TRI TIDES

COMPASSION • CONNECTION • CLARITY

HELPING PEOPLE BE HEARD

Family Advocacy Toolkit

Navigating Residential Aged Care in Australia

A practical guide to help families find their voice — and support respectful, person-centred care.

tritides.com.au

Version 1.0 — June 2026

Important note

This toolkit provides general information to help families understand and navigate residential aged care in Australia. It is not legal, medical, or financial advice, and it is not a substitute for professional advice or independent advocacy.

Australia's aged care system changed substantially when the new Aged Care Act 2024 commenced on 1 November 2025. The Act places the rights of older people at the centre of care and introduces a Statement of Rights, strengthened Aged Care Quality Standards, registered “supporters” to assist with decisions, and an independent Complaints Commissioner. The Aged Care Quality and Safety Commission remains the national regulator.

> **Your right to be understood.** Under the Statement of Rights, an older person has the right to communicate in the language or method they prefer — including using interpreters or communication aids if they need them.

Information here is current as at June 2026. Aged care law, contacts and requirements can change, so please check official sources for the latest information.

For free, independent and confidential advocacy, contact the Older Persons Advocacy Network (OPAN) on 1800 700 600. To raise a concern about a provider, contact the Aged Care Quality and Safety Commission.

Contents

This guide is written to be read from beginning to end, or dipped into a section at a time. Use the list below to find what you need.

The full toolkit continues with: Residents' Rights · Family Rights · Planning Ahead and Legal Documents · Observation vs. Conclusion · Record-keeping trackers and logs · Requesting Information · Care Plans · Incident Reports · Independent Advocacy · Supporting Pacific Families · Important Australian Contacts · Self-Care · Printable Checklists and Templates.

Welcome

To the family reading this —

First, take a breath.

Having someone you love living in residential aged care is not a simple thing. It brings relief and worry in equal measure. You are grateful for the care they are receiving, and at the same time you carry a quiet concern — wondering if they are comfortable, if they feel known, if the people looking after them understand who they really are.

That concern is love. And it is exactly what makes families such an important part of good aged care.

This toolkit was written to help you feel more confident — not more anxious. It is not a handbook for complaints. It is not a guide to confrontation. It is a calm, practical resource to help you understand how the system works, know what to ask, and feel prepared for whatever comes next.

Good aged care is genuinely built on partnership — between staff, families, and the person at the centre of it all. Most aged care workers come to this work because they care deeply about older people. Many carry that care through long shifts, difficult circumstances, and significant pressure. When families and staff communicate well, residents flourish.

This toolkit is here to help make that possible.

Inside, you will find:

- Plain-English explanations of the system, and of your loved one's rights
- Practical questions to ask at every stage of the care journey
- An honest look at the realities of aged care — for staff and families alike
- A dedicated chapter for Pacific Islander families
- Templates and trackers to help you keep clear, factual records
- Guidance on how to raise concerns respectfully when something worries you
- Information on when and how to seek independent support
- Self-care guidance, because your wellbeing matters too

Use what is helpful. Return to it when you need it. Share it with others who might benefit.

You are not alone in this.

With warmth,
The Tri Tides Team

> **The question at the heart of this toolkit:** *"What does my loved one need right now to be safe, respected, heard and well cared for?"*

How to Use This Toolkit

Some families will read this from beginning to end. Others will turn straight to the section they need right now. Both approaches are fine. This toolkit is designed to be returned to — at different stages, in different circumstances, whenever a question arises.

Reading on screen

Every section is clearly headed, and the document flows from beginning to end. You do not need to read it all at once. Use the contents page to jump to the section you need right now.

Printing for a family binder

This toolkit prints cleanly on standard A4 paper. For a family binder, we suggest:

- Print single-sided, so you can write notes on the back of each page
- Use divider tabs to separate the major sections
- Print multiple copies of the tracker and log pages — you will likely need more than one set over time
- Keep the templates section at the back for easy reference when writing letters or emails

The tracker and log pages

The observation journal, incident tracker, medication tracker, and other log sheets are designed to be filled in by hand. If you run out of space, simply print additional copies.

Sharing this toolkit

This toolkit is free to download and share. You are welcome to pass it on to other families, community members, aged care facilities, hospitals, and anyone else who might benefit. We simply ask that it be shared in full and unmodified.

If you'd like printed copies, a version tailored for your facility, or to talk about supporting Pacific families, we'd love to hear from you. Contact Tri Tides at tritides.com.au or talk@tritides.com.au.

Version 1.0 — June 2026. Information is current as at the date of publication. Please check official sources for any updates to legislation, contacts, or aged care requirements.

Understanding the Reality of Aged Care

Before we talk about rights, questions, and records — it helps to understand the world your loved one is living in, and the world the people caring for them are working in.

This is not about lowering your expectations. It is about going into conversations with a realistic and compassionate picture — which, as it turns out, leads to far better outcomes for everyone, especially the person at the centre.

The people who work in aged care

Most aged care workers chose this work because they care. They chose it knowing it is physically and emotionally demanding, knowing the pay is modest, and knowing they will spend their days with people who are often in pain, confused, or frightened.

Many form genuine relationships with the residents they care for. They remember birthdays. They notice when someone seems a little quieter than usual. They sit with residents who are distressed at night when no family member is there.

What families may not always see

A family visit typically lasts an hour or two. A carer's shift is eight or more hours — often covering ten, fifteen, or more residents across personal care, meals, medications, clinical observations, documentation, and responding to changing needs throughout the day.

What a family member sees during a visit is a real and important part of the picture. But it is a part. The full story of a person's day in aged care is held by the people who are there across the whole shift. This is why communication between families and staff is so valuable — and why approaching it with curiosity rather than accusation tends to open more doors.

The pressures on the system

It would be dishonest to pretend that aged care has no problems. The sector faces real and documented challenges:

- Staffing shortages mean individual workers are often supporting more residents than is ideal
- High staff turnover can disrupt the consistency and continuity of care
- Shift handovers — the transfer of information between outgoing and incoming staff — can result in gaps, even with the best intentions
- Emotional fatigue and burnout are significant risks in this kind of work, and affect how people perform over time
- Time pressure can make care feel rushed, even when the individual worker is giving their best

None of these pressures excuse poor care. Every resident deserves consistent, respectful, person-centred care — regardless of how busy the facility is. But understanding these pressures helps families ask smarter questions, and recognise whether a problem reflects

an individual issue, a systemic issue, or something else entirely — because each requires a different response.

Recognising what kind of issue you are facing

One of the most useful skills a family advocate can develop is the ability to identify what kind of concern they are dealing with. This shapes how you respond.

Type of issue	What it might look like	What tends to help
A change in your loved one's health	New behaviour, withdrawal, confusion, reduced appetite, increased falls	Asking clinical staff what has changed medically; updating the care plan
A communication gap	You weren't told about an incident; information feels incomplete or inconsistent	A calm, direct conversation with the care coordinator or facility manager
A system or resourcing issue	Care feels rushed; the same problem recurs; staffing appears stretched	Raising it with management; asking what systems are in place to address it
An individual performance concern	A specific staff member's behaviour worries you on multiple occasions	Raising it with the manager directly; documenting what you observed
A matter requiring formal escalation	Serious injury; repeated unexplained concerns; complaints not addressed; possible abuse	Formal complaint to the facility, then to the ACQSC; contact OPAN for support

When things genuinely go wrong

There are times when care is genuinely inadequate. There are times when concerns are serious. There are times when a resident is harmed, neglected, or not treated with dignity.

This toolkit does not ask families to minimise or explain away those situations. You have every right — and sometimes a responsibility — to raise serious concerns firmly and formally. The sections on complaints, independent advocacy, and incident reporting are there for exactly those moments.

Holding both things at once

> Most staff are caring people working hard in a demanding system.
>
> **And families should never stay silent when something is genuinely wrong.**

What good care looks like

Recognising good care — and naming it — is just as important as recognising concern. Good care looks like:

- Staff who greet your loved one by name and know their preferences
- A care environment that feels clean, calm, and respectful
- Communication that is proactive — families are told about changes before they ask
- A care plan that is genuinely personalised, not generic
- Staff who respond to distress with patience and presence
- Residents who appear comfortable, engaged, and treated with dignity

When you see this — say so. Thank the staff. Tell the manager. Write a note. Good care deserves acknowledgement just as poor care deserves attention. A thank-you from a family makes a genuine difference to the people who receive it — and contributes to a care culture where everyone, including your loved one, benefits.

The Philosophy of This Toolkit

Advocacy is not about blame. Advocacy is about understanding.

This toolkit is built on one belief: that families who are informed, calm, and equipped to communicate well achieve far better outcomes for the people they love than families who are anxious, reactive, or focused on finding fault.

That is not naive. It is practical, it is evidence-based, and it reflects the reality of how good aged care partnerships actually work.

Five principles run through everything in this toolkit

1. **Observe before concluding.** Notice what you see. Write it down. Don't rush to explain it.
2. **Document before escalating.** A clear record is your strongest tool. Facts speak louder than impressions.
3. **Ask questions before making assumptions.** An open question almost always reveals more than an accusation.
4. **Seek understanding before assigning blame.** Understanding the real cause of a problem leads to real solutions.
5. **Work collaboratively wherever possible.** The best outcomes for your loved one almost always come through partnership.

> **Every section comes back to one question:** *"What does my loved one need right now to be safe, respected, heard and well cared for?"*

When that question guides every conversation, every observation, and every decision, families and care teams are far more likely to find their way to the same answer.

Advocacy Is Not Blame

This may be the most important section in this toolkit.

When someone we love is not being cared for as we hoped, it is natural to feel angry. It is natural to look for someone to hold responsible. That feeling comes from love — and it is completely understandable.

But advocacy that begins with blame rarely produces the outcomes families are actually hoping for. When families enter interactions already convinced that staff have done something wrong, communication shuts down. Care teams become defensive. The relationship deteriorates. And in the middle of all of this — the person who matters most can get lost.

> When a concern arises, begin with this question:
> *"What does my loved one need right now to be safe, respected, heard and well cared for?"*

This question keeps you focused on your loved one — not on winning an argument.

Both things are true

Most aged care workers are doing their best in a demanding environment. And families should never stay silent when something is genuinely wrong. Good advocacy holds both of these truths at once. It raises concerns without making enemies. It asks questions without making accusations. It seeks improvement without losing sight of the person at the centre.

Concerns worth raising — and how to raise them

The following concerns are worth raising — but how you raise them matters enormously.

Concerns worth raising	What to avoid
Repeated unexplained bruises or injuries	Immediately accusing staff of abuse
Your loved one seems consistently withdrawn or distressed	Concluding that staff are mistreating them
Care tasks appear rushed or incomplete	Assuming deliberate neglect

In each case, the stronger first step is the same: observe carefully, write down what you actually saw, and ask an open question. The chapters that follow — on rights, record-keeping, care plans, and complaint pathways — will help you do exactly that, calmly and effectively, with your loved one always at the centre.

Questions Every Family Should Ask

You have every right to ask questions about your loved one's care. Good staff welcome them.

You don't need to ask all of these at once. Choose the few that matter most right now, ask them calmly, and write down the answers. A question asked with curiosity — "Help me understand…" — almost always opens more doors than a complaint.

> **A gentle way to begin:** "I'd love to understand how Mum's doing day to day. Could I ask you a few quick questions?"

Everyday care & comfort

- How has my loved one been over the past few days — in mood, energy, and comfort?
- Are they eating and drinking well? Has their appetite changed?
- How are they sleeping?
- Are they getting out of bed, moving around, or joining in activities?
- How is their personal care — showering, dressing, toileting — being managed?
- Is there anything they seem to enjoy, or anything that distresses them?
- Is there anything I can bring or do to make them more comfortable?

Health changes & medical

- Has anything changed in their health recently that I should know about?
- Have there been any falls, infections, or new symptoms?
- Has their care plan changed? Can I see the current version?
- Who is the senior clinical person I can speak to about medical concerns?
- If something changed, when were you going to let me know — and how?

Medications

- What medications is my loved one taking, and what is each one for?
- Have any medications been started, stopped, or changed recently? Why?
- Are they being given anything to calm or sedate them? If so, what, why, and who approved it?
- Are there any side effects we should watch for?
- Who reviews their medications, and how often?

> **Worth knowing:** medications used mainly to manage behaviour (sometimes called "chemical restraint") are tightly regulated. You have every right to ask what a medication is for, whether it's necessary, and whether it was consented to.

Doctor & GP visits

- How often does a doctor or GP see my loved one?
- When were they last seen by a doctor, and what was the outcome?
- Who is their regular GP, and can our family speak with them?
- How are specialist referrals or hospital follow-ups arranged?
- If their condition changes, how quickly can a doctor review them?
- Can we be told before the next routine medical review, so we can raise anything?

If You’re Brushed Off

Being dismissed when you’re worried is one of the hardest moments — here’s how to stay calm and get heard.

Most of the time, a rushed or vague answer isn’t anyone being difficult — it’s a busy shift. But you still deserve a real answer. The key is to stay calm, stay factual, and keep moving up one level at a time. You are not being a nuisance. You are advocating for someone who needs you.

The escalation ladder

Step 1. **Ask again, clearly and calmly.** Politely repeat the question and ask for a specific answer. Sometimes it simply wasn’t heard the first time.

Step 2. **Ask who can help.** If the person can’t answer, ask for the right person — the registered nurse, the care coordinator, or the clinical manager on shift.

Step 3. **Put it in writing.** Email or write to the facility manager or Director of Nursing. A written request creates a record and usually gets a clearer response.

Step 4. **Request a care meeting.** Ask for a formal meeting to discuss your concerns, and bring your written notes.

Step 5. **Get independent support.** Contact the Older Persons Advocacy Network (OPAN) — free, confidential, and on your side.

Step 6. **Make a formal complaint.** If concerns are serious or still unresolved, contact the Aged Care Quality and Safety Commission.

The exact words to use

Calm, specific language keeps the conversation open and gets you a real answer. A few phrases you can borrow:

> *“Thank you — I just want to make sure I understand. Can you tell me specifically what happened and when?”*
>
> *“I hear that it’s busy. When would be a good time today for someone to give me a proper answer?”*
>
> *“I’d like to speak with the registered nurse or care coordinator on shift, please.”*
>
> *“I’d like to put this in writing to the manager. What’s the best email address?”*
>
> *“I’m worried about my loved one’s safety, and I need this taken seriously. If we can’t resolve it here, I’ll be contacting an advocate for support.”*

Who to contact

If raising concerns within the facility hasn't worked — or a concern is serious — these services are there for you. Both are free.

Who	What they do	How to reach them
Older Persons Advocacy Network (OPAN)	Free, independent and confidential advocacy. They can support you, help you prepare, and even speak with the facility alongside you.	1800 700 600 opan.org.au
Aged Care Quality and Safety Commission	The national regulator. Make a complaint about the quality or safety of aged care — even if you've already raised it with the facility.	1800 951 822 agedcarequality.gov.au
Facility manager / Director of Nursing	Your first formal point of contact inside the home for unresolved concerns.	Ask reception for their name and email

> **You will not get your loved one in trouble.** Under the Aged Care Act 2024, older people have the right to speak up and make a complaint without fear of reprisal. Raising a concern is your right — and theirs.