Australian Government

Department of Health

Via email: qualityagedcare@health.gov.au

Re: *Draft Charter of Aged Care Rights*

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

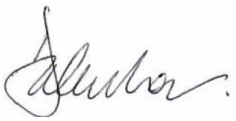
HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a member based organisation and for this submission we consulted with HCCA's Health of Older People Consumer Reference Group and Health Policy Advisory Committee, and more broadly through our membership. We also liaised closely with the AIDS Action Council of the ACT, the peak advocacy body for Lesbian, Gay, Bisexual, Transgender and Queer (LGBTIQ) communities in the ACT to develop this submission.

Thank you for the opportunity to put forward consumer views on the draft Charter of Aged Care Rights.

Yours sincerely



Darlene Cox

Executive Director

HCCA Response:

Department of Health Public Consultation - Draft Charter of Aged Care Rights

Submitted 10 October 2018

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1. About HCCA

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision-making.

HCCA involves consumers through:

- Consumer representation and consumer and community consultations;
- Training in health rights and navigating the health system;
- Community forums and information sessions about health services; and
- Research into consumer experiences of health and human services.

2. Key feedback and recommendations

HCCA is pleased to provide comment on the Department of Health's *Draft Single Charter of Aged Care Rights* (the Charter). HCCA's submission incorporates feedback from our individual members, Health of Older People Consumer Reference Group, and Health Policy Advisory Committee as well as substantial input from the AIDS Action Council of the ACT. Section 4 presents a case study of issues raised with the AIDS Action Council by members of the ACT's Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities in relation to aged care rights.

HCCA's overall feedback is that while there are potential benefits for consumers in the move to a single Charter (e.g. consistent consumer rights in all types of aged care), these benefits are not assured. It is important that some of the specific rights set out in the four existing Charters of Care are not lost in the transition to a single, simplified, Charter (See 3.1 and 3.2. for detail). While DoH's Consultation Paper suggests that the purpose of the Charter is to protect consumer rights, neither the Consultation Paper nor the draft Charter provide information about the aged care rights will be protected in practice. HCCA members hold significant concern about how (and whether) the rights in the Charter will be monitored and upheld. Therefore, HCCA's key recommendations (below) address issues related to the Charter's implementation as well as its content.

HCCA's specific recommendations are that:

1. The Department of Health (DoH) work closely with the Australian Commission on Safety and Quality in Health Care (ACSQHC) to **ensure that the Charter is consistent with the Australian Charter of Health Care Rights** (noting that the Australian Charter of Health care Rights is currently under review).
2. The Charter also **include the following rights:**
    - The right to access aged care,
    - The right to information to allow fully informed financial consent to the both the initial and ongoing costs of care,
    - The right to involve family of choice (defined as "chosen, rather than fixed, relationships and ties of intimacy, care and support"[1]) in decision-making about care, to the extent that the aged care consumer wishes,

    - The right to be involved in decision-making about care,
    - The right to be involved in aged care service planning, evaluation and governance, and
    - The right to assistance to exercise these rights, including assistance to raise concerns, give feedback and/ or complain.
3. The Charter is written in the first person, to emphasise that consumers are rights-holders
4. DoH work with older people and aged care providers **to develop additional concise documents** that explain how the Charter will be upheld in practice by providers in different types of aged care (residential aged care and in-home care).
5. DoH work with aged care consumers, providers and the Aged Care Quality Agency to **develop minimum service guarantees** for residential and in-home care that are consistent with the Charter and the new Aged Care Single Quality Framework standards. These guarantees should be provided as part of the contract that residents sign with organisations when care commences.
6. DoH work with consumers and consumer organisations to **produce information about the roles of key groups** (aged care consumers, aged care providers and aged care personnel) **in realising the rights** set out in the Charter. The Australian Commission on Safety and Quality in Health Care (ACSQHC) developed similar information to promote awareness of the Australian Charter of Health Care Rights and this would be a useful model for DoH to draw on.
7. DoH **provide additional information in the Charter (or accompanying material) about what each of the rights entails**. By way of example, the right to "safe, high quality care" is very general and it would be useful to provide further information about what care of this kind entails in practice. There is also some overlap in consumer understanding of some the proposed rights (in particular A and E which both relate to safety): a brief explanation may assist to clarify the distinctions between these rights.
8. DoH **clarify expression at Paragraph 3 of the Preamble**, and remove language that could be interpreted to mean that aged care providers are justified in limiting the rights of some aged care residents in order to assure the rights of others (See Section 5).
9. The Charter **provide clear information about monitoring and enforcement of the aged care rights** including the role of the Aged Care Quality Framework and the Aged Care Quality and Safety Commission, and what consumers can do if their rights are not upheld (e.g. how to give feedback, complain, and access to assistance to do so).
10. DoH work with consumers and providers to **develop a suite of information/education material to raise awareness of the Charter** among consumers, aged care personnel and aged care providers. Minimal information needs include:
    - the roles of these groups in achieving an aged care system that consistently protects consumer rights;
    - information about what the aged care rights look like in practice in a range of care settings,
    - information for communities at risk of non-inclusive care including LGBTIQ communities, Aboriginal and Torres Strait Islander communities and refugee and culturally diverse communities.

3. General comments

3.1. Potential, but not assured, benefits of a single Charter

HCCA's accepts DoH's view that there are potential benefits for aged care consumers in consolidating the four existing Charters of Care into a single document. However, these benefits are not assured and in developing the Single Charter DoH should take care to ensure the strengths of the existing Charters of Care are not lost.

DoH's Consultation Paper sets out the anticipated benefits to consumers of a Single Charter of Aged Care Rights:

- Consolidation of the most important rights assured under the four existing Charters of Care should ensure that people receiving different types of care (residential aged care; in-home care; short-term residential aged care; short-term in-home care) have the same rights in relation to their care, and
- A Single Charter should support the Australian Government's transition to a Single Aged Care Quality Framework (which includes the introduction of new aged care quality standards, and the establishment of the Aged Care Quality Agency to oversee what consumers hope and expect will be a more robust accreditation and regulatory framework for aged care providers).

HCCA accepts that a Single Charter could usefully articulate the overarching rights that people have in all types of aged care. A single Charter may be easier for consumers who receive multiple types of care over time to understand. It may also be easier for aged care personnel and organisations, particularly those providing multiple types of care, to keep a simplified statement of consumer rights front of mind in their day-to-day delivery of care, particularly if the Charter clearly expresses the key rights of consumers. For this to occur, the Charter's roll-out must be accompanied by a suite of communication and information resources for consumers and professionals, and supported by a stringent and appropriately resourced quality assurance system through the Aged Care Quality Agency.

The communication and education material developed by the ACSQHC to promote the Charter of Health Care Rights would be a useful model for DoH to draw on in contemplating what resources would best raise consumer (and provider/personnel) awareness of the aged care rights. This material can be found online here: https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/.

For the rights sets out in the Charter to be realised, the Aged Care Quality and Safety Commission will need to have more open and accountable communication with the general public than the current residential care inspection regime has had.

3.2. Additional issues for inclusion in the Charter or accompanying documentation

Although HCCA recognises potential benefits in the consolidation of four Charters of Care into a single Charter of Rights, the four existing Charters include some important protections that – while broadly consistent with the spirit of the draft Charter – are not explicit in the draft Charter. These protections include:

- The right not to experience discrimination,
- The right to be free of exploitation, discrimination, victimisation,
- The right to move freely inside and outside residential aged care facilities,
- The right to care in a home-like environment,
- Freedom of speech,
- Responsibility for decisions and actions involving risk, and
- Access to an advocate, free of reprisal.

While HCCA supports DoH's aspiration that the Charter be as concise as possible, it is important that these rights are not lost in the transition to a simplified document. The rights relating specifically to residential aged care facilities (RACFs) are particularly important, as people who live in RACFs generally have higher health care, medical and personal care needs than people receiving care in their own home. In addition, RACF residents reside in institutional settings in which many or all of their needs for health and personal care are supposed to be met. These facts increase residential aged care consumers' vulnerability to poor quality care and place an additional duty of care on providers of residential care to ensure that consumer rights are upheld. Therefore, there may continue to be a need for specifically articulated consumer rights in residential aged care settings.

At a minimum, HCCA suggests that the Charter should include a brief description of the different types of aged care that the Charter covers and any specific features of care that aged care consumers can expect in these different types of care. For example, consumers can reasonably expect that "safe, high quality care" will be provided in all aged care settings but "safe care" and "high quality care" take on specific meanings in different settings and according to the care needs of consumers. In residential aged care, where staff care for many people with diverse care needs, consumers can reasonably expect (among other things):

- The right to move freely within and outside the RACF,
- To be cared for by staff with an appropriate skill level to respond to behaviours associated with dementia in a setting where many people may have some level of cognitive decline,
- Staff have time for positive interpersonal interactions with residents to the extent that residents wish, and
- To have access to timely medical care.

If including information of this kind unduly complicates efforts to produce a concise Charter, DoH should work with consumers and providers to develop information resources to ensure that consumers and providers have a clear understanding of what the aged care rights look like, in practice, in different types of aged care. This material should accompany the Charter's roll-out.

Many issues of concern to aged care consumers and the public are not specifically reflected in the draft Charter. Over many years HCCA members have consistently expressed that the following issues are priorities in relation to their aged care rights:

- Knowing how many staff are caring for residents in residential settings at any time, and confidence that this number is sufficient and that the staff are adequately qualified,
- Timely access to nursing and medical care,
- Safe administration of medications,
- Timely treatment of minor abrasions,

- Assistance to walk, sit and lie for people with reduced mobility and movement,
- Preparation of foods appropriate for people with medical and other requirements,
- Staff who can perform their jobs with patience,
- Staff who understand how to move and lift people (including people who live chronic pain) without causing injury, tissue damage, stress and pain,
- Staff who are easy to communicate with, and who can understand individual consumers' requirements and preferences – and attend to these,
- Staff who can understand the frustrations for older people who now may be less able to care for themselves and may be non-cooperative; and who can react in a non-violent and positive manner to non-cooperation,
- Staff with sufficient training in interacting positively with people with dementia and assisting people with dementia to live as well as possible and meet the healthcare and personal care needs of people with dementia,
- Staff and providers that seek consumers' preferences and ideas for activities, routines and outings, and meet these preferences,
- Staff who have time and a genuine interest in learning about the habits, preferences and lifestyles that an older person had enjoyed, and who will support them to continue to enjoy these insofar as this is possible,
- Staff with adequate skills in preparing food that is both safe to eat, and that suits dietary requirements and preferences; and supporting hydration to prevent disorientation and weakness as well as meet this basic need,
- Staff who receive appropriate supportive supervision to ensure that care needs are met appropriately, including investigation and action when an aged care consumer shows signs of possible abuse: this includes nervousness, withdrawal and unhappiness,
- Staff who provide appropriate opportunities for older people to pursue active and fulfilling lives,
- Staff who provide opportunities for older people to maintain appropriate physical fitness, and
- The right to choose the location in which end-of-life and palliative care is provided, including the right to receive high quality palliative care in a residential aged care facility if this is the aged care consumers' preference.

HCCA members have also raised a number of matters that relate specifically to their rights in relation to in-home care. To fulfil the Aged Care Charter in this particular aged care setting, aged care providers should provide prospective consumers with details of:

- The cost per service per hour,
- Each separate service they have been asked to provide,
- Hours per week that each service will provide,
- Exactly what activity the consumer can expect in the time allocated,
- For cleaning services, details of what tools and consumables the consumer is required to provide,
- Whether the service can be changed at the consumer's request, i.e.: cleaning of a different type, (bathroom changed from fortnightly to weekly) if deterioration in the consumer's condition requires this,

- If shopping, whether this is of the same type each service (food supply, or personal requirements),
- If shopping, whether the same supplier of the goods will be used (some consumers prefer certain types of food products),
- If gardening, whether the supplier is qualified to offer gardening services,
- Personal care, what exactly is to be supplied and by whom (same person each time or a different person),
- What steps the consumer must take if they are not satisfied with the service,
- What steps the consumer must take if they have a complaint regarding the service, bullying, aggressive behaviour or speech, non-compliance with the consumer's contract and/ or regular requirements, regular lateness arriving for the service or leaving before the appointed time,
- In what manner the consumer will pay for the service, weekly, monthly, by direct debit to the provider or to the person supplying the service,
- How the consumer will pay for items such as shopping, and
- What steps a consumer must take if they are concerned that financial aspects are not appropriate, or finances are being misused

Of great importance is the recognition by the provider that the consumer may choose to have a different supplier for each service. This is particularly important where services are provided by the owner/operator of a retirement village to residents in Independent Living Units in the village.

While each of these matters is consistent with the spirit of the draft Charter, HCCA members would welcome an assurance that these issues are addressed under the Single Charter's framework. HCCA recommends that DoH develop fuller explanatory material that sets out what the Rights look like in practice. Specifically, HCCA recommends that this take the form of a minimum service guarantee for different types of aged care (residential, in-home, short-term residential and short-term in-home) that is consistent with the overarching Charter of Aged Care Rights and with the Aged Care Quality Standards. This information should be provided to consumers as part of their contract/s with an aged care provider/s.

3.3. Positive focus on consumer rights, not responsibilities

HCCA is supportive of the draft Charter's emphasis on consumer rights, rather than responsibilities (as in the four existing Charter of Care documents). A number of the consumer responsibilities set out in the current Charters are unreasonable, as people with high care needs may be unable to meet these responsibilities because of their poor health.

HCCA is committed to consumer partnership in the delivery of health and care services. This means that consumers, as well as care providers and personnel, have a role to play in realising the consumers rights, including those set out in the draft Aged Care Charter of Rights. The ACSQHC has produced a useful document that sets out the role that each of these parties can play in realising the rights set out in the Australian Charter of Health Care Rights, and this would be a good model to draw on in developing a similar resource to support the Aged Care Charter. It is available online here: https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/.

3.4. An appropriate focus on consumer rights, which could be more fully reflected in the Charter

HCCA supports the change in language, from “recipient of care” in the four existing Charters of Care, to “aged care consumer” in the draft Aged Care Charter. Given that one of the aims of national aged care policy is to encourage and support informed consumer choice in aged care HCCA appreciates that the Preamble specifically mentions that Australian consumer law provides protections additional to those set out in the Charter. We would welcome brief additional information in the Charter about where consumers and the public can go to find out more about the other rights that protect them in aged care (e.g. privacy law, consumer law). HCCA recognises that one of the aims of the Charter is to reduce unnecessary reporting burden on providers, and understands that providers may report separately on their efforts to ensure other rights are met. However, for the Charter to deliver the greatest public benefit, it should clearly state the full range of rights that consumers can expect to enjoy in aged care settings. As a priority, this should include the right to fully informed financial consent in relation both to entry and ongoing costs of aged care services.

3.5. Principles and rights that broadly reflect consumer priorities

HCCA is generally supportive of the five principles that inform the Charter:

- Dignity, respect and consideration,
- Safety and quality
- Choice and control
- Communication and information, and
- Comments and complaints.

These five proposed principles broadly consistent with several of the dimensions of person-centred or consumer-centred care, namely:

- Respect for patients’ preferences and values,
- Emotional support,
- Physical comfort,
- Information, communication and education,
- Continuity and transition,
- Coordination of care,
- Involvement of family and friends, and
- Access to care.[2]

There is strong evidence that care and services that consistently deliver consumer-centred care are also safe, high quality, high performing and cost effective services that deliver the best possible health outcomes for consumers.[3]

4. Case study: ACT LGBTIQ community considerations in aged care

The five proposed principles and the 12 proposed rights in the draft Charter are broadly consistent with many of the key areas of concern for members of the ACT’s

LGBTIQ communities. The quotes below speak to LGBTIQ consumer and community priorities in relation to:

- Safe, high quality care (proposed right A),
- Dignity and respect (proposed right B),
- Valuing individuality (proposed right B),
- Culture, diversity and identify (proposed right C),
- Living free of abuse and neglect (proposed right D),
- Control over decisions (proposed right G), and
- The right to complain (proposed right J), and to nominate an advocate or representative (proposed right I).

These comments were shared with the AIDS Action Council of the ACT and are reproduced here with permission of the Council:

> *"I can see myself reflected around the aged care service or in their documentation, this includes pictures, rainbow and other LGBTI flags, posters and flyers about LGBTI services etc."*
>
> *"I want the right to be supported to access LGBTI specific activities and events."*
>
> *"It's important to me to be able to access LGBTI social groups in the local community and to maintain my connections to my community."*
>
> *"I want to right to access an effective complaints process that is timely and inclusive and provides support when I feel afraid or uncertain about making complaints. And I can use external or internal advocates."*
>
> *"It is important to me that policies are enacted to support older LGBTI people and people with HIV."*
>
> *"I do not want to be made to feel different. I want to be respected and my partner and family feel safe to visit and spend time with me."*

However, feedback from ACT LGBTIQ communities provided by the ACT AIDS Action Council also highlights that while the proposed rights are broadly in line with consumer priorities, they are expressed in such general terms that it is difficult for consumers to see how their concerns and preferences are reflected in the standards. The priority concerns of LGBTIQ communities in the ACT in relation to aged care include:

- Fear of discrimination, stigma and judgement by aged care staff,
- Fear of disclosure and privacy not being respected,
- Fear that a person's wishes for their chosen family to be involved in decision-making may not be respected by health professionals or family of origin,
- Heteronormative assumptions, attitudes and behaviours expressed through general policy, language and visual resources,
- Unhelpful assumptions that LGBTIQ people share homogenous spiritual, cultural, religious or personal beliefs,
- Lack of awareness of the issues affecting trans and gender diverse people, and

- Health professionals often lack experience in communicating about specific health issues and concerns affecting intersex, transgender and gender diverse people.[4]

Best practice approaches to LGBTIQ inclusive health and aged care service delivery are well understood in Australia, though they are not consistently implemented. Best practice includes:

- Actively support the recognition of partners and families of choice of LGBTIQ people,
- Ensuring staff have received LGBTIQ inclusivity training,
- A code of conduct for staff and other service users that states that discrimination and harassment of LGBTIQ people, family and friends will not be tolerated,
- LBGTIQ people are made aware of the complaints process and their complaints are respected,
- Visible signs of respect for LBGTIQ people to continue to enjoy their spiritual and cultural life,
- Providing a safe environment within services to promote and respect disclosure or non-disclosure,
- Policy to support the client to maintain their affirmed gender or identity, and
- Knowledge of other culturally competent services and organisations within the community that could be recommended for referral or to promote access for LGBTIQ people.[5]

In recent years LGBTIQ organisations have led significant work to support aged care services to deliver better LGBTIQ inclusive aged care, in partnership with Australian and State and Territory Governments. This includes work undertaken by the National LGBTI Health Alliance including through its Australian Government-supported Silver Rainbow education program (see https://lgbtihealth.org.au/ageing/). HCCA suggests that the Charter's roll-out should be supported by specific information and education material for LGBTIQ consumers, and for service providers and personnel, with the aim of ensuring that all of these groups understand how the Charter relates to and supports LGBTIQ inclusive care in practice.

There is potentially some overlap in consumer understandings of some of the rights. For example, the rights to (A) "safe, high quality care" and (E) "to live free from abuse and neglect" each speak to aspects of the consumer experience of *safety.* For aged care consumers, "safety" often relates to the experience of holistic emotional, psychological and/or cultural safety as much or more than to an understanding of safe medical or personal care (where the focus is on physical safety and/or an acceptable risk of adverse outcomes or complications). The discussion above of the concerns and priorities for members of the ACT's LGBTIQ communities underscores the reality that many consumers hold significant concerns about the safety of the care they will receive because of valid fears of discriminatory and non-inclusive practices. This highlights the need for further explanation in the Charter of what is meant in practice by each of the rights, in particular what is meant by "safe" and "high quality care". HCCA recommends that DoH work with providers, consumers and consumer organisations to develop additional education material that explains what the rights "look like" in practice, including for consumer groups at risk of non-inclusive service delivery – at a minimum, LGBTIQ communities, Aboriginal and

Torres Strait Islander people, and people of diverse cultural and linguistic backgrounds including refugee communities.

Another example of potential overlap in the Charter relates to those rights dealing with information and communication. Both (F) ("be informed about my care in a way that meets my needs, have access to information about my rights, care and accommodation and anything else that relates to me personally, and get the information I need in a timely way") and (I) relate to information and communication and could perhaps be grouped together. (F) is also rather long and could perhaps be condensed for easier readability. (F) could also usefully include specific mention of the consumer's right not only to be "be informed" but also to "be involved" in decision-making about care.

HCCA suggests that the Charter should include specific mention of the right of consumers to be involved in decisions about service planning, evaluation and governance including in aged care facilities. This right is consistent with key principles of health literacy and consumer partnership in health and aged care service delivery. The Australian Charter of Health Care Rights recognises this right to participation. Additionally, HCCA suggests that the Charter should recognise the right of consumers to involve (or not involve) their family of choice in decision-making about their care. The involvement of family and loved ones in decision-making is a well-recognised principle of person-centred/ consumer-centred care[6] that could usefully be recognised in the Charter. The perspectives of LGBTIQ consumers shared above indicates the importance of the right to choose not only a representative (I) but also to have family of choice involved in decision-making about care, to the extent that the consumer would like this to occur.

5. Language that is relevant to consumers

HCCA supports DoH's aim that the Charter be simply and clearly expressed using "unambiguous" expression. Some parts of the Charter could be more clearly worded. For example, Paragraph 3 of the Preamble states that "the rights described in this Charter sit alongside other laws that inform the delivery and quality of aged care". This could be more simply expressed in Plain English, e.g. "You have other rights under Australian law". As discussed above at Section 3.3., this information would be more useful to consumers if accompanied by a brief sentence explaining where consumers can obtain more information about these rights.

The Preamble notes that the Charter "helps people receiving care understand how they will engage with others involved in their aged care services – so that they can enjoy the same rights. Sometimes aged care providers may have to balance competing rights". This section is unclear. It may relate to situations in which one person using an aged care service impedes on the rights of one or more other users of the aged care service. If this reading is correct, HCCA recommends that this statement be removed from the draft document. As well as ambiguous, it could be read as implying that it is acceptable for aged care providers to ignore or fail to deliver the aged care rights of some aged care consumers in some circumstances. It is incumbent on aged care providers, particularly those in receipt of public subsidy, to deliver care in such a way that the rights of all residents are respected.

If DoH wishes to retain this section, HCCA suggests that it be rewritten so that it is clearer. It would help to explicitly state who the "others involved in… aged care services" are, what is involved in "balancing competing rights" and under what

circumstances an aged care provider might have to “balance” competing rights. It would also be useful for the Department to provide additional advice for aged care providers about how they can handle competing rights “in the spirit of the Charter”, as the Preamble suggests should be done.

HCCA recommends that the Charter be written in the first person, to emphasise that consumers are rights-holders.

6. Protecting consumer rights in practice

In the context of intense public concern about of the quality of aged care in Australia, HCCA’s view is that the rights set out in the Charter must be enforceable and enforced. Consumers require information about how the rights are to be enforced and upheld. This is an essential topic to address in public communication about the Charter. Information about the role of the Aged Care Quality Agency, quality assessment, accreditation and feedback and complaints processes should be provided alongside information about the aged care rights. It would be appropriate to include concise information about these matters in the Charter. The Charter should also include information about the body responsible for the supervision and implementation of the Charter. The Charter should include a statement that compels the system to monitor the quality of care provided in all aged care settings.

7. Other information and communication resources to raise awareness of aged care rights

HCCA supports DoH’s suggestion that other information and communication material be developed to raise consumer awareness and understanding of the Charter. The Consultation Paper specifically suggests that there may be benefit in fact sheets, for example on how to access advocacy services and raise concerns about care. HCCA supports these specific suggestions. HCCA also suggests that information about the Charter be produced for different audiences: consumers, personnel providing aged care, and aged care provider organisations. HCCA suggests that this information should focus on demonstrating what aged care looks like in practice when the Standards are and are not met in different types of aged care (residential and in-home care); and what consumers (and their representatives and chosen family), personnel and aged care provider organisations can do to put the aged care rights into practice.

The ACSQHC has produced a number of helpful resources to promote awareness and understanding of the Australian Charter of Health Care Rights, and HCCA suggests that these would be a useful model for DoH to draw on in developing information and education resources. They are online here: https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/.

It is important that information about the Charter be made available in a variety of hard copy formats designed for ease of reading, as many – though far from all – aged care consumers are likely to prefer hard copy rather than online information.

HCCA suggests that there is a need for an ongoing oversight mechanism to support consumer and provider awareness of the Charter and to govern the roll-out of the Charter. This could take the form of a governance committee with representation of consumers and aged care providers. National and State/ Territory consumer

organisations can provide advice on how to involve and support consumer engagement in mechanisms of this kind.

8. Consistency with the Australian Charter of Health Care Rights

Finally, HCCA recommends that the rights in the Charter be consistent with the Australian Charter of Health Care Rights, as these are two central documents setting out consumers' rights in relation to health and social care services. HCCA recommends that DoH work with the ACSQHC to ensure the Aged Care Charter aligns with the Australian Charter of Health Care Rights, noting that a revised Australian Charter of Health Care rights is currently in development.

9. Concluding comments

Thank you for the opportunity to provide feedback on the draft Single Charter. HCCA looks forward to seeing the outcome of this consumer feedback and would be glad to discuss any aspect of our feedback in more detail.

10. References

[1] Ribbens McCarthy, Jane and Rosalind Edwards. 2011. *Families of Choice*. Key Concepts in Family Studies. Sage, UK. Accessed 10/10/2018 at: http://dx.doi.org/10.4135/9781446250990.n13.

[2] Health Care Consumers Association. 2018. *Consumer-Centred Care Position Statement.* HCCA: Canberra.

See also: Australian Commission on Safety and Quality in Health Care. 2011. *Patient-centred care: improving quality and safety through partnerships with patients and consumers.* ACSQHC, Sydney.

[3] Australian Commission on Safety and Quality in Health Care. 2011, pages 10-12. See Note 1.

[4] AIDS Action Council of the ACT. 2018. Input into HCCA Submission: Draft Charter of Aged Care Rights. AIDS Action Council of the ACT.

[5] AIDS Action Council of the ACT. 2018. Input into HCCA Submission: Draft Charter of Aged Care Rights. AIDS Action Council of the ACT.

[6] Health Care Consumers Association. 2018. See Note 1.