AGED CARE · RIGHTS AND EVIDENCE · 2026

In Aged Care, the Phone Is How Rights Get Used

The Statement of Rights includes being informed, being heard and being able to raise a concern. In practice all three happen over the telephone.

The rights in the Aged Care Act are exercised by telephone, and telephones are the least-documented part of most providers' operations. The **Aged Care Act 2024** commenced **1 November 2025** with a **Statement of Rights, strengthened complaints mechanisms**, new **registration, governance and accountability** requirements and **expanded civil and criminal penalties.** The **strengthened Aged Care Quality Standards** commenced the same day and are **more detailed and more measurable**, with increased focus on rights, food and nutrition, clinical care and diversity. The practical consequence is that "we always respond promptly" is no longer an answer, a response-time report is.

The short version

Change	The communications consequence
Statement of Rights	Rights to be informed, heard and to complain are exercised by phone. Contactability becomes a rights question, not a service-level preference
Strengthened complaints mechanisms	Complaints mostly arrive as ordinary phone calls. Whether one was recognised, logged and responded to is a records question
Provider registration	Obligations you must be able to demonstrate on request rather than assert
Governance and accountability duties	A board cannot oversee what is not measured. Answer times, callbacks kept and complaint trends are either reportable or invisible
Expanded civil and criminal penalties	Raises the cost of being unable to show what happened. Absent records are a materially worse position than they were
Standards that are more detailed and measurable	The core shift. Descriptions of good practice no longer suffice where a measurement is possible

Also worth knowing

Problem	Why it matters now
The call is invisible	No record that advice was sought or given. If this becomes an incident, the most consequential five minutes are undocumented, and “more measurable” Standards make that a real exposure
It depends on one person answering	If the coordinator is driving or with another client, a support worker is alone with a clinical question she is not qualified to answer
Personal numbers circulate	Clients and families acquire staff mobiles. Boundaries erode, after-hours contact becomes personal, and the numbers walk out when the worker resigns
Notes get written from memory	Contemporaneous documentation is the expectation. A note written at 8pm about a 2pm conversation is both weaker evidence and a less accurate care record

What this article is and is not

It is a communications design guide that takes the obligations as given. It is **not** guidance on how to comply with the Act, and it does not substitute for the Aged Care Quality and Safety Commission’s material or your own advice. The narrower question it answers is: given what changed, what should your phones do differently on Monday?

Questions the full guide answers

- [ ] What changed for aged care providers on 1 November 2025?
- [ ] Why are telephones relevant to the Statement of Rights?
- [ ] How should complaints arriving by phone be handled?
- [ ] Our home care workers call coordinators from their own mobiles. What should change?
- [ ] What does a properly designed after-hours arrangement look like?
- [ ] Does the Privacy Act apply to a small aged care or home care provider?
- [ ] What is the biggest technical risk when changing a care provider's phone service?

This is the summary. The guide has the detail.

Every point above is worked through in full on our site, with the Australian context, the numbers and the exceptions. If you would rather talk it through, call **1300 663 222** or visit **vocphone.com/about/contact-us**.