



Post Polio Victoria Inc.

Ross House
247-251 Flinders Lane
Melbourne 3000

ABN: 98 441 126 864

Email: info@postpoliovictoria.org.au

Web: www.postpoliovictoria.org.au

Phone: 0431 702 137

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Aged Care Legislative Reform Branch

AgedCareLegislativeReform@Health.gov.au

To whom it may concern

This submission comes from Post Polio Victoria Inc. (PPV). We are a not-for-profit advocacy organisation, advocating for the survivors of the polio epidemics of the 1950s

We are largely an older community cohort of people who are also disabled from our disease and often with ill health and many comorbidities, utilising the health system.

In November 2022, we ran a workshop together with Australian Association of Gerontology & Celebrate Ageing: Recognition at last: People ageing with Post Polio Syndrome.

The aim was to contribute to the health and wellbeing of people ageing with Polio by educating service providers and community members on the experience and needs of people ageing with Polio. [For further information read here](#)

We are very concerned about the changes that may ensue from the new Aged Care Act, and in particular, the impact it will have on our wellbeing and care.

We refer to the structure, purpose, and constitutional foundation for the new Act.

1. Re constitutional foundation; external affairs power under section 51 of the constitution:

We recommend you base the new act on implementation of:-

- (i) the Convention on the Rights of Persons with Disabilities done at New York on 13 December 2006 ([2008] ATS 12); and*
- (ii) the International Covenant on Civil and Political Rights done at New York on 16 December 1966 ([1980] ATS 23); and*
- (iii) the International Covenant on Economic, Social and Cultural Rights done at New York on 16 December 1966 ([1976] ATS 5);*

2. The Act and the underpinning rights and principles are extremely important to us and we trust you will take into consideration the following thoughts and ideas

- The policy and terminology therein must not be ageist in nature.
- The aged care system should fund reasonable and necessary services to meet the needs of older people
- Disability must not be neglected
- Care must be person centred at all times
- Care must take into account the following 3 tiers
 1. Home Care
 2. Residential Care
 3. Palliative Care / end of life management

All 3 must relate to health care, disability management and the relevant laws.

For example, Entry into Residential Care is often dictated by catastrophic health circumstances such as a massive stroke, a bad fall, advanced dementia, physical incapacities. It is certainly NOT a “lifestyle choice”.

In such events people have no choice, but to go into residential care, and should not be penalised by inappropriate “user pays” or “consumer” models

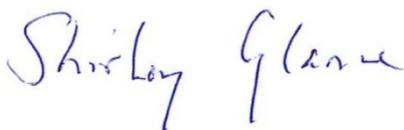
- In the event of breach of such rights, significant financial penalties must be imposed on individuals responsible for the breach, including managers under whose authority breaches are perpetrated. It’s important that penalties not be confined to the corporate entity, but also be paid personally by the perpetrating individuals as a strong incentive to avoid breaches. This is similar to other elements of workplace legislation for example where in the case of bullying and discrimination, the perpetrator, manager and organisation are all responsible and penalties apply to all
- Liability could be expressed as “joint and several” to cover that.

We would also request you note the following for additional consideration:

- No Nominees by providers (as this represents conflict of interest)
- Aged Care best practice and research based at all times
- Plain and clear language at all times
- Women often have no or very little superannuation
- Carers/family support to be considered
- Supported decision making
- Privacy & confidentiality always
- Qualified staff always

Please feel free to reach out should you wish to clarify or further discuss issues raised, and we thank you in anticipation, for your considered response.

Regards



Shirley Glance OAM

President

Post Polio Victoria Ltd