

Australian Institute for Primary Care & Ageing (AIPCA)

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## Public hearing into the Senate Inquiry into the Aged Care Bill 2024: Summary response from the AIPCA

### We welcome (for older people):

- The shift away from a primary focus on funding.
- The definition of high-quality care (p. 44), which is better than reliance on person-centred care (PCC).
- Attention to protections for older people from mistreatment, neglect, and harm.
- Recognition of supported decision making.
- Recognition of the role of pets in supporting quality of life.
- Framing the legislation within a human rights perspective: though we note:
  - No alignment with other statements of human rights
  - Contradiction in allowing use of restraint under some circumstances.
- The recognition that rights described in the Act may be limited by competing or conflicting rights. We also note that the legislation does not recognise:
  - Additional limits where:
    - An individual has an unrealistic appraisal of their own capacities.
    - Resources are constrained.<sup>1</sup>
  - Any mechanism for dealing with conflicts between conflicting rights and principles.

### We welcome (for staff):

- Protections for whistle blowers.
- The establishment of a national screening mechanism for aged care workers.
  - We would suggest expanding the register to include the person's qualifications, so that it functions more like AHPRA for nursing assistants.

<sup>1</sup> Byrne, A. L., Baldwin, A., & Harvey, C. (2020). Whose centre is it anyway? Defining person-centred care in nursing: An integrative review. *PLoS One*, 15(3), e0229923.

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**We think improvement is needed in:**

- Differentiation between the accommodation contribution and the accommodation payment (e.g., pp. 6 and 14).
- The text on aged care digital platforms (p. 193, clauses (2) and (3)), which seems contradictory.
- The definition of a “well-skilled” workforce (p. 45). What are the criteria for determining what well-skilled means?
- Eligibility criteria for an aged care assessment (section 58) for people aged under 65.
  - People aged under 65 can choose to be assessed for aged care services if informed that other services may be available. Additional justification (e.g., demonstrable potential need for services; attachment to a parent in aged care) should be added to this criterion to avoid unnecessary assessment.

**We are concerned about:**

- Using the word “sickness” to define eligibility (meaning “an infirmity, illness, disease, incapacity or impairment”, p. 29).
  - The term “sickness” is inherently misleading.
  - Using the term “sick” to describe older people requiring services is ageist.
- The description of how accommodation contributions and accommodation payments are determined. These parts of the legislation are complex and beyond the understanding of most people, far less those who have a “sickness” and are at the point of requiring accommodation in a residential care home.
- How the whole Act is framed very much around the individual, individual rights, and the concept of person-centred care (PCC).
  - The term PCC is contested.<sup>2</sup>
  - While largely appropriate for use in individualistic societies, PCC does not recognise the concerns of more collectivist cultures that prioritise interdependency and mutual responsibilities between individuals and their networks.

**Prof Yvonne Wells**

**A/Prof Janette Collier**

AIPCA

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<sup>2</sup> Edgar, D. A., Wilson, V. J., & Moroney, T. (2020). Which is it, person-centred culture, practice or care? It matters.