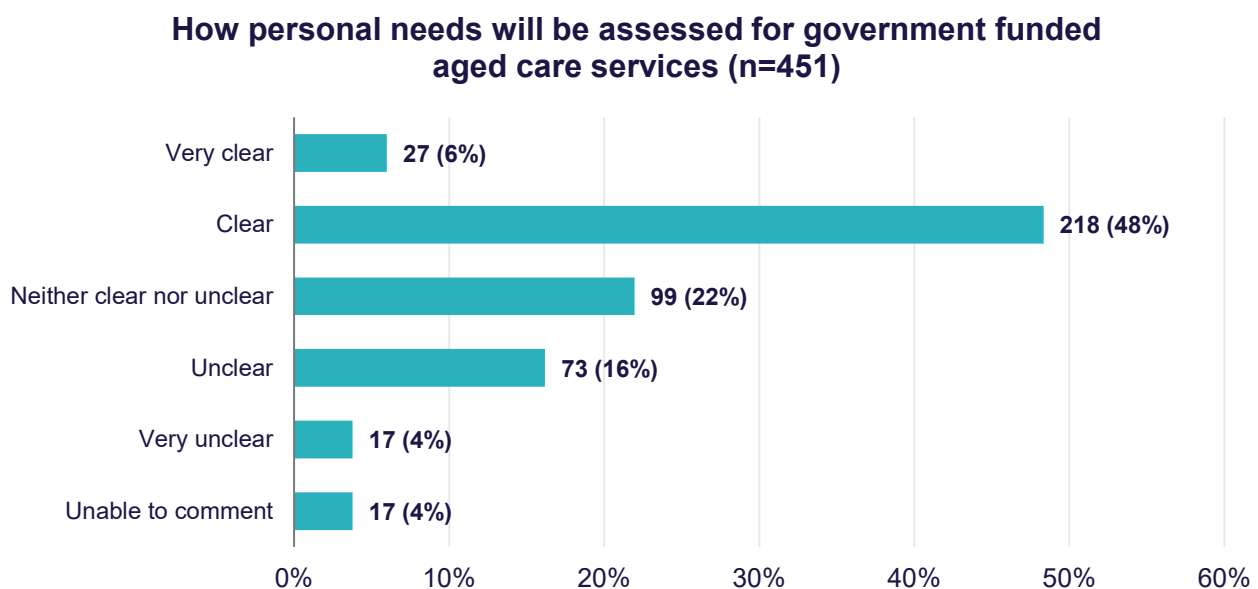


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the clarity on how personal needs will be assessed for government funded aged care services, survey results (see Figure 23) showed that:

- Fifty-four per cent of respondents (245 out of 451) believe that how personal needs will be assessed for government funded aged care services was clear or very clear.
- Twenty-two per cent of respondents (99 out of 451) believe that how personal needs will be assessed for government funded aged care services was neither clear nor unclear.
- Twenty per cent of respondents (90 out of 451) believe that how personal needs will be assessed for government funded aged care services was unclear or very unclear.
- Four per cent of respondents (17 out of 451) were unable to comment on the clarity of how personal needs will be assessed for government funded aged care services.

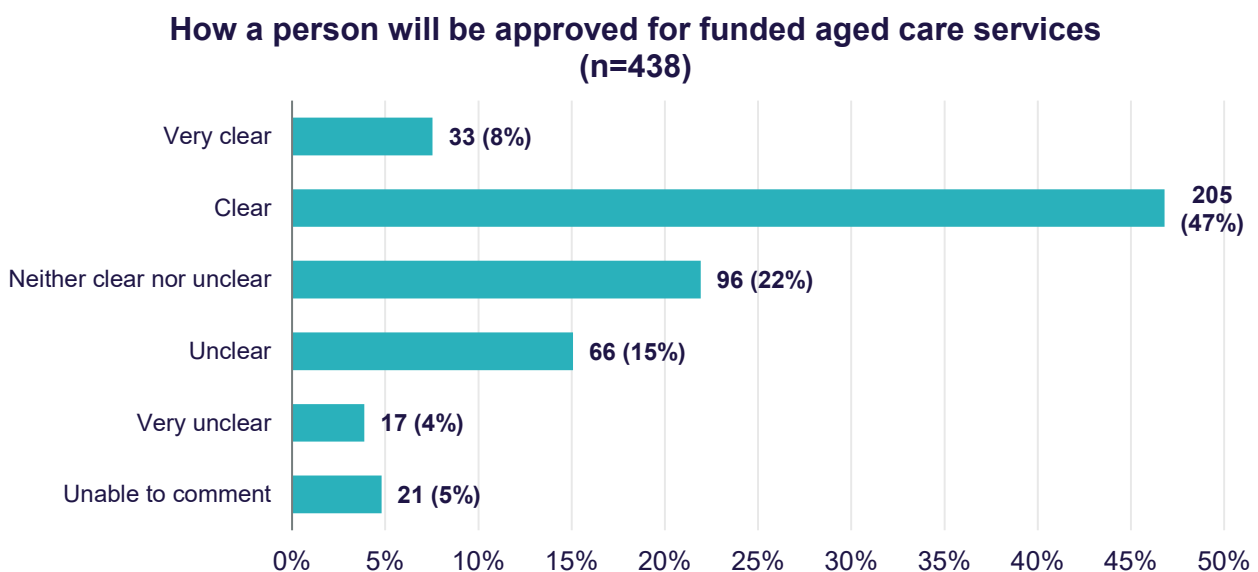
Figure 23: How personal needs will be assessed for government funded aged care services



When asked about the clarity on how a person will be approved for funded aged care services, survey results (see Figure 24) showed that:

- Fifty-six per cent of respondents (238 out of 438) believe that how a person will be approved for funded aged care services was clear or very clear.
- Twenty-two per cent of respondents (96 out of 438) believe that how a person will be approved for funded aged care services was neither clear nor unclear.
- Nineteen per cent of respondents (83 out of 438) believe that how a person will be approved for funded aged care services was unclear or very unclear.
- Five per cent of respondents (21 out of 438) were unable to comment on the clarity of how a person will be approved for funded aged care services.

Figure 24: How a person will be approved for funded aged care services

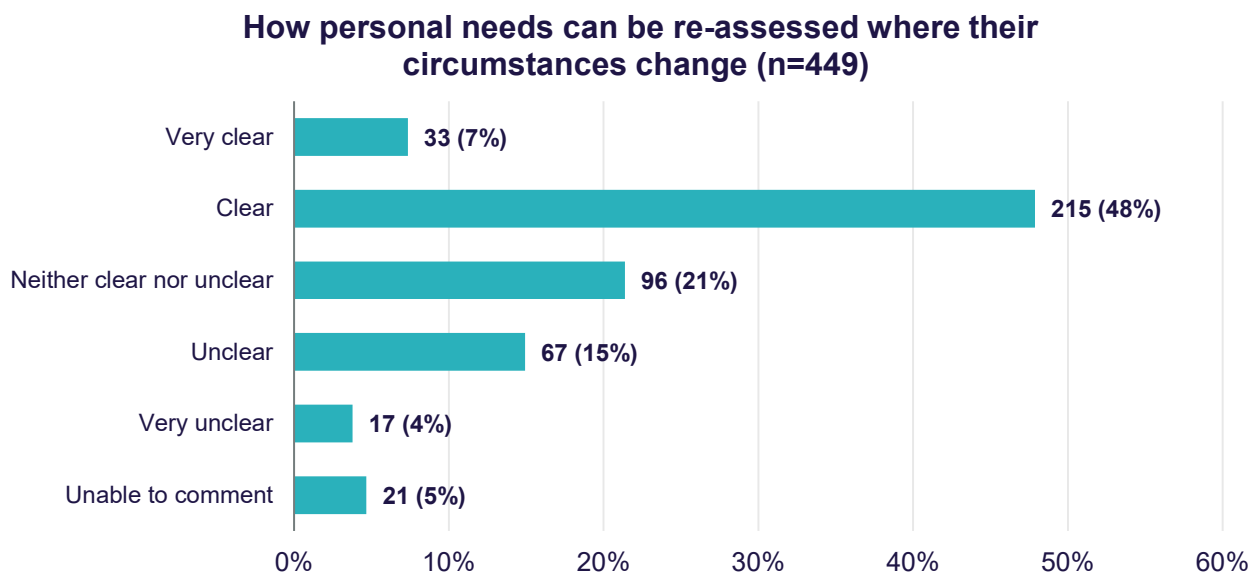


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the clarity on how personal needs can be re-assessed where their circumstances change, survey results (see Figure 25) showed that:

- Fifty-five per cent of respondents (248 out of 449) believe that how personal needs can be re-assessed where their circumstances change was clear or very clear.
- Twenty-one per cent of respondents (96 out of 449) believe that how personal needs can be re-assessed where their circumstances change was neither clear nor unclear.
- Nineteen per cent of respondents (84 out of 449) believe that how personal needs can be re-assessed where their circumstances change was unclear or very unclear.
- Five per cent of respondents (21 out of 449) were unable to comment on the clarity of how personal needs can be re-assessed where their circumstances change.

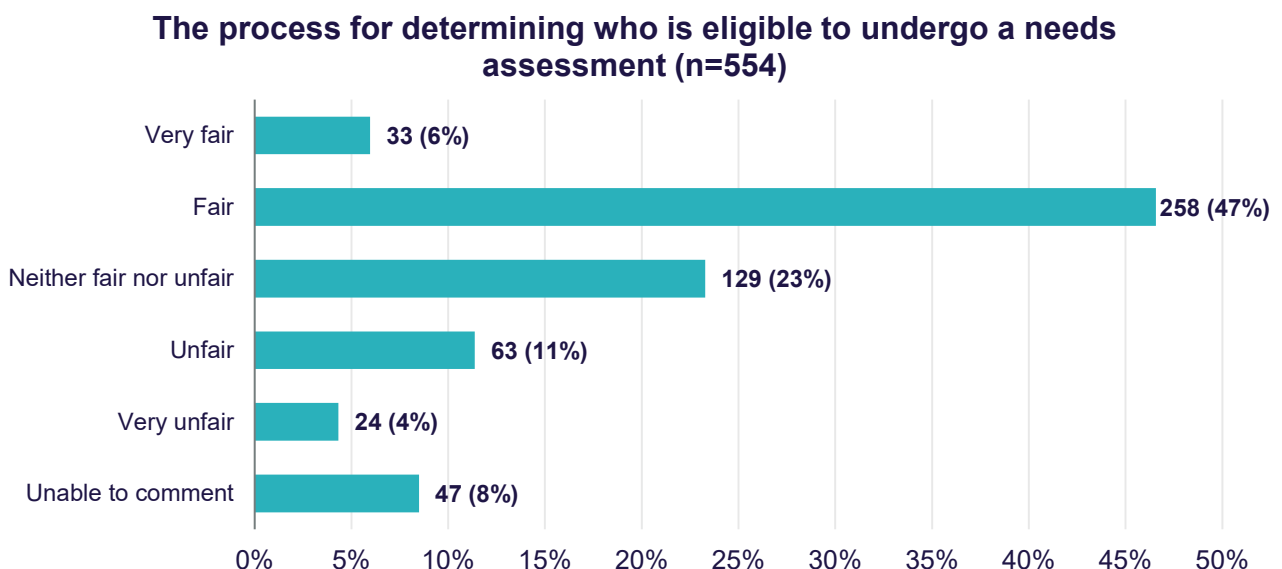
Figure 25: How personal needs can be re-assessed where their circumstances change



When asked about the fairness on the process for determining who is eligible to undergo a needs assessment, survey results (see Figure 26) showed that:

- Fifty-three per cent of respondents (291 out of 554) believe that the process for determining who is eligible to undergo a needs assessment was fair or very fair.
- Twenty-three per cent of respondents (129 out of 554) believe that the process for determining who is eligible to undergo a needs assessment was neither fair nor unfair.
- Fifteen per cent of respondents (87 out of 554) believe that that the process for determining who is eligible to undergo a needs assessment was unfair or very unfair.
- Eight per cent of respondents (47 out of 554) were unable to comment on the fairness of the process for determining who is eligible to undergo a needs assessment.

Figure 26: The process for determining who is eligible to undergo a needs assessment

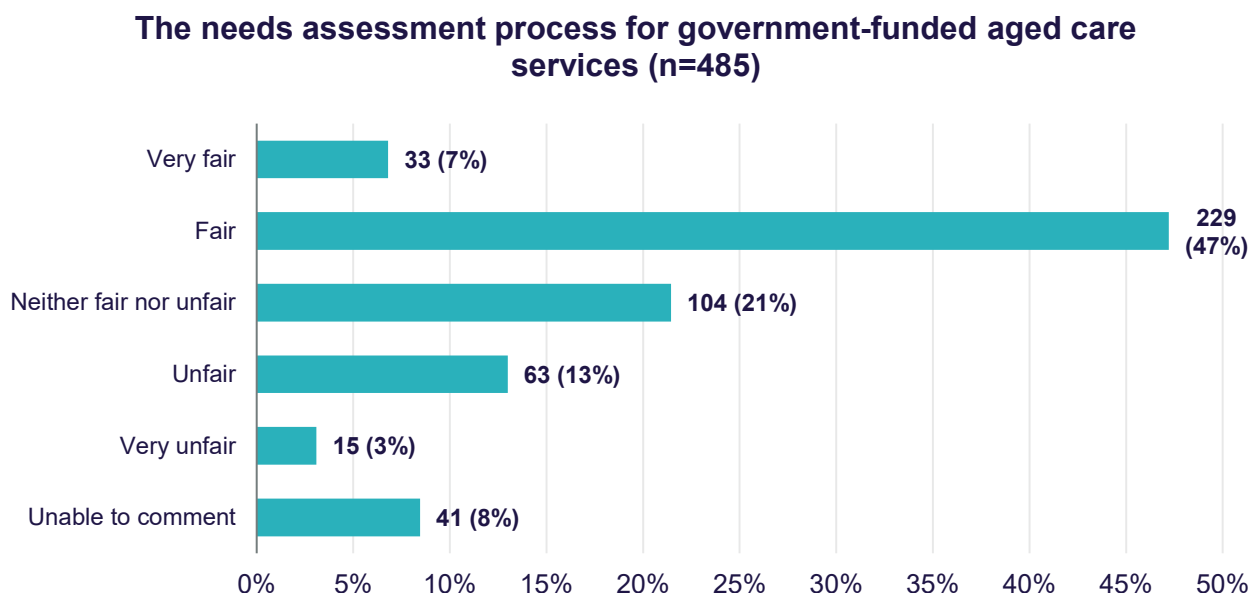


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the fairness on the needs assessment process for government-funded aged care services, survey results (see Figure 27) showed that:

- Fifty-four per cent of respondents (262 out of 485) believe that the needs assessment process for government-funded aged care services was fair or very fair.
- Twenty-one per cent of respondents (104 out of 485) believe that the needs assessment process for government-funded aged care services was neither fair nor unfair.
- Sixteen per cent of respondents (78 out of 485) believe that that needs assessment process for government-funded aged care services was unfair or very unfair.
- Eight per cent of respondents (41 out of 485) were unable to comment on the fairness of the needs assessment process for government-funded aged care services.

Figure 27: The needs assessment process for government-funded aged care services

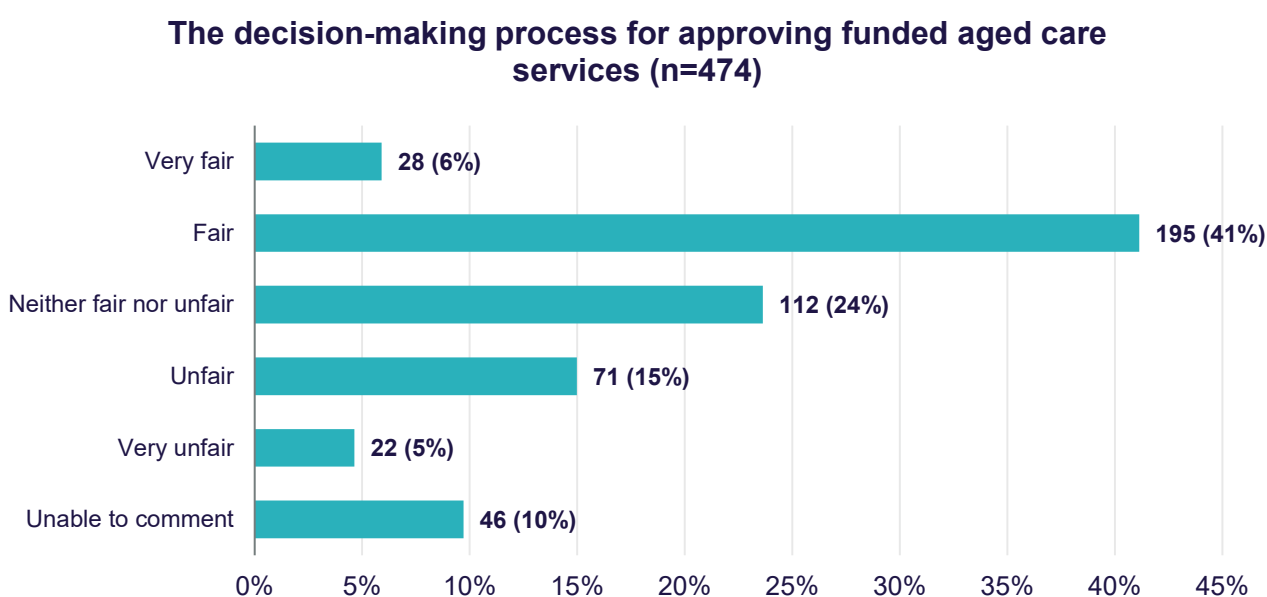


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the fairness on the decision-making process for approving funded aged care services, survey results (see Figure 28) showed that:

- Forty-seven per cent of respondents (223 out of 474) believe that the decision-making process for approving funded aged care services was fair or very fair.
- Twenty-four per cent of respondents (112 out of 474) believe that the decision-making process for approving funded aged care services was neither fair nor unfair.
- Twenty per cent of respondents (93 out of 474) believe that the decision-making process for approving funded aged care services was unfair or very unfair.
- Ten per cent of respondents (46 out of 474) were unable to comment on the fairness of the decision-making process for approving funded aged care services.

Figure 28: The decision-making process for approving funded aged care services

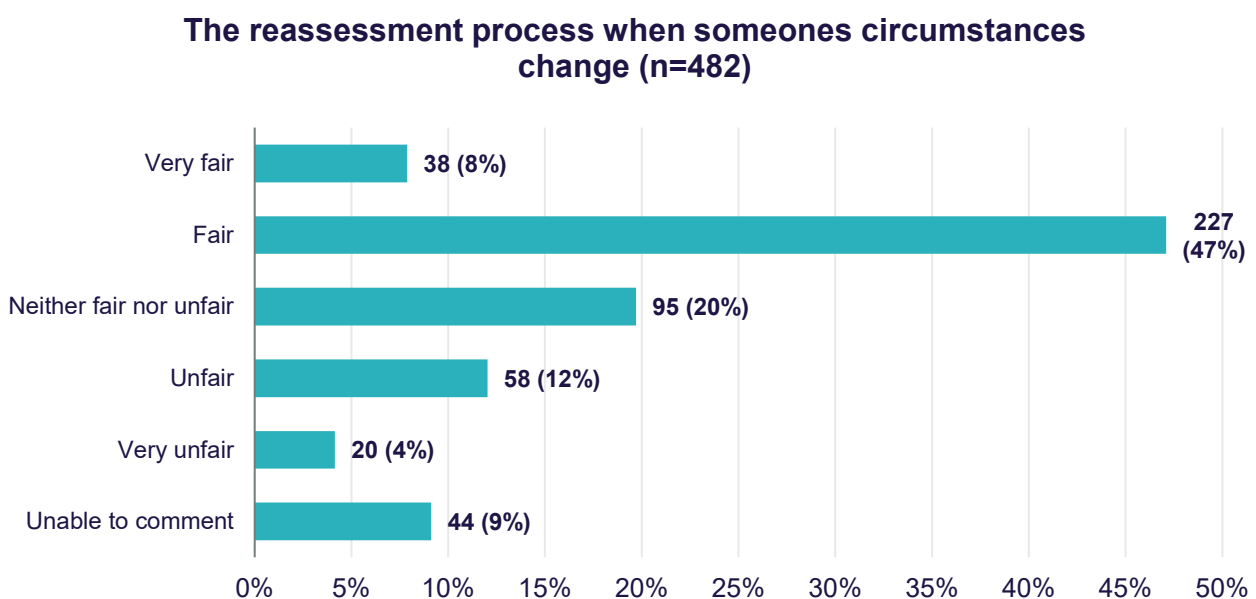


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the fairness on the reassessment process when someone's circumstances change, survey results (see Figure 29) showed that:

- Fifty-five per cent of respondents (265 out of 482) believe that the reassessment process when someone's circumstances change was fair or very fair.
- Twenty per cent of respondents (95 out of 482) believe that the reassessment process when someone's circumstances change was neither fair nor unfair.
- Sixteen per cent of respondents (78 out of 482) believe that the reassessment process when someone's circumstances change was unfair or very unfair.
- Nine per cent of respondents (44 out of 482) were unable to comment on the fairness of the reassessment process when someone's circumstances change.

Figure 29: The reassessment process when someone's circumstances change

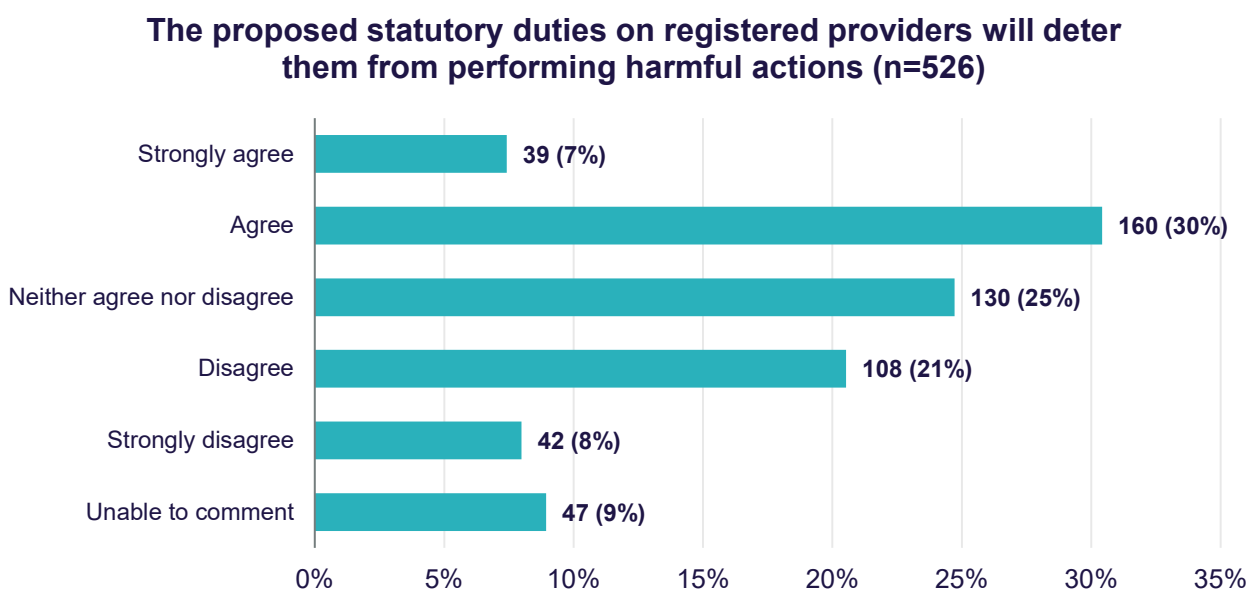


Survey responses to questions on statutory duties on registered providers

When asked if the proposed statutory duties on registered providers will deter them from performing harmful actions, survey results (see Figure 30) showed that:

- Thirty-seven per cent of respondents (199 out of 526) agreed or strongly agreed that the proposed statutory duties on registered providers will deter them from performing harmful actions.
- Twenty-five per cent of respondents (130 out of 526) neither agreed nor disagreed that the proposed statutory duties on registered providers will deter them from performing harmful actions.
- Twenty-nine per cent of respondents (150 out of 526) disagreed or strongly disagreed that the proposed statutory duties on registered providers will deter them from performing harmful actions.
- Nine per cent of respondents (47 out of 526) were unable to comment if the proposed statutory duties on registered providers will deter them from performing harmful actions.

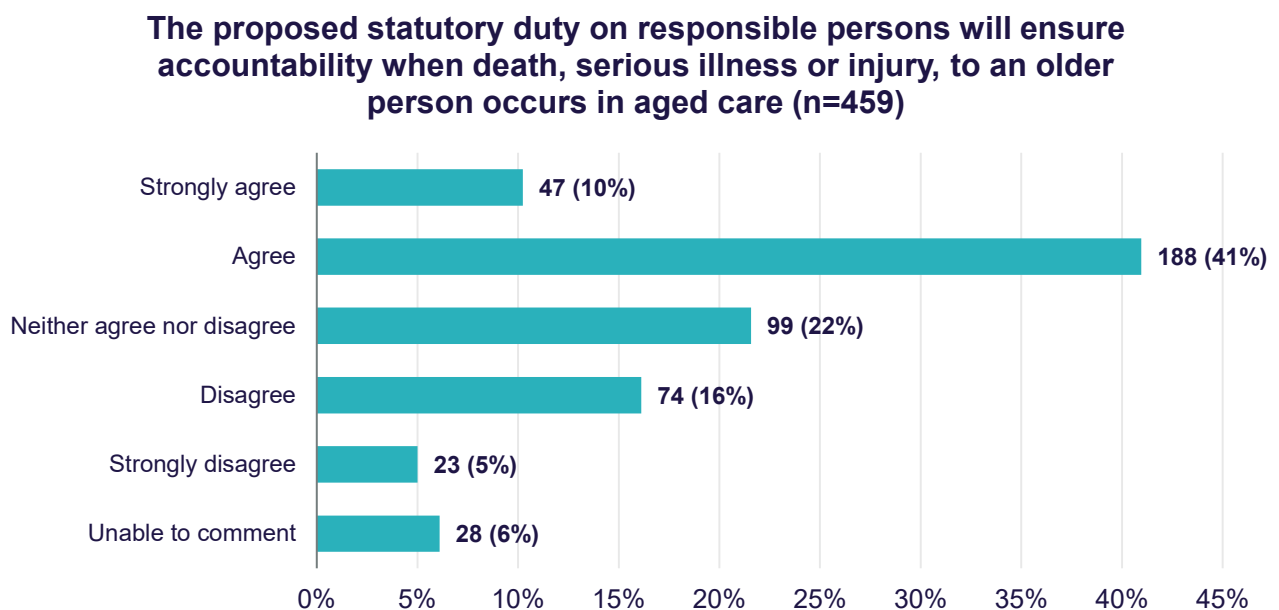
Figure 30: The proposed statutory duties on registered providers will deter them from performing harmful actions



When asked if the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care, survey results (see Figure 31) showed that:

- Fifty-one per cent of respondents (235 out of 459) agreed or strongly agreed that the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care.
- Twenty-two per cent of respondents (99 out of 459) neither agreed nor disagreed that the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care.
- Twenty-one per cent of respondents (97 out of 459) disagreed or strongly disagreed that the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care.
- Six per cent of respondents (28 out of 459) were unable to comment if the proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care.

Figure 31: The proposed statutory duty on responsible persons will ensure accountability when death, serious illness or injury, to an older person occurs in aged care

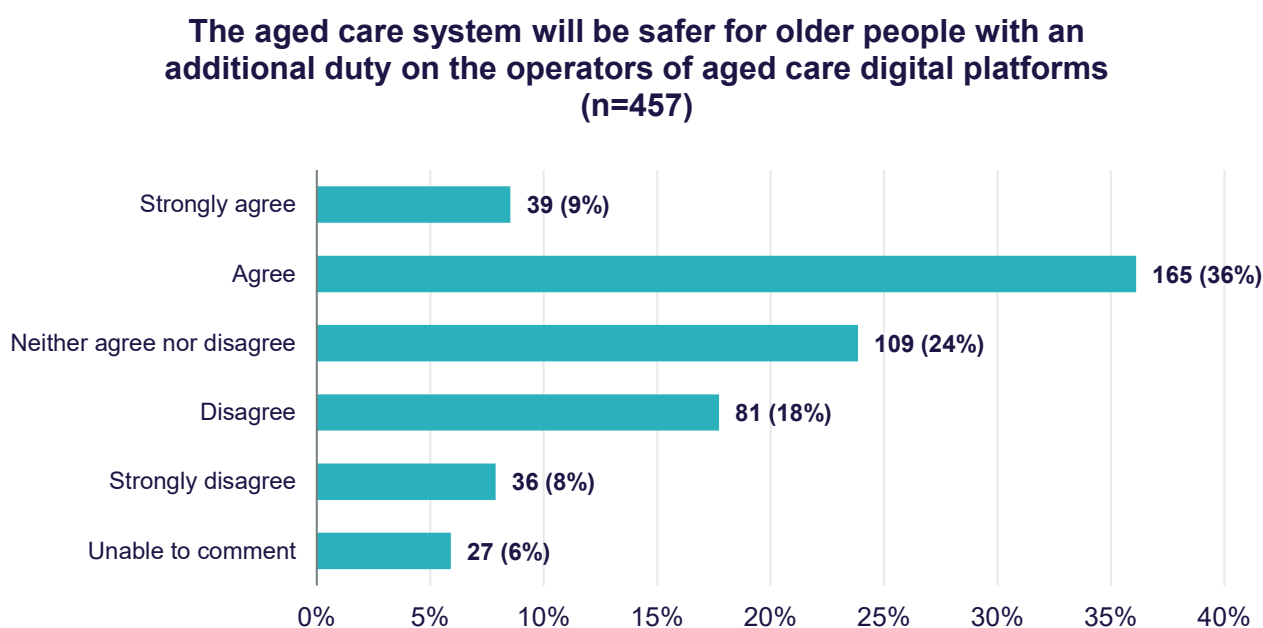


Survey responses to questions on digital platform providers

When asked if the aged care system will be safer for older people with an additional duty on the operators of aged care digital platforms, survey results (see Figure 32) showed that:

- Forty-five per cent of respondents (204 out of 457) agreed or strongly agreed that the aged care system will be safer for older people with an additional duty on the operators of aged care digital platforms.
- Twenty-four per cent of respondents (109 out of 457) neither agreed nor disagreed that the aged care system will be safer for older people with an additional duty on the operators of aged care digital platforms.
- Twenty-six per cent of respondents (117 out of 457) disagreed or strongly disagreed that the aged care system will be safer for older people with an additional duty on the operators of aged care digital platforms.
- Six per cent of respondents (27 out of 457) were unable to comment if the aged care system will be safer for older people with an additional duty on the operators of aged care digital platforms.

Figure 32: The aged care system will be safer for older people with an additional duty on the operators of aged care digital platforms

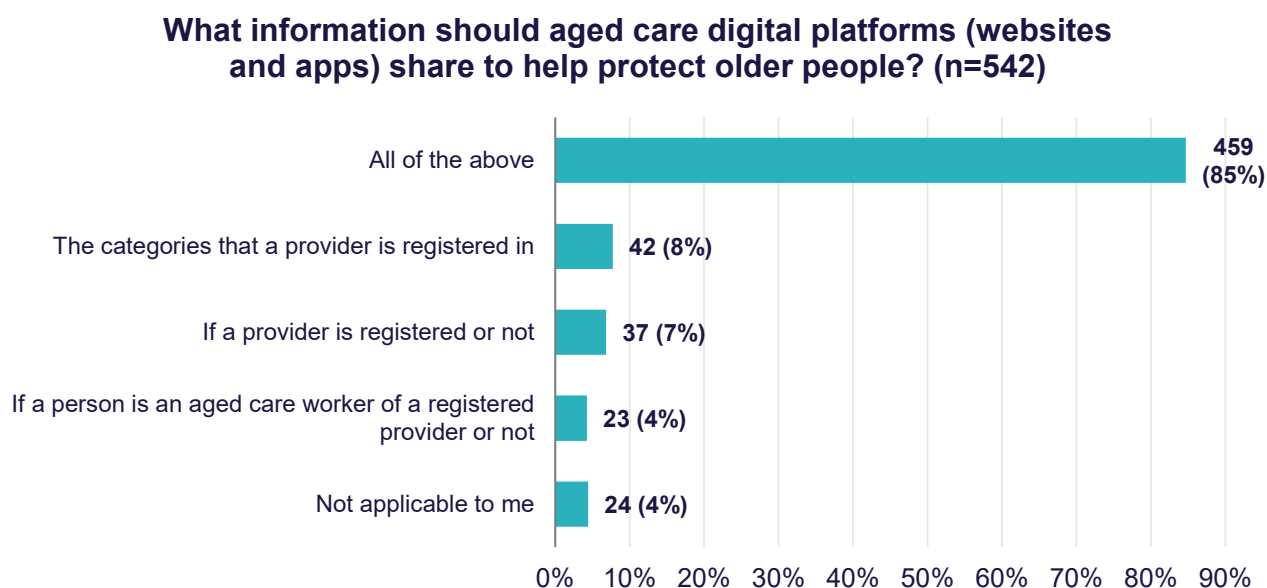


Note: The total percentage does not sum to 100 per cent due to rounding

When asked what information should aged care digital platforms (websites and apps) share to help protect older people, survey results (see Figure 33) showed that:

- Eighty-five per cent of respondents (459 out of 542) believe that information on if a provider is registered or not, categories that a provider is registered in, and if a person is an aged care worker of a registered provider or not should be shared on aged care digital platforms (websites and apps) to help protect older people.
- Eight per cent of respondents (42 out of 542) believe that information on categories that a provider is registered in should be shared on aged care digital platforms (websites and apps) to help protect older people.
- Seven per cent of respondents (37 out of 542) believe that information on if a provider is registered or not should be shared on aged care digital platforms (websites and apps) to help protect older people.
- Four per cent of respondents (23 out of 542) believe that information on if a person is an aged care worker of a registered provider or not should be shared on aged care digital platforms (websites and apps) to help protect older people.
- Four per cent of respondents (24 out of 542) indicated that this question was not applicable to them.

Figure 33: What information should aged care digital platforms (websites and apps) share to help protect older people?

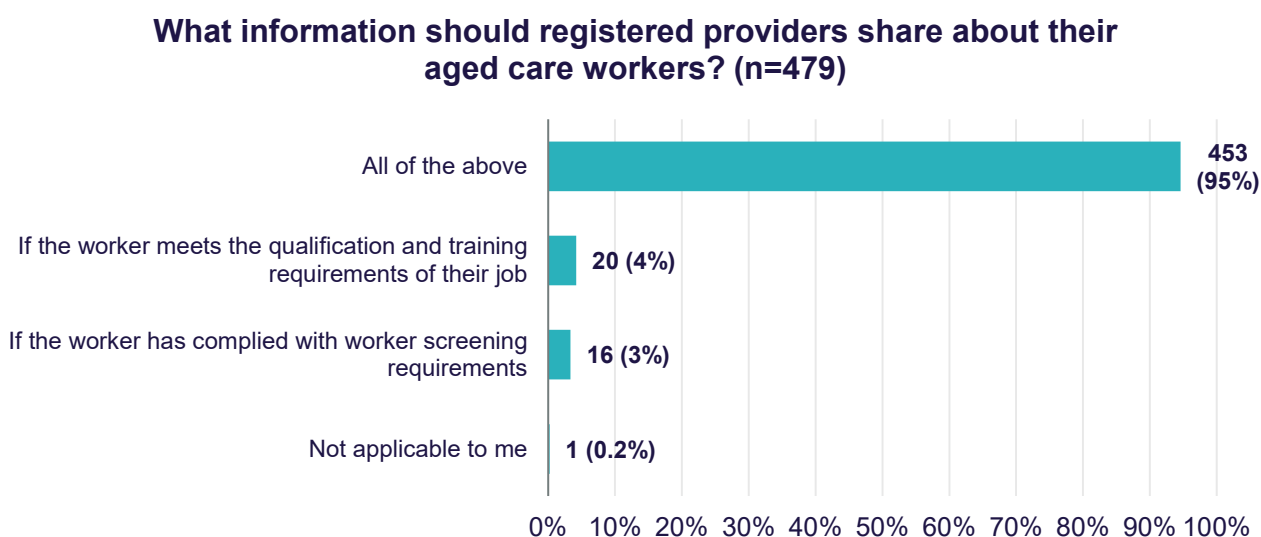


Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 542 respondents, as respondents had the option to select multiple responses.

When asked what information should registered providers share about their aged care workers, survey results (see Figure 34) showed that:

- Ninety-five per cent of respondents (453 out of 479) believe that information on if a worker meets the qualification and training requirements of their job and has complied with worker screening requirements should be shared.
- Four per cent of respondents (20 out of 479) believe that information on if a worker meets the qualification and training requirements of their job should be shared.
- Three per cent of respondents (16 out of 479) believe that information on if a worker has complied with worker screening requirements should be shared.
- 0.2 per cent of respondents (1 out of 479) indicated that this question was not applicable to them.

Figure 34: What information should registered providers share about their aged care workers?



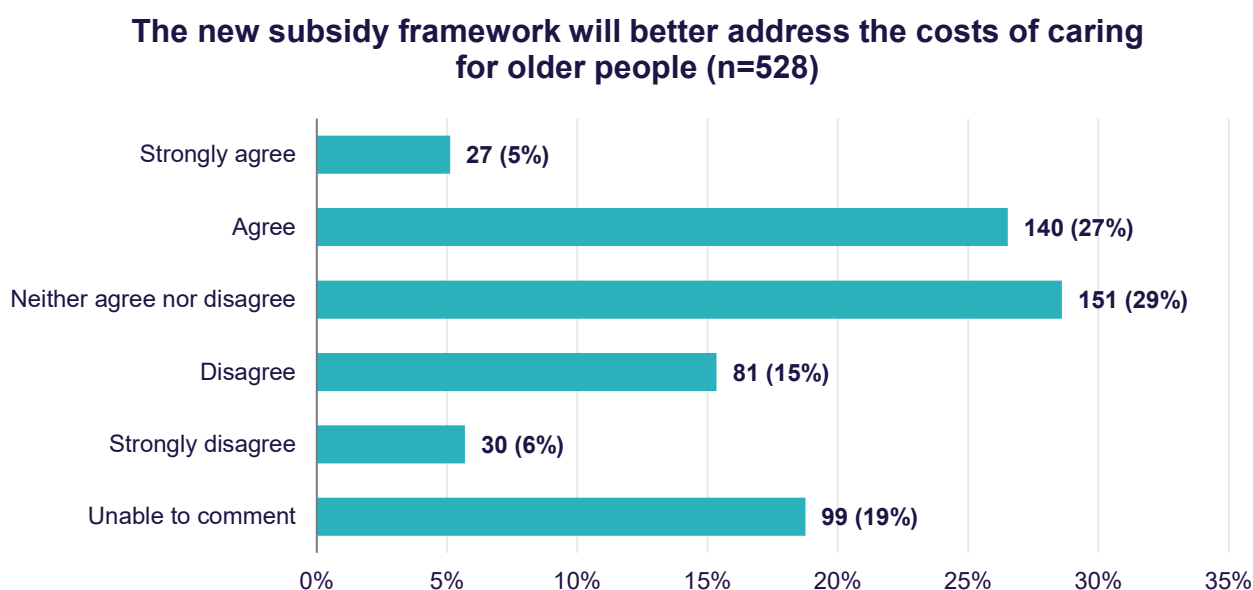
Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 479 respondents, as respondents had the option to select multiple responses.

Survey responses to questions on fees, payments and subsidies

When asked if the new subsidy framework will better address the costs of caring for older people, survey results (see Figure 35) showed that:

- Thirty-two per cent of respondents (167 out of 528) agreed or strongly agreed that the new subsidy framework will better address the costs of caring for older people.
- Twenty-nine per cent of respondents (151 out of 528) neither agreed nor disagreed that the new subsidy framework will better address the costs of caring for older people.
- Twenty-one per cent of respondents (111 out of 528) disagreed or strongly disagreed that the new subsidy framework will better address the costs of caring for older people.
- Nineteen per cent of respondents (99 out of 528) were unable to comment if the new subsidy framework will better address the costs of caring for older people.

Figure 35: The new subsidy framework will better address the costs of caring for older people

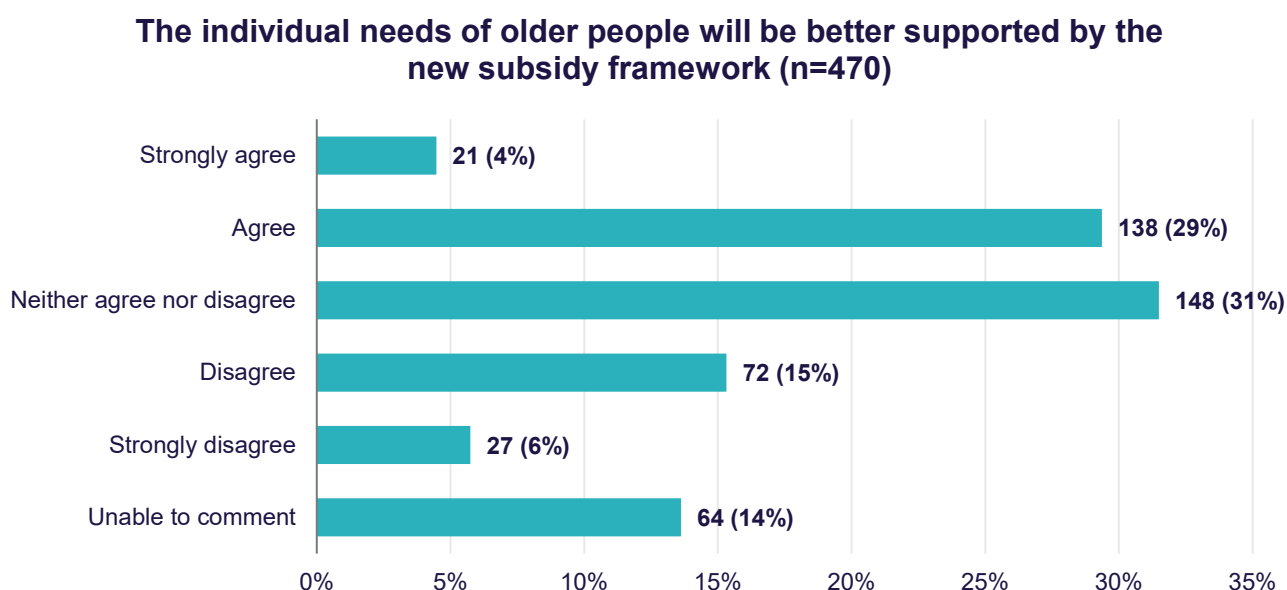


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if the individual needs of older people will be better supported by the new subsidy framework, survey results (see Figure 36) showed that:

- Thirty-three per cent of respondents (159 out of 470) agreed or strongly agreed that the individual needs of older people will be better supported by the new subsidy framework.
- Thirty-one per cent of respondents (148 out of 470) neither agreed nor disagreed that the individual needs of older people will be better supported by the new subsidy framework.
- Twenty-one per cent of respondents (99 out of 470) disagreed or strongly disagreed that the individual needs of older people will be better supported by the new subsidy framework.
- Fourteen per cent of respondents (64 out of 470) were unable to comment if the individual needs of older people will be better supported by the new subsidy framework.

Figure 36: The individual needs of older people will be better supported by the new subsidy framework

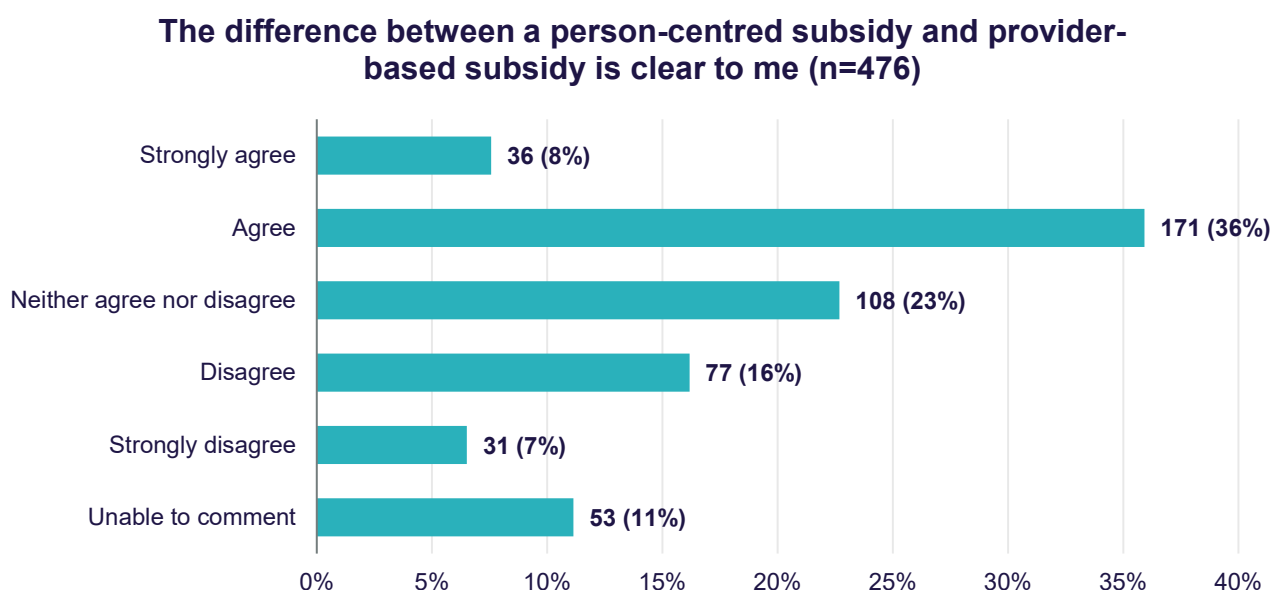


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if the difference between a person-centred subsidy and provider-based subsidy is clear to them, survey results (see Figure 37) showed that:

- Forty-four per cent of respondents (207 out of 476) agreed or strongly agreed that the difference between a person-centred subsidy and provider-based subsidy is clear to them.
- Twenty-three per cent of respondents (108 out of 476) neither agreed nor disagreed that the difference between a person-centred subsidy and provider-based subsidy is clear to them.
- Twenty-three per cent of respondents (108 out of 476) disagreed or strongly disagreed that the difference between a person-centred subsidy and provider-based subsidy is clear to them.
- Eleven per cent of respondents (53 out of 476) were unable to comment if the difference between a person-centred subsidy and provider-based subsidy is clear to them.

Figure 37: The difference between a person-centred subsidy and provider-based subsidy is clear to me



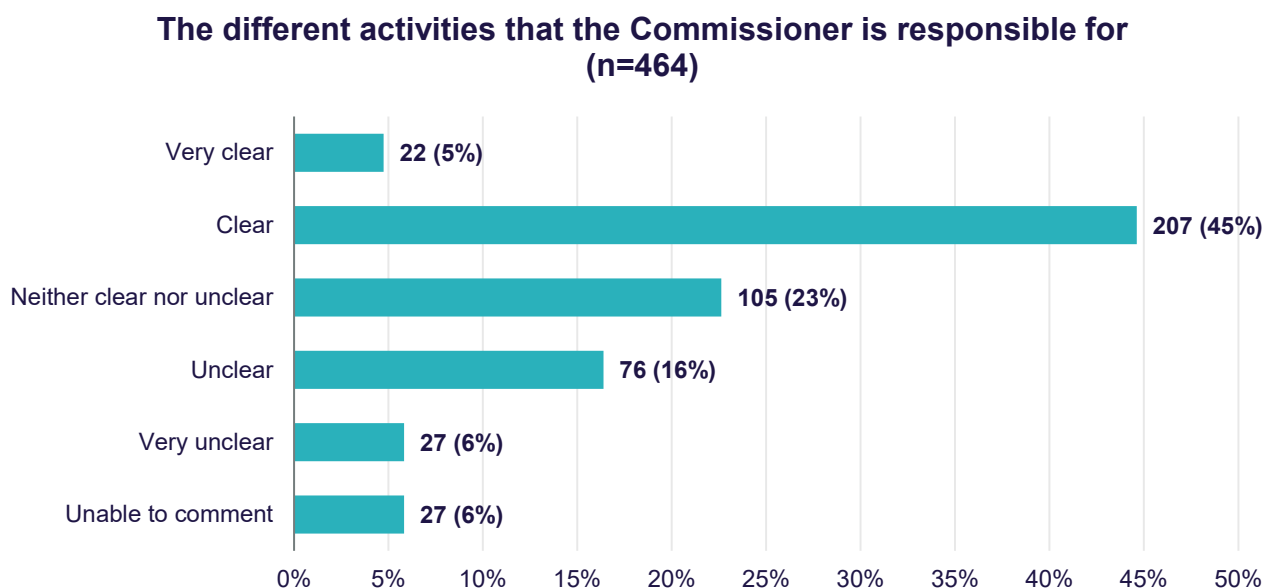
Note: The total percentage does not sum to 100 per cent due to rounding.

Survey responses to questions on Aged Care Quality and Safety Commissioner responsibility

When asked about the different activities that the Aged Care Quality and Safety Commissioner is responsible for, survey results (see Figure 38) showed that:

- Fifty per cent of respondents (229 out of 464) were clear or very clear about the different activities that the Commissioner is responsible for.
- Twenty-three per cent of respondents (105 out of 464) were neither clear nor unclear about the different activities that the Commissioner is responsible for.
- Twenty-two per cent of respondents (103 out of 464) were unclear or very unclear about the different activities that the Commissioner is responsible for.
- Six per cent of respondents (27 out of 464) were unable to comment if the different activities that the Commissioner is responsible for were clear or unclear.

Figure 38: The different activities that the Commissioner is responsible for

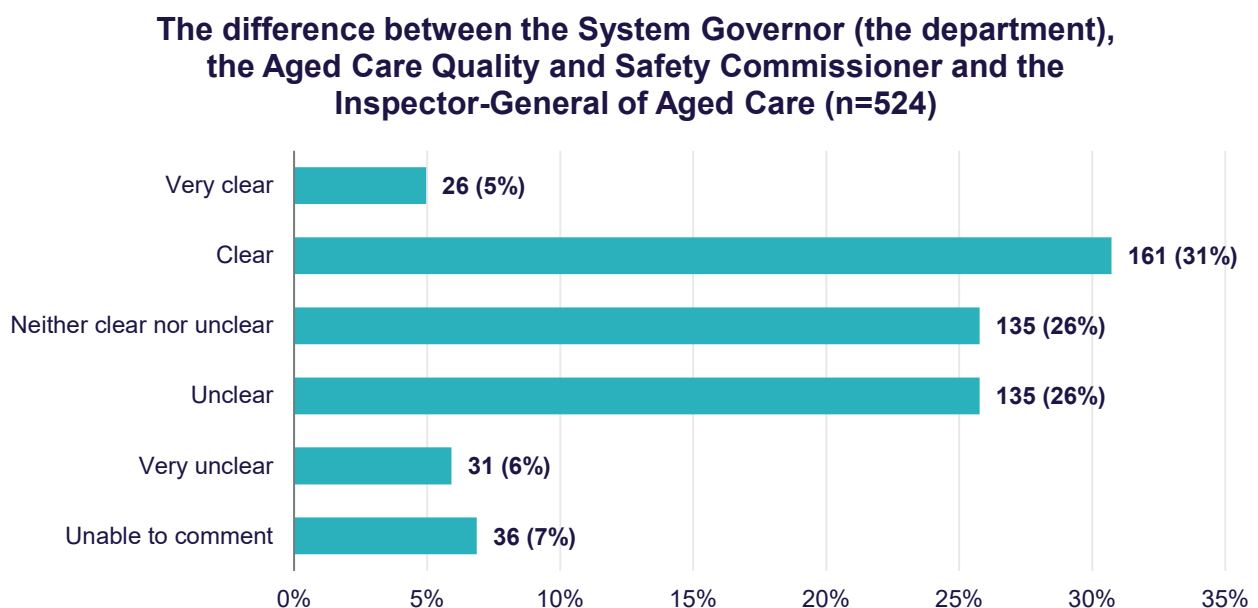


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the difference between the System Governor (the department), the Aged Care Quality and Safety Commissioner and the Inspector-General of Aged Care, survey results (see Figure 39) showed that:

- Thirty-six per cent of respondents (187 out of 524) were clear or very clear about the difference between the System Governor (the department), the Aged Care Quality and Safety Commissioner and the Inspector-General of Aged Care.
- Twenty-six per cent of respondents (135 out of 524) were neither clear nor unclear about the difference between the System Governor (the department), the Aged Care Quality and Safety Commissioner and the Inspector-General of Aged Care.
- Thirty-two per cent of respondents (166 out of 524) were unclear or very unclear about the difference between the System Governor (the department), the Aged Care Quality and Safety Commissioner and the Inspector-General of Aged Care.
- Seven per cent of respondents (36 out of 524) were unable to comment if the difference between the System Governor (the department), the Aged Care Quality and Safety Commissioner and the Inspector-General of Aged Care were clear or unclear.

Figure 39: The difference between the System Governor (the department), the Aged Care Quality and Safety Commissioner and the Inspector-General of Aged Care

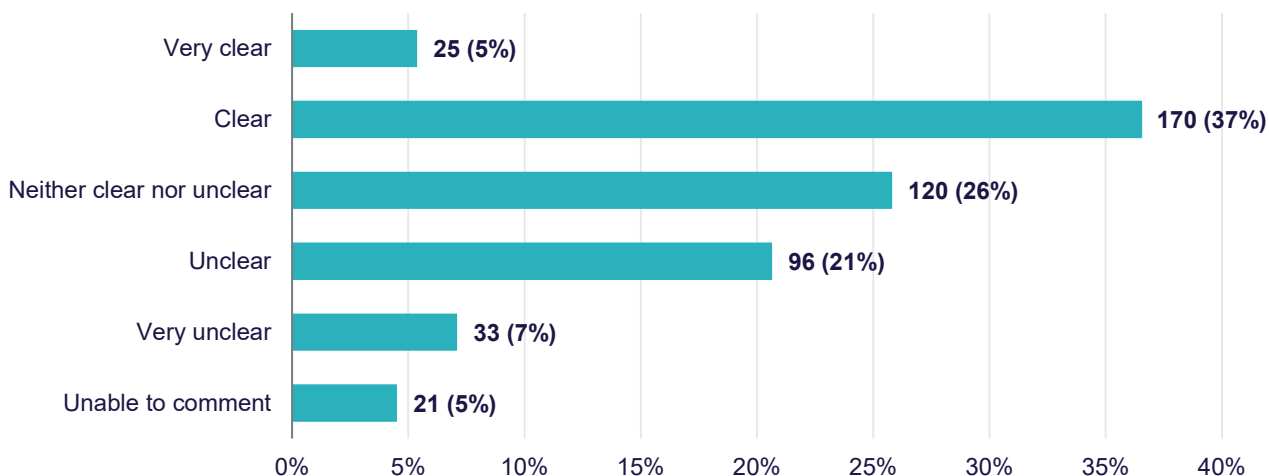


When asked about the intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe, and quality aged care services, survey results (see Figure 40) showed that:

- Forty-two per cent of respondents (195 out of 465) were clear or very clear about the intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe and quality aged care services.
- Twenty-six per cent of respondents (120 out of 465) were neither clear nor unclear about the intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe and quality aged care services.
- Twenty-eight per cent of respondents (129 out of 465) were unclear or very unclear about the intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe and quality aged care services.
- Five per cent of respondents (21 out of 465) were unable to comment if the intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe and quality aged care services were clear or unclear.

Figure 40: The intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe and quality aged care services

The intent of the System Governor, the Aged Care Quality and Safety Commissioner and the Complaints Commissioner to provide for effective oversight of the aged care system to ensure the delivery of sustainable, safe and quality aged care service (n=465)



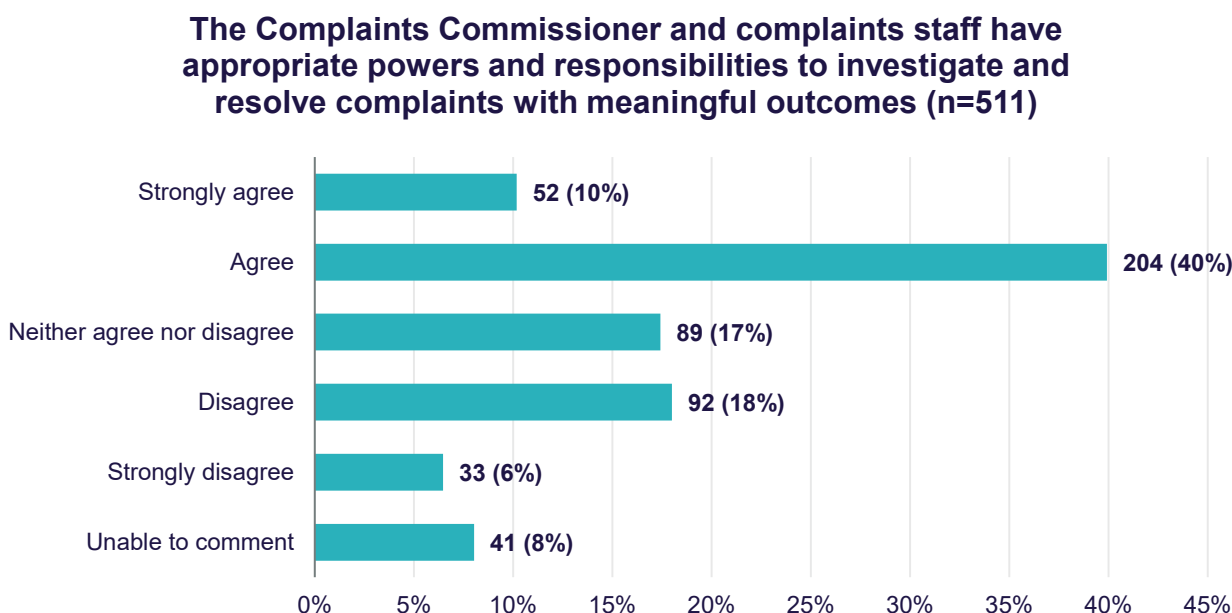
Note: The total percentage does not sum to 100 per cent due to rounding.

Survey responses to questions on the Complaints Commissioner

When asked if the Complaints Commissioner and complaints staff have appropriate powers and responsibilities to investigate and resolve complaints with meaningful outcomes, survey results (see Figure 41) showed that:

- Fifty per cent of respondents (256 out of 511) agreed or strongly agreed that the Complaints Commissioner and complaints staff have appropriate powers and responsibilities to investigate and resolve complaints with meaningful outcomes.
- Seventeen per cent of respondents (89 out of 511) neither agreed nor disagreed that the Complaints Commissioner and complaints staff have appropriate powers and responsibilities to investigate and resolve complaints with meaningful outcomes.
- Twenty-four per cent of respondents (125 out of 511) disagreed or strongly disagreed that the Complaints Commissioner and complaints staff have appropriate powers and responsibilities to investigate and resolve complaints with meaningful outcomes.
- Eight per cent of respondents (41 out of 511) were unable to comment if the Complaints Commissioner and complaints staff have appropriate powers and responsibilities to investigate and resolve complaints with meaningful outcomes.

Figure 41: The Complaints Commissioner and complaints staff have appropriate powers and responsibilities to investigate and resolve complaints with meaningful outcomes

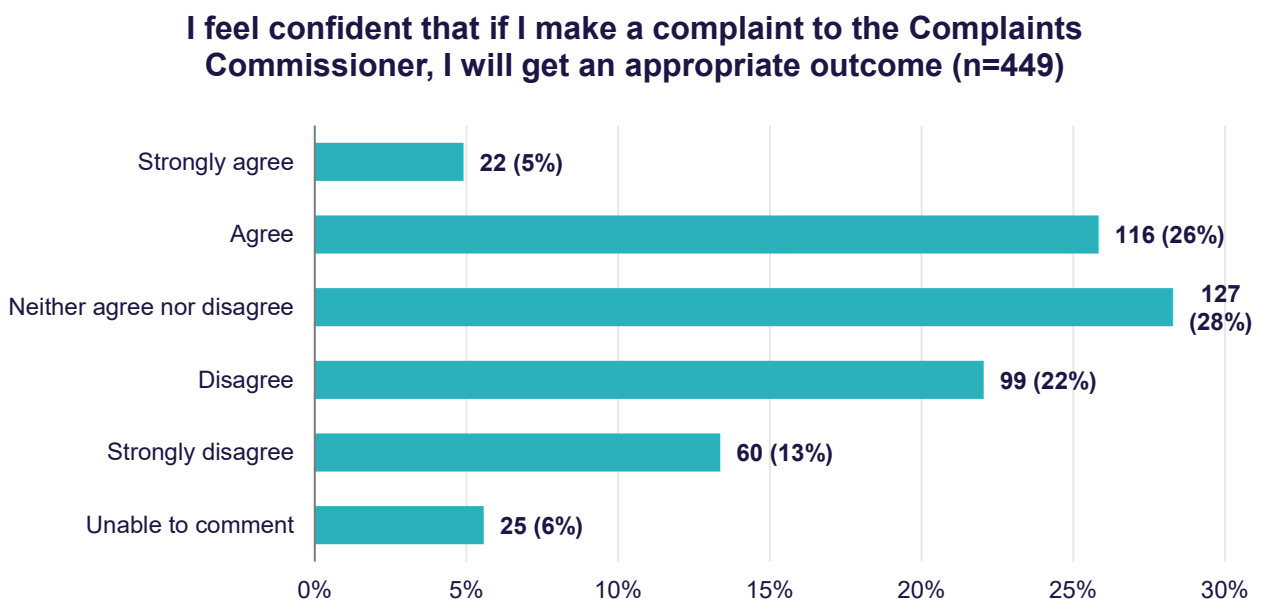


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if they feel confident that if they make a complaint to the Complaints Commissioner, they will get an appropriate outcome, survey results (see Figure 42) showed that:

- Thirty-one per cent of respondents (138 out of 449) agreed or strongly agreed that they feel confident that if they make a complaint to the Complaints Commissioner, they will get an appropriate outcome.
- Twenty-eight per cent of respondents (127 out of 449) neither agreed nor disagreed that they feel confident that if they make a complaint to the Complaints Commissioner, they will get an appropriate outcome.
- Thirty-five per cent of respondents (159 out of 449) disagreed or strongly disagreed that they feel confident that if they make a complaint to the Complaints Commissioner, they will get an appropriate outcome.
- Six per cent of respondents (25 out of 449) were unable to comment if they feel confident that if they make a complaint to the Complaints Commissioner, they will get an appropriate outcome.

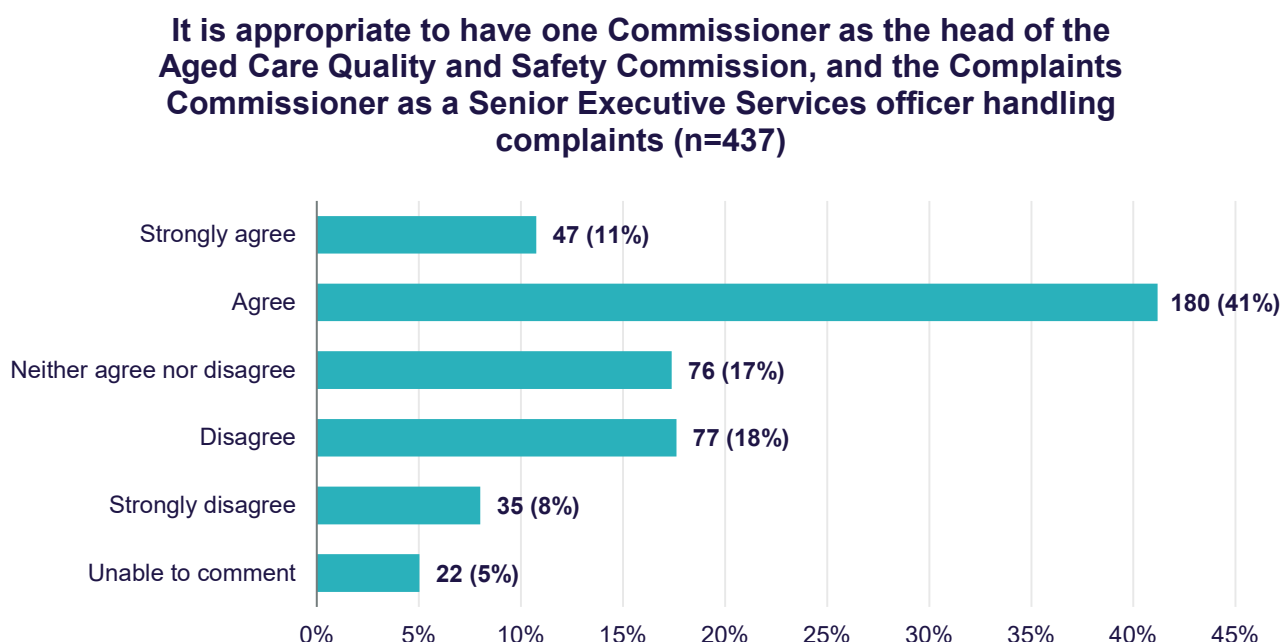
Figure 42: I feel confident that if I make a complaint to the Complaints Commissioner, I will get an appropriate outcome



When asked if it is appropriate to have one Commissioner as the head of the Aged Care Quality and Safety Commission, and the Complaints Commissioner as a Senior Executive Services officer handling complaints, survey results (see Figure 43) showed that:

- Fifty-two per cent of respondents (227 out of 437) agreed or strongly agreed that it is appropriate to have one Commissioner as the head of the Aged Care Quality and Safety Commission, and the Complaints Commissioner as a Senior Executive Services officer handling complaints.
- Seventeen per cent of respondents (76 out of 437) neither agreed nor disagreed that it is appropriate to have one Commissioner as the head of the Aged Care Quality and Safety Commission, and the Complaints Commissioner as a Senior Executive Services officer handling complaints.
- Twenty-six per cent of respondents (112 out of 437) disagreed or strongly disagreed that it is appropriate to have one Commissioner as the head of the Aged Care Quality and Safety Commission, and the Complaints Commissioner as a Senior Executive Services officer handling complaints.
- Five per cent of respondents (22 out of 437) were unable to comment if it is appropriate to have one Commissioner as the head of the Aged Care Quality and Safety Commission, and the Complaints Commissioner as a Senior Executive Services officer handling complaints.

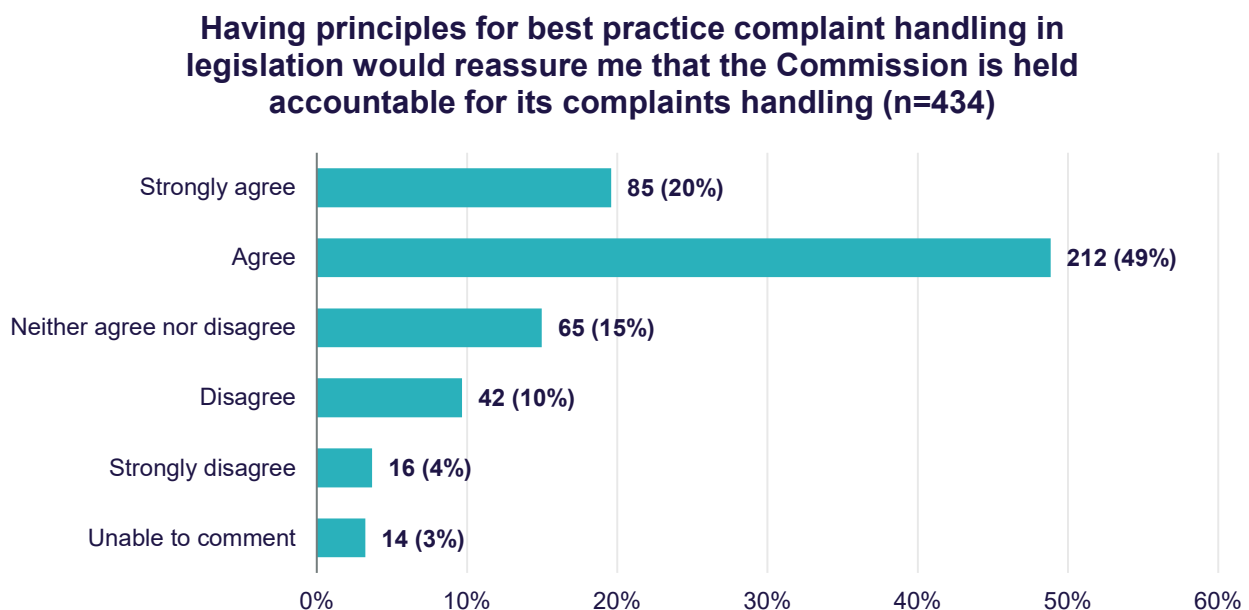
Figure 43: It is appropriate to have one Commissioner as the head of the Aged Care Quality and Safety Commission, and the Complaints Commissioner as a Senior Executive Services officer handling complaints



When asked if having principles for best practice complaint handling in legislation would reassure them that the Commission is held accountable for its complaints handling, survey results (see Figure 44) showed that:

- Sixty-nine per cent of respondents (297 out of 434) agreed or strongly agreed that having principles for best practice complaint handling in legislation would reassure them that the Commission is held accountable for its complaints handling.
- Fifteen per cent of respondents (65 out of 434) neither agreed nor disagreed that having principles for best practice complaint handling in legislation would reassure them that the Commission is held accountable for its complaints handling.
- Fourteen per cent of respondents (58 out of 434) disagreed or strongly disagreed that having principles for best practice complaint handling in legislation would reassure them that the Commission is held accountable for its complaints handling.
- Three per cent of respondents (14 out of 434) were unable to comment if having principles for best practice complaint handling in legislation would reassure them that the Commission is held accountable for its complaints handling.

Figure 44: Having principles for best practice complaint handling in legislation would reassure me that the Commission is held accountable for its complaints handling



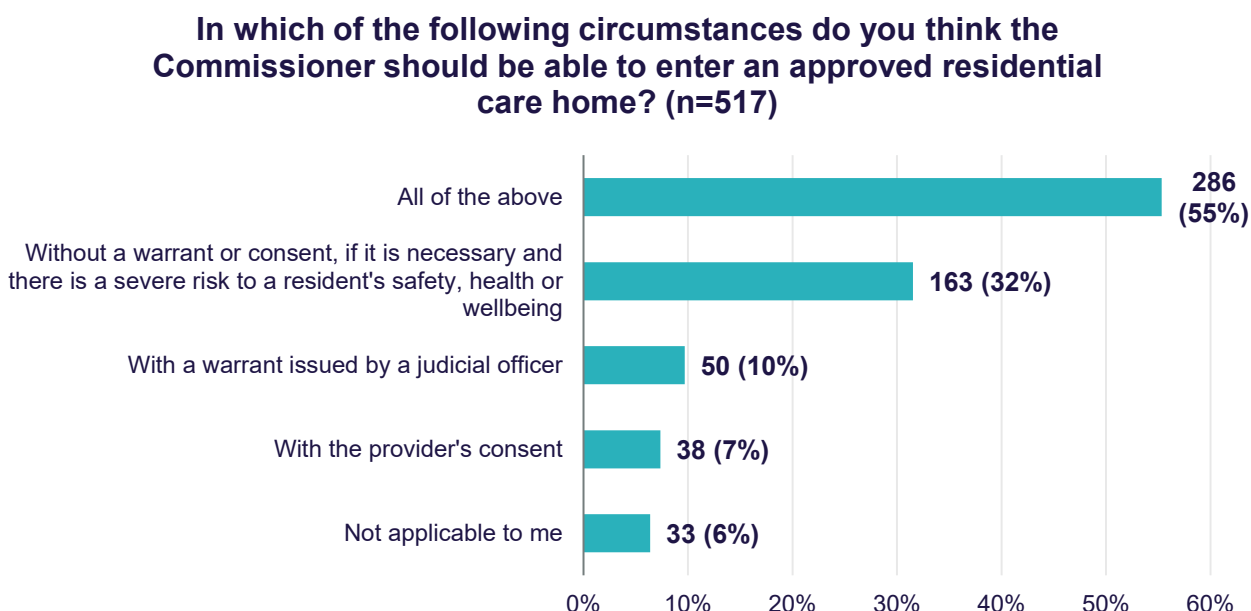
Note: The total percentage does not sum to 100 per cent due to rounding.

Survey responses to questions on new powers for Commissioner to enter a residential aged care home without consent for safeguards

When asked in which of the circumstances do they think the Commissioner should be able to enter an approved residential aged care home, survey results (see Figure 45) showed that:

- Fifty-five per cent of respondents (286 out of 517) believe that the Commissioner should be able to enter an approved residential care home without a warrant or consent if it is necessary and there is a severe risk to a resident's safety, health or wellbeing, or with a warrant issued by a judicial officer, or with the provider's consent.
- Thirty-one per cent of respondents (163 out of 517) believe that the Commissioner should be able to enter an approved residential care home without a warrant or consent if it is necessary and there is a severe risk to a resident's safety.
- Nine per cent of respondents (50 out of 517) believe that the Commissioner should be able to enter an approved residential care home with a warrant issued by a judicial officer.
- Seven per cent of respondents (38 out of 517) believe that the Commissioner should be able to enter an approved residential care home with the provider's consent.
- Five per cent of respondents (33 out of 517) indicated that this question was not applicable to them.

Figure 45: In which of the following circumstances do you think the Commissioner should be able to enter an approved residential care home?



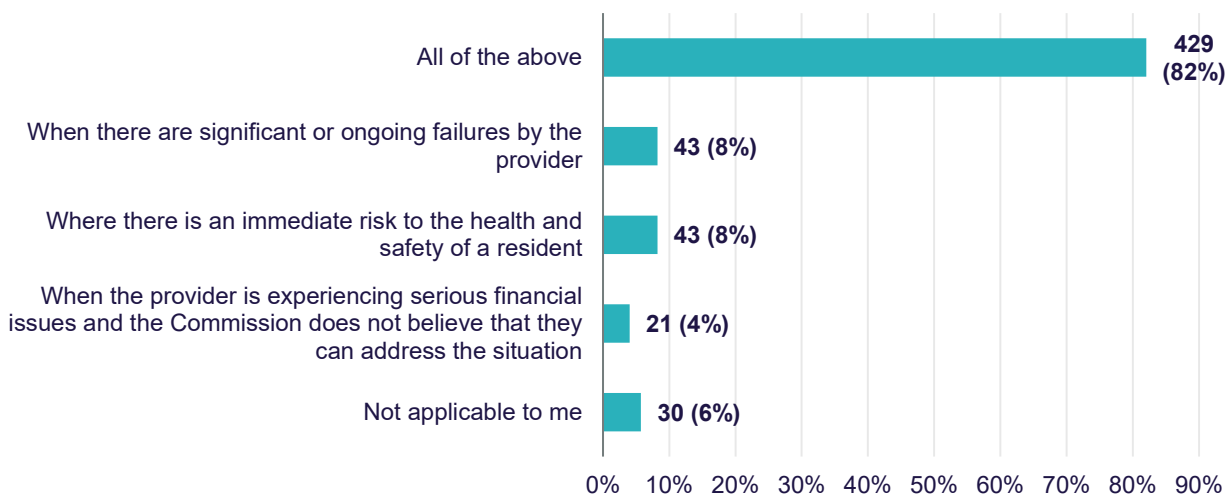
Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 517 respondents, as respondents had the option to select multiple responses.

When asked in which of the circumstances do they think the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence, survey results (see Figure 46) showed that:

- Eighty-two per cent of respondents (429 out of 523) believe that the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence when there are significant or ongoing failures by the provider, where there is an immediate risk to the health and safety of a resident, or when the provider is experiencing serious financial issues and the Commission does not believe that they can address the situation.
- Eight per cent of respondents (43 out of 523) believe that the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence when there are significant or ongoing failures by the provider.
- Eight per cent of respondents (43 out of 523) believe that the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence where there is an immediate risk to the health and safety of a resident.
- Four per cent of respondents (21 out of 523) believe that the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence when the provider is experiencing serious financial issues and the Commission does not believe that they can address the situation.
- Six per cent of respondents (30 out of 523) indicated that this question was not applicable to them.

Figure 46: In which of the following circumstances do you think the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence?

In which of the following circumstances do you think the Commissioner should be able to appoint an external manager to a registered provider who operates an approved residential care home and in whom the Commissioner has lost confidence?
(n=523)



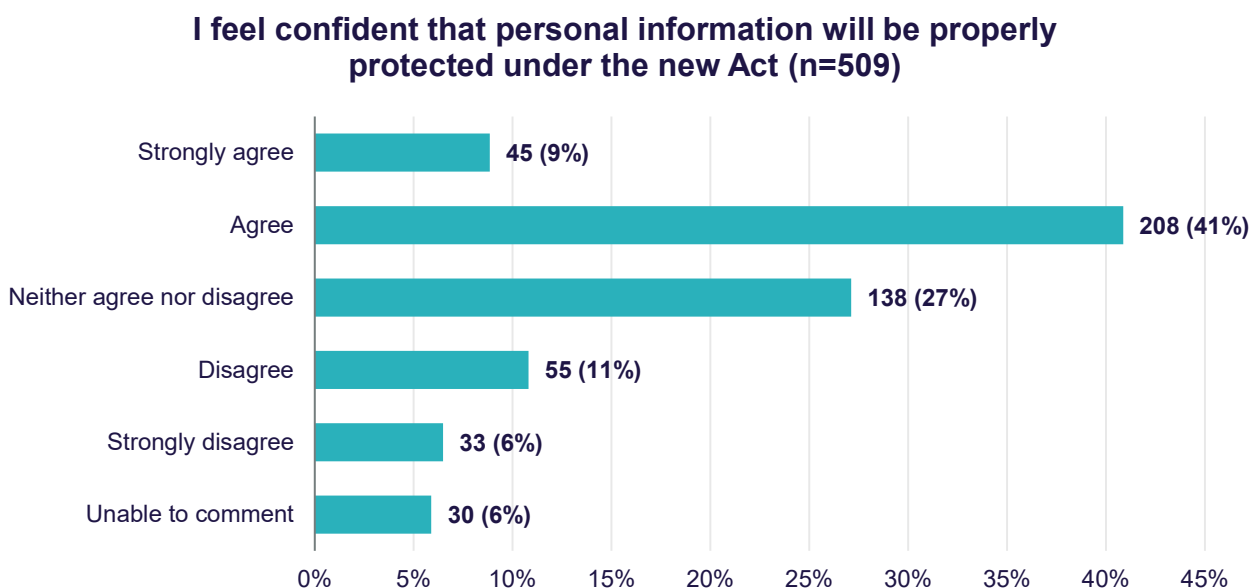
Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 523 respondents, as respondents had the option to select multiple responses.

Survey responses to questions on whistleblower protections and disclosure protections

When asked if they feel confident that personal information will be properly protected under the new Act, survey results (see Figure 47) showed that:

- Fifty per cent of respondents (253 out of 509) agreed or strongly agreed that they feel confident that personal information will be properly protected under the new Act.
- Twenty-seven per cent of respondents (138 out of 509) neither agreed nor disagreed that they feel confident that personal information will be properly protected under the new Act.
- Seventeen per cent of respondents (88 out of 509) disagreed or strongly disagreed that they feel confident that personal information will be properly protected under the new Act.
- Six per cent of respondents (30 out of 509) were unable to comment if they feel confident that personal information will be properly protected under the new Act.

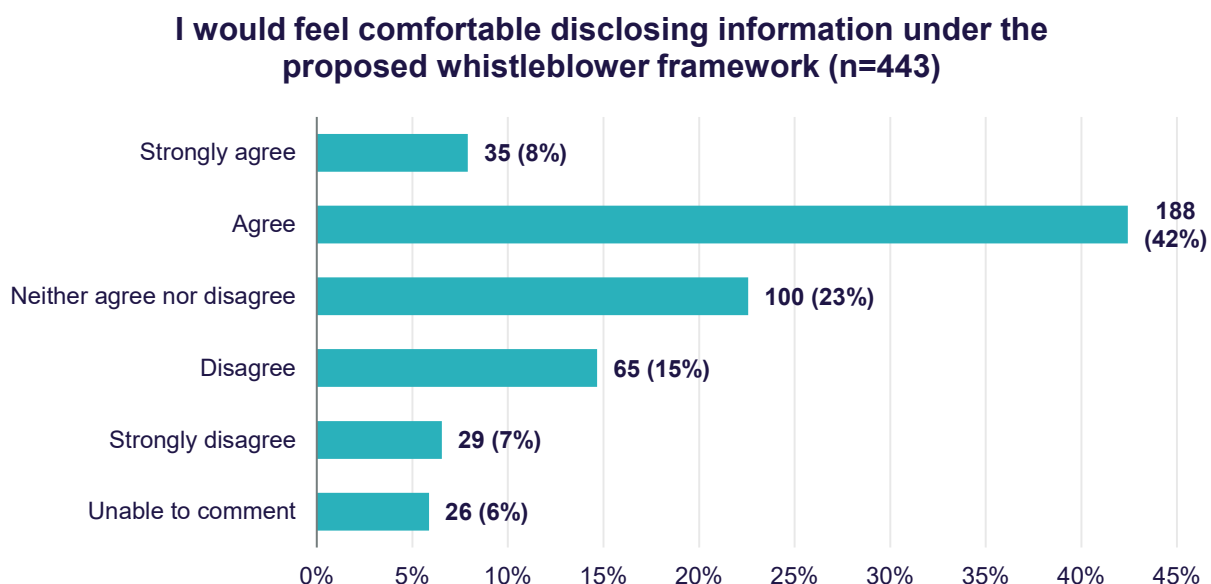
Figure 47: I feel confident that personal information will be properly protected under the new Act



When asked if they would feel comfortable disclosing information under the proposed whistleblower framework, survey results (see Figure 48) showed that:

- Fifty per cent of respondents (223 out of 443) agreed or strongly agreed that they would feel comfortable disclosing information under the proposed whistleblower framework.
- Twenty-three per cent of respondents (100 out of 443) neither agreed nor disagreed that they would feel comfortable disclosing information under the proposed whistleblower framework.
- Twenty-two per cent of respondents (94 out of 443) disagreed or strongly disagreed that they would feel comfortable disclosing information under the proposed whistleblower framework.
- Six per cent of respondents (26 out of 443) were unable to comment if they would feel comfortable disclosing information under the proposed whistleblower framework.

Figure 48: I would feel comfortable disclosing information under the proposed whistleblower framework

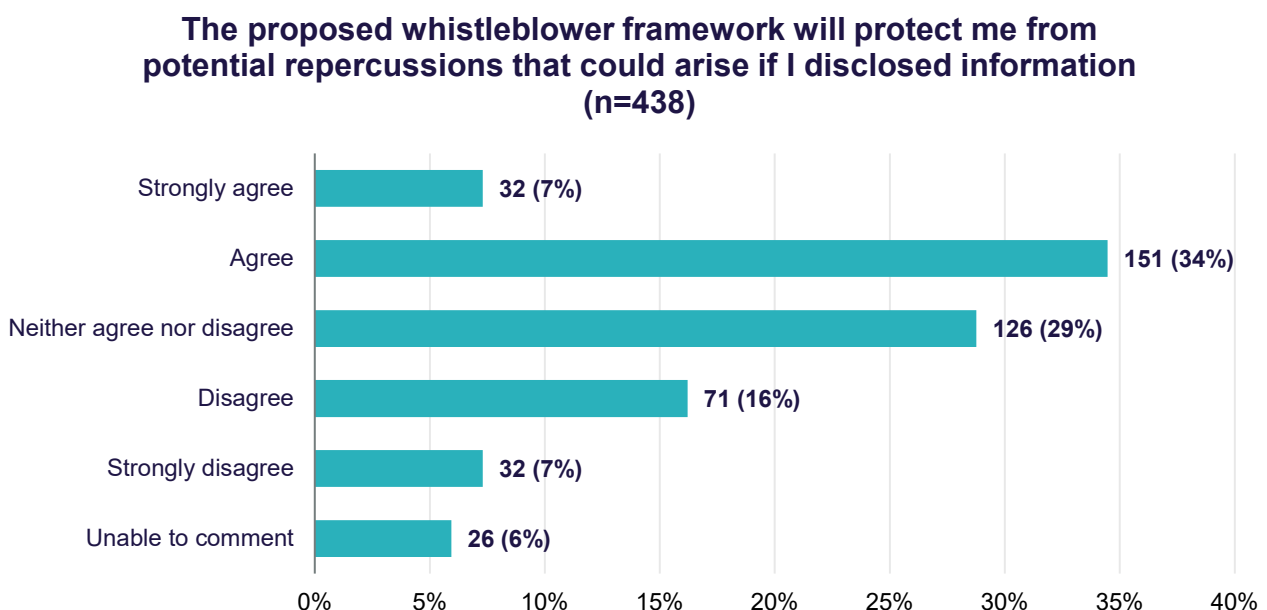


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if the proposed whistleblower framework will protect them from potential repercussions that could arise if they disclosed information, survey results (see Figure 49) showed that:

- Forty-one per cent of respondents (183 out of 438) agreed or strongly agreed that the proposed whistleblower framework will protect them from potential repercussions that could arise if they disclosed information.
- Twenty-nine per cent of respondents (126 out of 438) neither agreed nor disagreed that the proposed whistleblower framework will protect them from potential repercussions that could arise if they disclosed information.
- Twenty-three per cent of respondents (103 out of 438) disagreed or strongly disagreed that the proposed whistleblower framework will protect them from potential repercussions that could arise if they disclosed information.
- Six per cent of respondents (26 out of 438) were unable to comment if the proposed whistleblower framework will protect them from potential repercussions that could arise if they disclosed information.

Figure 49: The proposed whistleblower framework will protect me from potential repercussions that could arise if I disclosed information

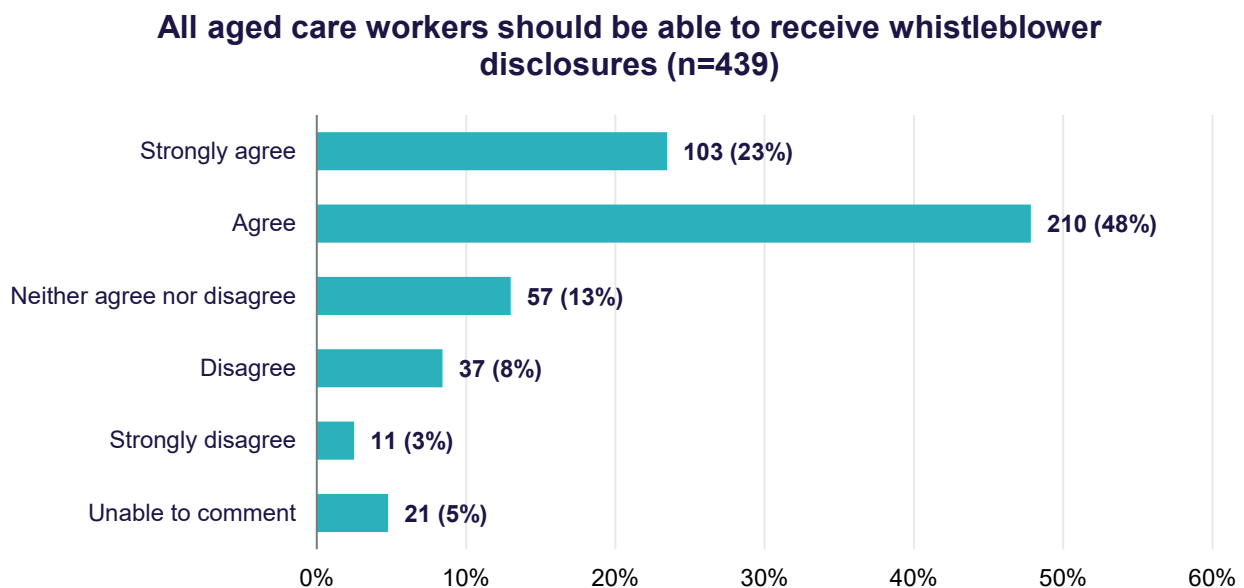


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked if all aged care workers should be able to receive whistleblower disclosures, survey results (see Figure 50) showed that:

- Seventy-one per cent of respondents (313 out of 439) agreed or strongly agreed that all aged care workers should be able to receive whistleblower disclosures.
- Thirteen per cent of respondents (57 out of 439) neither agreed nor disagreed that all aged care workers should be able to receive whistleblower disclosures.
- Eleven per cent of respondents (48 out of 439) disagreed or strongly disagreed that all aged care workers should be able to receive whistleblower disclosures.
- Five per cent of respondents (21 out of 439) were unable to comment if all aged care workers should be able to receive whistleblower disclosures.

Figure 50: All aged care workers should be able to receive whistleblower disclosures

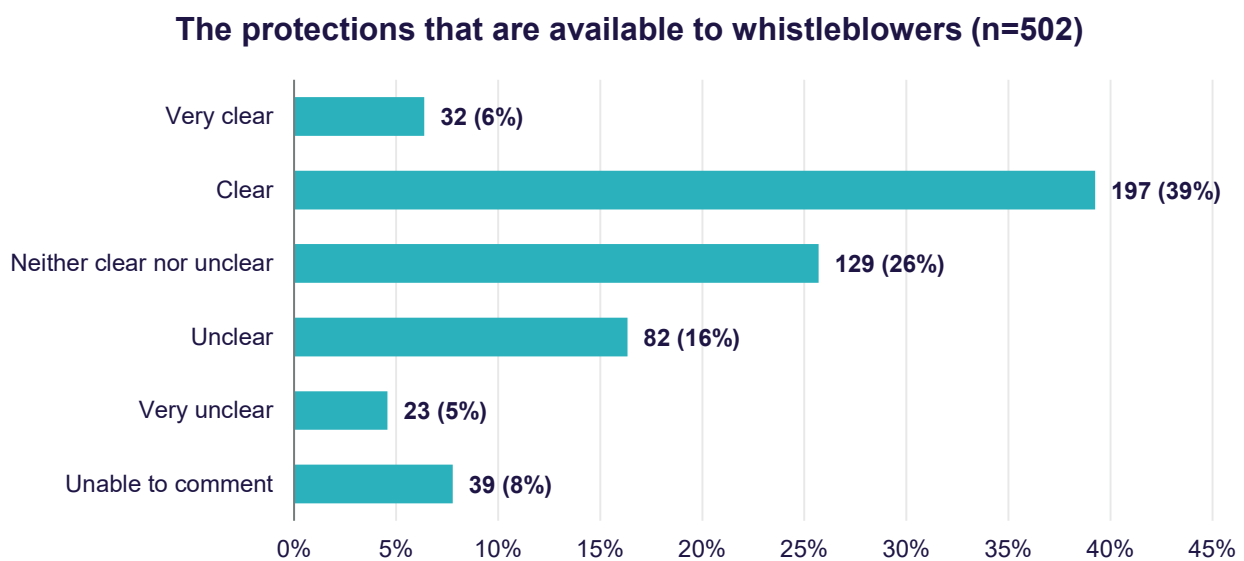


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the clarity of the protections that are available to whistleblowers, survey results (see Figure 51) showed that:

- Forty-five per cent of respondents (229 out of 502) were clear or very clear about the protections that are available to whistleblowers.
- Twenty-six per cent of respondents (129 out of 502) neither were clear nor unclear about the protections that are available to whistleblowers.
- Twenty-one per cent of respondents (105 out of 502) were unclear or very unclear about the protections that are available to whistleblowers.
- Eight per cent of respondents (39 out of 502) were unable to comment if the protections that are available to whistleblowers were clear or unclear.

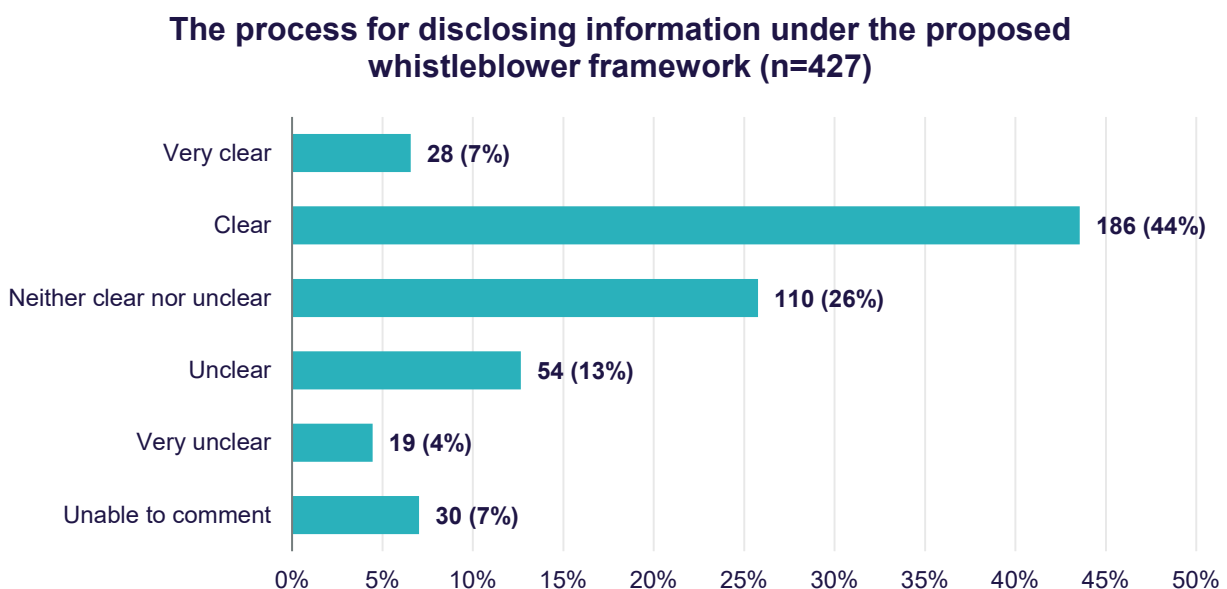
Figure 51: The protections that are available to whistleblowers



When asked about the clarity of the process for disclosing information under the proposed whistleblower framework, survey results (see Figure 52) showed that:

- Fifty-one per cent of respondents (214 out of 427) were clear or very clear about the process for disclosing information under the proposed whistleblower framework.
- Twenty-six per cent of respondents (110 out of 427) neither were clear nor unclear about the process for disclosing information under the proposed whistleblower framework.
- Seventeen per cent of respondents (73 out of 427) were unclear or very unclear about the process for disclosing information under the proposed whistleblower framework.
- Seven per cent of respondents (30 out of 427) were unable to comment if the process for disclosing information under the proposed whistleblower framework were clear or unclear.

Figure 52: The process for disclosing information under the proposed whistleblower framework

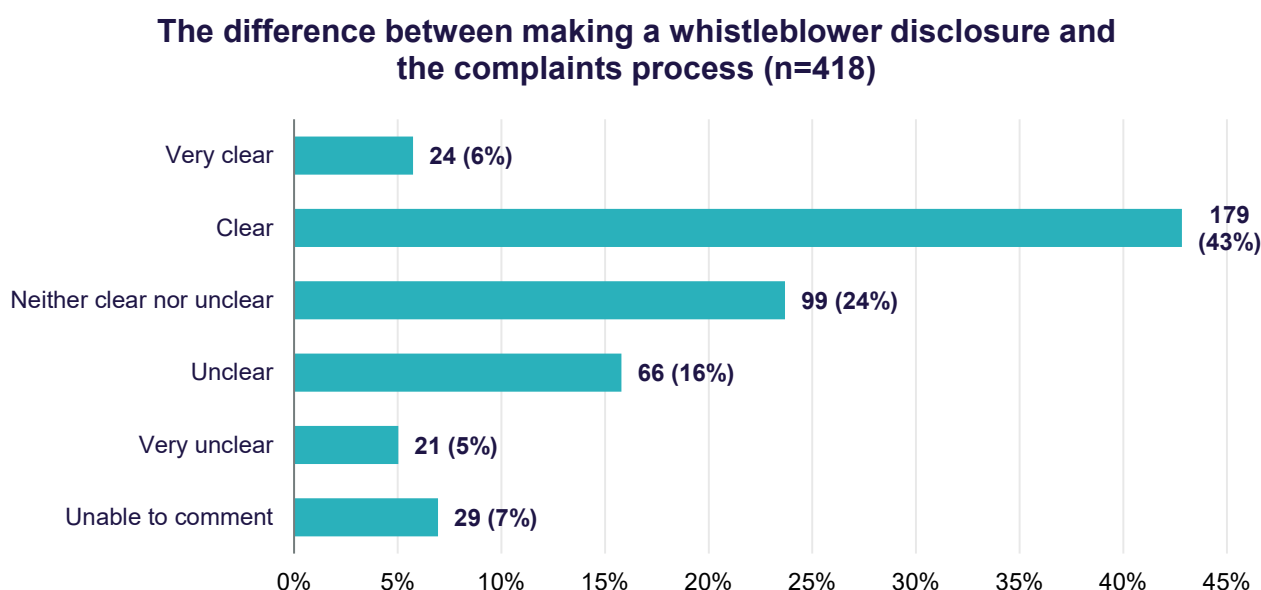


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about the difference between making a whistleblower disclosure and the complaints process, survey results (see Figure 53) showed that:

- Forty-nine per cent of respondents (203 out of 418) were clear or very clear about the difference between making a whistleblower disclosure and the complaints process.
- Twenty-four per cent of respondents (99 out of 418) neither were clear nor unclear about the difference between making a whistleblower disclosure and the complaints process.
- Twenty-one per cent of respondents (87 out of 418) were unclear or very unclear about the difference between making a whistleblower disclosure and the complaints process.
- Seven per cent of respondents (29 out of 418) were unable to comment if the difference between making a whistleblower disclosure and the complaints process were clear or unclear.

Figure 53: The difference between making a whistleblower disclosure and the complaints process

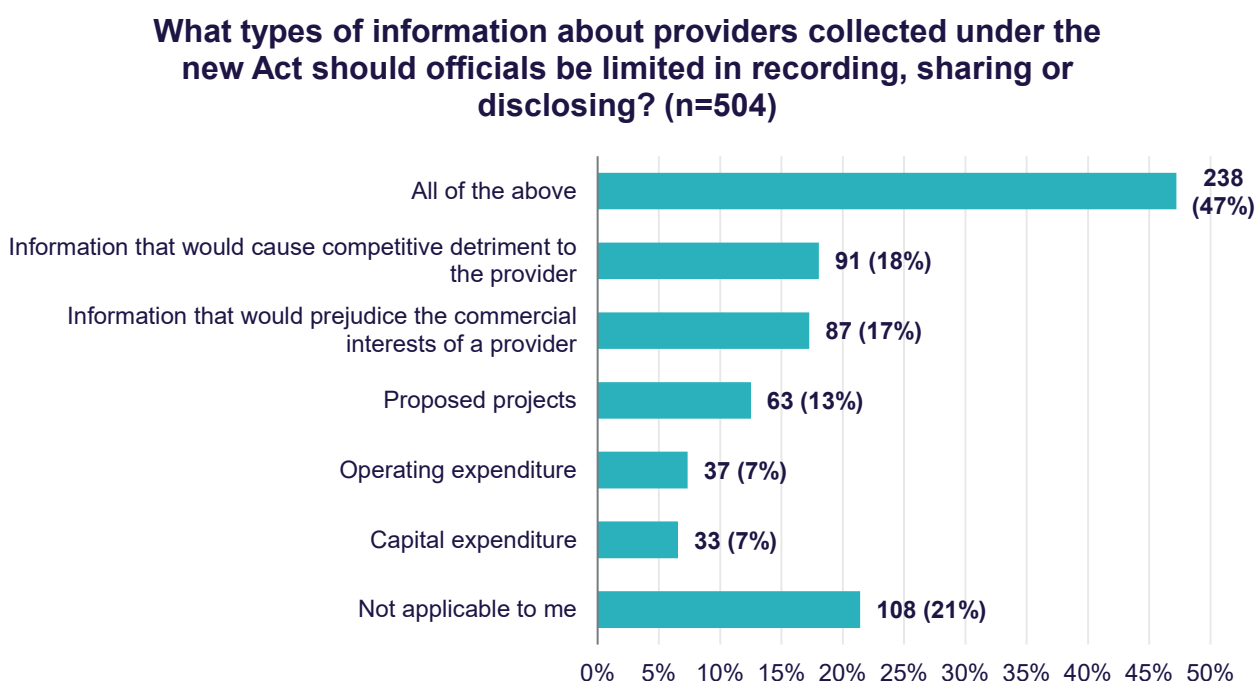


Note: The total percentage does not sum to 100 per cent due to rounding.

When asked about what types of information about providers collected under the new Act should officials be limited in recording, sharing or disclosing, survey results (see Figure 54) showed that:

- Forty-seven per cent of respondents (238 out of 504) believe that information that would cause competitive detriment to the provider, would prejudice the commercial interests of a provider, proposed projects, operating expenditure, and capital expenditure should be limited in recording, sharing or disclosing.
- Eighteen per cent of respondents (91 out of 504) believe that information that would cause competitive detriment to the provider should be limited in recording, sharing or disclosing.
- Seventeen per cent of respondents (87 out of 504) believe that information that would prejudice the commercial interests of a provider should be limited in recording, sharing or disclosing.
- Thirteen per cent of respondents (63 out of 504) believe that information on proposed projects should be limited in recording, sharing or disclosing.
- Seven per cent of respondents (37 out of 504) believe that information on operating expenditure, and capital expenditure information should be limited in recording, sharing or disclosing.
- Seven per cent of respondents (33 out of 504) believe that information on capital expenditure should be limited in recording, sharing or disclosing.
- Twenty-one per cent of respondents (108 out of 504) indicated that this question was not applicable to them.

Figure 54: What types of information about providers collected under the new Act should officials be limited in recording, sharing or disclosing?



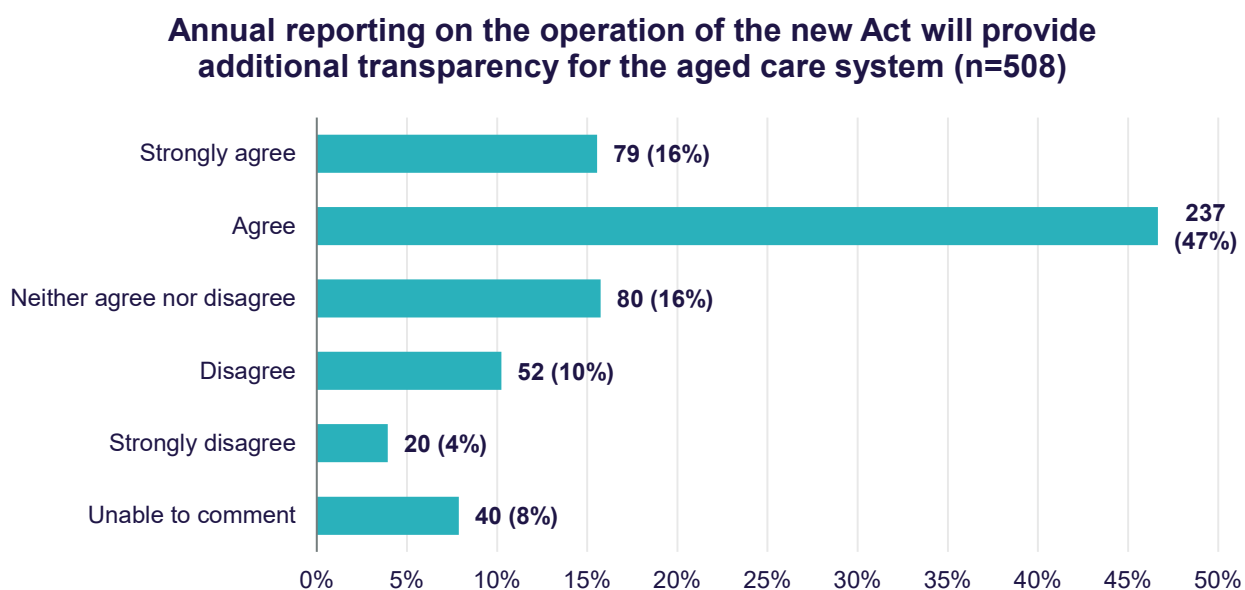
Note: The total percentage does not add up to 100 per cent, and the total number does not add up to 504 respondents, as respondents had the option to select multiple responses.

Survey response to question on annual reporting

When asked about the annual reporting on the operation of the new Act will provide additional transparency for the aged care system, survey results (see Figure 55) showed that:

- Sixty-three per cent of respondents (316 out of 508) agreed or strongly agreed that the annual reporting on the operation of the new Act will provide additional transparency for the aged care system.
- Sixteen per cent of respondents (80 out of 508) neither agreed nor disagreed that the annual reporting on the operation of the new Act will provide additional transparency for the aged care system.
- Fourteen per cent of respondents (72 out of 508) disagreed or strongly disagreed that the annual reporting on the operation of the new Act will provide additional transparency for the aged care system.
- Eight per cent of respondents (40 out of 508) were unable to comment if the annual reporting on the operation of the new Act will provide additional transparency for the aged care system.

Figure 55: Annual reporting on the operation of the new Act will provide additional transparency for the aged care system



Note: The total percentage does not sum to 100 per cent due to rounding.

Appendix B – Glossary

Term	Definition
Aged Care Quality and Safety Commission	The Aged Care Quality and Safety Commission is the national regulator of funded aged care services.
Ageing-related conditions	Ageing is a driving factor of various age-related conditions, including neurodegenerative diseases, cardiovascular diseases, cancer, immune system disorders, and musculoskeletal disorders.
Compliance	Compliance is the process of making aged care providers and aged care workers meet their responsibilities in delivering care and services.
The Convention on the Rights of Persons with Disabilities	The Convention on the Rights of Persons with Disabilities is an international human rights convention intended to protect the fundamental human rights and dignity of persons with disabilities.
Corporations Act 2001	The Corporations Act 2001 is the primary legislation that governs corporations in Australia, it sets out the rules and regulations that companies must follow, including how they are formed, operate, and dissolved.
Department of Health and Aged Care	The Department of Health and Aged Care is the federal department responsible for policy, program, funding, promotion and regulation in Australia.
Enduring Power of Attorney	An Enduring Power of Attorney is a legal document where a nominee appoints an 'attorney' who has the legal authority to make financial and personal care decisions on behalf of the nominee.
Exposure Draft	An Exposure Draft is a way of releasing a bill or regulation in a format available for public comment before it is formally introduced into the Parliamentary and legislative processes.
First Nations Aged Care Governance Group	The Governance Group provides policy direction for aged care reform affecting Indigenous people with a focus on cross-system issues and stakeholder engagement.
Funded aged care services	Funded aged care services are funded by the Australian Government and must meet quality standards.
Enduring Guardian	An Enduring Guardian is a legally appointed individual who can make health and lifestyle decisions on behalf of the nominee.
International Covenant on Economic, Social and Cultural Rights	The Covenant provides the legal framework to protect and preserve basic economic, social and cultural rights, including rights relating to work, social protection, an adequate standard of living, health, education, cultural freedom and scientific progress.
My Aged Care	My Aged Care is the entry point to the Australian aged care system. It provides general information about aged care services, and can register, screen, and refer eligible older people for an aged care assessment.

Term	Definition
The National Disability Insurance Scheme	The National Disability Insurance Scheme supports people with a permanent and significant disability that affects their ability to take part in everyday activities.
Quality Standards	The Quality Standards focus on the essential systems and controls providers must have in place to achieve outcomes and ensure the delivery of safe and quality aged care.
Registered provider	A registered aged care provider has responsibilities to deliver quality aged care services, manage fees and meet Australian Government requirements.
Regulation	Any rule the government approves that an organisation or person must comply with.
Restrictive practices	Restrictive practices refer to any practice or intervention restricting the rights or freedom of people receiving aged care.
Stakeholders	For the purposes of this report, stakeholders refer to older people, family members and carers, aged care providers, aged care workers, advocacy organisations, advisory bodies, state and territory governments, human rights organisations, professional bodies and universities.
State and Territory Stolen Generations Redress Schemes	Stolen Generations Redress Schemes provide financial and wellbeing package for Stolen Generations survivors who were removed as children from their families.
Survey respondents	For the purposes of this report, survey respondents refer to any stakeholder who completed an online or phone survey.
Thin markets	Regions that could be at risk of market failure due to aged care provider viability and service availability. This is particularly relevant for rural and remote communities and aged care providers operating in these regions.
United Nations Declaration of the Rights of Indigenous People	The declaration establishes a universal framework of minimum standards for the survival, dignity, wellbeing and rights of the world's indigenous peoples



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