University of Sydney Policy Reform Project

Submission to the Royal Commission into Aged Care Quality and Safety: a response to terms of reference (a), (b)(i), (c)(i), (d), (e), and (f).

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About the University of Sydney Policy Reform Project

The University of Sydney Policy Reform Project ('the Project') facilitates University of Sydney students to write submissions to government inquiries, and research papers for under-resourced policy organisations, under the supervision of University of Sydney academics. All work done as part of the Project is completed voluntarily.

In semester 1 2019, the Project was granted funding by the Student Experience Innovation Grants program, which is an initiative of the Faculty of Arts and Social Sciences Student Affairs and Engagement team and the University of Sydney Division of Alumni and Development.

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Executive Summary

The focus on individuals in the aged care policy framework discriminates against couples. As a result, the rights of this basic family unit are not protected. Aged care policy needs to be amended to protect couple's rights and provide for couple-centred services. ACAT assessments and aged care services offered to partnered individuals need to take into account the intimate and interconnected nature of couples' relationships. Furthermore, the considerable contribution that spousal caregivers make to reducing the burden on the residential aged care system needs to be acknowledged and better supported.

This submission is a response to terms of reference (a), (b)(i), (c)(i), (d), (e), and (f).

This submission recommends the following:

Recommendation 1: Define couples' rights clearly and unambiguously

Recommendation 2: Undertake couple-based ACAT assessments

Recommendation 3: Target increases in high-level home care packages to couples

Recommendation 4: Increase availability of respite services to spousal carers

Recommendation 5: Provide housing modification payments for older couples

Case Study: Hetty and Alf

Perth couple, Hetty and Alf Craster, married 68 years, rose to national attention in 2018[1] after their children lodged an online petition demanding the attention of the Minister for Aged Care, Ken Wyatt. Hetty, aged 87, who suffered from advanced dementia, had moved into her Armadale facility after breaking her hip. Alf moved nearby and visited her daily for two years. After being hospitalised himself, Alf, aged 89, moved to a transitional care facility 33 kilometres away, on the understanding that he would be given priority in his wife's facility when a room became available. Far from his wife, his health rapidly deteriorated. Meanwhile, Hetty's aged care facility advised that those on the waiting list who could pay the full Refundable Accommodation Deposit of $325,000 would be given priority over Alf, who was unable to provide this amount. Without any legal recourse – after being separated six months – Hetty and Alf were reunited thanks to the online petition. After hearing their story, another aged care organisation, Berrington Aged Care, offered to accommodate them together. But for their act of compassion, Hetty and Alf might still be living apart.

1. Introduction

Australia's individual-centric aged care policy framework discriminates against older couples both implicitly (by omission) and explicitly, as in the case of Hetty and Alf. Couples' relative invisibility in aged care policy results in a lack of services specifically targeted to couples' unique set of needs. This is further exacerbated by the policies and practices of residential aged care organisations who involuntarily separate couples by refusing to accommodate them together.[2]

The needs of partnered individuals in married and de facto relationships are important to address because this group (a) constitutes a third of aged care residents,[3] (b) are a growing demographic in the 65+ age group (as men continue to

1 Elizabeth Craster, *Age Care or Age Cruelty?* (29 May 2018) Change.Org <https://www.change.org/p/the-hon-ken-wyatt-aged-care-or-aged-cruelty-2>.

2 Alison Rahn, *Behind Closed Doors: Exploring Ways to Support Partnered Baby Boomers' Coupledom in Residential Aged Care Settings* (PhD Thesis, University of New England, 2018) ii <https://hdl.handle.net/1959.11/26566>.

3 Australian Institute of Health and Welfare, Australian Government, *Residential Aged Care and Home Care Supporting Data 2014–15* (30 June 2015) <https://www.gen-agedcaredata.gov.au/www_aihwgen/media/images/Residential-aged-care-and-Home-Care-supporting-data-2014-15.xls>.

live longer), and (c) if properly supported, are an important source of unpaid informal caregiving. An increase in comprehensive homecare services that specifically targets cohabiting partners has the potential to improve health outcomes for older couples and reduce the distress and social isolation caused by forced separation. Such an approach could significantly reduce public expenditure on health and aged care services in the medium to long term.

The federal government's push to move to home care services (as a cheaper alternative to residential aged care[4]) combined with a policy position based on 'consumer-directed' care[5,6] and 'ageing in place'[7] aligns with most Australians' preference to die at home.[8,9] However, because couples are not conceived of as protected dyadic units by policy writers, there is an absence of policy provisions that explicitly support partners to remain together (if that is their preference).[10] This is at odds with the current rhetoric of person-centred and consumer-directed care.

Social isolation is a leading cause of depression, currently affecting 49% of Australian aged care residents.[11] However, this is largely preventable. There is robust scientific evidence demonstrating that the presence or absence of high-quality close relationships is a leading social determinant of health. Feeling socially connected reduces the risk of chronic disease and increases longevity.[12] In the case

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4 Anna Howe, *Is Consumer Directed Care a Direction for Australia?* (2000) <https://www.dementia.org.au/files/ConsumerDirectedCare.pdf>.

5 *Aged Care (Living Longer Living Better) Act 2013* (Cth) 3.

6 Department of Health, Australian Government, *Home Care Packages - Reform* (16 February 2019) Ageing and Aged Care <https://agedcare.health.gov.au/aged-care-reform/home-care/home-care-packages-reform#1>.

7 Australian Institute of Health and Welfare, Australian Government, *Ageing in Place: Before and After the 1997 Aged Care Reforms* (June 2002) 1 <https://www.aihw.gov.au/reports/aged-care/ageing-in-place-before-and-after-the-1997-aged-ca/formats>.

8 Linda Foreman et al, 'Factors Predictive of Preferred Place of Death in the General Population of South Australia' (2006) 20(4) *Palliative Medicine* 447.

9 Productivity Commission, Australian Government, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Inquiry Report* (27 October 2017) <https://www.pc.gov.au/inquiries/completed/human-services/reforms/draft/human-services-reforms-draft-overview.pdf>.

10 Rahn, above n 3, 241.

11 Australian Institute of Health and Welfare, Australian Government, *GEN Aged Care Data: People's Care Needs in Aged Care* (8 April 2019) AIHW <https://www.aihw.gov.au/reports/aged-care/gen-peoples-care-needs-in-aged-care/contents/summary>.

12 Julianne Holt-Lunstad et al, 'Advancing Social Connection as a Public Health Priority in the United States' (2017) 72(6) *American Psychologist* 517.

of happily-partnered couples, satisfying relationships are beneficial to partners' health and life expectancy.[13,14] Good quality relationships exert positive influence on sleep quality, physical and mental health and emotional wellbeing.[15,16,17] Conversely, unhappy relationships (such as those caused by involuntary separation) contribute to disturbed sleep,[18,19,20] loneliness,[21] depression,[22] compromised immunity, chronic illness and even premature death.[23] Furthermore, the practice of separating couples deprives them from the stress-lowering effects of a partner's loving touch,[24,25,26] which is most often experienced while sharing a bed. This has significant health implications if partners are institutionalised, since intimate physical contact is often discouraged by the physical environment and/or organisational culture.[27]

This submission addresses items a, b(i), c(i), d, e, and f in the Royal Commission's terms of reference. We argue that more couple-centred policy and programs need to

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13 Mary Hughes and Linda Waite, 'Marital Biography and Health at Mid-Life' (2009) 50(3) *Journal of Health and Social Behavior* 344.

14 Lamberto Manzoli et al, 'Marital Status and Mortality in the Elderly: A Systematic Review and Meta-Analysis' (2007) 64(1) *Social Science and Medicine* 77.

15 Jamila Bookwala, 'The Role of Marital Quality in Physical Health During the Mature Years' (2005) 17(1) *Journal of Aging and Health* 85.

16 Matthew Dupre and Sarah Meadows, 'Disaggregating the Effects of Marital Trajectories on Health' (2007) 28(5) *Journal of Family Issues* 623.

17 Wendy Troxel et al, 'Marital quality and the Marital Bed: Examining the Covariation Between Relationship Quality and Sleep' (2007) 11(5) *Sleep Medicine Reviews* 389.

18 Dupre, above n 17, 623.

19 Troxel, above n 18, 389.

20 Susan Brown and Sayaka Kawamura, 'Relationship Quality Among Cohabitors and Marrieds in Older Adulthood' (2010) 39(5) *Social Science Research* 777.

21 Jeffrey Stokes, 'Marital Quality and Loneliness in Later Life: A Dyadic Analysis of Older Married Couples in Ireland' (2017) 34(1) *Journal of Social and Personal Relationships* 114.

22 Daniel Hawkins and Alan Booth, 'Unhappily Ever After: Effects of Long-Term, Low-Quality Marriages on Well-Being' (2005) 84(1) *Social Forces* 451.

23 Theodore Robles et al, 'Marital Quality and Health: A Meta-Analytic Review' (2014) 140(1) *Psychological Bulletin* 140.

24 Kate Rancourt et al, 'Beyond the Bedroom: Cognitive, Affective, and Behavioral Responses to Partner Touch in Women With and Without Sexual Problems' (2017) 54(7) *The Journal of Sex Research* 862.

25 Julia Heiman et al, 'Sexual Satisfaction and Relationship Happiness in Midlife and Older Couples in Five Countries' (2011) 40(4) *Archives of Sexual Behavior* 741.

26 Aleksandar Štulhofer et al, 'Successful Ageing, Change in Sexual Interest and Sexual Satisfaction in Couples from Four European Countries' (2018) [Preprint] *Qualitative Health Research 1* <https://link.springer.com/article/10.1007/s10433-018-0492-1>.

27 Rahn above n 3, 242.

be developed to support couples' choices to remain together – by addressing the specific needs unique to this group. This will be demonstrated in four parts. Firstly, we highlight three policy issues that reflect a lack of couple-centred thinking. Secondly, we present evidence of the negative consequences on couples' quality of life as a result of this individualised framework. We then make a number of recommendations and, lastly, the potential benefits of these recommendations will be discussed.

2. Policy issues

2.1 Aged care policy is framed around the individual

Aged care policy and practice is framed around the autonomous individual. Consumers of aged care services are defined as 'a *person* to whom an approved provider provides, or is to provide, care through an aged care service'.[28] Individualistic ideology is evident throughout the language and design of the regulatory framework, funding formulae and associated aged care programs.

To examine how couples are accommodated in the aged care regulatory framework, a systematic review of aged care policies[29] was conducted to identify the frequency of mention of partners or couples. Couples were rarely mentioned, except in four contexts: (1) when assessing the assets of a couple[30,31,32] as part of the generic provisions of the Social Security asset test[33] (2) a brief mention of service provision for couples under the Commonwealth Home Support Programme;[34] (3) in

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28 *Quality of Care Amendment (Single Quality Framework) Principles 2018* (Cth), *3.*

29 See appendix for a list of the policy documents reviewed.

30 Aged Care (Living Longer Living Better) Act 2013; Aged Care (Subsidy, Fees and Payments) Determination 2014; Aged Care (Transitional Provisions) Act 1997; Aged Care (Transitional Provisions) Principles 2014; Aged Care Act 1997; Subsidy Principles 2014.

31 Aged Care (Living Longer Living Better) Act 2013; Aged Care (Transitional Provisions) Act 1997; Aged Care Act 1997.

32 *Aged Care (Subsidy, Fees and Payments) Determination 2014*, 10; Social Security Act 1991; Social Security Guide Version 1.253 - Released 20 March 2019.

33 Carney, T., *Social Security Law and Policy* Sydney: Federation press, 2006 or the practitioners, Carney, T. *Social Security* (title 22.3) in *Laws of Australia* Sydney: Thompson Reuters [LBC], 2013, i-xiv, 1-318

34 Department of Health, Australian Government, *Commonwealth Home Support Programme Manual* (2018) 55.

assessment procedures for government subsidies payable to aged care providers; [35] and (4) when discussing 'ageing in place' in general terms.[36] Notably, under aged care legislation, married and de facto couples are no longer considered to be a couple if living 'separately and apart…on a permanent basis',[37] as is the case where only one member of a couple enters a residential aged care facility. Furthermore, when mentioned, partners were most often characterised as carers,[38] representatives/proxy decisionmakers,[39] joint asset holders[40], or deceased.[41]

The User Rights Principles 2014[42] (now superseded) stipulated consumers' rights to 'maintain social and personal relationships' and be free from discrimination. We note that this provision has been removed in the recent *User Rights Amendment (Charter of Aged Care Rights) Principles 2019*.[43] By excluding specific protections for couple relationships, the Principles (and the entire regulatory framework) both discriminate against couples and leave them open to discrimination. For example, the Principles neglect to specify what rights couples have in circumstances where partners are threatened with involuntary separation by aged care providers.

Even in the National LGBTI Ageing and Aged Care Strategy, [44] individualistic language and aspirational statements prevail. Once again, this group is viewed through the lens of the individual, ignoring the intrinsic nature of LGBTI relationships *per se*. This discourse is apparent in statements such as: '*Aged care services recognise the value of approaching everyone as individuals, within a consumer-*

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35 *Allocation Principles 2014* (Cth), 7; *Extra Service Principles 2014* (Cth), 5.

36 Productivity Commission, Australian Government, *Report on Government Services 2019: Part F, Chapter 14, Aged Care Services Report And Attachment Tables* (2019) 29.

37 *Aged Care (Living Longer Living Better) Act 2013* (Cth) 67; *Aged Care (Transitional Provisions) Act 1997* (Cth) 46; Aged Care Act 1997 (Cth) 180.

38 Ibid.

39 *Allocation Principles 2014* (Cth) 2; *Quality of Care Amendment (Single Quality Framework) Principles 2018* (Cth)3; *Quality of Care Principles 2014* (Cth) 2; *Records Principles 2014* (Cth) 2; Department of Health, Australian Government, *The National Aged Care Advocacy Program Guidelines* (2017).

40 See above n 32.

41 Aged Care Quality and Safety Commission, Australian Government, *Guidance and Resources* (2019) 80.

42 *User Rights Principles 2014* (Cth), 38.

43 *User Rights Amendment (Charter of Aged Care Rights) Principles 2019* (Cth).

44 Department of Health and Ageing, Australian Government, *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy* (2012).

directed care approach'[45]. Although 'family of choice' relationships are mentioned, intimate relationships are not. Ironically the Strategy is scattered with pictures of LGBTI couples yet fails to mention couple relationships.

Intimate relationships and the right to them are mentioned in the Single Quality Framework[46] as a right once one is receiving care. However, the Framework fails to outline what care looks like for aged care consumers in existing intimate relationships. Similarly, the Aged Care Funding Instrument[47] is designed to assess funding on an individual basis. As a result, ACAT assessments are undertaken individually even in the context of a cohabiting partner. This approach fails to recognise couples' relationship status or assess their joint needs as a dyadic unit, particularly in cases where one partner is the aged care consumer and the other is an unpaid caregiver.

The absence of a couple-centred perspective

In Australia, most aged care is informal, provided by families, friends, communities and volunteers. The number of 'informal carers' is significant – of the estimated 2.7 million carers in Australia, 420,700 primary carers care for people aged 65 years and over. This is more than the entire formal aged care workforce. Informal carers, including spousal carers, are instrumental in helping older people navigate the health and aged care systems, make choices and access services[48].

For members of couples, staying together and being socially and emotionally connected with their significant other is a key social aspect of their day-to-day wellbeing. Cohabiting partners provide more unpaid informal caregiving than government-funded services are able to (see Figure 1). By targeting the individual, existing policies ignore (and thereby fail to address) the specific needs of dyadic family units requiring home, respite or residential care. This is concerning since, in each of these three areas of care, the specific needs of couples differ from singles

45 Ibid, 10.

46 *Quality of Care Amendment (Single Quality Framework) Principles 2018* (Cth), 6.

47 Department of Health, Australian Government, *Aged Care Funding Instrument* (2017) <https://agedcare.health.gov.au/funding/aged-care-subsidies-and-supplements/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/aged-care-funding-instrument-acfi-user-guide>.

48 David Tune, *Legislated Review of Aged Care 2017* (2017) 175 <https://agedcare.health.gov.au /sites/ default /files/documents/08_2017/ legislated_review_of_aged_care_2017.pdf>

quite significantly.

Among cohabiting older couples, it is frequently the case that one partner aged 65 and over is providing informal caregiving to a partner of similar age. In 2012, 71% of co-resident carers (86% male, 76% female) were in the over 65 age group.[49] Cohabiting spousal carers face greater challenges than younger family members providing care around the clock due to their own increasing frailty. In particular, they experience poorer quality sleep (from sleep interruptions), anger and resentment – 10% are diagnosed with stress-related illnesses.[50] There is a strong case for increasing home care and respite services to older caregiving partners to keep couples in the community and lessen the burden on the residential care system. If a couple can no longer cope at home and requires residential aged care for one or both partners, they again have different needs to singles, particularly in terms of room and bed sizes and privacy needs.

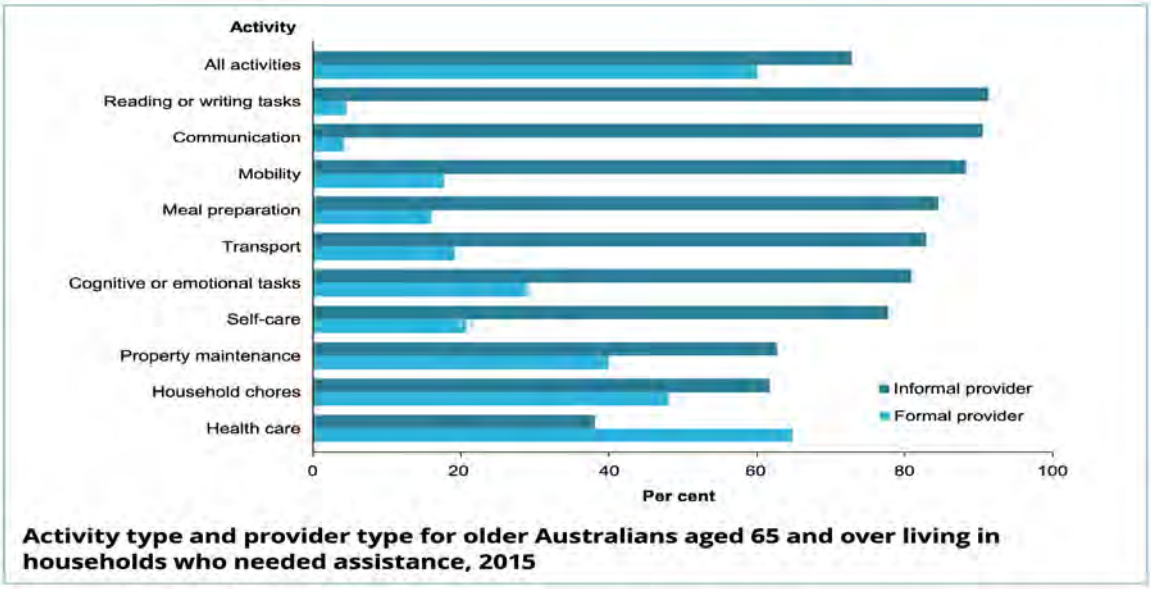

Figure 1. Informal caregiving compared to paid caregiving in Australia in 2015[51]

[49] Australian Institute of Health and Welfare, Australian Government, *Australia's Welfare 2015: 2.4 Informal Carers* (2015) 2 <https///www.aihw.gov.au/getmedia/fad26891-17f6-4a52-a95d-219570189268/AW15-2-4-Informal-carers.pdf.aspx.pdf>.

[50] Ibid, 3.

[51] Australian Institute of Health and Welfare, Australian Government, *Australia's Welfare 2017: In brief* (2017) 25, <https://www.aihw.gov.au/getmedia/5c7b48ba-f5a2-46a6-96bd-2bbae02a5139/AIHW-AUS215-AW17_inbrief.pdf.aspx?inline=true>.

2.2 Inadequate definition of terms used in aged care policy

The Single Quality Framework is a recent policy initiative that applies the same quality standards to both residential and home care services. It details the standards that must be met by providers to retain their accreditation, beginning with 'consumer dignity and choice'.[52] For the consumer, the intended outcome is 'I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services and live the life I choose'.[53] The corresponding intended organisational outcome is 'The organisation…has a culture of inclusion and respect for consumers'.[54] Nowhere in this document (or the entire regulatory framework) are key terms pertaining to consumers, such as 'dignity', 'respect' or 'identity', defined. Particularly lacking is any elaboration of how to support the dignity of members of a couple, their identity as a couple, the relational nature of autonomy[55] nor their implications in terms of providing consumer-directed care. As a consequence, the plethora of documents that collectively constitute Australian aged care policy (approximately 100 documents in total) remain wide open to subjective interpretation by aged care providers.[56]

2.3 Consumers' quality of life is secondary in aged care policy

The funding and logistical requirements of service provision[57] feature more prominently in the regulatory framework than consumers' quality of care or quality of life. For instance, the *Aged Care Act 1997* is predominantly a mechanism to regulate public funding of aged care organisations. It says little about consumers' quality of

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52 *Quality of Care Amendment (Single Quality Framework) Principles 2018* (Cth), 6.

53 Ibid

54 Ibid

55 Martha Fineman, 'Contract and Care' (2000) 76 *Chicago-Kent Law Review* 1403.

56 See appendix.

57 *Aged Care (Living Longer Living Better) Act 2013* (Cth); *Aged Care (Transitional Provisions) Act 1997* (Cth); *Aged Care Act 1997* (Cth); *Allocation Principles 2014* (Cth); *Quality of Care Amendment (Single Quality Framework) Principles 2018* (Cth); *Quality of Care Principles 2014* (Cth); *Records Principles 2014* (Cth); Department of Health, Australian Government, *The National Aged Care Advocacy Program Guidelines* (2017).

care or quality of life. Care quality is instead regulated by the *Aged Care Quality and Safety Commission Act 2018*.[58]

Scattered throughout policy documents are broad 'motherhood' statements that symbolically commit to supporting consumers' rights but largely fail to detail *how* such policy aspirations are to be implemented, policed or evaluated. As with the 'dignity and respect' example above, *how* providers will ensure that consumers are 'treated with dignity and respect', how such outcomes will be measured, and how providers will be held to account is left unsaid. It appears that such statements are purely aspirational, reflecting values that aged care organisations are required to uphold, in the hope that they will magically flow through to the consumer.

3. Policy consequences: outcomes for couples

The issues previously outlined have direct consequences for couples. These include poor access to adequate homecare and respite services, insufficient couple-friendly residential aged care services and discriminatory policies and practices (as in Hetty and Alf's example).

3.1 Insufficient respite care for couples

Spousal caregivers experience difficulties accessing respite care (both day care and residential respite care) when they themselves become unwell and/or are temporarily unable to provide care.[59] Respite care is intended to keep people with cohabiting caregivers in their homes for as long as possible. However, while demand for such services is increasing, staffing and funding levels are failing keeping up.[60] The waiting time between first needing help and receiving a home care package is now 18-24 months.[61] In the meantime, many partners requiring homecare assistance

58 Aged Care Quality and Safety Commission Act 2018 (Cth).

59 Tune, above n 49, 8.

60 Mavromaras, et al (2017). 2016 National aged care workforce census and survey: The aged care workforce, 2016. <https://agedcare.health.gov au/>.

61 Royal Commission into Aged Care Quality and Safety, 'Transcript of Proceedings in the Matter of the Royal Commission into Aged Care Quality and Safety (22 February 2019) 647.

either die[62] or are forced to move into residential care prematurely (and, in some cases, unnecessarily),[63] being the only available option. This results in many couples becoming involuntarily separated on a permanent basis.[64]

3.2 Insufficient residential aged care places for couples

A push by the aged care industry to move to single occupancy rooms in recent years, coupled with a decline in capital funding for new facilities, has resulted in a lack of suitable accommodation for couples, including rooms large enough to accommodate a double bed.[65] By way of example, the ABC reported in 2016 on Mr Doug Milne of Orange, NSW, who while able to move into his wife's residential aged care facility, had to live in a different building to her.[66] They were reunited after six years of separation once a $33-million-dollar redevelopment of the centre saw the creation of double rooms. Such environmental limitations can make it difficult for partnered residents to maintain their intimate relationships.

3.3 Discriminatory policy and practices

Older carers of spouses with severe health needs speaking at Alzheimers Australia's *Let's Talk about Sex Conference* in Melbourne, 2015, reported that a general disregard for privacy within residential aged care facilities results in physical separation and associated grief.[67] Failure to consider partnered residents' intimate needs manifests in invasive practices by some providers.[68] Examples include:

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62 Farrah Tomazin. 'Elderly Australians Dying While They Wait for In-Home Aged Care', 17 Mar 2019 <https://www.smh.com.au/national/elderly-australians-dying-while-they-wait-for-in-home-aged-care-20190316-p514qt.html>.

63 Judy Skatssoon, 'Home Care Wait Forces Move to Residential Care, Inquiry Hears', *Community Care Review* (online), 12 February 2019 <https://www.australianageingagenda.com.au/2019/02/12/home-care-wait-forces-move-to-residential-care-inquiry-hears/>.

64 Rahn, above n3, 39.

65 Ibid

66 Joanna Woodburn and Melanie Pearce, 'Nursing Home Reunites Couple Married for More Than 60 Years and Forced to Live Apart', *ABC News* 16 December 2016, <https://www.abc.net.au/news/2016-12-16/nursing-home-reunites-couple-married-for-more-than-60-years/8127424>.

67 Darragh O'Keefe, 'Aged Care Must Make Space for Intimacy and Sexual Expression, Conference Hears', *Australian Ageing Agenda*, 11 September, 2015 <https://www.australianageingagenda.com.au/2015/09/11/aged-care-must-make-space-for-intimacy-and-sexual-expression-conference-hears/>.

68 Ibid.

> 'open door' policies (where residents' doors are kept open at all times), housing partners either in separate rooms or in single beds only…, staff entering residents' rooms without knocking, ignoring 'do not-disturb signs', management refusing to put locks on doors, and staff gossiping about residents'.[69]

Despite well documented examples of discrimination, entrenched cultural ageism within residential aged care facilities towards partnered residents' intimate relationships continues to go untreated by policymakers.[70] Parliamentary debates surrounding the sexual needs of residents in residential aged care have been 'heated and often sensationalist, with opposing groups arguing in their own interests to limit reforms', resulting in the 'needs of ordinary married and de facto couples' being overlooked.[71]

4. Recommendations

We contend that the following changes are needed to support couples to remain living together, whether in their home or a residential aged care facility, if that is their choice:

4.1 Recommendation 1: Outline couples' rights clearly and unambiguously

As a distinct user group, couples have specific needs that do not apply to singles. Their rights as couples need to be clearly and unambiguously recognised in the aged care framework. Such consumer rights could be further strengthened by classifying couples as a 'special needs' group. Direct mention of couples in policy, using unambiguous language, would reduce the opportunity for subjective policy interpretation by providers, which has on occasion led to discriminatory treatment of couples, as in the case of Hetty and Alf.

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69 Ibid.

70 Alison Rahn et al, 'Conflicting Agendas: The Politics of Sex in Aged Care' (2016) 10 *Elder Law Review*, 3.

71 Ibid.

4.2 Recommendation 2: Undertake couple-based ACAT assessments

Following from Recommendation 1, couples have specific needs beyond those of singles and should be assessed as such. This would provide a mechanism to better support spousal caregivers and, in so doing, better assist couples to 'age in place' together. To achieve this, couple-centred ACAT assessment procedures would need to be designed to assess the needs of both partners.

4.3 Recommendation 3: Target increases in high-level home care packages to couples

There is strong evidence that more high-level home care packages are required and that meeting projected future demand will need additional investment by government beyond that currently planned.[72] Given the role that spousal caregivers play in reducing residential aged care admissions, the government should consider introducing a level 5 home care package to allow partnered individuals with the highest care needs to remain at home longer.[73] By increasing home care assistance to couples as a targeted group, multiple benefits flow to both individual couples and society as whole. This measure would: (1) better support the important function of unpaid spousal caregivers; (2) reduce unnecessary residential aged care admissions; and (3) potentially reduce expenditure on residential aged care in the longer term. Most older Australians prefer to age in their homes[74] and adequate home care is key to supporting partnered older people with high care needs to remain living at home.[75]

4.4 Recommendation 4: Increase availability of respite care for spousal carers

Research has shown that caring for a partner's daily needs creates a high burden for

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72 Tune, above n 49, 7.

73 Ibid.

74 Foreman, above n 9, 447.

75 Marja Vaarama, 'Care-Related Quality of Life in Old Age' (2009) 6(2) *European Journal of Ageing* 113.

spousal caregivers, who are more likely to experience psychological distress[76] and health problems[77] compared to other caregivers. Respite services have proven effective in providing relief to spousal caregivers,[78] especially those caring for persons with dementia.[79] Furthermore, access to high level home care packages is a key component in reducing the likelihood of partners entering residential care,[80] which is itself a burden on public funding.

4.5 Recommendation 5: Provide housing modification payments for older couples

Home care packages are premised on the fact that older people's housing is stable, affordable and fit-for-purpose, which in many cases it is not. This is especially an issue for older people renting in metropolitan areas.[81] A home modification payment would assist couples with high care needs to remain in their homes longer. Minor modifications might include such things as installing handrails, ramps or walker-friendly floor finishes. However, for such a payment to be workable for renters reliant on the Age Pension and Commonwealth Rent Assistance, their rights as long-term tenants need to be strengthened significantly.

5. The potential benefits of these recommendations

5.1 Economic efficiency

Developing a couple-centred approach to unpaid spousal caregivers (by targeting home care packages to couples as a dyadic unit) would be a more efficient allocation of aged care funding that has the potential to significantly reduce public expenditure

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76 Heide Götze et al, 'Psychological Distress and Quality of Life of Palliative Cancer Patients and their Caring Relatives During Home Care' (2010) 22(10) *Supportive Care in Cancer* 2775, 2782.

77 Suzanne Cahill and Margaret Shapiro, '"The Only One You Neglect is Yourself": Health Outcomes for Carers of Spouses or Parents with Dementia: Do Wives and Daughter Carers Differ?' (1998) 4(1) *Journal of Family Studies* 87, 101.

78 Jenni Riekkola et al, 'Strategies of Older Couples to Sustain Togetherness' (2019) 48 *Journal of Aging Studies* 60, 66.

79 Sophie Vandepitte et al, 'Effectiveness of Respite Care in Supporting Informal Caregivers of Persons with Dementia: A Systematic Review' (2016) 31(12) *International Journal of Geriatric Psychiatry* 1277, 1288.

80 Tune, above n 49, 8.

81 Alan Morris, 'Older Renters in The Private Rental Market: Issues and Possible Solutions' (2011) *Parity* 24(5) 17.

in the medium to long term. In 2017-2018, of the $18.1 billion spent on aged care services, 'More than two-thirds (67%) of government funding on aged care was spent on residential aged care, and 28% was spent on home care and support'.[82] These figures indicate a mismatch between spending and consumer demand, since only 21% of consumers used residential care services whereas 67% received basic support at home.[83] Residential care is both more costly and least desired by consumers. By better tailoring services to support partnered individuals (who currently represent a third of aged care residents)[84] to remain together in their homes, particularly by providing increased respite services[85], expenditure on residential care could be significantly decreased. A move to provide combined ACAT assessments for couples as a dyadic family unit (rather than undertaking separate assessments for each individual) could further streamline costs and time.

5.2 Social outcomes

In the case of couples, adopting a couple-centred approach to aged care service provision should have significant social benefits. Firstly, by meeting their need in the community, such an approach will simultaneously meet citizens' preference to age 'in place'[86] and government policy objectives of being 'consumer-directed'.[87,88] Secondly, an increase in home-care packages and housing support for older couples will better support couples to retain their place in the social fabric of their communities. Furthermore, the distress caused by having no option but to place a

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82 Australian Institute of Health and Welfare, Australian Government, *GEN Fact Sheet 2017-18: Government Spending on Aged Care*, (2019) <https://www.gen-agedcaredata.gov.au/www_aihwgen/media/2018-factsheets/spending_factsheet.pdf>.

83 Carolyn Smith and Office of the Royal Commission, 'Background Paper 1- Navigating the Maze, An Overview of Australia's Current Aged Care System', Royal Commission into Aged Care Quality and Safety, Commonwealth of Australia (25 February 2019) 30.

84 Australian Institute of Health and Welfare, Australian Government, *Residential Aged Care and Home Care Supporting Data 2014–15* (30 June 2015) <https://www.genagedcaredata.gov.au/www_aihwgen/media/images/Residential-aged-care-and-Home-Care-supporting-data-2014-15.xls>.

85 Cotteril et al (1995), in Myra Hamilton et al, *Transitioning Australian Respite* (February 2016), University of New South Wales, <https://www.sprc.unsw.edu.au/media/SPRCFile/Transitioning_Australian_Respite.pdf>, 14.

86 Australian Institute of Health and Welfare, Australian Government, *Older Australia At A Glance, Aged Care,* (10 September 2018) <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-and-aged-care-service-use/aged-care>.

87 *Aged Care (Living Longer Living Better) Act 2013* (Cth), 3.

88 Above n 7.

partner in residential care[89] may be averted. Tending to the specific needs of the dyadic unit, the social and emotional connection derived from their togetherness, is vital to older people's lives and wellbeing and should be preserved by the aged care policy framework.

6. Conclusion

The social and economic benefits outlined above are only possible once couples are viewed through a couple-centred lens. Consequently, language used in the aged care policy framework needs to be inclusive of the basic family unit (couples), rather than being exclusively focused on individuals. Since clear policy objectives reduce the risk of differential interpretation and discretionary actions along the policy implementation chain,[90] inclusion of couples in the 'special needs' category of the Aged Care Act 1997,[91] would further strengthen couples' consumer rights. Recognising partnered individuals as a special category of aged care consumers would allow data to be collected to evaluate the effectiveness of couple-based interventions. Such data could in turn be used to inform policies affecting couples.

89 Rahn, above n 3, 7.

90 Susan Barrett, 'Implementation Studies: Time for a Revival?' (2004) *Public Administration* 82(2) 249.

91 Rahn above n 3, 8.

Appendix: Review of aged care policy documents

Search Term	Source Documents	Policy Wording
Care recipient's rights	User Rights Amendment (Charter of Aged Care Rights) Principles 2019	Care recipient's rights I have the right to: 1. safe and high quality care and services; 2. be treated with dignity and respect; 3. have my identity, culture and diversity valued and supported; 4. live without abuse and neglect; 5. be informed about my care and services in a way I understand; 6. access all information about myself, including information about my rights, care and services; 7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk; 8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions; 9. my independence; 10. be listened to and understood; 11. have a person of my choice, including an aged care advocate, support me or speak on my behalf; 12. complain free from reprisal, and to have my complaints dealt with fairly and promptly; 13. personal privacy and to have my personal information protected; 14. exercise my rights without it adversely affecting the way I am treated. (pp. 6-7)
care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	In recognition of the vital role that carers play, the CHSP also supports care relationships through providing planned respite care services for frail older people which allows carers to take a break from their usual caring responsibilities (p. 2).
care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	the delivery of respite services depicted in the diagram through the Care Relationships and Carer Support service types may also be delivered on an ongoing basis over a longer time period, as well as on a short-term and episodic basis (p. 4).
care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	The intended outcomes of the CHSP are to ensure: ...carers and care relationships are supported (p. 8)
care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	In recognition of the vital role that carers play in supporting frail older people to remain living at home and in the community, the CHSP supports the care relationship through contributing funding towards a range of planned respite services delivered to frail older people. These services are provided under the Care Relationships and Carer Support Sub-Program (p. 11).
care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	CHSP service provision is expected to embody the principles incorporated in the Statement for Australia's Carers under the Carer Recognition Act 2010, including the following: 1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality. 2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential. 3. Carers should be acknowledged as individuals with their own needs within and beyond the caring role. 4. The relationship between carers and the persons for whom they care should be recognised and respected. 5. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers. 6. Carers should be treated with dignity and respect. 7. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.
care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	**Care Relationships and Carer Support** Centre-based respite: o Centre based day respite o Residential day respite Community access- group respite Cottage respite o Overnight community Flexible Respite: o In-home day respite o In-home overnight respite o Community access – individual respite o Host family day respite o Host family overnight respite o Mobile respite o Other planned respite (p. 34).

care relationships	DoH. (2018). Commonwealth Home Support Programme Manual	**3.2.2 Care Relationships and Carer Support Sub-Program** Objective To support and maintain care relationships between carers and clients, through providing good quality respite care for frail older people so that carers can take a break. Target population Frail older CHSP clients will be the recipients of planned respite services, providing their carers with a break from their usual caring duties. Eligibility CHSP clients who require planned respite services to support and assist with maintaining the caring relationship. Funded services Service providers should give consideration to models of respite care that support CHSP clients with carers in employment, training or study. This may include for example, the availability of respite services outside of current standard operating hours, to assist carers to balance work and caring responsibilities (p.61).
carer	Aged Care (Transitional Provisions) Act 1997	(1) The objects of this Act, in conjunction with the Aged Care Act 1997, are as follows: ...(g) to encourage diverse, flexible and responsive aged care services that: (i) are appropriate to meet the needs of the recipients of those services and the carers of those recipients; and (ii) facilitate the independence of, and choice available to, those recipients and carers;
carer	Aged Care (Transitional Provisions) Principles 2014	(2) The Secretary may increase the number of days on which a care recipient can be provided with residential care as respite care during a financial year by up to 21 if the Secretary considers that an increase in the number of days is necessary because of any of the following: (a) carer stress; (b) severity of the care recipient's condition; (c) absence of the care recipient's carer; (d) any other relevant matter (p.20).
carer	DoH. (2018). Commonwealth Home Support Programme Manual	5. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers (p. 12)
couple	DoH. (2018). Commonwealth Home Support Programme Manual	Service type: Social Support – individual ...Social support – individual is assistance provided by a companion (paid worker or volunteer) to an individual, either within the home environment or while accessing community services, which is primarily directed towards meeting the person's need for social contact and/or company in order to participate in community life. Services funded include: ▪ visiting services ▪ telephone and web-based monitoring services (including other technologies that help connect older people to their community e.g. to assist people with sensory impairments or those living in geographically isolated areas) ▪ accompanied activities (such as assisting the person through accompanied shopping, bill-paying, attendance at appointments and other related activities). Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to an aged couple (p. 55).
couple	Subsidy Principles 2014	(b) a person who is a member of a couple is a homeowner if: (i) the person, or the person's partner, has a right or interest in one residence that is the person's principal home, or the partner's principal home, or the principal home of both of them; and (ii) the person's right or interest, or the partner's right or interest, in the home gives the person, or the person's partner, reasonable security of tenure in the home (p.32).
couple	Aged Care (Subsidy, Fees and Payments) Determination 2014	79 Care subsidy reduction—income threshold For subsection 48-7(6) of the Act, the income threshold for a care recipient is as follows: (a) if the care recipient is a member of a couple—$40,253 20; (b) if the care recipient is a member of an illness separated couple (within the meaning of the Social Security Act 1991)—$52,114.40; (c) if the care recipient is not a member of a couple—$52,634.40. (p.10)
couple	Aged Care (Transitional Provisions) Principles 2014	**130 Determination of levels of maximum daily amounts of home care fees** (2) If the care recipient's income does not exceed the amount of the maximum basic rate of pension payable from time to time under Part 2.2 of the Social Security Act to persons classed as "Not a member of a couple", the fees must be determined so that they do not exceed 17 5% of that maximum basic rate of pension, unless subsection (4) applies (p.71).
couple	Extra Service Principles 2014	Diversity of choice for care recipients (2) The Secretary must be satisfied that, if the application is granted, there will be a significantly increased diversity of choice for current and future care recipients, and their carers and families, in relation to: (a) the different kinds of extra services offered in the region; or (b) the different groups of care recipients who are offered extra services in the region. Examples for paragraph (2)(a): Kinds of service may relate to extra service places that offer a greater range of choice as to: (a) the type, frequency, variety and quality of services and food available; and (b) the relevant fee structures applicable. Examples for paragraph (2)(b): Groups of care recipients who are offered extra services include: (a) care recipients who are affected by dementia; and (b) care recipients who are members of a couple; and (c) care recipients who are people with special needs (p. 5).

couples	Allocation Principles 2014	**29 Diversity of choice for care recipients** For an allocation of places in respect of residential care subsidy, the Secretary must consider whether, if the application is approved, the allocation will increase diversity of choice for current and future care recipients, and their carers and families, having regard to the different kinds of services offered in the region. Example: Diversity of choice for different kinds of services might be promoted, for instance, in relation to any of the following: (a) service in a particular location; (b) service for people with special needs; (c) service for care recipients affected by dementia; (d) ageing in place service; (e) service to meet the needs of couples (p. 7).
couples	Productivity Commission. (2019). Report on Government Services 2019/ part f, chapter 14, aged care services report and attachment tables	**Ageing in place in residential care** An approach that aims to provide residents with appropriate care and increased choice by allowing them to remain in the same facility regardless of changes in their level of care needs. It also allows couples with different levels of care needs to be cared for in the same facility. The main facet of 'ageing in place' is that funding is tied to the assessed care needs of the client rather than to the services provided by the facility (p. 14.29)
husband	DoH. (2018). Commonwealth Home Support Programme Manual	**Client scenario — helping carers continue caring: nurturing the care relationship KERRY** Kerry is 75 years old. She is the carer for her 83 year old husband, Ronald, who has incontinence and mobility problems due to muscle weakness. Kerry assists him with his personal care, drives him to appointments, and takes him on short outings. In the last six months Kerry has noticed her health beginning to suffer from concern about her husband and poor sleep. She is also finding it increasingly difficult to balance providing for his needs and continuing the activities she used to enjoy, such as croquet at the local club with her friends. Her sister suggests that Kerry calls My Aged Care to see what support she and Ronald may be eligible for. Kerry and Ronald both consent for My Aged Care to register them as clients and create client records. After screening by the contact centre they are both referred for a RAS assessment. During the assessment process, both of their care needs and goals are identified: including what help is needed to support Kerry (as carer) and the care relationship she has with her husband. As a result of the assessment, CHSP services are organised to meet their needs. For Ronald, this includes continence aids and fortnightly physiotherapy to address his muscle weakness. Two hours per fortnight of ongoing, flexible (in-home) respite care is also arranged. Over the coming weeks Ronald becomes comfortable with the respite worker and requests that the same staff member provides the respite services each time. The respite is scheduled at a time that allows Kerry to return to croquet. These CHSP services benefit Ronald and give Kerry more balance in her life (p.61).
illness separated couple	Social Security Act 1991 Social Security Guide Version 1.253 - Released 20 March 2019	A couple is considered to be an 'illness separated couple' where: they are unable to live together in their home, and the inability to live together: is due to illness or infirmity of either or both of them, and results in their living expenses being greater or are likely to be greater than otherwise, and is likely to continue indefinitely.
intimate or sexual relationship	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	If a consumer wants to pursue an intimate or sexual relationship, how would the organisation support them to do this? How would the consumer know the organisation supports this? (p.15)
intimate relationship	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	"(c) Each consumer is supported to exercise choice and independence, including to:...(iv) make connections with others and maintain relationships of choice, including intimate relationships." (p.4)
intimate relationship	Quality of Care Amendment (Single Quality Framework) Principles 2018 Aged Care Quality and Safety Commission. (2019). Guidance and Resources	"(c) Each consumer is supported to exercise choice and independence, including to:...(iv) make connections with others and maintain relationships of choice, including intimate relationships." (p.4)
intimate relationships	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	**Dignity and respect** – Being treated with dignity and respect is essential to quality of life. It includes actions to recognise consumer's strengths and empower them to be independent. It means communicating respectfully and recognising and respecting a consumer's individuality in all aspects of care and services. Dignified and respectful care and services will help consumers to live their lives the way they choose, including social and intimate relationships (p.5).
intimate relationships	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	Each consumer is supported to exercise choice and independence, including to: (iv) make connections with others and maintain relationships of choice, including intimate relationships … Organisations are expected to recognise the consumer's social networks, and support each consumer to choose their social connections, including their close or intimate relationships…Organisations are expected to recognise the consumer's social networks, and support each consumer to choose their social connections, including their close or intimate relationships. (p. 14)
marital status	DoH. (2018). Commonwealth Home Support Programme Manual	"4.2 Equity of access...All eligible people assessed as needing a service must have equal access to available CHSP services whether they are an Aboriginal and/or Torres Strait Islander person; from a diverse cultural and linguistic background; or on the grounds of location, marital status, religion and spirituality, gender identity, sexual orientation and intersex status, disability or whether they have the ability to pay for services." (p.74)
member of a couple	Aged Care (Living Longer Living Better) Act 2013 Aged Care (Transitional Provisions) Act 1997 Aged Care Act 1997	member of a couple means: (a) a person who is legally married to another person, and is not living separately and apart from the person on a permanent basis; or (b) a person whose relationship with another person (whether of the same sex or a different sex) is registered under a law of a State or Territory prescribed for the purposes of section 2E of the Acts Interpretation Act 1901 as a kind of relationship prescribed for the purposes of that section, and who is not living separately and apart from the other person on a permanent basis; or (c) a person who lives with another person (whether of the same sex or a different sex) in a de facto relationship, although not legally married to the other person.

not a member of a couple	Social Security Act 1991 vol.1	24 Person may be treated as not being a member of a couple (subsection 4(2)) (1) Where: (a) a person is legally married to another person; and (b) the person is not living separately and apart from the other person on a permanent or indefinite basis; and (c) the Secretary is satisfied that the person should, for a special reason in the particular case, not be treated as a member of a couple; the Secretary may determine, in writing, that the person is not to be treated as a member of a couple for the purposes of this Act. (1A) If: (a) a relationship between a person and another person (whether of the same sex or a different sex) is registered under a law of a State or Territory prescribed for the purposes of section 2E of the Acts Interpretation Act 1901 as a kind of relationship prescribed for the purposes of that section; and (b) the person is not living separately and apart from the other person on a permanent or indefinite basis; and (c) the Secretary is satisfied that the person should, for a special reason in the particular case, not be treated as a member of a couple; the Secretary may determine, in writing, that the person is not to be treated as a member of a couple for the purposes of this Act. (2) Where: (a) a person has a relationship with another person, whether of the same sex or a different sex (the partner); and (b) the person is not legally married to the partner; and the Secretary may determine, in writing, that the person is not to be treated as a member of a
partner	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	A consumer may choose to involve others as representatives in making their decision. For example, the consumer may choose to have a relative, partner, friend as a representative involved in decisions about their care. Where a consumer lacks the capacity to make decisions they may have a court or tribunal-appointed guardian to make decisions on their behalf (p. 14).
partner	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	Examples of actions and evidence ...Consumers say the organisation respects their personal space and privacy when their friends, partners or significant others visit (p. 21).
partner	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	Consumers' well-being and quality of life are improved by their relationships with others and doing things they enjoy and find meaningful, providing a sense of purpose and identity. However, declining health and changed life circumstances, such as the loss of a partner or becoming less mobile, can lead consumers to be less socially involved (p. 80).
partner	Allocation Principles 2014 Quality of Care Amendment (Single Quality Framework) Principles 2018 Quality of Care Principles 2014 Records Principles 2014	representative, of a care recipient, means: (a) a person nominated by the care recipient as a person to be told about matters affecting the care recipient; or (b) a person: (i) who nominates himself or herself as a person to be told about matters affecting a care recipient; and (ii) who the relevant approved provider is satisfied has a connection with the care recipient, and is concerned for the safety, health and well-being of the care recipient. (2) Without limiting subparagraph (1)(b)(ii), a person has a connection with a care recipient if: (a) the person is a partner, close relation or other relative of the care recipient; or (pp. 2-3)
partner	DoH. (2017).The National Aged Care Advocacy Program Guidelines	3.5 3 Applicant responsibilities It is the responsibility of the applicant to ensure that their application is complete and accurate. Giving false or misleading information to the department is a serious offence, applicants or their partners who do so may be prosecuted under section 137.1 of the Criminal Code Act 1995.
partner/couple	Aged Care (Living Longer Living Better) Act 2013 Aged Care (Transitional Provisions) Act 1997 Aged Care Act 1997	In working out the value at a particular time of the assets of a person who is or was a *homeowner then, disregard the value of a home that, at the time, was occupied by (a) the *partner or a *dependent child of the person; or (b) a carer of the person who: (i) had occupied the home for the past 2 years; and (ii) was eligible to receive an *income support payment at the time; or (c) a *close relation of the person who: (i) had occupied the home for the past 5 years; and (ii) was eligible to receive an *income support payment at the time. (3) The value of the assets of a person who is a *member of a couple is taken to be 50% of the sum of: (a) the value of the person's assets; and (b) the value of the assets of the person's *partner.
partner/couple	Aged Care (Transitional Provisions) Act 1997 Aged Care Act 1997	partner, in relation to a person, means the other *member of a couple of which the person is also a member.
partnered clients	DoH. (2018). Commonwealth Home Support Programme Manual	5. Fairness: The Client Contribution Framework should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, service providers need to take into account partnered clients, clients in receipt of compensation payments and bundling of services (p. 84).
partners	DoH. (2018). The National Aged Care Advocacy Program Framework	NACAP advocacy services: ...recognise carers, family members, 'family of choice' and other representatives of aged care consumers as partners in care as well as partners in advocacy (p. 4).
relationship	AACS. (2017). Review of the Aged Care Funding Instrument_Part 3 References & Appendices	**Section F. Psychosocial Well-Being** Social Relationships Sense of Involvement Unsettled Relationships Major life stressors in last 90 days Strengths
relationship	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	**Examples of action and evidence ...** Consumers can give examples of ways that members of the workforce have delivered care so that they feel comfortable and safe (for example, respecting their ethnicity, spirituality, culture, sexuality and relationship status).

relationships	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	Delivering services and supports to improve a consumer's well-being and quality of life requires a consumer-centred approach. This means treating the consumer as a whole person and considering their physical and mental health, and spiritual, emotional and social life. Their relationships, attitudes, cultural values and the influences of those around them, including family and community are all important. Socially including consumers isn't just about giving them opportunities to join in on activities that the organisation provides. It's also about making sure that consumers feel socially connected, can have relationships they choose, have control over their lives, have privacy and are able to contribute
relationships	Aged Care Quality and Safety Commission. (2019). Guidance and Resources	Diversity refers to consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI) (p. 154).
spouse	Dept Health & Ageing. (2012). National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy	Special Needs Group The term 'people with Special Needs' is defined in section 11-3 of the Aged Care Act 1997 and sections 4.4B to 4.4E of the Allocation Principles 1997 made under the Act. There are eight groups of people with Special Needs: people from Aboriginal and Torres Strait Islander communities; people from non-English speaking (culturally and linguistically diverse) backgrounds; people who live in rural or remote areas; people who are financially or socially disadvantaged; people who are veterans, (of the Australian Defence Force or an allied defence force), including the spouse, widow or widower of a veteran; people who are homeless, or at risk of becoming homeless; people who are care leavers; and people from the LGBTI community (p 21).
spouse	DoH. (2018). Commonwealth Home Support Programme Manual	The CHSP recognises the following special needs groups, which align with those identified under the Aged Care Act 1997, however acknowledges this is not an exhaustive list and there are other groups such as people with a disability, people with mental health problems and mental illness and people living with cognitive impairment including dementia: ▪ people who identify as Aboriginal and Torres Strait Islander ▪ people from culturally and linguistically diverse backgrounds ▪ people who live in rural and remote areas ▪ people who are financially or socially disadvantaged ▪ people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran (p.13)
spouse	DoH. (2018). The National Aged Care Advocacy Program Framework	6. NACAP Target Groups Individuals eligible to receive advocacy services, information and education services through NACAP include: • people receiving Australian Government funded aged care services • people seeking to receive Australian Government funded aged care services (this may include prior to receiving an aged care assessment) • families or representatives of the above. The program will focus on people living with dementia, a mental health condition, a disability, cognitive decline and those who identify as being from special needs groups, as defined in the Act: • people from Aboriginal and/or Torres Strait Islander communities • people from culturally and linguistically diverse (CALD) backgrounds • people who live in rural or remote areas • people who are financially or socially disadvantaged • people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
wife	DoH. (2018). Commonwealth Home Support Programme Manual	**Client scenarios — applying a wellness approach HARRY** Harry is a 70 year old man who lives alone. After contacting My Aged Care, a face-to-face RAS assessment was undertaken which identified that Harry needed some assistance with clotheswashing and cooking. At first the CHSP service provider visited Harry's home three times a week to wash and hang out the clothes for him and cook basic meals for him. After applying a wellness approach to Harry's situation, the provider worked with Harry to identify what he could do for himself and what he needed assistance with. The support worker encouraged Harry to continue to wash and hang out smaller items by using a trolley and an easy-to-reach drying rack inside, whilst they continued to come once a week to help hang out his bigger, heavier items. At the same time, the support worker identified that Harry loved cooking, but had lost his confidence after his wife passed away. For a number of weeks the provider stayed and cooked with Harry to help him to prepare several meals to last over the week. With his confidence back, Harry has continued to do things for himself and has remained independent in his own home (p.21).