



**SENATE COMMUNITY AFFAIRS COMMITTEE**

**AGED CARE AMENDMENT**  
**(SECURITY AND PROTECTION)**  
**BILL 2007**

Submission from

The Aged-care Rights Service Inc (TARS)  
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### Investigation Principles

*The Aged-care Rights Service Inc (TARS) believes the role of advocacy services has not been made clear in the amendment.*

It is possible there will be a greater demand on time of the Office of Aged Care Quality and Compliance in investigating complaints of a serious nature such as physical and sexual assaults. Due to this, TARS sees the role of advocacy services will, potentially, increase, especially in relation to advocacy and the need for support to be provided in complaints processes in these serious matters. Advocacy services have an important role in assisting residents and their relatives in these processes in those instances where the Office of Aged Care Quality and Compliance decides not to investigate a matter (Section 84-1).

The Aged Care Amendment appears to indicate that only matters of compliance will be dealt with by the Office of Aged Care Quality and Compliance and, indeed, there is a greater emphasis placed on regulatory compliance in complaints processes. As such it would seem there is no provision for avenues such as conciliation and mediation in dispute resolution. Again, this would increase the role of advocacy services for residents and their representatives.

### Aged Care Commissioner

*TARS supports the appointment of the Aged Care Commissioner and the role as outlined in the Aged Care Amendment.*

### Compulsory Reporting

*TARS endorses the requirement for compulsory reporting as specified in the amendment. (section 63-1AA)*

We acknowledge the importance of ensuring the person who makes a compulsory report is not victimised and suffers no reprisals from the approved provider, other staff or stakeholders after the report of a sexual or physical assault. Were victimisation to occur, by either the approved provider or colleagues, it would appear to be possible that the willingness of staff to report will be affected adversely.

We note that TARS is not named as a person or organisation to which reports of physical or sexual assaults may be made, nor is it included as an entity that is expected to report. As an advocacy service for residents of aged care homes, TARS does hear of reports of sexual and physical assaults, as such we believe we have an integral role in the receiving of complaints. TARS



would, in the event of hearing of an assault, report this to the designated reporting entities.

We support the provision for Principles to describe alternatives such as behaviour management in dealing with assaults by other residents who are affected by cognitive impairment caused by illnesses of ageing. We draw attention to the responsibility of duty of care the approved provider has to all residents of an aged care home, including victims of assaults in these cases.

We acknowledge the sensitivity required on the part of the approved provider in dealing with such matters given the variety of accusations that may be made by persons suffering with dementia and related illnesses.

#### Police Certificates

*The Aged-care Rights Service Inc supports the requirement for compulsory Police Checks for anyone having unsupervised contact with residents in residential aged care facilities.*

We presuppose that medical officers, clergy and solicitors, while not specifically named in the list of volunteers (1.18 c (a-e)) as being required to provide a police certificate, are nonetheless included by way of definition. We believe any person who has unsupervised access to the resident should provide a police certificate regardless of position or role.

#### Notice of Access to a Facility

*TARS endorses the amendment in relation to notice of access required by quality assessors registered for the Accreditation Grant Principles.*

Whilst we commend the amendment in relation to notice of access (1.7B) and consent to access of service (1.8A), we submit that these provisions do not go far enough. Anecdotally the evidence is that offending providers are able to rectify deficiencies on short notice and this may render the provisions ineffective.