

## EXPLANATORY STATEMENT

### *Aged Care Act 1997*

### *Quality of Care Amendment (Single Quality Framework)*

### *Principles 2018*

#### Authority

Section 96-1 of the *Aged Care Act 1997* (Aged Care Act) provides that the Minister may make principles providing for matters required or permitted, or necessary or convenient to give effect to, the Aged Care Act.

In addition to the power to make principles under the Aged Care Act, subsection 33(3) of the *Acts Interpretation Act 1901* provides that where an Act confers a power to make, grant or issue any instrument of a legislative or administrative character (including rules, regulations or by-laws), the power shall be construed as including a power exercisable in the like manner and subject to the like conditions (if any) to repeal, rescind, revoke, amend, or vary any such instrument.

The Minister has the power to include the Aged Care Quality Standards (the new Standards) in the *Quality of Care Principles 2014* (Quality of Care Principles) under amendments to the Aged Care Act made by the *Aged Care (Single Quality Framework) Reform Act 2018*. This Act will commence on 1 July 2019. Subsection 4(2) of the *Acts Interpretation Act 1901* provides that a power may be exercised before the start time of an enactment, as if commencement had occurred. Subsection 4(5) provides that an instrument made under subsection 4(2) takes effect at the start time or a later time specified in that instrument.

These powers provide the authority to make the amendments set out in this instrument.

#### Purpose

The *Quality of Care Amendment (Single Quality Framework) Principles 2018* (the SQF Amending Principles) make amendments to the Quality of Care Principles to introduce the new Standards that were provided for by the *Aged Care (Single Quality Framework) Reform Act 2018*.

The SQF Amending Principles replace the Accreditation Standards, Home Care Standards and Flexible Care Standards that are currently set out in the Quality of Care Principles with the new Standards. The new Standards relate to the quality of care for the provision of Australian Government funded aged care. The SQF Amending Principles also amend references to the previous standards.

## Background

Implementing the new Standards contributes to the establishment of a single consolidated and streamlined quality framework for all aged care services as announced in the 2015-16 Budget.

Previously, aged care providers funded under the Aged Care Act, the *Aged Care (Transitional Provisions) Act 1997*, or under grant programmes administered by the Department of Health, needed to meet one or more sets of standards (in respect of an aged care service) depending on the types of aged care services they deliver (refer to Division 54 of the Aged Care Act and the Quality of Care Principles). These standards included:

- the Accreditation Standards
- the Home Care Standards
- the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) Quality Framework Standards
- the Transition Care Standards

The NATSIFACP Quality Framework Standards and Transition Care Standards are not set in legislation.

Good practice in standards development requires standards to be regularly reviewed and updated as necessary, in line with contemporary practice and for continuous quality improvement to occur system-wide.

During the past two years, the Australian Government has been working with consumers, the aged care sector, experts and the community to develop the new Standards (see 'Consultation' for more information).

The new Standards emphasise the consumer and the outcomes that each consumer experiences. The new Standards improve clarity for consumers about the quality requirements of organisations, particularly those consumers who need to access different types of aged care services as their needs change. The new Standards are consistent with the Government's aged care policy which seeks to create a quality framework focused on consumer experience and quality of life. More detail about the new Standards is set out in Attachment A.

While the adoption of the new Standards will initially involve implementation costs for aged care providers, the reduction from four sets of standards to a single set will reduce the regulatory burden for those aged care providers that currently need to meet more than one set of standards.

## Details

The details of the SQF Amending Principles are set out in Attachment A to this explanatory statement.

## Consultation

The new Standards introduced by the SQF Amending Principles have been developed through an extensive co-design process with the aged care sector. This process has included:

- working closely with the Standards Technical Advisory Group for over two years. This Group provided advice on the development of the new Standards. The Technical Advisory Group includes experts in standards development, quality management systems, service delivery and accreditation processes, aged care organisations (both private and not-for-profit), consumer representatives and representatives from the Australian Aged Care Quality Agency (Quality Agency).
- releasing the *Single Aged Care Quality Framework – Draft Quality Standards Consultation Paper 2017*, including draft quality standards. Over 200 submissions were received on the draft standards. In addition, over 250 consumers, carers, aged care organisations, peak organisations and other sector representatives attended video conferences or forums held in Geelong, Townsville, Alice Springs, Canberra and Sydney. The Department also visited the community of Titjikala (located 130km south of Alice Springs) to seek the views of the local provider and Indigenous people receiving aged care services. A webinar was held on 29 March 2017, which attracted 750 live log-ins.
- piloting of the draft Standards by the Quality Agency with a range of organisations, using a three-stage approach:
  - Stage 1: testing the guidance material relevant to individual standards
  - Stage 2: field testing of individual standards by quality surveyors
  - Stage 3: end-to-end testing of all the standards in an “audit” scenario

During consultation, stakeholders indicated wide-spread support for a single set of standards, applicable across all aged care programs. Stakeholders also broadly supported the content of the draft Standards noting that they were:

- effectively structured (in terms of outcome, statement and requirement)
- better focused on consumer outcomes and goals than the existing standards
- drafted in appropriate language with the appropriate intent.

Stakeholders also raised a number of issues and the Department has worked with the Technical Advisory Group to incorporate, where appropriate, this feedback to strengthen and clarify the new Standards set out in these SQF Amending Principles. These matters include the importance of:

- ensuring that consumers who do not speak English or cannot verbalise are effectively supported to communicate with their organisation as effective communication between the consumer and the organisation underpins quality care
- the role played by carers and others in the consumer’s life

- strong clinical care supported by effective clinical governance.

The new Standards were also further refined as a result of the findings of the Review of National Aged Care Regulatory Processes including in relation to clinical governance, open disclosure, and minimising the use of restraint.

#### Regulation Impact Statement (RIS)

The Office of Best Practice Regulation (OBPR) considered the reforms addressed in the SQF Amending Principles and advised the Department of Health that a Regulatory Impact Statement would not be required (OBPR ID: 21855).

The SQF Amending Principles commence on 1 July 2019.

The SQF Amending Principles is a legislative instrument for the purpose of the *Legislation Act 2003*.

## ATTACHMENT A

### Details of the Quality of Care Amendment (Single Quality Framework) Principles 2018

#### **1. Name of Instrument**

Section 1 provides how the instrument is to be cited, that is, as the *Quality of Care Amendment (Single Quality Framework) Principles 2018* (SQF Amending Principles).

#### **2. Commencement**

This section provides for the SQF Amending Principles to commence on 1 July 2019.

#### **3. Authority**

Section 3 provides that the SQF Amending Principles are made under the authority of the *Aged Care Act 1997* (the Aged Care Act).

Under subsection 33(3) of the *Acts Interpretation Act 1901* (AI Act), where an Act confers a power to make, grant or issue any Instrument of a legislative or administrative character (including rules, regulations or by-laws), the power shall be construed as including a power exercisable in the like manner and subject to the like conditions (if any) to repeal, rescind, revoke, amend, or vary any such Instrument.

Accordingly, the power in section 96-1 of the Aged Care Act to make Principles is relied on, in conjunction with subsection 33(3) of the AI Act, to vary the Quality of Care Principles.

#### **4. Schedules**

This section provides that each Instrument that is specified in a Schedule to this Instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this Instrument has effect according to its terms.

#### **Schedule 1 - Amendments**

##### ***Quality of Care Principles 2014***

#### **Item 1. After the heading to section 4**

Item 1 inserts the note that appeared at the conclusion of section 4. The amendment makes the section consistent with current drafting practices for definitions sections in instruments.

#### **Item 2. Section 4**

This item inserts the expression “consumer” which has the meaning given by section 4A. A consumer is a person to whom an approved provider provides, or is to provide, care through an aged care service.

**Item 3. Section 4 (definition of representative)**

This item omits “care recipient” and substitutes it with “consumer”.

**Item 4. Section 4**

Inserts the expression “service environment”.

**Item 5. Section 4 (definition of service provider)**

Repeals the definition of “service provider”.

**Item 6. Section 4**

This item inserts a new expression “services and supports for daily living” which has the meaning given by subclause 4(4) of Schedule 2. The expression is used in the Aged Care Quality Standards. The expression relates to the services and supports that are important for a consumer’s health and well-being including, but not limited to, food services, domestic assistance, home maintenance, transport and recreational and social activities.

Services and supports for daily living should be provided in line with any clinical advice about a particular consumer. For example, catering services may need to be modified to avoid particular foods for some consumers (due to allergies, diabetes or cultural needs) or have food texture modified for consumers who have difficulty swallowing.

**Item 7. Section 4 (definition of service user)**

This item repeals the definition of “service user”.

**Item 8. Section 4**

The item inserts a new expression “workforce”. The expression refers to the service staff of an aged care provider at an aged care service location. This means staff (including volunteers) who access, or are reasonably likely to access, premises of the service. “Staff” include persons who are employed, hired, retained or contracted by, or volunteer for the approved provider (whether directly or through an employment or recruitment agency) to provide care or other services under the control of the approved provider.

**Item 9. Section 4 (note)**

This item repeals the note at the foot of the section.

**Item 10. Section 5**

This item repeals section 5 and inserts section 4A which sets out the meaning of the expression “consumer” and section 5 which sets out the meaning of the expression “representative”.

A consumer is a person to whom an approved provider provides, or is to provide, care through an aged care service. A reference to a consumer in the Aged Care Quality Standards set out in Schedule 2 includes a reference to a representative of the consumer, so far as the provision is capable of applying to a representative of a consumer.

The representative of a consumer is any person nominated by the consumer as a person to be told about matters affecting the consumer or a person who nominates themselves as a person to be told about matters affecting a consumer and who the relevant organisation (for example, the approved provider) is satisfied has a connection with the consumer and is concerned for the safety, health and well-being of the consumer. The section sets out some circumstances in which a person is taken to have a connection with a consumer for the purpose of administering the section.

A consumer may have more than one representative for the purposes of the Aged Care Quality Standards.

**Item 11. Division 1 of Part 2 (heading)**

This item repeals the heading of the Division.

**Item 12. Section 6 (heading)**

This item omits “Division” and substitutes “Part”.

**Item 13. Section 6**

This item omits “Division” and substitutes “Part”.

**Item 14. Subsection 7(3)**

This item omits “meets the Accreditation Standards specified” and substitutes “complies with the Aged Care Quality Standards set out”.

**Item 15. Division 2 of Part 2**

This item repeals the Division that provides for the making of the Accreditation Standards.

**Item 16. Division 1 of Part 3 (heading)**

This item repeals the heading of the Division.

**Item 17. Section 12 (heading)**

This item omits “Division” and substitutes “Part”.

**Items 18. Section 12**

This item omits “Division” and substitutes “Part”.

**Item 19. Subsection 13(4)**

This item requires an approved provider of home care services to deliver care and services that are consistent with the care recipient’s needs. The care and services must be documented in the care recipient’s care and services plan in accordance with the Aged Care Quality Standards as set out in Schedule 2.

**Items 20. After subsection 13(4)**

This item inserts a note referring the reader to Standard 2 of the Aged Care Quality Standards.

**Item 21. Subsection 13(5)**

This item requires an approved provider of a home care service to deliver care and services in compliance with the Aged Care Quality Standards as set out in Schedule 2.

**Item 22. Division 2 of Part 3**

This item repeals the Division that provides for the making of the Home Care Common Standards in Schedule 4.

**Item 23. Division 1 of Part 4 (heading)**

This item repeals the heading.

**Item 24. Section 15A (heading)**

This item omits “Division” and substitutes “Part”.

**Item 25. Section 15A**

This item omits “Division” and substitutes “Part”.

**Item 26. Subsection 15B(4)**

This item requires an approved provider of flexible care in the form of short-term restorative care (provided in a residential setting) to deliver care and services that are consistent with the care recipient’s needs. This must be documented in the care recipient’s care and services plan in accordance with the Aged Care Quality Standards as set out in Schedule 2.

**Items 27. At the end of subsection 15B(4)**

This item inserts a note referring the reader to Standard 2 of the Aged Care Quality Standards.

**Item 28. Subsection 15B(5)**

This item requires an approved provider of a flexible care in the form of short-term restorative care (provided in a residential setting) to deliver care and services in compliance with the Aged Care Quality Standards as set out in Schedule 2.

**Item 29. Subsection 15C(4)**

This item requires an approved provider of flexible care in the form of short-term restorative care (provided in a home care setting) to deliver care and services that are consistent with the care recipient’s needs. This must be documented in the care recipient’s care and services plan in accordance with the Aged Care Quality Standards as set out in Schedule 2.

**Item 30. At the end of subsection 15C(4)**

This item inserts a note that draws the reader’s attention to the Aged Care Quality Standard that addresses the assessment and planning of a care recipient’s needs (Standard 2).



**Item 31. Subsection 15C(5)**

This item requires an approved provider of a flexible care in the form of short-term restorative care (provided in a home care setting) to deliver care and services in compliance with the Aged Care Quality Standards as set out in Schedule 2.

**Item 32. Division 2 of Part 4**

This item repeals the Division that provides for the making of the Flexible Care Standards.

**Item 33. After Part 4**

This item inserts a new Part 5 – Aged Care Quality Standards. The Aged Care Quality Standards are set out in Schedule 2 (refer to item 35).

Section 54-2 of the *Aged Care Act 1997* allows for the making of the Aged Care Quality Standards in the Quality of Care Principles.

The Aged Care Quality Standards are standards for quality of care and quality of life for the provision of aged care including residential care, home care and flexible care in the form of short term restorative care provided in a home care or residential setting.

Subsection 18(2) makes clear that the Aged Care Quality Standards apply equally for the benefit of each care recipient provided with care through an aged care service, irrespective of the care recipient's financial status, applicable fees and charges, amount of subsidy payable, agreements entered into, or any other matter.

**Item 34. Schedule 1 (note 2)**

This item repeals and substitutes note 2 to explain that care and services specified in the Schedule should be provided in a way that complies with the Aged Care Quality Standards.

**Item 35. Schedule 2**

This item repeals the Schedule containing the Accreditation Standards and substitutes a new schedule setting out the Aged Care Quality Standards.

The Aged Care Quality Standards emphasise the consumer and the outcomes that each consumer experiences. The Aged Care Quality Standards comprise eight individual standards:

- Standard 1—Consumer dignity and choice
- Standard 2—Ongoing assessment and planning with consumers
- Standard 3—Personal care and clinical care
- Standard 4—Services and supports for daily living
- Standard 5—Organisation's service environment
- Standard 6—Feedback and complaints
- Standard 7—Human resources
- Standard 8—Organisational governance

Each standard consists of:

- a consumer outcome;
- an organisation statement; and
- the requirements the organisation must meet in relation to each standard.

Further information concerning the consumer outcome, organisation requirement and anticipated operation of each Standard is set out below.

### Standard 1: Consumer dignity and choice

The outcome for consumers under this Standard is that they feel they are treated with dignity and respect, their identity is maintained, they are able to make informed choices about their care and services, and are able to live the life they choose.

The organisation statement sets out the expectation that the organisation has a culture of inclusion and respect for consumers, supports consumers to exercise choice and independence, and respects their privacy.

Standard 1 underpins all other Standards and reflects important concepts, including:

- Treating each consumer with dignity and respect.
- Delivering care and services that are culturally safe.
- Supporting consumers to exercise choice and communicate their decisions, including allowing consumers to decide when and who they want to involve in their care.
- Dignity of risk, which provides the right for consumers to make their own choices about their care and services, their relationships and the right to choose how risk can be managed and mitigated to assist consumers to live the best life they can.
- Giving consumers timely information to support them to make informed choices about their care and services.
- Respecting a consumer's privacy.

### Standard 2: Ongoing assessment and planning with consumers

The outcome for consumers under Standard 2 is that each consumer partners with the organisation in ongoing assessment and planning of their care and services that help them get the care and services they need for their health and well-being.

The organisation statement sets out the expectation that the organisation partners with the consumer in the initial and ongoing assessment and planning of the care and services required to meet the consumer's needs, goals and preferences, with the focus being on optimising the consumers' health and well-being.

Standard 2 requires organisations to demonstrate that their assessment and planning processes inform the delivery of safe and effective care and services in accordance with the consumer's needs, goals and preferences.

Organisations are required to undertake assessment and planning activities in partnership with each consumer and others consumers wish to involve (such as family or carers), including in relation to advance care planning and end of life planning where the consumer wishes. A care and services plan needs to be developed, based on the outcomes of assessment and planning, and be readily available to the consumer and where the care and services are provided. Care and services need to be regularly reviewed for effectiveness, and when change circumstances or when incidents impact the consumer's needs, goals and preferences.

### Standard 3: Personal care and clinical care

The outcome for consumers under Standard 3 is that consumers receive personal and clinical care that is safe and right for them.

The organisation statement sets out the expectation that personal care and clinical care is safe and effective, and is delivered in accordance with the consumer's needs, goals and preferences to optimise their health and well-being.

Standard 3 applies to all services delivering personal care (such as bathing, assistance with toileting, and assistance with eating) or clinical care (such as nursing services), or both personal care and clinical care.

Standard 3 requires organisations to demonstrate that personal care and clinical care is safe and effective, is best practice, is tailored to the needs of each consumer (as identified and documented under Standard 2), and optimises their health and well-being.

This Standard also requires organisations to:

- Effectively manage high impact or high prevalence risks associated with each consumer's care.
- Address a consumer's needs, goals and preferences in relation to end of life care.
- Recognise and respond in a timely manner to deterioration or change in a consumer's mental health, cognitive or physical function, capacity or condition.
- Document and share information about a consumer's condition, needs, goals and preferences both within the organisation and with others who also have responsibility for the care of the consumer.
- Refer a consumer to other providers, organisations and individuals (such as medical professionals), when appropriate, in a timely manner.
- Implement practices that minimise infection-related risks and promote appropriate prescribing and use of antibiotics.

#### Standard 4: Services and supports for daily living

The outcome for consumers under Standard 4 is that each consumer receives the services and support for daily living that are important for their health and well-being and that enable them to do the things they want to do.

This Standard refers to services (other than personal care or clinical care) that may be delivered by an organisation. These services are known as “services and supports for daily living” and include, but are not limited to, food services, domestic assistance, home maintenance, transport, recreational and social activities.

Standard 4 requires the organisation to provide services and supports for daily living in a way that meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Services and supports should also promote each consumer’s emotional, spiritual and psychological well-being.

Services and supports should assist each consumer to participate in their community, have social and personal relationships, and do the things of interest to them.

This Standard also requires the organisation to:

- Document and share information about a consumer’s condition, needs and preferences both within the organisation and with others who also have responsibility for the care of the consumer.
- Refer a consumer to other providers, organisations and individuals, when appropriate, in a timely manner (for example where the organisation is unable to provide a particular service the consumer needs).
- Provide varied meals of suitable quality and quality (where the organisation is required to provide meals).
- Ensure equipment needed for care and service delivery is safe, suitable, clean and well maintained.

#### Standard 5: Organisation’s service environment

The outcome for consumers under Standard 5 is that consumers feel they belong and feel safe and comfortable in the organisation’s service environment.

The organisation statement sets out the expectation that the organisation provides a safe and comfortable service environment that promotes each consumer’s independence, function and enjoyment.

For the purposes of this Standard, the organisation’s “service environment” is the physical environment through which care and services are delivered, but does not include an individual’s privately owned or occupied home in which in-home services are provided. This Standard is not intended to extend to all environments that consumers might visit, such as bowling clubs or libraries.

Standard 5 requires the organisation to ensure its service environment is:

- Welcoming and organised in such a way that each consumer can easily find their way around the service and feel they belong. Each consumer should be able to move freely indoors and outdoors. These requirements are intended to promote each consumer's independence, function and interaction with others.
- Clean, well maintained and comfortable. All furniture, fittings and equipment must be safe, clean, well maintained and suitable for each consumer.

This Standard is not intended to duplicate work, health and safety laws or requirements under building legislation.

### Standard 6: Feedback and complaints

The outcome for consumers is that each consumer feels safe, encouraged and supported to give feedback or make complaints, is engaged in the processes of addressing their feedback and complaints, and feels that appropriate action has been taken.

The organisation statement sets out the expectation that the organisation seeks regular feedback from consumers, their carers, the workforce and others, and uses this feedback to inform continuous improvement activities.

The standard requires the organisation to encourage and support consumers, their family, friends, carers and others to provide feedback and make complaints.

Standard 6 recognises that some consumers can face barriers when providing feedback and making complaints, and requires the organisation to look for ways to address these barriers and provide support for consumers to make complaints. For example, consumers must be made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints.

The organisation is required to demonstrate it takes appropriate action in response to complaints, and that, when things go wrong, it uses an open disclosure process to assist in resolving the complaint.

The organisation is also required to review its feedback and complaints on a regular basis and to use information from these reviews to improve the quality of its care and services.

### Standard 7: Human resources

The outcome for consumers under this Standard is that each consumer considers they receive quality care and services when they need them from people who are knowledgeable, capable and caring.

The organisation statement sets out the expectation that the organisation has a sufficient skilled and qualified workforce to provide safe, respectful and quality care and services for all its consumers.

This Standard requires the organisation to:

- Plan for, and make sure the actual number and mix of staff required for their consumers to receive safe and quality care are on duty at any time.
- Ensure its workforce's interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.
- Ensure its workforce has the necessary competency, qualifications and knowledge to be able to perform their role effectively.
- Recruit, train, equip and support its workforce to deliver the outcomes required by each of the Aged Care Quality Standards.
- Regularly assess, monitor and review the performance of each member of its workforce.

### Standard 8: Organisational governance

The outcome for consumers under this Standard is that consumers are confident the organisation is well run and they are able to partner with the organisation in improving the delivery of care and services.

The organisation statement sets out the expectation that the organisation's governing body is accountable for the delivery of safe and quality care and services.

Standard 8 can be applied in any organisation, no matter how large or small, by recognising that there is no "one size fits all" solution for effective governance. The standard applies irrespective of how a governing body is structured, for example as a Board or a single person.

This Standard requires the organisation to demonstrate that it engages with consumers, and supports consumers to be engaged, in the development, delivery and evaluation of care and services. The organisation's governing body must promote a culture of safe, inclusive and quality care and services, and is accountable for their delivery.

This Standard also requires the organisation to have in place effective organisation wide governance systems in relation to:

- information management;
- continuous improvement;
- financial governance;
- workforce governance;
- regulatory compliance;
- risk management, including to address high impact or high prevalence risks associated with the care of consumers, and abuse and neglect;
- feedback and complaints; and
- clinical governance.

The organisation's clinical governance framework must support the delivery of safe, best practice clinical care and include the organisation's policies and practices in relation to: antimicrobial stewardship; minimising the use of all forms of restraint, and open disclosure.

This Standard is not intended to duplicate the requirements of the *Corporations Act 2001* or other requirements related to organisational governance.

**Item 36. Schedule 3 (note 2)**

This item repeals and substitutes note 2 to explain that care and services specified in the Schedule should be provided in a way that complies with the Aged Care Quality Standards.

**Item 37. Schedule 4**

This item repeals the Schedule which set out the Home Care Standards.

**Item 38. Schedule 5 (note 2)**

This item repeals and substitutes note 2 to explain that care and services specified in the Schedule should be provided in a way that complies with the Aged Care Quality Standards.

## STATEMENT OF COMPATIBILITY WITH HUMAN RIGHTS

*Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011*

### Quality of Care Amendment (Single Quality Framework) Principles 2018

This legislative instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### Overview of the legislative instrument

The legislative instrument enables the implementation of the Aged Care Quality Standards that will apply to residential, home and flexible aged care services.

### Human rights implications

The instrument engages the following human rights:

- the right to an adequate standard of living;
- the right to the enjoyment of the highest attainable standard of physical and mental health;
- the right to protection from exploitation, violence and abuse; and
- the right to not be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation.

The instrument is compatible with the right to an adequate standard of living and the right to the enjoyment of the highest attainable standard of physical and mental health as contained in article 11(1) and article 12(1) of the *International Convention on Economic, Social and Cultural Rights*, and articles 25 and 28 of the *Convention of the Rights of Persons with Disabilities*.

The Aged Care Quality Standards (the new Standards) focus on achieving quality outcomes for consumers by enabling consumers and carers to influence the design and delivery of the services in order to ensure that they are consistent with the consumer's needs, goals and preferences. The Standards support consumers to achieve an adequate standard of living and to optimise consumers' physical and mental health.

The legislative instrument engages the right to protection from exploitation, violence and abuse as contained in article 20(2) of the *International Covenant on Civil and Political Rights* and article 16 of the *Convention of the Rights of Persons with Disabilities*. The Standards are intended to promote the delivery of quality aged care services by approved providers. The legislative instrument is intended to increase protection for aged care consumers against potential exploitation, violence and abuse.



The legislative instrument engages the right to not be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation contained in article 17 of the *International Covenant on Civil and Political Rights*.

### Conclusion

The legislative instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. The instrument promotes the consumer's rights to an adequate standard of living and personal privacy, and optimises each consumer's physical and mental health, without prohibiting or restricting the right to freedom of thought, conscience and religion and the right to work.

The Hon Ken Wyatt  
Minister for Senior Australians and Aged Care