

Have your say on

**the future of aged care**

AGED CARE CONSULTATIONS  
New rights-based Aged Care Act and funding principles

**Attendee**

**Booklet**

Foreword

Council on the Ageing (COTA) Australia and the Older Persons Advocacy Network (OPAN) welcome you to our consultation on two major Australian Government aged care reforms:

* The new rights-based Aged Care Act, which will provide the foundation for the aged care system. The Government has released information about the rights and other foundational aspects, such as supported decision-making and the definition of high quality care, that we are keen to hear your views on.
* Funding principles for a sustainable aged care system – developed by the Aged Care Taskforce to guide their work in making recommendations about how aged care is funded, including Government funding and individual contributions, into the future.

As organisations that represent older people, their families, and carers, we are guided by your thoughts and views. This consultation, and your contribution to it, will form the basis of our reports to Government about:

* what older people think about the new Act
* what older people want to see in the new Act, and
* how decisions about aged care funding should be made.

In our face-to-face consultations, we will unpack the issues and proposals related to both the Act and the funding principles. There will be ample opportunity to ask questions, share your views and talk to other attendees.

Your participation is much appreciated and will ensure the Government hears the diverse views people have on these important topics and can take these views into account in their decision-making.

We hope it will be a good day for all of us as we work together to ensure that the views of the most important people –those who currently, or will one day, need aged care – drive improvements to the system and the way services are funded and delivered.

We look forward to hearing your thoughts and working with you today.

**Patricia Sparrow Craig Gear  
CEO, COTA Australia CEO, OPAN**

Who is COTA?

COTA Australia is the peak body representing the almost nine million Australians over 50. For over 70 years our systemic advocacy has been improving the diverse lives of older people in policy areas such as aged care, health, retirement incomes, and more. Our broad agenda is focused on tackling ageism, respecting diversity, and the empowerment of older people to live life to the full.

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Who is OPAN?

## The Older Persons Advocacy Network (OPAN) is the peak body for aged care individual advocacy and works to advance older people’s human rights in Australia. The network consists of nine state/territory organisations who deliver the National Aged Care Advocacy Program.



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Description automatically generatedThese consultations have been supported by the following organisations that advocate for the interests of older people, their families, and carers.

These consultations have been funded by the Australian Government Department of Health and Aged Care.

How to use this booklet

This booklet contains material to inform and support you through our discussions:

* an agenda and details of how the day will run and how you can participate
* background material to explain the key issues and concepts we will be discussing
* the questions we are seeking your feedback on so you can prepare and think about what you want to say.

The consultation process will be explained at the outset of the discussions and you can ask staff questions if you are unclear or need some assistance.

Some of the discussions will be in small groups and we will take your group notes. If you have anything else that you would like to say, you are welcome to write it in this booklet and hand it into us at the end of the day. We will include your written feedback in our analysis and report writing.

Agenda

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|  |  |
| 9.00 AM | **Welcome and introduction** |
| Session 1 – Foundations of the Aged Care Act | |
| 9.15 AM | * Introduction to session * Eligibility for Commonwealth-funded aged care services * Protections for whistleblowers * Statement of Rights |
| 10.30 AM | **Morning tea break** |
| 10.45 AM | * Statement of Principles * Supported decision-making and other nominee arrangements * Definition of high quality care * Duty of care, penalties and compensation |
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| 1.00 PM | **LUNCH BREAK** |
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| Session 2 – Aged Care funding principles | |
| 1.30 PM | * Introduction to session * Introduction to the six proposed funding principles   **Funding principle 1**  **Funding principle 2**  **Funding principle 3** |
| 2.45 pm | **AFTERNOON BREAK** |
| 3.00 pm | **Funding principle 4**  **Funding principle 5**  **Funding principle 6** |
| 3.45 pm | Wrap up session and next steps |
| 4.00 pm | Event close |

**Session One**

Foundations of the Aged Care Act

Why we need a new Act

The Royal Commission into Aged Care Quality and Safety (Royal Commission) found many issues with aged care service delivery. One of the biggest problems they identified is that Australia’s current Aged Care Act 1997 (current Act) is not rights-based and is about how we fund aged care providers – not about the people accessing services and what they need.

The recommendation was that a new rights-based Act was needed to replace the multiple pieces of legislation that currently govern aged care.

As a result, a single rights-based Act, with one set of rules, will become law.

Where possible, it will prioritise the individual needs of older people over the funding of providers, set out the obligations of aged care providers, and legislate requirements that protect the rights of older people in Australia relating to safe, high quality, and equitable care.

The main difference between the **existing Act** and the **new Act** is that it will be rights-based.

Eligibility

The **current** Act has many entry points into the system and varied and unclear eligibility criteria. Younger people with a disability sometimes come into aged care because there is nowhere else for them to go.

The **new** Act proposes the following eligibility criteria for Commonwealth-funded aged care services:

* Individuals aged **65 and over** and
  + who declare they have care needs (or have a referral from a health professional) may get a formal needs assessment.
* Individuals **aged 50 – 64 years** and are either:
  + a First Nations person, or
  + homeless or at risk of homelessness
  + ***and*** have been informed of alternative options but expressed a preference for aged care.
* No other younger persons will be able to access funded aged care services.

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| If you would like more information on this you can read the fact sheet at: [**https://www.agedcareengagement.health.gov.au/aged-care-act-resources/**](https://www.agedcareengagement.health.gov.au/aged-care-act-resources/)or scan this QR Code | **A qr code on a white background  Description automatically generated** |
| * ***Read Factsheet 9 ‘Eligibility for aged care services’*** * ***Look at Diagram 5 ‘Eligibility to access’*** | |

**Question 1:** Does this make sense?

**Question 2:** Do you agree with this approach?

Protections for whistleblowers

A whistleblower is a person who reports bad behaviour or corrupt practices of a person or provider to an appropriate authority.

The **current** Act requires providers to ensure people who disclose, including staff members and other individuals, are not victimised for any qualifying disclosures. (i.e. the person reasonably believes that misconduct is occurring). However, the protections the current Act provides are quite limited.

The **new** Act provides more protections for whistleblowers and allows a broader range of people to report concerns.   
  
Protections proposed in the new Act

* People can report any suspected breach of aged care legislation in any setting – be that at home or in residential care and regardless of the type of care you are receiving (for example nursing or help with cleaning your home).
* Providers will be obliged to have an internal whistleblower policy.
* It would be an offence to disclose a whistleblower’s identity (including information that may lead to their identification).
* The Act will aim to ensure that a broad range of people (older people, aged care workers, managers, independent advocates) who report concerns, in good faith, would be protected from a range of penalties (civil or criminal) if they revealed information about an aged care provider that was deemed illegal, unsafe, or fraudulent.

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| * ***Read Factsheet 7 ‘Protections for whistleblowers’*** * ***Look at Diagram 3 ‘Whistleblower protections and disclosures’*** | |

**Question 3:** Does this make sense?

**Question 4:** Do you agree with this approach?

Statement of Rights and Statement of Principles

The **current** Act does not outline the rights of individuals.

The **new** Act incorporates a Statement of Rights and a Statement of Principles.

Their inclusion is a key difference between the **new** Act and the current Act.

These Statements work together to show:

* the importance of the rights-based approach for how people are treated and the aged care services they receive
* the obligations providers have to ensure that they respect these rights
* how the wider systems, for example the Aged Care Quality and Safety Commission, must also operate in ways that are rights based.

Statement of Rights

The Statement of Rights is meant to empower and help people to talk about their rights with providers and others in the system. Giving people this knowledge helps to hold providers and workers accountable for upholding these rights. It can bring about cultural change. It can change the way we see ourselves, how we should be treated, and power relationships.

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| **Which rights should be included?**  ***Note:*** *The proposed rights are numbered for ease of reference only and is not intended to show a hierarchy or how the statement of rights may be presented in the new Act.*  Subject to further consultation and consideration, it is intended that the Act recognise that older people have the right to:   1. exercise choice and make decisions that affect their lives, including where personal risks are involved, and that are in pursuit of their quality of life, their social participation, and intimate relationships, and be supported, if necessary, to make those decisions, and have those decisions respected 2. equitable access to have their need for aged care services assessed, including in a culturally appropriate manner 3. exercise choice between available aged care services they have been assessed as needing, and, how these services are delivered 4. communicate in their preferred language or method of communication, with access to interpreters and communication aids as required 5. be treated with dignity and respect, including being listened to and informed, in a way they understand, about the services they are accessing 6. freedom from all forms of degrading or inhumane treatment, violence, exploitation, neglect and abuse 7. freedom from inappropriate use of restrictive practices 8. safe, fair, equitable and non-discriminatory treatment in accessing those services 9. equitable access to palliative and end-of-life care when required 10. be supported to exercise their rights, voice opinions and make complaints without fear of reprisal, and have their complaints dealt with fairly and promptly 11. have their identity, culture and diversity valued and supported, including in accessing funded aged care services that are culturally appropriate, trauma aware and healing informed 12. their personal privacy and to have their personal information protected 13. seek, and be provided with, personal information about them held by Commonwealth agencies and registered providers, as well as information about their rights and the funded aged care services they are accessing or have accessed 14. have the role of their family members, carers and other significant persons in their lives acknowledged and respected 15. be supported by an advocate or a person of their choice 16. opportunities and assistance to stay connected (if the individual chooses) with family members and other significant persons in their life, including safe visitation by family members and friends at reasonable times in residential care homes. |

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| * ***Read Factsheet 2 ‘Proposed Statement of Rights’*** * ***Look at Diagram 2 ‘Rights-based approach’*** | |

**Question 5:** What do rights mean to you?

**Question 6:** How will these rights help you?

**Question 7:** Do you agree with the rights included in the Statement of Rights?

* If not, why not?
* Is anything missing?
* Should any be worded differently

If you are commenting on a specific right contained in the table above, number the right you are speaking about in line with the numbering above e.g. *R1: Exercise choice and make decisions that affect their lives*

But rights are more than statements. They have to be more than symbolic. They carry obligations for providers and workers that will change the way services are provided. These include that aged care providers must:

* share information about the Statement of Rights with older people
* deliver Commonwealth-funded services in ways that are consistent with the Statement of Rights.

Statement of Principles

The Statement of Principles will guide the decisions, actions and behaviours of everyone operating in the aged care system (including, for example, the Department and the Commission).

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| Which Principles should be included?  ***Note:*** *The proposed principles are numbered for ease of reference only and is not intended to show a hierarchy or how the principles may be presented in the new Act.*   1. The safety, health, wellbeing and quality of life of older people should be the primary consideration in the delivery of funded aged care services. 2. The delivery of funded aged care services by registered providers and aged care workers should comprise of the provision of person-centred care that:    * takes into account dignity of risk, and the preferences, individual needs, goals and aspirations of older people    * is free from any form of discrimination, abuse and neglect    * treats older people as unique individuals, and with kindness, dignity and respect, and    * in the case of First nations people, supports their personal connection to community and Country. 3. The aged care system should put older people first, and support older people who access funded aged care services:    * being able to reside at home if that is their choice, or, where that is not possible, in a setting appropriate to their circumstances, that is recognised as their home    * being able to exercise individual responsibility and make decisions that enable them to lead active and fulfilling lives, including by engaging in the community and maintaining relationships with people where they choose to do so, and    * being active and informed partners in decision-making as they wish about the funded aged care services delivered to them    * maintaining or improving their physical and cognitive capabilities, with a focus on enablement, except where palliative care outcomes are discussed and agreed to by an older person or an appropriate representative, and    * being aware of their rights when accessing funded aged care services. 4. Where funded aged care services are required, the aged care system should offer accessible, culturally appropriate services for all older people, regardless of their location, including people of diverse backgrounds, people with alternative service needs and vulnerable people. This could include, but is not limited to:    * First Nations people    * peoples from cultural and linguistically diverse backgrounds    * people who live in rural or remote areas    * people who are financially or socially disadvantaged    * veterans    * care leavers    * parents separated from their children by forced adoption or removal    * people who are homeless or at risk of becoming homeless, and    * people who identify as lesbian, gay, bisexual, transgender, intersex or queer. 5. The aged care system should be transparent and provide public access to meaningful and readily understandable information about aged care. 6. Government funding of aged care services should be used to support the delivery and regulation of services which provide targeted care and support for older people in need. 7. The aged care system should not be used inappropriately to address service gaps in other care sectors or systems, preventing individuals from getting the best available care to meet their individual needs, goals and preferences. 8. For younger people, alternative services that meet their needs are a preferred option to aged care services, which are designed to support the needs of older people. 9. The age care system should fund aged care services, which are not unlimited, for older people most in need - taking into account the individual needs of older people, and with individuals expected to meet some of the costs of services they use where they have the financial means to do so. 10. The aged care system should incorporate effective networks to support:     * continuity for older people accessing funded aged care services, and   access to integrated services that older people may require, with  strong linkages with the health, mental health, disability and  community services sectors.   1. An effective aged care system should be supported by a diverse and sustainable market, as well as a trained and appropriately skilled workforce (including volunteers) – with aged care workers empowered to contribute to the delivery of high quality care and support ongoing business improvement across the aged care sector. 2. Feedback and complaints about the delivery and accessibility of funded aged care services should be used to inform and promote continuous improvement in the aged care system. 3. The regulation of the aged care sector should:    * promote innovation, continuous improvement and contemporary evidence-based best practice within the aged care system    * identify failures and risks of failures within the aged care sector    * be responsive, risk proportionate, and principles based    * focussed on the health and safety of older people, and prioritised to areas of highest risk to older people    * promote the delivery of high quality, person-centred and culturally appropriate care to people accessing aged care services, and    * strive for regulatory alignment with other care and support sectors where it is appropriate to do so and will benefit the aged care sector. 4. The Commission should undertake its functions, including its financial and prudential regulation functions, in a way that seeks to prompt and  encourage registered aged care providers to operate viable services that ensure continuity of quality, safe care for people using them. 5. The aged care system should be managed to ensure its sustainability and resilience, and that the Commonwealth’s investment represents value for money. |

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| * ***Read Factsheet 2 ‘Proposed Statement of Principles’*** | |

**Question 8:** Do you agree with the Statement of Principles?

* If not, why not?
* Is anything missing?
* Should any be worded differently

(*If you are commenting on a specific principles contained in the table above, number the ‘principle’ you are speaking about in line with the numbering above e.g. ‘P1: The safety, health, wellbeing and quality of life of older people should be the primary consideration in the delivery of funded aged care services. …’.)*

**Question 9**: Does the new Act need both a Statement of Rights and a Statement of Principles?

* Why/Why not?

Supported decision-making and other nominee arrangements

The **new**Act will legally recognise the individuals have the right and ability to make their own decisions. Helping someone to make those decisions for themselves is often referred to as supported decision-making.

Supported decision-making assumes that everyone can make decisions for themselves, expressing their wishes and preferences, but may sometimes need support to do so.  The individual usually chooses who they want to have support them.

The **new**Act assumes a person can make their own decisions and outlines that a person can expect to have access to appropriate support to make decisions.

The **new**Act will allow for the appointment of 2 types of aged care nominees who can only act in the aged care system.  These appointments are separate to any other appointments made under state and territory law (known in some locations as powers of attorneys or guardians):

* ‘**a supporter’** – will be given the right to get information about you and will be able to help you understand and navigate decisions. They are appointed by you and can get information but they don’t  make decisions on your behalf. You make the decisions.
* ‘**a representative’** – is appointed by you and you give them the right to make decisions for you if you can’t or don’t want to make decisions for yourself.

Both a supporter and a representative will be required to consider your wishes and preferences and follow the supporter decision making principles. The **new** Act will introduce the following **principles for decision-making** that nominees must follow:

* The representative must ensure the person’s views, wishes and preferences are given effect.
* Where the person’s current views, wishes and preferences cannot be determined, the representative must give effect to what the person would likely want, based on all the information available, including by consulting the person’s partner or other close family and friends (to the extent possible).
* If it is not possible to determine what the person would likely want, the representative must act to promote and uphold the person’s human rights and act in a way least restrictive of those rights.

**Note: a representative nominee may override the person’s will and preferences *only* where necessary to prevent harm.**

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| * ***Read Factsheet 8 ‘Nominee arrangements‘*** * ***Look at Diagram 4 ‘Supported decision-making’*** | |

**Question 10:** What do you think about the approach to supported decision-making and the proposed nominee framework?

**Question 11:** Do you have any thoughts on the role of supporter?

**Question 12:** Do you have any thoughts on the role of representative?

**Question 13**: Is there anything missing?

Definition of high quality care

It was a recommendation of the Royal Commission that a new Act include a clear definition of high quality care. The **new** Act will include this definition and the definition is designed to lift the standard of funded aged care services provided to older people.

The proposed definition

The delivery of aged care services to a person in a way that prioritises:

1. compassion and respect for the individuality, self‑determination and dignity of a person accessing care, and their quality of life
2. responding to the person’s expressed personal needs, aspirations, and their preferences about the way services are delivered to them
3. facilitating regular clinical reviews to ensure that the services delivered continue to reflect their individual needs
4. supporting the person to improve their physical and cognitive capacities and mental health where possible
5. supporting the person to participate in cultural, recreational and social activities, and remain connected to their community.

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| * ***Read Factsheet 4 ‘Defining high quality care’*** | |

**Question 14:** What does high quality care mean to you?

**Question 15:** Are there any changes you would make to the proposed definition of high quality care?

Duty of care, penalties and compensation

Statutory duty of care

There are a range of responsibilities that providers, workers and responsible people in aged care (such as members of the board of an organisation) will have. Attaching a duty, signifies a more important responsibility and usually only penalise people when a breach of a duty results in the risk of, or actual, serious illness, injury, or death of an individual.

It is proposed that the **new** Act:

* include an overarching duty on providers to take reasonable steps to avoid their actions adversely affecting the health and safety of persons in their care
* will provide that only serious failures will amount to a breach of that duty
* has another separate duty on responsible persons   
  (i.e. people in charge of the aged care service) to take reasonable steps to ensure that the registered provider complies with these requirements.

This recognises that a range of people have responsibilities as well as the potential to strongly influence the culture and accountability of a registered provider through their decisions and behaviours. They can also influence important decisions on the resources made available to provide quality and safe care and policies developed to ensure these requirements are met.   
  
The **new** Act also proposes another separate duty on **aged care workers to:**

* take reasonable care that their acts or omissions do not adversely affect the health and safety of individuals to whom they provide care
* comply, so far as they can, with any reasonable instructions given by the registered provider to allow the person to comply with the Act, and
* cooperate with any reasonable policies put in place by the registered provider to ensure the health and safety of persons to whom they are providing services.

The current Act is limited for these expectations and duties for aged care workers and the laws for people in charge of organisations are also limited.

Penalties

The Act allows for tiered offence provisions for breaches of the duties outlined above. This means that criminal or civil penalties may be applied if a breach of a duty results in the risk of, or actual, serious illness, injury, or death to an individual.

Compensation

A way to receive compensation will be available in certain circumstances where a registered provider breaches their statutory duty.

* It would complement, not replace, existing compensation arrangements, such as going to court for personal injury. It is not meant to alter the way in which people seek compensation, or otherwise affect any existing rights to compensation under common law or applicable State and Territory legislation.
* It would be limited to breaches by a registered provider of the criminal offence provisions where the actions of the provider result in serious illness or injury to an older person accessing funded aged care services.

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| * ***Read Factsheet 5 ‘Duty and compensation’*** | |

**Question 16:** Do you support inclusion of the new statutory duty of care in the new Act?

**Question 17:** Do you support related duties being placed on responsible and governing persons of aged care providers?

**Question 18:** Do you think a related duty should be placed on aged care workers?

**Question 19:** Do you have any further feedback on the proposed approach to compensation?

**Session Two**

Aged care   
funding principles

What are aged care funding principles

An Aged Care Taskforce (Taskforce) has been formed to review funding arrangements for aged care and develop options for a fair and equitable system. To do this, the Taskforce has developed a set of draft guiding principles that will direct its work. The Taskforce wants your feedback on these draft aged care principles, outlined on page 37.

This session will introduce the principles, and through a series of activities, help us understand what you think of them and how they can be used effectively.

In this booklet we have provided the materials you need to participate in these activities. There is also space for you to record your thoughts, and to provide written feedback to the Taskforce if you wish.

Some terms we use in this session:

Aged care - refers to both care delivered in a person's home as well as care delivered in a nursing home.

Providers - refers to companies, both private and not-for-proﬁt, who deliver aged care services.

Participants - refers to older people who access aged care services.

Aged care fees explainer – how aged care is currently funded

The Commonwealth Government uses taxpayer funds to fund aged care providers to offer support through **three different programs**. In all of these programs the Government is the major funder, and individuals can be asked to pay a contribution or fee.

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| 1. **Commonwealth Home Support Program** – this program provides a range of individual services to help you stay at home. Services include things like Meals on Wheels, cleaning and gardening at home, in-home respite care, allied health and home nursing care.    * + You will be assessed by a Regional Assessment Service (RAS) to be eligible for a service and you may be asked to pay a fee for your services by your provider.    * Fees charged will vary from provider to provider, but the Commonwealth Government pays most of the cost to the provider. |
| 1. **Home Care Packages** – there are four levels of packages you can access:  * You must be assessed by the Aged Care Assessment Team/Service (ACAT, or ACAS in Victoria) to be eligible to receive support. * If you have a package, you will be asked to pay a Basic Daily Care Fee which is equivalent to 17.5% of the single age pension. Some providers will waive this fee. * In addition, Centrelink will assess your pension and non-pension income to decide whether you need to pay any other fees – called an income tested care fee. The amount of that fee depends on your income. * The amount you pay as an income tested care fee is limited by an annual and a lifetime cap which help protect you from paying too much. When those caps are reached, you won’t be asked to pay anything further. * You may agree to purchase other services or pay additional fees to your provider in addition to your package. This arrangement is between you and the provider and is not part of the Commonwealth subsidised package. |
| 1. **Residential Care** – some people will use residential respite care and/or permanent care. There are four types of charges you may encounter:  * A Basic Daily Care fee equivalent to 85% of the single age pension to contribute to the costs of meals, cleaning, laundry and heating and cooling. Everyone pays this, including respite residents. * The Government also provides funding to providers for these costs (sometimes they are referred to as everyday living expenses). * Some permanent residents whose income and assets are assessed as being able to afford it will be asked to contribute more to those costs. This is called a means-tested fee. If you do pay a means-tested care fee you are also protected by the annual and lifetime caps mentioned above. When those caps are reached, you won’t be asked to pay anything further. * A Refundable Accommodation Deposit (RAD) or Daily Accommodation Payment (DAP) to cover the costs of your accommodation. A RAD is like buying your room but is fully refunded if you move to a different aged care home, or to your estate at the end of your time in residential care. A DAP is like renting your room and is not refundable. * Some providers will charge fees called additional service or extra service fees to cover things that are in addition to care and accommodation costs. You agree to these costs with your provider and these are not subsidised by the Government. This means if you agree to these costs, you need to pay the full cost yourself. |

**Question 20:** What does Care mean to you?

**Question 21:** What does Everyday Living mean to you?

**Question 22:** Should Care and Everyday Living be funded differently?

Draft aged care funding principles

The Taskforce is interested in your views on the following draft aged care funding principles which will inform the work of the Taskforce. The draft aged care funding principles are:

Principle 1

The aged care system should enable and encourage participants to remain in their home for as long as they wish and can do so.

Principle 2

Aged care funding arrangements and their outcomes should be fair, simple, transparent and sustainable.

Principle 3

Government is, and will continue to be, the major funder of aged care. Government funding should be focused on care costs. Personal contributions should be focused on accommodation and everyday living costs with a sufficient safety net.

Principle 4

Government and participant contributions should be sufficient to provide quality and appropriate care delivered by a skilled workforce, allowing and encouraging innovation by the health, hospital and aged care systems.

Principle 5

There should be accountability for funding received from government and participants, how it is spent, and the quality of the services provided.

Principle 6

The residential sector should have access to sufficient, and new, capital to encourage the development of new accommodation and upgrades to existing accommodation.

**Principle** **1** **-** The aged care system should enable and encourage participants to remain in their home for as long as they wish and can do so.

**Question 23:** Do you support this principle?

* Why or Why not?

**Question 24:** Should anything else be added to this principle?

**Principle 2 –** Aged care funding arrangements and their outcomes should be fair, simple, transparent and sustainable.

**Question 25:** Do you support this principle?

* Why or Why not?

**Question 26:** What does fairness in aged care mean to you?

**Question 27:** Should some people pay more for their aged care than others?

* Why or Why not?

**Question 28:** What could help to make the aged care funding system sustainable into the future?

**Question 29:** Do you think people should get the same level of support/care regardless of their capacity to pay?

**Principle 3 –** Government is, and will continue to be, the major funder of aged care. Government funding should be focused on care costs. Personal contributions should be focused on accommodation and everyday living costs with a sufficient safety net.

**Question 30:** Do you support this principle for aged care in nursing homes?

* Why or Why not?

**Question 31:** Do you support this principle for aged care in home care?

* Why or Why not?

**Principle 4 –** Government and participant contributions should be sufficient to provide quality and appropriate care delivered by a skilled workforce, allowing and encouraging innovation by the health, hospital and aged care systems.

**Question 32:** Do you support this principle?

* Why or Why not?

**Question 33:** What does innovation mean to you?

**Question 34:** What does a skilled workforce mean to you?

**Principle 5 –** There should be accountability for funding received from government and participants, how it is spent, and the quality of the services provided.

**Question 35:** Do you support this principle?

* Why or Why not?

**Question 36:** How can you feel confident that aged care funding is being spent by providers for the purpose it was intended?

**Principle 6 –** The residential sector should have access to sufficient and new capital to encourage the development of new accommodation and upgrades to existing accommodation.

Aged Care facilities currently have to access capital in the commercial banking sector.  Government provides limited capital funding for organisations that wouldn’t be able to access capital through the commercia market (for example a small regional facility or a homeless service).  This is done through a competitive public funding round with providers submitting applications.  There are generally more funding requests than the Government is able to fund.

**Question 37:** Do you support this principle?

* Why or Why not?

**Question 38:** Do you have any other comments on aged care funding?

**Question 39:** Thinking of all the principles, is there anything missing from the funding principles?

Next steps

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| --- | --- |
| If you have more to say or want to get more involved:  Visit our Consultations webpage: <https://opan.org.au/cota-opan-consultations>     * share your views on the future funding of aged care in a COTA/OPAN Aged Care Funding Principles Survey after the forum via our webpage * provide your feedback directly to the Australian Government via surveys and submissions outlined in the section below * email [consultations@opan.org.au](mailto:consultations@opan.org.au) |  |

Further resources

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| --- | --- |
| **Aged Care Act:** A consultation paper outlining the proposed foundations of the new Aged Care Act has now been published on the Aged Care Engagement Hub, along with a series of factsheets.  You can provide feedback via a survey or a submission on the Aged Care Engagement Hub. https://www.agedcareengagement.health.gov.au/aged-care-act/ | image |
| **Aged Care Funding Principles:** Feedback is currently being sought on draft funding principles for an aged care system that is both equitable and sustainable. There are factsheets available.  You can lodge your submission via the Aged Care Engagement Hub.  <https://agedcareengagement.health.gov.au/taskforce/> | image |