

# OPAN Webinar Transcript

**Title** What the New Aged Care Act will mean for you (series):  
High Quality Care

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**Video Link** <https://opan.org.au/video/high-quality-care/>

## Panellists

- **Craig Gear** – CEO, Older Persons Advocacy Network (OPAN)
- **Loren deVries** – Senior Practitioner, Behaviour Support & Restrictive Practices Unit, Aged Care Quality & Safety Commission
- **Dr Chris Atmore** – Policy & Advocacy Senior Advisor, Allied Health Professions Australia
- **Robin Vote** – Assessed for CHSP. Awaiting commencement of service. Member | OPAN's National Older Persons Reference Group

## Webinar resources:

### OPAN:

- Collection of resources explained in plain language  
[OPAN's new aged care act resources](#)

### My Aged Care:

- Defining high quality care  
[Quality in Aged Care Webpage](#)
- Find a provider and check their Star Rating if eligible  
[Find-a-provider tool](#)

### Aged Care Quality & Safety Commission

- Statement of Rights  
[Statement of Rights – Fact sheet](#)
- Strengthened Quality Standards  
[Information & links](#)
- Defining High Quality Care  
[Web page](#)
- Raising a complaint:  
[Raising a concern or complaint – Fact sheet](#)

[Announcer]

Across Australia, there's a network of independent, not-for-profit organisations giving a voice to older people at every stage of their aged care journey. Nationally, these organisations come together as members of OPAN, the Older Persons Advocacy Network.

Whether you or a person you care for is seeking aged care services or is receiving aged care services at home or living in residential aged care, our network of advocates are here to help you. Understand your rights. Resolve any issues you may be having with your provider. Help you express your needs and concerns. And we can help you access services you are entitled to.

Plus, our support is free and confidential, and we're independent from both government and aged care providers, meaning we're on your side. Nationally, we also raise awareness of aged care issues, taking your voice all the way to government.

To be put through to your local, state or territory aged care advocacy service, call OPAN's National Support Line on 1800 700 600, or for more information, visit [open.org.au](https://open.org.au). OPAN, the Older Persons Advocacy Network.

[Craig Gear]

Hello, my name is Craig Geer and I'm the CEO of the Older Person's Advocacy Network, or also known as OPAN for short. And welcome to everyone joining us for today's webinar on high quality care, which is part of our what the New Aged Care Act will mean for you series.

But before we start, in the spirit of reconciliation, the Older Person's Advocacy Network acknowledges the traditional custodians of country throughout Australia and their connections to land, sea, and community.

And we acknowledge the Gadigal from the Eora Nation on, whose lands we are on today. We pay our respects to elders past and present, and we extend that respect to all Aboriginal and Torres Strait Islander peoples joining us.

Well, it's now less than six weeks until the new, though you know, somewhat delayed, rights based Age Care Act will come into effect on November one. The new act includes changes that will affect everyone connected to the aged care system. Includes a new rights based framework, and that's aimed at those seeking or receiving aged care services, both at home and in residential aged care.

This is about putting older people, you at the front and centre of your care. With this comes the requirement for aged care providers to deliver high quality care. But what do those three words actually mean? Well, that's what this webinar is all about.

There are many factors that go into delivering high quality care. The My Age Care website, which is that front door to aged care, it says, as you would expect, that includes meeting the regulatory and healthcare requirements for people and providing enough staff. But it also adds that high quality care is about listening to people, understanding them as individuals, and delivering care in line with their needs and preferences. It's about hearing and responding to feedback from the people receiving care to ensure the best possible quality of life.

Now the question is, what does this actually mean in practice? How are we gonna achieve it? And what challenges might there be in achieving that? Also, what are the regulatory levers that can be used to, you know, help make this a reality?

So with that in mind, coming up in today's webinar, we ask the question, what does high quality care mean? We'll explore what high quality care looks like in practice across both the home care setting and residential aged care. We'll look at how these expectations are enforced under the new Aged Care Act. We'll also step through the different pathways to raise a concern or make a complaint, and also where you can go to for more information. And finally, we'll wrap up with our usual live Q and A.

Now, to help us unpack all of this, I'd like to introduce today's expert panel. First up, joining us remotely is Loren DeVries, senior practitioner in the Behaviour Support and Restrictive practices Unit at the Aged Care Quality and Safety Commission.

Also joining us is Dr. Chris Atmore, policy and advocacy senior advisor at Allied Health Professions Australia.

And here in the studio I'm joined by Robin Vote, who is a member of OPAN's National Older Persons Reference Group who helps share their voices of older people with us here at OPAN. And Robin, I believe, you've got a background in nursing like I do, but you're also assessed for the Commonwealth Home Support Programme or CHSP, but still waiting for that support, is that right?

[Robin Vote]

Why am I waiting?

[Craig Gear]

Good question. Why are we still waiting? Great. Welcome, everyone, to today's webinar.

Now, if you're watching live and have a question, please do share those questions with us. To do, firstly, you enter your name, you click on join audience, and then you simply click on the Q and A icon. This will open up a Q and A panel where you can type and submit your questions. Just toggle that anonymous switch above the text box if you don't want your name displayed next to your question.

Now, please keep in mind this is a huge topic and will not be able to answer everyone's questions, but we do actually capture all those questions that you submit and they help inform our advocates and also help inform our conversations with government. So please keep sending them on through.

And of course, if you register for this webinar, you'll receive a follow up email with all the resource links, including the slides that we show you today. Finally, if you need further support or are having any issues with your government funded aged care services, OPAN's National Network of Advocates are here to provide free, independent and confidential support, and you can access them by calling the Aged Care Advocacy line on 1 800 700 600. It's easy as 876.

Okay, let's get started with, first of all, what does high quality care mean?

Loren, I might start with you. The term high quality care and in a public, look, it could mean anything, but when it comes to the new act, it has, I think a very specific meaning for those providing and receiving aged care services. So what exactly is high quality care under the act?

[Loren deVries]

Thanks so much, Craig. And you're absolutely right, it's such a broad topic, but I think what's most important, if we have a look at the act, it is very much based on the statement of rights and it also incorporates the supporting those strength and quality standards, and these documents are very clear framework that contain all of those really important ingredients that will provide high quality care at the end.

The trick is how is that going to look in practice? And I think what's really important is at the centre is that clear expectation that high quality care must incorporate the individual older person and be person centred, and it needs to be responsive to the older person's needs and preferences.

So for example, the statement of rights is really about emphasising that care should be planned and delivered based on the decisions and choices of that older person about how, when, and by whom the services are delivered, whilst also ensuring it respects each person and their individual identity, culture, their spirit, and also diversity.

The statement of rights also highlights the importance of it being delivered in a manner that respects the person's privacy and ensures that ongoing communication with them in a way that is supportive and inclusive.

The strength and standards, they go into greater detail about the systems and processes that a provider must maintain to ensure that high quality care is delivered. This includes clear outcomes that providers are expected to deliver about how individual care and choices will be respected and supported.

It also incorporates how they should partner with the older person, including effective management of risks, complaints, incidents, and workforce. Also incorporated is how assessment and planning will take place and how clinical care will be managed in a supportive way, along with specific expectations for residential care around food and nutrition.

And not only that, but it's also about how the older person will be supported to maintain those important relationships with their community and other key stakeholders. So in practice, it's really just about supporting that high quality care and the good outcomes.

[Craig Gear]

Yeah, thanks, Loren. Look, there's a lot in there, but yes, it's great to see that that person-centered approach, it's really coming to life here and now that backbone that underpins this also comes into effect on the First of November and as you mentioned, it's the statement of rights which defines the rights that the older person will have when accessing aged care services.

You've got that statement of rights on there on your screen now. It's so important that you get to know that statement because this is your shield and also the sword to tell providers what you can expect from the care that you're receiving.

And also coming into effect on November One are the strengthened quality standards that Loren was mentioning. And these are the standards that providers must uphold in delivering aged care services. You've got that graphic of it on the screen there.

And for me, what one of the most important things is, is that standard one, it's all about the person, it's all about the older person, but there's a number of other standards there. We hear a lot about food and nutrition in residential care and how that needs to be improved. That's been strengthened from us, I suppose, from us nurses and allied health people, knowing that clinical care standards have been strengthened is really important and that it's about improved wound management, palliative care, dementia care, medication management, and nursing assessments, all that important stuff for us nurses and low health professionals out there.

Yeah. So you can see how these now really underpin what we've been talking about. And the newly established office of the Inspector General of Aged Care, she recently released a report and in the easy read version they say high quality care is about providing supports that meet people's needs and help people to enjoy their lives.

And I suppose this is a great shorthand summary which shows that it's not just about the clinical care, but it's about a whole of life support.

[Craig Gear]

Robin, what does this mean to you? What does it mean to have this approach that perhaps is about focused on a whole of life approach, for you, but also people in your network?



[Robin Vote]

Well, first I'd like to say that I believe that high quality services should start with your first contact with My Aged Care. And that doesn't always happen from what--

[Craig Gear]

Yeah, they are the front door, aren't they?

[Robin Vote]

They are the front door. And then it should flow on to the assessment, which must always be in person, never on the phone. And then the service providers, for me, if they provide competent and reliable services delivered by happy and well paid people, then I see that as encapsulating high quality. But not content with my own views, I did a lot of question asking around my networks and it seemed to me that high quality means different things to different people.

It's people's preferences that take priority. The most important thing anyone said to me was they need to know who I am in every way, my background and who I am in my home and the way I live. Other people came up with the usual biggies around punctuality and reliability and continuity. In other words, the same worker always coming to provide their service. Family members of people in residential care focused on food and medications. They got very distressed when their family members.

[Craig Gear]

There is all that.

[Robin Vote]

Yeah, . Were either missing medications or they arrived very late. Other people came up with some extraordinary indicators of quality. Oh, the people that come to my house must like dogs.

[Craig Gear]

Oh, okay.

[Robin Vote]

Because they've had...

[Craig Gear]

That's important.

[Robin Vote]

...experiences where they had carers arrived that went, ah, a dog, put it outside. Other people talked about carers not wearing perfume because it made them sneeze. And it just dressed them enormously, so therefore it wasn't a quality service. The biggies don't necessarily override the smaller and more unusual.

[Craig Gear]

Yeah, what I love about what you said there is about the comprehensiveness of someone's life. Also individualising what quality means to the person. So you've got to have that conversation first of all.

[Robin Vote]

And quality to other people meant that they felt that the service provider, the carer, liked them. In other words, there was a peaceful and happy environment while the carer was there.

[Craig Gear]

Respect and dignity.

[Robin Vote]

Yeah, yeah.

[Craig Gear]

Thanks, Robin. Robin, so let's move along and take a look at what high quality care looks like in practice. Chris, you represent Allied Health Professionals and they're really vital to high quality care. Could you maybe start by explaining for people what is Allied Health? And it would be good to then maybe get an understanding of what high quality care might mean for Allied Health workers in practice.

For example, what are some of the positives for them and maybe what are some of the challenges in moving to this sort of approach?

[Dr Chris Atmore]

Thanks, Craig. I guess a quick definition is that Allied Health is the care provided by health professionals who aren't doctors, dentists, or nurses. So that covers a pretty broad range, but more specifically, what a lot of Allied Health is about is what some people call re-ablement. And the Royal Commission thought this was really important. And basically, re-ablement is about professionals getting involved with their care of the person early on to stop, or at least slow down age related loss of being able to do things.

So that's re-ablement. So for example, Cara is an older person and she's finding it increasingly difficult to swallow and she loves her food and Italian food's important to her. So a speech pathologist and a dietitian would work together to make sure that she can still get the flavours and goodness of the food, but the textures are modified so that she can swallow safely.

Another example is a man called Spiro who has post-polio syndrome. And an orthotist would help him get a knee, ankle, foot orthosis, which means that he can still stay living at home because he can walk around and he can enjoy activities like gardening and shopping and socialising in his community.

The challenges though, it's a great idea from high quality care definitions that all workers in the system communicate and work together to provide the best tailored care to an older person. That's fantastic. But unfortunately from an Allied Health perspective, it feels a bit like feel good words with not enough to back them up in concrete practice.

We know that often there are just not enough workers to go round. And sometimes this is due to unscrupulous providers, but in many other cases it's just because the funding is not there for Allied Health. So it's a bit hard to square, being person centred and providing holistic care if you've got workers who have to almost run from one person to another sometimes.

Similarly in residential care, sometimes providers only have to provide access to an Allied Health service. They don't actually have to pay for it. And we know that it's quite common for a provider to just tell the older person, oh, we don't have that Allied Health service, and leave it up to them to try and find it, and then of course they have to pay for it themselves or at least pay a gap.

[Craig Gear]

Yeah and I think it's part of the residential service lift, so that has to be provided. I think the other one I've heard about is that often when there's a care planning that the nurses might do the care planning but not bring the Allied Health person into it as well, probably the other one is just to give a plug that under the new supported home programme there is a restorative pathway, which is about bringing Allied Health, which I think goes to Chris, that part you're talking about, about re-ablement for people living in the community. So thanks for all that information, Chris.

Loren, what should older people expect in practice from their provider?

[Loren deVries]

I think what needs to occur is that the individual older person needs to be at the centre of the care. So there needs to be that ongoing consultation process, and that's just not at the start of the engagement, but throughout that as well. And there needs to be some discussion about what are the goals of care, what is it you're wanting to get out of, whether it's clinical care, it might be diabetes management, or what is it that you want to get out of, let's say food, nutrition and dining?

So it really is that individual person needs to be the focus and needs to be involved in that consultation process.

[Craig Gear]

Yeah and while I have you, we spoke earlier about the strength and quality standards and are they applicable to home care in the same way that they are for residential aged care?

[Loren deVries]

Yeah. So some of the standards are not applicable. So one to five is applicable. So what we also, I guess, want older people to understand is that it depends on what sort of a package that they have and what services they've actually engaged with.

But the most important thing is that that provider actually has a responsibility just with the standards, but also within the statement of rights that the provider needs to have more of an emphasis on that accountability and there needs to be that engagement with the older person.

And that might be a range of services, but the standards are very clear and they set the expectations for providers to deliver good quality care.

[Craig Gear]

Yeah. And even that clinical care is still really important and that standard of making sure that Allied Health is right in home care as well is really important. Robin, over to you, what role do you think older people play in getting high quality care from their provider, whether that's in home care or residential aged care?

[Robin Vote]

When I was asking around my network about high quality care, the people who were able to say, yes, my care is very high quality, they lit up, they were so delighted. So how can you bring about that relationship with the provider?

I think it can be hard if you're unwell or you're in pain or you have a cognitive difficulty, but wherever possible, try to remain very respectful of the people providing your care, whether it be at home or in a residential setting, and wherever possible, create a positive environment for them to do their thing.

I think that it's very important to remember the word respect throughout the relationship. It should be two way. It also means that you have to communicate very clearly about what your wishes and your needs are and accept the other person's communication back, whether that's possible or not. I just think communication is the key and it's like the scaffolding of quality standards or high quality care.

[Craig Gear]

And it's really interesting in our presenting issues report, which is about to be released, 52,000 cases, and the biggest issue that came up was around communication.

[Robin Vote]

Really?

[Craig Gear]

Yeah, about raising issues and when putting out when you don't see that high quality care is being provided. So yeah.

[Robin Vote]

Raising issues in a respectful way.

[Craig Gear]

Absolutely, yeah. Look, some of these challenges people might be facing in home care or in residential aged care services, it is important to speak up. It's important to arm yourself with the tools and tricks that might help.

And on the screen now you'll see our self-advocacy toolkit and that's a really good resource that actually gives you, I suppose, the skills and the ideas and the facts so that you can actually raise that yourself. So thanks Robin for raising all of that.



Now, you're probably thinking that these words around high quality care and that aspiration, it all sounds great, but will it actually eventuate? Well, let's take a look at now how it's enforceable under the New Aged Care Act. Loren, can you shed some light on here? How is high quality care enforceable and what does the Aged Care Quality and Safety Commission, what role do they play here?

[Loren deVries]

Yeah, thanks, Craig. So under the new act, there are a range of regulatory tools that we, as the regulator can use. We first of all can investigate complaints where a person considers that their rights are not being supported or that they don't feel that they've got high quality care.

And in that way we can actually take action with the provider to ensure that either that might not happen again to another older person. We also, depending on the risk and the set of circumstances that have occurred, we'll initially engage with that provider to make them really clear on what their obligations and legislative requirements are and where they potentially may not have have met those requirements. And we can use specific powers to actually compel action for the provider. And that might ensure quite a quick path to ensure that there's an improvement in that quality care.

We also will, at times, depending on the risk and depending on that engagement with the provider, we will issue certain notices and that's under the act that we can actually do that. There might even be a financial civil penalty that could be enforced by the courts, dependent on the care. And we not only lead to initiate some proceedings, but we definitely do compel that action.

And also, that action also deters other providers from engaging in that same sort of clinical care as well. So there's a whole range of different enforceable undertakings that we have and we will use those when needed and when required.

[Craig Gear]

Right, great, thank you, Loren. So there's a much more greater protections under this new act. And it's also really important that older people are aware of their rights and also of the quality standards that providers are required to uphold because both of these really do shape high quality care. If you haven't already done so, I'd really encourage you to get across these and you can find links to these in the New Aged Care Act section of our website. And you can see the details on your screen now.

Now, these changes coming on November One, they were based on the recommendations of the Royal Commission into quality and safety in aged care. And although there has been a four month delay and that wasn't ideal, it has allowed more time for older people to get across the changes and to better know their rights. This delay has also given providers more time to prepare for these changes, including the strength and quality standards, but also to ensure a smoother transition for those who are receiving care.

The question is, will that time have paid off and will this important aspiration around person-centered care actually be achieved?

Chris, I might throw it to you on this, this aspiration for high quality care, look, it's great, but with any new policy coming into effect, there are often

speed hubs or unintended consequences in, we're trying to get it right. What are the watch outs you're seeing from an Allied Health provider point of view?

[Dr Chris Atmore]

Yeah, unfortunately, Allied Health is a bit of a poor relation when it comes to the reforms, despite the recommendations from the Royal Commission. It tends to get a bit forgotten about in policy and practice. And I've got evidence of that with a graph for residential aged care, which shows that Allied Health minutes per resident, they're pretty low already if you see the top, 4.6, but they're now the lowest they've ever been since they started reporting them.

And this under provision's being quite strongly criticised by Inspector Generals. That was criticised by the Inspector General. In home care, there's just one overall figure for Allied Health and it's incredibly low. So earlier this year, 1.88 minutes of Allied Health per recipient per day. And that was only an increase of about 26 seconds on the same period last year. We're also concerned in home care that older people will have to pay some costs for some Allied Health services, despite the government policy of paying 100% of clinical care costs.

And there are some things that just aren't included anymore as paid for aged care services and products, and probably the most outstanding one for us is with the example of Spiro, I mentioned earlier, the knee, ankle, foot also seemed to have dropped out of the list.

And in residential care, it's possible in some circumstances for providers to simply provide access to an Allied Health service they don't have to

pay for it. So that's more costs for consumers. The other associated problems then are that Allied Health doesn't seem to figure much in audits and complaints because of course the way that this whole system works, kind of doesn't enable us to address the Allied Health problems.

And part of it is that even when you look at the statement of rights, there is no right to health in the statement of rights, there's only a right to access the system. So it's hard to see how using that statement of rights is gonna guarantee re-ablement, and of course Allied Health is key to that. Yeah, number of problems.

[Craig Gear]

Yeah, so there's quite a bit for us to keep our eye on here. What is great is that there are some important new feedback and complaint mechanisms being introduced as part of the act to help call out what isn't working. And we'll touch on more on this in the moment. Before we do, Robin, are there any watch outs that you think from an older person's perspective or anything you're hearing amongst your network?

[Robin Vote]

One rather alarming story I heard last week was from a woman whose mother had been assessed over the phone in a rural setting, and that's a watch out, certainly, and I believe more and more assessments are happening over the phone and that's just not good enough because you do not end up with the right services, let alone high quality services.

[Craig Gear]

Yeah. And I suppose going back to what Chris was talking about, we do know the restorative pathway coming into the community is about more allied health services, but I think there has to be a plug to make sure people get access to those services, the types of services--

[Robin Vote]

From the beginning.

[Craig Gear]

From the beginning, yeah. Yeah, look, hearing all these kinds of stories, it's so important, and while there are many positive changes coming with the new Aged Care Act, at OPAN, we've also identified some gaps and we've raised those concerns with government and we'll continue to do so. As the act commences, we'll continue to listen to feedback from you and from older people and we'll advocate for change where that is needed.

So this is a great segue into our next topic, which also plays an important role in delivering high quality care. And that is feedback. Now, as part of delivering high quality care, providers should be regularly providing opportunities for feedback and they should be listening and acting on that feedback.

If they don't, however, there are new changes coming to help you raise a complaint. Let's take a look at this now.

Loren, can we get you to talk us through the options that someone should, who they want to feel they want to raise a complaint they should follow and perhaps what changes are coming into this space from November One?

[Loren deVries]

Yeah, thank you so much. So I guess the first sort of port of call would be to raise that concern with the people that are providing the care for you. Often it is the easiest way to get the outcome that you are looking for and it also helps build that relationship between the provider and also the older person. You can work through how you're gonna resolve the issue and what some strategies might be to support that.

If you can't raise it directly with your provider or your provider is not providing you with the outcome that you are expecting, you can then raise your concern with the Aged Care Quality and Safety Commission and the complaints area.

There's an easy to call contact centre and the staff are trained and you can just chat through your concern or your complaint and you'll actually speak to someone on the end of that phone and you can just use that phone number for support or even to get just general information about a complaint or what that process looks like. You can also lodge online as well if you choose to do so.

You can raise your complaint or concern anonymously or confidentially. So that is really just an added level of support if you feel that you would like to do it in that way.

You can also get support with your complaint. So complaints officers can provide supporters informal supports or formal supports. And of course, we work very closely with advocates as well in that complaints process.

The new act actually has an independent complaints commissioner, so that commissioner can actually directly engage with the minister. So there's that direct line of communication. Saying that, the aged care commissioner and the complaints commissioner can share data and intelligence, and this means that there's an opportunity for there to be a regulatory outcome from a complaint, which means that the complaint not only will hopefully be resolved, but if there's some overarching concerns about the care being delivered, that complaints commissioner will work with an aged care commissioner to ensure that that outcome, if that needs to happen, then that will happen.

The other point is that the complaints process incorporates a rights based approach. So that means that your rights as an individual will be respected and there is also now a complaints timeline. So that's now enshrined in legislation. So there's quite a few changes and hopefully there's some positive changes for older people.

[Craig Gear]

Yeah, and a couple I wanted to touch on there as well is OPAN and CODA were really strongly advocating for that independent complaints commissioner, so that people did feel confidence that those complaints would be managed and that there was a direct line to the minister, but also that there was able to share internally for that action to be taken when it needed to be.

The other thing I probably emphasise is that if you feel one of your rights, in the statement of rights, is not being upheld, you can make a direct complaint to the Aged Care Quality and Safety Commission, just about that right not being upheld and action will be taken. So thank you, Loren for all that.

Robin, we know raising a complaint, it's sometimes not easy and people might feel a little bit intimidated or daunted by raising that, so what advice would you give to people who are wanting to raise a complaint but feeling that little bit of discomfort in raising their voice?

[Robin Vote]

I think it's very important that the complaints process will be strengthened because people have lost confidence in that process. They've said why bother?

But what I'd be saying to people now, and certainly for myself, I'd be always wanting a support person with me from the very beginning of any complaints process, even when I'm talking to the provider or the carer. I'd also take advantage of OPAN's advocacy network and if the complaint seemed a little bit complex or likely to go further, I'd be seeking the help of an advocate. I'd be certainly wanting to feel confident that it would be followed through.

So the advocate would be the one that could follow up for me and say, well, what's happening with this complaint? And I'd want some resolution directly communicated to me.

[Craig Gear]



Yeah, yeah. So it's really important. It's great that independent aged care advocates are now a defined role within the aged care. But there's also these things called restorative pathways, which is great part of the complaint system now, which will mean that they'll sit down and might have a conciliation meeting with you, the provider might have to provide an apology or there might be compensation involved as well. So there's a lot more strengthened in--

[Robin Vote]

Absolutely.

[Craig Gear]

Thanks, Robin. Chris, many aged care workers are really, they are committed to delivering high quality care, but I know sometimes they face pressures, they might have limited time or they might have other constraints put on them by their organisation. From an older person's perspective, what do you feel if the care they're receiving is being affected by those kinds of pressures, what should they do?

[Dr Chris Atmore]

Well, first off, yeah, I think it's such a shame having had a mother-in-law in residential age care very recently, I think it's such a shame for the older person and their family to have to deal with these issues on top of just dealing with the changes that come with needing aged care services, especially in residential care.

I think it's important that in those cases of systemic failure that you stress that it isn't the workers' individual fault and that you use all the channels that Loren and Robin have talked about to raise the issues, but also you use your own support networks to help you do that, and I think Robin made really good points about that.

The other thing I'd just add is that organisations like mine exist to go into bat on the system issues. So it's important that we have examples to give to politicians and other people like the Inspector General of Aged Care. So if you are putting anything in writing, please also send it to us. My email address has gone up.

We won't identify you unless you want us to, but if you feel like your Allied Health needs aren't being met, we can at least use that as ammunition. So we can't resolve the issue for you. That's not our job, but we can use that to advocate for change so that people genuinely can get high quality care.

[Craig Gear]

Yeah, because we want change for that individual, for their experience, but we want systems change as well. And probably another plug, just don't worry about that fear of reprisal. You are protected. Please speak up. Please reach out for an advocate as well.

Loren, under the New Aged Care Act, there are stronger protections and not only for workers who want to speak up when something isn't right, but also for older people themselves. Can you talk us through what those protections are and why these matter?

[Loren deVries]

Yeah. So the new act provides expanded and stronger protection for whistleblowers. And that does include workers, but it also includes volunteers, residents, families, anyone that might be observing something or involved in care. And this whistleblower protection actually safeguards them, the individuals from punishment or unfair treatment, threats or even victimisation for reporting concerns about wrongdoing. And those reports, if you are a whistleblower or have something to disclose, you can report to the Aged Care Quality and Safety Commission. You can also report to a provider or even the police.

But those protections are there so that there could be potential immunity from liability for the disclosure and there is actually significant penalties for those who cause detriment or threaten to do so. So these are really important reforms because the best way to detect an issue or to protect an older person is for somebody to disclose it.

So the new act really focuses on removing barriers for people to feel able to actually to do that. And this really is a really key step in ensuring that older consumers feel safe and protected and get that good quality care.

[Craig Gear]

Yeah, thanks, Loren. Okay, we're not far away from our live Q and A. And thank you to all of those that have sent in questions. But just before we get to those, let's look at where you can find further information. Loren, back to you.

If people are looking to change their provider, or indeed like Robin, you're about to engage aged care services once they come along for the first

time, how can they gauge if the providers are known to deliver high quality care?

[Loren deVries]

Yeah. One of the tools that you can use to actually have a look at whether high quality care is being delivered or not is actually the star ratings. So the star rating looks at a provider's, obviously star ratings and it is a good place to start. It looks at a resident's experience, their compliance history, staffing, and also quality measures.

So it's a range of different things that are looked at. And this really looks at the, it looks at the five stars and we know that five stars is excellent quality of care, four, good quality, three is acceptable quality of care. Two stars is improvement is needed and one star is significant improvement is needed. And this can be part of your reviewing and just to make some decisions about the care that you're gonna engage in.

[Craig Gear]

Yeah. So I know there has been some criticism of these star ratings in residential aged care and OPAN has had some concerns with those as well, particularly about how compliance and non-compliance is reflected.

But what's pleasing is that there are some improvements coming to that system as well and that will be strengthened, those star ratings. So thanks for taking us through that, Loren.

Robin, what about providers that aren't under the star rating system, like those who are providing support at home services, how can people find out about what is high quality care?

[Robin Vote]

Word of mouth.

[Craig Gear]

Yep.

[Robin Vote]

In the community, people know what's going on and they talk about it. If the family member looking for some sort of information, sometimes seniors clubs and even men's sheds are the places to visit and just talk to the members. They know what's going on. What's happening in local aged care services, both residential and in home services, yep, word of mouth to be trusted.

[Craig Gear]

Great. Chris, I might throw this open to you as well. What would your advice be?

[Dr Chris Atmore]

Yeah, three quick things. First of all, make a list of what kind of Allied Health services you think you might need.

People don't always kind of know necessarily what's available. So if you've got an Allied Health professional already, like a physio, for example, ask them or ask your GP or have a look at our website.

Then secondly, ask potential providers whether they provide those services, including how long you might have to wait to get the service and if you'd have to pay anything. And it might be good as a sort of little test to see how much the provider is actually aware of Allied Health and the range of professions.

And then thirdly, completely agree with Robin, word of mouth, especially talking to other older people who are seeking or receiving services, that's often by far the best way to just hear of other people's experiences.

[Craig Gear]

Great, thank you, Chris. Look, if you'd like to find out more about the details of the changes that are coming as part of the new Aged Care Act, including those around high quality care, you can visit our dedicated area on OPAN's website. The link is on your screen now and it's [opan.org.au/new-aged-care-act](https://opan.org.au/new-aged-care-act). And as always, you could always reach out to us by calling the aged care advocacy line on 1 800 700 600. It's easy as 876.

Right. Now, let's move along to our live Q and A.

We have had an immense response to this webinar and thank you to all of those who have submitted questions. You may notice that some of these are being archived quite quickly as they come through the Q and A function, but you can rest assured that we are receiving those

questions and it's our team working diligently behind the scenes to collate them all and to feed them to me in my iPad so we can answer some of those questions are the ones that we have time now.

So let me just get into these questions and let's see if we can keep our answers as succinct as possible as well.

The first question I've got here, Loren, is for you, and it's from Eve. Eve asks, how are organisations leveraging digital solutions to enhance care and people's experiences?

[Loren deVries]

Yeah, thanks. There is a lot of digital platforms that are coming up in aged care, both in home care and residential care, and I think it really is, some of those menial tasks that potentially nurses or care workers were previously doing can just be automated. So that obviously means that the staff can actually spend more time with the older person. But again, it really is just using those tools to the best clinical outcome of the individuals.

[Craig Gear]

Great. Chris, Allie's got a question here for you. I am leading a team of Allied Health Services at Home Care Aged Care clients. Can we discuss briefly about what quality standards apply to Allied Health and the parameters, implementation and the indicators of those?

[Dr Chris Atmore]

Yeah, that's a really important question, Ellie. And the answer is, one we're not happy with currently. Home care for some strange reason, despite how advocacy applies the first four quality standards to the obligations of providers and then only the first part of Quality Standard five, which is clinical care, and the first part is about governance.

Now, what the problem with that is that, for example, multidisciplinary team care, which also comes under the clinical standard, isn't a part of what providers of home care are obliged to conform to. And those registered providers are the ones who are responsible. The allied health workers are regarded as associated providers. So it's not up to us, it's up to the aged care providers. So we see there's a gap there at the moment.

The other problem with the quality standards more generally is that there's not enough detail in the standards or the guidance that goes with them about how Allied Healthcare should actually work in practice. So for example, those really low rates of current Allied Health provision in both residential and home care, quality standards don't really address that.

So the problem is when it comes to the commission's reports about complaints and about audits, Allied Health doesn't really feature, and that's a problem because it's being under provided and because the Royal Commission said it's so important to re-ablement, so something's not right there and we continue to advocate for changes to fill those gaps.

[Craig Gear]



Yeah, so there's some more work to be done there and also to make sure people are accessing that restorative pathway, which is so tied to Allied Health as well in the community. Robin, Rita, she says, for people living alone, what do you think are the social components of an aged care package? That social side of it?

[Robin Vote]

For the last couple of years we've had the community visitor scheme funded. It's not necessarily part of the Aged Care package, but it's a very important adjunct to the programme. And that's run excellently in many parts of Australia, including in my hometown of Melbourne by era.

[Craig Gear]

Oh, , our member.

[Robin Vote]

I've been part of that. The other thing is that some people I've discovered consider the visit of their carer or their worker to be a social occasion because it's the only time that somebody's in their house during the week. Community transport, I'm very worried about because I'm unclear and I don't know if it's been made clear elsewhere what the funding arrangements are going to be for community transport. It's an essential cornerstone of the aged care system.

[Craig Gear]

Yeah, it keeps you connected to your community.

[Robin Vote]

You can go out. At the moment for home care package holders, it's so expensive that they can barely afford it out of their package.

[Craig Gear]

Yep. Another one to keep an eye on. Chris, we are keen to understand what referrals to Allied Health will look like, Angela's asking on that one.

[Dr Chris Atmore]

I don't mean to be facetious, Angela, but so are we. We had tried to work with the department on clarifying those pathways. Part of the problem in all aged care is there's no consistent clinical assessment process for Allied Health needs. And it's recognised by the government now that the integrated assessment tool, which is what's currently in place for aged care, doesn't deal adequately with Allied Health.

So we are involved in a project to pilot a tool that does in residential care, but even if that gets up eventually, there isn't anything going on in home care. So how do we know what people really need if we haven't properly asked them, basically?

And then of course, how do we guarantee that they get the services that they need when at the moment there's no real measure of that, unlike nursing minutes and personal view minutes.

[Craig Gear]

Yeah. Loren, Deb asks a really important question here. How can homes, aged care homes balance quality of care with the resident's wishes and dignity of risk? And I suppose that's when maybe a decision has a bit of risk involved with it.

[Loren deVries]

Yeah, that's a really important question, and particularly we need to consider the statement of rights that needs to be sort of front and centre. But I guess the first step is to have that conversation and communication with the older person. There needs to be a consultative process that talks about the risks, the benefits, and also what the expected outcomes are for the older person.

So the provider really needs to document and be able to really have those sort of quite hard discussions with the older person so that they can understand what the possible risks and benefits are. And it really is about the older person being supported. Even if there is risks, it's about being supported and minimising those risks, if possible. But I think the key to it is really that consultation and that communication.

[Craig Gear]

Yeah. Chris, I think we're coming to our last question, but just one from Sue. What about things that are not considered part of clinical care such as osteopathy? What's AHPA's position on that?

[Dr Chris Atmore]

Yeah, we've always advocated that all allied health services and aged care have at least a clinical component. So our view is, it's contrary to government policy that they've said they will 100% fund clinical care, but they've put osteopathic, chiropractic and art therapy in the category of independent living rather than clinical care.

So that means that consumers will have to pay a co-contribution, and we strongly disagree with that. We've advocated all the way along that they should be in the clinical care list because people use them and find them very helpful to help them achieve re-ablement.

Doesn't really make any sense to us. We've been trying to get a reason for it, not yet to see one.

[Craig Gear]

Okay. Look, there's lots of other questions there. There's questions about behaviour support plans for Loren. There's information about, well, people asking about self-management, but we'll get some of those answers to you.

But unfortunately, we're coming to the end of our webinar for today and I'd like to extend a really big thank you to our guests for joining us to share your knowledge and experience and insights. And thank you to Loren, to Chris, and to Robin here with me in the studio.

And look, as always, if you registered to view this webinar, you'll receive a follow up email with all the resources links that we've mentioned today. This webinar will also be available on the OPAN website in the coming days.

And if you'd like to find out more about our past webinars or what's coming up in the future, please sign up to our newsletter.

Now, our next webinar is covering a really sensitive topic about advanced planning and end of life. That's coming up on Tuesday, the 25th of November. We'll include a registration link in our follow-up email to this webinar.

And of course, if you have any questions, do not hesitate to reach out to one of our aged care advocates. And you can see the contact details there on your screen now. It's the aged care advocacy line, 1 800 700 600 876. Look, it's been a pleasure to be with you here today.

I'm Craig Geer. Stay well, stay connected, but most importantly, look after each other. Goodbye.

[Announcer]

This webinar is proudly brought to you by the National Network of Free, independent, not-for-profit organisations across Australia, giving a voice to older people at every stage of their aged care journey. OPAN, the Older Person's Advocacy Network.

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