Australian Government
Department of Health and Aged Care

A New Model for Regulating Aged Care Consultation

Summary Report 2023

agedcareengagement.health.gov.au

Contents

Section 1

Executive summary

The new model for regulating aged care

The Royal Commission into Aged Care Quality and Safety (**the Royal Commission**) made 148 recommendations to help improve quality and safety in aged care. In response, a comprehensive program of reforms is now underway. In its findings, the Royal Commission noted that the current regulatory framework is no longer fit for purpose:

"Ineffective regulation has been one of the contributing factors to the high levels of substandard care in Australia's aged care system. Regulation should seek to prevent harm to people receiving aged care services and ensure that instances of substandard care are detected and addressed."

In response, and consistent with the reform agenda, a new model for regulating aged care (the new model) that places older people in Australia (older people) at the front and center of its design has been developed. The new model is designed to drive cultural change across the sector, improve outcomes and protections for older people, and restore trust in the system.

The new model aims to be:

- **Risk-proportionate**, enabling regulation to be applied differentially based on the risk associated with the care.
- **Person-centred**, ensuring that the quality and safety of older people in Australia (older people) is at the heart of the regulatory framework.
- **Rights-based**, ensuring protections are in place and the rights of older people are upheld and respected.
- **Continuously improving** all elements of service delivery by equipping providers and workers with the right resources to deliver safe care.

There are four safeguards that will help deliver on the new model by mitigating the risk of harm to older people, increasing protections for older people, and encouraging continuous improvement in service delivery. These safeguards contain a broad set of tools that will be implemented to help achieve these goals:

- **Supporting quality care** – focuses on working with providers and helping the sector to lift the quality and safety of aged care service delivery.
- **Becoming a provider** – the way entities will become an aged care provider and remain suitable to continue delivering services to older people.
- **Responsibilities of a provider** – the obligations providers must meet to facilitate the delivery of quality care and enhance the protections, rights and delivery of services provided to older people.
- **Holding providers accountable** – the ways in which outcomes for older people will be achieved by facilitating quality care and deterring poor performance through monitoring, compliance, and enforcement activities.

An important focus on the new model is the establishment of a new registration model for providers delivering aged care services. This registration model includes grouping of service types (nursing, personal care, etc) into registration categories and then applying obligations on providers that facilitate quality, safe and accessible care for older people. A list of the registration categories and service types before consultation can be seen in Figure 21, and a list of the registration categories and service types after consultation can be seen in Figure 22.

The new model informs the development of a new Aged Care Act (the new Act) and its subordinate legislation. It supports the new Act, in-home aged care reforms, and other recommendations from the Royal Commission[1]. The new model is expected to commence with the new Act.

This paper consolidates feedback under the four different safeguards and includes the next steps for the department to action your feedback. More details on the new model is in the department's *Consultation Paper No. 2: A new model for regulating Aged Care – Details of the proposed new model.*

Consultation on the new model for regulating aged care

Public consultation

We're working with older people in Australia, their families and carers, providers, and the aged care sector to develop a new model for regulating aged care. Aged Care impacts all of us and the new model will transform all aspects of aged care. As a result, the department consulted broadly with those effected, including older people, their families and carers, aged care workers and aged care providers, peak bodies, and the broader community, including Aboriginal and Torres Strait Islander peoples, people from Culturally and Linguistically Diverse (CALD) backgrounds and people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and others who identify as sexually or gender diverse (LGBTIQA+). The department seeks to consider as many different perspectives and insights into the new rules for aged care as possible.

To date, the department has published the following documents across three stages of consultation:

- **Stage 1**, February 2022 – *Concepts for a new framework for regulating aged care* and its **plain English version** outlining opportunities to improve the current regulatory approach.
- **Stage 2**, September 2022 – *Consultation Paper No. 1: A new model for regulating Aged Care*, and its **plain English version** and **short summary sheet**, providing an overview of the new model.
- **Stage 3**, April 2023 – *Consultation Paper No. 2: A new model for regulating Aged Care – Details of the proposed new model* and its **summary**, detailing the new model, including the registration categories, obligations architecture and transition arrangements.

[1] The new model also responds to Royal Commission recommendations 92 and 93 (provider approval and accreditation), recommendations 13,14, 50, 131, 123, 133 and 135 (provider registration and obligations), recommendations 97, 101, 102, 103,134 and 136 (monitoring and enforcement) and recommendations 10, 98 and 99 (complaints and whistleblower protections).

Stage 3 included:

- a webinar attended by more than 1,100 people
- eight online workshops:
  - one with peak/advocacy bodies (22 participants)
  - five with providers (64 participants)
  - two with older people interested in aged care, their families and carers (32 participants)
- a review of submissions and survey responses received by the department, including:
  - written responses (121 submissions) – these ranged in detail and scope from less than one page ranging up to 80 pages per submission across stage two and stage three. Of these, 40 submissions were received in response to *Consultation Paper No. 1,* and 81 submissions were received in response to *Consultation Paper No. 2*.
  - **a short online survey** developed and hosted by the department consisting of mostly closed-ended questions (363 respondents)
  - **a longer survey** developed and hosted by the department consisting of mostly open-ended responses (188 respondents)
  - a 15-minute **large-scale representative online survey** of 3,536 Australians

In June 2023, the department completed market research including online workshops, in-depth interviews and focus groups with harder-to-reach audience such as Aboriginal and Torres Strait Islander people, LGBTQIA+, Culturally and Linguistically Diverse People and smaller regional providers.

Elements of the multi-stage consultation are detailed on the Department of Health and Aged Care's *Developing a new model for regulating aged care* **webpage**.

Internal consultations

The department routinely consults with committees and advisory boards established to represent views from diverse stakeholder groups. This includes:

- The Expert Advisory Panel (EAP) which consists of experts in the academic fields of regulation, governance, policy, and aged care.
- The Council of Elders provides a direct voice from older people with diverse skills, expertise, and backgrounds to the department.
- The Aged Care Consumer Reference Group and the Aged Care Sector Reference Groups provide expertise and advice relating to the care of older people in residential, community and other care settings.

Reading this report

In this report, insights and recommendations from stage 2 and 3 consultations are combined under chapters that focus on particular aspects of the new model that are labelled as 'Safeguards'.

The short online survey (363 respondents) and **large-scale representative survey** (3,536 respondents) are referred to throughout the report and are presented in graphs and statistics.

Feedback through the **written submissions** (121 submissions), **workshops** (118 participants) and the **longer survey** (188 respondents) which collected longer form feedback was analysed and is presented through statements connected to a consultation group (shown below).

The report aims to summarise the sentiment of most people towards the new model. However, some individual stakeholders provided significant and insightful comments and they have been included through clearly marked statements and de-identified **quotes.**

Consultation groups

Consultation participants are identified in the following ways:

- **Older people, their family and carers** are people currently receiving aged care and/or who have someone close to them receiving aged care services. Note that when we use the term 'carers', we are referring to unpaid supporters of older people (e.g. friends) rather than people who work providing aged care services.
- **Providers** are providers of aged care services and may be referred to as residential care or in-home care providers.
- **Unions, Peak and advocacy bodies** refer to groups that have a special interest in aged care regulation, and how it impacts on providers, older people and carers, as well as the broader community. This grouping includes peak bodies, special interest groups, researchers and various unions.
- **Broader community** represents members of the community who responded to surveys or provided a submission. This includes older people, their families and carers who have not identified as recipients of aged care services, as well as the broader Australian population sampled in the representative survey.
- **Stakeholders** refers to all consultation groups and reflects a general consensus.

Where responses were consistent between these different groups, feedback has been collated to avoid unnecessary repetition. For example, where the views of providers and the broader community aligned, their feedback has been combined to make it easier to follow.

Summary of key findings and department response

The feedback we received throughout the consultations, shows there is broad support for the proposed new model for regulating aged care, but also a desire for more detail.

Almost all the audiences consulted broadly supported the new model and its potential to improve the quality of aged care services in Australia.

Safeguard 1: supporting quality care

- There was broad support for the person-centred, rights-based, continuous improvement and risk-proportionate approach of the **new model**. The large-scale representative survey results showed:
  - 89 per cent of respondents indicated the **rights** of older people are a vital consideration when regulating aged care.
  - 85 per cent of respondents indicated that a **person-centred** approach is an important consideration in delivering aged care and 77 per cent agreed that regulation should focus on outcomes for older people instead of providers.
  - 69 per cent of respondents thought the approach to **continuous improvement** will make aged care better.
  - 71 per cent of respondents agreed that the Commission should focus on services or providers that have a **higher risk** of harm to older people.
- While older people in Australia, their families and carers had limited knowledge of the current regulatory arrangements in place to protect them, they were generally optimistic about reform because they considered that change was needed across the sector. They hope the reforms will address their key concern that all older people in Australia can access quality care.
- Older people, their families and carers emphasised the need for **reliable, transparent information** that helps them find and assess aged care options.
- Providers and workers emphasised the importance of:
  - access to more information about the specifics of the changes and in a format that is clear and easy to understand.
  - greater focus on supporting the aged care workforce, including training and performance recognition to restore pride and ensuring that they feel heard and valued.
  - more investment in time, tools and resources to educate and embed the changes smoothly and seamlessly.
  - ongoing education to upskill the workforce to ensure they have the skills and capabilities required to deliver person-centred care across a diverse ageing population.

Workers also emphasised the need for **dedicated channels** to 'have their say', gather feedback and share case studies of best practice within the new model.

Nearly half of the large-scale representative survey respondents (43 per cent) emphasised well-trained, empathetic staff as being at the core of quality care.

In the large scale representative survey (84 per cent) of the broader community agreed it is important to have greater choice and access to different services.

Department Response

Safeguard 1: Supporting Quality Care

- The new model will clearly articulate the roles of the Commission, Department of Health and Aged Care (the department) as system governor and providers to educate and support the delivery of quality care.
- We are developing a range of communication initiatives that are easy to digest, to deliver information on the reforms, which are targeted directly to workers, providers, older people, and the broader community.
- The department and Commission will proactively engage with unions and peak bodies and utilise their existing communication channels to share information, resources, training and education opportunities.
- We are developing the new model and New Aged Care Act (the new Act) to ensure aged care workers are empowered to participate in governance and accountability, have access to transparent and accessible information and have clear channels for feedback. The Aged Care Quality Standards (Quality Standards) are being strengthened to reflect the important role workers have in the new model and can be viewed **here**.
- The Commission via the Complaints Commissioner and complaints function will develop and communicate dedicated channels for workers' feedback.
- Almost all audiences recognised the need to better engage the aged care workforce as the sector continues to embrace the journey of change and continuous improvement.
- The New Aged Care Act will ensure the new models' approach to person-centred, rights-based, continuous improvement and risk-proportionate regulation is embedded in the legislation. To have your say please, engage with the New Aged Care Act Consultation **here**.

Safeguard 2: becoming a provider

Consultation found **broad support for the proposed registration model** among peak bodies and providers. Support for the six registration categories was over 71 per cent in the short online survey, with Category six (residential care) and Category four (clinical and specialised supports) receiving higher levels of 'strong support' than the other categories (47 per cent of respondents indicated 'strong support' for Categories six and four). Stakeholders provided detailed feedback on specific registration categories, the service types in them and their obligations through their written submissions (see Figure 21: Proposed registration categories on which feedback was sought, and see Figure 22: Revised registration categories following public consultations).

- Providers supplied extensive feedback on the placement of **personal care** and **allied health** in registration Category four which is subject to audit against the Quality Standards.
- Stakeholders supporting personal care and allied health under Category four discussed the intimate nature of the services and how the risks would be effectively managed by the Quality Standards. Others were concerned that applying the Quality Standards might result in fewer service providers limiting the choice of older people.
- Some stakeholders highlighted that the level of clinical governance oversight for nursing was different to other service types within Category four such as personal care and allied health. It was suggested that these be separated.
- Stakeholders emphasised the importance of **care management** and **care coordination** within the aged care system. They described how care coordination is essential to ensuring quality care and ensuring older people connect to new service types as their needs change.
- Providers and advocates were **positive about the new model** but had a strong desire to understand the specific requirements of the reforms so they can better understand the impacts.
- Providers noted a current **lack of information** about the administrative process and cost of registering in each category. This concerned small providers that complying with the new model might be difficult for them.
- The vast majority of consultation responses agreed that online platforms should be regulated to ensure they operate in line with the Aged Care Act and that the workers on their platforms are appropriately qualified, screened and checked. Responses to the short online survey showed 85 per cent of respondents believed that **online platforms** should be required to register and **be assessed** by the Aged Care Quality and Safety Commission (Commission).
- There was broad acceptance of the proposed registration application and audits against the **Quality Standards** among peak and advocacy bodies.
- Most stakeholders agree applying **a graded approach to conformance** assessment against the strengthened Quality Standards would be a **significant improvement** over a pass/fail system and offer greater potential for continuous improvement.
- Several submissions raised concerns that subcontractors were not required to register into registration categories under the new model and enquired how those service providers would be accountable under the new model.

Department Response

Safeguard 2: Becoming a Provider

- The department is creating a regulatory framework that is person-centred, rights-based, risk based and supports continuous improvement of providers. The risk-based approach will ensure the Commission can give proportionate attention to services or providers with higher risks.
- The new Aged Care Act consultation paper no.2 can be found **here**. It proposes obligations be applied to online platform providers to ensure workers or providers seeking to promote the delivery of Commonwealth funded aged care services on their platform meet safeguarding expectations. These obligations seek to ensure older people accessing services from online platforms are clear of the regulation applied to parties seeking to deliver Commonwealth funded aged care.
- The department closely considered stakeholder feedback on the registration categories and service types (see Figure 22) and formed the following views in relation to those service types and their appropriate category**:**
  - **Personal care and allied health** will both remain in **registration Category four** and be subject to the **Quality Standards.** This reflects extensive consultation feedback and the intimate nature and risks of those service types.
  - **Nursing** has been separated from category four services and put in Category five to reflect consultation feedback relating to the clinical governance expectations being different to those of allied health providers. This change also reflects its unique access, risks, and need for clinical care to keep older people safe and well.
  - **Care Management** originally in Category four, has been split into basic care management (Category three) and complex care management (Category five). This nuanced approach to obligations will ensure older people with complex needs get the specialist services they require and that older people with less complex needs have a broad selection of appropriate care partners.
  - The department will require providers to ensure quality and safe care and services are delivered by subcontractors, by introducing a new term in the New Aged Care Act called associated providers and placing obligations on them and the registered provider who contracted them. To read more and have your say, read the New Aged Care Act Consultation Paper No.2 **here**.
- In response to concerns that the food and nutrition standard of the strengthened Aged Care Quality Standards would not apply to meal delivery services in registration category 1, the department is proposing to introduce a specific obligation on meal delivery services. This obligation will address the nutritional suitability of meals delivered to an older person's home, centre or community respite.

Safeguard 3: responsibilities of a provider

- There was strong support for the proposed streamlining of provider responsibilities, in the department's short online survey, 89 per cent of providers expressed support, with 56 per cent of those expressing strong support. Peak bodies felt this **reduced duplication** of obligations and processes will enable providers to focus on caring for their clients.
- Consultation feedback indicated the department could further streamline regulation by leveraging **existing systems** such as Allied Health professionals registered with the Australian Health Practitioners Regulation Agency or National Alliance of Self-Regulating Health Professionals, when considering the appropriate obligations and registration category for service types.
- Stakeholders noted the following requirements **underpin quality care**; qualified, caring, and consistent staff; improved communications; mental stimulation; social engagement; cultural sensitivities; nutritional and tasty food; and building trust through providers adherence to their commitments.
- Consultations emphasised an integral part of person-centred care is **cultural safety** of services for Aboriginal and Torres Strait Islanders and ensuring **cultural appropriateness** of services for Culturally and Linguistically Diverse People (CALD) and LGBTIQA+ people.

Department Response

Safeguard 3: responsibilities of a provider

- As described in section two, the department has considered the feedback in relation to allied health providers and will continue to require providers of allied health to register under Category four. More broadly the regulatory model will recognise the existing regulation of allied health professionals by the Australian Health Practitioners Regulation Agency (AHPRA) in relation to proposed worker screening requirements for aged care workers.
- The department is committed to creating a streamlined aged care system that aligns where appropriate with other regulatory systems such as the National Disability Insurance Scheme (NDIS) and state and territory based regulatory structures.
- A single registration process will be established by consolidating application requirements that apply across registration categories. Providers who register across multiple categories will have a streamlined set of obligations that remove duplicative obligations and ensure safe and high-quality services for older people.

Safeguard 4: holding providers accountable

Providers, a wide range of advocacy bodies and the broader community think that the new model will **hold providers to account** for their actions.

- All audiences **universally support** the proposed complaints restorative approach.
- Stakeholders and the broader community want to see **significant penalties for repeated poor performance**, including non-financial penalties like de-registration, and even criminal sanctions for repeat offenders.
- Stakeholders also recognised **the power and benefit of acknowledgement** where providers and their staff have contributed to excellent outcomes. In fact, 84 per cent of the broader community members who completed the large-scale representative survey agreed that providers that deliver excellent services should be acknowledged and celebrated – a result that was higher among older age groups.

Stakeholders indicated **publishing performance reports** would help hold providers to account and help older people identify excellent providers. The large-scale representative survey showed 78 per cent of respondents thought publishing performance reporting would encourage providers to continuously improve their services.

Department Response

Safeguard 4: Holding providers accountable

- The new regulatory model includes a wide range of regulatory and **enforcement responses** for repeated poor performance, non-compliance or poor conduct. The model seeks to achieve voluntary compliance via regulatory activities such as registration, audits and education and capability building by the Commission. Where more serious enforcement action is required, the Commission has a range of enforcement tools which include banning orders, civil penalties, criminal prosecution, revocation of registration and injunctions - to be used in the most serious of cases.
- The department continues to work with the Commission to refine and implement the proposed complaints **restorative approach** and **the graded approach** to the assessment of conformance against the strengthened Quality Standards.
- The department is considering various existing and new communication channels to inform the aged care sector of best practice examples, including case studies of excellence in care provision.
- The department's National Aged Care Mandatory **Quality Indicator** Program requires residential aged care providers to report on 11 quality indicators across critical areas of care that can affect the health and wellbeing of residents living in aged care homes. The Australian Institute of Health and Welfare publishes the results on a quarterly basis (further information is available on the department's webpage here)
- **Star Ratings** help inform older people, their families and carers compare the quality and safety of services in residential aged care homes. Star Ratings provide a score of 1 to 5 and measure, compliance, resident experience, staffing minutes and quality indicators from the National Aged Care Mandatory Quality Indicator Program. (further information is available on the departments webpage here)

Transitioning to the new model

- Stakeholders broadly thought the proposed transition approach **made sense** but were interested in the release of further details, through **transition focused resources** and **access to experts** who can answer their questions.
- Providers would use further information from the department to better **understand impacts** on internal systems, care management, potential costs and scaling their business to meet new or reduced demand for services.
- Providers expressed concerns with the scope and pace of change and their readiness to transition to the new model. Providers felt the **timeframe for transition** should consider the unique circumstances of their businesses and enable a flexible approach to implementation.
- Aboriginal and Torres Strait Islander peak bodies sought additional financial, administrative support and information to help facilitate a smooth transition, for example, better understanding the role of the **Aboriginal and Torres Strait Islander Aged Care Commissioner** and impacts of the new complaints model.
- Providers wanted consistent, **high-quality communication** on the benefits of the new model and clear communication on the **roles and responsibility** of different actors in the aged care sector, such as the department and the Commission.
- Older people, carers and the broader community feedback focused on the need for a smooth transition with **no interruption to continuity of care**.

Department Response

Transitioning to the new model

- The department will be engaging with providers and relevant stakeholders on the approach to deeming existing providers into the new registration model in early 2024.

Section 2

Consultation methods

Consultation methods:

The figures below detail the engagement approaches undertaken on the new model

Figure 1: Overview of the webinar

Webinar

Purpose: The purpose of the webinar was to share the details about the new model for regulating aged care and seek people's views on the changes being proposed.

During the webinar, attendees could ask any questions they had about the new model, ensuring a transparent and inclusive discussion on the topic.

About the webinar

- Date of the webinar: 9 May 2023
- Hosts:
  - Caroline Turnour (Assistant Secretary– Harmonisation and Assurance Branch)
  - Mel Metz (Assistant Secretary– Legislative Reform Branch)
- Duration: 1 hour
- Attendees: 1,100 (approximate)
- Questions asked: 250 (approximate)
- Frequently asked questions (FAQs): published on 25 May 2023

Summary of the webinar

- How universal provider registration will work, including for providers who will seek to deliver services in multiple registration categories
- Who will need to be registered to deliver care under the new model and what types of entities can be registered
- How providers will be monitored and held accountable
- Which registration categories the Aged Care Quality Standards and audits will apply to
- The start of the new model on 1 July 2024 and the process for existing aged care providers to become registered
- Information on the new Aged Care Act.

Link to the recording of the webinar: https://www.health.gov.au/resources/videos/a-new-model-for-regulating-aged-care-9-may-2023-webinar-recording?language=en
Link to the FAQs: https://www.health.gov.au/resources/publications/a-new-model-for-regulating-aged-care-and-new-aged-care-act-frequently-asked-questions?language=en

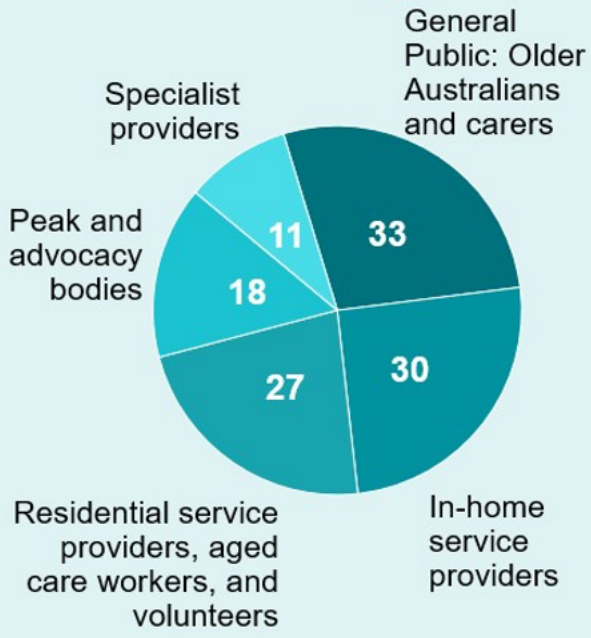
Figure 2: Sample and structure of the stakeholder workshops

Online workshops

Purpose: The purpose of these eight online workshops was to foster meaningful stakeholder engagement and facilitate collaborative discussions. Each workshop was structured to encourage broad discussion among all the participants while also using breakout rooms to enable more in-depth conversations among smaller groups on focused topics.

Stakeholder types

119 people participated



Stakeholders that attended the eight workshops

- Peak and advocacy bodies
- Unions
- In-home service providers
- Residential service providers
- Aged care workers
- Volunteers
- Specialist providers who specialise in providing care for:
  - CALD Australians
  - First Nations Peoples
  - LGBTIQA+ Australians
- Older Australians
- Carers/family members of people seeking or receiving aged care

Other relevant information

- The workshops had a duration of 2.5 hours
- Participants contributed to a broader general discussion after each break-out session
- The workshops focused on different issues for the different stakeholder groups
- Most of the participants registered their interest with the Department of Health and Aged Care via the website
- Some participants were recruited through specialised recruiters with experience in recruiting service providers and other relevant stakeholders within the aged care sector.

Figure 3: Sample and structure of the long survey

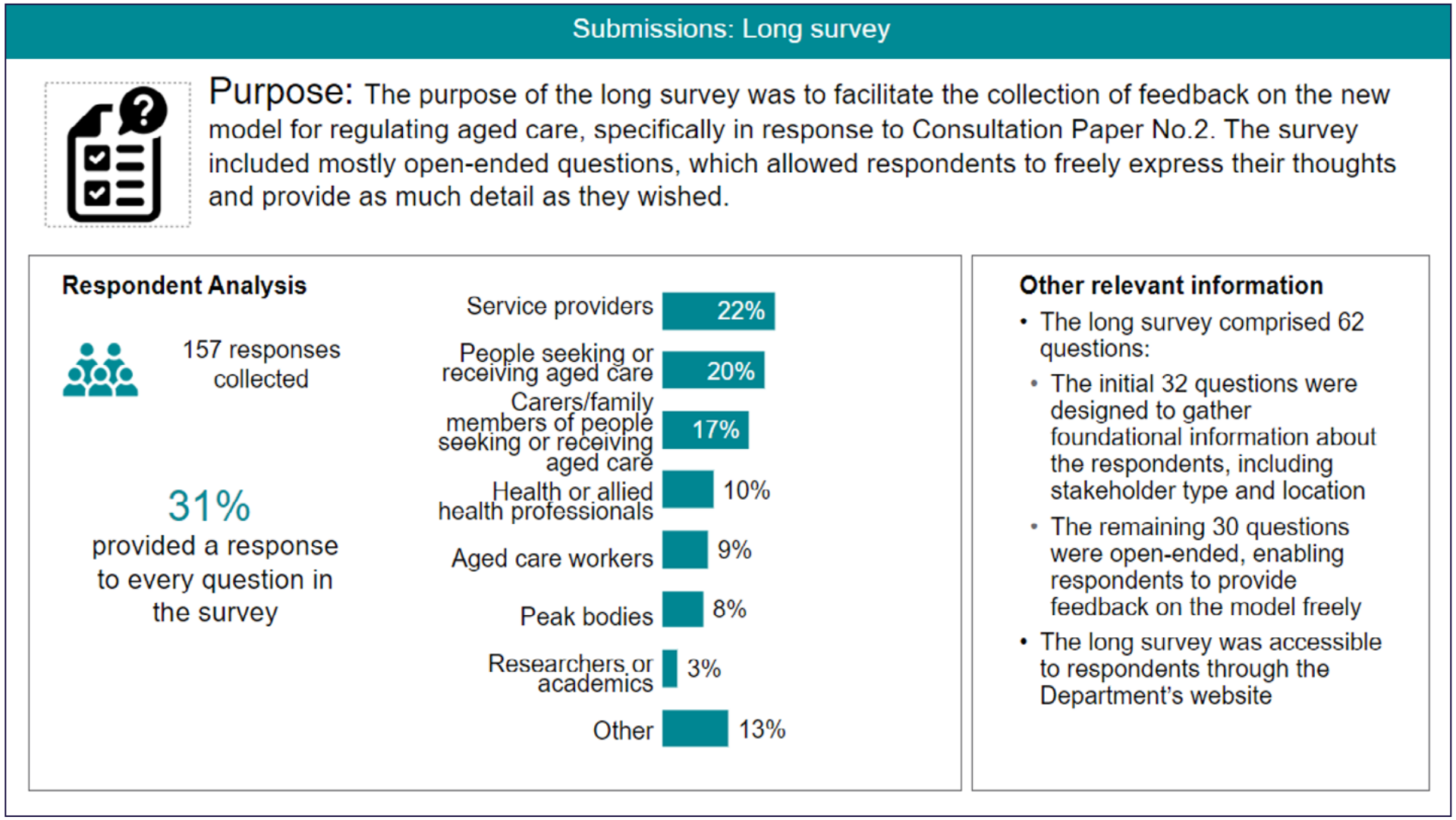


Figure 4: Sample and structure of the short online survey

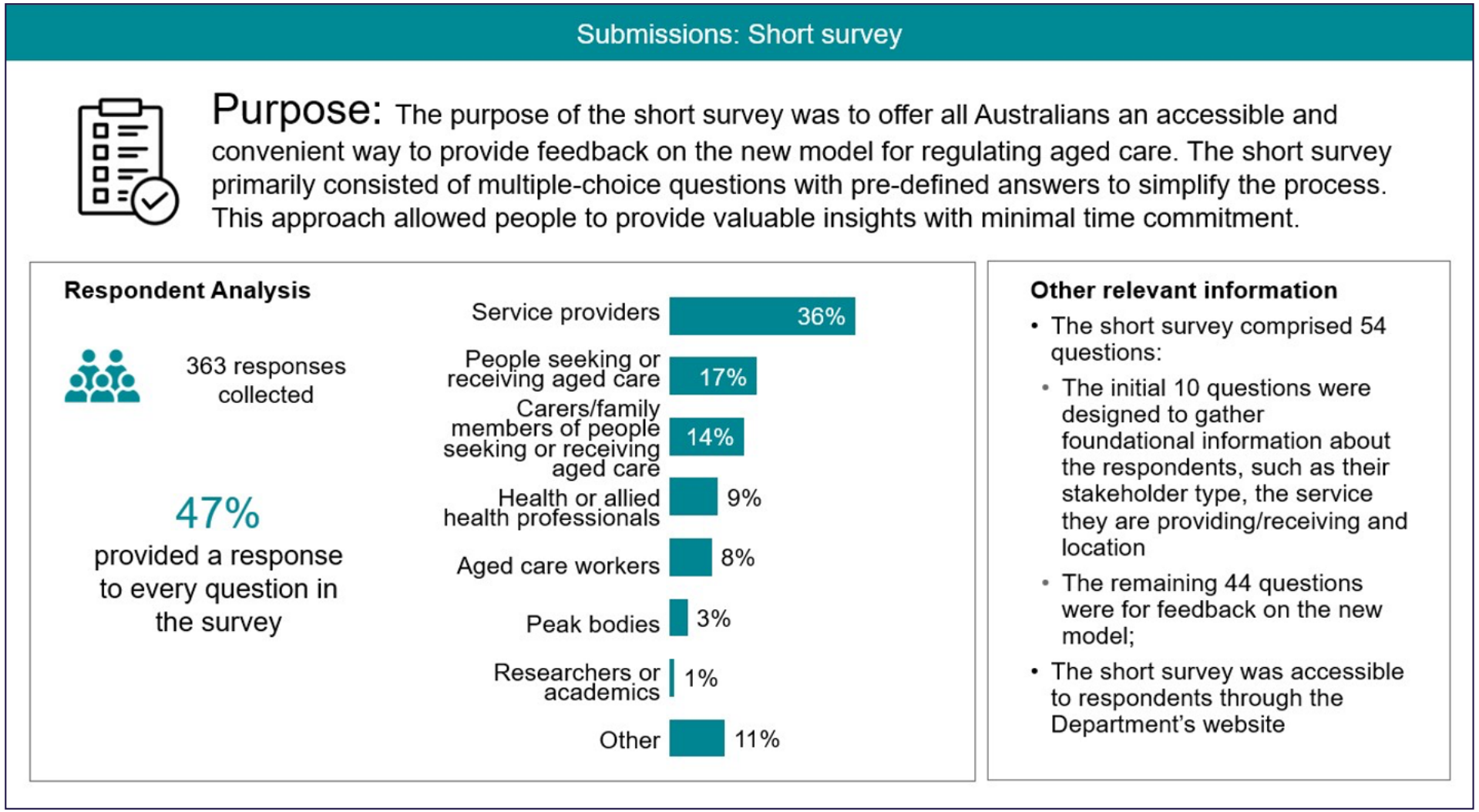


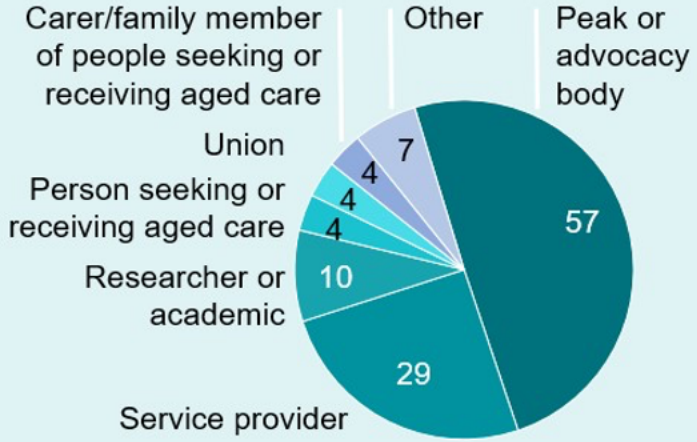
Figure 5: Source and overview of the submissions made to the department

Submissions: Written submissions

Purpose: The purpose of the written submissions was to provide Australians with an opportunity to provide feedback on the new model for regulating aged care, ensuring that stakeholders' voices and perspectives are considered in shaping the model. The submissions were largely in response to *Consultation Paper No.1* (stage 2) and *Consultation Paper No.2* (stage 3).

Stakeholder types

115 written submissions



Stages:

- Stage 2 – 40 submissions
- Stage 3 – 75 submissions

The stakeholders were:

- Peak or advocacy bodies
- Service providers
- Researchers or academics
- Older people seeking or receiving aged care
- Unions
- Carers/family members of people seeking or receiving aged care
- Other

Other relevant information

- Submissions covered a full range of concepts and interests across every aspect of the proposed model
- By not imposing any specific structure, respondents could freely express their thoughts and include as many details as they wished. This approach fostered open and unrestricted participation, ensuring diverse perspectives were heard
- Submissions were received through the Department's website

Figure 6: Sample and structure of the large- scale representative survey

Quantitative Research: Large-scale representative survey

Purpose: The large-scale representative survey aimed to understand Australians' perspectives on the new model for regulating aged care. The survey was completed by a sample of 3,536 Australians, seeking to obtain a representative sample that accurately reflects the Australian population. This approach ensured good representation of the public and older Australians, providing valuable insights into the views of Australians on the proposed regulatory reforms.

Other information

- This survey had a duration of around 15 minutes and was conducted through an online panel.
- Respondents were provided with high-level information about the proposed reforms via short videos.
- Survey sections included: screening, awareness and understanding, alignment with proposed reforms, information, and classification.

Demographic	Consumers	Sample size	Proportion
Gender	Male	1,724	49%
	Female	1,791	51%
	Non-binary	7	0%
	Prefer not to say	14	0%
Age	Under 18	64	2%
	18-24	255	7%
	25-34	426	12%
	35-44	420	12%
	45-54	404	11%
	55-64	719	20%
	65-74	656	19%
	75+	582	16%
State	New South Wales	1,100	31%
	Victoria	858	24%
	Queensland	711	20%
	South Australia	273	8%
	Western Australia	400	11%
	Tasmania	92	3%
	Northern Territory	74	2%
	Australian Capital Territory	28	1%
Location	Metropolitan	2,355	67%
	Regional / rural	1,181	33%
Other	Speak language other than English	526	15%
	First Nations Australians	53	1%
	Living with a disability	240	6%
	TOTAL	**3,536**	

Section 3

Detailed consultation findings

Safeguard 1: supporting quality care

Safeguard 1, Supporting Quality Care, focuses on how the new model can support and incentivise the sector to improve the quality and safety of aged care services. It places greater emphasis on relational regulation that aims to drive cultural change and improve quality care outcomes for older people.

Under the new model, the Commission will be empowered to identify systemic trends, themes, and patterns more efficiently, supporting a proactive response to risk and issues. The Commission will work with providers and the department to help lift the quality of care or exit those providers that cannot improve. As detailed in the department's *Consultation Paper No. 2: A new model for regulating Aged Care – Details of the proposed new model*, the new approach emphasises:

- Information to empower older people, their families, and carers
- Education and engagement with providers
- Building capability and continuous improvement
- Incentivising high quality and safe care.

1.1 New model principles and high-quality care

Members of the broader community attending workshops and taking part in the large-scale representative survey were asked what high-quality care means to them.

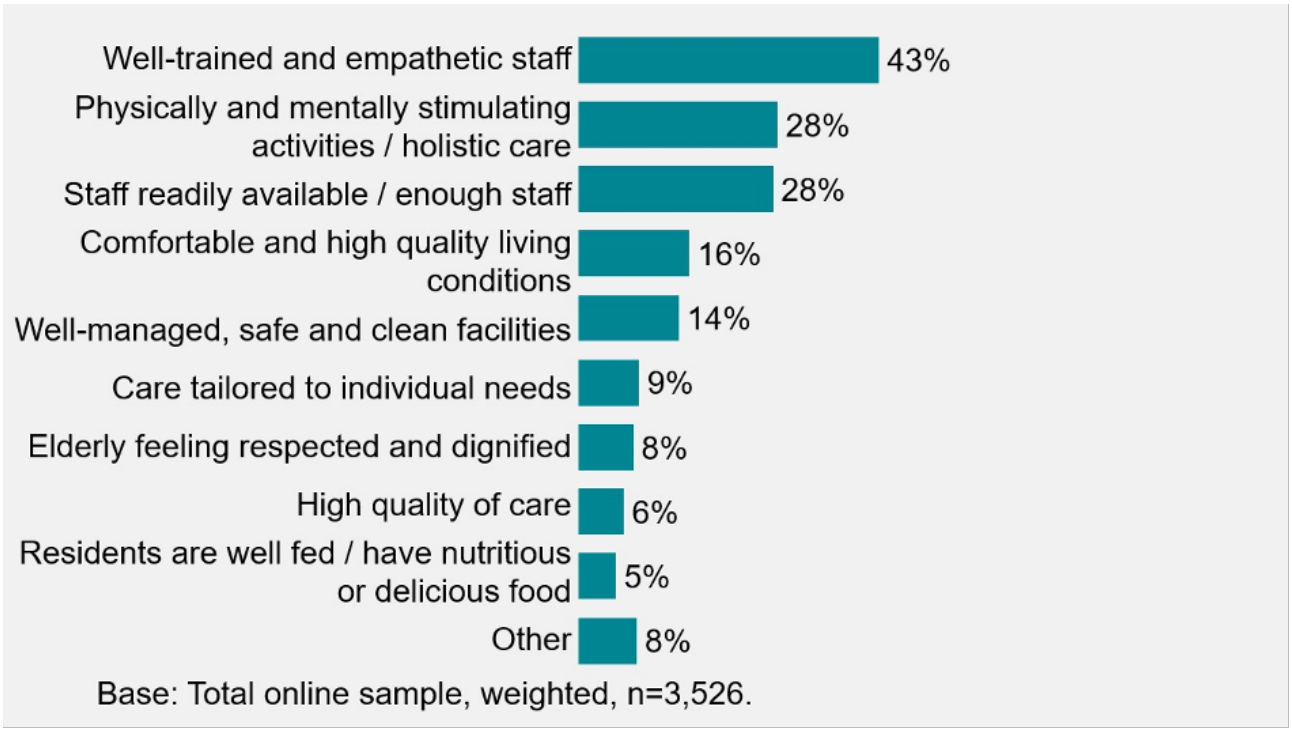
When discussing high-quality care, initial conversations with members of the broader community focused on identifying indicators of poor-quality care. These included instances of incorrect information being provided, a lack of effective communication with older people and their families, insufficient feedback mechanisms, and issues that arise where the problem lies not with the individual aged care worker but with the provider.

It was also noted that remote and rural areas often face challenges in accessing appropriately skilled workers, thereby affecting their ability to deliver quality care. In the large-scale representative survey (84 per cent) of the broader community agreed it is important to have greater choice and access to different services (Figure 16).

Responses from the representative survey reinforce the other consultation findings around staff training, education and engagement (Figure 7).

Nearly half of large-scale representative survey respondents (43 per cent) emphasised the importance of well-trained, empathetic staff being at the core of high-quality care. Over a quarter (28 per cent) mentioned holistic care including physically and mentally stimulating activities and having enough staff (28 per cent). One in six (16 per cent) mentioned comfortable, high-quality living conditions in well-managed, safe and clean facilities (14 per cent) as important contributors to high quality care.

Figure 7: Large-scale representative survey results: What does high quality care mean to you?



The distribution of responses represented in Figure 7 highlights the diversity of perspectives on what high quality care means to different people and underlies the importance of ensuring aged care services are rights based and person-centred.

In discussions around high-quality care, it became clear that the person-centred approach ensures the needs and preferences of each individual are recognised and delivered, with particular attention to cultural sensitivities and diverse backgrounds.

Recognising members of the broader community may not have detailed knowledge of the reforms the large-scale representative online survey included an introduction to the four key approaches underpinning the model via short videos.

The text from these videos is shown in boxes throughout the remainder of this section of the report.

Rights-based and person-centred

Figure 8: Rights-based approach: text shown to representative large scale representative survey participants

Rights-based approach – ensuring protections are in place to uphold the rights of older Australians.

The **rights-based approach** will help older Australians:

- understand their individual rights as recipients of aged care services
- feel confident that providers and the Commission are overseeing the quality of their care
- be protected against unfair or discriminatory practices when receiving care and services
- feel assured their care is appropriate for their diverse experiences and backgrounds, and they will be treated with dignity (regardless of their levels of ability or independence)
- voice concerns and make complaints about their care and services without fear of retribution and, along with their family and carers, feel their concerns will be heard and acted on.

The rights-based approach will be supported by a Statement of Rights outlined in the new Aged Care Act. Providers will be required to share information on the Statement of Rights with Older Australians and deliver services in a manner consistent with these rights.

Participants in the large-scale representative survey were largely positive about the potential of a new regulatory model to support high-quality aged care.

Most respondents (89 per cent) agreed that the rights of older people are a vital consideration in delivering aged care services (Figure 9).

However, while 82 per cent agreed that they understand the rights-based approach, only 17 per cent strongly agreed that they did.

There were also high levels of agreement that these changes will make aged care safer (72 per cent) and better (71 per cent), making two-thirds (67 per cent) more confident about choosing aged care services for themselves and their family.

Figure 9: Large-scale representative survey results: Please indicate how strongly you agree or disagree with the following statements about the Rights-Based Approach

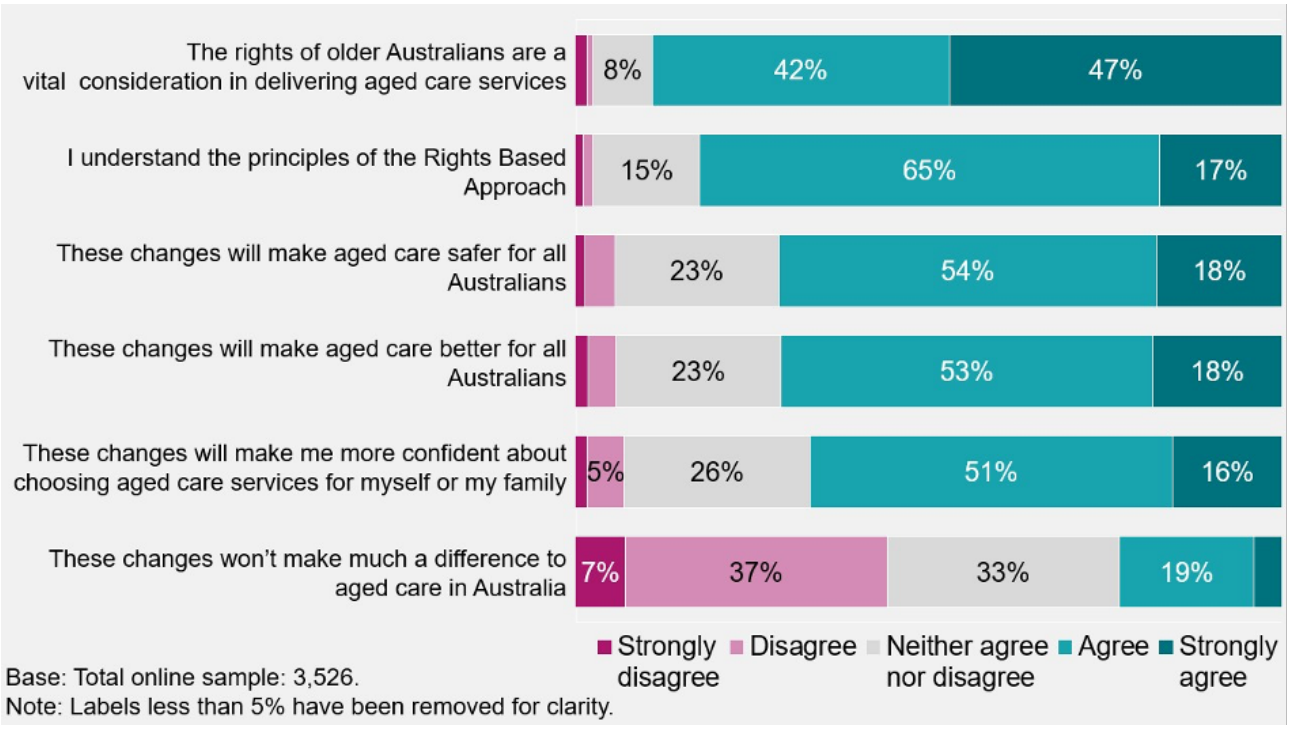


Figure 10: Person-centred approach: text shown to large scale representative survey participants

Person-cented approach – the needs, goals, values and preferences of older Australians are at the heart of the regulatory model.

The person-centred approach will help older Australians:

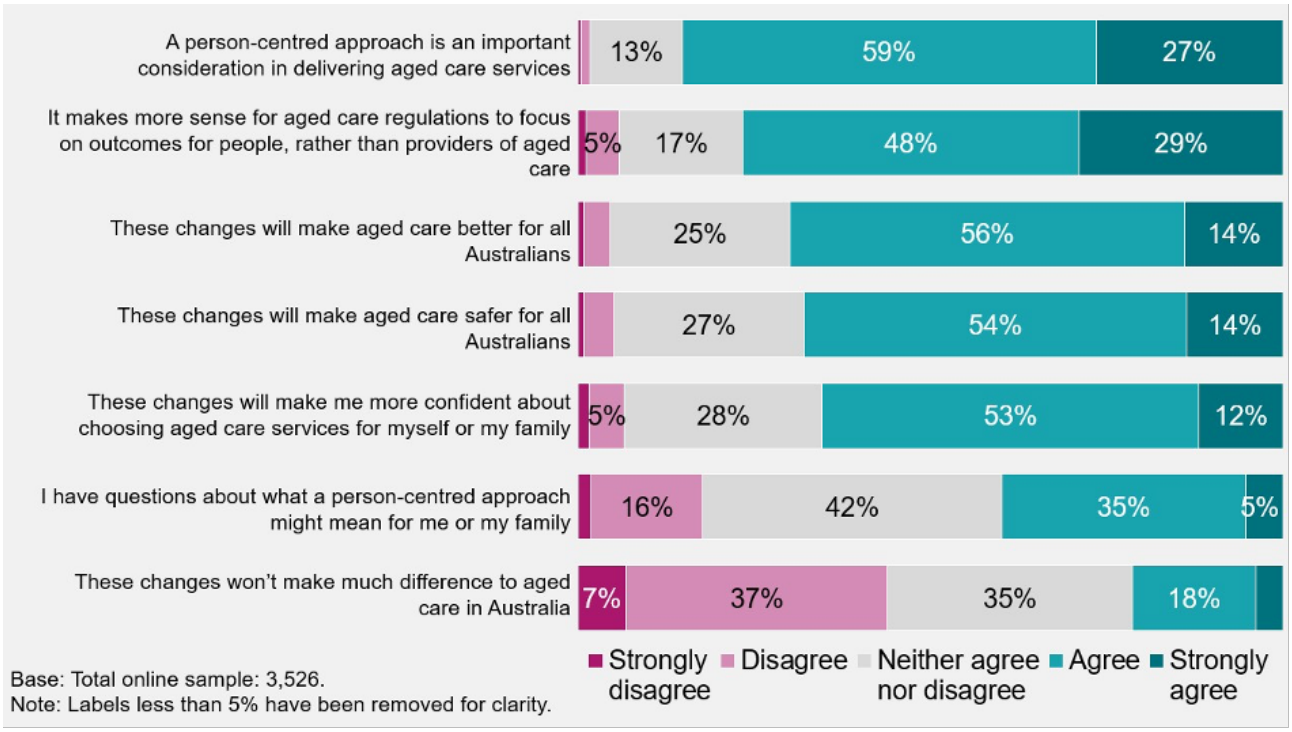
- have access to safe and quality care and services that promote a positive experience
- feel supported in navigating the aged care system and informing its improvement
- access the information they need to make informed choices about the providers they engage with and the services they receive
- feel empowered to make decisions that are right for them
- have equitable access to culturally appropriate care and services when they are needed.

Responses by the broader community revealed a broad level of support for the person-centred approach as outlined in the new model. Most (86 per cent) agreed that a person-centred approach is an important consideration in delivering aged care services, and 77 per cent agreed that it made more sense for regulation to focus on outcomes for people, rather than providers of aged care (Figure 11).

There was broad agreement that the person-centred approach to regulation will make aged care better (70 per cent) and safer (68 per cent) for all Australians.

Only one in five (21 per cent) responded that the person-centred approach won't make much difference, while two-thirds (66 per cent) agreed the changes will make them more confident about choosing aged care services for themselves and their family.

Figure 11: Large-scale representative survey results: please indicate how strongly you agree or disagree with the following statements about the Person-centred approach.



Embedding the rights-based and person-centred approach

- Stakeholders broadly agreed that standardised training to **upskill staff on the particular needs of diverse populations** is important to ensure appropriate care and culturally safe practices for a range of vulnerable audiences such as Aboriginal and Torres Strait Islander Australians, CALD groups, people with disability and LGBTIQA+ Australians. Examples of training suggested by respondents to ensure high-quality care for diverse audiences includes:
  - a focus on the whole self – a need to consider the psychological, spiritual, social, emotional and physical wellbeing of people in aged care
  - standardised training and education and capacity building in cultural safety and experiences of trauma among Aboriginal and Torres Strait Islander people and multicultural communities to ensure relevance and efficacy across the sector (especially in regional and remote areas)
  - equal training on the distinctive needs of LGBTIQA+ older people
  - ensuring the Commission also has expertise in diversity (e.g meeting the different needs of Aboriginal and Torres Strait Islander and CALD people)

"Mainstream providers should be supported to implement culturally safe care and monitored on delivery."

While providers are keen for information on operational aspects of the new model, they also noted the need for specific support to further upskill their staff. This support, ideally from the department, would ensure staff have the skills and capabilities needed to deliver person-centred care across a diverse ageing population.

The key training requirements providers identified were:

- Specific training on the implications of the new model – recommendations for **training on 'person-centred care'** and on how to develop team-based models of care to help with sharing knowledge, mentoring support and peer support.
- **Stronger advocacy for the needs of older people** – truly person-centred care means providers should proactively seek input from older people and their carers. Many submissions emphasised the importance of active engagement of older people and their families/carers, and that the workforce would benefit from being exposed to the voices of older people in their care. Training about how providers could set up a system for elevating and acting on feedback from older people and their carers would be useful.

Continuous improvement approach

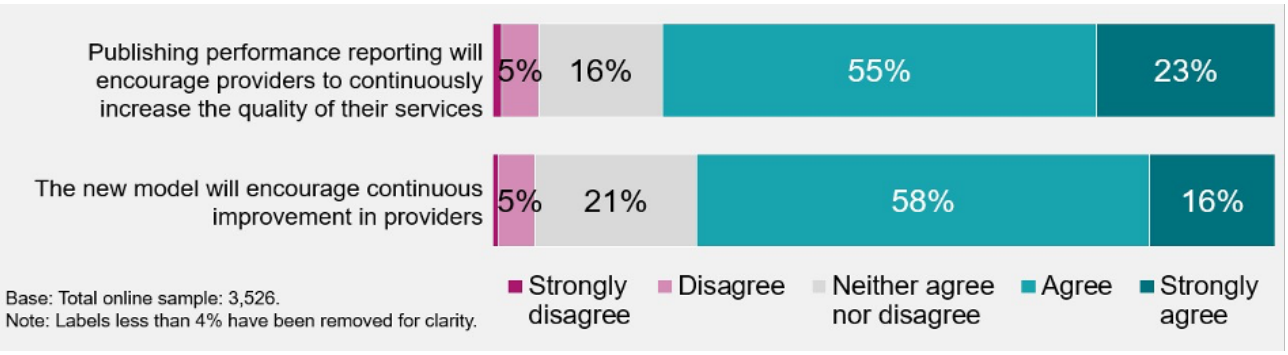
When the continuous improvement approach (text outlined in Figure 12 was presented, the large-scale representative online survey respondents strongly supported the idea that publishing differentiated performance reporting will encourage providers to continuously improve the quality of their services. Responses to the large scale representative survey showed 78 per cent agreed it would, with a higher proportion of agreement among those aged 75 years or older. (Figure 13).

Figure 12: Continuous improvement approach in the new model: text shown to representative online survey participants

Continuous improvement approach – an ongoing commitment to enhancing the capability and quality of the aged care sector. This will include:

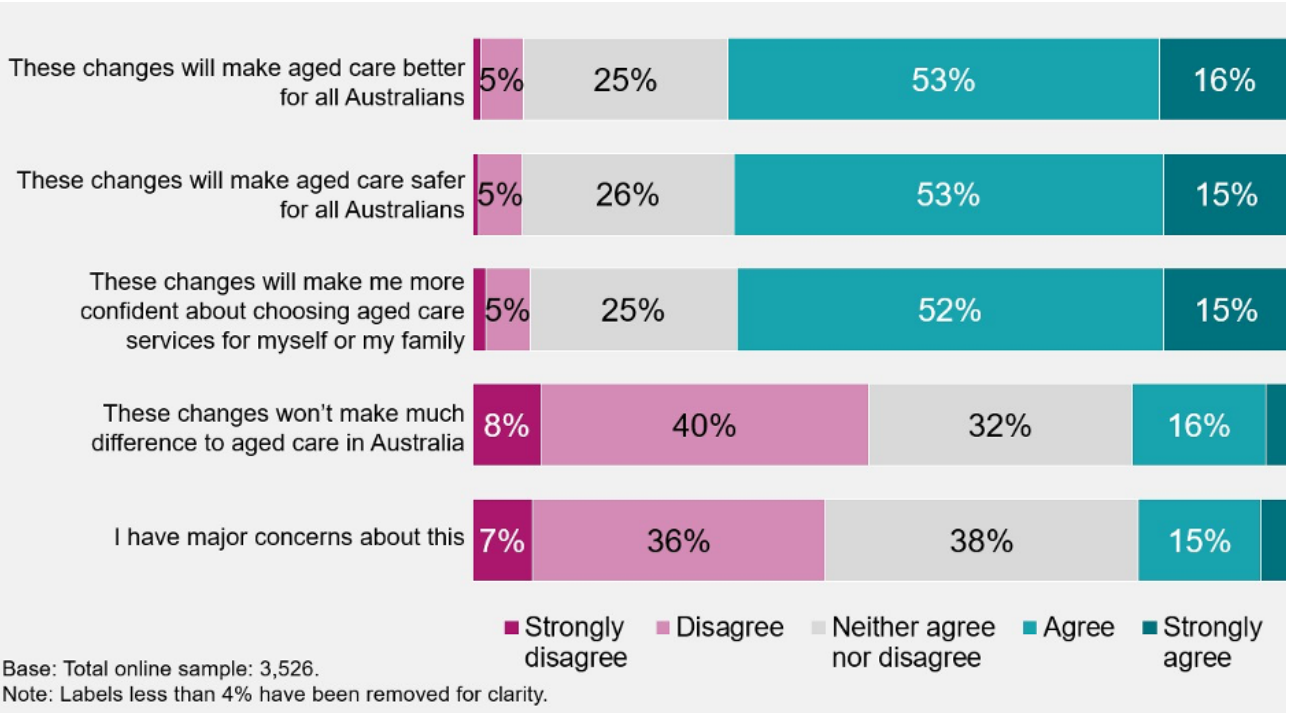
- publishing performance reporting – publishing provider performance reporting outcomes will keep providers accountable to meeting their obligations for high-quality care. Public reporting will also provide clear benchmarks against which aged care providers can be evaluated
- promoting good performance – those providers that go above minimum standards will be celebrated within the sector, encouraging broader improvement
- graded assessment – rather than just pass/fail, aged care providers will now have a public grading that indicates whether they have major issues, minor issues, are conforming or are exceeding requirements
- providers that consistently exceed benchmarks, providing innovative, high-quality care will have lower compliance burden in following years, further incentivising ongoing improvement across the sector. This is known as 'right touch' regulation.

Figure 13: Large-scale representative survey results: Please indicate how strongly you agree or disagree with the following statements about the continuous improvement approach.



Nearly seven in 10 agreed that the continuous improvement approach will make aged care better (69 per cent) and safer (68 per cent) for all Australians, and that it will make them more confident about choosing aged care services for themselves and their family (Figure 14).

Figure 14: Large-scale representative survey results: Please indicate how strongly you agree or disagree with the following statements about the Continuous improvement approach.



Base: Total online sample: 3,526.
Note: Labels less than 4% have been removed for clarity.

Nearly half (48 per cent) agreed these changes will make a difference and less than one in five (19 per cent) agreed that these changes won't make much difference to aged care in Australia. Some respondents (18 per cent) had concerns about the continuous improvement approach.

Risk-based approach

Figure 15: Risk-based approach in the new model: text shown to representative online survey participants

Risk-based approach – strengthening the regulatory response through an aged care regulatory model based on risk.

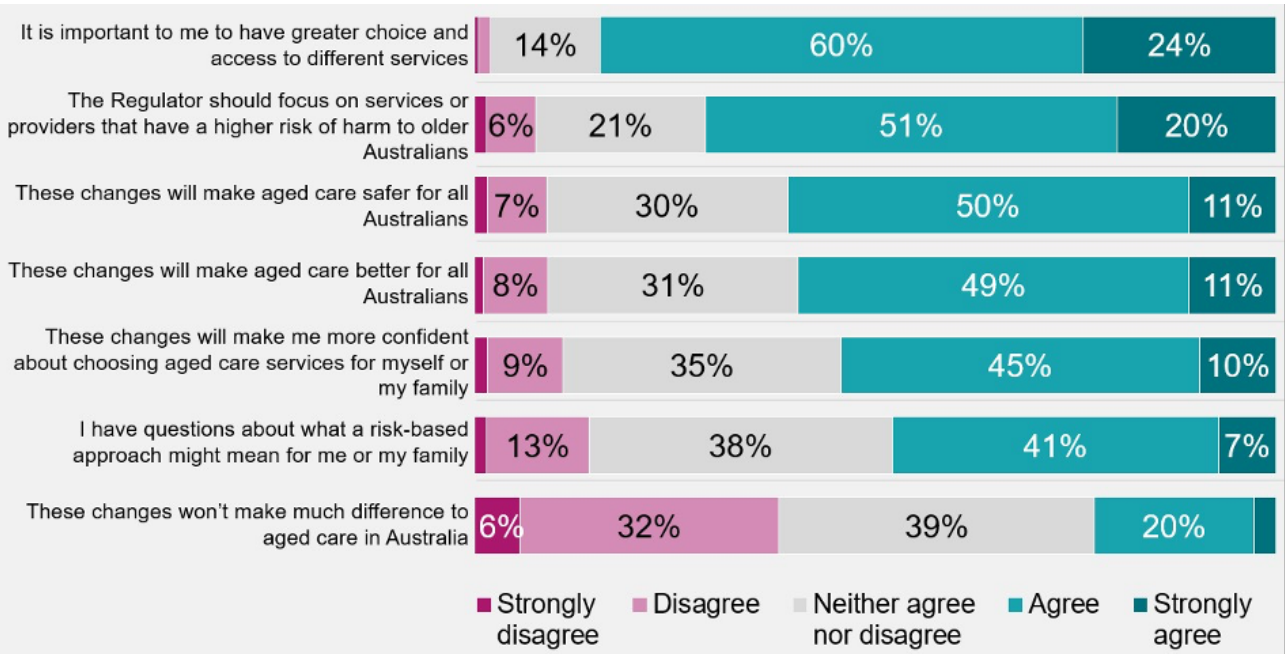
The Regulator will pay the most attention to service types and providers that have the highest risk of harm to older Australians. This will be informed through complaints, monitoring and enforcement.

The **risk-based approach** will help older Australians:

- have confidence that the regulatory model has the flexibility to ensure higher risk services and emerging issues have the appropriate level of regulatory oversight
- have greater choice and access to the services they need by making it easier for new providers to enter the market for lower risk care and services
- feel protected with the right regulatory safeguards and controls in place to manage different types of risk.

Response to the presentation on the risk-based approach (text outlined in Figure 15) while still supportive were not as strong as the support for the continuous improvement approach. Most, seven in 10 (71 per cent) agreed that the Commission should focus on services or providers that have a higher risk of harm to older people (Figure 16). However, fewer agreed that these changes will make aged care safer (61 per cent) and better (60 per cent) for all Australians. Just over half (54 per cent) said the risk-based approach will increase their confidence about choosing aged care services for themselves and their family (although this was significantly higher (61 per cent) among CALD participants), and nearly half (48 per cent) had questions about what a risk-based approach might mean for them. Only 23 per cent felt the risk-based approach won't make much difference to them and 38 per cent disagreed.

Figure 16: Large-scale representative survey results: please indicate how strongly you agree or disagree with the following statements about the Risk-based approach.

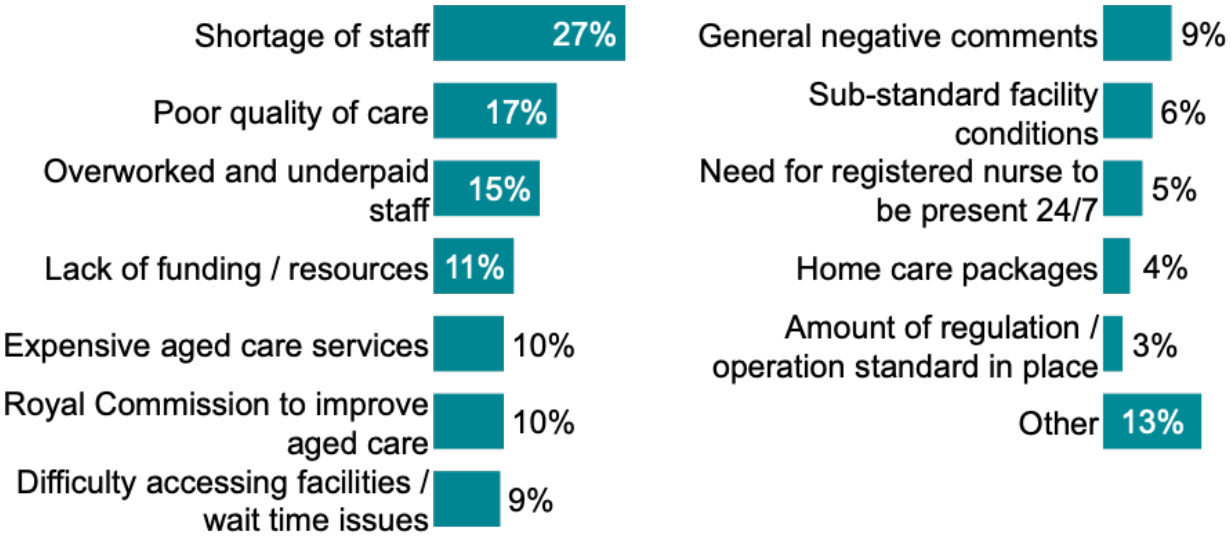


Base: Total online sample: 3,526.
Note: Labels less than 4% have been removed for clarity.

1.2 Information for older people, their families and carers

The large-scale survey results showed that the top-of-mind issues that respondents were aware of included: staff shortages (27 per cent), poor-quality care including neglect and abuse (17 per cent), overworked and underpaid staff (15 per cent) and a lack of funding and resources (11 per cent) (see Figure 17).

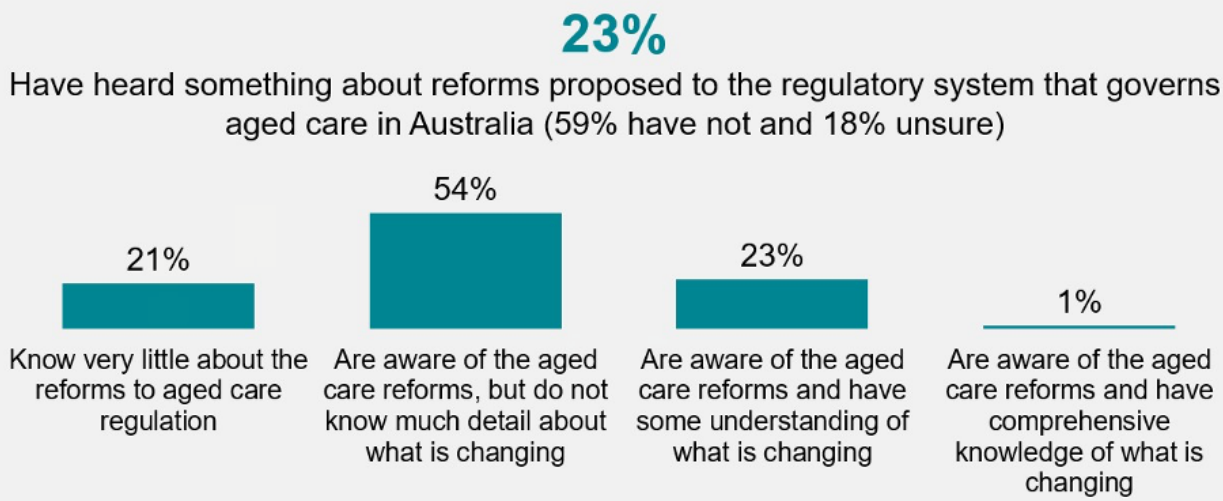
Figure 17: Large-scale representative survey results: What have you heard recently about aged care in Australia?



Base: Total online sample, Have heard something about aged care in Australia in the last 6 months: 2,247.

When asked directly, around a quarter (23 per cent) of the large-scale representative survey participants had heard about the proposed reforms to aged care regulation, and a quarter of those had some understanding of what was changing (Figure 18)

Figure 18: Large-scale representative survey results: Have you heard anything about the reforms proposed to the regulatory system that govern aged care in Australia? Would you say you...

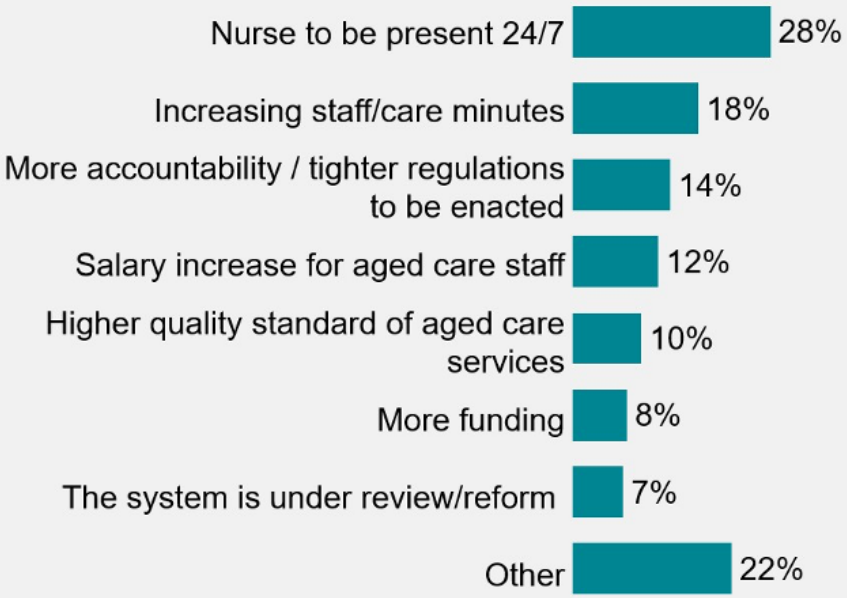


Base: B.4. Total online sample: 3,526; Have heard something about the proposed regulatory reforms to the system that governs aged care: 948.

Those who had heard something about the reforms were asked a follow-up question about what they'd heard.

People completing the survey were far more likely to emphasise specific, tangible aspects of potential reforms when prompted such as 24/7 nurse presence (28 per cent). Around one in seven (14 per cent) mentioned more accountability, one in 10 (10 per cent) mentioned a higher quality standard of aged care services, and a slightly smaller proportion (7 per cent) mentioned the system was under review (Figure 19).

Figure 19: Large-scale representative survey results: What have you heard about the proposed regulatory reforms to the system that governs aged care?



Base: Total online sample, What have heard something about the proposed regulatory reforms to the system that governs aged care: 948.

The consultations indicate that older people, their families and carers would like to know more about the proposed changes – but not in deep detail. Some see value in Q&A sessions, information nights, public information campaigns and other interactive events across communities and sectors.

Throughout the consultations, older people, their families and carers confirmed that the information and support they wanted was more about navigating the sector rather than information on the new model in particular. Older people indicated that they would like reliable, transparent information to help them assess their options.

Older people from different cultural backgrounds, including Aboriginal and Torres Strait Islander and CALD Australians, as well as LGBTIQA+ people and older people facing dementia or end of life, would also like tailored information to help them identify which providers have particular skills or experience delivering care to these individuals. Support tools and information that empower people to find the right provider is a high priority.

The broader community welcomed proposals to improve provider accountability and the performance of the system – and help identify high-quality providers. Many expressed that the aged care system needs increased funding and more and better staff, and therefore embraced the idea of reform.

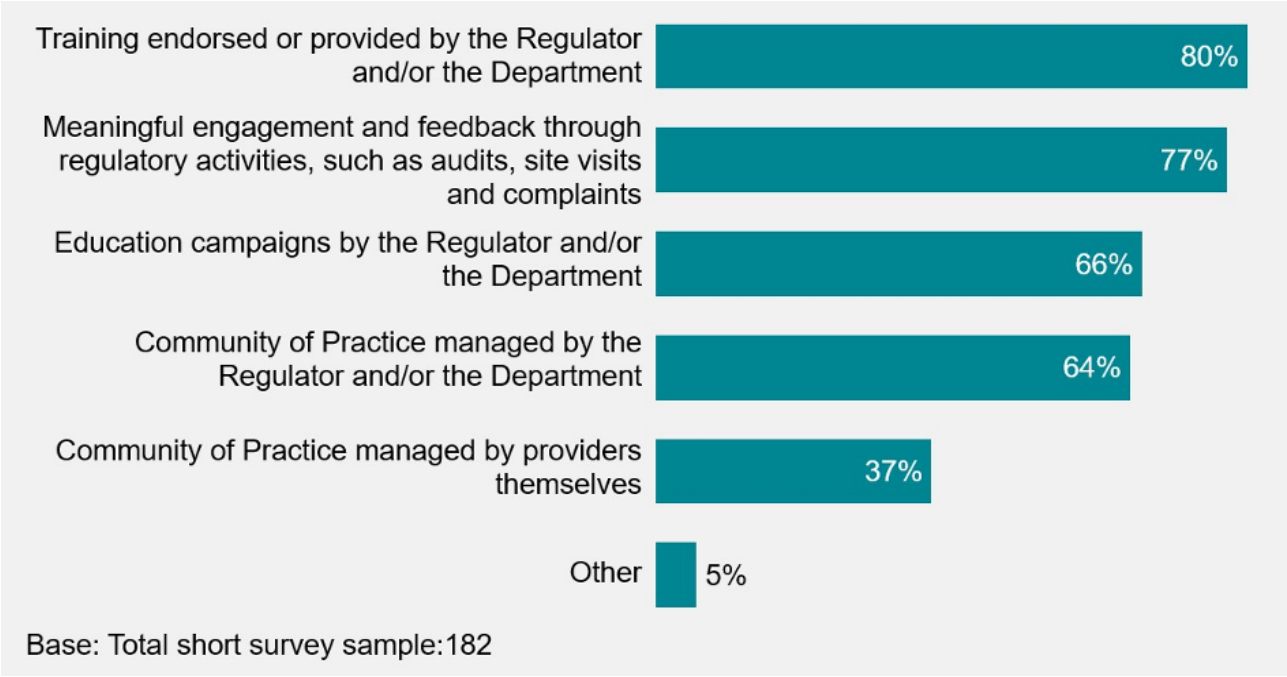
For older people, carers and the broader community, access to information helps to make better-informed decisions. They also indicated a desire for information about the performance of providers to be made widely available. Provider ratings would improve their confidence in the system and their choices, helping them avoid poor-quality care and to choose providers that are known for delivering high-quality services.

1.3 Education and engagement – the provider perspective

Provider responses to the short online survey confirms that engagement and education is key to continuous improvement across the sector to ensure providers fully understand the requirements of the new model.

All types of engagement and education are outlined below (refer to Figure 20), with the highest rated being training endorsed or run by the Commission and or the department (80 per cent of respondents) and meaningful engagement and feedback through audits, site visits and complaints (77 per cent of respondents).

Figure 20: Responses to short online survey: What types of education or engagement do you think would support providers to continuously improve?



After the new model goes live, providers suggested education and engagement resources to support them in their journey of continuous improvement, including:

- **Compliance** – providers would like information on how they might go about meeting regulatory requirements and specific training on aspects of compliance expectations that have changed. This could include everything from online modules that step through key compliance changes, to in-person support.
- **Use of existing tools and templates** – Providers wanted the range of existing resources focused on high-quality care to be updated and made widely available, therefore minimising duplication and the need to learn new systems.

"Simplify templates and resources on how to become a preferred provider – for example, documentation, processes and timeframes."

1.4 Education and engagement – the workforce perspective

While a core tool of Supporting Quality Care is education and engagement of workers, across all forms of consultation there was feedback that the **department, Commission and providers** should more **actively engage with the workforce to ensure their voices are heard**. There was wide recognition of pressures currently within the workforce.

Some workers felt unappreciated and unrecognised, and that their voice is the least important in the sector. Some staff expressed that the voices of providers, older people, their family and carers, the Commission and the department all 'counted for more' than theirs, while the burden of change on the front line consistently falls to them.

Consultation participants indicated the aged care workforce needs to be heard so they know the new model is not just designed to be person-centred but also workforce inclusive. Feedback highlighted the benefits of proactively seeking workforce input in decision making is clear – providers gain a first-hand understanding of the challenges and opportunities in delivering high-quality care, can identify practical solutions and encourage buy-in to continuous improvement from the workforce.

Feedback also demonstrated that some workers do not feel they have sufficient training and education about regulatory changes.

Elevating the worker voice

Nearly half of large-scale representative survey respondents (43 per cent) emphasised well-trained, empathetic staff as being at the core of high-quality care, indicating the importance of elevating the voice of the workforce. Consultation participants stated that aged care workers should be empowered to participate in governance and accountability mechanisms related to the provision of aged care services. Aged care workers should also be empowered to provide insights and take actions that contribute to the continuous improvement of aged care.

Feedback suggested the following initiatives:

- a dedicated accessible channel for workers to provide information to the Commission.
- material developed by the Department for the workforce which explains their services' care responsibilities, and what to do if they are concerned about how those responsibilities are being administered.
- providers implementing software systems for staff feedback, encouraging them to make suggestions that could meaningfully improve the quality, efficacy and efficiency of care.
- audit processes that require providers to show how they are elevating the workforce voice (the department or Commission could also ensure staff have easy ways to make contact with them and promote whistleblower protection).
- support, recognition and empowerment of the workforce, including award programs that recognise outstanding service and achievements by individuals and teams (read more on this idea in the information sharing and data section 1.5).

1.5 Information sharing and data

Throughout the consultations, peak bodies and providers discussed how case studies showcasing examples of best practice should be shared to inspire and build capability in providers. These real-life examples could serve as practical models of effective strategies and approaches that could be adapted by others. By highlighting successful approaches and outcomes, other providers could learn from these experiences and assist with their continuous improvement. Suggestions to help better embed practice and share learnings included the following:

- **Recognising outstanding individuals** – as outlined above, recognising workers who provide exemplary services motivates everyone to achieve better practice.

- Providers recommended **sharing experiences and learnings** through webinars, videos, pamphlets, posters and communities of practice, enabling providers to adopt successful approaches.
- **Advisory groups within communities** were also proposed as a way to share case studies, as were newsletters from the department and community forums, particularly in rural areas or with CALD aged care consumers.

Several stakeholders noted that sharing learnings across the sector must focus on improving the overall experience of aged care rather than fostering competitiveness.

Safeguard 2: becoming a provider

Requiring all providers to register to deliver Commonwealth subsidised aged care services is an important safeguard. Only providers who can demonstrate their suitability, capability, viability, and propriety will be able to register and remain registered.

As detailed in the department's *Consultation Paper No. 2: A new model for regulating Aged Care – Details of the proposed new model*, the new model for becoming a provider will require providers to register under 6 different categories, grouped according to common characteristics, associated risks, and provider obligations that address those risks. Figure 21 Proposed registration categories in Consultation Paper No.2.

Figure 21: Proposed registration categories in Consultation Paper No.2

Understanding provider obligations through the proposed provider registration categories
Registration categories will group together aged care services based on common characteristics and the associated service risks and provider obligations that address those risks. This approach will streamline registration processes for providers, allow older people and providers to understand what obligations there are on providers, and enable the delivery of risk proportionate regulation.

Provider registration category	Description	Service types	Application to registration categories		
			Provider obligations	Aged care quality standards – core 1–4	Aged care quality standards – module 5–7
Category 1	Home and community services	• Domestic assistance • Home maintenance and repairs • Meals • Transport	✓		
Category 2	Assistive technology and home modifications	• Digital technologies • Digital monitoring, education, and support • Goods, equipment, and assistive technologies (non-digital) • Home modifications	✓		
Category 3	Social support	• Social support	✓		
Category 4	Clinical and specialised supports	• Personal care • Care management • Transition care services in the home • Specialised supports • Assistance with care and housing (hoarding and squalor support) • Nursing • Allied health	✓	*Standard 1: The Person* *Standard 2: The Organisation* *Standard 3: The Care and Services* *Standard 4: The Environment* ✓	*Standard 5: Clinical Care* ✓
Category 5	Home or community-based respite	• Respite (home and community based)	✓	*Standard 1: The Person* *Standard 2: The Organisation* *Standard 3: The Care and Services* *Standard 4: The Environment* ✓	*Standard 5: Clinical Care* ✓
Category 6	Residential care	• Accommodation Services • Residential respite • Care and services • Transition care services (residential) • Transition care support services (residential)	✓	*Standard 1: The Person* *Standard 2: The Organisation* *Standard 3: The Care and Services* *Standard 4: The Environment* ✓	*Standard 5: Clinical Care* *Standard 6: Food and Nutrition* *Standard 7: The Residential Community* ✓

Figure 22: Revised registration categories following public consultations.

Category	Description	Service types	Application to registration categories		
			Provider Obligations	Aged Care Quality standards – Core 1-4	Aged care quality standards modules 5-7
Category 1	Home and community services	• Domestic assistance • Home maintenance and repairs • Meals and nutrition • Transport	✓		
Category 2	Assistive technology and home modifications	• Goods, equipment and assistive technologies (non-digital) • Home modifications	✓		
Category 3	Advisory services	• Care management (basic) • Assistance with care and housing • Specialised supports	✓		
Category 4	Personal and Social care in the home or community (including respite)	• Transition care services • Allied health • Personal Care • Social support and community engagement • Flexible, Centre based and cottage respite	✓	Standard 1: The Person Standard 2: The Organisation ✓ Standard 3: The Care and Services Standard 4: The Environment	
Category 5	Nursing and complex care management	• Nursing • Care management (complex)	✓	Standard 1: The Person Standard 2: The Organisation ✓ Standard 3: The Care and Services Standard 4: The Environment	Standard 5: Clinical Care ✓
Category 6	Residential care	• Accommodation services • Care and services • Residential respite	✓	Standard 1: The Person Standard 2: The Organisation ✓ Standard 3: The Care and Services Standard 4: The Environment	Standard 5: Clinical Care Standard 6: Food and Nutrition ✓ Standard 7: The Residential Community

*The Aged Care service list has been adjusted resulting in some service types being renamed or removed until commencement of the Support at Home program.

2.1 Registration in the New Model

Overall, the consultations revealed broad support for the proposed registration model among peak and advocacy bodies as well as providers.

General support for the registration model

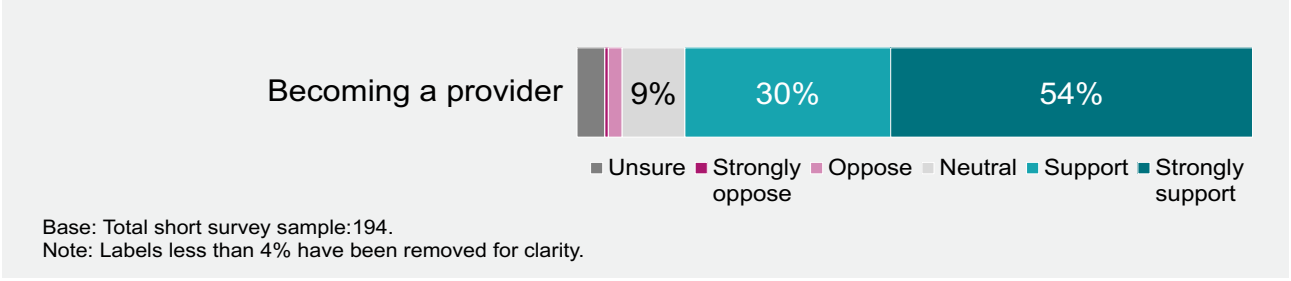
Stakeholders generally supported the requirement for all aged care providers to be registered before they can begin delivering services because it would strengthen the assessment of providers and improve community confidence. They further supported the proposal to over time require workers to hold a worker screening clearance to minimise risk to older people receiving care and services.

The following dot points summarise the detailed feedback related to the design of the registration categories:

- The tiered approach to registration is perceived to help reduce the barriers to entry for smaller businesses.
- The way all providers will need to meet the requirements and have appropriate experience and qualifications for the category in which they are registered was also strongly supported.
- The risk-based registration approach is seen as an effective way to regulate the sector, noting that workers under supervision should not be expected to make decisions about an older person's care.
- Several submissions raised concerns about the lack of a requirement for subcontractors to register under the new model. Some suggested there should be another registration category for subcontractors or the need for greater clarity for providers around the requirements for any subcontractors who provide services on their behalf to be captured as part of the registration process and adhere to the obligations of their registration category.

This general level of support was echoed in the short online survey. Of those who completed the short online survey, 84 per cent support the changes around 'becoming a provider', with more than half (54 per cent) strongly supporting these changes (Figure 23).

Figure 23: Responses to short online survey: Support for changes under the 'becoming a provider' safeguard

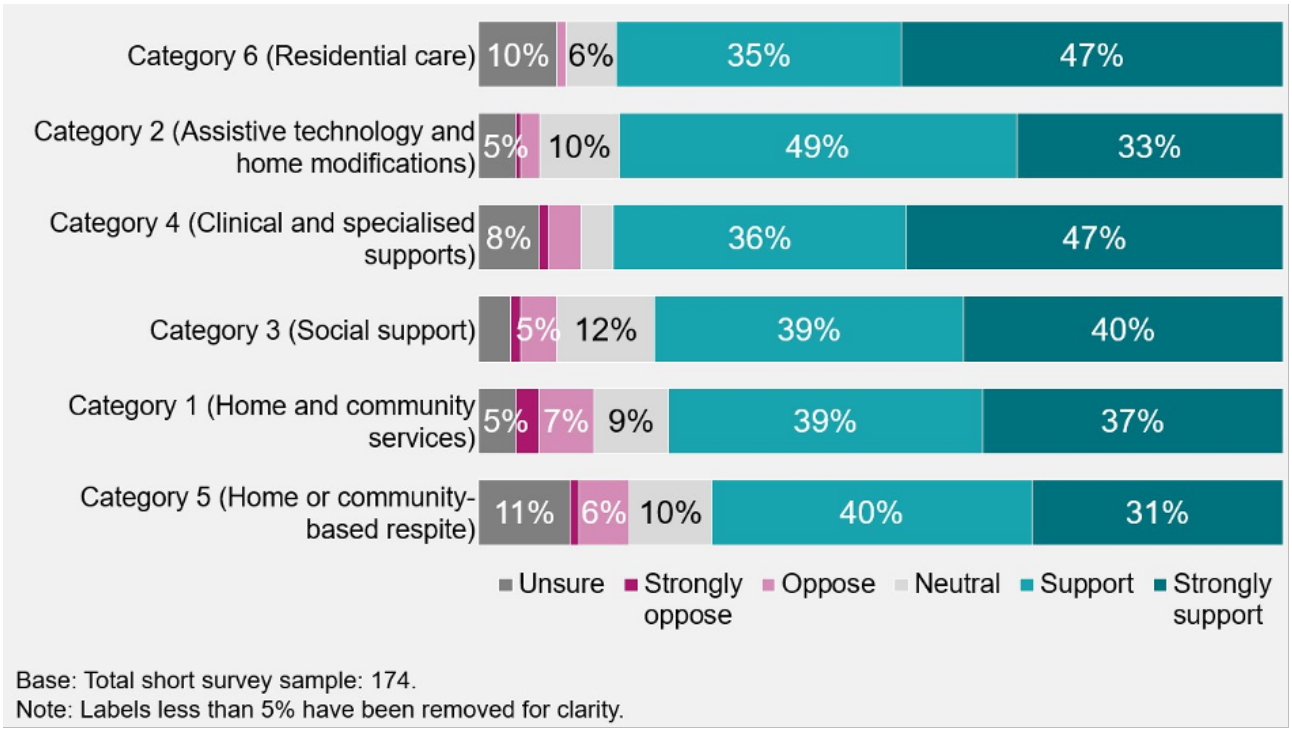


Base: Total short survey sample:194.
Note: Labels less than 4% have been removed for clarity.

Refinement of the proposed registration categories

Results from the short online survey hosted by the department indicated broad levels of support for each of the registration categories. Support for each category is over 71 per cent, with Category 6 (residential care) and Category 4 (clinical and specialised supports) having significantly higher levels of 'strong support' than the other categories. (See Figure 24).

Figure 24: Responses to short online survey: Level of support for the proposed six registration categories



Base: Total short survey sample: 174.
Note: Labels less than 5% have been removed for clarity.

The Strengthened Aged Care Quality Standards

The Strengthened Aged Care Quality Standards (Quality Standards) help older people to feel secure and supported, give families confidence that their loved ones are looked after, and ensure that aged care providers and workers know what is expected of them, whatever their size, location or offering.

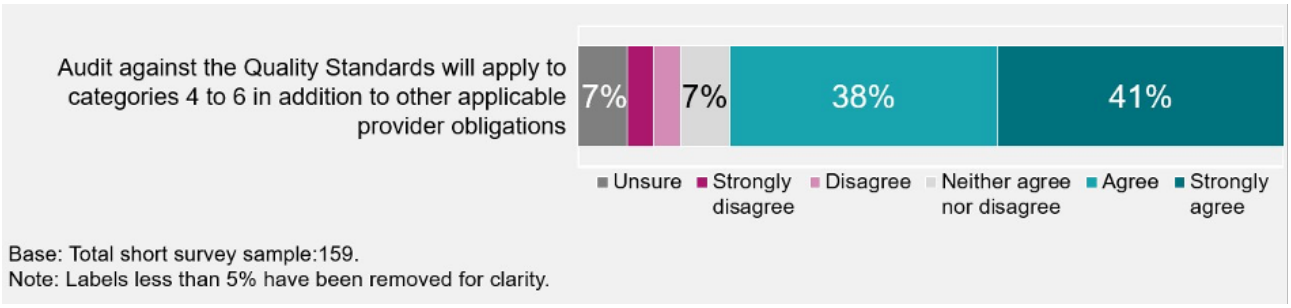
Under the proposed regulatory model providers operating under registration Categories 4-6 will be audited against the applicable strengthened Quality Standards. The strengthened Quality Standards:

- Place a stronger focus on the rights of older people and ensure the design of care and services are tailored to individual needs and preferences,
- Address issues raised by the Royal Commission and strengthen requirements in relation to provider governance, diversity, dementia, food and clinical care,
- Clearly communicate expectations and actions providers should take to achieve desired outcomes,
- Improve harmonisation with the NDIS practice standards, while recognising difference between aged care and disability support.

(Refer to Figure 21 for an explanation of the registration categories. Refer to **Figure 22** to view the revised registration categories post consultation)

During consultations, providers generally supported the proposed Quality Standards for registration Categories 4–6. Similarly, most (79 per cent) completing the short online survey agreed that audits against the Quality Standards would apply to Categories 4–6 as well as other applicable provider obligations (Figure 25).

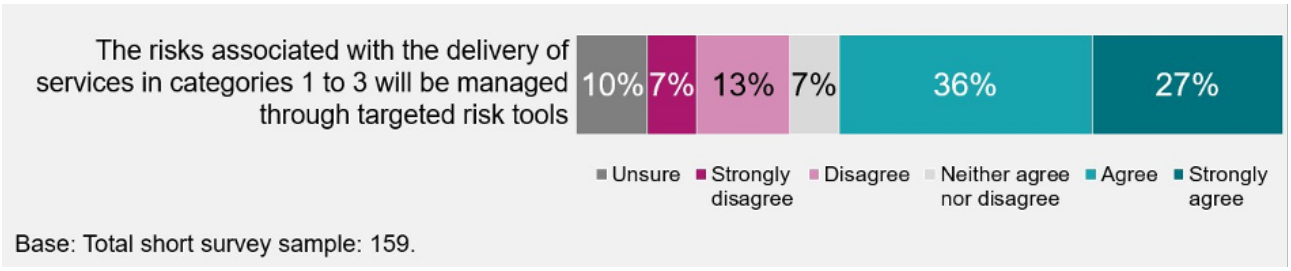
Figure 25: Responses to the short online survey: Please indicate how strongly you agree or disagree with the statement below



Base: Total short survey sample:159.
Note: Labels less than 5% have been removed for clarity.

However, in the workshops a number of providers of in-home services noted concerns about audits against the Quality Standards not applying for Categories 1–3. Participants felt not having Quality Standards for these categories may create risk because all aged care consumers, especially those receiving in-home care, are vulnerable. However, respondents to the short online survey mostly agreed with the ability of targeted risk tools to manage the risks associated with Categories 1–3. While 63 per cent agreed the risks will be managed, 20 per cent disagreed, and 10 per cent were unsure (Figure 26).

Figure 26: Responses to the short online survey: Please indicate how strongly you agree or disagree with the statement below



Base: Total short survey sample: 159.

Stakeholder focus on audits against the Quality Standards suggests that many perceive these to be the main mechanism for ensuring high-quality service provision; they are concerned that if they do not apply then services might not be safe. It should be noted that this concern does not take into consideration the overarching regulatory obligations such as the Aged Care Code of Conduct (Code) (workers and providers), worker screening, complaints management, incident management and reporting, fees, disclosures, continuity of care, service planning, and record keeping obligations that services in Categories 1-3 will be required to meet.

The new Aged Care Act provides the Commission with significantly more regulatory levers and enforcement tools than audits against the standards such as specific registration category conditions to manage specific service type risks such as meal delivery in category one.

Some in-home care providers indicated that they would appreciate ways to differentiate themselves as providers of high-quality services across Categories 1–3 and noted providers in Categories 4-6 will be assessed against a graded assessment scale to identify better practice conformance.

2.2 Audit against Quality Standards to support registration and re-registration

Audits against the Quality Standards are an important element in the new registration model for Categories 4 to 6 to test and ensure the delivery of quality care. The new audit process, including graded assessment against the Quality Standards, will incentivise providers to continuously improve and strive for excellence.

Audits will be completed routinely at registration and re-registration for services in registration Categories 4 to 6.

The Commission is currently piloting its new audit process and how graded assessments of the providers conformance to the Quality Standards will be undertaken. The audit findings will inform the registration or re-registration decision of the Commission.

A majority of the broader community members (84 per cent) who completed the large-scale representative survey agreed that providers that deliver excellent services should be acknowledged and celebrated, which aligns with the aim of graded assessments – a result that was significantly higher among older age groups.

Peak or advocacy bodies and providers views on audits

Consultations with peak bodies and providers underlined the importance of clear Quality Standards to which they can work. Clear recommendations around Quality Standard audits included the following:

- **Moving towards new strengthened Quality Standards.** Largely in agreement with *Consultation Paper No. 2*, stakeholders expressed that Quality Standards that work across all segments of aged care would promote consistency and help share best practices. Clear Quality Standards would streamline processes and encourage continuous improvement across the sector. This would not necessarily mean the same Quality Standards across all areas of service delivery but could include a 'core' set of standards as well as additional standards for certain types of services – e.g. 'high-care' versus 'low care' services.
- **Alignment with standards, benchmarks and best practices from other healthcare sectors.** The benefits of regulatory alignment and leveraging existing frameworks, such as the Australian Commission on Safety and Quality in Health Care's clinical guidelines and the NDIS Quality and Safeguarding framework was a consistent theme raised throughout the consultations. Aligning with existing benchmarks would provide valuable insights and clear guidance for providers in their pursuit of excellence, ease transition between sectors, reduce regulatory overheads and ensure the aged care sector builds on what has been developed in other sectors.

There was broad acceptance of the proposed registration application and audit of the Quality Standards among peak and advocacy bodies. However, stakeholders expressed some uncertainty around the specific details:

- Many cited a need for a clearer distinction of the conformance expectation required for 'conformance' and 'best-practice conformance' to inform an audit rating.

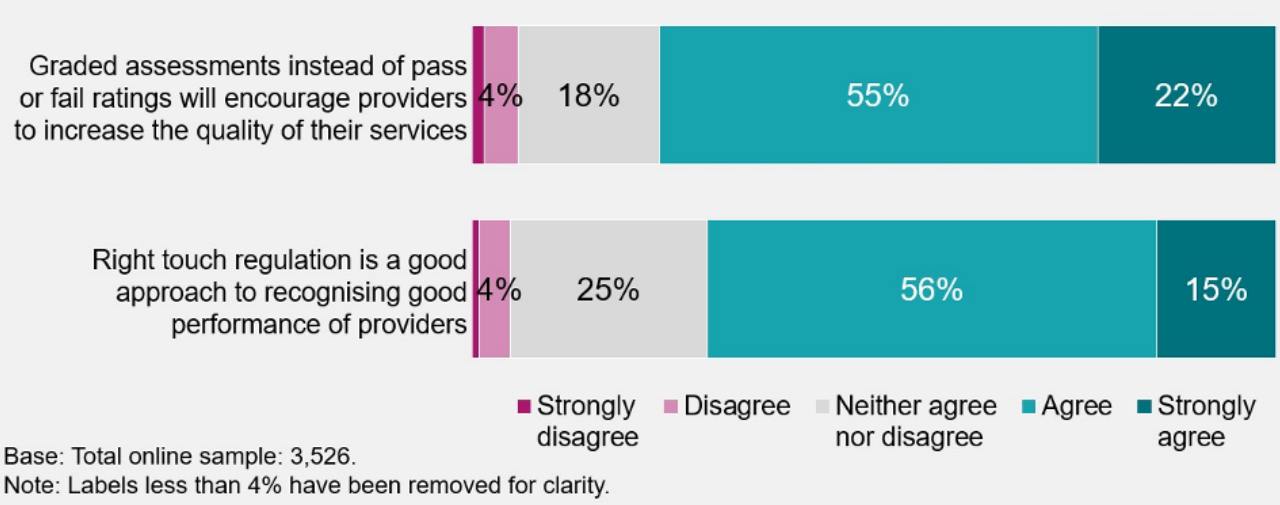
Graded assessment

Consultation Paper No.2 proposed taking a graded rating approach to assessing age care providers against the Quality Standards. This means that instead of the current pass or fail approach, providers will be graded against four levels to distinguish between conforming and high performing providers, as well as between major and minor non-conformance.

In workshops with peak bodies there was broad agreement that differentiating provider performance through graded assessment could incentivise excellence, innovation and continuous improvement. Similarly, providers supported the new graded system and remarked on its potential to provide visibility and encourage improvement.

Most stakeholders felt the graded approach was a significant improvement over a pass/fail system and offers greater potential for continuous improvement. The large-scale representative survey revealed that the broader community also agreed that graded assessments would encourage better quality services (55 per cent agree, 22 per cent strongly agree). They also felt right-touch regulation was a good approach to recognising good performance of providers (56 per cent agree, 15 per cent strongly agree) (Figure 27).

Figure 27: Large scale representative survey results: Please indicate how strongly you agree or disagree with the following statements about the continuous improvement approach



Base: Total online sample: 3,526.
Note: Labels less than 4% have been removed for clarity.

“We believe the application of graded assessments is a positive step towards building a culture of continuous improvement and look forward to seeing further detail on this proposal."

However, there were several challenges noted with the proposed grading system:

- A key challenge identified was ensuring clear differentiation between the standards and maintaining transparency and consistency in their application. Several peak bodies and providers noted that transparency and consistency in regulation, benchmarks and auditing processes are vital to ensure all providers in the same environment are graded against the same standards – and that older people, their families and carers can make informed decisions. It is important to have clear, measurable benchmarks for each grade to avoid subjective or ideological statements. This is particularly important given the diverse range of businesses and environments in the aged care sector.
- In tension with this idea of consistency, it was suggested to customise standards in certain cases, such as for Aboriginal and Torres Strait Islander Australians, to ensure relevance and effectiveness. Navigating between the cultural contexts of different communities introduces complexity and requires flexibility from the Commission to ensure the care delivered is truly person-centred.

Registering under multiple categories

Several participants noted concerns about cross-registration for providers that may fit into multiple categories.

- Some noted a lack of clarity around whether providers of respite in multiple categories needed to register separately under multiple categories.

Allied health professionals and nurses in the new model

Submissions and workshop participants noted that consideration should be given to the extent of additional regulation required of allied health professionals and nurses who are already registered under other authorities such as the Australian Health Practitioner Regulation Agency (AHPRA) or the National Registration and Accreditation Scheme (NRAS).

Several submissions recommended that nurses be excluded from the new registration process because they are already subject to strict regulations and codes of conduct.

They pointed out that requiring the allied health and nursing professions to repeat the registration process in the aged care sector may be redundant and unproductive.

Streamlining the registration process for these professionals could ease their transition into the aged care sector, while their existing registrations will serve to ensure quality service delivery.

Providers indicated that nursing services have unique risks and access to older people. Providers indicated that nursing services should not share a registration category with other services such as personal care and allied health because nursing requires a higher level of clinical governance and oversight.

Allied health and personal care registration category

The positioning of allied health workers under Category 4 of the new model was a key area of exploration in the consultations. Across the workshops in which this question was posed, there was general recognition that many allied health services should fall under Category 4 due to their specialised clinical nature. However, it is important to acknowledge that allied health covers a diverse range of services including occupational therapy, physical strengthening and others. Some stakeholders felt that several of these professions belong more appropriately under lower categories, and should acknowledge that clinical care is already governed by appropriate bodies. In this regard the following perspectives were canvassed.

- A wide range of respondents felt that providers offering these support services should have the flexibility to register in lower categories based on the specific services they provide.
- Allowing flexibility in registration categories for allied health providers was crucial because if they are not given this option, they may choose to move to other sectors where the regulatory requirements are less onerous. This could lead to a shortage of allied health professionals working in the aged care sector.

Similar sentiments applied to the registration of personal care and care managers. While there was general agreement that the categories in which they were placed were appropriate, it was also recognised that some providers may also deliver services in other categories. Flexibility was seen as essential to allow registration in multiple categories based on the services provided.

There was debate about the most appropriate category for care management. There was some uncertainty around care manager's role in the current regulatory framework and how it may change in the new model. There was also debate about the most appropriate category for care management. Some felt that basic care management represents a lower risk activity, and that it could therefore be safely placed in a lower category.

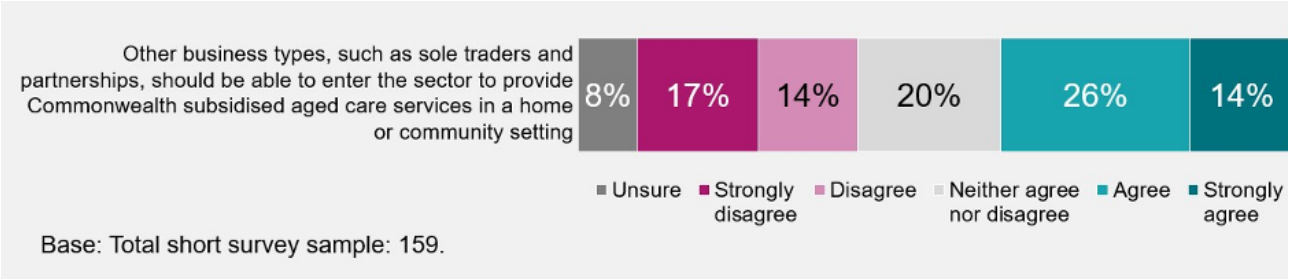
"Currently, there is not a consistent application of regulatory requirements for working in aged care."

Registration for new smaller providers

Stakeholders noted a current lack of information about the administrative process and cost of registering in each category. They highlighted the requirement for clear information about the cost and process for registration.

- Several providers and peak bodies suggested that the costs and compliance burden should be minimised for sole traders and smaller providers in line with the risk proportionate approach to registration. Some asserted that the government needed to find a balance to make it easier for smaller providers to register and ensure they comply with the requirements of the new Act and regulatory framework.
- Aligning very closely with the risk-proportionate approach outlined in the new model, several providers believed there should be consideration of a longer registration period for providers with strong record of delivering high-quality care ('earned autonomy') and for larger, well-resourced providers that have regular interactions with the Commission.
- Some stakeholders supported the move towards encouraging sole traders and partnerships to become providers. They supported the risk-based approach to ensure regulation recognises, anticipates and mitigates any problems that may arise due to their inclusion. Responses to the short online survey revealed more polarised views among the broader community – only 40 per cent agreed that other business types should be able to enter the sector, while 31 per cent disagreed (Figure 28)

Figure 28: Response to the short online survey: Do you agree that other business types, such as sole traders and partnerships, should be able to enter the sector to provide Commonwealth subsidised aged care services in a home or community setting?



- Several providers anticipated that the three-year registration cycle could become an administrative burden, especially for smaller providers. Some also believed it could be a simpler process. They recommended keeping the existing structure of approved providers in the Home Care Package program but adding a second tier of 'third party providers' that are paid via working with approved providers. They argued this will remove systemic barriers and re-registration burden while also providing older people with more choice.

"The lack of information regarding the administrative process and cost involved in registering in each/multiple categories was a source of frustration to providers."

- Aboriginal and Torres Strait Islander peak bodies emphasised that more financial support would be required for Aboriginal and Torres Strait Islander aged care organisations to smoothly transition to the new model. There was also a recommendation that the provider registration fee structure should better align with recommendations from the Royal Commission (e.g. recommendation 47b) by providing fee exemptions for all Aboriginal Community Controlled Health Organisations looking to provide aged care services.

Registering online platforms

Over recent years, a number of online platforms that connect older people seeking care or support with individuals able to provide these services have emerged. These platforms allow older people to identify appropriate individual workers, arrange for the services they need and negotiate an appropriate fee arrangement for the services via an existing approved provider.

Some stakeholders opposed any changes that made it easier for "gig economy" platforms to service the aged care sector, putting forward an argument that this would decrease the quality and continuity of care both for customers and workers.

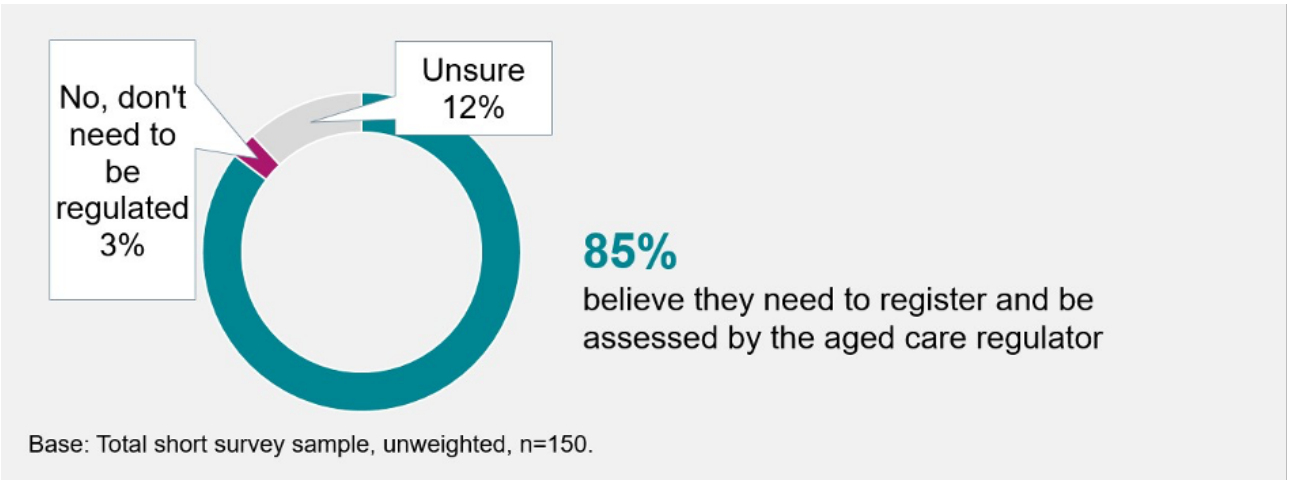
A range of workshop participants and submissions noted it was essential to define the responsibilities and obligations of these platforms compared with those of individual aged care workers. Clear obligations are needed to ensure the availability of online services for connecting older people with aged care services that are highly valued by users.

Responses to the short online survey showed that the vast majority (85 per cent) of respondents believed that online platforms should be required to register and be assessed by the Commission (Figure 29).

"We do things a bit differently to what happens in the big cities; aged care looks a bit different from a cultural perspective – we have close relationships with the people under our care, and we like to solve any problems our way.

When government people come out to visit they can be a bit confrontational and tell us we're not doing things right. But it's not our way, and not the way of our people, not what our patients want or need – and they [the government] need to understand that."

Figure 29: Responses to the short online survey: online platform registration



Providers attending the workshops also believed that regulation was required for online platforms. It was felt that the platform should ensure the services are delivered by registered and regulated parties. In other submissions:

- Providers emphasised the importance of proportionate regulation based on the services provided.
- It was suggested that different regulation might apply depending on whether the platform functions as an employer or a facilitator, connecting older people to sole providers.
- Clear responsibilities are needed to differentiate between the platform and the aged care worker, with concerns raised about the potential burden and expense of regulatory requirements.

From specialist providers' (e.g those who focus on serving Aboriginal and Torres Strait Islander, CALD or LGBTIQA+ populations) perspectives, online platforms should adhere to the same regulatory standards as other providers. While they were aware that strict regulations might result in some workers leaving the sector, specialist providers considered it more important to instil and maintain confidence among older people.

In workshops, older people, their families and carers did not discuss the details of provider registration and regulation in depth. However, they were asked questions about the regulation of online platforms.

This feedback indicated that the introduction of online care platforms has revolutionised the way many older people access and receive care services. According to the feedback these platforms offer a range of benefits such as increased care hours (through reduced per-hour costs compared to traditional providers), personalised care worker selection and improved communication between individual providers and older people.

However, they also present challenges related to quality assurance, accessibility in remote areas, technological barriers and concerns about worker security.

Benefits

Stakeholders reported online care platforms offer several advantages to users – primarily through increased choice and control over their care teams. Although they may require more personal time and follow-up, these platforms enable users to access more care hours for their aged care packages and, importantly, choose the specific care worker they want, ensuring continuity of care.

Online platforms also address the common challenge of finding suitable care providers by offering a range of options. Users can personalise their selection process by filtering based on various criteria including experience, rates and qualifications. The ability to post notes to workers allows for transparent communication between providers, consumers and families, enabling collaborative care. Some users also reported that individual care providers actively seek the flexibility afforded by online platforms. They noted their care workers talk about benefits of the online model over traditional providers, including increased pay, control over their schedules and fees, determining when they would work, how often, where and with whom.

Challenges

Stakeholders also reported challenges to the use of online platforms including:

- accessibility challenges for people in areas without reliable internet access, especially those who live in remote areas
- determining who conducts quality checks and assumes responsibility for ensuring quality of care
- technological barriers and the need for IT hardware and skills, which can challenge older people who may not be technologically savvy
- concerns worker roles may not offer the same level of stability and benefits as traditional roles (e.g. sick pay, annual leave)
- reservations about the quality and oversight of online care platforms – some people perceive them to take a 'checkbox' approach to care management
- lengthy process of funding approval and disbursement.

"It can be annoying when your person leaves. One girl left to travel, so it was a juggle when that happened, and took me some time to replace her. You have to put up with that. But once you find them, the upside is you get the same person every time which is so important to us. We agree the rate, she loves the flexibility as much as us, she doesn't want to work full time! It just works for everyone. She's [the care worker] happy, I'm happy and most importantly, John [not his real name] is happy".

Weighing up the risks and benefits, the vast majority of consultation responses agreed that online platforms should be regulated to ensure they operate in line with the Aged Care Act and that the workers on their platforms are appropriately qualified, screened and checked.

“It took me a while to get the hang of it. At first, it felt a bit strange meeting people online and then having them come to our house for an interview. But you soon get the hang of it and now I’m really good at working out what we need, and who might be a good fit for John. But you do need to be prepared to sort this out yourself, and work your way through the options”

Safeguard 3: responsibilities of a provider

Provider responsibilities aim to safeguard older people by ensuring necessary risk management protocols are implemented. The responsibilities will be known as Obligations in the new model.

Obligations that are applied to providers as part of their registration will be known as conditions of registration. The core and category-specific conditions manage risk of harm inherent with the delivery of aged care services. Provider-specific conditions manage any additional risks associated with the provider delivering those services. Service type obligations address specific risks that only appear in certain service types. Obligations that apply to all registered providers are called the core obligations.

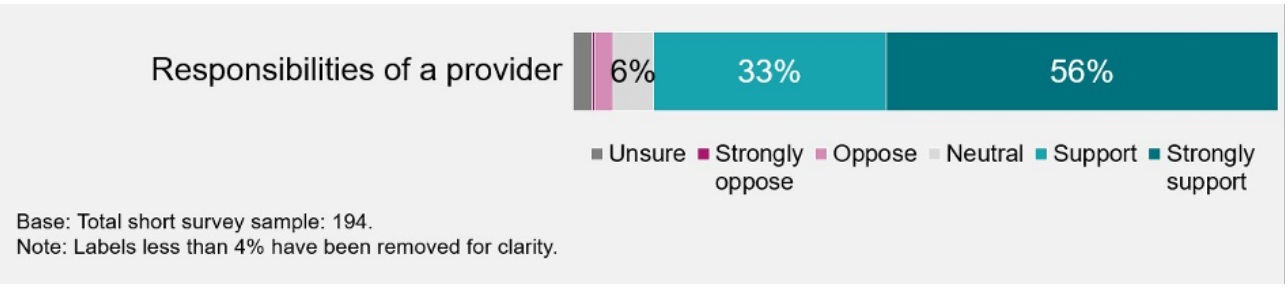
Please see the department's *Consultation Paper No. 2: A new model for regulating Aged Care – Details of the proposed new model* for more information.

3.1 Obligations

Peak or advocacy bodies and providers

Peak bodies viewed streamlining provider responsibilities as a positive step that will simplify and improve their understanding of the expectations placed on providers. This, it was felt, would enable providers to focus on caring for their clients. This view was further corroborated by the department's short online survey, where 89 per cent of respondents expressed 'support', including 56 per cent expressing 'strong support' (Figure 30).

Figure 30: Responses to short online survey: For each of the proposed approaches, please indicate your level of support



Base: Total short survey sample: 194.
Note: Labels less than 4% have been removed for clarity.

"To have the obligations detailed on the certificate of registration and publicly available via a register will also add transparency and accountability that is lacking under the current model."

Providers highlighted the need for clear definitions of roles and responsibilities, including category-specific obligations and believed publicising roles and responsibilities would foster transparency and accountability.

Several stakeholders throughout the consultations emphasised the importance of ensuring older people were aware of provider obligations.

Providers written submissions raised a range of specific obligations including the following:

- **Cultural safety:** cultural safety was perceived to be an integral part of person-centred care for Aboriginal and Torres Strait Islanders. Cultural appropriateness was also identified as essential for Culturally and Linguistically Diverse people (CALD), and LGBTIQA+ people.
- The United Kingdom's Care Quality Commission's model was highlighted, with particular reference to the five key enquiry lines:
  - Is the service safe?
  - Is the service effective?
  - Is the service caring?
  - Is the service responsive?
  - Is the service well-led?

“There should be an obligation to ensure care recipients and their carers are aware of and able to understand the code of conduct and means by which they can raise concerns about failures to meet the code.”

Views on provider obligations with respect to delivering high quality care

From the broader community’s perspective, high quality care is linked to person centred care and the following are key elements of high-quality care that need to be acknowledged in provider obligations:

- **Adherence to commitments:** Providers should follow through on their promises, delivering care that aligns with reasonable older person expectations.
- **Qualified and caring staff:** Developing clear career pathways for staff is crucial to attract and retain qualified workers in the sector. This promotes professional growth and fosters a dedicated workforce committed to delivering high-quality care.
- **Improved communication:** Clear, timely and consistent communication is essential between shifts and among frontline workers and specialists. Open lines of communication enable effective coordination and ensures critical information is relayed accurately.
- **Nutritional considerations:** Quality care includes providing nourishing, varied and quality-assured meals.
- **Mental stimulation and social engagement:** Quality care should go beyond meeting basic needs by offering opportunities for mental stimulation, breaking monotonous routines and facilitating social activities and entertainment.

“Further consultation is needed to ensure that legal obligations and processes are not duplicated across the regulatory framework.”

- **Empowering older people through active listening:** Providers must ensure people feel heard, with their concerns and preferences taken into account and appropriate actions taken.
- **Creating a supportive environment:** Informal ‘introduction groups’ can help settle residents into care settings, fostering feelings of safety and welcome.
- **Timely accessibility to necessary professionals:** Quick and easy access to care workers, specialists and other professionals should be facilitated as required.
- **Consistency in staffing:** For patients with dementia and other conditions requiring continuity of care, maintaining a consistent staff roster is essential.
- **Cultural sensitivities:** Providers who care for Aboriginal and Torres Strait Islander people should prioritise cultural sensitivities and ensure culturally safe practices. This includes respecting the cultural customs, protocols and traditions of Aboriginal and Torres Strait Islander people and the significance of cultural practices in shaping each person’s identity and wellbeing.

- **Language proficiency:** Care providers should have sufficient language skills, particularly proficiency in English. It would also be beneficial for specialist providers who care for consumers from CALD backgrounds to speak the client's language.
- **Transparency in funding:** There is a need for greater transparency in the breakdown of costs and where funding is spent. This information empowers older people to understand what they are paying for and ensures accountability.

Coordination of care in the new model

- Stakeholders emphasised the importance for coordination and oversight of care being provided to older people to ensure they are accessing the right services for their needs and that there is no disruption to continuity of care.
- Additionally, feedback stressed the need to be clear on the decision-making process when multiple providers are involved in delivering care to a person. In particular, it is crucial to identify the gatekeeper or decision-maker responsible for determining the appropriate level of care and ensuring adherence to the required standards in these scenarios. This would help maintain consistency and accountability across the care provided by multiple providers.
- There were also concerns over duplicated roles and responsibilities under the new model, with providers seeking clarification on what this would mean for providers. This concern arose primarily around legal obligations for providers, and ensuring that they are not additionally responsible when multiple providers are caring for the same person, but rather a clear demarcation of responsibility can be drawn.
- Feedback also raised concern in relation to a lack of clarity around whether registration for sole traders will have any impact on the need for an older person to be connected with a home care provider for care and package management.

3.2 Provider reporting in the new model

Many stakeholders noted that public reports are currently not detailed enough for older people, their families and carers to make informed choices about providers. Numerous submissions suggested that performance data of individual providers should be made publicly available to support people making better decisions around their aged care provider.

Stakeholders suggested more detailed reports will likely require clarifying information to help older people interpret the data, and they should be written in plain language for ease of understanding.

Safeguard 4: holding providers accountable

The new model seeks to establish an environment that encourages the connecting and sharing of information and intelligence, including feedback from older people to prevent, detect and correct risk and poor provider performance. It highlights the important role of complaints and creating a culture that values listening to feedback from older people. It will ensure that older people have pathways to raise concerns and seek for their rights to be upheld.

Key to the new model is a strengthening and broadening of the Commission's powers to monitor, investigate and enforce compliance. Please see the department's *Consultation Paper No. 2: A new model for regulating Aged Care – Details of the proposed new model* for more information.

4.1 Compliance, monitoring and enforcement

Incentives and penalties

Incentives for high performance. As outlined earlier, all stakeholders agreed that initiatives such as award ceremonies and opportunities to showcase achievements to acknowledge and recognise high-performing providers would be beneficial. Some suggested that providers who consistently demonstrate exceptionally high performance against the Quality Standards over a significant period could be granted the added incentive of being assessed less frequently. This recognition of their commitment to excellence would acknowledge their track record and reduce the administrative burden on these providers, allowing them to focus their resources on maintaining and further enhancing their exceptional level of care. This would be supported by the graded assessment approach and align with the risk-proportionate approach.

"The proposed enforcement mechanisms appear sufficient to address non-compliance / poor performance if they are properly and transparently managed."

More consequences for poor service delivery. The significant consequences for poor performance and non-compliance with obligations will act as a deterrent effect where the continuous improvement approach has not succeeded and will signal for some providers the need to continue to deliver high-quality care. Providers, older people, their families and carers all supported stronger penalties for poor performance and non-compliance, including de-registration and financial penalties.

Several stakeholders noted a lack of pathways for replacing unsuitable providers and limited choice for older people in regional areas. They recommended support and resources for providers to improve service delivery and compliance, and the importance of Commission staff being available regardless of geographic location and additional advocacy funding for older people.

More detail is also required in relation to how providers will be monitored and held accountable for how funds are spent. Government-funded communication was considered necessary to ensure consistency and alleviate the burden on providers to work out appropriate responses on what funding can be spent on.

Feedback indicates monitoring of incidents reports by the Commission and providers should help understand if there are specific staff, older people, situations or environments that contribute to incidents. If this is found to be the case, intervention is expected.

"Providers subject to a 'requirement for action notice' or a 'compliance notice' will need additional support to address the identified issues and make the required changes."

“Incident reporting should be monitored to determine if there is a specific staff member or care recipient involved in multiple incidents.”

Feedback also highlighted the need for more specific monitoring practices that take note of incident reports that come through the complaints system to determine if there are specific staff members or complainants who are repeatedly involved in incidents. This will allow for better detection of complaints that may result in more severe consequences for the staff member who is not complying with the regulations.

Many submissions and respondents indicated they thought the Commission should be able to investigate substandard providers whenever intelligence suggested it was needed.

4.2 Complaints and incidents

Peak or advocacy bodies and providers’ perspectives on the new complaints model

Across the consultations, there was an overarching positive sentiment towards the proposed approach to complaints. The concept of ‘restorative justice’, increasingly applied in the justice system, focuses on offenders taking responsibility for the harm they have caused. Applying this framework in complaints management when things go wrong was widely supported.

Stakeholders recognised the potential for this approach to address longstanding issues around complaints within the aged care sector. The requirement to offer an explanation of why an incident had occurred and what providers will do to prevent similar incidents from happening again was considered central to continuous improvement.

Some providers and peak bodies expressed that there should be a more transparent central complaints process that streamlines the experience for complainants. This is especially true for older people who might find it confusing and troubling to navigate systems with multiple avenues for making complaints, which could create significant barriers to effective hearing and resolution. A number of submissions provided commentary on this topic as outlined in the following dot points.

- Several stakeholders highlighted that a person-centred approach must support vulnerable groups to ensure they know their rights, with an accessible and easy way to make complaints if needed. This includes accessibility for people with dementia to make complaints.
- An advocacy body suggested a complaints platform could – with the consent of the complainant – pass on any complaints to the relevant complaints handling authority. This would effectively remove barriers, transitioning to a ‘no wrong door’ model.
- Several peak bodies maintained the need for confidential reporting pathways for whistleblower protections within the complaints system to ensure confidentiality where required and minimise risk of retaliation.

- Peak bodies noted that while a formal process for handling complaints is desirable, a personalised support structure should also be introduced for complainants. Because aged care consumers can often form close bonds and relationships with their care teams, they might need support to ensure their wellbeing is still a priority throughout the process. This can be achieved by involving someone the complainant trusts to offer support and guidance while waiting on a response.
- An advocacy body recommended including a statutory right to advocacy, as well as a provision that imposes a positive obligation on providers to support ease of access to advocacy services.
- A union outlined the following principles to ensure fair treatment of staff who are the subject of a complaint:
  - The worker is notified of any allegations that are made against them (including particulars of the allegations).
  - The worker has an opportunity to respond to any allegations made against them.
  - The worker is entitled to be represented by the union in relation to the allegations or in any investigation.

"[Body] strongly recommends the inclusion of a statutory recognition of the right to advocacy in the new Aged Care Act, to be available whether or not decision-making capacity is in question."

Views on the proposed complaints process

Through the workshops, older people, their families and carers emphasised the need for a complaints process that prioritises the experiences and wellbeing of those receiving care and services, providing them with a sense of being heard, respected and supported.

The transparency of the process, timely feedback, prevention of reoccurrence and consideration of diversity including multicultural backgrounds were also highlighted as essential factors. Older people are often reluctant to make complaints, so an effective system would proactively seek their opinion about the quality of service, and not merely rely on an absence of complaints to demonstrate quality.

Older people perceived a well-designed complaints system should embody several important elements as outlined in the following dot points.

- Complainants should feel they are being listened to, believed and respected throughout the process. This includes ensuring their concerns are appropriately addressed and that feedback is provided in a timely and transparent manner. Confidence in the system stems from the knowledge that actions will be taken to prevent the issue recurring.
- It is important to emphasise that the aim of the response to complaints should go beyond punitive measures. Instead, the focus should be on requiring meaningful actions that provide long-term benefits.
- Implementing a triage system would expedite the resolution of urgent complaints. Timely action is crucial to ensure sufficient redress and promote meaningful change.

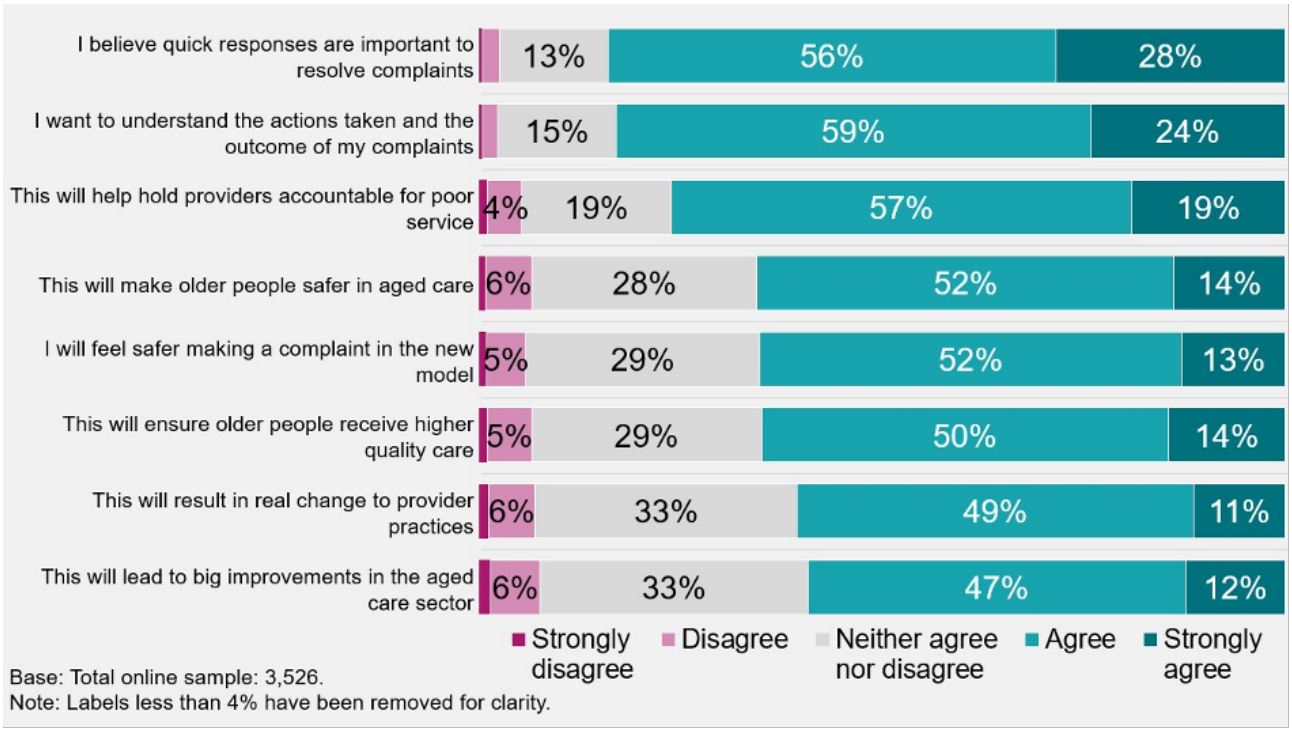
- Visibility plays a significant role in facilitating complaints. Providers establishing relationships with large peak or advocacy bodies could enhance awareness of how and where to lodge complaints.
- Transparency is crucial, and all relevant documents and the right to reply should be accessible to both residential and in-home care recipients. Making complaints publicly visible would also empower prospective users of services to make informed decisions by evaluating the nature of complaints and the subsequent corrective actions taken.
- It is essential to ensure people who file complaints are free from personal reprisal or threats, including the withdrawal of services.
- Aboriginal and Torres Strait Islander Australians revealed a preference for a less formal, less bureaucratic approach to complaints management. They would prefer to be able to talk directly with their immediate care teams, their families and communities. They reject too much government intervention in their care. This stems from a deep mistrust of public institutions and the intergenerational trauma of colonisation.
- The complaints process should empower aged care workers, enabling them to actively take part in addressing any concerns they identify. This inclusive approach would foster a collaborative environment that promotes continuous improvement in care.
- Language support is essential to ensure people who do not speak English well can effectively participate in the complaints process. It is also important to promote inclusivity by acknowledging and respecting the diverse cultural backgrounds of aged care consumers, carers and workers.

By addressing these key elements, the complaints system could become a more effective tool for ensuring accountability, quality improvement and older person satisfaction within the aged care sector. Aged care consumers and their carers expect that the new complaints model would help to build confidence in the system, primarily because it will require actions to be taken to prevent the recurrence of issues.

Results from the large-scale representative survey corroborated these findings, showing that:

- Almost nine in 10 Australians believe that quick responses are important to resolve complaints (84 per cent) – a statistic that is significantly higher among older age groups (Figure 31).
- Around the same proportion agreed they want to understand the actions taken and the outcomes of their complaints (83 per cent).
- They also believe the model will help hold providers accountable for poor service (76 per cent).

Figure 31: Large-scale representative survey result: please indicate how strongly you agree or disagree with the following statements about the new complaints model



Transitioning to the new model

Transition refers to the planning and processes required to support the aged care sector to move from the current regulatory framework to the new model. The registration model in the new Act will be implemented with the new Aged Care Act which is anticipated from 1 July 2024. (Phase 1). The new Support at Home program (which will replace all existing in-home care programs) will come into effect from 1 July 2025 (Phase 2).

Existing providers of Commonwealth funded aged care programs will be deemed registered into relevant categories based on the services they currently provide, meaning they will not need to make an application for registration immediately upon transition.

- Providers will be asked to provide further information to ensure they are deemed into the most suitable registration categories.
- Providers will transition under their existing entity name and/or structure with no initial registration application fees required until re-registration.

Registration periods across existing providers will be staggered, to avoid a situation where all providers are applying for re-registration simultaneously and to ensure the Commission prioritises re-registration for providers requiring oversight sooner than others based on a number of factors currently under consideration.

Feedback on the transition to the new model

Providers expressed concerns around the scope of the changes and their readiness to transition, which was daunting for some.

Providers were concerned about a range of issues including:

- business viability under the new model and funding arrangements
- the need to offer flexible services
- the need to market services
- the need to scale service provision according to demand – both increasing and decreasing
- impacts to internal systems and processes
- the cost of the transition (e.g. staff training and overheads), including paying for new IT systems
- complexities in transitioning to multi-provider environments
- care managers needing the skills and knowledge to bridge the various providers and ensure seamless and quality care for older people

There was some anxiety among older people, providers and staff, with a number of providers questioning their future in the new model.

Providers consider a significant amount of detail needs to be released before the legislation is implemented, including tools to help them prepare including:

- **Transition-focused resources** – providers are keen to understand how best to implement change using a step by step process so as not to overwhelm their workforce. Self-guided modules on 'What to do and when' as they journey through transition would be helpful (e.g. the first 30 days, the first 60 days, the first 90 days), as would 'Quick and easy tipsheets' and bite-sized videos rather than large slabs of information. Providers also suggested case studies on how other providers have transitioned through the journey and ongoing alerts for new 'Transition FAQs and solutions'.

"During the transition, providers will find it necessary to focus on operational implementation issues and cost efficiency, which may interfere with their capacity to innovate, grow and invest in attracting business and building workforce capability."

- **Access to experts** – providers and stakeholders want ongoing access to people who can address their questions, clarify issues and offer support throughout the implementation process. This could be through a helpline or an online 'Ask Me' service to provide tailored advice.

While there was acknowledgment that more information was needed before making a commitment, many felt that, broadly, the proposed transition approach made sense.

One of the primary concerns was the tight timeframe given for implementation, which will create pressure for providers to adapt and comply with the new regulations within the specified period.

Many supported a single go-live date, as this was seen to simplify the process for existing providers. They did request that final information about the pricing and process for each category be made available well in advance so providers could make informed decisions.

"The proposed transition arrangements seem logical and should provide existing providers with an understanding of the likely registration categories that will apply. Some refinement may be necessary as idiosyncrasies become apparent."

Aboriginal and Torres Strait Islander peak bodies also commented on the importance of ongoing consultation with respect to a range of issues and the way it may affect Aboriginal and Torres Strait Islander aged care facilities including:

- the impact of the new regulatory model
- the most appropriate 'go-live' date for the new model and the Aged Care Act
- the new complaints model.

Aboriginal and Torres Strait Islander peak bodies also advocated for extra financial and administrative support alongside the additional flexibility to allow for a smooth transition and to ensure providers can remain in the system. They also recommended:

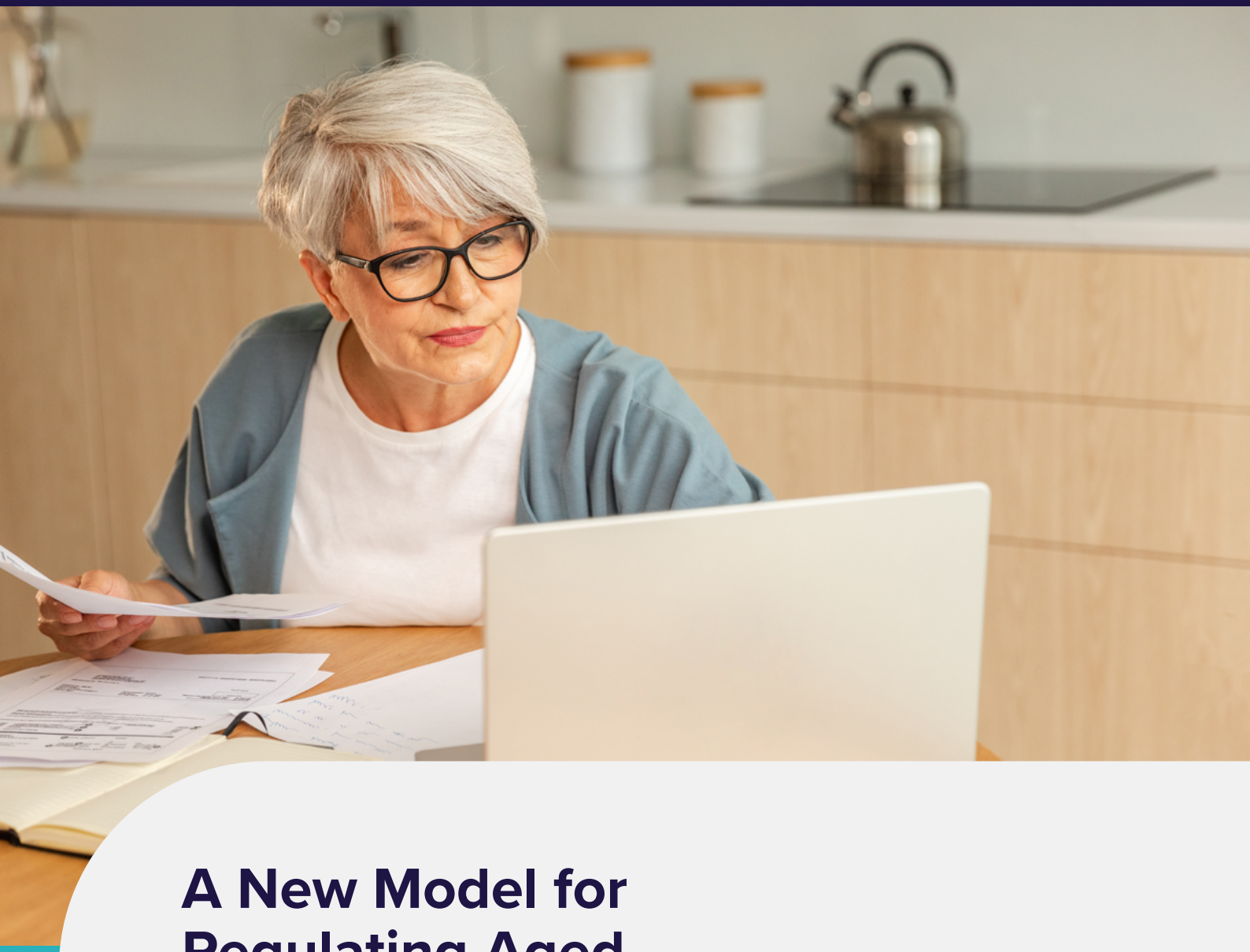
- an Aboriginal and Torres Strait Islander impact assessment and evaluation of the new model within the first year of implementation
- outlining the role of the Aboriginal and Torres Strait Islander Aged Care Commissioner in the new regulatory model.

Providers considered an important first step to be **consistent, high-quality communication on the benefits of the reforms**. Behavioural change theory confirms that in any transformation project, people need consistent reinforcement of the need for change and the benefits it offers them. Providers expect that the department or Commission will have a consistent, clearly communicated narrative for change. This could include a campaign with posters and leaflets for tearooms, videos, emails and frequently asked questions (FAQs) about the process.

Several peak and advocacy bodies expressed the view that providers remain confused about their obligations. There is, they felt, a need for a concise set of roles and responsibilities for the parties involved, including providers, regulators and workers. These need to be stated objectively and unambiguously.

- This could be achieved by applying SMART (specific, measurable, achievable, realistic and time-specific) principles to requirements.
- Accompanying case studies or vignettes were suggested as a way to communicate these roles and responsibilities. These could be sent to providers when they are informed of their registration categories.

Older people, carers and the broader community engaged in the consultations did not focus extensively on the transition to the new model, seeing it as an issue that mostly concerns providers. They did talk about the need for a smooth transition, with uninterrupted care, and wondered whether provider management may be distracted from delivery of core care tasks if the transition requires a great deal of their attention.



A New Model for Regulating Aged Care Consultation

Summary Report 2023

To find out more visit:

agedcareengagement.health.gov.au

DT0004045 - DECEMBER 2023