

2024 Progress Report

Implementation of the Recommendations
of the Royal Commission into Aged Care
Quality and Safety

June 2024



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Foreword: Ian Yates AM – Acting Inspector General of Aged Care

This is the first statutory report on the Australian Government’s progress in implementing recommendations from the Royal Commission into Aged Care Quality and Safety (the Royal Commission). The Inspector-General of Aged Care Act 2023 (IGAC Act), which established the statutory position of Inspector-General of Aged Care (Inspector-General) and the supporting Office of the Inspector-General of Aged Care (the Office), came into effect on 16 October 2023.

This 2024 progress report builds on the initial implementation assessment I delivered as the Interim Inspector-General in July 2023 (the IIG report) operating at that time within the Department of Health and Aged Care (the Department). The 2024 progress report, which has benefited from having more time to gather information, consult and consider what we have been told, delivers on my and the Office’s intent to provide a more detailed assessment of progress.

The Royal Commission was a seminal turning point in the delivery of aged care in Australia. It shone a light across the whole aged care system, identifying its many good practices but also, unfortunately, its all-too-frequent ‘failures and shortfalls’.¹ In recommending sweeping reforms to the system, the Royal Commission put forward a wide-ranging and ambitious reform agenda.

It is now over 3 years since the Royal Commissioner handed down its final report, entitled *Care, Dignity and Respect*, on 26 February 2021.

As time passes, it is important that we do not lose sight of what the Royal Commission proposed, what successive governments have committed to deliver, what has changed for the better, and what remains to be done.

The establishment of the Office, as an independent oversight body intended to drive transparency and accountability, was a key recommendation of the Royal Commission. Central to the role is the need to identify and address systemic issues in the delivery of aged care. Reporting on the implementation of the Royal Commission’s recommendations is a core function of the Office.²

This report meets the Office’s legislative requirement in the IGAC Act to set out the measures and actions the Commonwealth undertook before 1 January 2024 in response to each recommendation. The report goes beyond that to record as far as practicable, actions and intentions beyond 1 January, including measures announced in the Federal Budget on 14 May 2024.

This report also seeks to focus attention on a widely acknowledged systemic issue: the difficulties people experience accessing and navigating timely and appropriate aged care. Aspects of this ‘access and navigation’ theme go to the heart of the Royal Commission’s vision of fundamental transformation of the aged care system.

In tandem with the Office’s first statutory review, on the administration of My Aged Care – the primary entry point into the aged care system – my goal with this 2024 progress report is twofold: to draw

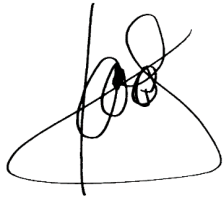


¹ Commonwealth of Australia (2021), *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 2.

² Recommendation 148: Evaluation of effectiveness.

attention to the prevalence and persistence of 'access issues' and to build momentum for further positive change in response to the Royal Commission.

I would like to offer my sincere thanks and appreciation to everyone who contributed to the preparation of this report. Your time, experiences and insights have greatly aided me and the report team in the Office.

A handwritten signature in black ink, appearing to be 'I. Yates', written over a large, loopy, handwritten 'A'.

Ian Yates AM, D Univ *Flin*

Acting Inspector-General of Aged Care
Office of the Inspector-General of Aged Care

30 May 2024

Executive summary

The Royal Commission laid the foundations for transformational change in aged care in Australia. Much has been done in the 3 years since its final report, including vital reforms to improve aged care system access and navigability for older Australians, their families and carers. While acknowledging that progress has been made, the Office's investigations underscore the need for the government to implement a new seamless aged care program that is needs-based and demand-driven. It must place a stronger focus on ensuring that older Australians understand aged care and can readily access it when needed. There is also a need for the aged care system to support people's ongoing connection to health services and broader support.

To a very significant extent, access and navigability are shaped by the architectural foundations of the aged care system. A key foundation of the Australian aged care system is that it is rationed, rather than demand driven. The Royal Commission recognised that a rationed approach results in many older Australians not being able to obtain the care and support they were assessed as being eligible for. The Royal Commission called for a paradigm shift through the establishment of a new demand-driven Aged Care Program augmented by a rights-based framework. The exposure draft of the new Aged Care Act (new Act), and the new Support at Home Program, will not do that.

Under the new Act proposed in the exposure draft, there is nothing to prevent a continuation of the current situation, where around 50,000 people approved for Home Care Packages (HCPs) are on the waiting list. Some are having to wait for up to 12 months. This is in addition to an unknown, but significant, number of people who are unable to access Commonwealth Home Support Programme (CHSP) services for which they have been assessed.

A Federal Budget measure adding 24,100 HCPs in 2024-25, and a separate \$400 million to supplement the CHSP over 3 years will reduce those numbers and waiting times, but many people who need and have been approved for care will continue to miss out. Moreover, there is nothing to prevent residential care developing into a similar situation in the coming 5-10 years, noting that it is already experiencing blockages.

In this report, the Inspector-General calls for the government to implement the needs-based approach the Royal Commission envisaged, which together with a rights-based legislative framework is the bedrock of the aged care system Commissioners believed Australia should move towards.

Beyond those broader foundational issues, this report has found that older Australians continue to find it challenging to understand and access aged care, despite improvements made before and following the Royal Commission. Overwhelmingly, people do not plan sufficiently for aged care; many only focus on their aged care needs when it becomes a necessity. By the time they reach that point, many older Australians, their families and carers find initial engagement difficult. While stakeholders have reported that My Aged

Care, the initial access point, has improved, their continued frustrations illustrate the need for further refinement. Concerns remain about access to aged care assessments that address older people's needs in a comprehensive and timely way, and the subsequent wait to receive support. This is especially so for those seeking community-based care, where consumer-focused stakeholders and those with lived experience have pointed to the system often struggling to meet their needs.

The Royal Commission recognised the need for personalised support in helping older Australians access services. Commissioners called for a workforce of 'care finders' to assist people with information and tailored case management services. To help provide consistent, accessible, inclusive, reliable and useful information about local services, Commissioners also called for star ratings to be published on the My Aged Care website. Despite early progress towards implementing those critical reforms, the Office's discussions with stakeholders have driven home the need for further government attention to ensure they are delivering the full benefits for older Australians outlined by the Royal Commission.

The Office examined how government reforms to the aged care workforce have impacted on-the-ground delivery of care for staff and care recipients. From stakeholder discussions, the Office learned that systemic workforce issues – including inadequate resourcing for staff, critical nursing shortages in both the health and aged care sectors, and the need for more professional development and workplace support – are ongoing and yet to be wholly addressed by current reforms. Alleviating systemic workforce challenges is complex and the Inspector-General is conscious of the need to balance timely changes with the urgent need for sustainable, long-term reform without exacerbating change fatigue.

The Royal Commission called for better access to health care and allied health services for older people receiving aged care, particularly people in residential care. The Office explored progress on improving access to general practitioner (GP) services and dental care with stakeholders, and heard the sector considers progress to be minimal. While the introduction of the Australian National Aged Care Classification (AN-ACC) model could have led to providers using more allied health in a restorative way, many have in fact reduced access to allied health because allied health professionals time does not count in compulsory care minutes. Discussion with stakeholders indicates further work is needed to improve allied healthcare access and delivery.

In discussion with stakeholders, the Office explored how access and pathways to respite care have been shaped by government reform. Timely access to respite remains a live concern for consumer-focused stakeholders. Likewise, the Office has heard concerns that while some funding has been established to support the delivery of respite care, the amount is insufficient to increase supply or meet demand.

In consideration of dementia care reforms, the Office acknowledges the complexity of care needs for people living with dementia and their carers. Stakeholders noted that while reform to improve access to care for people living with dementia and to establish support pathways has commenced, further work is needed. In particular, the Inspector-General considers that there needs to be greater awareness of, and access to, more specialist dementia care services. Moreover, he believes dementia support pathways need to be improved and more widely promoted, while dementia-specific training should be mandatory for the aged care workforce.

To understand the implications of reforms centred around First Nations Peoples, the Office has examined government commitment to support cultural safety; trauma-aware and healing-informed care principles; and the adoption of training across all aged care services. The Office explored the need for the Elder Care Support program and its initial implementation. Also considered were reforms to support access to care on Country and the strategic direction of aged care reform for First Nations Australians. The Inspector-General considers that cultural safety needs to be imbedded in aged care programs to ensure culturally

appropriate care is always delivered to First Nations Australians, and more broadly, to ensure the reformed aged care system meets the needs of First Nations Peoples.

The Office heard older persons from diverse groups are beginning to experience improvements from reform. For the most part, however, the government's approach to improving access to aged care for those from diverse backgrounds has involved making reforms parallel to, or as an 'add-on' to, the broader aged care system. The Inspector-General supports the findings of the Royal Commission and believes a redesigned aged care system must address diversity at its core. In discussions with stakeholders, the Office was informed of the separation of older persons from culturally and linguistically diverse (CALD) communities, LGBTQI+ adults and people with disability from the 'mainstream' aged care system. This report explores the barriers that people from diverse backgrounds face, and initiatives to improve their access to aged care.

In assessing the implications of reforms for older Australians living in regional, rural and remote communities the Office considered the availability of services, the adequacy of funding, and the system's capacity to address complex care needs. The Inspector-General considers that when addressing pressure points in the health and aged care sectors, reform must support and expand the respective workforces. It must evaluate the sufficiency of the current AN-ACC Base Care Tariff across non-metropolitan areas.

The Royal Commission set ambitious timeframes for a generational and complex reform agenda. The Inspector-General recognises the need for reforms to be put in place as soon as possible, but also emphasises the value of managing change well to minimise the risk of unintended costs or consequences. Engaging with aged care recipients and key stakeholders across the sector will be needed to allow sufficient implementation lead time to deliver significant reforms in a way that minimises reform fatigue. This will help to create an optimally functioning aged care system that supports older Australians, their families and carers.

Inspector-General's observations

The table below outlines the key observations made by the Inspector-General through chapters 1 to 11 and in the conclusion of this report.

Inspector-General's observation	Page
Chapter 1: Access and navigability – the system architecture	
The Inspector-General is very confident that a demand-based aged care system does not pose a threat to budget integrity and is not inconsistent with ensuring the financial sustainability of the aged care system.	21
The Inspector-General calls on the government to commit to the implementation, in full, of Royal Commission recommendations 25 and 41, which would deliver a needs-based system. Together with a rights-based new Act, these recommendations are the bedrock of the transformed new aged care system the Royal Commission envisaged. Without implementation of these recommendations, many Australians with a genuine and assessed need will continue to miss out on critical aged care services during a highly vulnerable period in their life.	22
The Inspector-General recognises that moving to a needs-based system will be a significant undertaking that cannot be achieved in one Budget. The finalisation of the new Act provides an opportune time to make this commitment and establish a timeline to achieve full implementation over the medium term.	22
Chapter 2: New Aged Care Act and system redesign	
The Inspector-General recognises the imperative of ensuring the new Act establishes a robust rights-based framework. In that regard, the Inspector-General stresses the need for fulsome engagement with stakeholders' views on ways to enhance the operation of human rights.	23
The Inspector-General considers that intelligence derived from complaints can have a significant positive impact on the effectiveness of compliance action. Strong systems are, however, needed to ensure the Complaints Commissioner's investigations are, and are perceived to be, beyond the influence of the rest of the Aged Care Quality and Safety Commission's (ACQSC's) leadership.	24
The Inspector-General has identified a need for the government to take proactive steps to ensure that consumer demand is measured, and shortfalls promptly addressed.	25
The Inspector-General appreciates the reasons for the delay in incorporating the Commonwealth Home Support Programme (CHSP) into Support at Home. Ahead of the transition, the Inspector-General advocates systematic and comprehensive engagement with the sector, particularly CHSP providers, to support them throughout the reform process, avoid uncertainty, and help mitigate risks and implementation challenges as they arise. The Inspector-General notes that it is important to bear in mind that unsuccessful and delayed attempts to consolidate CHSP into a single home care program go back a decade.	26
The Inspector-General considers it critical that there be no further delays in commencement of the new Act. It is to be hoped that the revised Bill can be introduced in time for thorough parliamentary consideration and passage before the end of 2024.	26
The Inspector-General considers that it is important that sector and community views be fully considered in finalising the legislation prior to introduction into Parliament.	26

The Inspector-General also considers that undertaking stakeholder consultations on the Rules while the Bill is being considered by Parliament will improve transparency, allow the sector an opportunity to comment, and help support transition to the new framework.	26
Given policy and detailed design work on Support at Home is still to be progressed, and the potential for that work to coincide with the federal election (and its accompanying caretaker period) in 2025, the Inspector-General considers that the risk of not achieving the stated 1 July 2025 timeframe is not inconsequential. Therefore, the Inspector-General reiterates the need to maintain momentum towards delivering Support at Home, including resolving any outstanding policy questions, and to engage with key stakeholders throughout that process as appropriate.	26
Chapter 3: Improving information and access pathways	
The Inspector-General considers that a long-term strategic approach remains urgently needed to address public misconceptions, raise awareness, and encourage people to plan ahead. A strategic focus is also needed to providing clear and practical information on how aged care works and how to access it when needed. For this strategic approach to be effective, it is vital that it be applied with a population-wide perspective.	28
The Inspector-General considers that there is a need for the My Aged Care website to be supplemented by greater face-to-face or personalised support to access aged care, such as that provided by the Contact Centre but more so care finders, Services Australia's Aged Care Specialist Officers (ACSOs), and advocates.	28
The Inspector-General considers additional improvements to the My Aged Care website are needed. Greater understanding of user experience could help identify areas for improvement, and improvements should be co-designed with a diversity of users, as well as learning from commercial websites that are highly rated for ease of use.	29
While the Inspector-General welcomes data showing a decline in home care wait list 'elapsed days', it is important that the Department objectively investigate and respond to consistent stakeholder accounts of lengthy delays and systemic shortcomings.	30
The Inspector-General calls on the Department to actively monitor and report on the impacts of grants for priority Aged Care Planning Regions in meeting unmet consumer demand and in minimising wait times.	30
In finalising the policy for the move to a single assessment model, the Inspector-General calls on the Department to consider the identified limitations of the current assessment processes and seek to ensure the Integrated Assessment Tool (IAT) encourages holistic assessment that takes adequate account of the breadth of people's care needs and the availability of local care options and likely wait times. Ensuring there is a sufficient pool of appropriately trained assessors will also be a key consideration in the success of the new model.	31
Chapter 4: Initiatives to support access	
The Inspector-General considers that stakeholder concerns about the operation of the care finders initiative warrant the Department further considering whether the program is providing the level of support that the Royal Commission envisaged.	32
The Inspector-General calls on the Department to review Primary Health Network (PHN) provision of care finders, with a view to determining whether variability is causing some people to receive inadequate assistance and whether stronger guidelines, more training or greater centralised oversight and accountability is warranted.	33
The Inspector-General observes that awareness of the availability of care finder support is critical to the overall success of the program and calls for further investigation by the Department to identify and address any gaps in that awareness.	33

The Inspector-General calls on the Department to review the outcomes of, and if necessary reconsider the merits of, combining the previous Assistance with Care and Housing program with the care finders initiative, and further engaging with stakeholders about the specific needs of older people at risk of homelessness.	34
The Inspector-General considers the development of an appropriate star rating system for home care to be a high priority.	34
The Inspector-General calls on the Department to publish a timeframe for extending star ratings into home care, noting that the ideal start date would be 1 July 2025, to coincide with the commencement of Support at Home.	34
The Inspector-General calls for greater differentiation in star ratings. A greater level of granularity will deliver a more usable system. It will provide additional information to people and further drive continuous improvement in service delivery.	35
The Inspector-General supports ongoing monitoring and assessment of quality indicators and resident surveys to ensure they are fit for purpose. The star ratings evaluation currently underway is welcome and should take this into account.	36
The Inspector-General recognises the need to minimise the possibility of providers being discouraged from voluntarily reporting compliance issues out of fear of being penalised with a poorer rating. An appropriate balance is needed to ensure star ratings do not turn a 'blind eye' to repeated non-compliance, and that they encourage positive engagement with compliance requirements and foster continuous improvement. The Inspector-General considers clearer public messaging about the treatment of non-compliance in the star rating is needed.	36
The Inspector-General believes that an enhanced star ratings program has much positive potential and advocates that effective and strategically focused communications strategies be used to educate the community.	36
Chapter 5: Ensuring an appropriate and secure workforce	
The Inspector-General welcomes the significant funding injection provided by the government in response to the Fair Work Commission's decision and considers it a significant step forward in supporting the aged care workforce and addressing workforce shortages.	37
The Inspector-General calls on the government to undertake a systemic review of the reasons for variable workforce shortages and consider targeted options to work with providers to support the attraction, retention and development of the aged care workforce to best-practice levels, including addressing factors outside a provider's control.	37
With the ageing of the Australian population likely to further increase demand for nurses across the health and aged care sectors, and the simultaneous ageing of the nursing workforce, the Inspector-General supports high-priority action by the government to address the existing nursing shortfall in Australia and encourage the sustained growth of the nursing workforce.	38
The Inspector-General considers the government should consider greater reliance on enrolled nurses (ENs), and assistants in nursing (AINs), under the suitable direction of a registered nurse (RN), in the move to increase care minute requirements.	38
The Inspector-General recognises the current and increasing diversity of the aged care workforce and the need for providers to be supported by policies and programs that protect their staff, educate their clients, and support safe and inclusive work environments.	39

Chapter 6: Improving access to health care and allied health care	
The Inspector-General considers that there is a clear need for more policy work and substantive action on integrating the health and aged care systems around the provision of high-quality care. People in residential care settings should have equal access to health care to those in the community. Too often it appears that access decreases after entry to residential care.	40
The Inspector-General supports the Department initiating a review of the impact of the Australian National Aged Care Classification (AN-ACC) and the focus on delivering the required care minutes, on the provision of allied health in residential care settings. In doing so, the Inspector-General suggests the Department consider whether other policies, such as legislating a requirement for providers to spend all their care subsidy on the provision of enablement-focused care, could offer an effective means of realising the Royal Commission's intent.	42
Chapter 7: Improving access to respite care	
The Inspector-General calls on the Department to develop more comprehensive information about the availability, use and unmet demand for respite care, and make it publicly available.	43
The Inspector-General calls on the Department to investigate the current state of respite provision with a view to increasing supply and achieving a better match between service availability and carer needs. The Department should also examine the adequacy of current funding, as well as broader factors acting as incentives and disincentives.	44
Chapter 8: Improving dementia support	
The Inspector-General notes that workforce issues impact access to aged care for people living with dementia, with some providers unwilling to admit people with complex care needs if they do not have sufficient highly skilled personnel to manage their care.	47
The Inspector-General calls on the Department to implement further strategies to improve access to aged care for all people living with dementia.	47
The Inspector-General considers greater awareness-raising may be needed regarding dementia pathways, particularly for key referral points.	47
While the Inspector-General acknowledges the importance of ensuring dementia pathways reflect local service offerings, there is merit in the Department considering how a 'baseline' level of national consistency could be achieved across PHNs.	47
Chapter 9: Supporting First Nations Australians in aged care	
The Inspector-General considers that cultural safety needs to be embedded in aged care programs to ensure culturally appropriate care is always delivered to First Nations Australians. The Inspector-General welcomes the commitment of funds to support cultural safety, and the adoption of trauma-aware and healing-informed care principles and training across all aged care services.	51
The Inspector-General considers there is a need for the Commonwealth to consult more broadly and more frequently with First Nations elders, advocates and providers to support the transition to a new aged care system. There is also a need to communicate a 'strategic vision' about the future of aged care for First Nations Australians, similar to the need for this across the whole aged care reform program.	51
The Inspector-General recognises systemic reform is a complex process and will continue to report on the integration and co-design of the aged care system with First Nations elders, advocates and communities.	51

Chapter 10: Designing for diversity in aged care	
The Inspector-General considers the government needs to do more to ensure people from diverse backgrounds are welcome in aged care settings, that they feel accepted, and their specific needs are recognised and met.	52
The Inspector-General considers that to best facilitate and support diversity in aged care, the provision of individualised, person-centred care needs to be at the core of the transformational reform agenda. Although ‘person-centred’ has been the mantra of many in aged care for some years, as discussed in Chapter 2, the evidence suggests that this is still not how most of the system and services are designed. Many services may be increasingly person-responsive, but they are not yet, as a rule, person-centred.	53
The Inspector-General believes it is critical the reforms of the aged care system support a redesigned system devoid of assumptions of ‘mainstream’ and ‘diverse’ approaches to care. The system must be genuinely ‘each-person’ focused and designed.	53
Chapter 11: Improving access in regional, rural and remote areas	
The Inspector-General acknowledges that while governments are working together to address nursing shortages, there is an urgent need to boost numbers in regional, rural and remote areas now. Strategies – and tangible actions – are also needed to build the non-nursing aged care workforce. Appropriate assistance for providers is also critical to ensuring broader availability of aged care.	55
The Inspector-General looks forward to the Independent Health and Aged Care Pricing Authority (IHACPA) transitioning to a point where it is providing more comprehensive advice to the government on the AN-ACC model, including the appropriateness of the current Base Care Tariff. In this regard, the Inspector-General considers that it is critical that IHACPA’s advice is based on the most comprehensive and real-time data on the actual cost of delivering care.	55
The Inspector-General considers there is an urgent need for the government to consider the sufficiency of the current Base Care Tariff across non-metropolitan areas.	55
The Inspector-General acknowledges further consideration is being given to measures to support the provision of aged care services in regional, rural and remote locations, and notes the complexity of current barriers impacting the aged care workforce across Australia.	56
Conclusion	
<p>In conclusion, the Inspector-General calls for:</p> <ul style="list-style-type: none"> • the government to establish an aged care system based on an entitlement to all forms of support and care an individual is assessed as needing • as part of finalising the new Act, consideration of sector and community views, and preparation of a subsequent complete version for introduction to Parliament as soon as practicable • sufficient home care funding to meet demand • the government to build sector confidence • perverse incentives and outcomes to be addressed • steps to ensure AN-ACC funding is sufficient • Commonwealth agencies to take stock of relevant Royal Commission recommendations and consider whether the measures and actions implemented to date, or likely to be in place by 1 January 2025, address the totality of what the Royal Commission called for, or alternatively the broad intent. 	57

Introduction

The IGAC Act requires the Office to prepare 2 reports on the progress made by the Commonwealth towards implementing the recommendations of the Royal Commission. Section 29 requires that the first report set out the “measures and actions” taken by the Commonwealth before 1 January 2024 in response to each recommendation, and the second report consider actions before 1 January 2025. The Act requires that the first report be given to the Minister of Aged Care on or before 1 June 2024, and the second 12 months later.

The statutory requirement to report on measures and actions taken before 1 January 2024 is addressed in the table covering each of the Royal Commission’s 148 recommendations, at [Appendix A](#), which:

- identifies measures and actions taken by the Commonwealth before 1 January 2024, as advised by relevant Commonwealth agencies
- identifies as far as practicable any additional measures underway since 1 January and actions planned for the future, and
- provides the Inspector-General’s comments, including the Office’s assessment of the indicative government position and delivery status as of 1 January 2024.

It is important to note that some recommendations will not be implemented, and others not implemented in full. A small number of recommendations are either/or alternatives where Commissioners made different recommendations. In other cases, the government has made considered decisions not to proceed with a recommendation, in full or in part, and is pursuing alternative action to deliver on its underlying intent. The Office acknowledges that a decision not to progress a recommendation can be appropriate. It also believes the legitimacy of pursuing an alternative option lies in whether it meets the Royal Commission’s intent.

The Inspector-General’s comments in Appendix A provide the Office’s assessment of implementation progress. In many instances work towards implementing the Royal Commission’s recommendations is substantially progressed. Tangible measures and actions have been delivered or are well advanced. For other recommendations, more limited progress has been made, and therefore implementation is more appropriately categorised as partially progressed.

The Inspector-General’s comments also identify where implementation diverges from the Royal Commission’s recommendation. They draw attention to recommendations where there is no clearly articulated rationale for not progressing with full implementation, where the government is yet to decide on implementation action, or where actions underway do not appear to meet the Royal Commission’s intent. In some cases, very significant recommendations have not yet been progressed.

The covering report is a thematic discussion. Where the table sets out Commonwealth implementation progress as reported by Commonwealth agencies, the thematic discussion is more heavily weighted on the feedback the Office has received and discussed with credible, experienced stakeholders across the aged care sector. These include peak consumer, provider and professional bodies, a wide range of aged care providers, and people with lived experience of residential care, home care and respite, and family carers.

Access and navigability

The Office decided to focus on access and navigability in the 2024 progress report: access in the context of how easy or otherwise it is for people to source appropriate aged care for the first time, and navigability in the context of whether people subsequently receive the care they need once ‘in the system’.

This choice is in response to stakeholder feedback, as concerns about access and navigability are consistently raised with the Office. It also reflects the findings of the Royal Commission, which said:

The aged care system is difficult to access and navigate. People trying to get aged care have reported the experience as time-consuming, overwhelming, frightening and intimidating. The availability of helpful and

*comprehensive information is critical to ensuring older people get timely access to the care they need and to empowering them to make choices about their care.*³

Structure of the report

The report is structured around 11 themes:

1. Access and navigability – the system architecture
2. New Aged Care Act and system redesign
3. Improving information and access pathways
4. Initiatives to support access
5. Ensuring an appropriate and secure workforce
6. Improving access to health care and allied health care
7. Improving access to respite
8. Improving dementia support
9. Improving access for First Nations peoples
10. Designing for diversity
11. Improving access in regional, rural and remote areas

The Office identified 60 recommendations that directly or indirectly address access and navigability. They are listed at [Appendix B](#). The thematic discussion does not attempt to cover each of these; only key recommendations associated with the themes are discussed.⁴

Preparation of the report

In preparing this report, the Office undertook 2 streams of stakeholder consultations. The first stream involved consultations with Commonwealth agencies with a role in the administration, governance and regulation of aged care, including the Department, the ACQSC, IHACPA and the Department of Social Services (DSS). For the second stream, the Office consulted with key stakeholders and individuals with lived experience of aged care. While the focus was primarily on access and navigability, and associated recommendations, many proffered comments about the consolidated impact of reforms more broadly.

The views of stakeholders, and the experiences and observations individuals shared with the Office are noted throughout the report. To respect confidentiality, no attribution is made beyond identifying the nature of the contributor – for instance, as a ‘consumer peak’, ‘a provider’ or ‘a participant in a lived experience session’.

1. Consultations with the Department

The Department was asked to provide detailed information on the implementation of each recommendation as at 1 January 2024. Input was sought on each recommendation covering:

- an indicative government position (noting the current government has not responded to every recommendation)
- implementation measures and actions before 1 January 2024, including Budget measures, legislation, information technology changes and key policy decisions
- implementation status, using a reporting framework developed by the Office (a copy of the reporting framework is provided at [Appendix C](#))
- further measures or actions planned, but not yet commenced

³ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Volume 1: Summary and recommendations*, p. 65.

⁴ Information on the implementation of each of the 60 recommendations, along with all other recommendations, is included at [Appendix A](#).

- whether implementation measures and actions to date had been consistent with what the Royal Commission recommended, and
- evidence to support the assessment of implementation status.

To support more detailed analysis than had been possible for the IIG report, information was predominantly sought on ‘sub-components’ for each recommendation, as opposed to focusing only on the ‘headline’ recommendation.⁵ This was particularly the case for recommendations associated with access and navigability, where more detailed information was sought.

Additionally, the Office requested a series of ‘deep dive’ discussions with Departmental officers responsible for implementing particular recommendations. Topics covered included star ratings, the new Act, care finders, the AN-ACC funding model, CHSP and the current and proposed assessment systems. These were highly productive sessions that enabled the Office to gather more detailed information.

To support the Office’s assessment of recommendations specifically focused on assisting First Nations Australians, the Office met with the Interim First Nations Aged Care Commissioner, Ms Andrea Kelly.

2. Consultations with the Aged Care Quality and Safety Commission

Detailed information was sought from the ACQSC using a similar, though less extensive, spreadsheet. Only recommendations with direct relevance to the ACQSC were included. For each recommendation, the ACQSC was asked for input that covered implementation status; measures and actions undertaken as at 1 January 2024; any subsequent and planned measures or actions; whether implementation to date was consistent with the Royal Commission’s recommendations; and evidence to support the implementation status assessment.

3. Consultations with the Independent Health and Aged Care Pricing Authority

IHACPA was also asked to complete a spreadsheet that sought information on directly relevant recommendations. The information sought was equivalent to that sought from the ACQSC.

The Office also met with IHACPA to discuss its role and the implementation of relevant recommendations in greater detail.

4. Public submissions

The Office called for public submissions on 21 February 2024. Contextual information and a series of questions focusing on access and navigability were posted on the Office’s website. Invitations to make a submission were issued, as well as public calls in all the leading aged care media. Those responding had scope to provide comments on any aged care matter; they were not limited to answering the identified questions.

A total of 25 submissions were received. Submissions came from consumer and provider peak organisations, other key stakeholders in the aged care sector, state and territory agencies, and members of the public. The submissions provided invaluable information about implementation progress ‘on the ground’, and critical insights into the broader aged care reform agenda and the impact of initiatives that have been introduced in response to recommendations. Organisations and individuals also took the opportunity to draw attention to outstanding issues and areas of concern.

5. Roundtables

The Office held 3 roundtable discussions with key stakeholders: one with organisations representing consumers, and two with a wide range of providers. Participants were invited to attend.⁶ Each session

⁵ Many of the Royal Commission’s recommendations are multi-faceted, with various layers of ‘sub-components’, such as parts ‘a’, ‘b’ and ‘c’, and sub-sub-components (‘i’, ‘ii’, ‘iii’ etc.).

⁶ The Aged and Community Care Providers Association (ACCPA) helped in selecting a representative cross-section of providers from across Australia and a variety of service types.

lasted several hours and provided an opportunity for in-depth discussion about access and navigation, and associated recommendations.

Having people ‘around the table’ allowed for a robust exchange of ideas and perspectives. The roundtables were especially beneficial in allowing for views to be examined and tested in greater detail. The participation of a range of aged care providers (covering home and residential care, specialist providers, and those in non-metropolitan settings) enabled the Office to hear firsthand about the challenges of delivering high-quality care.

6. Lived experience sessions

The Office received assistance from several peak consumer organisations to engage with people with lived experience of the aged care sector. The Office had the privilege of hearing from care recipients (covering home and residential care), carers, family members, health professionals, advocates and supporters.

Some of the experiences people shared were confronting. The Office would like to thank everyone who participated for their willingness to tell their stories which, at times, were clearly very painful. The insight these sessions provided has greatly benefited the report. Ideally, with additional resources, future reports would benefit from more of such sessions.

Chapter 1: Access and navigability – the system architecture

Access to and navigability of age care are affected by a variety of measures and factors, such as those discussed in chapters 3 and 4 of this report: the quality of My Aged Care, the assessment process, information provided by care finders or gained through star ratings, and others. Access and navigability are, however, also impacted significantly by the fundamental architecture of the aged care system.

1.1 The architectural characteristics of the aged care system in Australia

A key architectural feature of the Australian aged care system is that it is rationed. People's eligibility for care is assessed against their needs, the criteria for which are determined by the government, and their level of subsidy is assessed in accordance with government-determined means tests. The Inspector-General considers, as did the Royal Commission, that this is analogous with, for example, the age pension system, where eligibility is age-related and means tested. If a person meets those pension criteria, they automatically receive a pension. In aged care, however, many people who satisfy all government eligibility criteria, do not receive a service because the government has not funded enough licensed residential care places, or HCPs, or CHSP services.

1.2 The Royal Commission's calls for change

The Royal Commission found that this architecture is no longer fit for purpose and should change. Recommendation 25 called for the development of a new Aged Care Program that combines the existing CHSP, the HCP Program and the Residential Aged Care Program, including respite care and the Short-Term Restorative Care Programme (the STRC). The new program should include a common set of eligibility criteria, and critically, *'an entitlement to all forms of support and care which the individual is assessed as needing'* and *'certainty of funding and availability based on assessed need'*.⁷

Closely related and underpinning that recommendation is the Royal Commission's recommendation that the Aged Care Provision Ratio be replaced with a new planning regime. The new regime should support *'a funding allocation that is sufficient to meet people's entitlements for their assessed need'*. Moreover, it should provide *'demand-driven access to aged care based on assessed need'*, and *'fund cost-effective enabling care in the interests of people who need such care'*.

Successive governments have not committed to a new aged care program, nor to providing an entitlement within the current system to receive the care for which one has been assessed, or certainty of funding and availability of services.

1.3 Introduction of a new Aged Care Program

The Department has advised that there is no intention to introduce a new Aged Care Program, as recommended by the Royal Commission, given the fundamental differences in the nature and cost of care provided in a residential facility compared with community-based care. The government considers it impractical to combine community care, residential aged care and residential respite into a single program with the same funding and regulatory requirements. The government has committed to a single home care program only – Support at Home – aspects of which are planned to commence on 1 July 2025. Importantly, CHSP will not be incorporated before 1 July 2027 (or possibly later). Some stakeholders shared concern with the Office that this delay in incorporating CHSP hinders the progress of the broader aged care reforms.

The Inspector-General considers that while rationing of beds and packages clearly creates barriers to access, so too do stove-piped boundaries between programs. As an example, people on an HCP or in CHSP

⁷ Recommendation 25: A new aged care program, Recommendation 41: Planning based on need, not rationed.

may be receiving support through mobility equipment and transport to participate in community activities, whether that be structured social support, volunteering, attending a regular activity, or all of those. When people's care needs require them to enter residential care, access to these services is lost, even though the services remain as beneficial for maintaining agency and independence. The Royal Commission called for an end to this situation, arguing that people should be able to access the services they need irrespective of where they live and what part of the new program they are in.⁸

It is worth noting that while the government has not moved to fully implement recommendation 25, some innovative aged care providers and parts of the retirement living sector are actively piloting program designs that seek to reduce or remove the barriers between care types. They are arguing for more policy and regulatory space in which to move further in this direction.

While the Inspector-General recognises the complexity of moving to a single aged care program, this recommendation is a cornerstone of the Royal Commission's reforms, explicitly intended to produce 'fundamental change' and 'transformational reform'. As a range of key stakeholders noted, taken together with recommendation 41, the two recommendations have the potential to transform the provision of aged care as intended by the Royal Commission.

At the core of the new system, the Royal Commission envisioned this newly designed program, underpinned by an entitlement to all forms of care and support in line with an assessed need.⁹ Commissioners envisaged that this would be a program that older Australians could rely on when they need it, and in that respect it would sit alongside Medicare, the Pharmaceutical Benefits Scheme (PBS) and the Age Pension.¹⁰ Supplies of PBS prescriptions and age pensions are not exhausted each year, as HCPs and CHSP allocations are: they are available when eligibility criteria are met.

A universal entitlement to aged care should provide the basis for:

- expanding access to the full range of aged care supports
- reforming aged care funding based on the actual cost of delivering high-quality care, and
- ensuring timely access (including by clearing the home care waiting list).

In contrast to these principles, stakeholders identified that the exposure draft for the new Act does not establish a right to aged care and support based on assessed need. Rather, it maintains a rationed approach, based on there being a specified number of HCPs and a government-specified and government-funded number of discrete services under CHSP, while that program continues. It is currently unclear how residential care places will operate after the end of the bed licence system (now delayed to 1 July 2025), when providers will be able to expand bed offerings based on demand. What is also unclear is whether the government will annually cap the number of beds it will fund, or whether there will be a demand-based supply in residential care, the smallest component of aged care.

Maintaining a rationed system guarantees that substantial numbers of people with an assessed need for aged care supports will not have their needs met immediately, if ever. This has been demonstrated starkly for years in the HCP Program, with considerable numbers of people waiting for long periods, and many never receiving the service needed. Wait times and numbers had improved dramatically by mid-2023 but have now deteriorated. Service shortfalls are also evident, more opaquely, in CHSP, and access is becoming a significant issue in residential care. Further to these concerns, stakeholders reported many older people express anxiety that lengthy wait times and delays in service access will mean their future care needs may not be met.

⁸ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Volume 3A: The new system*, p. 143–144.

⁹ Recommendation 25: A new aged care program.

¹⁰ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Volume 3A: The new system*, p. 143.

The Department has justified this approach by contending that the Royal Commission stressed the need to balance rights and entitlements with a financially sustainable system.¹¹ The Royal Commission clearly did stress the need for sustainability, while also recommending against a rationed system and in favour of entitlement. The Inspector-General considers that an entitlement system is not necessarily unsustainable – the current Age Pension system testifies to this. ‘Sustainability’ is not a sufficient reason to maintain a rationed system.¹² Rather, sufficient capacity should be built into the system to support provision of care based on an assessed need.

1.4 Addressing concerns around financial sustainability of a demand driven aged care system

The Inspector-General is aware that the government (especially central agencies) has understandable concerns around the financial cost and budget integrity implications of a needs-based aged care system, underlined by the budgetary implications arising from unexpected growth in the National Disability Insurance Scheme (NDIS). However, there are major differences between the home-based aged care program and the NDIS that make such an outcome extremely unlikely, as outlined below.

- In contrast to the ‘diagnosis-based access’ principle of the NDIS, the aged care system has long incorporated an independent assessment of care needs. So long as need for care is independently and professionally assessed, and based on agreed types of need, the level of demand is controllable.
- The level of individual financial support in home care is capped, compared to any “reasonable” amount under the NDIS; and there has been no pressure for home care funding caps to exceed the value of the care component of residential care funding (the limit recommended by the Royal Commission).
- Home care subsidies are income-tested, noting that at the time of this report the degree and structure of means testing across aged care was under active consideration by the government in light of the report of the Aged Care Taskforce. The outcome is expected to be more robust, simplified and consistent means testing arrangements.
- Aged care demand is currently substantially measurable and predictable, and therefore can be managed within a contained financial envelope. Government capacity to measure and predict demand will also improve over time, as system reform results in more data becoming available. Indeed, if aged care provision moves to demand-driven access based on assessed need, then future demand will be very predictable, similar to the Age Pension system.
- The availability of home care on a demand-driven basis reduces the need for residential care, both in absolute terms (about half of home care recipients do not progress to residential care) and in compressing the period spent in residential care. This stands to benefit not just older Australians, their families and carers – the government will also derive substantial benefits given the relatively higher cost of residential care to the government.

Based on the above considerations, the Inspector-General is very confident that a demand-based aged care system does not pose a threat to budget integrity and is not inconsistent with ensuring the financial sustainability of the aged care system.

¹¹ Department of Health and Aged Care (December 2023), *A new Aged Care Act: exposure draft*, Consultation paper No. 2, p. 23, available at: <https://www.health.gov.au/resources/publications/a-new-aged-care-act-exposure-draft-consultation-paper-no-2?language=en>. Additionally, paragraph 5(g) of the Bill states that one of the Objects of the Act is to ‘provide for sustainable funding arrangements for the delivery of funded aged care services by a diverse, trained and appropriately skilled workforce’.

¹² *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 3A, p. 23. It is worth noting that the Commissioners *outlined* a specific description of a sustainable system, namely one that is ‘resilient, adequately funded and enduring’. Further, ‘a sustainable system is one that has what it needs to develop and renew itself’. It should be ‘able to adapt, respond quickly to change and evolve in line with community expectations about the reliability and quality of care. It has sufficient resources to deliver on its high-quality care purpose now and into the future. It is enduring’.

It is also noteworthy that the costs of not having a demand-driven aged care system at the 'front end' are currently unknown because they are not measured. These costs include increased and earlier uptake of residential care, and avoidable admission to hospital care and other tertiary health services. All of which cost more than home care.

The IIG report highlighted the fundamental nature and lack of government action on recommendations 25 and 41 and advised that the Office would revisit them in subsequent reports.

The Inspector-General calls on the government to commit to the implementation, in full, of Royal Commission recommendations 25 and 41, which would deliver a needs-based system. Together with a rights-based new Act, these recommendations are the bedrock of the transformed new aged care system the Royal Commission envisaged. Without implementation of these recommendations, many Australians with a genuine and assessed need will continue to miss out on critical aged care services during a highly vulnerable period in their life.

The Inspector-General recognises that moving to a needs-based system will be a significant undertaking that cannot be achieved in one Budget. The finalisation of the new Act provides an opportune time to make this commitment and establish a timeline to achieve full implementation over the medium term.

Chapter 2: New Aged Care Act and system redesign

The Royal Commission recommended a new Act that places ‘older people’s needs and wellbeing first’, in contrast to current aged care legislation, which establishes a scheme to ration limited government subsidies, coupled with the imposition of certain responsibilities on aged care providers.¹³ Important progress has been made towards preparing a new Act, with an exposure draft of the Bill for the new Act released for consultation from 14 December 2023. In fact, the Inspector-General considers the release of the exposure draft to be one of the most visible and significant signs of progress since the IIG report.

2.1 Release of the exposure draft of the Bill for the new Act

The exposure draft was intended to lay the groundwork for a new framework setting out older people’s rights. It creates a single point of access to aged care, coupled with new eligibility and assessment processes, a new framework for registered aged care providers, new oversight and accountability arrangements, a new regulatory model intended to increase provider accountability, and provisions to strengthen the ACQSC.

Importantly, the exposure draft does not specifically address a range of matters, such as Support at Home, the operation of fees and subsidies, the allocation of residential places to aged care recipients, critical failure powers, and reviewable decisions. Substantial matters such as grants and complaints processes are to be addressed in Rules.

While acknowledging that the Bill represents a significant milestone towards creating a new Act, the Inspector-General considers it important to draw attention to areas where the proposed approach diverges from the Royal Commission’s recommendations, and to highlight some of the stakeholder concerns raised with the Office.

2.2 Overview of stakeholder concerns

Stakeholders conveyed a range of views about the Bill to the Office. For example, consumer peaks expressed concern about the enforceability of rights (see below) and the absence of self-management and care planning in the new assessment process, and queried whether the legislation affords sufficient status for carers. Providers have expressed concern that the new Act would impose criminal sanctions in addition to civil penalties, and the breadth of whistleblower protections. This report will not provide a comprehensive recounting of all these views. Instead, the focus is on a selection of ‘core concerns’.

2.3 Rights of older people in aged care

Numerous stakeholders have asserted that the approach in the Bill towards upholding older people’s rights falls short of the Royal Commission’s vision for a comprehensive rights-based framework augmented by enforceable rights and entitlements. Stakeholders pointed to an absence of sufficient mechanisms for individuals to enforce rights, and the need for stronger and more explicit obligations on providers and the government to comply with those rights. Most stakeholders called for the objects, statement of rights and statement of principles to be strengthened in various ways, such as through a requirement for the government and providers to be bound to comply with and positively put into practice the statement of rights.

The Inspector-General recognises the imperative of ensuring the new Act establishes a robust rights-based framework. In that regard, the Inspector-General stresses the need for fulsome engagement with stakeholders’ views on ways to enhance the operation of human rights.

Going forward, the IGAC Act authorises the Inspector-General to monitor, investigate and report on whether the rights-based framework of the new Act is meeting its objectives, in addition to the Inspector-

¹³ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 3A: the new system, p. 13, available at: www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf.

General's responsibilities to report on the implementation of Royal Commission recommendations. As such, this will continue to be a strong focus for the Office in the future.

2.4 Complaints Commissioner

The Royal Commission recommended that a Complaints Commissioner be established as a separate statutory appointment within the ACQSC.¹⁴ Following the release of the final report of the Independent Capability Review of the ACQSC led by David Tune, a decision was made that the new Complaints Commissioner would occupy a Senior Executive Service position in the Commission. The commissioner exercises delegated powers and functions, rather than being an independent office holder exercising statutorily conferred responsibilities.

Several consumer-focused stakeholders have a strong preference for the Complaints Commissioner to be an independent statutory position with legislative functions. While the Inspector-General acknowledges the importance of impartiality in complaints handling, a key argument in favour of independence, there is also clear merit in having the complaints and compliance functions together.

The Inspector-General considers that intelligence derived from complaints can have a significant positive impact on the effectiveness of compliance action. Strong systems are, however, needed to ensure the Complaints Commissioner's investigations are, and are perceived to be, beyond the influence of the rest of the Aged Care Quality and Safety Commission's (ACQSC's) leadership.

2.5 Establishment of a New Aged Care Program (Support at Home)

A number of stakeholders have noted that the exposure draft does not include Support at Home, the centrepiece of the government's response to the Royal Commission's calls for a new aged care program.¹⁵ If the Bill is enacted without Support at Home, further legislation will be needed to establish that program from 1 July 2025. The Office has observed some unease around the lack of detail about how Support at Home will operate, a concern that the IIG report also noted.

In the context of the 2024 Federal Budget, however, the government has announced that the new Act will not commence until 1 July 2025 and that the Bill will be introduced as soon as possible. This delay may allow for the inclusion of Support at Home, which the Inspector-General would welcome.

More fundamentally, as discussed in Chapter 1, the Inspector-General notes there are marked differences between the scope of the Support at Home Program and the Royal Commission's recommendation to establish a new Aged Care Program combining home and residential care. In contrast, Support at Home will bring the HCP and STRC programs together from 1 July 2025, and as noted in Chapter 1, CHSP from no earlier than 1 July 2027.

Impacts of the delayed incorporation of CHSP into Support at Home

The Office notes that postponing the commencement of Support at Home until 1 July 2025 already represents a delay of 2 years from the original government target date.¹⁶ The decision to further postpone incorporating CHSP into Support at Home will result in 2 community care programs operating concurrently until at least 1 July 2027. Several consumer advocacy organisations have raised concerns about the delay, including that it will hinder progress with the broader reform agenda. The IIG report also expressed this concern.

CHSP is the entry point for many older Australians into the aged care system. It supports older people to live independently in their own homes or in the community. It has a vital role in supporting reablement for many older Australians and preventing functional decline and premature entry into higher-level home care and/or residential aged care.

CHSP is also the largest of the community-based programs by several measures. In 2022–23, 816,132 clients received support through CHSP, provided by around 1,330 organisations, at a cost of \$2.96 billion to

¹⁴ Recommendation 5: Australian Aged Care Commission, Recommendation 98: Improved complaints management.

¹⁵ Recommendation 25: A new aged care program.

¹⁶ The delay is also one year later than the Royal Commission recommended.

the government.¹⁷ By way of contrast, there were 258,374 people in the HCP Program during the same period, and just over 9,000 people who received care under the STRC.¹⁸

The Inspector-General is disappointed about the delay in incorporating CHSP into Support at Home. The maintenance of 2 home care streams will not deliver simplicity for consumers or efficiencies for the government. Furthermore, with the transition arrangements for CHSP yet to be confirmed, there is ongoing uncertainty for providers and consumers.

Given the size of CHSP, it is critical that when it does transition into Support at Home, the move is as seamless as possible. The Office recognises that incorporating CHSP into Support at Home will be a significant change management exercise. The framework that will guide service delivery under Support at Home – a ‘multiple provider model’ – is a significant departure from current arrangements. The Inspector-General notes that the Department will need to closely manage the transition to ensure a continued focus on the delivery of person-centred care.

The creation of Support at Home has also required the Department to develop and refine a range of new systems, including ICT systems to support information exchange and seamless service provision. CHSP providers will need time to adapt and respond to these new systems.

The delay in incorporating CHSP into Support at Home, while unfortunate, should provide the Department with ample time to ensure the eventual move is very well managed and providers are sufficiently prepared.

Need to maintain CHSP services

Ahead of incorporation into Support at Home, the Inspector-General believes that it is essential that service provision under CHSP continues at a level that meets assessed need.

The Office has received many reports of limited access to CHSP from stakeholders and from people with lived experience. The Office is aware that in some areas there is an insufficient supply of CHSP services. Some providers report having ‘closed their books’ after spending their annual allocation months before the end of the financial year. While some providers have spoken of facing ongoing staffing shortages, hindering their ability to deliver care, a significant number are unable to deliver services because their allocation/funding has been exhausted despite demand from older people approved for CHSP.

It is difficult to assess unmet demand for CHSP. Unlike the HCP Program there is no centralised, national waiting list for CHSP services, and many providers do not maintain their own wait lists. Demand and supply of CHSP services is therefore opaque, although the Department has been attempting to identify key areas of insufficient supply through a range of proxy measures¹⁹ as well as provider and consumer feedback.

The Office notes that the government has recently released new CHSP grant funding worth \$400 million over 3 years to address service access issues. This includes \$100 million in growth funding for 2024–25 to increase the availability of domestic assistance, home maintenance, allied health and therapy, and transport services. While the Inspector-General is encouraged by this funding, and its potential to support the sector and consumers in the lead-up to the transition to Support at Home, it may not be sufficient to address unmet demand.

CHSP is the entry-level service system that is both efficient for the government and effective in delaying people’s further functional decline and loss of independence.

The Inspector-General has identified a need for the government to take proactive steps to ensure that consumer demand is measured, and shortfalls promptly addressed.

¹⁷ Commonwealth of Australia (Department of Health and Aged Care), *2022–23 Report on the Operation of the Aged Care Act 1997*, p. 33, available at: https://www.gen-agedcaredata.gov.au/getmedia/360dc871-b22d-4c10-b66b-e9d914afe70c/Health-and-Aged-Care-ROACA-2022-23_Web.pdf.

¹⁸ Commonwealth of Australia (Department of Health and Aged Care), *2022–23 Report on the Operation of the Aged Care Act 1997*, p. 39.

¹⁹ This includes examining ‘elapsed time’ between a person’s assessment and receipt of a service. This can vary substantially across regions.

The Inspector-General appreciates the reasons for the delay in incorporating the Commonwealth Home Support Programme (CHSP) into Support at Home. Ahead of the transition, the Inspector-General advocates systematic and comprehensive engagement with the sector, particularly CHSP providers, to support them throughout the reform process, avoid uncertainty, and help mitigate risks and implementation challenges as they arise. The Inspector-General notes that it is important to bear in mind that unsuccessful and delayed attempts to consolidate CHSP into a single home care program go back a decade.

2.6 Commencement of the new Act

The Royal Commission stated that the new Act should come into force no later than 1 July 2023.²⁰ Development of the Bill since the Royal Commission handed down its final report has been protracted. The initial commencement date of 1 July 2023 was extended to 1 July 2024. Minister Wells then announced on 3 April 2024 that the government is considering the feedback provided through consultations on the Bill to refine the draft legislation before introduction and will update the commencement date before it is introduced into Parliament. In conjunction with the recent Federal Budget, the government announced the Act will commence on 1 July 2025.

The Inspector-General considers it critical that there be no further delays in commencement of the new Act. It is to be hoped that the revised Bill can be introduced in time for thorough parliamentary consideration and passage before the end of 2024.

The Inspector-General considers that it is important that sector and community views be fully considered in finalising the legislation prior to introduction into Parliament.

The Inspector-General also considers that undertaking stakeholder consultations on the Rules while the Bill is being considered by Parliament will improve transparency, allow the sector an opportunity to comment, and help support the transition to the new framework.

2.7 Commencement of Support at Home

The commencement of Support at Home is a matter of significant interest for the sector and consumers. As noted in the IIG report, delivery of Support at Home has experienced significant slippages, with the interim Inspector-General urging a sustained effort to ensure delivery by 1 July 2025.²¹ The Office reiterates this position.

The commencement of Support at Home is contingent on the further development and passage of the new Act. The exposure draft did not include a substantive legislative framework for Support at Home, apart from some components such as the concept of the ‘aged care service list’, which will be included in the Rules.

The Inspector-General is concerned that while the government has committed to delivering reforms to in-home aged care, program design for Support at Home appears to be still subject to further refinement and government decisions.

Given policy and detailed design work on Support at Home is still to be progressed, and the potential for that work to coincide with the federal election (and its accompanying caretaker period) in 2025, the Inspector-General considers that the risk of not achieving the stated 1 July 2025 timeframe is not inconsequential. Therefore, the Inspector-General reiterates the need to maintain momentum towards delivering Support at Home, including resolving any outstanding policy questions, and to engage with key stakeholders throughout that process as appropriate.

²⁰ Recommendation 1: A new Act.

²¹ Office of the Interim Inspector-General of Aged Care (July 2023), *Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety*, p. 12, available at: <https://www.health.gov.au/resources/publications/progress-report-implementation-of-the-recommendations-of-the-royal-commission-into-aged-care-quality-and-safety?language=en>.

Chapter 3: Improving information and access pathways

An entitlement to aged care must mean that older people are able to find and use the care and supports they are assessed as needing, as is their right. Information about aged care should be easy to understand, access and use. This is necessary to allow people to plan ahead for older age and to plan when seeking aged care supports and services.²²

The Office has identified that many older Australians, their families and carers continue to experience difficulties in understanding information about aged care. This adversely impacts their ability to access aged care for the first time, and navigate their care needs once ‘in the system’.

3.1 Improving public awareness of aged care

Engaging with aged care at the ‘point of crisis’

Stakeholders have told the Office that older people typically start their ‘aged care journey’ in response to a crisis.

There are a number of reasons for this. Deeply entrenched perceptions in the broader community that the aged care system is designed ‘for when people need it’ is one factor. To an extent, this is a reflection of people’s experiences of the health system throughout their lives, which is largely founded on a problem-intervention model, carrying over to aged care. Misinformation, stigma, emotional barriers and the poor reputation of the aged care system also play roles. Whatever their reasons, older people and their families are all too frequently in a state of significant stress by the time aged care becomes unavoidable.

Consumer representatives say this stress is compounded by people’s general lack of understanding about the aged care system and the steps to be followed to access care. The experience of such organisations is that many older people equate ‘aged care’ with residential aged care, thinking of home care as ‘a bit of help’. Pre-crisis, people do not want to think about residential aged care or plan for future care needs. When a crisis occurs, they do not know where to start.

Additionally, stakeholders attest to the fact that the aged care system is complex and daunting to understand and navigate. This not only applies to those facing language barriers, those from diverse cultural backgrounds, and those with a disability or illness. People with significant experience of human service systems and who are digitally literate in their daily lives have commonly flagged similar concerns.

The Royal Commission’s calls for enhanced information

The Royal Commission found people are confused about the aged care system and where to turn for help²³ and called for the government and sector-wide efforts to fund and support education and the dissemination of better information.²⁴ Commissioners also stressed that information must be made more accessible and useable through enhancements to My Aged Care to ensure that information is consistent, reliable and useful.²⁵ These findings presaged the need for a coordinated and strategic approach to improving older people’s engagement with the aged care system.

Numerous strategies have been adopted to improve public-facing information and resources in response to those findings.²⁶ However, the Office has found little evidence that those strategies have been

²² *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 3A: The new system, p. 145.

²³ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, pp. 65–67.

²⁴ Recommendation 26: Improved public awareness of aged care.

²⁵ Recommendation 27: More accessible and usable information on aged care.

²⁶ These include development of an ‘aged care reforms communications plan’ in 2021 to form a consolidated communications approach, in addition to a range of communications channels such as My Aged Care, printed and digital products, facilitated events and webinars, newsletters, social media activity and the Aged Care Engagement Hub.

implemented in a strategic or coordinated way at the whole-of-population level. This was an important feature of the Royal Commission's recommendations, and essential to building a comprehensive understanding of aged care among the Australian community. Ultimately, it will also help older people to understand how to enter the system and make informed choices about their aged care needs.

It is important to emphasise that these issues are not new. Successive governments have announced measures to improve the navigability of the system and to support older people planning ahead for their aged care needs.²⁷ The IIG report also noted the piecemeal nature of communications, and recommended a more comprehensive, strategic approach.²⁸

The Inspector-General considers that a long-term strategic approach remains urgently needed to address public misconceptions, raise awareness, and encourage people to plan ahead. A strategic focus is also needed to providing clear and practical information on how aged care works and how to access it when needed. For this strategic approach to be effective, it is vital that it be applied with a population-wide perspective.

3.2 My Aged Care

Initial contact through My Aged Care is often difficult

The Office has heard that people's experiences of My Aged Care have improved since the Royal Commission handed down its report, partly because it now provides information that is easier to understand. A fee estimator has also been added to the website to support older people and their families to understand their potential costs in aged care. Until now, this has often happened only when an aged care provider is selected.

The Office has consistently heard that My Aged Care is still too difficult for most people to navigate, however. This will be investigated in detail in the Inspector-General's review of the administration of My Aged Care; a detailed process that will result in findings and recommendations to the government. Nothing in this report should be taken as indicating the potential findings of that review, which is being conducted through a separate process.

Stakeholders have expressed frustration and confusion about My Aged Care, particularly the website. Limited computer access and literacy, poor internet connections and a fear of technology makes My Aged Care unworkable for many older people. Some of the 'lived experience' participants, with professional backgrounds and relatively sophisticated information technology skills, spoke of their struggles navigating My Aged Care. The Office was told that the system is 'a nightmare' for people with lower computer competency.

People continue to spend too much time on the system, with a number of stakeholders sharing accounts of people abandoning the process, or of being frustrated by what they perceive as its inflexibility. The Office heard claims of an increasing reliance on paid navigators, engaged to complete the My Aged Care requirements on behalf of others. The Office also heard that people find the Contact Centre usually (but not always) more user-friendly and easier to navigate than the website, although long wait times to speak to a My Aged Care representative were reported.

The Inspector-General considers that there is a need for the My Aged Care website to be supplemented by greater face-to-face or personalised support to access aged care, such as that provided by the Contact Centre but more so care finders, Services Australia's Aged Care Specialist Officers (ACSOs), and advocates.

²⁷ For example, in the 2018 Budget, the government announced the 'More Choices for a Longer Life Package', which supported improvements to My Aged Care, and introduced correspondence and online resources for people at ages 45 and 65 to support planning across a range of disciplines, such as health and financial planning.

²⁸ The Office of the Interim Inspector-General of Aged Care (July 2023), *Progress Report: Implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety*, p. 31.

The Department collects survey data on My Aged Care user satisfaction.²⁹ The target satisfaction rates are at least 95 per cent for users of the Contact Centre, and at least 65 per cent for the website.³⁰ Satisfaction results for the Contact Centre have consistently come close to reaching the performance targets. Aside from querying whether ‘up to 65 per cent satisfaction’ is reflective of good performance, the Office notes with concern that satisfaction among the website users has invariably failed to reach the target. Only 48.4 per cent of users, for example, were satisfied in 2022–23. It should be noted that ‘satisfaction’ means any score above 5 out of 10.

The Inspector-General considers additional improvements to the My Aged Care website are needed. Greater understanding of user experience could help identify areas for improvement, and improvements should be co-designed with a diversity of users, as well as learning from commercial websites that are highly rated for ease of use.

My Aged Care as a ‘one-stop shop’

The Office has heard mixed views around the intent for My Aged Care to be the ‘one-stop shop’ for aged care. Stakeholders have recounted concerns around contradictory information across multiple platforms, which they assert has led to confusion as to which source of information is definitive. Many people are also wary of government and seek reassurance on aged care options through alternative sources, including their personal networks and acquaintances.

My Aged Care’s usefulness as a tool for consumers to search for residential aged care has also been reported as variable, despite the Royal Commission’s calls for it to include a comprehensive provider search function. One reason is a potential lack of awareness of the tool. It has also been stated that service availability as indicated on My Aged Care does not always accord with reality.

3.3 Aged care assessments

For most people, completing the initial request for care through My Aged Care results in an assessment by either a Regional Assessment Service (RAS) or an Aged Care Assessment Team (ACAT).

The Office heard of people having to wait several months before receiving their assessment, and even longer in some cases. The Department has advised of a national median ACAT wait time of 22 days across all priorities.³¹ However, this does not accord with many stakeholder reports of much longer times. With an average (as opposed to median) wait time of over 46 days there are obviously some people who wait a very long time. The Office does not have specific ACAT wait time data by region, so is unable to determine whether there is a pattern as to where and why excessively long wait times occur.

Post-assessment, the length of time some people are waiting before receiving care is often 9–12 months, but can be more, according to many accounts. This accords with Department figures for wait times for certain HCPs. Such lengthy delays can see people significantly deteriorate, physically, mentally and emotionally. Prolonged wait times also contribute to increases in people’s care needs, and the subsequent cost of providing care. Delays can also impact the health and wellbeing of carers and contribute significantly to carer burnout.

Assessment waiting times are lower for people in hospitals

Disparities between assessment waiting times for those in hospital, compared with those living in the community, have also been widely reported. This has reportedly led to a number of unintended consequences, such as home and residential care providers and health professionals arranging hospital admissions for potential clients to expedite assessments. The Department has advised that assessment

²⁹ Data is sourced from customer satisfaction surveys and callers to the My Aged Care Contact Centre. ‘Satisfied’ Contact Centre callers are those who provide a score of 6 to 10 on a scale of zero to 10 in response to the customer satisfaction survey. The percentage of ‘Satisfied’ website visitors is an aggregate score from a series of questions that measure key indicators of website satisfaction.

³⁰ *Health and Aged Care Portfolio Budget Statements October 2022–23*, p. 95; *Department of Health and Aged Care Corporate Plan 2022–23*, p. 90.

³¹ This figure relates to the period between July 2023 and March 2024, as at 17 April 2024. The average wait time was 46.5 days. The Australian Bureau of Statistics recommends, however, that the median is used as a measure of central tendency.

waiting times are lower for older Australians in hospitals, with state and territory governments generally performing well in facilitating timely assessments in hospital settings. This is of course in the interests of state health systems.

Waiting times for the Commonwealth Home Support Programme

As noted elsewhere in this report, the Office has heard accounts that CHSP is experiencing significant demand, with substantial delays in client assessments, and further delays in service provision. Stakeholders have raised concerns that a lack of access to CHSP support, due to capacity constraints within CHSP (typically a 'service entry' to aged care, as noted in Chapter 2 of this report), is exacerbating declines in people's functional capacity and resulting in clients going to residential care or needing high-levels HCPs sooner than they otherwise may have. Recent media articles have flagged similar issues.³²

Data provided by the Department confirms that demand for in-home care support is increasing year on year, corresponding with growth in the eligible population. In 2022–23, CHSP supported 816,132 clients, with that number expected to rise again in 2023–24.³³ Assessment recommendations for CHSP have also steadily increased over the past 5 years, with 1,189,385 recommendations made in 2018–19 and 1,568,724 in 2022–23.³⁴ While the Department does not track 'waiting times', it does record 'elapsed days' between when an older person is recommended through assessment for CHSP and the first time they receive a service.³⁵ The data shows that median elapsed days have gradually declined over the past 5 financial years, from 27 days in 2018–19 to 19 days in 2022–23. The data does not show how many people did not ever commence a service because of having to wait too long.

Clearly, there are significant discrepancies between the data and stakeholders' accounts.

While the Inspector-General welcomes data showing a decline in home care wait list 'elapsed days', it is important that the Department objectively investigate and respond to consistent stakeholder accounts of lengthy delays and systemic shortcomings.

Issues such as workforce shortages, and supply constraints in regional, rural and remote areas, influence the timeliness of service provision. The Office has also been told that providers also prioritise demand for services provided through the HCP, at the expense of CHSP supports. The Department has advised that CHSP has moved to monthly reporting, with all CHSP providers required to submit monthly performance reports. This may shed light on the extent of the issue.

The Inspector-General also welcomes the government's decision to allocate \$400 million in funding for priority Aged Care Planning Regions targeting domestic assistance, allied health and therapy, transport services and home maintenance.

The Inspector-General calls on the Department to actively monitor and report on the impacts of grants for priority Aged Care Planning Regions in meeting unmet consumer demand and in minimising wait times.

Variations in assessments

The Office has also heard that the quality of assessments can be variable, particularly where assessors are inexperienced and not appropriately open to understanding and considering people's circumstances or limitations. This results in a poor assessment process, where care needs are not accurately identified and people are prevented from gaining access to the level or type of care they require.

³² See, for example: <https://www.abc.net.au/news/2024-05-09/commonwealth-home-support-scheme-under-strain-delays/103811460>.

³³ Commonwealth of Australia (Department of Health and Aged Care), *2022–23 Report on the Operation of the Aged Care Act 1997*, p. 33, available at: https://www.gen-agedcaredata.gov.au/getmedia/360dc871-b22d-4c10-b66b-e9d914afe70c/Health-and-Aged-Care-ROACA-2022-23_Web.pdf.

³⁴ Recommendations data is source from My Aged Care as at the 17 April 2024. The data is, however, subject to a number of caveats. Clients may receive multiple recommendations from an assessment, and client choice may mean that recommendations do not directly translate to demand for a service (for example, informal care may be provided).

³⁵ The Department has advised that this should not be considered as 'wait time' given the role choice plays in CHSP service uptake.

Accounts provided through the Office's 'lived experience' consultations, suggest an inherent lack of flexibility in current assessment processes, with people receiving variable outcomes depending on what answers they provide through the My Aged Care process, or whether they were supported by an advocate. Older people with complex health needs have reported that assessments have not sufficiently considered their needs. Those with disabilities also face specific challenges, especially where disability impairs communication, which can further skew assessment processes and outcomes.

Aged Care Royal Commission findings on assessments

The Royal Commission recognised many of the difficulties facing older people, their families and carers through the assessment process.³⁶ To create a more seamless assessment journey, Commissioners recommended that the Australian Government replace the Aged Care Assessment Program and Regional Assessment Services with one assessment process.³⁷ In response, the government has committed to establishing a new and improved single assessment system, which will be introduced using a phased approach. As the first stage, use of an Integrated Assessment Tool (IAT) will commence from 1 July 2024.

The Inspector-General recognises the potential for the single assessment model to address issues highlighted in this report. Moving to such a model will involve establishing multiple assessment suppliers, which may improve waiting times to have an assessment.

The single assessment model may also holds promise in ensuring assessments and resulting care plans are more 'realistic' and correspond with care availability, a significant area of concern for some stakeholders. The Inspector-General recognises that this is a complex issue. People should be recommended for the services that best meet their needs, but some have reported that when they are referred to services that are not available, it is like 'being referred to a dead end'. However, if care plans are modified to take unavailability into account, this data needs to be captured and reported so the government can take remedial action to remedy a lack of availability.

In finalising the policy for the move to a single assessment model, the Inspector-General calls on the Department to consider the identified limitations of the current assessment processes and seek to ensure the Integrated Assessment Tool (IAT) encourages holistic assessment that takes adequate account of the breadth of people's care needs and the availability of local care options and likely wait times. Ensuring there is a sufficient pool of appropriately trained assessors will also be a key consideration in the success of the new model.

³⁶ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 3A: The new system, p. 150.

³⁷ Recommendation 28: A single comprehensive assessment process.

Chapter 4: Initiatives to support access

The Royal Commission found that the aged care system should have a much greater face-to-face presence to assist older people, their families and carers. To help them choose between care providers, the Commissioners also called for a system of star ratings.

4.1 Care finders

The Royal Commission recommended that the Australian Government fund a workforce of personal advisors to support older people, their families and carers.³⁸ In response, the government is well progressed in rolling out the care finders program, with establishment occurring in January 2023 and operations commencing from April 2023.

Most stakeholders agree that the care finders initiative has the potential to provide much-needed support to those at particular disadvantage. The Office is, however, conscious of a number of limitations to the program, quite uniformly reported by stakeholders.³⁹

Scope of the care finder program

Most importantly, the Office notes that the care finder program as implemented is markedly narrower in scope than the Royal Commission recommended. Commissioners envisaged that care finders would operate as a workforce throughout Australia to assist older people and their carers to get access to the information they need, engage with their local assessment team, and identify and connect with providers, services and supports. Care finders were envisaged as providing additional case management assistance, appropriate to each person's circumstance and wishes.⁴⁰ In practice, care finders are funded and targeted to only assist the very marginalised, who require intensive support to navigate the aged care system.

To complement care finders, the Commonwealth has established ACSOs within Services Australia. In total, 80 (full-time equivalent) ACSOs are in place across around 330 sites. ACSOs provide a range of face-to-face supports, including offering information on the different types of aged care services, eligibility checks and ACAT referrals, and assistance in appointing My Aged Care representatives. They do not provide the end-to-end case management support that care finders do for vulnerable people.

According to the Department, having care finders and ACSOs operating in concert is intended to provide the assistance to older people and their families that the Royal Commission envisaged. At present, the Department has no plans to extend the care finders program beyond its current remit. Unused capacity has been cited as part of the rationale for maintaining the status quo, with only 5 care finder organisations out of 168 having reported as operating at full capacity.

The Office has received vastly different accounts from stakeholders, a number of whom have stated that there is high demand for care finder services, and in some cases, this has exceeded the care finder's capacity. It has been reported that smaller care finder organisations are overwhelmed by demand and have closed their books to new referrals. Through the lived experience discussions, the Office has also heard that care finders may not be able to provide as much support as the previous trial program of aged care navigators.

The Inspector-General considers that stakeholder concerns about the operation of the care finders initiative warrant the Department further considering whether the program is providing the level of support that the Royal Commission envisaged.

The Inspector-General is of the view that people need far greater access to face-to-face support to help access aged care. Existing support offered by care finders and ACSOs is too limited in resourcing, size and

³⁸ Recommendation 29: Care finders to support navigation of aged care.

³⁹ In this regard, the care finder evaluation being conducted by AHA may offer the first opportunity for considering these, and the Office looks forward to investigating the evaluation's findings.

⁴⁰ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 3A: The new system, p. 152.

scope to address the need that the Royal Commission identified. It is also arguable that the gap between the highly targeted care finders program and ACSOs is too great.

Who is providing care finder services?

The Royal Commission recommended that care finders be staffed by government employees. The Department has taken an alternative approach, with all 31 Primary Healthcare Networks (PHNs) being funded to commission care finder organisations. A diverse range of organisations deliver care finder supports, including a number of aged care providers.

The Inspector-General considers that the rationale underpinning this approach is sound. It reflects the intention of embedding service provision within local communities, and maximising linkages with other locally delivered services, including those planned, coordinated and delivered by PHNs. Engaging PHNs to commission organisations to deliver services also, in principle, maximises the potential to engage with those people who are wary of government.

Funding PHNs to commission care finders does, however, give rise to a number of issues. Significant variability has been reported in how different PHNs manage the care finder program, including within different regions in the same jurisdictions, which may give rise to inconsistent support. This may also create greater risks of variable outcomes for older people in different regions.

The Inspector-General calls on the Department to review Primary Health Network (PHN) provision of care finders, with a view to determining whether variability is causing some people to receive inadequate assistance and whether stronger guidelines, more training or greater centralised oversight and accountability is warranted.

Some stakeholders have expressed concern that some care finder organisations are aged care providers. Specifically, there are reports of some of those providers engaging in ‘client capture’ behaviour, where they are directing care finder clients to services supplied by their own organisation. It was reported that the culture of care finders in provider organisations was less consumer-centric than in independent organisations.

While these reports are concerning, the Inspector-General is not persuaded that aged care providers should be precluded from delivering care finder services. Rather, an appropriate suite of conflict-of-interest mitigation procedures, required training, and data matching could help ensure all care finder organisations are acting in the best interests of their clients. It is important to recognise that in some remote and regional geographical locations, it is possible that particular aged care providers may be the most appropriate and skilled entities with the type of end-to-end knowledge of the aged care system that care finders need.

Opportunities for improving implementation

Stakeholders have described several areas where implementation would benefit from improvement.

Awareness of care finders is insufficient

The Office has consistently heard that the target cohorts’ awareness of the care finder program is lacking. The program’s lack of a centralised coordination point, including the absence of an assertive outreach mechanism, have been pinpointed as contributing factors to low levels of community awareness.

The Inspector-General observes that awareness of the availability of care finder support is critical to the overall success of the program and calls for further investigation by the Department to identify and address any gaps in that awareness.

Servicing First Nations older people, homeless people and those from CALD backgrounds

The Office has heard that First Nations Australians and those from culturally and linguistically diverse backgrounds often face acute challenges in accessing aged care. However, stakeholders have reported that such people have been excluded from the scope of care finder supports as they are not deemed ‘vulnerable’ through the program’s criteria, despite having complex care needs and potentially needing additional support.

Consumer peaks have reported that they understood that when the previous Assistance with Care and Housing program rolled into care finders, continuity in support for older people at risk of homelessness would be ensured. Stakeholder feedback has expressed concern that this is not always the case.

The Inspector-General calls on the Department to review the outcomes of, and if necessary reconsider the merits of, combining the previous Assistance with Care and Housing program with the care finders initiative, and further engaging with stakeholders about the specific needs of older people at risk of homelessness.

4.2 Star ratings

The Royal Commission called for a star rating system that would be an effective and comprehensive performance rating system allowing differentiation between aged care services and providers.⁴¹

Implementation of star ratings

In response, the Department commenced publishing star ratings in December 2022 on the ‘find a provider’ page of the My Aged Care website.⁴² This includes an ‘overall star rating’ for each residential aged care home, of between 1 and 5 stars, and 4 sub-category ratings covering residents’ experience, compliance, staffing and quality measures. Star ratings are determined by a combination of specific rules for each of the 4 sub-categories, and for the overall star rating.

Scope of star ratings

The Department has followed an iterative approach to implementing star ratings, and aspects of the recommendation remain outstanding. Most significantly, star ratings do not currently apply to home care, in contrast to the Royal Commission’s intent. The Office acknowledges that extending star ratings into home care is not a straightforward exercise and requires careful planning. Apart from settling the policy, star ratings for home care will need to be underpinned by an alternative set of robust and fully tested quality indicators. Strategies will also need to be in place to ensure effective data capture in a home care setting, and how to attribute an individual’s outcomes to the quality of care provided in a home care setting.

The Inspector-General considers the development of an appropriate star rating system for home care to be a high priority.

The Inspector-General calls on the Department to publish a timeframe for extending star ratings into home care, noting that the ideal start date would be 1 July 2025, to coincide with the commencement of Support at Home.

Other aspects of star ratings also do not align with the Royal Commission’s recommendations. Specifically, it does not fully report on serious incident data as per the Royal Commission’s recommendation. Rather information included within the ‘compliance rating’ is used to indicate the extent to which a service is meeting its responsibilities, including where an Incident Management Compliance Notice has been issued if the service has not responded sufficiently to a serious incident. Similarly, a service’s compliance rating provides information on where Directions have been issued in response to complaints, rather than including complaints data as recommended by the Royal Commission.

Issues in the implementation of star ratings

The Office has received mixed feedback on star ratings. A number of stakeholders have spoken positively about their potential to assist people to choose a residential care service. There is also a recognition that ratings can help to drive improved quality of care. A range of issues, however, have been highlighted by stakeholders as well as through the Office’s own analysis. Some relate to the methodology and design of

⁴¹ See recommendation 24, that by 1 July 2022, the Australian Government should establish a system of star ratings based on measurable indicators that allow older people and their families to compare the safety and quality of service providers. Star ratings would be informed by supporting information and data, including quality indicator outcomes, serious incident reports, complaints data, staffing levels and information from older people, their families and advocates.

⁴² Recommendation 27 called for information on star ratings to be included on My Aged Care.

the existing ratings. Others relate to how star ratings are being implemented and evaluated. These issues are discussed further below.

Collectively, they show that further refinement to star ratings is required to achieve the Royal Commission's intent.

Issues relating to the methodology and design of star ratings

Lack of differentiation in residential care services

The Office has heard and has itself observed that star ratings do not currently provide sufficient differentiation between residential services. Stakeholders have said that this is hindering people's ability to make an informed choice and undermining public confidence.

Initial assessment scores, which measure quality with a degree of precision are 'rounded' into 'full stars'. Providers that initially score between 0 and 1.49 receive an overall rating of 1. A score of 1.50–2.49 results in a rating of 2; 2.50–3.49 results in a rating of 3; 3.50–4.49 results in a rating of 4; and 4.50–5.50 results in a rating of 5.

The Department has advised that 99 per cent of residential aged care services are rated 3 stars or above. Of those, the Office estimates that around 96 per cent of services have either 3- or 4-star ratings. With almost all providers receiving the same rating, there is effectively no useful information being communicated by the star rating system.

The Inspector-General considers that the whole-star rating system does not sufficiently differentiate quality. Arguably, this is most pertinent within the 3-star category, which is categorised on the My Aged Care website as 'acceptable'.⁴³ A service is given 3 stars if its initial assessment score is 2.50–3.49, a difference of 0.99. Setting aside the question of whether a score of 2.50 should be considered 'acceptable', the Inspector-General believes older people and their families may want to know whether the 3-star service they are considering received an initial score of 2.50 as compared to 3.49. There is likely to be a significant difference in the quality of care between the 2 alternatives. This extends beyond mere numerical differences. Consumer stakeholders have pointed to different services with markedly different reputations informed by residents' experiences being rated the same.

The Office has heard calls for half-stars, or ratings broken down to one decimal place, to allow great distinction between services. Part-stars are used in the rating of white goods, accommodation and food, for example, so are not unusual. The Office understands that the Department did consider half stars when designing the ratings system but decided against the option.

The Inspector-General calls for greater differentiation in star ratings. A greater level of granularity will deliver a more usable system. It will provide additional information to people and further drive continuous improvement in service delivery.

The evaluation of star ratings currently being undertaken should consider the merits of moving away from the current reliance on full stars.

The Department's data does show some encouraging trends, however, in regard to improvements to the overall quality of services since the introduction of star ratings. The number with 3-star ratings, for instance, had reduced from 1,364 in the first quarter of 2022–23 to 1,014 by the first quarter of 2023–24, and the number with 4 stars increased from 957 to 1,377 over the same period.

Design and value of quality indicators and resident surveys

Stakeholders have raised concerns with the Office about some of the quality indicators underpinning star ratings. In particular, the physical restraints indicator was raised by several providers who were concerned that it acts as a disincentive to take on residents with complex care needs, including dementia, in case they are penalised for doing so through star ratings. The Department has advised that a relatively poor

⁴³ See <https://www.myagedcare.gov.au/quality/how-are-star-ratings-calculated>. An aged care service is 'acceptable' if it 'has no compliance issues or is working with the Commission to fix compliance issues'.

restraints indicator score due, for example, to the existence of a secure dementia wing in a building, would have a minimal impact on a services' overall rating.

Another aspect of the ratings system that drew comments is the annual resident experience survey. Currently, the survey draws responses from over 20 per cent of the entire residential population, with at least 10 per cent of residents surveyed at each participating aged care home. However, the Royal Commission called for the survey to capture 20 per cent of residents at each service. The Office is also aware of concerns that the frequency and scope of resident surveys is inadequate to form a current indicator. It has been suggested that resident experience surveys should be extended to include a range of 'quality of life' indicators, such as life satisfaction, a sense of meaning and purpose, loneliness, and belonging to the local community.

The Inspector-General supports ongoing monitoring and assessment of quality indicators and resident surveys to ensure they are fit for purpose. The star ratings evaluation currently underway is welcome and should take this into account.

Compliance issues

The Office is aware of criticism being directed at star ratings on the basis that services subject to compliance action may receive 4 or 5 stars. Recent media attention on the reflection of compliance action

The Inspector-General recognises the need to minimise the possibility of providers being discouraged from voluntarily reporting compliance issues out of fear of being penalised with a poorer rating. An appropriate balance is needed to ensure star ratings do not turn a 'blind eye' to repeated non-compliance, and that they encourage positive engagement with compliance requirements and foster continuous improvement. The Inspector-General considers clearer public messaging about the treatment of non-compliance in the star rating is needed. Issues relating to implementation

How relevant are star ratings for older people?

Many stakeholders have challenged the value of star ratings. A number (including intake staff from major providers) reported that star ratings are not a significant factor for older people, their families and carers when selecting an aged care home. Rather, geographical proximity to family, recommendations from trusted sources (e.g. family, friends and acquaintances), and availability factor more strongly in people's considerations.

The Office notes that the current evaluation will consider whether star ratings have met their intended purpose. The Inspector-General is keenly interested in the findings of the evaluation, particularly any suggestions for improving the usefulness of star ratings as an information source for consumers and a means of generating greater quality improvements among providers.

Lack of understanding and awareness

The Office concludes that there is a lack of awareness and understanding as to what star ratings mean and how they should be used. The Office understands that the Department is in the early stages of considering strategies to improve communications around star ratings, which are to be informed by the findings of the evaluation.

The Inspector-General believes that an enhanced star ratings program has much positive potential and advocates that effective and strategically focused communications strategies be used to educate the community.

Chapter 5: Ensuring an appropriate and secure workforce

*A highly skilled, well rewarded and valued aged care workforce is vital to the success of any future aged care system. We have heard about the dedication and passion of aged care workers. While many excellent people work in aged care, there are systemic workforce problems that must be addressed.*⁴⁴

The Royal Commission stressed the need for urgent reform to address the systemic issues affecting the aged care workforce. A lack of funding support, and the design and operation of the current system were considered key drivers of the issues impacting the workforce across the sector.

Work to implement the recommendations of the Royal Commission has commenced. It is intended to support the existing workforce and produce key insights into attracting and retaining staff.⁴⁵ The government has developed a long-term aged care workforce supply and demand model to support the sustainability of the reforms.

5.1 Staff resourcing

Although reforms directed at addressing the issues identified by the Royal Commission have seen small improvements for the workforce, the Office was told the fundamental issues remains the same. Salaries are still too low, and workloads remain challenging, especially considering workforce shortages affecting current staff.

Through the 2023–24 Budget, the government invested \$11.3 billion to increase aged care workers' wages in response to its commitment to fund the Fair Work Commission's decision of a 15 per cent increase to aged care award wages from 1 July 2023.⁴⁶ In March 2024, the Fair Work Commission announced the decision to further increase wages based on historic undervaluing. The decision will see an increase of up to 28.5 per cent for some personal care workers and up to 26.1 per cent for some home care workers.⁴⁷

The Inspector-General welcomes the significant funding injection provided by the government in response to the Fair Work Commission's decision and considers it a significant step forward in supporting the aged care workforce and addressing workforce shortages.

Despite the wage increases, the Office was told wages for non-clinical roles remain subject to disparity. Many industries, such as the maintenance and construction industries, offer more competitive salaries for qualified staff than the aged care sector. In the face of competition for care workers more broadly, stakeholders are concerned about whether the sector can retain a sufficient workforce, particularly in light of higher demands on staff associated with the care minutes requirements and strengthened Aged Care Quality Standards. Workforce retention and attraction are critical to the provision of quality care.

The Office notes that across the sector there are quite markedly different workforce experiences between providers, including between similar providers in similar situations. Remuneration varies, sometimes significantly, as does investment in training and career paths, and retention and turnover rates. This variability is at times for no obvious financial or operational reason, instead attributed by informant stakeholders to differences in governance, management and workplace culture. The Office also notes that there can also be other reasons for such differences, including provider size/scale, geographic location, resident mix, and out-of-date buildings and facilities with insufficient financial capacity to upgrade or replace them.

The Inspector-General calls on the government to undertake a systemic review of the reasons for variable workforce shortages and consider targeted options to work with providers to support the attraction,

⁴⁴ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Volume 1: Summary and recommendations*, p. 124.

⁴⁵ Recommendation 75: Aged care workforce planning. Recommendation 76: Aged Care Workforce Industry Council Limited.

⁴⁶ Published on the Fair Work Ombudsman website, last updated 1 July 2023.

⁴⁷ Fair Work Commission, *Summary of Decision*, 15 March 2024, p. 4.

retention and development of the aged care workforce to best-practice levels, including addressing factors outside a provider's control.

The Inspector-General has the power to undertake such a review, but the Office does not have a sufficient resource base to do so.

It is worth noting that some providers also told the Office they are concerned that the inclusion of proposed criminal penalties in the new Act may dissuade some senior staff from continuing in, or joining, the aged care sector.

5.2 Critical shortage of nurses

There is a critical shortage of nurses in Australia. According to Health Workforce Australia, a Commonwealth statutory authority established by the Council of Australian Governments, there is likely to be a shortfall of more than 100,000 nurses by 2025 and 123,000 by 2030. Existing shortages are particularly pronounced for Registered Nurses (RNs) but are also prevalent for Enrolled Nurses (ENs).⁴⁸

The Australian Government released the Nurse Practitioner Workforce Plan on 16 May 2023 and is working with the Victorian Government, in collaboration with all other jurisdictions, to develop a National Nursing Workforce Strategy.

The aged care sector is becoming increasingly reliant on nurses. In response to the Royal Commission, the government introduced 24/7 nursing requirements for residential aged care facilities, as well as minimum care minute requirements, which in part need to be delivered by RNs. Presently, the care minutes responsibility is based on a sector-wide average of 200 minutes of care per resident per day, including 40 minutes of direct care by an RN. This is set to increase to a sector-wide average of 215 care minutes per resident per day, including 44 minutes of direct care by an RN from 1 October 2024.

The Royal Commission said that *there are many ingredients that enable the provision of high quality and safe aged care, but it cannot be achieved without having enough staff with the skills and time to care*.⁴⁹

The availability of an adequate supply of nurses is central to the provision of quality care.

With the ageing of the Australian population likely to further increase demand for nurses across the health and aged care sectors, and the simultaneous ageing of the nursing workforce, the Inspector-General supports high-priority action by the government to address the existing nursing shortfall in Australia and encourage the sustained growth of the nursing workforce.

The Inspector-General considers the government should consider greater reliance on enrolled nurses (ENs) and assistants in nursing (AINs), under the suitable direction of a registered nurse (RN), in the move to increase care minute requirements.

5.3 Agency staff

Since the COVID-19 pandemic, there has been significant growth in temporary hire agencies supplying workers to the sector. Third-party employment agencies attract staff by offering higher wages and increased flexibility. They pass on the cost of higher wages to providers, and typically charge an initial service fee and recruitment fees, as well as a margin on the higher wages. Many providers the Office heard from spoke of their growing reliance on agency staff to cover shifts due to care minute requirements and systemic workforce shortages (which can be exacerbated by the predatory action of some agencies that actively 'poach' staff to then place back with providers at much higher rates). The Office heard that reliance on agency staff is especially pronounced in regional areas because of the otherwise higher level of worker shortages in those areas.

The review recommended earlier should also look at strategies to reduce dependence on high levels of agency staff and consider whether action can be taken against predatory workforce practices.

⁴⁸ Victoria University online, *Nursing shortage in Australia: Current data and a look at the future*, 15 December 2023.

⁴⁹ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 129.

5.4 Professional development opportunities

The government has commenced action in response to the Royal Commission's calls for greater training and education for those working in the aged care sector.

A Review of the Certificate III in Individual Support has been conducted. A new jobs and skills council, HumanAbility, was established in July 2023 with responsibility for aged care and other care sectors. HumanAbility is expected to undertake a review of the Certificate IV in Ageing Support.

The Royal Commission called for mandatory training for staff in cultural safety, dementia and palliative care.⁵⁰ While training in each is being delivered, there are currently no requirements for mandatory provision, although the Department has advised that the strengthened Aged Care Quality Standards (quality standards) will include requirements for providers to provide workers with training and supervision to support their role. The Office concurs with the Royal Commission that dementia care is fundamental core business for aged care providers and as such supports mandatory training being a condition of being an approved provider. Just as public transport companies are prohibited from operating without trained and licensed drivers, aged care providers should not be allowed to provide aged care without trained and qualified staff. This is especially pertinent when it comes to providing care for people with complex needs, such as those living with dementia.

Training and professional development opportunities for staff are impacted by broader systemic issues including workforce shortages, geographic location and time constraints. Several providers reported that despite an interest from staff in undertaking training opportunities, workforce shortages, high costs of training delivery and an inability to meet required staffing levels restricts providers from supporting staff in their professional development.

5.5 Recognising a culturally diverse workforce

The aged care workforce is culturally diverse. The Office heard that racism in the workplace is an ongoing experience for aged care staff from diverse backgrounds. Providers report they often receive demands from some care recipients for Caucasian staff to provide their care.

To mitigate workforce shortages several providers stated they are using alternative means of recruitment, including the Pacific Australia Labour Mobility (PALM) scheme. The scheme offers a short-term solution to labour shortages, but providers stated the bureaucracy of the scheme is burdensome to navigate. Using schemes such as PALM creates further diversity in the aged care workforce, increasing the need for educational resources and safe work supports.

The Inspector-General recognises the current and increasing diversity of the aged care workforce and the need for providers to be supported by policies and programs that protect their staff, educate their clients, and support safe and inclusive work environments.

⁵⁰ Recommendation 30: Designing for diversity, difference, complexity and individuality. Recommendation 32: Respite supports category. Recommendation 80: Dementia and palliative care training for workers.

Chapter 6: Improving access to health care and allied health care

All too often, people receiving aged care miss out on access to adequate health care. This is the case even although the health care needs of people receiving aged care are, on average, greater and more complex than those of the general population. Complex needs require a coordinated, multidisciplinary response involving people from across both the health care and aged care systems.⁵¹

The Royal Commission found that people in residential aged care can find it difficult to access a GP and recommended the establishment of a capitation model⁵² that would see accredited aged care GPs paid an annual stipend. The government rejected this recommendation and is implementing an alternative approach.

On 1 October 2023 a new system of voluntary aged care patient registration, entitled MyMedicare, commenced and will be followed by a new incentive payment for GPs and primary care clinics from 1 August 2024. It will take time for the impact of these new initiatives to be apparent. The Office welcomes the Department's planned evaluation, which will examine the effectiveness of these measures.

6.1 Access to GPs and specialists

For this report, the Office heard that little has changed following the Royal Commission to improve people's chances of having their healthcare needs met while in residential aged care.

Both consumer peaks and providers who participated in our roundtables raised access to GPs for those in residential care as a concern. Several spoke of GP shortages in regional and rural areas, while Western Australia was identified as a state with a chronic GP undersupply. Some felt that following the pandemic, access to GPs has worsened and turnover rates are higher, undermining continuity of care for older people.

The Office has heard that some residential aged care facilities will not admit new residents unless they have a GP's agreement to provide treatment while they reside at the facility. Conversely, others report prospective residents of other facilities being told a condition of entry to a facility is that they only use the 'in-house' GP. Neither of these practices would seem to be in accordance with the Standards, but they continue to be reported.

Stakeholders have also raised concerns about continued access to specialists following a person's admission to residential aged care, and access to geriatricians in particular. Noting that the clientele of residential care facilities is becoming increasingly older, with more complex needs, the Inspector-General considers that more needs to be done to ensure people retain access to appropriate specialist care on moving from the community into a residential facility.

6.2 The need for seamless care

The Royal Commission sought greater integration across the primary health, hospital and aged care systems. The Office has not been provided evidence of significant improvements having been delivered or holistic, system-wide thinking having been done within government.

The Inspector-General considers that there is a clear need for more policy work and substantive action on integrating the health and aged care systems around the provision of high-quality care. People in residential care settings should have equal access to health care to those in the community. Too often it appears that access decreases after entry to residential care.

⁵¹ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Volume 1: Summary and recommendations*, p. 113.

⁵² Recommendation 56: A new primary care model to improve access.

To this effect it is worth noting that Commonwealth and state and territory officials⁵³ have developed a ‘clarification statement’ for delivery of health care to people receiving aged care.⁵⁴ It seeks to identify when care provided to an older person is predominantly the role of the Commonwealth, states and territories, or an aged care provider. The Inspector-General considers the statement falls well short of the Royal Commission’s recommendation.⁵⁵ It provides no further clarity and, in its current form, is unlikely to deliver any tangible improvements.

6.3 Access to dental care

Despite oral health being highlighted as a significant problem by the Royal Commission, the Office consistently heard that there have been no improvements in the provision of dental care for people in residential aged care. The Inspector-General is sceptical that this will change in the short term. The recommendation to establish a Senior Dental Benefits Scheme⁵⁶ is yet to be agreed by the Australian Government,⁵⁷ though the Department has advised that it is continuing to work with state and territory governments on a broader package of long-term dental reform. The range of options being considered and the potential implementation timeframes are unknown, however. This reform has been deferred by successive governments over a long period.

6.4 Access to allied health in residential aged care

People in aged care have limited access to services from allied health professionals, including dietitians, exercise physiologists, mental health workers, occupational therapists, physiotherapists, podiatrists, psychologists, speech pathologists and specialist oral and dental health professionals. A survey found that in 2018–19, only 2 per cent of HCP funding was spent on allied health. Under the Commonwealth Home Support Programme in 2018–19, 29 per cent of people received services categorised as allied health and therapy services, but more than half received fewer than 5 allied health services per year. Allied health care in residential aged care is also insufficient and the Inspector-General is concerned that the type of service provided may be influenced by funding arrangements.⁵⁸

The IIG report drew attention to stakeholder concerns about reduced access to allied health care in residential care following the introduction of the AN-ACC⁵⁹ funding model. These concerns remain.

Consumer and provider representatives told the Office they welcomed the AN-ACC and the additional and restructured funding it has delivered to the system. There appears to be consensus that it is much better than the previous funding model, the Aged Care Funding Instrument (ACFI).

In relation to allied health, a disproportionate focus on ‘pain management’ developed under the ACFI. Various stakeholders told the Office that this led to spending on allied health services that were neither effective nor clinical best practice.

The AN-ACC model is clinically focused and designed so that if a resident physically improves after admission, the provider is not required to undertake a reassessment and can retain the initial (higher) level of funding. This has led to some providers strengthening their allied health provision to support reablement. However, the data shows that many have done the reverse and overall expenditure on allied health provision in residential care has fallen.

The introduction of the AN-ACC occurred in tandem with the implementation of the Royal Commission recommendation requiring the delivery of 200 care minutes for an average resident,⁶⁰ and the AN-ACC funding level was set to support this. However, many providers have told the Office that meeting the cost

⁵³ The Intergovernmental Health and Aged Care Senior Officials Group.

⁵⁴ Published on the Department of Health and Aged Care’s website on 5 February 2024.

⁵⁵ Recommendation 69: Clarification of roles and responsibilities for delivery of health care to people receiving aged care.

⁵⁶ Recommendation 60: Establish a Seniors Dental Benefits Scheme.

⁵⁷ Notwithstanding that it was an ALP election commitment in 2019.

⁵⁸ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 66.

⁵⁹ Recommendation 120: Casemix-adjusted activity-based funding in residential aged care.

⁶⁰ Recommendation 86: Minimum staff time standard for residential care.

of the care minutes requirements leaves limited funds available for allied health, lifestyle activities or innovation. With widespread shortages in the availability of nurses, especially the RNs who are required to deliver 40 of the 200 minutes, the sector is already facing significant challenges meeting this requirement.

Several stakeholders have suggested that with the proposed move to 215 care minutes from 1 October 2024, the additional 15 minutes should be able to be satisfied by the provision of allied health services. The Inspector-General considers this suggestion merits further consideration, particularly given existing nursing shortages.

An issue raised by stakeholders is whether the Royal Commission's focus on minutes of care, provided only by nurses and carers, is 'too blunt' a tool to encourage a holistic focus and the provision of high-quality care. It is certainly the case, as stakeholders have also noted, that satisfying the time requirements alone does not guarantee quality care. Nursing and care staff can be inexperienced or not properly trained or skilled (for instance, in dementia or palliative care) or may have a conscious or unconscious ageism bias that mitigates against a restorative or enablement approach to care.

Enablement was a key focus for the Royal Commission, and the Inspector-General is concerned that neither the structure of the AN-ACC nor a 'minutes of (nursing and carer only) care' regime have a bias in that direction.

The Inspector-General supports the Department initiating a review of the impact of the Australian National Aged Care Classification (AN-ACC) and the focus on delivering the required care minutes, on the provision of allied health in residential care settings. In doing so, the Inspector-General suggests the Department consider whether other policies, such as legislating a requirement for providers to spend all their care subsidy on the provision of enablement-focused care, could offer an effective means of realising the Royal Commission's intent.

This is not a criticism of the government's adoption and implementation of the AN-ACC or the minimum minutes of care, nor of the Royal Commission recommending them after careful consideration of benchmarks. However, the implementation of properly intentioned policies can have unintended consequences and should always be periodically reviewed. In addition, while there appears to be wide support for the AN-ACC compared to the ACFI, there are valid questions about how the AN-ACC operates.

The AN-ACC assessment and funding tool was developed in 2018, then trialled, then introduced in October 2022. Much has changed since 2018. The AN-ACC is an inherently flexible tool, but its content may be out of date. There is currently no legislated or policy requirement for the AN-ACC to be reviewed. This should change. It is timely to reconsider whether the AN-ACC remains responsive to the needs and pressures associated with delivering high-quality residential aged care with a reablement focus.

A review of the AN-ACC should consider, among other things, whether the current Base Care Tariff is sufficient across all locations. As covered in the discussion on access to care in regional and remote Australia, the Office has repeatedly heard credible evidence that regional providers are struggling to meet the costs of care within their current funding envelope.

Chapter 7: Improving access to respite care

*Respite care that is responsive to needs and circumstances is essential to maintain the wellbeing of carers and help sustain the caring relationship. We have heard that carers' experience of respite is mixed. People have told us that respite is difficult to access, conditions imposed upon its use are too restrictive, and it does not adequately support carers.*⁶¹

Data from the Department of Health and Aged Care's annual *Report on the Operations of the Aged Care Act* show that since 2019–20 there has been a steady increase in the number of people accessing respite care through residential aged care facilities and a sharp decline in the number accessing it through CHSP.⁶²

This corresponds with what stakeholders have told the Office. Many said that access to community respite under CHSP is very limited, especially for people seeking in-home overnight care. Others spoke of respite being used as a means to 'try before you buy' for residential aged care, or as a way people can commence care while waiting for Services Australia to assess their means.

The Office considers that such uses of respite care are understandable: some people and providers are circumventing problems and/or responding to incentives in the existing system. However, it can limit access and negatively impact carers, for whom lack of appropriate respite is a major problem.

7.1 Identifying availability

According to carers' advocates, the process to secure respite care is difficult and lengthy. The need for initial registration through the Carer's Gateway ahead of finding an available place through My Aged Care complicates the process for many and slows access to care, which is especially problematic when urgent or unplanned respite care is needed.

The availability of residential respite care places is unclear. Consumer groups have told the Office that access to beds for residential respite is limited, especially in regional locations. Providers attending the roundtables had mixed views: some said they cannot keep up with demand for respite care, others said that they routinely have empty respite care beds. One provider said that the 'effort and risk associated with respite makes it less desirable to offer'.

The Inspector-General calls on the Department to develop more comprehensive information about the availability, use and unmet demand for respite care, and make it publicly available.

7.2 Problems securing care

Carers' advocates advise that carers typically want short-term breaks from caring responsibilities. However, many providers offer a minimum respite care period of 4 weeks. While the Office appreciates providers' preferences for certainty, and acknowledges that offering shorter periods of care may not currently be financially attractive, such minimums are at odds with many carers' and consumers' needs. There is merit in the Department examining the scope to incentivise providers to offer shorter periods of care.

Stakeholders also told the Office that access to respite care is especially difficult for people with dementia and/or complex care needs. Examples given included carers being called to collect someone soon after admission to residential respite care because they were considered too challenging, or applications being rejected due to the care needs of a person with dementia.

The Office also heard that unplanned, 'emergency' respite care is difficult to secure, with limited access to residential care facilities outside standard business hours. Carers are typically directed to take the care recipient to an emergency department, resulting in hospital services being misused as a solution to care.

⁶¹Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 99.

⁶² Latest data available from [Key facts from the 2022–23 Report on the Operation of the Aged Care Act 1997 | Australian Government Department of Health and Aged Care](#).

The Inspector-General considers this clearly problematic. Respite care is designed to give carers a break. Without appropriate access to it, there is a risk that more care recipients will enter permanent residential aged care, at greater cost to the government.

7.3 Adequacy of funding for respite care

Many stakeholders acknowledge the additional funding for residential respite care that accompanied the introduction of the AN-ACC has delivered improvements. But there are concerns that the current rates remain insufficient to make the provision of respite care financially attractive for providers. Stakeholders representing consumer and provider interests told the Office that IHACPA should revisit the fees for respite care to ensure they meet the true cost of delivering such care.

The Office similarly heard stakeholders attribute shortages in respite care under CHSP to insufficient funding, although workforce shortages are also a significant contributor.

The Inspector-General considers a lack of availability of appropriate respite care to be a substantial problem for older people, their families and carers. It undermines the sustainability of the caring relationship.

The Inspector-General calls on the Department to investigate the current state of respite provision with a view to increasing supply and achieving a better match between service availability and carer needs. The Department should also examine the adequacy of current funding, as well as broader factors acting as incentives and disincentives.

Consumer experience: Extract from written submission to the Inspector-General

After contacting a large number of North and Northwestern Tasmanian residential homes late last year, it was clear that respite beds are very limited and hard to come by. Most of the homes called only had one bed allocated to respite, and they were booked ahead well in advance - Consumer

Chapter 8: Improving dementia support

*Dementia care should be core business for aged care services, and particularly residential aged care services. Over half of people living in residential aged care have a diagnosis of dementia. Yet substandard dementia care was a persistent theme in our inquiry. We are deeply concerned that so many aged care providers do not seem to have the skills and capacity required to care adequately for people living with dementia.*⁶³

In 2023, the Australian Institute of Health and Welfare (AIHW) estimated that 411,100 Australians were living with dementia. This is equivalent to 15 people with dementia per 1,000 Australians, which increases to 84 per 1,000 aged 65 and over.⁶⁴

The various dementias affect people differently. Dementia tends to progressively impair brain function, often gradually but sometimes more rapidly, and may impact memory, speech, cognition, personality and mobility. There is no cure for dementia, so the main goals of treatment are to maintain quality of life; maximise function; enhance recognition, mood and behaviour; foster a safe environment; and promote social engagement. Consideration of both pharmacological interventions (such as cholinesterase inhibitors) and a wide range of non-pharmacological interventions is recommended as part of a Behaviour Support Plan (the Plan), which is now required in aged care.

People with dementia can exhibit changed behaviours such as aggression, agitation and delusions. Non-pharmacological interventions are typically recommended to manage these symptoms. Antipsychotic medication may be prescribed, but this should only be done in accordance with best-practice guidelines.

The Royal Commission recognised the specific needs of people with dementia and the importance of improving their access to aged care and their journey through the aged care system. The Royal Commission made 3 dementia-specific recommendations: the establishment of a dementia support pathway,⁶⁵ enhanced dementia education and training for staff,⁶⁶ and enhancements to specialist dementia care units.⁶⁷ These are discussed below following some more general observations.

The Office heard that following the Royal Commission there has been some limited improvement in the quality of aged care provided to people living with dementia, but it is not consistent across the sector. For the most part, the Office was told ‘there is still a long way to go’ to improve the aged care quality for this group.

Advocates for people with dementia stressed the importance of care that responds to the individual needs of each person, and which focuses on creating a positive living environment. The view put forward was that quality care for people living with dementia is holistic. It cannot be transactional in nature or delivered in a formulaic or piecemeal fashion.

The Inspector-General endorses the need for a holistic approach to dementia care, for which best practice includes comprehensive tailored planning and regular review; appropriate staff skills and experience; tailored staffing models and roles; a focus on relationships, not tasks; appropriate building design, fit-out, ambience and connections; and tailored clinical and lifestyle support programs. Like diversity, high-quality dementia care is not an ‘add-on’. Rather, it is core business and fundamental to aged care.

Accessing care for the first time for people with dementia typically requires assistance from carers, families or advocates. Several stakeholders commented that while My Aged Care has improved since the Royal Commission, it remains very difficult to navigate for anyone with cognitive issues.

⁶³ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 69.

⁶⁴ Australian Institute for Health and Welfare, *Dementia in Australia*, web report, [Dementia in Australia, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/dementia/dementia-in-australia), last updated: 28 Mar 2024.

⁶⁵ Recommendation 15: Establishment of a dementia support pathway.

⁶⁶ Recommendation 80: Dementia-specific and palliative care training.

⁶⁷ Recommendation 16: Specialist dementia care services.

Overwhelmingly, stakeholders have called for greater face-to-face assistance for people entering aged care. These calls were magnified in relation to people living with dementia, with advocates championing the need for designated case managers, the establishment of dementia ‘hubs’, and greater care coordination support.

It is worth noting that the Commonwealth, and state and territory governments have been working together in developing a 10-year National Dementia Action Plan that seeks to better integrate policies, services and systems, and deliver better outcomes for people living with dementia, and their families and carers.

Several stakeholders commented positively about the plan and associated pilots on innovative care. At one roundtable, a representative from a consumer peak said that ‘the Department is trying hard’ to improve care for people with dementia and that ‘the plan is an excellent step forward’. Some stakeholders did raise concerns about whether the implementation of the plan would be adequately funded.

8.1 Access issues for people living with dementia

Dementia advocates consider there are systemic problems that limit access to home, respite and residential care for people living with dementia, especially where they have complex care needs or challenging behaviours. This is exacerbated in rural and remote areas, where the availability of care tends to be more limited.

Demand for care typically exceeds supply, and providers of in-home and residential care have scope to prioritise to whom they provide services. Stakeholders told the Office that people with challenging behaviours, while in high need of care and support, are often left waiting while ‘easier’ clients are prioritised.

Compounding this, residential care providers have told the Office that the funding provided through the AN-ACC is insufficient to cover the cost of providing the high-intensity care people with advanced dementia typically require. With many providers reportedly operating on tight margins, clients with high care needs are not financially attractive.

In addition, several providers participating in the Office’s roundtables said they are offering fewer dementia beds due to a ‘fear of being criticised by ACQSC’ and out of concern for staff welfare, especially given employer responsibilities under work health and safety legislation.

Beyond this, the Office has heard of residential care providers limiting access to people with dementia over concern that potential serious incidents and/or the use of restrictive practices could have a detrimental impact on their star ratings. The IIG report gave a voice to claims that some people living with dementia in residential aged care are being inappropriately denied legitimately prescribed anti-psychotic medication. This is reportedly continuing. Advocates continue to hear of providers who are denying people clinically recommended medications due to a fear of being judged in breach of restraint guidelines and the flow-on impact on their star ratings. This needs to be addressed.

The Office also heard from providers who are concerned about how they find an appropriate balance between keeping people with dementia safe without making them feel unduly constrained. Some said that, in addressing the inappropriate use of restrictive practices, physically secure facilities are being overly penalised without adequate regard to the quality of care provided.

The Inspector-General notes that these are complex issues, and it is important to recognise that the new restrictive practices regulations arose out of a long history of persistent ‘default’ use of physical and chemical restraint for people with dementia with so-called ‘challenging’ behaviours. It is also noted that the Commission has devoted significant resources and efforts over recent years to assisting providers to understand and reorient their approach. The issue of physical restraint due to secure (locked with coded access) buildings or wings is something that in many cases cannot be instantly resolved and may require more nuanced thought and explanatory reporting ahead of longer-term changes.

The issue of provider perceptions of disincentives to providing access to people with high needs or challenging behaviours is a serious one. It is leading, for example, to people being unable to be discharged from acute hospitals due to a lack of available residential care.

The Inspector-General notes that workforce issues impact access to aged care for people living with dementia, with some providers unwilling to admit people with complex care needs if they do not have sufficient highly skilled personnel to manage their care.

The Inspector-General calls on the Department to implement further strategies to improve access to aged care for all people living with dementia.

8.2 Access could worsen

The exposure draft for the new Act includes criminal penalties for breaches of statutory duties designed to target serious, poor-quality and unsafe care.

Providers participating in the roundtables said the introduction of criminal sanctions could encourage providers to be increasingly risk-averse, thereby exacerbating access issues for people with dementia. They felt such penalties could also see some senior staff leave the industry, further constraining availability.

8.3 A dementia support pathway

The Royal Commission recommended the Australian Government establish a dementia support pathway to provide comprehensive, clear and accessible post-diagnosis support for people living with dementia, and their families and carers. Commissioners envisioned the pathway providing information and advice on dementia and support services, including the aged care system. Commissioners also called on the Australian Government to provide information and material to general practitioners and geriatricians about the pathway, and to encourage them to refer people to the pathway at the point of diagnosis.

The Commonwealth is implementing this recommendation through funding PHNs to develop regionally specific pathways, as an alternative to a national model. The Department says that tools for GPs are in place in most PHNs and consumer resources have been finalised in all PHNs. It also points to expanded services for people with dementia, more respite care for their carers, and improved data collection on dementia care.

Stakeholders the Office consulted have limited awareness of dementia pathways, and most consider that ‘little has changed on the ground’ following the Royal Commission. Dementia advocates say there is a lack of knowledge of dementia support pathways by key referral points (GPs, healthcare workers and community sector workers). Some stakeholders raised concerns about inconsistency in the ways PHNs are implementing dementia pathways in their region. This issue of inconsistency between PHNs in their management of programs has been raised in other areas, such as care finders, and is addressed at Chapter 4.

The Inspector-General considers greater awareness-raising may be needed regarding dementia pathways, particularly for key referral points.

While the Inspector-General acknowledges the importance of ensuring dementia pathways reflect local service offerings, there is merit in the Department considering how a ‘baseline’ level of national consistency could be achieved across PHNs.

It is important the PHNs be required to commission dementia pathways initiatives that, while responsive to regional variations, deliver consistent outcomes. It is unclear whether this is currently occurring.

Workforce education and training

The Royal Commission recommended mandatory dementia training for all workers in direct contact with clients. It is not in place.

The ACQSC is currently piloting new quality standards that include a requirement for regular training of workers in core matters such as dementia (Standard 2). The Department considers a decision about mandating training should be made in the context of the standards.

Dementia advocates have told the Office that the quality of education and training being delivered to the aged care workforce is insufficient to address the complexities of dementia and the impact it has on a person’s wellbeing, behaviours and care requirements. There is strong support among consumer

advocates for dementia education and training to be mandated for all care workers, managers and non-frontline staff.

Mandating training is contentious. Providers the Office consulted raised concerns about who should meet the cost of training and whether it should be undertaken during 'on-shift' hours or be a prerequisite for new starts, given existing staff shortages.

The IIG report called for mandatory training. The Inspector-General continues to support this recommendation given that dementia is core aged care business, while noting the need to address outstanding provider concerns. The question of it being a prerequisite should be able to be addressed by a staged approach to full skilling over a period of time after recruitment, commencing with a module of essential knowledge and aptitude.

Access to specialist dementia care

The government is funding the establishment of 35 specialist dementia care units in residential aged care homes to provide specialised care to people with very severe behavioural and psychological symptoms of dementia. The aim is that people spend a time-limited period in these units to reduce or stabilise their symptoms ahead of transitioning into less intensive care.

The Royal Commission recommended the coverage and efficacy of these units be reviewed and changes implemented.⁶⁸ While the Department has reviewed the Specialist Dementia Care Program, and improvements are being made, stakeholders have told the Office that the rollout of additional units is happening very slowly, that there is no transparency in the provision of care, and that some of the most challenging people are not accepted and often remain in hospital in locked dementia wards.

More broadly, the Office has heard that access to specialist dementia care, including access to clinicians with specialist dementia qualifications, is very limited. This is particularly the case in rural and regional areas, and in relation to end-of-life care.

Consumer experience: Extract from written submission to the Inspector-General

My navigation of the system was severely hampered by the fact that I was the primary carer for my wife, now passed away. An informed and helpful GP would have made a difference, or a case manager who was aware of our circumstances and history and therefore able to point me in the right direction for the next step. Each step of the system becomes more difficult to navigate because of the increasing stress and time demands imposed on the carer, the very person who is charged with navigating the system – Former carer

⁶⁸ Recommendation 16: Specialist dementia care services.

Chapter 9: Supporting First Nations Australians in aged care

... Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with their level of need. A combination of factors creates barriers to Aboriginal and Torres Strait Islander people's access to the aged care system. These arise from social and economic disadvantage, a lack of culturally safe care, and the ongoing impacts of colonisation and prolonged discrimination. Access issues are further compounded by Aboriginal and Torres Strait Islander people's additional vulnerability arising from higher rates of disability, comorbidities, homelessness and dementia.⁶⁹

The Australian Bureau of Statistics estimates that the number of First Nations people aged 65 and over was around 34,000 in 2016, and this is projected to grow to around 89,600 by 2031. The cohort aged 50–64 is projected to grow from around 90,000 to 122,700 people in this time.⁷⁰

The Royal Commission found that systemic barriers inhibit First Nations People's access to safe, culturally appropriate care, which is magnified by a shortage of services and culturally competent workers. The Royal Commission identified additional difficulties faced by First Nations peoples when negotiating My Aged Care such as a potential lack of trust of government and a fear of being 'caged in' as leading people to disengage and not access the services they need. Commissioners found the assessment process can lack cultural safety or is insensitive to the complex trauma experienced by many First Nations People. With limited choice in culturally safe care, especially accessible on Country, it is not surprising First Nations Peoples are under-represented in aged care.

In response, the Royal Commission made a suite of recommendations focused on improving the availability of culturally appropriate care, increasing delivery by First Nations organisations, and increasing provision on Country. Commissioners called for *an Aboriginal and Torres Strait Islander aged care pathway [that] should be embedded in a single national system available across Australia, bringing culturally safe and flexible aged care that meets the needs of Aboriginal and Torres Strait Islander people wherever they live.*⁷¹

9.1 Initiatives to improve access for First Nations Peoples

The government is responding to the recommendations of the Royal Commission with a range of measures, including expanding the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program, encouraging First Nations health organisations to move into the provision of aged care, and providing Indigenous-specific assistance to People who are trying to navigate the aged care system.

During the consultations, the Office heard providers and consumers acknowledge that solid steps have been taken to improve the availability and accessibility of aged care for First Nations Peoples.

The Royal Commission called for the establishment of more culturally safe pathways into aged care for First Nations Peoples.⁷² In response, the government has committed more funding for NATSIFAC providers. NATSIFAC funds residential and home care services, delivered by First Nations People, that are flexible, culturally appropriate and predominantly located in rural and remote areas. The Royal Commission identified NATSIFAC as the flagship for responding to its First Nations recommendations.

⁶⁹ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 67.

⁷⁰ Australian Bureau of Statistics, *Projected population, Aboriginal and Torres Strait Islander Australians, Australia, state and territories, 2016 to 2031*, 2019.

⁷¹ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 108.

⁷² Recommendation 47: Aboriginal and Torres Strait Islander aged care pathway within the new aged care system.

While this support has been welcomed by the sector, the Office understands that it is not without criticism or concern. Consumer advocates have told the Office that most NATSIFAC providers are yet to receive greater funding or support to enable the establishment of new services.

In July 2023, the government launched the Integrated Care and Commissioning (ICC) Project in 4 trial sites: Kimberley, Western Australia; Longreach, Queensland; South-East New South Wales; and Gippsland, Victoria. These sites are intended to facilitate an integrated care approach to improve the provision of, and access to, primary care and support services in thin markets, including access to aged care. In addition, the government is funding Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs) to build their capacity to deliver aged care services.

The Royal Commission recommended the establishment of an Aboriginal and Torres Strait Islander Aged Care Commissioner to foster, promote and help develop culturally safe, tailored and flexible aged care services for First Nations Peoples.⁷³ On 8 January 2024, Ms Andrea Kelly was appointed as the Interim First Nations Commissioner within the Department. The Inspector-General, and many stakeholders, applaud the appointment (despite the delay in doing so compared to the Royal Commission recommendation). The Interim Commissioner's appointment is a welcome and important step to improving engagement with First Nations People and communities.

It is important to recognise the commencement of reforms to improve aged care for First Nations Australians. Implementation, however, will take time and the Office will continue to monitor progress and investigate it in future reports.

9.2 Staying on Country

The Royal Commission recognised that for many First Nations People, their health, and by extension, their aged care needs and preferences, are grounded in a connection to Country. At present, the consensus of the First Nations advocates is that reform measures intended to support elders return to Country, and to facilitate aged care services on Country, are not yet sufficient to meet growing demand.

Stakeholders told the Office about people's difficulties in accessing culturally appropriate home care on Country. The Office heard of extensive wait times (6–9 months) to receive an assessment for home care and an equivalent wait to start receiving services or have a home care package upgraded. The Office also heard that when First Nations People have high care needs – for instance, challenging behaviours associated with dementia – it is extremely difficult for them to access the care they need on Country. Likewise, accounts were shared of First Nations People being affected by the closure of residential and respite care facilities in regional, rural and remote communities, which leads to elders being relocated away from Country and community to continue to receive care and support.

Stakeholders also told the Office about instances where a person's request for financial support to return to Country to receive care had been declined. Stakeholders said that such instances further isolate First Nations Peoples from aged care services and reinforce attitudes that the system does not adequately cater for their specific needs.

9.3 Culturally safe and appropriate care

The Royal Commission recognised the systemic disadvantage First Nations Peoples have faced throughout their lives and across generations. Racial discrimination, socioeconomic inequality and marginalisation experienced by First Nations Australians during their lives and across generations contributes to a deep distrust of government and institutions, extending to the aged care system.

The provision of cultural safe care is critical. The government has engaged the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) to develop a definition of 'cultural safety' in the context of First Nations ageing and aged care, and to advise on the development of cultural safety frameworks.

⁷³ Recommendation 49: An Aboriginal and Torres Strait Islander Aged Care Commissioner.

The Inspector-General considers that cultural safety needs to be embedded in aged care programs to ensure culturally appropriate care is always delivered to First Nations Australians. The Inspector-General welcomes the commitment of funds to support cultural safety, and the adoption of trauma-aware and healing-informed care principles and training across all aged care services.

The Office consistently heard that a perception of a lack of cultural safety is the primary factor deterring First Nations Peoples from seeking access to aged care.

9.4 Elder Care Support

The government has funded the funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to establish the Elder Care Support program, which is a network of people who assist First Nations Peoples in navigating the aged care system.

While the program is still at the very early implementation stage, stakeholders have told the Office they are concerned that the current workforce may not be sufficient to meet the level of need. They have also called for more active promotion of the program and for clearer guidelines for the program and greater coordination 'on the ground' among those also offering navigational support, such as care finders and Services Australia's ACSOs.

9.5 Need for greater engagement and strategic coordination

The Office heard concern that the extent of engagement by Commonwealth agencies with First Nations Peoples and their representatives has, at times, not met expectations. The Office was told that communication activities have tended to be piecemeal and sporadic, and have not conveyed a sense of strategic direction underlying First Nations reforms. This was supported in the roundtable discussions, where stakeholders said that while a range of reforms have been initiated, there is a lack of cohesion among activities, their rollout and associated funding.

The Inspector-General considers there is a need for the Commonwealth to consult more broadly and more frequently with First Nations elders, advocates and providers to support the transition to a new aged care system. There is also a need to communicate a 'strategic vision' about the future of aged care for First Nations Australians, similar to the need for this across the whole aged care reform program.

The Royal Commission outlined the essential need for the aged care system to reflect the significance of culture to First Nations Peoples, and that culture carries different meaning to individuals, communities and locations across the country. It is therefore critical the reforms implemented by the government meet the individual needs of First Nations elders.

The Inspector-General recognises systemic reform is a complex process and will continue to report on the integration and co-design of the aged care system with First Nations elders, advocates and communities.

Consumer experience: Extract from written submission to the Inspector-General

A First Nations resident shared with an advocate the disrespect they experienced when their residential aged care provider did not acknowledge Reconciliation Week but celebrated the Queen's birthday and the coronation of the King. They had clearly stated their preference to abstain from participating in an event associated with the monarchy, but their requests were ignored and they were told the celebrations should be respected. The older person felt their residential aged care provider lacked insight into the fact that there may be historical reasons why First Nations individuals may have objections to celebrating the monarchy.

Chapter 10: Designing for diversity in aged care

*To deliver high quality and safe care, those providing services must respect the diverse backgrounds and life experiences of every older person, and tailor the delivery of care to meet their needs. Diversity should be core business in aged care.*⁷⁴

The Royal Commission said that the aged care system should be equally welcoming and supportive of all older persons and demonstrate an understanding and respect for all people's cultures, backgrounds and life experiences.

The Royal Commission focused on the importance of services being culturally safe and trauma-informed. It recommended mandatory training in cultural safety and trauma-informed care for all workers in direct contact with people seeking or receiving aged care services. The Royal Commission said such training should be a condition of service providers' approval, as should the verification of any claims providers make regarding their ability to offer special services for people with diverse backgrounds and life experiences.

In response, the government has strengthened the quality standards applying to all aged care providers and included requirements for regular, competency-based training for workers in core matters such as culturally safe, and trauma-aware, healing-informed care (Standard 2).

While reform has commenced, the Inspector-General notes that measures currently in place do not wholly reflect the recommendations of the Royal Commission.⁷⁵ For example, the Royal Commission recommended the inclusion of First Nations cultural awareness and trauma-informed care training, but there is no information confirming that such training has been mandated for all persons. In addition, the Office has heard that many stakeholders consider systemic and operational barriers continue to prevent too many members of diverse communities from accessing aged care, and that government reforms are yet to minimise or remove these barriers.

The Inspector-General considers the government needs to do more to ensure people from diverse backgrounds are welcome in aged care settings, that they feel accepted, and their specific needs are recognised and met.

10.1 Culturally and linguistically diverse care

Throughout the consultative process the Office heard that targeted and appropriate support must be available to meet the needs of people from culturally and linguistically diverse backgrounds who are trying to access aged care.

The Office heard that My Aged Care can be inaccessible given its reliance on digital and English literacy, and its structuring around system needs and concepts that do not always translate culturally. Stakeholders informed the Office that without adequate translations and other supports in place to help people navigate technological, language or cultural barriers, many struggle to initiate a request for care, and without assistance they refrain from re-engaging with the system.

The Office was told that translated material and the use of alternative communication mediums, including face-to-face consultations, telehealth, audio, and simplified visual material, can help improve consumers ability to understand and access aged care support (provided it is of high quality, accurate and culturally appropriate). The Royal Commission stressed that to provide dignified care and support, the aged care system must reflect the diverse backgrounds and life experiences of every older person, and readily tailor the delivery of care to meet their individual needs.

Several groups stated provider obligations to deliver safe, culturally appropriate care need to be explicit and supported in the design of policies and procedures. Training that addresses communication and

⁷⁴ Royal Commission into Aged Care Quality and Safety, *Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 98.

⁷⁵ Recommendation 30: Designing for diversity, difference, complexity and individuality, Recommendation 48: Cultural safety.

language barriers, cultural differences, social isolation and trauma for diverse communities is necessary in the provision of high-quality care.

The Inspector-General considers that to best facilitate and support diversity in aged care, the provision of individualised, person-centred care needs to be at the core of the transformational reform agenda. Although ‘person-centred’ has been the mantra of many in aged care for some years, as discussed in Chapter 2, the evidence suggests that this is still not how most of the system and services are designed. Many services may be increasingly person-responsive, but they are not yet, as a rule, person-centred.

10.2 Supporting LGBTQI+ Australians in aged care

The Office heard that some stakeholders feel that the aged care system, and particularly residential aged care, does not meet the needs of the LGBTQI+ community. The view was conveyed that LGBTQI+ consumers, staff and carers have not been adequately engaged in the reform process, including in the design and development of programs, and that consequently, cultural safety and care requirements for the LGBTQI+ community have been neglected. Consumer advocates told the Office that this absence has reinforced consumers’ fears that aged care is not a welcoming or safe environment for the queer community.

Consumers and advocacy bodies stated that effective, clear and trusted support and complaints networks are needed to improve the safety of aged care for LGBTQI+ community members. Safe care delivery requires providers be held accountable and that protections be in place for consumers.

It is important to recognise the positive reforms that support diversity in aged care. The Office and stakeholders acknowledge the increasing number of aged care providers completing Rainbow Tick accreditation is a promising step towards supporting the safety and inclusion of the LGBTQI+ community.

10.3 Supporting people with disability in aged care

Stakeholders stated more information and support is needed to help older people with a disability to transition to aged care. The Office repeatedly heard calls for aged care recipients who require specialist disability support to have comparable access to that provided under the National Disability Insurance Scheme (NDIS).

In the consultations, the Office heard that there is considerable uncertainty among older people with disability about the level of support they may expect to receive in aged care, and what that support may cost them.

Furthermore, stakeholders said inflexible assessment tools, poor assessment processes and diminished provider willingness to support complex care needs collectively limits access and support for older people with disability. Advocates also pointed to poor care outcomes due to ineffective interfaces between health and disability support sectors.

10.4 Diversity as core business

The Royal Commission formed the position that for the aged care system to wholly embrace diversity, the so-called ‘mainstream’ system must meet the specific needs of all older Australians.⁷⁶ Diversity is not an ‘and also’, or something to be addressed in parallel with the ‘mainstream’ system. It has to be the very nature of the system. If you add together all the special needs groups in aged care, you get the majority of the aged care constituency. We cannot accept a system that assumes there is a mainstream and then there is also diversity. The system has to be based in diversity because people are diverse.

The Inspector-General believes it is critical the reforms of the aged care system support a redesigned system devoid of assumptions of ‘mainstream’ and ‘diverse’ approaches to care. The system must be genuinely ‘each-person’ focused and designed.

⁷⁶ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*. Volume 3A: The new system, p. 238.

Chapter 11: Improving access in regional, rural and remote areas

Australia is a large and sparsely settled country. We heard evidence about the difficulties older people face in regional, rural and remote areas when trying to access high quality aged care. Witnesses have told us of the scarcity of local services, greater travel times, higher costs to access and provide services, difficulties recruiting and retaining service providers, and a lack of access to health professionals.⁷⁷

According to the AIHW, Australians living in regional, rural and remote areas often have poorer health outcomes than people living in metropolitan areas. Data shows that regional, rural and remote inhabitants have higher rates of hospitalisations, deaths and injury, and poorer access to, and use of, primary health care services than people living in major cities.⁷⁸ While the majority of people aged over 65 live in metropolitan areas, one in 3 live in regional, rural or remote areas.⁷⁹

The Royal Commission found that people in regional, rural and remote communities are significantly more disadvantaged when accessing aged care services than those in metropolitan areas. The Royal Commission called for the adoption of flexible funding and flexible service delivery, a universal entitlement to aged care, multi-purpose services programs, and greater access to primary health care, specialists, and dental and mental health services to improve access to services across regional, rural and remote areas.

In response, the government has increased funding for regional, rural and remote residential aged care services through the AN-ACC. It has undertaken analysis of service gaps and implemented some assistance measures that aim to support care delivery, including funding for rural locums.

11.1 Availability of services and wait times

Stakeholders have advised the Office that access to aged care in regional, rural and remote areas continues to be constrained. While there is variability across the country, it is typically the case that people living outside metropolitan areas have less choice and more limited access to aged care.

In some regional, rural and remote communities, people have very limited choice or no choice of provider. In others, care is unavailable. High delivery costs, systemic workforce constraints, limited populations and a lack of suitable infrastructure combine to make service provision unattractive.

‘Thin markets’ will be an ongoing issue across outer metropolitan Australia. While the Inspector-General acknowledges the difficulties of providing services available to a geographically dispersed population, little tangible action appears to have been undertaken to address gaps in service provision following the Royal Commission.

Data evidence shows that ACAT wait times generally decline as a particular region grows more remote, with those in Modified Monash Model (MMM) category 1 regions (major metropolitan areas) seeing the longest wait times.⁸⁰ However, consumer advocates have reported a starkly different situation, asserting that wait times appear to be significantly longer in regional, rural and remote areas. It is important to note in some rural and remote areas, assessors will respond to resource constraints by conducting on-site assessments in bulk, which involves registering individuals on My Aged Care and assessing them concurrently. Delays in assessment or service delivery can result in people’s accelerated decline and a subsequent need for a higher level of care than they were originally assessed for. It can also hasten people’s entry into more costly residential care.

⁷⁷ *Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect*, Volume 1: Summary and recommendations, p. 112.

⁷⁸ Australian Institute of Health and Welfare *Rural and remote health*, web report, <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>, as at 30 April 2024.

⁷⁹ Australian Institute of Health and Welfare *Older Australians*, web report, <https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/regional-remote-communities>, as at 28 June 2023.

⁸⁰ Based on data outlining waits times for an ACAT assessment across all priorities by MMM for the period of July 2023 to March 2024, as at 17 April 2024.

Systemic workforce issues in both the aged care and healthcare sectors in rural and remote areas contributes to the reduced delivery of allied health care to aged care recipients. The Office heard the sharing of clinical staff between those sectors may be suitable in alleviating wait time delays and expanding the number of services available in some regional areas, but the health and hospital sectors in remote communities are also experiencing significant workforce constraints, meaning this solution is not always an option. One provider stated during roundtable discussions:

‘The sharing of clinical staff would be suitable for regional and rural areas in Victoria, New South Wales and some parts of Queensland. However, for remote areas in Western Australia and the Northern Territory, for example, this approach is not suitable because other health care services experience the same demands.’

The Inspector-General acknowledges that while governments are working together to address nursing shortages, there is an urgent need to boost numbers in regional, rural and remote areas now. Strategies – and tangible actions – are also needed to build the non-nursing aged care workforce. Appropriate assistance for providers is also critical to ensuring broader availability of aged care.

11.2 Adequacy of funding

The AN-ACC flexible funding model has been designed to ensure equitable funding for aged care providers. It is intended to take account of the variability in the cost of delivering aged care across diverse geographic regions in Australia.

The Office heard that the AN-ACC model, although having provided a substantial funding injection to the sector more broadly, does not sufficiently recognise the cost of delivering residential aged care in regional areas. The AN-ACC classifies remoteness using the MMM classification. Currently, regional MMM2 to MMM4 areas receive the same core funding as major metropolitan areas despite regional areas facing higher costs of operation and delivery. As a consequence, the Office heard that regional providers are struggling to meet the cost of providing care and are, increasingly, concerned about their ongoing viability. Advice from a number of providers stated the recent increases in support for rural and remote areas do not address costing disparity in the regions associated with supply chain and overhead costs as well as greater workforce expenses.

In light of this, while the Office notes that IHACPA’s advice on aged care pricing is maturing, the agency’s focus to date on recommending indexation changes to the AN-ACC price does not address these more ‘structural’ issues within the overall model.

The Inspector-General looks forward to the Independent Health and Aged Care Pricing Authority (IHACPA) transitioning to a point where it is providing more comprehensive advice to the government on the AN-ACC model, including the appropriateness of the current Base Care Tariff. In this regard, the Inspector-General considers that it is critical that IHACPA’s advice is based on the most comprehensive and real-time data on the actual cost of delivering care.

The Inspector-General is concerned that without addressing the adequacy of funding for regional residential aged care facilities there could be, as identified by stakeholders, a significant risk to the ongoing viability of providers and a heightened potential for closures, further constricting access.

The Inspector-General considers there is an urgent need for the government to consider the sufficiency of the current Base Care Tariff across non-metropolitan areas.

11.3 Allied health, service provision and complex care needs

Several providers reported adopting a fly-in-fly-out (FIFO) model for allied health clinicians to meet care requirements. Providers operating in rural and remote communities stated that adopting a FIFO model of care is a short-term solution, and often clinically inadequate and unsuitable for ongoing support and care needs, and is limited in its effectiveness to provide continuity of care.

Stakeholders acknowledged the expansion of telehealth for regional aged care consumers has provided some short-term relief from the workforce crises. Telehealth services can mitigate some of the geographic barriers to care, but rural and remote communities with insufficient infrastructure remain vulnerable. It is

important to recognise that while digital and telehealth services have addressed some consumer care needs, when it comes to allied health many services, such as dental and physical therapies (for example, physiotherapy), need to be delivered in person.

The Inspector-General acknowledges further consideration is being given to measures to support the provision of aged care services in regional, rural and remote locations, and notes the complexity of current barriers impacting the aged care workforce across Australia.

Conclusion

The Office will prepare a second statutory progress report in 2025. Over the next 6 months, the Inspector-General considers the following areas should be priorities for the Commonwealth.

A new needs-driven and demand-driven aged care program

As part of finalising the new Act, the government should revisit the Royal Commission recommendations 25 and 41, which would establish an aged care system based on an entitlement to all forms of support and care an individual is assessed as needing, and certainty of funding and availability based upon assessed need.

A decision to base the new Act on these policy foundations would put in place the commitment to fundamentally transform the aged care system as explicitly envisioned by the Royal Commission. The Inspector-General recognises that this could not be fully implemented by 1 July 2025, but could be achieved no later than 2030. A transition timeline could be committed to and, where appropriate, reflected in the new Act.

The Inspector-General proposes that one of the first actions the government should commit to if moving to a needs-based system would be to ensure funding for the HCP Program is sufficient to ensure that 90 per cent of people wait no more than one month to receive their package following an assessment, and 100 per cent wait no more than 3 months.

The finalisation of the new Act provides the government with an opportunity to be bold. Maintaining the current, rationed system will not fulfil the Royal Commission's intent. Rather it will continue to see older Australians left in a position where they are not able to access the care and support they have been independently assessed as needing.

Finalisation of the new Act

Consultation on the exposure draft raised significant issues of sector and community concern, including with the many placeholders where no content was provided. It is important that the government considers sector and community views discussed in Chapter 2 of this report, and prepares a subsequent complete version for introduction to Parliament as soon as practicable. The Inspector-General considers the Rules, which will sit alongside the Act, should also be finalised and made publicly available as soon as possible.

Home care

Home care funding needs to be sufficient to meet demand. This is currently not the case.

Overwhelmingly, people want to age at home and receive care in their own home or in the community. CHSP is the 'entry stage of the aged care system'. An HCP provides more intensive support in a home setting and is both preferred and more cost-effective than residential aged care.

While additional HCPs and CHSP funding has been provided in the Federal Budget, should the government be disinclined to move to a needs-based system, it should – as a matter of priority – commit to reducing long wait times for home care and act promptly with additional funding to respond to unmet demand. Otherwise, older people are at high risk of accelerated deterioration, while governments face higher 'downstream' costs associated with people prematurely entering residential care or being unnecessarily hospitalised.

Building sector confidence

Stakeholders want more certainty about the reform agenda: the strategic goals the government is seeking to achieve and the 'pathways' to be followed. They have called for longer implementation timeframes, more timely program detail and supporting systems changes.

The government needs to place a higher priority on ensuring providers have sufficient time to adequately plan for change and that reforms are appropriately sequenced. A commitment to greater engagement,

with consumer and provider representatives alike, is needed. There is also a gap for more whole-of-system reform planning and communication, in addition to initiative-specific activities.

Addressing perverse incentives and outcomes

Stakeholders have drawn the Office's attention to a range of unintended consequences across the reform agenda. The thematic section of this report has identified several instances where the design of one program (for instance, care minutes) impacts adversely on the goals of another, and where this is working to reduce access to or the provision of holistic quality care. Ahead of the Office's evaluation of the Royal Commission reforms next year, which are to be presented by March 2026, the government should consider whether individual elements of the reform agenda are working optimally together, with a view to increasing complementarity and resolving conflicts.

Ensuring AN-ACC funding is sufficient

Secure provision of aged care relies on adequate funding. Stakeholders have repeatedly raised concerns about the viability of regional residential care facilities. Indexation increases do not address baseline funding disparities and shortfalls. The government needs to give further consideration to whether adjustments need to be made to the AN-ACC Base Care Tariff in regional locations.

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Commonwealth agencies would also benefit from taking stock of relevant Royal Commission recommendations and considering whether the measures and actions implemented to date, or likely to be in place by 1 January 2025, address the totality of what the Royal Commission called for, or alternatively the broad intent.

The Office will be preparing the next implementation progress report in early 2025, and will be keenly interested in what has been achieved, or committed to, in the intervening period.

Appendices

- Appendix A: Progress in the implementation of the Aged Care Royal Commission recommendations
- Appendix B: Recommendations that address access and navigability
- Appendix C: Reporting framework in detail

Appendix A: Progress in the implementation of the Aged Care Royal Commission recommendations

Recommendation 1: A new Act

Measures or actions before 1 Jan 2024	<p>Development of the Bill for the new Aged Care Act (new Act) is well underway, with an exposure draft released for consultation from 14 December 2023.</p> <p>Funding to support the implementation of this and other recommendations pertaining to the new Act was provided through the 2021–22 Budget (Governance – New Aged Care Act), the 2023–24 Budget (Development and delivery of a Bill for a New Aged Care Act) and the 2023–24 Mid-Year Economic and Fiscal Outlook (MYEFO) (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation. As at 1 January 2024, the government had committed to commencement on 1 July 2024.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting the significant work undertaken in preparing the exposure draft.</p> <p>However, a number of key provisions that will ultimately need to be included in the new Act have not been addressed in the exposure draft (for example, aged care recipient fees). The Inspector-General also notes that the exposure draft does not establish a universal right to aged care based on assessed need, nor the seamless provision of aged care, as proposed by the Royal Commission.</p> <p>In the course of consultations undertaken in preparing this report, a number of stakeholders also expressed the view that the Bill as drafted does not sufficiently reflect a rights-based framework.</p> <p>The Inspector-General also notes Minister Wells' statement of 3 April 2024 on the new Act, advising that the government is considering the feedback provided through consultations to refine the draft legislation before introduction, and will update the commencement date before the Bill is introduced into Parliament.</p> <p>Upon commencement, the text of the new Act may vary from the text of the recommendation. This may not prevent the recommendation from being categorised as being implemented.</p>

Recommendation 2: Rights of older people receiving aged care

Measures or actions before 1 Jan 2024	Development of the Bill for the new Act is well underway, with an exposure draft released for consultation from 14 December 2023. The exposure draft included a Statement of Rights in Division 1 of Part 3.
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting the substantial work undertaken in preparing the exposure draft. The Inspector-General considers the Statement of Rights set out in clause 20 of the Bill is broadly consistent with the intent of this recommendation.</p> <p>While supportive of the inclusion of a Statement of Rights, some stakeholders have questioned the lack of a mechanism for individuals to legally enforce those rights, other than through the aged care quality standards. The Inspector-General recommends that these issues be carefully considered. More broadly, a number of stakeholders have queried whether the Bill sufficiently reflects a rights-based framework that aligns with the Royal Commission's intent.</p> <p>The Inspector-General notes Minister Wells' statement of 3 April 2024 regarding a revised commencement date.</p>

Recommendation 3: Key principles

Measures or actions before 1 Jan 2024	Development of the Bill for the new Act is well underway, with an exposure draft released for consultation from 14 December 2023. The exposure draft included a Statement of Principles in Division 2 of Part 3.
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting the substantial work undertaken in preparing the exposure draft. The Statement of Principles set out in clause 22 of the Bill is broadly consistent with the intent of this recommendation.

	<p>Some stakeholders have advocated for a stronger rights framework in the context of this recommendation, in a similar vein to recommendations 1 and 2.</p> <p>Upon commencement, the text of the Statement of Principles may vary from the text of the recommendation. This may not prevent the recommendation from being categorised as being implemented.</p>
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Recommendation 4: Integrated long-term support and care for older people

Measures or actions before 1 Jan 2024	<p>Following the National Cabinet meeting on 6 December 2023, the Prime Minister announced that First Ministers had agreed to a further \$1.2 billion package of Strengthening Medicare measures. According to the Department of Health and Aged Care (the Department), this responds to recommendation 4(1). Measures include increased availability of specialised respite care, the establishment of aged care hospital liaison officers to assist with long-stay older persons, and the establishment of specialised and multidisciplinary teams to provide virtual outreach services to recently discharged patients in residential care.</p> <p>Work internal to the government has also commenced with respect to recommendations 4(2) and (3). This includes scoping the development of the 10-year Ageing Well in Australia Strategy, which focuses on how ageing Australians can be supported, and the potential wellbeing/outcomes framework needed to support such a strategy.</p>
Additional measures or actions underway or planned	<p>Measures announced through the Strengthening Medicare package are being progressed through bilateral discussions, which will further clarify roles, responsibilities and priority programs between the Australian and state and territory governments. It is intended that the negotiation of the new National Health Reform Agreement (NHRA) will further clarify roles and responsibilities between governments in providing aged care and related services.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. Responsibility for coordinating the development of an integrated system for long-term support and care of older people is being undertaken through the Senior Officials Group, rather than a new National Cabinet Reform Committee, as required by recommendation 4(1). While this represents a departure from the recommendation, if the Senior Officials Group provides a forum for effective coordination and negotiation between the Australian, state and territory governments to establish integrated long-term supports for older people as per the recommendation, it should not impede its delivery. Recommendations 4(2) and (3) are 'under further consideration', and subject to further government decisions.</p> <p>More fundamentally, while the Inspector-General acknowledges the \$1.2 billion package of Strengthening Medicare measures, it is not apparent at this point that there is a clearly defined approach to establishing a system that will provide integrated long-term support and care for older people consistent with recommendation 4. The Inspector-General will monitor future progress of this recommendation, including in the 2025 implementation progress report.</p>

Recommendation 5: Australian Aged Care Commission

Measures or actions before 1 Jan 2024	No measures or actions were undertaken as at 1 January 2024.
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'rejected', noting that an alternative approach has been pursued and can be considered 'finalised'. The Australian Aged Care Commission was part of Commissioner Pagone's independent commission model, which would have established a new statutory body as the system governor, quality regulator and prudential regulator. Commissioner Pagone's independent commission model was rejected in favour of Commissioner Briggs' alternative government-led departmental governance model.

Recommendation 6: Australian Aged Care Pricing Authority

Measures or actions before 1 Jan 2024	<p>The <i>Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022</i> (Royal Commission Response Act) and the Aged Care Legislation Amendment (Independent Health and Aged Care Pricing Authority) Instrument 2022 amended the <i>National Health Reform Act 2011</i> (NHR Act), the <i>Aged Care Act 1997</i> (Aged Care Act) and the Fees and Payments Principles 2014. This expanded the Independent Health and Aged Care Pricing Authority's (IHACPA's) remit. The legislation received royal assent on 5 August 2022, with IHACPA's relevant functions commencing on 12 August 2022.</p> <p>IHACPA's expanded functions included the:</p> <ul style="list-style-type: none"> • provision of advice on aged care pricing and costing matters, and • performance of certain functions conferred by the Aged Care Act. <p>The 2021–22 Budget provided \$49.1 million for IHACPA over 5 years through the measure Aged Care – Government response to the Royal Commission into Aged Care Quality and Safety – residential aged care services and sustainability.</p>
Additional measures or actions underway or planned	Legislative amendments through the Royal Commission Response Act will be picked up in the new Act.

Inspector-General's comment	The Inspector-General considers this recommendation 'rejected', noting that an alternative approach has been pursued and can be considered 'finalised'. The Australian Aged Care Pricing Authority was part of Commissioner Pagone's rejected independent commission model.
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Recommendation 7: Aged Care Advisory Council

Measures or actions before 1 Jan 2024	<p>The National Aged Care Advisory Council (NACAC) was established in December 2021, with funding provided through the 2021–22 Budget (Pillar 5 of the Royal Commission Response – Governance). In December 2023, NACAC's membership was refreshed to more explicitly encompass the perspectives of people receiving aged care, the workforce, providers, health and allied health professionals, specialists in education and training, and independent experts. New member appointments came into effect from 1 January 2024.</p> <p>NACAC meets frequently and provides written advice to the Minister after each meeting. The Council met 16 times in 2022 and 7 times in 2023. Eight meetings are scheduled for 2024. Secretariat support is provided by the Department.</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised', noting that the refresh in membership on 1 January 2024 satisfied the membership composition envisaged by recommendation 7(1).

Recommendation 8: Cabinet Minister and Department of Health and Aged Care

Measures or actions before 1 Jan 2024	<p>The Australian Government has appointed a senior cabinet minister as the Minister for Health and Aged Care, and has renamed the Department of Health as the Department of Health and Aged Care, as required under recommendations 8(1) and (2), respectively.</p> <p>In relation to recommendations 8(5) and (6), as part of the first phase of a nationwide rollout to improve advice to government in the delivery of care in regional and rural areas, regional offices were established in Launceston and Wollongong during the fourth quarter of 2022 and the second quarter of 2023, respectively. Ministerial approval has also been provided to establish 7 new regional sites. Funding to support implementation has been provided through the 2021–22 Budget (Strengthening Regional Stewardship of Aged Care), the 2022–23 March Budget, and the 2022–23 October Budget (Strengthening Regional Stewardship of Aged Care). A capability review of the Department, as required by recommendation 8(7), has been completed and a response to the Australian Public Service Commission is being finalised.</p>
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	In relation to recommendation 8(8), which requires annual reporting on the operation of the new Act, the Department released an exposure draft of the Bill on 14 December 2023 with provisions requiring annual reporting and a review of the Act, consistent with the intent of the recommendation.
Additional measures or actions underway or planned	<p>Following ministerial approval, additional regional sites are to be established during the first quarter in 2024 in Coffs Harbour, Dubbo, Bendigo, Cairns, Bunbury, Port Augusta and Alice Springs. An evaluation of regional stewardship is underway, with iterative findings to be used to make improvements to the stewardship model. The final evaluation report is expected during the fourth quarter 2025.</p> <p>The ongoing funding and rollout of additional regional offices, as proposed by recommendation 8(6), is subject to the regional stewardship evaluation and future government decisions. Aspects of recommendation 8 are also contingent upon passage of the new Act.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. Renaming of the Department to the Department of Health and Aged Care, and Minister Butler's appointment as a cabinet minister implements recommendations 8(1) and (2). Currently, there are no plans to create an associate secretary position with day-to-day responsibility for aged care, as required by recommendation 8(3). Other elements of recommendation 8, such as sub-components (5) and (6), are under further consideration. According to the Department, aspects of the recommendation will be delivered through the new Act.

Recommendation 9: The Council of Elders

Measures or actions before 1 Jan 2024	The Council of Elders has been established, with its membership announced on 24 December 2021. The Council is actively providing advice to the Minister and the Department, and engaging with and informing older people in Australia on the reforms to aged care. The 2021–22 Budget supported the establishment of the Council through the measure 'Pillar 5 of the Royal Commission Response – Governance'.
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 10: Aged Care Safety and Quality Authority

Measures or actions before 1 Jan 2024	No measures or actions have been finalised in response to recommendation 10 prior to 1 January 2024.
Additional measures or actions underway or planned	<p>Consideration of this recommendation is awaiting a formal government response to the final report of the Capability Review of the Aged Care Quality and Safety Commission undertaken pursuant to recommendation 104.</p> <p>The 2024–25 Budget provides \$111.0 million to increase the regulatory capability of the Aged Care Quality and Safety Commission (ACQSC) as part of the Government’s response to the Final Report of the Capability Review of the Aged Care Quality and Safety Commission, and to implement a new aged care regulatory framework, which partially addresses this recommendation.</p>
Inspector-General’s comment	The Inspector-General considers this recommendation ‘currently under consideration’ and ‘not commenced’, noting that it is contingent on finalisation of the government’s response to the Tune Capability Review. The Tune review recommended the Inspector-General undertake a review in 2025 to assess progress on implementing its recommendations, and to consider whether there is merit in abolishing the ACQSC and forming a new authority and governing board.

Recommendation 11: Independent Hospital and Aged Care Pricing Authority

Measures or actions before 1 Jan 2024	<p>On 12 August 2022, amendments made to the NHR Act by the Royal Commission Response Act came into effect, changing the Independent Hospital Pricing Authority’s name to the Independent Health and Aged Care Pricing Authority (IHACPA), and expanding its role to include the provision of aged care pricing and costing advice to the government. Informed by the advice and recommendations of IHACPA, the Australian Government remains responsible for determining the price for residential aged care and residential respite care. The Royal Commission Response Act also transferred functions from the former Aged Care Pricing Commissioner to IHACPA.</p> <p>In formulating advice, IHACPA uses evidence from data analysis and annual stakeholder engagement to ensure it reflects the costs of providing care in Australian residential aged care services. IHACPA is supported by the Aged Care Advisory Committee, other committees, and advisory and working groups in developing advice and recommendations.</p> <p>IHACPA’s annual advice to the Australian Government on the pricing and costing of residential aged care and residential respite care commenced on 1 July 2023. Developing IHACPA’s methodology for its first residential aged care advice involved stakeholder engagement through public consultation and analysis of available data. In providing this pricing advice, IHACPA sought to balance a range of policy objectives, including the person-centred, quality care expected by the community, while supporting long-term improvements in the sustainability and efficiency of the aged care system.</p> <p>On 26 May 2023, IHACPA published the Residential Aged Care Pricing Advice 2023–24 and associated Pricing Framework for Australian Residential Aged Care Services 2023–24.</p>
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	The 2021–22 Budget provided \$49.1 million for IHACPA over 5 years through the measure Aged Care – Government response to the Royal Commission into Aged Care Quality and Safety – residential aged care services and sustainability.
Additional measures or actions underway or planned	Interim legislative amendments through the Royal Commission Response Act will be picked up in the new Act. IHACPA intends to provide annual advice to the Australian Government on the pricing and costing of residential aged care and residential respite care. The development of efficient pricing is a multi-year process that requires refinement over time. IHACPA will review the pricing framework and methodology annually to ensure it remains fit for purpose and achieves policy objectives. IHACPA will continue to develop its methodology for future annual pricing advice that is coupled with more in-depth costing study data.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised'. It is accepted in part because IHACPA does not have power to determine prices, as required under recommendation 115(3)(c). The Inspector-General supports this approach, noting that any expansion to IHACPA's functions would need to be carefully considered, once its data sources are more robust, and its operations well established and at a mature stage.

Recommendation 12: Inspector-General of Aged Care

Measures or actions before 1 Jan 2024	The <i>Inspector-General of Aged Care Act 2023</i> (IGAC Act) and the supporting <i>Inspector-General of Aged Care (Consequential and Transitional Provisions) Act 2023</i> commenced on 16 October 2023. This legislation established the Office of the Inspector-General of Aged Care and supporting Office, and the Inspector-General's functions and powers. The 2022–23 Budget (Restoring Dignity to Aged Care) provided \$38.7 million to support the implementation of this recommendation. Mr Ian Yates AM commenced as the acting Inspector-General on 16 October 2023.
Additional measures or actions underway or planned	A substantive Inspector-General will be appointed following an open and transparent recruitment process.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised', noting that the legislative framework establishing the position of the Inspector-General is in force, an acting Inspector-General has been appointed, and the supporting Office of the Inspector-General of Aged Care has commenced operations. The recommendation has been partially accepted because the Inspector-General's complaints function involves overseeing the Australian Government's complaints management processes, which differs from the approach outlined in recommendation 12(3) of directly handling complaints about government agencies with a role in the aged care system.

Recommendation 13: Embedding high quality aged care

Measures or actions before 1 Jan 2024	An exposure draft of the Bill was released for consultation from 14 December 2023. The exposure draft defined 'high-quality care' as a 'key concept' in clause 19.
Additional measures or actions underway or planned	Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation. The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting the substantial work undertaken in preparing the exposure draft. Although recommendation 13(1) proposed amendments to the Aged Care Act instead of implementing it through the new Act, the broad intent of the recommendation of legislating 'high-quality care' is being met. It is intended to foster a change in culture and send a signal to providers and workers to aim high and not just comply with minimum requirements. Moreover, the text in the Bill is broadly consistent with the text of the recommendation. There are, however, a number of important points of divergence between the approach taken in the Bill to embed 'high-quality care' compared to the recommendation. In contrast to the Royal Commission's approach, the Bill does not refer to the concept of 'high-quality care' in the objects.

Recommendation 14: A general duty to provide high quality and safe care

Measures or actions before 1 Jan 2024	An exposure draft of the Bill was released for consultation from 14 December 2023. While the Bill did not include a duty of high-quality care as recommended by the Royal Commission, Chapter 3 of Part 5 included new statutory duties for registered providers and responsible persons to ensure, so far as reasonably practicable, that the providers conduct does not adversely affect the health and safety of individuals receiving aged care services. These duties will operate in addition to the obligations of registered providers to comply with the Aged Care Quality Standards and demonstrate continuous improvement, which are designed to encourage innovation and continuous improvement in the delivery of high-quality care.
Additional measures or actions underway or planned	Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation. The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.

Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting the substantial work undertaken in preparing the exposure draft.</p> <p>Upon commencement, the text of the new Act, including the statutory obligation to provide high-quality and safe care, may also vary from the text of the recommendation. This may not prevent the recommendation from being categorised as being implemented.</p>
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Recommendation 15: Establishment of a dementia support pathway

Measures or actions before 1 Jan 2024	<p>In addition to the work of the Department, significant aspects of recommendation 15 are being delivered with the support and collaboration of Primary Health Networks (PHNs) and state and territory governments.</p> <p>All PHNs have updated their clinical pathway software and finalised development of an associated resource that will help provide consumers with a clear understanding of the post-diagnostic pathways in their region. Expanded services, including peer support and counselling, consumer education, and other services, are available through the National Dementia Support Program. The Improving Respite Care for People with Dementia and their Carers Program is being implemented, with new organisations engaged from May 2023. The National Centre for Monitoring Dementia has been established to improve information and data that will inform the design of post-diagnostic support.</p> <p>Funding to support the implementation of recommendation 15 was provided through the 2021–22 Budget (Aged Care – Government response to the Royal Commission into Aged Care Quality and Safety – residential aged care quality and safety).</p>
Additional measures or actions underway or planned	<p>The Australian, state and territory governments have been working together in developing the 10-year National Dementia Action Plan. The plan is intended to provide a focus for government action over the next decade and seek to better integrate policies, services and systems, and deliver better outcomes for people living with dementia, and their carers and families.</p> <p>The 2024–25 Budget provides \$1.7 million for the Australian Dementia Network under the National Dementia Action Plan to continue preparing the health system for developments in biomarkers and disease-modifying therapies, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – substantially progressed'. The implementation of dementia support pathways to date, however, warrants close attention to ensure they are effectively meeting the intent of the recommendation in providing clear and easy access to post-diagnosis supports for people with dementia. In this regard, delivery by PHNs has advantages. PHNs are funded to coordinate the delivery of primary health care in their regions, and have a strong understanding of local service delivery needs. However, delivery of dementia supports through PHNs may result in inconsistency between different regions given the level of independence of PHN organisations, and variable experience in dementia support. Additionally, the Inspector-General advocates that greater awareness of PHN-administered dementia pathways, including specific education for referral points and careful engagement with the sector is needed.</p>

Recommendation 16: Specialist dementia care services

Measures or actions before 1 Jan 2024	<p>In response to recommendation 16(1), the Department has completed a review of the Specialist Dementia Care Program (SDCP). Publication of its evaluation report on 5 September 2023 finalised the government’s response to recommendations 1(b) and 1(c). The review concluded it would not be appropriate for the SDCP to support people living with extreme changed behaviours or provide shorter-term respite care.</p> <p>In relation to recommendation 16(3), the SDCP has been able to provide support to those people with a mental health condition who meet other eligibility criteria, including a diagnosis of dementia. It provides eligible individuals with placement in a dedicated dementia-friendly unit offering person-centred and goal-oriented care tailored to their specific care needs and circumstances, including support from specialist in-reach clinicians.</p>
Additional measures or actions underway or planned	<p>Implementation of recommendation 16(1)(a), which required public reporting on the capacity of specialist dementia care units to address people’s needs, will be subject to ongoing monitoring as the rollout of 35 specialist dementia care units continues in 2024 and 2025.</p> <p>The 2024–25 Budget provides \$30 million for states and territories to continue delivering clinical in-reach services to support the SDCP.</p>
Inspector-General’s comment	<p>The Inspector-General considers this recommendation ‘accepted in full’ and ‘commenced and ongoing – substantially progressed’, noting that a review of specialist dementia care units has been undertaken. Continued rollout of additional specialist care units, and the implementation of review recommendations, in an expeditious manner should be encouraged. The Inspector-General will continue to monitor the implementation of this recommendation, and will investigate progress in future reports.</p>

Recommendation 17: Regulation of restraints

Measures or actions before 1 Jan 2024	<p>A legislative framework was implemented on 1 July 2021 through amendments to the Aged Care Act and the Quality of Care Principles 2014 to prevent the inappropriate use of restrictive practices in residential care. On 1 December 2022, consent requirements for the use of restrictive practices were further strengthened through additional legislative reform.</p> <p>Through the 2021–22 Budget, funding was allocated to establish a Behaviour Support and Restrictive Practices Unit within the ACQSC, led by the Senior Practitioner, to support the sector in understanding the requirements relating to restrictive practices.</p> <p>The strengthened legislative requirements for the use of restrictive practices apply to approved providers of residential care. Policy for use of restrictive practices in home care settings will be considered using data gathered under the Serious Incident Response Scheme expansion into home and community care, which commenced 1 December 2022. The ACQSC publishes data on notifications received, by incident type, in quarterly Sector Performance Reports.</p>
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Additional measures or actions underway or planned	Legislative amendments made to strengthen requirements for the use of restrictive practices in residential aged care through the Aged Care Legislation Amendment (Royal Commission Response No. 1) Principles 2021 and Royal Commission Response Act are to be included in the new Act.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – substantially progressed'. While a legislative framework has been put in place preventing the inappropriate use of restrictive practices, aspects of recommendations 19(1)(a)(i) and 17(3)(b) have not been implemented. Specifically, providers must have a behaviour support plan, as required by recommendation 19(1)(a)(i), but are not required to formally lodge it or report monthly to the ACQSC. Legislative amendments made to the Aged Care Act and Quality of Care Principles also did not include provisions for seeking compensation, as envisaged through recommendation 17(3)(b).</p> <p>Additionally, recommendation 17(5), which proposed that the government consider the applicability of any findings from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability in the context of restrictive practices, and potentially make further legislative amendments, is subject to further consideration pending the government's response.</p>

Recommendation 18: Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care

Measures or actions before 1 Jan 2024	<p>On 1 July 2021, responsibility for developing the clinical components of the new strengthened Quality Standards was transferred to the Australian Commission on Safety and Quality in Health Care (ACSQHC). The Department retained responsibility for the non-clinical aspects of the standards, in line with its knowledge of aged care regulatory reforms and to support development of a cohesive set of strengthened Quality Standards. The arrangement has been operationalised through a memorandum of understanding (MoU), and does not involve the transfer of functions to the ACSQHC as proposed by the Royal Commission.</p> <p>Funding to support the implementation of this recommendation was provided through the 2021–22 Budget (Strengthening Providers – Quality Standards – funding for Australian Commission on Safety and Quality in Health Care to review clinical components of the Standards).</p>
Additional measures or actions underway or planned	Recommendation 18(2) called for amendments to section 10 of the NHR Act to provide for a consultation process for the ACSQHC's aged care functions. The government has agreed to ongoing arrangements through the MoU, rather than through legislative amendments. Consultation is a key part of the development of the clinical care standard by the ACSQHC under the MoU, including the preliminary research and analysis stage, the development of the clinical care standard itself, and to support implementation and sector education through the development of tools and guidance material.
Inspector-General's comment	The Inspector-General considers this recommendation 'rejected', noting that an alternative approach has been pursued and can be considered 'finalised'. The ACSQHC has not been renamed nor conferred with the function of formulating standards, guidelines or indicators relating to aged care quality and safety. While the ACSQHC provides advice on clinical standards under the MoU, this is insufficient to meet the intent of the recommendation.

Recommendation 19: Urgent review of the Aged Care Quality Standards

Measures or actions before 1 Jan 2024	<p>A review of the Quality Standards, as required by recommendation 19(1), was completed in early 2023. Advice on the outcomes of the review was provided to the government, including consideration of the focus areas identified in the recommendation. Public consultation on a set of draft strengthened Quality Standards took place from October to November 2022. The strengthened standards were updated in response to feedback and were piloted by the ACQSC from April to October 2023. Findings informed the final draft of the strengthened Quality Standards. The Minister approved the final draft on 30 November 2023.</p> <p>Drafting of the final version of the strengthened Quality Standards into the new Act is underway. Their implementation will align with the new Act.</p> <p>Funding to support the implementation of this recommendation was provided through the 2021–22 Budget (Strengthening Providers – Quality Standards), the 2023–24 Budget (Building a Stronger Regulatory Framework for Aged Care).</p>
Additional measures or actions underway or planned	Implementation of the strengthened Quality Standards is planned to align with the new Act, which will include a new regulatory model for aged care and registration process.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting the substantial work that has been undertaken to date in reviewing the Aged Care Quality Standards and in developing strengthened Quality Standards. The Inspector-General notes, however, that while the ACSQHC was tasked by the Royal Commission with leading implementation, the Department has primarily delivered the recommendation with the ACSQHC's advice. This is not necessarily an impediment to effective delivery of the recommendation.</p> <p>The Inspector-General is aware of strong interest in this recommendation, and other recommendations that relate to the quality of aged care (including recommendations 20, 21, 22 and 23). The Inspector-General strongly supports ongoing work to implement these recommendations, and will continue to monitor progress, including through future reports.</p>

Recommendation 20: Periodic review of the Aged Care Quality Standards

Measures or actions before 1 Jan 2024	On 1 June 2023, the Minister approved a periodic review of the Aged Care Quality Standards, set to occur every 5 years.
Additional measures or actions	The new Act is expected to include a System Governor function to undertake a periodic review every 5 years.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting the Minister's approval for a periodic review, to occur every 5 years. While the Department's advice is that the System Governor (that is, the Department) will have a function to undertake periodic reviews, rather than the ACSQHC, this is not an impediment to effective delivery of the recommendation.

Recommendation 21: Priority issues for periodic review of the Aged Care Quality Standards

Measures or actions before 1 Jan 2024	Priority issues, including those set out in recommendations 21(a) to (e), were considered as part of the urgent review of Aged Care Quality Standards, and subject to consultations on the proposed strengthened Quality Standards. The ACQSC has led the development of draft guidance material to support providers with the strengthened standards.
Additional measures or actions underway or planned	The final version of the strengthened Quality Standards is being drafted into the new Act. Periodic reviews, every 5 years, are also expected to be legislated in the new Act. Priority issues to be reviewed would be determined following commencement of the new Act and analysis of data and information, taking into account the priority issues identified by the Royal Commission.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting that the issues identified in the recommendation were considered as part of the urgent review conducted through recommendation 19.

Recommendation 22: Quality indicators

Measures or actions before 1 Jan 2024	<p>Six new quality indicators, including consumer experience and quality of life, were developed and implemented in residential aged care on 1 April 2023. In response to recommendation 22(1)(b) specifically, which relates to the publication of guidance on the use of indicator data, the Department has finalised and published the National Aged Care Mandatory Quality Indicator Program Manual Parts A and B.</p> <p>Procurement processes have also commenced in the context of recommendations 22(1)(a) and 22(2)(b) to support research into the Quality Indicator Program, and to undertake an evidence review and pre-pilot preparation for potential quality indicators for home care.</p> <p>In relation to recommendations 22(2)(b) and (c), quality indicators have been developed and implemented for residential care, but those for home care are still to be developed. Home care work has commenced, including engaging a supplier to undertake an evidence review, consultation and pilot preparation.</p>
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	<p>This work was supported by legislative changes made through the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2021 and amendments to the Aged Care Act.</p> <p>Funding to support the implementation of recommendation 22 has been provided through the March 2022–23 Budget (Building a strong regulatory framework for Aged Care: star ratings), the October 2022–23 Budget (ICT to Enable Reform), and the May 2023–24 Budget (Building a strong regulatory framework for Aged Care: star ratings).</p>
Additional measures or actions underway or planned	<p>Preparatory work began in 2023–24 on the development of new staffing indicators for residential aged care and expanding the Quality Indicator Program to home care.</p> <p>In late 2024, a pilot of proposed indicators will be undertaken in the context of recommendations 22(2)(b) and (c), which relate to development of quality indicators for home care.</p> <p>The ACQSC will be consulted as part of this development process.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that while considerable work has been undertaken, further work and consideration around extending the program to home care is yet to be completed.</p>

Recommendation 23: Using quality indicators for continuous improvement

Measures or actions before 1 Jan 2024	<p>An expanded suite of quality indicators and associated resources have been delivered to support providers with benchmarking and help improve their performance. This was supported by legislative changes made through the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2021 and amendments to the Aged Care Act.</p>
Additional measures or actions underway or planned	<p>Going forward, a technical advisory group has been established to support the development of benchmarks for public reporting.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that measures currently in place partly implement the recommendation by tracking sector and provider reporting and publicly recording and reporting on their performance. The recommendation is considered accepted only in part as the government's response does not publicly report on sector and provider performance against quality indicator benchmarks.</p>

Recommendation 24: Star ratings: performance information for people seeking care

Measures or actions before 1 Jan 2024	<p>Star ratings were first published in December 2022 on the ‘Find a provider’ page of the My Aged Care website, following amendments to primary legislation made by the Royal Commission Response Act. Additional information published alongside star ratings includes:</p> <ul style="list-style-type: none"> • from December 2022, performance against the quality standards, information about regulatory decisions, information on Residents’ Experience Survey responses, staffing care minutes and quality indicator data • from October 2023, Enrolled Nurse care minutes • from December 2023, 24/7 Registered Nurse coverage, and • from February 2024, personal care worker care minutes, approved provider operations and dollars for care information. <p>Funding to support the implementation of recommendation 24 was provided through the 2021–22 Budget (Aged Care – Government response to the Royal Commission into Aged Care Quality and Safety – residential aged care quality and safety) and the 2022–23 Budget (Implementing Aged Care Reform), which provided a \$67.1 million investment in star ratings to deliver ongoing evaluation and iterative enhancement.</p>
Additional measures or actions underway or planned	<p>A number of sub-components to recommendation 24 are under consideration, including recommendations 24(3)(d) and (e). For instance, the Serious Incident Response Scheme (SIRS) and complaints data have not been incorporated into star ratings. This remains under consideration and will be further explored with the findings and recommendations from the independent Star Ratings Evaluation.</p> <p>Recommendation 24(2)(b)(a) is outlined in recommendation 95 and is expected to be incorporated through the Strengthened Aged Care Quality Standards and on commencement of the new Act.</p> <p>No immediate work is underway with respect to aspects of star ratings that have not been fully implemented. Star ratings is, however, intended to be iteratively enhanced through the incorporation of additional information sources, funding permitting.</p> <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services, which in part addresses this recommendation.</p>
Inspector-General’s comment	<p>The Inspector-General considers this recommendation ‘accepted in part’ and ‘commenced and ongoing – substantially progressed’. Significant progress has been made through publishing star ratings since December 2022. Star ratings have a strong potential to aid consumer choice and drive improvements in provider quality, if done right. There is substantial scope, however, to further enhance star ratings to ensure these objectives are met.</p> <p>More fundamentally, while recommendation 24 refers to all aged care providers, including home care services, at present star ratings only applies to residential care. The Inspector-General strongly supports expanding the scope of star ratings to capture other aged care services, where the majority of older Australians receive their care.</p>

Recommendation 25: A new aged care program

Measures or actions before 1 Jan 2024	<p>The Department has advised that the government is committed to delivering reforms to in-home aged care. Final program design is still subject to government.</p> <p>In relation to recommendation 25(e), which requires genuine choice and flexibility for individuals about how their aged care needs are to be met, the Places to People (PTP) measure provided \$41.3 million through the 2023–24 Budget to facilitate choice of residential aged care provider. As with other sub-components, delivery of recommendation 25(e) is ultimately dependent upon the new Act.</p> <p>A number of Budget processes to date have addressed this recommendation, including the 2021–22 Budget (Home Care – Future Design and Funding), the October 2022–23 Budget, the 2023–24 Budget, and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program will commence using a staged approach from 1 July 2025. Support at Home will, at this point, incorporate the Home Care Packages (HCP) Program and the Short-Term Restorative Care Programme into a single program. Commonwealth Home Support Programme (CHSP) will transition into the new program no earlier than 1 July 2027.</p> <p>In the lead-up to commencement of the Support at Home Program, the Department will finalise program design. Sector consultation to finalise the program design is expected mid-2024.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$531.4 million in 2024–25 to release 24,100 extra home care packages, which partially addresses this recommendation • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	<p>The Inspector-General considers this recommendation as 'rejected' with alternative measures 'commenced and ongoing – partially progressed'. The Royal Commission proposed that government develop a new aged care program that combines the existing CHSP, the HCP Program, the Residential Aged Care Program, including Respite Care and Short-Term Restorative Care. The Royal Commission recommended that new program "should retain the benefits of each of the component programs, while delivering comprehensive care for older people", which would be a "vastly different operating arrangement, with common national settings". Key features would include "an entitlement to all forms of support and care which the individual is assessed as needing", "certainty of funding and availability based on assessed need" and "access to one of more of multiple categories of the aged care program simultaneously, based on need".</p> <p>The Inspector-General notes, however, that the Department has advised that given fundamental differences in the nature and cost of care provided in a residential facility compared with community-based care, there is no intention to combine Support at Home, residential aged care and residential respite care into a single program with the same funding and regulatory requirements. The government has committed to a single home care program only, aspects of which are planned to commence on 1 July 2025, but the single program not before 1 July 2027 (and possibly later).</p>

While the Inspector-General recognises the complexity of moving to a single aged care program, this recommendation is a cornerstone in the Royal Commission’s reforms, explicitly intended to produce “fundamental change” and “transformational reform”. Taken together with recommendation 41, this recommendation has the potential to transform the delivery of aged care, and it is disappointing that the government has not committed to its delivery in full.

Recommendation 26: Improved public awareness of aged care

Measures or actions before 1 Jan 2024	<p>The Department has sought to improve public resources available to assist people to plan for ageing and potential aged care needs (such as My Aged Care and Aged Care Specialist Officers (ACSOs)) through its primary communications channels. These include:</p> <ul style="list-style-type: none"> • a range of printed and digital products • events for sector and consumer audiences • webinars, including webinars targeted at older people, their families and carers • newsletters, including the monthly ‘Engaged’ newsletter for older people, their families and carers • social media, and • editorials and Departmental websites, including the Aged Care Engagement Hub, which is a central repository of aged care reform consultation. <p>The Department also has tailored communication and channels for the aged care sector and aged care workforce, affiliated health professionals and key stakeholders and libraries to increase their knowledge of aged care. The Department’s ‘Our call to action – Let’s change aged care together’ campaign seeks to encourage participation and collaboration around the changes to aged care.</p> <p>The Department developed an aged care reforms communication plan in 2021 to form a consolidated approach to delivering recommendation 26. The communication plan aims to raise awareness about the reforms and encourage people to plan for their ageing.</p> <p>The Department is currently developing a communication plan for 2024–25.</p> <p>Funding to support the implementation of this recommendation was provided through the 2021–22 Budget (Governance: Aged care reform communications and engagement), the May 2021–22 Budget (Improving access to primary care and other health services in residential aged care), and the May 2023–24 Budget (General Practice in Aged Care Incentive).</p>
Additional measures or actions underway or planned	<p>Further activities to raise public awareness of aged care are being considered in the context of other reforms, including the new Act, the response to the Aged Care Taskforce, Support at Home and the implementation of the Fair Work Commission Stage 3 decision.</p>

Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. While the Department engages in a wide range of communications activities, including those outlined in recommendation 26(1), there is no information to indicate that recommendation 26(2)(b) has been implemented.
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Recommendation 27: More accessible and usable information on aged care

Measures or actions before 1 Jan 2024	<p>The Aged Care Engagement Hub, which provides a range of information in relation to aged care, regularly has around 6,000 users monthly. In relation to recommendation 27(a), information on the kinds of services a provider delivers is available on the 'Find a provider' function in My Aged Care. 'Find a provider' also provides information on the availability of services, as per recommendation 27(b).</p> <p>In relation to recommendation 27(c), star ratings were first published on the 'Find a provider' page of My Aged Care in December 2022. Work is also continuing on this recommendation with respect to star ratings providing comparisons across residential aged care resident experiences, compliance information, quality indicators and staffing measures, with more enhancements delivered across 2023. Data assurance and validation of provider-reported data published on the My Aged Care website as part of star ratings comprises:</p> <ul style="list-style-type: none"> • user testing and business verification testing • independent quarterly analysis of star ratings • industry validation via a provider preview, and • reasonableness checks of submitted Quarterly Financial Report data for care minutes and labour costs. <p>Providers have a responsibility to submit true and accurate Quality Indicator Program and Quarterly Financial Report data (relevant for star ratings publication) in accordance with their obligations under the Aged Care Act.</p> <p>Funding to support delivery of this recommendation was provided through the 2021–22 Budget (Home Care – Future design and funding), the October 2022–23 Budget (Restoring Dignity to Aged Care) and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>Further annual information about residential and home care providers was expected to be available by February 2024. The government is also publicly consulting on the aged care data and digital strategy, which will identify further opportunities.</p> <p>The Department is aware of issues with the accuracy of information from aged care providers on the My Aged Care website 'Find a provider' tool, which responds to this recommendation. Policy work is underway to identify the root causes of the problem, including why providers do not keep this information up to date and how this differs across programs. Solutions being scoped include more active follow-up with providers to remind them of their responsibilities to update information; potential penalties for non-compliance; and enhancements to the information that can be displayed, which may improve its usefulness for both users of the website and providers as a marketing tool.</p> <p>Additionally, star ratings will be iteratively enhanced as required, and as new data sources become available.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and

	<ul style="list-style-type: none"> • \$1.2 billion for sustainment of, and essential enhancements to, critical aged care digital systems so they remain legislatively compliant and contemporary, and can support the commencement of the new Act from 1 July 2025, which partially addresses this recommendation.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. Star ratings have been published on My Aged Care, and information about services provided is available.</p> <p>Work to facilitate information provision on My Aged Care is ongoing. The Inspector-General notes that the 'Find a provider' tool on My Aged Care, which responds to key aspects of this recommendation, relies upon providers inputting current and accurate information. The Department is continuing to examine ways to improve the currency and validity of this information. Additionally, the Inspector-General notes that recommendation 27(e), which requires standardisation and verification of information, remains subject to further consideration.</p>

Recommendation 28: A single comprehensive assessment process

Measures or actions before 1 Jan 2024	<p>As at 1 January 2024, the Single Assessment System was scheduled to commence from 1 July 2024. The Department has commenced negotiations with state and territory governments to inform a tender approach to the new Single Assessment System. Following this, an approach to market to engage other organisations, including existing Regional Assessment Services and AN-ACC Assessment Management Organisations, was released in early 2024.</p> <p>A new and improved assessment tool to replace the National Screening and Assessment Form (NASF) – the Integrated Assessment Tool (IAT) – has been developed. A live trial of the IAT was undertaken from April to July 2023, with assessors using the tool in the field with over 22,000 clients. Feedback from the trial is being used to improve the tool's usability, and the data collected will support development of the Support at Home classification system.</p> <p>Funding to support delivery of this recommendation was provided through the 2021–22 Budget (Workforce – Single assessment workforce for aged care), the October 2022–23 Budget (through the measures Home Care Reform and ICT to Enable Reform (My Aged Care and Future ICT Platform), and the 2023–24 Budget (ICT funding for single assessment reform).</p>
Additional measures or actions underway or planned	<p>The single assessment system will be implemented through a staged approach. For the first stage, the IAT will commence from 1 July 2024. From late 2024, following the tender process and negotiations with states and territories, Aged Care Assessment Teams (ACATs), the Regional Assessment Service (RAS) and the AN-ACC, workforces will transition into the 'single assessment workforce' to deliver the single assessment system. Further changes will occur following the introduction of the new Act, noting that the Department has advised that the Act is not a precondition for single assessment.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.

Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting the work undertaken in the design of the new assessment system. The system will play a vital role in providing access to aged care supports, particularly when the new Support at Home Program commences. Improving access to assessments in a timely way is an important component of improving access to aged care more broadly.</p> <p>The Inspector-General considers that establishing a sufficient and appropriately trained workforce to carry out consistent assessments will be critical to ensure that the system can meet demand and successfully fulfil its role in ensuring access to aged care.</p>
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Recommendation 29: Care finders to support navigation of aged care

Measures or actions before 1 Jan 2024	<p>The Australian Government has funded all 31 PHNs from July 2022 to commission care finder organisations. A total of 168 care finder organisations are operational. Care finder services were put in place from 1 January 2023 and, following a 4-month establishment period, commenced operations from April 2023. Care finders provide one-on-one support to vulnerable people with complex care needs who require intensive assistance to access and navigate the aged care system. Funding PHNs to commission and manage care finder organisations is intended to drive local community connections and connect with specialist skills in supporting vulnerable older Australians. Care finder staff have relevant qualifications and experience – for example, in social work, human services, aged care, community services or health.</p> <p>To complement care finder services, more than 80 ACSOs have been created across around 330 Services Australia offices since December 2022 as part of the My Aged Care interface, to provide face-to-face support. Services have a mixed distribution in metropolitan and regional settings across states and territories based on need and the population serviced. Placement was determined by Services Australia. Unlike care finders, ASCOs provide face-to-face support to older people across the general population, rather than being limited to especially vulnerable people.</p> <p>Funding to support the implementation of care finders was provided through the 2021–22 Budget (Connecting senior Australians to aged care services).</p>
Additional measures or actions underway or planned	<p>The Department has advised that there is no intention to broaden the scope of the program so that the target audience of care finders specifically includes 'a workforce of personal advisers to older people, their families and carers'.</p> <p>The Department has engaged Australian Healthcare Associates (AHA) to evaluate the care finder program, investigating:</p> <ul style="list-style-type: none"> • the implementation, appropriateness and effectiveness of the program • stakeholders' views on and experiences with care finder services, and • opportunities to improve the design and/or delivery of care finder services in the future. <p>AHA's first report was released in early May 2024.</p>

Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'finalised'.</p> <p>A number of notable deviations from what the Royal Commission recommended have been made. Firstly, and most significantly, the scope of the program is substantially narrowed than what the Royal Commission envisaged, in that care finders only assist the most vulnerable and not the broader population. Secondly, care finders comprises a range of organisations commissioned by PHNs with local community connections and specialist skills, rather than government employees, as proposed by recommendation 29(3). There are accounts of considerable national variability in the assistance provided under the program.</p> <p>While the Inspector-General acknowledges and supports assistance for vulnerable people to access aged care, the response to recommendation 29 does not align with the broader intent of the Royal Commission. Even with the combined support available through care finders and ASCOs, there remains a significant gap. In the preparation of this report the Inspector-General consistently heard that more face-to-face support is needed to help people – and not just the disadvantaged – to negotiate the processes to access aged care.</p> <p>While the recommendation is considered 'finalised', the Inspector-General emphasises the importance of evaluating the effectiveness and reach of the care finder and ASCO initiatives, including an assessment of the extent to which they meet the full intent of the recommendation.</p>
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Recommendation 30: Designing for diversity, difference, complexity and individuality

Measures or actions before 1 Jan 2024	<p>The strengthened Quality Standards applying to all aged care providers include requirements for regular competency-based training for workers in core matters such as culturally safe, trauma-aware and healing-informed care (Standard 2). These requirements are intended to address recommendation 30(1)(a). They do not equate to the approach put forward by the Royal Commission of mandating such training as a condition of approval or continued approval.</p> <p>In response to recommendation 30(1)(a)(ii), care finders are required to have completed training in cultural safety and trauma-informed care.</p> <p>In February 2022, the Department contracted the University of Tasmania to convene online learning modules to support direct care workers' continuing learning and development. The modules are also available to volunteers, carers and anyone with an interest in improving aged care. Specific modules have been developed on cross-cultural awareness, Aboriginal and Torres Strait Islander cultural awareness, and trauma-informed care. As at 29 August 2023, all 14 learning modules had been developed. They are available until 30 September 2024. An evaluation report, conducted by the University of Tasmania, detailing findings of the skills program was delivered to the Department in December 2023.</p> <p>In response to recommendation 30(1)(iii), the Specialisation Verification Initiative (SVI) was implemented in June 2022 via My Aged Care. The SVI includes a mechanism for providers to apply and submit evidence demonstrating genuine specialisation, which is published on the provider's My Aged Care profile.</p>
Additional measures or	<p>The Department has not commenced work on recommendation 30(1)(b) at this time. The data audit proposed through recommendation 30(2)(a) is expected to commence by the third quarter of 2024. The outcome of that work is a key contingency for delivery of</p>

actions underway or planned	recommendation 30(2)(b), which requires the Department to report on whether diverse older people's needs are being met and whether any further steps are necessary to meet those needs.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that recommendation 30(1)(b), which requires the Department to formulate a standard dataset and data collection mechanism for collecting, monitoring, analysing and using data about the diverse backgrounds and life experiences of older people seeking/receiving aged care, has not commenced.

Recommendation 31: Approved provider's responsibility for care management

Measures or actions before 1 Jan 2024	<p>The Department has advised that the government is committed to delivering reforms to in-home aged care. Final program design, including in relation to recommendation 31, is still subject to government decisions.</p> <p>A number of Budget processes addressed recommendation 31. These included the 2021–22 Budget (Home Care – Future design and funding), the October 2022–23 Budget (through the measures Home Care Reform and Aged Care ICT to Enable Reform), the 2023–24 Budget (ICT funding for single assessment reform, funding for the Independent Health and Aged Care Pricing Authority to undertake pricing and costing research activities to develop efficient prices), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program will commence using a staged approach from 1 July 2025.</p> <p>In the lead-up to commencement of the Support at Home Program, the Department will finalise program design. Decisions from government in relation to policy underpinning the program will also be sought.</p> <p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is assessed as partially accepted because the Inspector-General does not have sufficient information to conclusively determine that all sub-components have been fully accepted. The Inspector-General also notes that implementation is contingent upon the passage of legislative amendments to the new Act.

Recommendation 32: Respite supports category

Measures or actions before 1 Jan 2024	The Department has advised that recommendation 32(c), which requires provision of up to 63 days of respite per calendar year, has been fully implemented. Additionally, CHSP services providers received a funding boost for centre-based respite from 1 January 2022.
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	<p>In relation to other aspects of recommendation 32, as at 1 January 2024, no specific measures or actions had been finalised. Policy continues to be developed as part of the design of the new Support at Home Program (as per recommendation 25).</p> <p>Funding was provided through the May 2021–22 Budget (Home Care – Support for Informal Carers).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program will commence using a staged approach from 1 July 2025. In the lead-up to commencement, policy and program design for how respite services will be delivered under the program will be finalised.</p> <p>Ultimately, this recommendation will need to be implemented through the new Act and design of Support at Home.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is assessed as partially accepted because the Inspector-General does not have sufficient information to conclusively determine that all sub-components have been fully accepted. The Inspector-General also notes that implementation is contingent upon the passage of legislative amendments to the new Act.</p>

Recommendation 33: Social supports category

Measures or actions before 1 Jan 2024	<p>The Department has advised that the Government is committed to delivering reforms to in-home aged care, no specific measures or actions have been finalised as at 1 January 2024. Policy has been developed to support the delivery of this recommendation under the new Support at Home Program (as per recommendation 25). Final program design and funding are subject to government decisions.</p> <p>Funding was provided through the May 2021–22 Budget (Home Care – Future Design and Funding), and the 2022–23 October Budget (Aged Care ICT to Enable Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program will commence using a staged approach from 1 July 2025.</p> <p>Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024.</p> <p>The 2024-25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is assessed as partially accepted because the Inspector-General does not have sufficient information to conclusively determine that all sub-components have been fully accepted. The Inspector-General also notes that implementation is contingent upon the passage of legislative amendments to the new Act.</p>

Recommendation 34: Assistive technology and home modifications category

Measures or actions before 1 Jan 2024	<p>In response to recommendation 34(a), the Department has commissioned Monash University to provide advice on an inclusions list for the Assistive Technology and Home Modifications Scheme. Policy is being tested with stakeholders. In response to recommendation 34(c), \$10.9 million in funding has been approved for a trial of an Assistive Technology loans scheme.</p> <p>Funding was provided through the May 2021–22 Budget (Home Care- Future Design and Funding), the 2022–23 October Budget (ICT to Enable Reform), and the May 2023–24 Budget (Home Care Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will deliver components of this recommendation, will commence using a staged approach from 1 July 2025.</p> <p>Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024.</p> <p>The 2024-25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is assessed as partially accepted because the Inspector-General does not have sufficient information to conclusively determine that all sub-components have been fully accepted. The Inspector-General also notes that implementation is contingent upon the passage of legislative amendments to the new Act.</p>

Recommendation 35: Care at home category

Measures or actions before 1 Jan 2024	<p>While the Department has advised that the Government is committed to delivering reforms to in-home aged care, no specific measures or actions have been finalised as at 1 January 2024. Policy has been developed to support the delivery of this recommendation under the new Support at Home Program (as specified in recommendation 25). Final program design and funding are subject to decisions of Government.</p> <p>Funding was provided through the 2021–22 Budget (Home Care- Future Design and Funding), the 2022–23 October Budget (through the measures Home Care Reform and Aged Care ICT to Enable Reform), the 2023–24 Budget (ICT funding for single assessment reform, funding for the Independent Health and Aged Care Pricing Authority to undertake pricing and costing research activities to develop efficient prices), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will deliver components of this recommendation, will commence using a staged approach from 1 July 2025.</p> <p>Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>

Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is assessed as partially accepted because the Inspector-General does not have sufficient information to conclusively determine that all sub-components have been fully accepted. The Inspector-General also notes that implementation is contingent upon the passage of legislative amendments to the new Act.
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Recommendation 36: Care at home to include allied health care

Measures or actions before 1 Jan 2024	<p>While the Department has advised that the Government is committed to delivering reforms to in-home aged care, no specific measures or actions have been finalised as at 1 January 2024. The Department has discussed the assessment and funding approach for short-term restorative care and broader program design under Support at Home with stakeholders. Final program design and funding are subject to decisions of Government.</p> <p>Funding has been provided through the 2021–22 Budget (Home Care- Future design and funding), the October 2022–23 Budget (Home Care Reform), the 2023–24 MYEFO (Continuation of Aged Care Reform) and the 2023–24 Budget.</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will deliver components of this recommendation, will commence using a staged approach from 1 July 2025.</p> <p>Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is assessed as partially accepted because the Inspector-General does not have sufficient information to conclusively determine that all sub-components have been fully accepted. The Inspector-General also notes that implementation is contingent upon the passage of legislative amendments to the new Act.

Recommendation 37: Residential care category

Measures or actions before 1 Jan 2024	The Department has commenced a review of the current Schedule of Specified Care and Services, with the aim of ultimately creating a more user-friendly care and services framework. Direct consultations are envisaged with a range of aged care and health stakeholders, and a discussion paper will be circulated for public comment.
Additional measures or actions	As part of its review, the Department will consult directly with a range of aged care and health stakeholders, and a discussion paper will be circulated for comment. It is anticipated a revised framework will be introduced to align with the new Act.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially progressed', noting that the Department has commenced (but not finalised) the review. The Schedule of Specified Care and Services is a pivotal component of the aged care legislative framework, and the Inspector-General supports the review being conducted in a timely way to coincide with the new framework that will be established under the new Act.

Recommendation 38: Residential aged care to include allied health care

Measures or actions before 1 Jan 2024	<p>The government intends to implement the 'Aged Care On-Site Pharmacists' measure in response to recommendation 38. In the Budget 2023–24 MYEFO, a change of policy was made to the measure. Under the revised policy, a 2-tiered funding model is to provide access in the first instance to community pharmacies to employ pharmacists to work on-site in aged care homes. Under the second tier, which would apply where community pharmacies are unable or choose not to participate, PHNs would assist aged care homes to engage a pharmacist to work on-site in a clinical role on behalf of aged care homes. Aged care homes may also directly engage a pharmacist to work on-site. The Aged Care On-site Pharmacist measure is to commence on 1 July 2024 with access to funding for community pharmacies.</p> <p>The AN-ACC funding model is also supporting delivery of allied health services that must be delivered under the Aged Care Quality Standards and the Schedule of Specified Care and Services. No further action is being contemplated to implement Commissioner Pagone's recommendation 38(a), which would require providers to have arrangements with allied health professionals for the provision of services.</p> <p>The 2023 Residential Aged Care Costing Study (RACCS) captured the costs of care provided by allied health. The collection of this data was aimed at supporting IHACPA in future AN-ACC classification refinement and pricing advice.</p> <p>Work is also currently being progressed which will implement the requirements set out in recommendations 38(d)(iii) and (iv). Specifically, the Quarterly Financial Report (QFR) collects information quarterly on the volume of service provision and expenditure on allied health services.</p>
Additional measures or actions underway or planned	<p>Apart from the 'On-Site Pharmacists' measure, other work to improve allied health in residential aged care includes:</p> <ul style="list-style-type: none"> • more clearly outlining the allied health services residential aged care providers are required to deliver, through work underway to improve the Schedule of Specified Care and Services. • introducing improved transparency around the delivery of allied health services (including through publishing service-level allied health spending data and services provided on the My Aged Care 'Find a provider' from February 2024, and introducing an allied health quality indicator from July 2025). • introducing strengthened quality standards with the new Act, creating clear expectations around the role of multidisciplinary teams, including allied health professionals, in the provision of coordinated and comprehensive clinical and personal care which supports reablement and maintenance of functional capacities for residents.

Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part', and 'commenced and ongoing – partially progressed'. While significant work has been undertaken to enable access to pharmacists in aged care homes, stakeholders have advised that following the introduction of the AN-ACC and the implementation of the recommendation 86, which requires the delivery of 200 care minutes for an average resident, there has been a fall in provision of allied health and lifestyle activities in many facilities.</p> <p>The Inspector-General calls on the Department to review the AN-ACC to consider whether the model remains responsive to the needs and pressures associated with delivering high-quality residential aged care with a reablement focus.</p>
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Recommendation 39: Meeting preferences to age in place

Measures or actions before 1 Jan 2024	<p>An additional 80,000 home care packages over 2 years were announced in the 2021–22 Budget. A further 9,500 packages over one year were subsequently announced at 2023–24 Budget (packages released in 2023–24 received tapering funding for 2024–25 through the 2023–24 MYEFO).</p> <p>The Department continues to report on the National Priority System at a national, state and territory and Aged Care Planning Region level on a quarterly basis.</p> <p>In relation to the quarterly public reporting requirements in recommendation 39(c), the Department advised that the extant Home Care Packages Program Data Report covering wait times has been published since 2017.</p>
Additional measures or actions underway or planned	<p>The 2024–25 Budget provides \$531.4 million in 2024–25 to release 24,100 extra home care packages.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that on the government's own data, investments made to date have not cleared the National Priority Service in line with the recommendation. In fact, data available to date suggests that wait times for home care packages are increasing.</p>

Recommendation 40: Transition to care at home

Measures or actions before 1 Jan 2024	<p>Implementation planning has commenced and a dedicated branch has been established within the Department with responsibility for sector and consumer transition activities for the Single Assessment System and Support at Home Program implementation.</p> <p>No other specific measures or actions have been finalised as at 1 January 2024 to implement other aspects of recommendation 40, which is dependent upon the Support at Home Program. The transition arrangements envisaged by this recommendation are to be finalised and are subject to a decision of government.</p>
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Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will be critical to the delivery of this recommendation, will commence using a staged approach from 1 July 2025.</p> <p>Implementation of recommendation 40(2), which proposed increasing the assessment workforce between 1 July 2023 and 1 July 2025, will require the government to consider the impact of the transition to Support at Home on assessment volumes. This will be considered as part of finalising Support at Home program design and transition planning.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that program design is not finalised and sub-components have not yet commenced. Additionally, implementation of recommendation 40(2) will require the government to consider impacts on workforce volumes arising from the transition to the Support at Home program.</p>

Recommendation 41: Planning based on need, not rationed

Measures or actions before 1 Jan 2024	<p>The Department has advised that the government is committed to delivering reforms to in-home aged care. Internal government work is ongoing with respect to this recommendation. Final program design and funding are subject to government decisions.</p> <p>Funding has been provided through the 2021–22 Budget (Home Care – Future Design and Funding), the October 2022–23 Budget (Home Care Reform, and Aged Care ICT to Enable Reform), the 2023–24 Budget and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will deliver components of this recommendation, will commence using a staged approach from 1 July 2025. Implementation of this recommendation is also contingent upon the new Act.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'under further consideration' and 'not commenced' on the basis that while internal government work is purportedly occurring, there is currently no evidence of any tangible activity or intent to implement the recommendation as proposed by the Royal Commission.</p> <p>The Inspector-General considers that this recommendation needs to be read in conjunction with recommendation 25, a new aged care program based on assessed need, and not rationed according to population-based limits on the availability of subsidies. Together these 2 recommendations form the core of the Royal Commission's vision for a redesigned aged care system.</p> <p>The Inspector-General calls on the government to commit to implementing these 2 central recommendations, which together would deliver a system based on need, rather than the rationing of care.</p>

Recommendation 42: Support for informal carers

Measures or actions before 1 Jan 2024	<p>The 2021–22 Budget authorised a range of measures and actions in response to recommendation 42(b) and (c). In response to recommendation 42(b)(i), a ‘warm referral’ mechanism has been set up within the Contact Centre and shopfronts for clients that contact My Aged Care. In relation to recommendation 42(a), changes have also been made to the My Aged Care website to include additional information, including on the Carer Gateway and the National Dementia Helpline. Since 3 October 2023, My Aged Care Screening and Assessment staff (including aged care specialist officers) can collect carer contact information in the MyAssessor portal, application and staff portal. With the carer and client’s consent, their information will be shared with Carer Gateway Service Providers and Dementia Australia, which can download a daily report. Carer Gateway and Dementia Australia can then contact carers and offer advice on support services.</p> <p>In relation to recommendation 42(b)(ii), changes have been made to the My Aged Care website, which redirects to the Carer Gateway and National Dementia Helpline. My Aged Care welcome packs, CHSP brochures and scripts have been updated to provide accurate and up-to-date information about support services for carers.</p> <p>In relation to recommendation 42(c), since the commencement of the care finder program in early 2023, care finders are able to provide information to informal carers they come into contact with about Carer Gateway and how to engage with it. Additionally, My Aged Care referral request forms, and assessment screening questions have been updated. IT enhancements have been made to the MyAssessor portal/application to ensure the primary informal carer is identified in initial contact. It is now possible to capture carers’ consent to collect and store information about them in conjunction with a person’s My Aged Care client profile.</p>
Additional measures or actions underway or planned	<p>Consultations with the sector were undertaken from February to April 2023 on how respite care bookings could be streamlined. Future implementation work will further investigate streamlining respite bookings by reviewing policies related to respite and Carer Gateway service provision. Policy underpinning these investigations needs to be finalised, and additional funding to support ICT changes may be required.</p>
Inspector-General’s comment	<p>The Inspector-General considers this recommendation ‘accepted in part’ and ‘commenced and ongoing – partially progressed’, noting the additional work that will be undertaken as part of streamlining respite booking services as part of the next phase of implementation. The changes to My Aged Care are welcome and should aid consumer experience.</p> <p>The Inspector-General does, however, note that there is no evidence that the streamlined referral pathways for informal carers as required by recommendation 42(a) have been implemented, outside of some early thinking and small steps, which do not meet the Royal Commission’s intent.</p> <p>The Inspector-General has no information indicating that recommendation 42(c)(iii) will be implemented.</p>

Recommendation 43: Examination of Leave for Informal carers

Measures or actions before 1 Jan 2024	<p>The implementation of recommendation 43 is being led by the Department of Social Services and the Fair Work Commission. The Productivity Commission released the final report, <i>A case for an extended unpaid carer leave entitlement</i>, on 15 September 2023, which recommended the government increase awareness of carer supports and specifically how carers can request flexible work arrangements. The report stated that this information should be routinely provided to carers such as when they engage with Carer Gateway.</p> <p>The Department has posted material through social media and a My Aged Care article, aimed at increasing general knowledge of different types of respite care that are available, how respite can be accessed and the benefits of using it. Flexible work arrangements in conjunction with regular periods of respite, including day respite, supports carers and helps to prevent carer burnout.</p>
Additional measures or actions underway or planned	The Department will continue to raise awareness of care support.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Inspector-General recognises that work has been undertaken in relation to recommendation 43 but does not have full visibility of actions or measures being undertaken that relate to the specific sub-components of the recommendation.

Recommendation 44: Volunteers and Aged Care Volunteer Visitors Scheme

Measures or actions before 1 Jan 2024	<p>The Department of Social Services has key responsibility for the delivery of recommendations 44(a) and (c). In relation to recommendation 44(c), the Aged Care Volunteer Visitors Scheme (ACVVS) commenced 1 July 2023. A total of 141 community organisations have been funded to provide 18,163 ACVVS placements across Australia. A Community of Practice was established in the fourth quarter of 2022.</p> <p>The Department has primary carriage for delivery of recommendation 44(b). It has developed an Aged Care Volunteer Framework to support volunteers and volunteer managers, included enhanced indicators in the new Quality Standards. It has also developed an aged care volunteer website with additional resources, and provided training and supports for providers, volunteer managers and volunteers.</p> <p>Funding has been provided through the 2021–22 MYEFO, which provided \$34.4 million over 4 years from 2021–22 to expand the Community Visitors Scheme.</p>
Additional measures or actions	Aspects of recommendations 44(a) and (b) will be incorporated in the new Act.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Inspector-General recognises that work has been undertaken in relation to recommendation 44, but does not have full visibility of actions or measures being undertaken that relate to the specific sub-components of the recommendation.

Recommendation 45: Improving the design of aged care accommodation

Measures or actions before 1 Jan 2024	<p>In response to recommendation 45, the 2021–22 Budget provided funding to support the development of a Residential Aged Care Accommodation Framework, including design principles and guidelines. Broad consultation on design principles and guidelines have been completed and in September 2023, draft design principles and guidelines were released for further consultation. The Department has advised that recommendations 45(a) and (b)(i) are on track to be implemented from 1 July 2024 (rather than 1 July 2022 as recommended by the Royal Commission).</p> <p>An infrastructure stocktake of aged care homes, including Multi-Purpose Services (MPS) and National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) services, has been completed and has informed the Department on the current state of design in aged care homes.</p> <p>As part of implementing recommendation 45(b), the Department launched the 'Reimagining where we live' design ideas competition to promote the design principles and guidelines. The competition closed in December 2023 with winners announced in May 2024.</p> <p>Accommodation funding, as proposed under recommendation 45(b)(ii), has been considered by the Aged Care Taskforce in its report to government.</p> <p>In response to recommendation 45(c), the Department had an inception meeting with the Australian Building Codes Board in November 2023.</p>
Additional measures or actions underway or planned	<p>Further activities to promote the adoption and support the implementation of the National Aged Care Principles and Guidelines will be considered. Further refinement of the draft design principles and guidelines is needed to address additional feedback prior to publication from 1 July 2024.</p> <p>Additionally, decisions on options to promote the adoption and support the implementation of these design principles and guidelines by the sector, as required under recommendation 45(b), is also required.</p> <p>Once the principles and guidelines are finalised and implemented, work will commence as part of implementing recommendation 45(c) to identify any necessary changes to the National Construction Code in the future, subject to government decisions. Any changes would not be possible until at least the 2028 release of the Code, due to a 3-year lead time for amendments.</p>

Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that while a range of activities including consultations and the release of draft principles have occurred, no sub-components have been fully implemented to date. Additionally, delivery of recommendation 45(c) is contingent upon the finalisation and implementation of design principles, which are currently expected to be implemented on 1 July 2024. Implementation will also require potential amendments to class 9C of the National Construction Code, which has an extended lead time of 3 years.
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Recommendation 46: Capital grants for 'small household' models of accommodation

Measures or actions before 1 Jan 2024	<p>The Australian Government currently provides limited capital funding through the Aged Care Capital Assistance Program (ACCAP) for the construction of residential aged care homes and to upgrade or expand existing facilities, to improve access to quality aged care services in thin market settings. A decision about whether to expand the ACCAP, or any other infrastructure grant programs across government to specifically support the adoption of the design principles and guidelines required through recommendation 45, is subject to future government decisions.</p> <p>An infrastructure stocktake of aged care homes, including services delivering care under the MPS program and the NATSIFAC program has been completed. The stocktake has informed the Department on the current state of design in aged care homes.</p>
Additional measures or actions underway or planned	Aside from any future decision about additional funding to support or incentivise the adoption of the national aged care design principles and guidelines post 1 July 2024, future ACCAP funding rounds will include small home and congregate living models as an eligible activity within more broadly focused approaches to market. Up to \$603.6 million is available under the ACCAP until 30 June 2027. From 2027–28 at least \$156 million per year will be made available on an ongoing basis.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'partially progressed'. While funding is provided through the ACCAP to support construction or upgrades to residential aged care homes, this does not cover the breadth of the recommendation. Funding to support capital grants assistance is also subject to future government decisions, and implementation of the national aged care design principles and guidelines following 1 July 2024.

Recommendation 47: Aboriginal and Torres Strait Islander aged care pathway within the new aged care system

Measures or actions before 1 Jan 2024	The Department is delivering recommendation 47 in collaboration with the Department of Social Services, the National Disability Insurance Agency, the Department of Veterans' Affairs, the National Indigenous Australians Agency, and First Nations peaks. On 1 July 2023, the Integrated Care and Commissioning (ICC) Project was launched at 4 trial sites (Kimberley, Western Australia; Longreach, Queensland; South-East New South Wales; and Gippsland, Victoria). Regional working groups have been established comprising officials from the Australian and state and territory governments. Representatives have developed high-level place-based scoping and engagement initiatives to identify priority projects for implementation. Each site now has a comprehensive workplan and evaluation framework to support the implementation of the ICC Projects. Work at the trial sites aims to improve the provision of, and access to, primary care and support services in thin markets
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	<p>by trialling integrated services and joint commissioning across primary health, First Nations health services, disability, aged care, and veterans' care.</p> <p>A range of additional measures and actions have been taken in response to other sub-components. In relation to recommendation 47(a), the Department is determining a procurement approach and developing procurement documents to engage a supplier to provide tailored support to NATSIFAC providers. In relation to recommendation 47(b), the Department is currently assisting 3 Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs) to build their capacity to deliver aged care services. All 3 organisations have commenced delivering aged care services.</p> <p>In relation to recommendation 47(d), the Department undertook a process to vary the 2023–24 and 2024–25 NATSIFAC Program funding agreements to include an increase in funding for 17 remote residential services in very remote locations in Western Australia, South Australia, Queensland and the Northern Territory. All of the Deeds of Variations have been executed. This funding will aim to boost opportunities for people to remain on, and maintain connection with, their Country and communities.</p> <p>In response to recommendation 47(e), the Department is funding the National Aboriginal Community Controlled Health Organisation (NACCHO) to establish the Elder Care Support to assist older First Nations people in accessing and navigating the aged care system.</p> <p>In relation to recommendation 47(f), First Nations interpreting services are available through My Aged Care Contact Centres. Opportunities to work with First Nations translating and interpreting organisations to deliver government-funded interpreting services through aged care providers are being explored to ensure that older Indigenous Australians are given the same level of access to interpreters as other culturally and linguistically diverse communities when seeking aged care.</p> <p>Funding has been provided in the 2021–22 and 2023–24 Budgets.</p>
Additional measures or actions underway or planned	<p>Following the commencement of the ICC Project across 4 trial sites from 1 July 2023, it is expected that up to 6 additional trial sites will be initiated from 1 July 2024. Approaches to integrated care that allow First Nations peoples to better access the services they need will be developed to support these activities.</p> <p>In relation to recommendation 47(b) specifically, in addition to the 3 ACCOs that are being assisted to build their care delivery capacity, up to 10 ACCOs will be supported to build their capacity and capability to deliver aged care services (\$8.2 million over 2 years from July 2023).</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Royal Commission proposed a multi-faceted approach to establishing an Aboriginal and Torres Strait Islander pathway in the aged care system, and the government is responding with a range of measures. The ICC Project being progressed across multiple trial sites represents a substantial body of work. The additional support being given to NATSIFAC providers, as well as the assistance being given the ACCOs to build capacity to deliver aged care services, and the establishing of the Elder Care Support program will also be important to the overall implementation of the</p>

recommendation. Implementation as a whole, however, will take time, and the Inspector-General will continue to monitor progress and investigate in future reports.

For the Inspector-General to consider this recommendation 'accepted in full', a more substantive and ambitious body of tangible actions and measures would need to be committed to.

Recommendation 48: Cultural safety

Measures or actions before 1 Jan 2024

In response to recommendation 48(1), the Department has mandated cultural capability training for staff at the Executive Level 2 and Senior Executive Service (SES) levels. Care finders are also required to have completed mandatory training in cultural safety and trauma-informed care. To support this requirement, the Department has developed training on these topics in its learning management system (MAClearning). All care finder staff can access training through that portal at any time, and at no cost.

In February 2022, the Department contracted the University of Tasmania to develop and host a series of online learning modules designed to support direct care workers' continuing learning and development, including on cultural awareness and trauma-informed care, which respond to aspects of recommendations 48(1), (2) and (3). Modules are also available to volunteers, carers and any other interested participants. As at 29 August 2023, 14 learning modules had been developed and are available free of charge until 30 September 2024. An evaluation report, conducted by the University of Tasmania, detailing findings of the Skills Program was delivered to the Department in December 2023.

NACCHO is being funded to establish the Elder Care Support Program to support older First Nations people to access and navigate the aged care system, which responds to aspects of recommendations 48(2)(a) and (b). NACCHO has allocated 270 FTE Elder Care Support positions to 107 ACCOs. A staged delivery of support services commenced in December 2023.

Additionally, the Department partnered with First Nations assessment organisations and organisations which specialise in providing care to Indigenous Australians to co-design the First Nations assessment model. The model was tested in 2022. Consultation with First Nations elders and providers on assessment reforms has been conducted to inform the establishment of a culturally sensitive and appropriate assessment system.

In relation to recommendation 48(2)(c), the Department engaged the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC) in February 2023 to develop a definition of Cultural Safety in the context of First Nations ageing and aged care, as well as provide advice to the government on the development of cultural safety frameworks. Funding of \$5.3 million (over 4 years) has been committed to embed cultural safety trauma-aware and healing-informed care principles and training across all aged care services. Engagement with key stakeholders has commenced and a desktop study is being undertaken into current training options as part of a gaps analysis.

Funding to support this recommendation was provided through the 2020–21 Budget (Enhancing Nursing Skills and Leadership Capability) and 2023–24 Budget.

Additional measures or actions underway or planned	<p>In relation to recommendation 48(1)(b)(i), the Department anticipates procuring an expert training developer during the second quarter of 2024. Development of training materials are expected to be delivered 2024.</p> <p>The Elder Care Support positions currently being established by NACCHO to support First Nations peoples to access and navigate the aged care system will be allocated in early 2024.</p> <p>According to the Department, the requirement in recommendation 48(b)(i) for aged care providers to train their staff in culturally safe and trauma-informed care is being included in the new Act.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially implemented'. Although learning models designed and hosted by the University of Tasmania include specific training on Aboriginal and Torres Strait Islander cultural awareness and trauma-informed care, there is no information confirming that the various people mentioned in the recommendation are required to undertake those training modules.</p> <p>Additionally, a number of important aspects of this recommendation are currently in train, including those relating to mandating cultural awareness and trauma-informed training, assessments and care finders.</p>

Recommendation 49: An Aboriginal and Torres Strait Islander Aged Care Commissioner

Measures or actions before 1 Jan 2024	The 2023–24 Budget committed \$1.7 million in 2023–24 to establish an interim First Nations Aged Care Commissioner (Commissioner) to lead extensive public consultations with First Nations communities and stakeholders about the functions and location of the permanent First Nations Commissioner.
Additional measures or actions underway or planned	<p>Ms Andrea Kelly was appointed Interim Commissioner on 8 January 2024 within the Department. The interim Commissioner will lead consultations with First Nations peoples across Australia throughout 2024 to inform the development of proposals on the role and function of the permanent Commissioner.</p> <p>Establishment of the permanent Commissioner will require future government consideration. A decision will also be needed as to whether the legislative basis for the permanent Commissioner will be set out in the new Act, or through stand-alone legislation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. Ms Kelly's appointment as the interim Commissioner marks a substantial milestone towards the implementation of recommendation 49. No decision has been made, however, on whether the substantive Commissioner should be established within the System Governor on a statutory basis. Further, the nature of the permanent Commissioner's role is still under consideration, pending the outcome of consultations throughout 2024 with First Nations peoples.

Recommendation 50: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers

Measures or actions before 1 Jan 2024	<p>The Department and the ACQSC have been responding to this recommendation with a range of ongoing actions and measures.</p> <p>The Department has co-designed an integrated care model with First Nations stakeholders in the community controlled organisation sector to assist more ACCOs to transition to becoming aged care providers. The model will inform the 4 integrated care and commissioning trials being conducted in WA, NSW, Victoria and Queensland to develop place-based approaches to integrated care.</p> <p>The 2023–24 Budget committed \$8.1 million over 3 years to assist 33 First Nations services funded under the NATSIFAC Program to transition from being administered under a grant agreement to being regulated under the new Aged Care Act. This includes supporting providers' transition to new accountability measures and obligations under the proposed new Act, as required under recommendation 50(2)(a).</p> <p>The Department funded an organisation to work with 3 ACCOs in Perth, Darwin and Western Sydney to build capacity to deliver aged care services. Projects are currently progressing, with the Perth-based organisation being granted approved provider status to deliver home care services. Funding of \$8.2 million has been committed to support up to 10 ACCOs to develop capacity and capability to provide aged care services. Engagement with key stakeholders has commenced to identify areas of greatest need.</p> <p>From 1 August 2023, the ACQSC has supported applications from First Nations organisations for approval to provide aged care services. As part of a Regulatory Strategy, the ACQSC is seeking to improve access to aged care services by:</p> <ul style="list-style-type: none"> • meeting with key personnel and other representatives to inform them of the legislated requirements for approved providers • directing them to and providing clarification on any published documentation that would assist in progressing through the application process, and • where the suitability matters are not adequately satisfied, seeking additional information from First Nations organisations that could better establish their suitability as an approved provider (as required by the Commission Act). <p>In response to recommendations 50(2) and (3), the ACQSC is contracting the development of culturally competent resources for ACCOs to guide and support their compliance with the new Strengthened Standards.</p>
Additional measures or actions underway or planned	<p>In response to recommendation 50(2)(a), the Department is determining a procurement approach to engage a supplier to provide tailored support to NATSIFAC providers to provide high-quality care and meet the new regulatory requirements.</p> <p>On 7 February 2024, the ACQSC executed a contract for the provision of expert (culturally competent) external advice to develop resources for Aboriginal Community Controlled aged care organisations.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed'. Important steps have been made to assist Aboriginal and Torres Strait Islander organisations to expand into aged care services, as per the recommendation. It is important to note that it will take time for ACCOs to expand into this role.</p>

Recommendation 51: Employment and training for Aboriginal and Torres Strait Islander aged care

Measures or actions before 1 Jan 2024	<p>Employment and training for Aboriginal and Torres Strait Islander aged care is being delivered under the Indigenous Employment Initiative (IEI) program, which provides wage subsidies and training support for aged care providers to employ First Nations people. Current agreements have been in place since July 2019 and have been varied for a further 12 months across 2023–2024. An evaluation of the IEI program is being undertaken to ensure it delivers training and employment and career opportunities for First Nations people. Findings from the evaluation will inform the First Nations Aged Care Workforce Plan. Other relevant initiatives continue such as funding to recruit more personal care workers with assistance from NACCHO. Similarly, the Elder Care Support Program also provides an opportunity to increase the Aboriginal and Torres Strait Islander workforce by over 270 people over a 4-year period, with 68 FTE being trained to commence providing support from December 2023. A further 202 FTE are planned to commence service delivery in 2024. Work is also underway on developing a First Nations Single Assessment sector that will see further employment of First Nations people.</p> <p>In response to recommendation 51(2), the Department is working with peak bodies and advisory groups in developing a First Nations Workforce Implementation Aged Care Plan. The Department has supported the establishment of the First Nations aged care independent peak, NATSIAACC, in early 2023. Core and additional funding of \$2.547 million is provided over 3 years from 2022–23 support its establishment as a peak while additional funding of \$398,550 over 2 years was approved for 2021–22 and 2022–23 to support the continuity of representation in the sector.</p>
Additional measures or actions underway or planned	<p>Ongoing work to develop the Plan in line with recommendation 51 will involve working with First Nations organisations, peaks, and relevant departments. Consultations with First Nations workforce stakeholders to commence late May 2024.</p> <p>Key sub-components, including recommendations 51(1)(a)(ii), (b) and (c), are still under consideration.</p>
Inspector-General's comment	<p>The Inspector-General considers that this recommendation is 'accepted in full' and 'commenced and ongoing – partially progressed', noting that work to develop a First Nations Aged Care Workforce Plan is in its initial stages. No specific components of recommendation 51 have yet been finalised.</p>

Recommendation 52: Funding cycle

Measures or actions before 1 Jan 2024	<p>The Department and IHACPA have been pursuing measures and undertaking actions in response to this recommendation. Additional funding has been provided to services funded through the NATSIFAC Program to assist First Nations peoples to retain their connection to Country and in recognition of costs associated with travel to and from appointments and cultural events.</p> <p>The 2023–24 Budget provided an additional \$52.1 million over 2 years for the NATSIFAC Program to better align residential aged care services in very remote areas with the AN-ACC funding model.</p>
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	<p>IHACPA will examine the NATSIFAC program as part of their annual costing studies. This work will inform long-term policy for the funding of NATSIFAC. The First Nations Aged Care Commissioner will also contribute to this work and advise on funding arrangements.</p> <p>More specifically, IHACPA's 2022 <i>Towards an Aged Care Pricing Framework Consultation Paper</i> (2022 Consultation Paper) and the <i>Consultation Paper on the Pricing Framework for Australian Residential Aged Care Services 2024–25</i> (2024–25 Consultation Paper) outlined areas for future priority focus and included consideration of whether the AN-ACC model or a modified version of it can be appropriately developed, refined and introduced to fund NATSIFAC. Both consultation papers sought stakeholder feedback on how the AN-ACC model could or should be modified to be used for NATSIFAC.</p> <p>Finally, \$27 million over 4 years from July 2023 has been allocated through the 2023–24 Budget to expand the Integrated Care and Commissioning Project trial sites from 4 to 10. This project will provide the opportunity to trial block funding and other flexible funding arrangements and inform funding policy for First Nations organisations. This is intended to partially address recommendation 52(2)(b).</p>
Additional measures or actions underway or planned	<p>Decisions will be needed on the mechanism for block funding NATSIFAC providers under the new Act, as well as the design of the new Support at Home model including the extent to which there may be block funding for thin markets.</p> <p>IHACPA has drafted The Aged Care Matrix (the Matrix) 2024–28 which lists deliverables for IHACPA's aged care work program over the next 5 years for residential care, Support at Home, and IHACPA's Accommodation functions. The Matrix includes the NATSIFAC Program as a priority. IHACPA anticipates work on this is ongoing, and is anticipated to occur between 2024–27.</p> <p>IHACPA will, over the coming years, also continue to undertake an assessment to determine if and how NATSIFAC should be funded through the AN-ACC or a modified version of it. IHACPA will also consult with Aboriginal and Torres Strait Islander stakeholders to inform considerations, data collection and analysis relevant to the potential use of the AN-ACC, or a model based on the AN-ACC, for NATSIFAC services in the medium to long term.</p> <p>IHACPA will also work to ensure that its pricing advice appropriately reflects the costs associated with the specific care needs for Aboriginal and Torres Strait Islander residents over time.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers that this recommendation is 'accepted in part' and 'commenced and ongoing – partially progressed'. While a number of decisions have been made to provide additional funding through the NATSIFAC Program, the scope of that additional funding is relatively undefined. No modifications to that program, nor any new program, appear to have been established to date to implement recommendation 52. Key sub-components, particularly recommendation 52(2), are still under consideration, and therefore confirmation of their acceptance is still outstanding.</p>

Recommendation 53: Program streams

Measures or actions before 1 Jan 2024	<p>The ACCAP provides an ongoing funding stream which will support delivery of recommendations 53(1)(b)(i) and (c)(iii). ACCAP is a multi-focused infrastructure grants program which aims to improve access to quality aged care services for older Australians including First Nations peoples. ACCAP funding rounds have commenced, with \$115 million allocated in July 2021 to support major upgrade works for 4 NATSIFAC services.</p> <p>Additionally, a \$135 million funding round targeting aged services and staff accommodation in outer regional, remote and very remote locations (MM5-7) closed on 12 January 2024 and included improved access to quality aged care services for First Nations peoples as one of the priorities.</p> <p>In relation to recommendation 53(1)(c)(i), the Department has commenced trialling place-based approaches to integrated care. Some of these sites will have a First Nations focus aimed at improving access to care and support services including aged care, disability and veterans' care. The Department will continue to engage with First Nations communities and providers at these sites to improve access to culturally safe aged care services.</p>
Additional measures or actions underway or planned	<p>Funding will continue to roll out each year through a range of targeted and/or competitive opportunities, each with their own focus/priorities. The Department is currently in the planning stages for a second competitive funding round (anticipated to launch in June 2024), which is expected to expand eligibility to all regional, rural and remote locations, and to metropolitan locations only where projects will specifically target aged care to First Nations communities. The Department has commenced engagement with NACCHO and NATSIAACC on a co-design approach for a First Nations/ACCO dedicated funding round to follow Round 2.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers that this recommendation is 'accepted in part' and 'commenced and ongoing – partially progressed', noting that a number of sub-components are still under consideration and subject to future decisions.</p>

Recommendation 54: Ensuring the provision of aged care in regional, rural and remote areas

Measures or actions before 1 Jan 2024	<p>The Market Intelligence and Supply Gaps project was undertaken and completed with the support of funding allocated through the 2021–22 Budget. The project identified service gaps in regional, rural and remote Australia, as required by recommendation 54(a). A dashboard was also created to identify aged care supply and labour gaps at the SA2 level. Additionally, the MISG and ReSPOND dashboards went live in June 2022 and June 2023, respectively. The ReSPOND dashboard is designed to assist state and territory networks in accessing and analysing aged care data with a regional focus, allowing users to view census demographic data and aged care data warehouse information at geographical levels.</p>
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	<p>A range of measures and actions are in train to plan for and meet the needs and entitlements of older people living in regional, rural and remote locations, as required by recommendation 54(b). These include:</p> <ul style="list-style-type: none"> • the provision of \$25.1 million through the 2021–22 Budget to establish the Rural Locum Assistance program, which assists aged care providers affected by high staff turnover or sudden departures of key personnel, or those requiring coverage for staff on leave in regional and rural areas, by providing access to locum support and incentives for permanent placements to increase staff retention • an ongoing funding stream to support infrastructure projects in thin markets through the ACCAP • increased funding for regional, rural and remote residential aged care services through the AN-ACC • a new 24/7 registered nursing supplement available to all facilities with an average of 60 beds or less beds • the allocation of \$6.9 million over 3 years through the 2022–23 Budget to deliver new innovative models of social care delivery, which is supporting ongoing work to establish and support co-operative and mutual enterprises (CMEs), coupled with \$7.7 million to support the Business Council of Co-operatives and Mutuals to deliver the CME Program, and • the allocation of \$27 million over 4 years through the 2023–24 Budget to support 10 Integrated Care and Commissioning (ICC) trials, with 4 commencing in the Kimberley (Western Australia), Long reach (Queensland), South-East New South Wales, and Gippsland (Victoria) from 1 July 2023.
Additional measures or actions underway or planned	<p>The Department continues to review existing supports for aged care providers in thin markets to ensure they are effectively targeted, and to consider further measures to support the provision of aged care services in regional, rural and remote areas including in the context of Budget 2024–25.</p> <p>A further 6 ICC trial sites are being considered, with 10 sites expected in total.</p> <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services.</p>
Inspector-General's comment	<p>The Inspector-General considers that this recommendation is 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation has been assessed as 'accepted in part' because aspects of recommendation 54(b) are still under consideration. Specifically, further consideration is being given to measures to support provision of aged care services in regional, rural and remote locations.</p>

Recommendation 55: The Multi-Purpose Services Program

Measures or actions before 1 Jan 2024	<p>The Department has been pursuing a range of measures and actions in response to recommendation 55 in collaboration with IHACPA, state and territory governments, and private providers.</p> <p>In response to recommendation 55(a), the Department introduced the capacity for MPS sites to be approved in an area with an existing residential aged care home in the 2021–22 allocation round. This allowed for 5 new MPS to be created. The 2022–23 MPS allocation round then created 3 new MPS and expanded 4 existing MPS from 1 December 2023.</p>
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	<p>In response to recommendation 55(d), additional funding has been made available to MPS providers via funding opportunities such as ACCAP. ACCAP is also making cost-shared funding available to MPS in response to recommendation 55(f). Additionally, targeted infrastructure funding of \$35.5 million was allocated through the 2021–22 Budget to assist MPS with minor capital works to make service environments more home-like. A number of sub-components of this recommendation are subject to passage and commencement of the new Act. This includes recommendations 55(b), (c), (d) and (e). The exposure draft of the Bill for the new Act included new common eligibility and assessment arrangements in line with recommendation 55(b).</p> <p>Finally, in response to recommendation 55(e) the Department is working with IHACPA to confirm the timing and scope of an IHACPA review of the MPS funding model. IHACPA's 2022 Consultation Paper and the 2024–25 Consultation Paper outlined areas for future priority focus and included consideration of whether the AN ACC model or a modified version of it can be appropriately developed, refined and introduced to fund MPS. Both consultation papers sought stakeholder feedback on how the AN-ACC model could or should be modified to be used for MPS.</p>
Additional measures or actions underway or planned	<p>The Department anticipates a further MPS allocation round will open in late 2024, which will provide an opportunity for expanding existing MPS and bringing new MPS on board. The Department also continues to engage with states and territories regarding changes to the MPS program that are expected to be implemented with the new Act, including revised eligibility criteria and assessment arrangements.</p> <p>How people accessing MPS services should contribute to the costs of their care remains under investigation, and will be further considered in the context of the government's response to the Aged Care Taskforce and the new Act. The Department will also be working with IHACPA regarding the next steps in regard to specialist costing advice on the MPS funding model. IHACPA will continue ongoing collaboration with stakeholders to understand requirements of any funding model advice for MPS residential aged care in the medium to long term and what adjustments or refinements may be required to ensure the model is fit for purpose.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is accepted in part because recommendation 55(c), which requires people accessing MPS services to contribute towards the cost of their care and accommodation, is subject to the outcomes of the Aged Care Taskforce's report.</p>

Recommendation 56: A new primary care model to improve access

Measures or actions before 1 Jan 2024	<p>The government is implementing an alternative approach to meet the objectives of recommendation 56 that does not include a capitation model or additional accreditation criteria for general practices servicing aged care homes. The government's approach involves a new system of voluntary patient registration, entitled MyMedicare, which commenced on 1 October 2023. MyMedicare draws on all general practices (rather than establishing specific residential aged care practices).</p>
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	<p>The Practice Incentives Program (PIP) Aged Care Access Incentive (ACAI) was boosted in the 2021–22 Budget with an additional \$42.8 million (bringing the total funding over 2 years to \$84.8 million) to further increase face-to-face delivery of services to aged care residents. A new General Practice in Aged Care Incentive (GPACI) was announced at the 2023–24 Budget and is to commence in August 2024 to replace the ACAI. Under GPACI, providers and practices will receive new incentive payments linked to MyMedicare to deliver continuous, quality care to their registered patients living in aged care homes.</p> <p>Residents are able to register for MyMedicare to formalise their relationship with their regular general practice/GP. The Department is encouraging GPs to begin registering their patients in aged care homes with MyMedicare as a priority to fully benefit from GPACI.</p> <p>PHNs will be funded to work with aged care homes, GPs and practices to match residents with a regular primary care provider in MyMedicare, if they do not already have one and to commission services in thin markets to address service gaps. The Department is currently in the process of finalising Grant Opportunity Guidelines and funding is expected to flow to PHNs in April 2024.</p> <p>Best practice guidance and tools will be developed to support GPs to deliver the most appropriate care in aged care homes and to support GPs' contribution to residential aged care home care plans. The Department is currently undertaking an approach to market to procure this work with a contract start date expected on 10 February 2024. The best practice guidance and tools are expected to be published in June 2024 to support the delivery of GPACI.</p> <p>Monitoring and evaluation over the life of the GPACI measure will ensure the incentive payments and supporting activities achieve their policy objectives. The Department is currently approaching the market for the evaluation with an expected contract date of 4 March 2024.</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'rejected', noting that an alternative approach is being pursued and can be considered 'commenced and ongoing – partially progressed'. A substantial range of measures are being progressed in response to recommendation 56, with the aim broadly to ensure people receiving aged care have better access to primary care. The government's approach to implementation, however, varies from the Royal Commission's recommendation. Specifically, the capitation model and additional accreditation criteria for practices servicing aged care homes proposed by Commissioner Briggs is not being pursued.</p> <p>The Inspector-General strongly supports measures to improve access to primary care. At this point, it is premature to draw firm conclusions about whether the alternative approach being implemented will improve access to GP services and meet the intent of the recommendation. The Inspector-General will continue to monitor progress and investigate in future reports.</p>

Recommendation 57: Royal Australian College of General Practitioners accreditation requirements

Measures or actions before 1 Jan 2024	The Royal Australian College of General Practitioners (RACGP) has a lead role in the implementation of recommendation 57. It conducted a consultation process on a revised definition of general practice for accreditation purposes between February and May 2023. The draft revised definition aims at broadening accreditation access to all general practices that provide comprehensive, patient-centred, whole-person and continuous care to their patients.
Additional measures or actions underway or planned	Once the definition has been agreed, the RACGP will undertake further work to consider updates to the Standards.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'.

Recommendation 58: Access to specialists and other health practitioners through Multidisciplinary Outreach Services

Measures or actions before 1 Jan 2024	<p>Through the March 2022–23 Budget, the Australian Government has committed \$22.1 million to implement Multidisciplinary Outreach Services trials in conjunction with state and territory governments. Those trials are on-hold pending a government decision. No agreements are yet in place with any state or territory for any trials.</p> <p>On 6 December 2023, National Cabinet agreed the \$1.2 billion Strengthening Medicare package. A portion of the package will fund multidisciplinary outreach services from public hospitals to aged care settings. These initiatives will be delivered by jurisdictions, with funding over 4 years from 2024–25. The allocation of funding to jurisdictions and services delivered under the Strengthening Medicare package are subject to further government decisions, and the negotiation of formal agreements. Following the announcement of the Strengthening Medicare package, the Australian Government is considering how the Multidisciplinary Outreach Services trials would be best delivered.</p>
Additional measures or actions underway or planned	Implementation will be subject to further consideration in relation to negotiations for the 2025–2030 Addendum to the NHRA. Improved outreach services and better integration between aged care and public hospital services are expected to be considered in the course of those discussions.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Inspector-General acknowledges that funding allocated in response to this recommendation is substantial, but that future implementation is

contingent to negotiations as part of the 2025–2030 NHRA Addendum. The Inspector-General will continue to monitor progress towards implementation, and investigate in future reports.

Recommendation 59: Increase access to Older Persons Mental Health Services

Measures or actions before 1 Jan 2024	<p>Implementation of this recommendation is subject to broad negotiations between the Australian Government and state and territory governments in the context of the NHRA, which is in place until 2025.</p> <p>In response to recommendation 59(c), the Department has summarised and analysed current outreach services delivered by state and territory governments, and relevant eligibility criteria. This information has been shared with jurisdictions. The Department is continuing to work with states and territories on this sub-component.</p>
Additional measures or actions underway or planned	<p>Implementation will be subject to further consideration in relation to negotiations for the 2025–2030 Addendum to the NHRA. The Department is continuing to work with jurisdictions to analyse the eligibility criteria and performance indicators across jurisdictions and future reporting updates are under consideration.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'under further consideration' and 'not commenced', noting that implementation is contingent upon a new NHRA. While some initial planning and scoping work appears to have been carried out in the context of recommendation 59(c), these activities do not in themselves constitute any meaningful or measurable steps towards implementation. The Inspector-General will continue to monitor progress towards implementation, and investigate in future reports.</p>

Recommendation 60: Establish a Senior Dental Benefits Scheme

Measures or actions before 1 Jan 2024	<p>A Seniors Dental Benefits Scheme is being considered as part of long-term dental reform work being undertaken with states and territories. The National Dental Reform Oversight Group, with representatives from the Australian and state and territory governments, has conducted preliminary analyses of reform options and presented to Health Ministers for their consideration. This includes improved access to public dental services for older Australians and other priority groups. Further analyses will be conducted of reform options, including the seniors dental scheme, and presented to Health Ministers for consideration.</p>
Additional measures or actions underway or planned	<p>It is anticipated that options for a seniors dental scheme will be presented to Health Ministers for consideration during 2024.</p>

Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially commenced', noting the intention to present reform options to Health Ministers in early 2024. The Inspector-General shares the concerns of the broader sector and the community about the pressing need for stronger access to dental services for those in receipt of aged care, and notes that implementation of recommendation 60 has not been met with the same degree of urgency.
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Recommendation 61: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services

Measures or actions before 1 Jan 2024	<p>Initially, temporary changes were made to the Medicare Benefits Schedule (MBS) in response to recommendation 61(b) to allow benefits to be paid under GP mental health treatment items, which were available between 10 December 2020 and 31 December 2022. The Department reported that uptake of these items was very low, and additionally, the findings of the Better Access evaluation completed in December 2022 did not support continuation of these arrangements. Residents in aged care homes continue to be able to access up to 10 Better Access treatment sessions via a referral from a psychiatrist in line with pre-pandemic arrangements.</p> <p>Temporary items were introduced to improve access to allied health services from December 2020 to 30 June 2023. In line with recommendations from the MBS Review Taskforce, the Department is undertaking a review of all health assessment services under the MBS to help inform their effectiveness and identify any future improvements. This includes comprehensive health assessments for residents of aged care homes. As a first step in this review, the Institute for Evidence Based Healthcare at Bond University was engaged to undertake a literature review of evidence on the efficacy and effectiveness of health assessments within primary care. The Department intends to progress this alongside a broader review of allied health items for chronic disease management through the MBS Review Advisory Committee in 2024. These activities primarily relate to the requirements in recommendation 61(a).</p> <p>In relation to recommendation 61(c), future arrangements will be informed by the review of existing health assessment MBS items (recommendation 61(a)). The Department recommends alternative options be considered for recommendation 61(d), with subsequent action being subject to further consideration of the government response to the Better Access evaluation and ongoing mental health reform work.</p>
Additional measures or actions underway or planned	<p>Future arrangements will be informed by the government's response to the evaluation and ongoing mental health reform work.</p> <p>The Department continues to consider options to improve access to allied health in aged care. Funding mechanisms other than the MBS may need to be considered to achieve the objective of this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially commenced', noting that future arrangements are still being considered pending the outcomes of the Department's review of MBS health assessment items and Better Access Evaluation. Additionally, temporary changes to the MBS in relation to mental health treatment and comprehensive health assessments have ceased.

Recommendation 62: Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care

Measures or actions before 1 Jan 2024	The Rural Health Outreach Fund (RHOF), which was due to expire at the end of 2023–24, is to be extended for at least one year. In the longer term, RHOF service arrangements will be considered during 2024–25. This may include consideration of streamlining similar outreach programs and expansion into services for the aged (such as geriatrician services). Meanwhile the available RHOF specialist services such as chronic disease management, including chronic pain management, are available to people in aged care.
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'subject to further consideration' and 'not commenced', noting that no decision has been made to extend funding for the RHOF.

Recommendation 63: Access to specialist telehealth services

Measures or actions before 1 Jan 2024	<p>Access to specialist telehealth services through the MBS was expanded in March 2020 as part of the government's response to the COVID-19 pandemic. This supported access to specialist services for all Australians, regardless of their location, with the addition of services by phone to providers including GPs.</p> <p>New permanent telehealth arrangements through the MBS took effect on 1 January 2022, with an additional government investment of \$106 million over 4 years (announced in December 2021). Funding was also provided in early 2022 through PHNs to support telehealth and after-hours arrangements in aged care homes. Following delays due to COVID-19 impacts, PHNs commenced the following work in mid-2022:</p> <ul style="list-style-type: none"> • supporting aged care homes to ensure they have the appropriate facilities, equipment and staff training to provide on-site telehealth care for residents (this includes funding to support the purchase of necessary equipment and developing staff capabilities). • working with residential care facilities to help ensure they have comprehensive out-of-hours care plans and arrangements in place to enable residents to access appropriate services when they need them. <p>Funding was provided through the 2021–22 MYEFO (Permanent Telehealth for Australian patients to ensure access to telehealth services).</p>
Additional measures or actions	Not applicable.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised', noting that the requirements in recommendation 63(b) for providers delivering personal care at home to have the necessary equipment and clinically and culturally capable staff to support telehealth services has not been implemented. Rather, this requirement only applies to providers of residential aged care homes.

Recommendation 64: Increased access to medication management reviews

Measures or actions before 1 Jan 2024	<p>To date, the Department has sought to implement recommendation 64 through the Quality use of Medicines (QUM) Program, the Residential Medication Management Reviews (RMMR) Program and the Home Medicines Review (HMR) Program. The QUM Program provides funding for pharmacists to undertake a range of activities aimed at improving the use of medicines across aged care homes, such as responding to medication reviews, drug use valuations and updated medication practices in response, attendance at medication advisory committees or education activities for staff and/or residents.</p> <p>The RMMR Program allows pharmacists to undertake reviews 'on entry to residential care and annually thereafter, or more often if there has been a significant change to the person receiving care's condition or medication regimen' when the review has been referred by a medical practitioner on the basis of clinical need. Once an initial review has been referred, a pharmacist may undertake an additional review at 24 months without referral. Additionally, the Program partially implements recommendation 64(b) by allowing RMMRs to be conducted for people receiving transition care for more than 14 consecutive days. The Program does not allow RMMRs to be undertaken for residents in respite care. MBS item 903 does not permit a GP to claim this item for people receiving respite care, but rather directs that a HMR should be undertaken when the person returns to the community. Recommendation 64(c) has not been implemented due to lack of funding and infrastructure to perform quality and consistency checks of medication reviews.</p> <p>Funding was provided through the 2019–20 MYEFO, and more recently, the 2023–24 Budget.</p>
Additional measures or actions underway or planned	It is intended that pharmacists working on-site in aged care homes will replace services provided under the QUM and RMMR programs and provide more extensive services. On-site pharmacists will be regularly and readily available to aged care staff and residents (every week). The goal is that they will provide continuity in medication management, such as day-to-day monitoring of residents' medication and resolve medication related issues promptly, assist with medication reconciliation, medication management and communication during transitions of care, undertake whole-of-facility quality use of medicines activities, and advise, attend, and report to the Medicines Advisory Committee (MAC) as part of governance and oversight in the aged care home, and help set up a MAC where one is not established. Over time it is planned that on-site pharmacists will replace the response to recommendation 64, other than for HMRs. As it will not be compulsory to take up an on-site pharmacist, transition is expected to be gradual.
Inspector-General's comment	The Inspector-General considers this recommendation to be 'accepted in part' and 'finalised'.

Recommendation 65: Restricted prescription of antipsychotics in residential aged care

Measures or actions before 1 Jan 2024	<p>This recommendation is not being implemented as the change was considered, but not recommended by the Pharmaceutical Benefits Advisory Committee (PBAC).</p> <p>On 11 June 2021, a delegate of the Minister for Health and Aged Care referred recommendation 65 to the PBAC for consideration. In November 2021, following consultation with stakeholders, the PBAC considered recommendation 65 is not implementable at present due to substantial risk of unintended consequences. The PBAC noted that changes already made to the PBS restrictions for risperidone, the only medicine registered in Australia for the treatment of behavioural and psychological symptoms of dementia, have reduced use. On 17 December 2021, the PBAC outcome was published.</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation to be 'rejected' and 'not commenced'. No alternative approaches appear to be in train.

Recommendation 66: Improving the transition between residential aged care and hospital care

Measures or actions before 1 Jan 2024	<p>In response to recommendation 66(a), consultations are currently in train with jurisdictions on improvements to hospital discharge protocols and supporting paramedics to access discharge summaries. This is being informed by deeper analysis on the challenges with hospital discharge summaries, including timeliness, quality and any potential legislative barriers.</p> <p>To respond to recommendation 66(b), functionality has been built into the My Health Record to allow hospitals to upload discharge summaries, which can be accessed by GPs and registered nurses in aged care homes who are connected to the My Health Record. An electronic Aged Care Transfer Summary (ACTS) was released into production on the My Health Record on 30 November 2023. Aged care homes will be able to create and upload an ACTS to My Health Record once they have the necessary software. Two industry offers have been released to incentivise software vendors to build ACTS conformance into their systems and make this available to aged care homes as soon as possible.</p> <p>Funding was provided through the 2021–22 Budget (Improving Access to Primary Care and Other Health Services in Residential Aged Care) and the 2023–24 MYEFO (Continuation of Aged Care Reform: Continuation of Aged Care Reform).</p>
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Additional measures or actions underway or planned	Further work is underway with state and territory governments on improvements to sharing of hospital discharge summaries. This includes opportunities to align hospital discharge protocols so information follows patients, and improving hospital discharge processes to reduce the burden on hospital staff.
Inspector-General's comment	The Inspector-General considers this recommendation to be 'accepted in part' and 'commenced and ongoing – partially progressed'. No concrete measures have been put in place to date which would implement recommendation 66(a). While consultations are underway with jurisdictions on improvements to hospital discharge protocols and to facilitate access to discharge summaries, it is not clear that these activities will ultimately meet the objectives of recommendation 66(a). The Inspector-General will continue to monitor progress towards implementation, and investigate in future reports.

Recommendation 67: Improving data on the interaction between the health and aged care systems

Measures or actions before 1 Jan 2024	<p>The Department continues to partner with the Australian Institute of Health and Welfare (AIHW) on a range of data improvement activities.</p> <p>The Department has developed an Aged Care Data and Digital Strategy which is being finalised following public feedback late 2023. The final Strategy and an underlying Action Plan are expected to be launched in the coming months. Consistent with recommendation 67, the Action Plan includes a number of actions that will collectively improve the data available to monitor the interaction between the health and aged care systems. These actions include releasing an aged care National Minimum Data Set (NMDS) that standardises core non-clinical aged care data: version V1.0 has been publicly released.</p>
Additional measures or actions underway or planned	<p>While work on these sub-components is being progressed through NHRA working groups and the Senior Officials Working Group, the Australian Government's ability and authority to influence state and territory legislative frameworks and preparation of National Minimum Datasets is still under investigation.</p> <p>The Aged Care Data and Digital Strategy has been through a series of public consultations and is expected to be released as final in mid-June 2024, with the precise date and an appropriate launch event to be agreed.</p> <p>Version 2.0 of the aged care NDMS is set for release in 2024. The NMDS standards used are drawn from existing ABS and AIHW data standards to maximise the mapping of individual NMDS data items to data items in other collections including health and disability.</p> <ul style="list-style-type: none"> linking this NMDS to other health and welfare data collections held by the AIHW through an Aged Care Data Asset. Key data sets already linked to various aged care data at AIHW include the PBS, MBS and National Death Index. The precise technical solution is in planning and priority areas to be progressively added to the planned asset, such as hospital, emergency department and welfare data collections, will be considered and incorporated as relevant over the next 18 months. The data asset will provide data across care systems, including health and aged care

	<ul style="list-style-type: none"> • the adoption of clinical information system standards for, and assistance to, software vendors to connect residential aged care homes to My Health Record, so that aged care homes and health clinicians can interact in real time and share clinical information on an older person, and • interoperability of data and digital systems across the Department – for example, adopting the same data standards (in addition to the NMDS, such as Fast Healthcare Interoperability Resources) so that information is more easily shared within the Department. <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation to be 'accepted in part' and 'commenced and ongoing – partially implemented'. Although an Aged Care Data and Digital Strategy is being finalised, and a range of data improvement activities have been finalised or are in train, it is not entirely clear how these will implement the recommendation.</p> <p>The Inspector-General emphasises the importance of addressing the deficiencies in aged care data identified by the Royal Commission to allow informed assessments about whether people receiving aged care are accessing the health care they need, and achieving better health outcomes.</p> <p>The Inspector-General is aware that the South Australian Health and Medical Research Unit (SAHMRI) has been undertaking work through its Registry of Senior Australians (ROSA) project to improve the quality of ageing and aged care services. Through ROSA, SAHMRI is able to establish data links between the health and aged care sectors to provide a more fulsome picture of the ageing pathway. Specifically, ROSA gathers de-identified information of health services received by individuals living in certain regions who have undergone an aged care assessment, which supports assessment of the appropriateness of health services provided to aged care consumers. There are a number of gaps in the ROSA dataset as not all jurisdictions provide data and those that do, do not always hold comparable data. However, ROSA's work is consistent with the broader aim of the recommendation and despite limitations outside ROSA's control, the organisation has demonstrated how well analysed and communicated data can lead to real change.</p> <p>The Inspector-General recommends that the government examine the potential of SAHMRI's work in a national context, and how it can be best supported to achieve its full potential.</p>

Recommendation 68: Universal adoption by the aged care sector of digital technology and My Health Record

Measures or actions before 1 Jan 2024	<p>Several projects have been initiated to address this recommendation. Electronic medication management (EMM) systems are available to aged care homes under a tightly governed arrangement to ensure quality. Software vendors are integrating medication charts with the My Health Record.</p> <p>The government has invested up to \$30 million in grants to support aged care homes (including services that provide aged care under the NATSIFAC and MPS programs) to adopt electronic medication management systems. Over two-thirds of aged care homes have accepted a grant showing they have, or will (within 12 months) adopt an EMM system.</p>
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	<p>The My Health Record Registration project commenced in January 2023, which relates to recommendation 68(b). As at 22 December 2023, 35 per cent of aged care homes (931) and 83 per cent of MPS (150) have registered. The project is on track to achieve 70 per cent registration of aged care homes by June 2024. Software developers are being supported to integrate their aged care systems with My Health Record through industry financial assistance. Additionally, Clinical Information System Standards are being developed to align the quality of information shared with My Health Record. This stream commenced external consultations in May 2023.</p> <p>Funding was provided through the 2021–22 Budget (Improving Access to Primary Care and Other Health Services in Residential Aged Care – Supporting Medication Management in Residential Aged Care).</p>
Additional measures or actions underway or planned	<p>Almost three-quarters of aged care homes have accepted a grant showing they have, or will (within 12 months) adopt an EMM system. Clinical Information System standards are being developed to align the quality of information with My Health Record. Draft standards will be out for consultation in mid-2024.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation to be 'accepted in part' and 'commenced and ongoing – partially progressed', noting that at present the Department does not plan to mandate that every aged care provider delivering personal or clinical care meet the requirements set out in recommendations 69(1)(a)–(c). Rather, the focus has been on ensuring that aged care providers have sufficient time and are supported with the adoption of digital tools and connection to clinical systems such as My Health Record and an approved electronic Medication Management Chart.</p> <p>The Inspector-General calls on the Department to review the merits of 'universal adoption', and should it not be supported, a clear strategy and targets for take-up to be set.</p>

Recommendation 69: Clarification of roles and responsibilities for delivery of health care to people receiving aged care

Measures or actions before 1 Jan 2024	<p>Following the establishment of the Health and Aged Care Roles and Responsibilities (HACRR) working group by the Intergovernmental Health and Aged Care Senior Officials Group (SOG), members developed a joint statement setting out and providing greater clarity on the differing roles and responsibilities across all levels of government and the sector. The statement is intended to respond to recommendation 69(1). On 4 August 2023, the SOG endorsed the statement and progressed it to the Health Chief Executive Forum (HCEF). The final draft statement was endorsed on 27 September 2023. The SOG endorsed a 2-page summary version of the statement at the 18 October 2023 meeting with a caveat noting the statement is not exhaustive and subject to change through upcoming reform activities. On 5 February 2024, the statement was published on the Department's website.</p>
Additional measures or actions	<p>The Australian Government has finalised a clarification statement in partnership with jurisdictions through the Intergovernmental Health and Aged Care Senior Officials Group to improve older people's access to state and territory health services. The upcoming NHRA negotiations will enshrine this recommendation.</p>

underway or planned	
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Inspector-General acknowledges that the clarification statement has been developed. It has not yet been incorporated as part of the NHRA. More importantly, however, the statement in its current form does not fully meet the Royal Commission's intent because it does not provide significant additional clarity around roles and responsibilities, nor does it reflect the Royal Commission's intent around access to aged care supports (such as allied health).</p> <p>In addition to the clarification statement, the Inspector-General does not have confirmation that recommendation 69(2) will be implemented in line with the recommendation. Specifically, the Department has advised that the strengthened Aged Care Quality Standards will come into effect upon commencement of the new Act, but it is not clear how these will clarify roles and responsibilities, in line with the text of the recommendation.</p>

Recommendation 70: Improved access to state and territory health services by people receiving aged care

Measures or actions before 1 Jan 2024	The statement prepared by the Intergovernmental Health and Aged Care Senior Officials Group (SOG), as described for recommendation 69, is also intended to implement recommendation 70. As a result, the measures and actions outlined for recommendation 69 also apply to recommendation 70.
Additional measures or actions underway or planned	As per recommendation 69, the Australian Government has finalised a clarification statement in partnership with jurisdictions through the Intergovernmental Health and Aged Care Senior Officials Group to improve older people's access to state and territory health services. The statement will be presented to Health Ministers for endorsement shortly.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. As per recommendation 69, the Inspector-General acknowledges the progress made in developing the clarification statement. While paragraph 11(c) of the statement provides that older people with palliative care needs that cannot be safely delivered by primary care providers or aged care service providers must have the same access to state specialist palliative care services as the general population, as per recommendation 70, the scope of the recommendation includes health services more broadly. The statement does not appear to explicitly cover these.

Recommendation 71: Ongoing consideration by the Health National Cabinet Reform Committee

Measures or actions before 1 Jan 2024	The Health National Reform Cabinet Committee is currently inactive. The Aged Care Senior Officials Group, however, may nominate agenda items for consideration by the Health Chief Executive Forum (HCEF) and Health Ministers Meeting (HMM) if they wish to raise anything for consideration. The interface between the health and aged care systems is a regular item at HCEF and HMM. Additionally, the SOG Workplan will be submitted to HCEF for endorsement in the first quarter of 2024. HMM have also taken some of the nominated issues to National Cabinet for resolution and funding.
Additional measures or actions underway or planned	Further decisions are required on how this recommendation should be progressed. Currently, the health and aged care interface is being considered as a regular item at HCEF and HMM.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially progressed', noting that a decision is still to be made on how this recommendation is to be progressed. Existing reporting channels on the health and aged care interface do not appear to have the degree of formalisation required by the recommendation.

Recommendation 72: Equity for people with disability receiving aged care

Measures or actions before 1 Jan 2024	A research study, being led by the Department, is underway that will provide insight on the service requirements and safety implications supporting older people with more complex needs at home, including those with a disability. It is expected that the study will be finalised in March 2024. Work is also underway on the design of an expanded assistive technology and home modifications scheme under the proposed new Support at Home Program that would better support older people with a disability.
Additional measures or actions underway or planned	<p>Incorporating an expanded assistive technology and home modifications scheme under the Support at Home Program will need to be supported through the new Act. The government has announced that Support at Home will commence on 1 July 2025.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially progressed', noting the research study being undertaken that will inform delivery of this recommendation.

Recommendation 73: Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner

Measures or actions before 1 Jan 2024	The Department of Social Services has a substantial role in implementing this recommendation. There are plans to include residential and community based aged care extracts from the National Aged Care Data clearing house in the National Disability Data Asset in 2025. This should support measurement of the number of people receiving these types of aged care with disability by age for the time periods available in these extracts. The ability to compare equivalency of daily living supports to NDIS supports would need to be examined.
Additional measures or actions underway or planned	The implementation of this recommendation is being considered as part of the review of Australia Disability's Strategy, which will occur in 2024 in the context of consideration of the Disability Royal Commission Final Report, the Australian Disability Strategy Evaluation, which is likely to occur across 2025 and 2026. It will also be more broadly considered as part of the government's disability reform agenda, including the government's response to the Independent Review of the NDIS (which recommends a number of actions in relation to the interface between the aged care system and the NDIS).
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced', noting that no concrete steps towards implementation have been reported. The Inspector-General will continue to monitor progress towards implementation, and investigate in future reports.

Recommendation 74: No Younger People in residential aged care

Measures or actions before 1 Jan 2024	<p>Several Australian Government agencies have responsibility for implementing recommendation 74, including the Department, the Department of Social Services, the National Disability Insurance Agency (NDIA), and the AIHW.</p> <p>On 9 June 2021, a grant was provided to Ability First Australia (AFA) to operate a network of 'Younger People in Residential Aged Care' (YPIRAC) System Coordinators to provide individualised support for people aged under 65 living in, or at risk of entering, residential aged care to obtain age-appropriate accommodation and support services. YPIRAC System Coordinators focus in particular on those who are not eligible for the NDIS. Funding for the program has been extended until 31 December 2025.</p> <p>Changes to the entry pathway for younger people seeking aged care assessments were also introduced in February 2022, and updated on 1 May 2023, to ensure that younger people work closely with either the NDIA or AFA to find alternative options prior to their assessment referral. Additionally, the Approval of Care Recipients Principles 2014 have been amended to strengthen the evidence requirements for younger persons applying to become approved as a recipient of residential care under the Aged Care Act to ensure all possible alternatives for age-appropriate care have been considered.</p> <p>The Department's 'Principles and guidelines for a younger person's access to Commonwealth-funded aged care services' (Principles and Guidelines) provide guidance and information to all parties who have roles and responsibilities concerning the pathway and expectations of younger people seeking access to aged care services. They recognise that there are some younger people with certain conditions or</p>
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	<p>circumstances for whom appropriate care and support may be provided in aged care homes, on a temporary or permanent basis. These exceptional circumstances involve:</p> <ul style="list-style-type: none"> • Aboriginal or Torres Strait Islander people aged 50–64 • people who are homeless or at risk of becoming homeless, and aged 50–64, or • the need to maintain family connections (such as for a person who has been cared for by ageing parents or guardians who are now moving into aged care). <p>In 2021, the Department commissioned the AIHW to undertake data analysis and quarterly reporting on the YPIRAC population to allow a better understanding of the YPIRAC cohort and demonstrate action against the YPIRAC targets. As at 1 January 2024, the current AIHW data was released on 21 November 2023 and covers the period to 30 June 2023. AIHW is commissioned to report until June 2026 (covering the period to December 2025).</p> <p>Funding to support implementation of recommendation 74 was provided through the 2019–20 MYEFO (In response to the Royal Commission into Aged Care Quality and Safety’s Interim Report), which provided a \$4.7 million investment to assist younger people more to age-appropriate supports, the 2020–21 Budget, the 2021–22 MYEFO, and the 2023–24 Budget.</p>
Additional measures or actions underway or planned	<p>The Department has advised that meeting the broader targets outlined in recommendation 74 is likely to require further government decisions (and potentially funding) on specialist disability accommodation and transitional accommodation under the NDIS, as well as further work with states and territories for people who do not qualify for the NDIS.</p> <p>The Department is developing targeted education and training materials for GPs, clinicians and other key participants within the care systems to promote an understanding of age-appropriate alternatives to residential aged care for younger people. This project will be undertaken in 2 phases, with the first commencing in early 2024 and expected to be completed by the end of the second quarter, 2025. The Department of Social Services is engaging a supplier to develop targeted education packages focused on NDIS participants who do not currently have a goal to move. The project is due to be completed in the third quarter, 2024.</p> <p>Some aspects of the recommendation will need to be incorporated into the new Act, including recommendations 74(a), (b), (c) and (l). Under the new Act, it is intended that there will continue to be limited circumstances in which a person under 65 years of age will be able to access Australian Government-funded aged care services.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General’s comment	<p>The Inspector-General considers this recommendation ‘accepted in part’ and ‘commenced and ongoing – partially progressed’. Overall, important progress has been made towards implementing recommendation 74, which is complex, multi-faceted and involves substantial coordination across multiple Australian Government agencies. The Inspector-General also recognises that meeting the broader targets outlined in the recommendation will, in addition to requiring further consideration and government decisions, inevitably take time.</p>

In relation to a number of sub-components specifically, the Inspector-General notes that some aspects are under further consideration, including recommendations 74(f) and (h). These respectively require developing, funding and implementing state and territory accommodation and care options, and providing accommodation in the specialist disability accommodation market. Implementation of these sub-components will have a significant bearing on delivery of the recommendation as a whole.

The government's intent to deliver other sub-components is unclear. For example, there do not appear to be any plans to put in place the mandatory 6-monthly Ministerial reporting requirements mentioned in recommendation 74(k). Rather, publicly available data is published, and progress against the targets specified in the recommendation is provided on request to Parliament through Senate Estimates and Questions on Notice.

Recommendation 75: Aged Care Workforce planning

Measures or actions before 1 Jan 2024

In response to recommendations 75(1)(a) and (b), a long-term aged care workforce supply and demand model has been created. The model is routinely updated with new data, including from the Quarterly Financial Report and provider surveys. Data collection for the aged care workforce is being undertaken through 2 surveys:

- a biennial aged care provider survey, which was administered in 2023, and
- a worker survey in the alternate year, commencing in 2024.

Data collection for the 2023 aged care provider survey has been completed and that information has been supplied to the AIHW for analysis and reporting. Further internal government work is being undertaken with respect to this recommendation, including in regard to migration policy and programs for aged care workers. Long-term workforce modelling on the supply of and demand for health professionals, including allied health professionals, and care workers is also being undertaken.

In response to recommendation 75(2), the Australian and Victorian governments, in collaboration with all other jurisdictions, are developing a National Nursing Workforce Strategy. Additionally, the Australian Government released the Nurse Practitioner Workforce Plan on 16 May 2023. The Plan will aim to enhance the accessibility and delivery of person-centred care for all Australians through a well-distributed, culturally safe nurse practitioner workforce, while increasing care for all Australian communities. Implementation of the Plan has commenced.

Funding has been provided for a range of workforce supports, including training, clinical placements, scholarships and other initiatives to respond in a targeted manner to workforce challenges. Funding has been provided to increase the number of Nursing Scholarships, operate a Transition to Practice Program for graduate nurses and develop a clinical placements program in aged care. In addition, funding has been provided for the Aged Care Business and Workforce Advisory Service to support aged care providers in their workforce challenges, and may include services to improve workforce planning and management, culture and leadership and human resources optimisation.

Funding to support implementation activities was provided through the 2021–22 and 2022–23 Budgets.

Additional measures or actions underway or planned	<p>Data collected through the biennial aged care provider and worker surveys is expected to be made available by mid to late 2024.</p> <p>The Nursing Strategy under development will be underpinned by extensive stakeholder engagement. It will be developed in 2 stages over an 18–24 month period. Additionally, implementation of the Nurse Practitioner Workforce Plan will continue across 3 timeframes:</p> <ul style="list-style-type: none"> • short term (1–3 years), with a goal of removing barriers affecting the workforce. • medium term (3–5 years), with a goal of growing, expanding and building the workforce, and • long term (5–10 years), with a goal of increasing access to NP care. <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services which in part addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Inspector-General acknowledges the range of activities underway in response to this recommendation, and welcomes the current activity focused on nursing. Action to address significant shortages in nurses, especially Registered Nurses, is urgently needed.</p> <p>Further work is, however, needed to address other deficits in the aged care workforce. The Inspector-General calls on all governments to commit to tangible actions to more fulsomely address this recommendation and ensure providers have access to an adequate supply of appropriately qualified staff.</p> <p>The Inspector-General will continue to monitor progress towards implementation, and investigate in future reports.</p>

Recommendation 76: Aged Care Workforce Industry Council Limited

Measures or actions before 1 Jan 2024	<p>Following the Aged Care Workforce Industry Council's (ACWIC) cessation in August 2023, the Aged Care Workforce Committee (ACWC) was established within the Department. ACWC will provide advice to the Department on short, medium and long-term actions to build, train and support the aged care workforce.</p> <p>Prior to ceasing operations, ACWIC had partially implemented this recommendation. Key deliverables included:</p> <ul style="list-style-type: none"> • reviewing and expanding its membership to include union representation • formulating a consensus statement for the Fair Work Commission in support of a pay rise for aged care workers • implementing a Voluntary Industry Code of Practice • developing an online Workforce Planning Tool for aged care providers to identify gaps in their workforce and plan for an adequate skills mix • researching the skills and new roles required to deliver high-quality care, including innovative and new models of care • implementing a social change campaign to highlight roles in aged care, and • producing key insights into attracting and retaining staff <p>Funding to support implementation of this recommendation was provided through the 2019–20 and 2020–21 Budgets.</p>
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Additional measures or actions underway or planned	<p>The Department is progressing a number of projects to further address aged care workforce issues, including the establishment of the Jobs and Skills Council and the Care and Support Economy Taskforce.</p> <p>Future actions consistent with this recommendation may also be supported by the Aged Care Workforce Committee established by the Department in 2023, which includes membership of providers, unions, peaks, government and academics.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that ACWIC has ceased and therefore it will not have a role in implementation. Additionally, key sub-components of the recommendation have not been implemented, including recommendation 76(2)(c), and (4)(b).</p> <p>Addressing workforce shortages and ensuring the retention of existing staff are critical issues in the delivery of high-quality care.</p>

Recommendation 77: National registration scheme

Measures or actions before 1 Jan 2024	<p>A range of measures and actions have been put in place in response to recommendation 77(1). A Code of Conduct for Aged Care was implemented on 1 December 2022, as per recommendation 77(1)(e). State and territory governments have a substantial stake in worker screening, a key feature of recommendation 77(1)(d). Regular meetings are conducted with states and territories to discuss the design and implementation of aged care worker screening, through an expansion of NDIS worker screening. Whole-of-government worker screening reforms are also being pursued through continued collaboration with the Department of Finance and Department of the Prime Minister and Cabinet.</p> <p>Recommendation 77(1)(a), which proposes Certificate III as a mandatory minimum qualification for aged care workers, remains under consideration. A consultation paper on mandatory minimum qualifications, minimum level of English language proficiency and ongoing training requirements for personal care workers was presented to the Aged Care Workforce Committee (ACWC) in December 2023. The Department is planning public consultations in mid-2024 to support the development of policy and implementation options for the government.</p> <p>The proposed new Act will support the continuation of the Code of Conduct for Aged Care and facilitate implementation of any requirements in relation to worker screening, mandatory minimum qualifications, English language proficiency and ongoing training.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 (Workforce – National care and support worker regulation), 2022–23 (Establish a Registration Scheme for Personal Care Workers) and 2023–24 Budgets (Aged Care Regulatory Reform), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions	<p>A National Worker Registration Scheme is currently under development.</p> <p>The Australian Government intends to finalise ICT systems to support worker screening arrangements from 1 July 2024. Actual commencement, however, will depend on jurisdictions' agreement and preparedness to implement screening arrangements.</p>

underway or planned	<p>Policy is also yet to be finalised. The Department is planning on conducting public consultation on the training components of this recommendation in mid-2024. This will support the development of policy and implementation options for the government.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that recommendation 77(1)(a), which requires mandatory minimum qualifications, is still subject to further consultation and consideration.</p> <p>The Inspector-General will continue to monitor progress towards implementation and investigate in future reports.</p>

Recommendation 78: Mandatory minimum qualifications for personal care workers

Measures or actions before 1 Jan 2024	<p>The Department has undertaken a range of measures and actions in response to recommendation 78, which forms a component of recommendation 77. The Australian Government has partnered with states and territories to establish a 5-year National Skills Agreement, that builds on the 12-month Skills Agreement in 2023. The National Skills Agreement commenced on 1 January 2024 and is supported by a \$414 million commitment to deliver an additional 300,000 Fee-Free TAFE and VET places from 2024–2026.</p> <p>These measures are intended to assist and encourage personal care workers to increase their skills and knowledge in the provision of high-quality care. In 2023, over 82,400 Fee-Free TAFE enrolments have been recorded in care and support sector courses.</p> <p>Funding has also been provided for the Aged Care Business and Workforce Advisory Service to support aged care providers in meeting their workforce challenges, and may include services to improve workforce planning and management, culture and leadership and human resources optimisation.</p> <p>A draft consultation paper on mandatory minimum qualifications, minimum level of English language proficiency and ongoing training requirements for personal care workers has been drafted and was presented to ACWC in December 2023. Further public consultation on these issues is due to occur in mid-2024.</p> <p>Implementation of recommendations 78(2) and (3) is being led by the Department of Employment and Workplace Relations. A Personal Worker National Board proposed by Commissioner Briggs is not being established. Following its establishment in mid-2023, a new Jobs and Skills Council (JSC) for the early educators, health and human services sectors, HumanAbility, is responsible for reviewing and updating qualifications covering aged care, amongst other sectors. HumanAbility will have an ongoing role in ensuring the national training system addresses aged care workforce priorities and skill needs.</p> <p>Funding to support implementation of this recommendation was provided through the 2023–24 Budget.</p>
Additional measures or actions	<p>Consultations are due to occur in mid-2024 on English-language proficiency, ongoing training requirements and mandatory minimum qualifications for personal care workers. Findings from these consultations will inform options for the government.</p>

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. Although significant achievements have been realised in facilitating access to vocational training and upskilling in the aged care and personal care sectors, no requirement has been mandated for personal care workers to undertake minimum Certificate III qualifications, which is a fundamental component of the recommendation that the Inspector-General strongly supports. The Inspector-General notes that public consultations are planned and will canvass support for mandatory minimum training requirements, and will investigate progress in the 2025 implementation report.

Recommendation 79: Review of certificate-based courses for aged care

Measures or actions before 1 Jan 2024	<p>In response to recommendation 79(1), a Review of the Certificate III in Individual Support was undertaken to examine the skill needs of aged care support workers. The review was completed and approved by the Skills Ministers in November 2022. The superseded qualification will be in place until July 2024 (31 December 2024 for secondary school students).</p> <p>From July 2023, HumanAbility has responsibility for reviewing and updating health and care related qualifications, including considering the Certificate IV in Ageing and any future updates to the Certificate III and associated skill sets. In 2024, HumanAbility will undertake a review of the implementation of the updated revised CHC33021 Certificate III in Individual Support to identify any issues, challenges and barriers in implementing the updated qualification and to explore potential measures to broaden and enhance delivery and uptake across Australia.</p>
Additional measures or actions underway or planned	It is expected that HumanAbility will consider reviewing the Certificate IV in Ageing Support. HumanAbility has an ongoing role in ensuring the national training system addresses aged care workforce priorities and skill needs.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – substantially progressed', noting that the review of Certificate IV in Ageing as proposed by recommendation 77(1) has not been undertaken. The Inspector-General notes that HumanAbility may be considering such a review. Reviewing specialist Certificate IV courses is a vital component of this recommendation, and is supported by the Inspector-General.

Recommendation 80: Dementia and palliative care training for workers

Measures or actions before 1 Jan 2024	New dementia training is being delivered to GPs and care workers, with additional dementia care training in development. Fee-Free TAFE is available for eligible Australians looking to complete accredited training in key sectors, including aged care and disability support. Voluntary palliative care workforce training was implemented from November 2021.
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	<p>The government approved the final draft strengthened Aged Care Quality Standards (strengthened Standards) in November 2023. The strengthened Standards include requirements for providers to provide workers with training and supervision to effectively perform their role (Standard 2). Providers can demonstrate they meet this requirement by providing regular competency-based training for workers in core matters such as dementia and for providers to implement training systems to ensure workers have necessary skills, qualifications and competencies to perform their role, palliative care and end of life care (Standard 5).</p> <p>Registration requirements for personal care workers are subject to future government decisions. A National Worker Registration Scheme is under development.</p>
Additional measures or actions underway or planned	<p>The Department is planning on conducting a public consultation in mid-2024 on English-language proficiency and ongoing training requirements for personal care workers as part of the National Worker Registration Scheme process.</p> <p>The ACQSC issued draft guidance resources for stakeholders on the strengthened Standards in February 2024.</p> <p>Additional dementia care training for care workers delivered through the Dementia Training Program is launching progressively during 2024.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'rejected', noting that an alternative approach is 'commenced and ongoing – substantially progressed'. Under the alternative approach, dementia training is available but is not a condition of approval. Under the strengthened Standards, it is a core training expectation.</p> <p>The Inspector-General concurs with the Royal Commission that dementia care is fundamental core business for aged care providers and as such supports mandatory training being a condition of being an approved provider.</p>

Recommendation 81: Ongoing professional development of the aged care workforce

Measures or actions before 1 Jan 2024	<p>Fee-Free TAFE is available for eligible Australians looking to complete accredited training in key sectors, including aged care and disability support. The Department has funded the development of the Equip training packages, a series of short online learning modules to support direct care workers. This training is free of charge for aged care workers, including nurses, personal care workers, allied health workers and volunteers or informal carers.</p> <p>Following a Review of the Certificate III in Individual Support, a range of skill sets relevant specifically for personal care workers have been reviewed or newly developed. Specific skills sets included client-oriented service delivery, high support and complex care, dementia support, individual support, mealtime support, and mental health assistance among others. Each skills set includes nationally recognised units of competency that can offer a pathway to a formal qualification. HumanAbility will have an ongoing role in ensuring the national training system addresses aged care workforce priorities and skill needs.</p> <p>The ACQSC has held initial discussions with Dementia Training Australia about courses to support providers and workers delivering care to people living with dementia.</p> <p>Funding to support implementation of this recommendation was provided through the 2023–24 Budget (Aged Care Regulatory Reform).</p>
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Additional measures or actions underway or planned	The ACQSC plans to undertake similar discussions to those it has been undertaking with Dementia Training Australia with other organisations (ELDAC and palliAGED). Consultations on English-language proficiency, mandatory minimum qualifications and ongoing training requirements for personal care workers are expected to commence in mid-2024. In 2024, HumanAbility will undertake a review of the implementation of the revised Certificate III in Individual Support to identify any issues, challenges and barriers in implementing the updated qualification and to explore potential measures to broaden and enhance delivery and uptake across Australia.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed'.

Recommendation 82: Review of health professions' undergraduate curricula

Measures or actions before 1 Jan 2024	<p>The implementation of recommendation 82 is contingent upon support from the Medical Board of Australia, the Australian Medical Council (AMC) and all university medical schools.</p> <p>As of 1 January 2024 revised Medical School standards require curriculums to provide students with exposure to diverse patient groups, including aged care patients. Additionally, the National Medical Workforce Strategy has a focus on reforming regulation of vocational training programs to strengthen the focus on learning outcomes, promote flexibility, quality and safety and reward rural practice and experience. This includes working with the AMC and specialist medical colleges stakeholders to review and reform accreditation standards and processes to consider local contexts and promote more rural and regional specialist medical training. The AMC review of specialist education and accreditation standards commenced in late 2023.</p> <p>The May 2021–22 Budget provided funding through the measure 'Workforce – Growing a skilled, high-quality workforce to care for older Australians'.</p>
Additional measures or actions underway or planned	<p>The Department has advised that, in addition to the AMC's current review, other accreditation authorities will review their standards as part of their regular review cycle over the next 2–5 years.</p> <p>The ACQSC is drafting guidelines to assist providers with infection prevention and control practices while supporting people with cognitive decline and dementia. They are expected to be available in March 2024.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting that while some work has been progressed by the AMC, it is ongoing. Other accreditation authorities are also yet to finalise their reviews, and consider whether any changes to health professionals' knowledge, skills and professional attributes are needed to ensure that older people's needs are met.

Recommendation 83: Funding for teaching aged care programs

Measures or actions before 1 Jan 2024	<p>In the 2022–23 Budget, the Australian Government invested \$15.1 million to develop a Care and Support Sector Nursing Clinical Placements program (now known as the Aged Care Nursing Clinical Placements Program). Five suppliers were contracted in April and May 2023 to deliver the Aged Care Nursing Clinical Placements Program which will support up to 5,250 clinical placements for Bachelor of Nursing students in the care and support sector (aged care, disability and veterans' support). Under the program, suppliers have executed agreements with Higher Education providers and/or aged care providers (both home care and residential) and recruited Clinical Facilitators to provide ongoing supervision to students during placements. As at 20 December 2023, the Aged Care Nursing Clinical Placements Program has supported 498 placements across the 5 suppliers. One contractor developed an online resources hub to support students, supervisors and/or providers. It went live on 31 July and as at 20 December 2023, it had had 4,566 views since inception. Evaluation of the program is underway and expected to be complete in 2025.</p> <p>Funding was provided to expand the Rural Health Multidisciplinary Training (RHMT) Program for Aged Care. Under the RHMT Program Aged Care expansion project, 150 students per year will receive rural clinical training in an aged care setting for extended periods. As at December 2023, grant agreements had been issued to each participating university.</p>
Additional measures or actions underway or planned	<p>In response to recommendation 83(b), which remains under further consideration, the Department is working with the Department of Employment and Workplace Relations regarding implementation of placements for vocational education and training sector students.</p> <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services which in part addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing', noting that recommendation 83(b) is still subject to further consideration.</p>

Recommendation 84: Increase in award wages

Measures or actions before 1 Jan 2024	<p>On 21 February 2023, the Fair Work Commission (FWC) decided an interim increase of 15 per cent to minimum award wages for many aged care workers to take effect from 30 June 2023.</p> <p>In the 2023–24 Budget, the government invested \$11.3 billion to increase aged care workers' wages according to its commitment to fund the outcomes of the FWC's decision. Collaboration with unions and the Aged Care Providers' Association is ongoing as part of implementing the FWC's decision.</p>
Additional measures or actions	<p>On 15 March 2024, the FWC made a decision in Stage 3 of the case to increase minimum award wages for many aged care workers. An operative date and phasing arrangements have not been determined. The government will need to make further submissions in response to this decision, before formulating its funding and implementation response after a final decision in the case.</p>

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – substantially progressed'. Commendable progress has been made to date in delivering increases to award wages, and the Inspector-General strongly supports continued work which is necessary to fully implement the recommendation.

Recommendation 85: Improved remuneration for aged care workers

Measures or actions before 1 Jan 2024	<p>IHACPA is able to take into consideration wage adjustments made by the FWC, and more broadly wage costs and cost growth, in pricing development but not recommend funding to support an increase in wages as proposed by the Royal Commission. The government addressed wage increases in aged care directly through supporting the FWC aged care work value case through the Royal Commission Response Act. FWC wage increases are taken into account when setting the annual AN-ACC price for delivery of residential aged care funding.</p> <p>Funding to support implementation was provided through the 2021 Budget (Residential Aged Care Services and Sustainability – Independent Pricing Authority) and the 2023–24 Budget (Improving Aged Care Support).</p>
Additional measures or actions underway or planned	<p>Interim legislative amendments made through the Royal Commission Response Act will be included in the new Act.</p> <p>IHACPA's Residential Aged Care Pricing Advice 2024–25 considered the FWC Stage 2 decision on the Work Value Case. The draft Residential Aged Care Pricing Advice 2024–25 is currently under ministerial review and is expected to be published. The assessment and implications of the FWC Stage 3 decision in the Work Value Case handed down on 15 March 2024 will be considered in future IHACPA pricing advice.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'rejected', noting that an alternative approach has been pursued and can be considered 'finalised'. The establishment of IHACPA does not implement recommendation 85 because it does not have the power to set prices and it cannot recommend an increase in funding to increase wages.

Recommendation 86: Minimum staff time standard for residential care

Measures or actions before 1 Jan 2024	<p>Since October 2022, providers have been funded to deliver 200 care minutes through the AN-ACC funding model, and policy parameters for how this applies to residential aged care homes are finalised. Reporting of care minutes through Quarterly Financial Reports commenced from the first quarter 2022–23.</p> <p>Recommendation 86(7), which would establish a mechanism for providers to apply for an exemption to staff skills mix requirements, is still subject to further consideration. Specifically, in recognition of the challenges that small rural and remote residential aged care homes face in attracting and retaining the workforce required to deliver 24/7 registered nursing, facilities with fewer than 30 beds that are located in Modified Monash Model 5–7 areas, that have alternative clinical care arrangements in place for the times a registered nurse is not available</p>
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	<p>are eligible to apply for a 12-month exemption from the responsibility. This will provide transitional support to aged care homes most substantially impacted by workforce shortages. The Department commissioned the University of Wollongong to undertake a project to recommend an approach to exemptions in specialised services and to develop alternative clinical care arrangements to the 24/7 RN responsibility. The final report recommended further study is required regarding alternative skills mix for specialised services.</p> <p>Recommendation 86(8) is under consideration by the Department, including whether a formal evaluation strategy is required.</p> <p>Funding to support implementation was provided through the 2021–22 Budget (Government response to the Royal Commission into Aged Care Quality and Safety – residential aged care services and sustainability), the October 2022–23 Budget (Fixing the Aged Care Crisis), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The increase to 215 care minutes proposed by recommendation 86(4), including 44 Registered Nurse minutes is scheduled to occur on 1 October 2024. Once the increase occurs the minimum staff time requirements recommended by the Royal Commission will have been completed.</p> <p>Following final policy decisions on the exemption proposed by recommendation 86(7), further legislative changes may be required to implement the arrangements.</p> <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services which in part addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – substantially implemented'. Substantial work has been undertaken to deliver the new care minutes requirements and 24/7 nursing requirements, noting that recommendation 86(7) is still being considered.</p>

Recommendation 87: Employment status and related labour standards as enforceable standards

Measures or actions before 1 Jan 2024	<p>In mid-2023, the Department engaged CoSolve to undertake consultations on options to implement direct employment in aged care. The final report was received in November 2023 and considered by the Aged Care Workforce Committee in December 2023. The Department will also engage a consultant to undertake behavioural research with regard to aged care worker preferences and why they may choose to work either directly or indirectly. This work is scheduled to commence in May 2024 and be completed in August/September 2024. It will build upon previous work done by the Department.</p> <p>Direct employment has also been considered in the context of the Department's review of the Aged Care Quality Standards (Outcome 2.8 – Workforce Planning).</p>
Additional measures or actions	<p>The government has committed to implementing a direct employment preference, but the mechanism of how this will be implemented and enforced is still being considered.</p>

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially commenced'. Fundamental aspects of recommendation 87 around preferencing direct employment of workers as a requirement for ongoing approval are still being considered.

Recommendation 88: Legislative amendments to improve provider governance

Measures or actions before 1 Jan 2024	<p>Primary legislation commenced from 1 December 2022 through the Royal Commission Response Act, with subordinate legislation being finalised on 1 July 2023.</p> <p>Recommendation 88 has been funded through the 2021–22 Budget measure Residential Aged Care Quality and Safety- Aged Care Immediate Priorities- Strengthening Providers and October 2022–23 Budget measure Implementing Care Reform.</p>
Additional measures or actions underway or planned	Interim legislative amendments made through the Aged Care Amendment (Implementing Care Reform) Act 2022 and Royal Commission Response Act will be picked up in the new Act. Additionally, recommendation 88(2) specifically, which proposed amendments to the <i>Freedom of Information Act 1982</i> , will be implemented through the new Act.
Inspector-General's comment	The Inspector-General considers this recommendation 'Accepted in full' and 'commenced and ongoing – partially progressed'. Implementation has been assessed as 'partially progressed' because no concrete steps have been taken in relation to recommendation 88(2), notwithstanding that substantial progress has been made towards implementing recommendation 88(1).

Recommendation 89: Leadership responsibilities and accountabilities

Measures or actions before 1 Jan 2024	<p>Recommendation 89 was supported through the 2021–22 Budget (Provider Capability Program). Components of recommendations 89(b) and 89(c) are addressed by the Aged Care Quality and Safety Standards. Primary legislation has been put in place requiring governing bodies of certain approved providers to:</p> <ul style="list-style-type: none"> • ensure staff training, professional development and continuous learning, staff feedback and engagement, and team building • have at least one member with experience in providing clinical care, and • establish a quality care advisory body and offer to establish a consumer advisory body to help inform governing body. <p>Additional obligations in the Aged Care Act around provider governance arrangements were commenced from December 2022 (new providers) and December 2023 (existing providers).</p> <p>Audits of providers conducted by the ACQSC consider their compliance with governance obligations under Standard 8.</p>
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Additional measures or actions underway or planned	Recommendation 89(b) is being addressed through investment in provider capability programs (which can include participants from management) run by the ACQSC, such as governing for reform.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised'.

Recommendation 90: New Governance Standard

Measures or actions before 1 Jan 2024	<p>The implementation of recommendations 90(b) to 90(e) is and will be supported through both the existing and new Aged Care Quality Standards.</p> <p>Legislative reforms introduced from December 2022 have changed the requirements for certain providers, namely they must:</p> <ul style="list-style-type: none"> • have at least one member with experience in providing clinical care • establish a quality care advisory body • offer to establish a consumer advisory body to help inform the governing body, and • attest annually whether the provider has complied with its duties under aged care legislation and if such an attestation cannot be given, explain why and set out what corrective action is being undertaken. <p>This recommendation is supported by the 2021–22 Budget (Residential Aged Care Quality and Safety – Aged Care Immediate Priorities – Strengthening Providers).</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – substantially progressed'.

Recommendation 91: Program of assistance to improve governance arrangements

Measures or actions before 1 Jan 2024	<p>The Governing for Reform in Aged Care program was developed and has been implemented. Its aim is to strengthen governance capability of aged care leaders. The program commenced in March 2022. Between March 2022 and December 2023 there were 6,762 enrolments from 945 aged care residential and home care providers.</p> <p>Funding to support implementation was provided through the 2021–22 Budget (Residential Aged Care Quality and Safety – Aged Care Immediate Priorities – Strengthening Providers) and the 2023–2024 Budget (Aged Care Regulatory Reform).</p>
Additional measures or actions underway or planned	An independent evaluation of the Governing for Reform in Aged Care program has commenced.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – substantially progressed'. The recommendation has been assessed as substantially progressed because an independent evaluation of the Governing for Reform in Aged Care program is being undertaken.

Recommendation 92: Approval of providers

Measures or actions before 1 Jan 2024	<p>Implementation of provider registration requires enactment of legislation. The exposure draft of the new Act was released for public consultation from 14 December 2023. It reflects policies developed on the new regulatory model, which requires aged care providers to be registered, although existing providers will be deemed to be registered at commencement under transitional arrangements. Substantial public consultations were undertaken over the course of 2022 and 2023 to inform development of the new regulatory model.</p> <p>The ACQSC is supporting the development of the new Act as part of an expert advisory body.</p>
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that substantial work has been undertaken in the design and development of the new regulatory model to be established in the new Act.

Recommendation 93: Accreditation of high-level home care services

Measures or actions before 1 Jan 2024	<p>The exposure draft of the Bill for the new Act reflects policies developed on the new regulatory model that were informed by extensive consultations during 2022-2023. The legislation includes strengthened monitoring powers for the Regulator.</p> <p>Funding to support implementation of this recommendation was provided through the 2023–24 Budget and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that substantial work has been finalised in the design of registration requirements for home care providers as a condition for receiving subsidies. Accreditation as proposed by the Royal Commission will not be implemented.</p>

Recommendation 94: Greater weight to be attached to the experience of people receiving aged care

Measures or actions before 1 Jan 2024	<p>A Residents Experience Survey was conducted in residential aged care during 2022 and 2023, and the results were published as part of star ratings in December each year. The Residents Experience rating accounts for 33 per cent of the Overall Star Rating for an aged care home. The Residents Experience Survey will continue for an additional 2 years.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget measure 'Residential Aged Care Quality and Safety' (Pillar 3 of the Royal Commission response – Empowering consumers of aged care with information to exercise choice), the 2023–24 MYEFO (Continuation of Aged Care Reform), and the 2023–24 Budget (Building a strong regulatory framework for Aged Care: star ratings to continue the Residents' Experience Survey).</p> <p>In relation to recommendation 94(d), which recommended that channels be established to allow people to report their aged care experiences, the ACQSC has a complaints mechanism, including an online mechanism for residents and their family to raise issues concerning the care they are receiving.</p>
Additional measures or actions	Not applicable.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised'. Importantly, the methodology of surveying 20 per cent of total residents in aged care, and at least 10 per cent of residents in each participating aged care home, differs from the Royal Commission's recommendation, which envisaged that 20 per cent of residents would be surveyed in each facility. Similarly, the capacity for residents or their families to lodge complaints with the ACQSC falls well short of the mechanism for older people to provide feedback, as per recommendation 94(d).

Recommendation 95: Graded assessments and performance ratings

Measures or actions before 1 Jan 2024	The ACQSC's Pilot Audit program, under the new Standards, tested graded assessments as part of the revised audit methodology. Further field testing of the ACQSC's audit methodology is underway. Implementation is pending government decisions.
Additional measures or actions underway or planned	Graded assessment against the strengthened Quality Standards will commence when the strengthened Quality Standards are implemented. The Department and the ACQSC are discussing how to incorporate graded assessments into star ratings.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting that delivery is tied with commencement of the new Standards.

Recommendation 96: Responding to Coroner's reports

Measures or actions before 1 Jan 2024	<p>The exposure draft of the Bill for the new Act includes provisions that would:</p> <ul style="list-style-type: none"> • require the System Governor to maintain a register of reports received from a coroner about the death of an aged care recipient • require the register to be made publicly available • include a recommendation and a summary of any actions taken by the Department in response, and • require the System Governor to report to the Inspector-General. <p>Funding was provided to support implementation of this recommendation through the 2023–24 Budget (Development and delivery of a Bill for a new Aged Care Act).</p>
Additional measures or	Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.

actions underway or planned	The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting the substantial work undertaken in preparing the exposure draft. The provisions in the Bill relating to coroners reports are consistent with the intent of this recommendation, apart from the requirement in recommendation 96(a) that responses to coroners' recommendations be published within 3 months.</p> <p>Upon commencement, the text of the new Act, including provisions relating to coroners reports, may vary from the text of the recommendation. This may not prevent the recommendation from being categorised as being implemented.</p>

Recommendation 97: Strengthened monitoring powers for the Quality Regulator

Measures or actions before 1 Jan 2024	<p>The exposure draft of the Bill for the new Act includes strengthened monitoring powers for the Quality Regulator (ACQSC) as proposed by recommendation 97. These reflect policies developed on the new regulatory model that were consulted on extensively during 2022–2023.</p> <p>Funding was provided to support implementation of this recommendation through the 2022–23 Budget (Stronger Regulation of the Aged Care Sector), and the 2023–24 Budget (Development and delivery of a Bill for a New Aged Care Act).</p>
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	<p>The Inspector-General considers this recommendation as being 'accepted in full' and 'Commenced and ongoing – partially progressed', noting the substantial work undertaken in preparing the exposure draft.</p> <p>Upon commencement, the text of the new Act, including strengthened monitoring powers for the ACQSC, may vary from the text of the recommendation. This will not prevent the recommendation from being categorised as being implemented.</p>

Recommendation 98: Improved complaints management

Measures or actions before 1 Jan 2024	The Aged Care Complaints Commissioner (Complaints Commissioner), Louise Macleod, was appointed in May 2023. The ACQSC also recruited an additional 21 ASL as complaint/contact officers to support the complaint management process and assist the Complaints
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	<p>Commissioner, in line with funding provided through the October 2022–23 Budget. The first dedicated complaints report was published by the Complaints Commissioner in November 2023. Reports will continue to be published at least every 6 months.</p> <p>In contrast to recommendation 98(1), functions and powers pertaining to complaints are assigned to the Aged Care Quality and Safety Commissioner in the first instance, rather than to the Complaints Commissioner. Relevant functions and powers have been delegated to the Complaints Commissioner.</p> <p>Aspects of recommendation 98(2) that describe a complaint referral pathway to the Inspector-General, have not been implemented. Similarly, recommendation 98(3), which proposed that the Inspector-General be subject to the same complaints handling requirements as the Complaints Commissioner, has been rejected. Rather than being an escalation point for complaints about other agencies, the Inspector-General will oversee complaints management processes across the aged care system.</p> <p>This recommendation has been supported through the 2023–24 Budget (Development and delivery of a Bill for a New Aged Care Act).</p>
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The Inspector-General considers the recommendation 'accepted in part' because the Complaints Commissioner is a SES position within the ACQSC who will exercise complaints functions and powers under delegation, rather than a separate statutory appointment within the ACQSC. The Inspector-General understands the rationale behind that approach, namely that it will preserve a clear hierarchy and ultimate decision-making within the ACQSC.</p> <p>It is important to note, however, that some consumer representatives flagged concern in the course of the Inspector-General's consultations, maintaining that the Complaints Commissioner should be established as an independent statutory position in keeping with the Royal Commission's recommendation. The Inspector-General acknowledges the importance of impartiality in complaints handling, a key driver of consumer stakeholders' concerns, but is cognisant of the merits of keeping the complaints and compliance functions together. Intelligence from complaints can, for instance, enhance the effectiveness of compliance action. Strong systems are needed, however, to ensure the Complaints Commissioner's investigations are outside the ACQSC's hierarchy.</p> <p>Additionally, the Inspector-General notes that the Office of the Inspector-General of Aged Care's complaints management role deviates from the Royal Commission's recommendation. This approach maintains the Inspector-General's independence by keeping the Office at arm's length from the bodies and activities it oversees.</p>

Recommendation 99: Protection for whistle-blowers

Measures or actions before 1 Jan 2024	<p>The exposure draft of the Bill for the new Act includes whistleblower protections in line with this recommendation. Consultation on whistleblower arrangements took place throughout August and September 2023. Ahead of the new Act, the scope of existing whistleblower protections were significantly expanded in 2021 and 2022 in the context of the SIRS.</p> <p>Funding to support implementation of this recommendation was provided through the 2022–23 Budget (Stronger Regulation of the Aged Care Sector), and the 2023–24 Budget (Development and delivery of a Bill for a New Aged Care Act).</p>
Additional measures or actions underway or planned	<p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed', noting that passage and commencement of the new Act would put a comprehensive whistleblower protections framework in place.</p> <p>Upon commencement, the text of the new Act, including provisions establishing whistleblower protections, may vary from the text of the recommendation. This will not prevent the recommendation from being categorised as being implemented.</p>

Recommendation 100: Serious incident reporting

Measures or actions before 1 Jan 2024	<p>The SIRS was enacted via legislation and commenced on 1 April 2021 for residential aged care services. The Serious Incident Reporting Scheme was expanded to home services on 1 December 2022. Quarterly sector reporting has been in place since October 2021 for residential care, and since April 2023 for home care services.</p> <p>Recommendation 100(b) has been rejected. The ACQSC publishes serious incident reports on a quarterly basis but this is not broken down to a provider, service or facility level. Star ratings, which are available for all residential aged care services, include service compliance ratings that are influenced by risk which incorporates complaints and SIRS data. The Department has advised that publishing data at the provider, service or facility level may deter providers from reporting incidents. This quarterly sector reporting has been in place since October 2021 for residential care and since April 2023 for home care.</p> <p>Regulatory powers conferred on 1 April 2021 for residential care and 1 December 2022 for home services enable the ACQSC to require a provider to supply a plan detailing the action it intends to take in response to a reported incident and the report of any investigation of the incident the provider has undertaken or caused to be undertaken.</p>
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	Funding to support implementation of this recommendation was provided through the Budget 2021–22 (Improving quality and safety across the aged care sector including the Serious Incident Response Scheme (SIRS)).
Additional measures or actions underway or planned	Interim legislative amendments made to establish SIRS through the Royal Commission Response Act are to be included in the new Act.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – substantially progressed'. The Inspector-General considers the recommendation accepted in part because recommendation 100(b) has been rejected. Implementation is also considered to be ongoing because interim legislative amendments made to establish SIRS will need to be picked up in the new Act, which is still subject to Parliament and commencement. Unlike a number of other recommendations that are contingent upon the new Act and have been considered partially progressed, this recommendation has been classified as substantially progressed due to the strong early response in establishing SIRS from 1 April 2021.

Recommendation 101: Civil penalty for certain contraventions of the general duty

Measures or actions before 1 Jan 2024	<p>The exposure draft for the new Act includes provision for a new statutory duty on aged care providers. Revised civil and criminal penalties will form part of the new regulatory model, which will be a key feature of the new Act.</p> <p>This recommendation has been supported through the October 2022–23 Budget (Stronger Regulation of the Aged Care Sector) and the 2023–24 Budget (Development and delivery of a Bill for a New Aged Care Act), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>Further consideration is being given to the penalties which will attach to the breach of the new statutory duty applying to aged care providers and responsible persons.</p> <p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. After considering criminal penalties, the Royal Commission recommended that only civil penalties be available. Chapter 3 of Part 5 of the Bill includes a criminal penalty regime for breaches of new statutory duties applying to registered providers and responsible persons. The Inspector-General acknowledges the role of strong penalties in incentivising providers and responsible persons to ensure that their actions

do not adversely affect the health and safety of persons in their care. At the same time, it is important to note the substantial stakeholder feedback on the new penalties. Providers who participated in the Inspector-General roundtables have contended that criminal penalties may discourage people to sit on Boards, particularly for smaller providers, may drive providers and staff from the sector, and might discourage providers from admitting individuals with particularly complex care needs.

Recommendation 102: Compensations for breach of certain civil penalty provisions

Measures or actions before 1 Jan 2024	<p>The exposure draft for the new Act includes provision for a compensation pathway.</p> <p>This recommendation was supported through the October 2022–23 Budget measure (Stronger Regulation of the Aged Care Sector) and the 2023–24 Budget measure (Development and delivery of a Bill for a New Aged Care Act).</p>
Additional measures or actions underway or planned	<p>Further consideration is being given to the scope and vehicle for the compensation pathway, with the proposed approach potentially differing from that recommended by the Royal Commission. Policy authority for the proposed compensation pathway will also be required once finalised.</p> <p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. The recommendation is accepted in part because the compensation pathway in section 127 of the Bill would allow a relevant court to order a registered provider to compensate an individual for serious injury or illness as a result of a criminal offence, rather than contravening a civil penalty provision as proposed by the Royal Commission.</p>

Recommendation 103: A wider range of enforcement powers

Measures or actions before 1 Jan 2024	<p>The exposure draft for the new Act includes provision for revised enforcement monitoring powers.</p> <p>Ahead of the new Act, compliance notices for Code of Conduct violations and banning orders have been added to the ACQSC's enforcement powers.</p> <p>This recommendation was supported through the October 2022–23 Budget (Stronger Regulation of the Aged Care Sector) and the 2023–24 Budget (Development and Delivery of a Bill for a New Aged Care Act).</p>
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Additional measures or actions underway or planned	<p>Critical failures powers proposed through recommendation 103(b), including the power for the ACQSC to appoint a statutory manager to take over the operations of a provider (in whole or in part), are still under development. While these were not included in the exposure draft, Part 11 of Chapter 6 of the Bill may include new critical failures powers. These are being developed collaboratively by the Department, the ACQSC and the Australian Government Solicitor.</p> <p>Successful passage of the Bill through Parliament and commencement will be required to implement this recommendation.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that the 'critical failures powers' were not included in the exposure draft of the Bill, and are still in development.</p>

Recommendation 104: Aged Care Quality and Safety Commission capability review

Measures or actions before 1 Jan 2024	<p>The capability review of the ACQSC commenced on 4 October 2022. On 31 March 2023, Mr David Tune AO PSM submitted the final report to government for consideration. The report was publicly released on 21 July 2023.</p> <p>The review made 32 recommendations to build on the capabilities of the Commission. In September 2023, Minister Wells directed the Department establish the Implementation Steering Group, a senior-level group with representatives from both the Department and the Commission, to advise the government on prioritisation and implementation of the capability review recommendations.</p> <p>Delivery of recommendation 104(1) was supported through the 2021–22 Budget (through the measures 'Residential Aged Care Quality – Protecting Consumers by Strengthening Regulatory Powers and Capability' and 'Residential Aged Care Quality and Safety – Establishment of a new independent Aged Care Quality and Safety Authority'). Delivery of recommendation 104(2) was supported through the 2023–24 Budget (Residential Aged Care Quality – Protecting Consumers by Strengthening Regulatory Powers and Capabilities) and the MYEFO 2023–24 (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>Internal government work is ongoing with respect to recommendation 104(2), which relates to implementation of the capability review's recommendations.</p> <p>The 2024–25 Budget provides \$111 million to increase the regulatory capability of the ACQSC as part of the government's response to the Final Report of the Capability Review of the Aged Care Quality and Safety Commission, and to implement a new aged care regulatory framework.</p>

Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – substantially progressed'.
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Recommendation 105: Transparency around the performance of the Quality Regulator

Measures or actions before 1 Jan 2024	<p>The ACQSC has taken a number of steps to improve its information transparency in key areas, and public disclosure has been facilitated through star ratings. The ACQSC identifies performance measures in its annual Corporate Plan and reports against these measures in its Annual Report. This performance reporting is acquitted by the Commission's independent Risk and Audit Committee. A subset of performance measures is also reported on in the Portfolio Budget Statements.</p> <p>Implementation of this recommendation was supported through the 2023–24 Budget (Development and delivery of a Bill for a New Aged Care Act).</p>
Additional measures or actions underway or planned	<p>Further improvements to the ACQSC's transparency are being informed by the recommendations of the capability review, and work continues with respect to this recommendation.</p> <p>Successful passage of the Bill through Parliament and commencement will also be required to implement this recommendation.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed'.

Recommendation 106: Enhanced access to advocacy services

Measures or actions before 1 Jan 2024	<p>A Demand Study of the National Aged Care Advocacy Program (NACAP), which considered current and future demand for advocacy services, was conducted for the Department by Deloitte Access Economics and finalised on 30 March 2022. Key findings were presented to the Project Governance Group, which included the Older Persons Advocacy Network (OPAN).</p> <p>All activities under the NACAP have been undertaken, including the recruitment of an expanded advocacy workforce, establishment of new points of access, the launch of the Self-Advocacy Toolkit, and the commencement of monitoring and evaluation frameworks for expanded services.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Empowering consumers of aged care with information to exercise choice).</p>
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Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and finalised.

Recommendation 107: Aged Care Research and Innovation Fund

Measures or actions before 1 Jan 2024	<p>At this stage, it is not intended that an Aged Care Research and Innovation Council be established, with funding instead being delivered through the Dementia, Ageing and Aged Care Mission and Aged Care Research and Industry Innovation Australia to support aged care research and innovation.</p> <p>The Dementia, Ageing and Aged Care Mission has been allocated \$185 million over 10 years to fund research on these topics. Additionally, the Aged Care Research and Industry Innovation Australia (ARIIA) is funded \$34 million over 3 years (to June 2024) to provide funding for aged care research and translation priorities. As part of its funding, ARIIA has established a Knowledge and Information Hub (KIH) for stakeholders to access trusted and relevant information that will drive transformation in providing care and services to older people.</p> <p>Recommendations 107(4)–(8) relate to proposed arrangements for an Aged Care Research and Innovation Council, which is recommended for establishment through recommendation 107(3).</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially progressed', noting that while the government recognises research is needed to support an innovative aged care sector, the sub-components of this recommendation are still being considered.

Recommendation 108: Data governance and a National Aged Care Data Asset

Measures or actions before 1 Jan 2024	<p>The Department has developed an Aged Care Data and Digital Strategy, which is being finalised following public feedback provided in late 2023.</p> <p>Recommendation 108(9) has been rejected as it was part of Commissioner Pagone's independent commission model that was rejected in favour of Commissioner Briggs' Government Leadership model.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Residential Aged Care Quality and Safety – Empowering consumers of aged care with information to exercise choice) and the 2023–24 Budget (Development and delivery of a Bill for a new Aged Care Act).</p>
Additional measures or actions underway or planned	<p>The final Strategy and an underlying Action Plan will be launched at the Aged Care Research and Industry Innovation Australia (ARIIA) Conference on 4 July 2024, with the date and launch event to be determined and agreed with the Minister.</p> <p>The Action Plan includes a National Aged Care Data Asset, which links the aged care National Minimum Data Set (NMDS) to other health and welfare data collections held by the AIHW. Although it is still in planning and development and not publicly available yet, the AIHW already have resources that link certain aged care data to a number of health data collections, and from these components a solution that will have the functionality to deliver sub-components in this recommendation can be realised. The NMDS is being progressively expanded with NMDS V2 expected in the next 12 months.</p> <p>The Action Plan will also include an Aged Care Data Governance Framework, which will address the other sub-components of this recommendation. This framework will be developed in 2024–25.</p> <p>Delivery of this recommendation is also contingent upon passage and commencement of the new Aged Care Act. Amendments to the <i>Australian Institute of Health and Welfare Act 1987</i>, as proposed through recommendations 108(1) and (2), require a government decision.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that recommendation 108(9) has been rejected. Further, it is not clear from the information available that all sub-components have been accepted.</p>

Recommendation 109: ICT architecture and investment in technology and infrastructure

Measures or actions before 1 Jan 2024	<p>In response to recommendation 109(1), the government has delivered a new technology, information and communications system to support the aged care system, the Government Provider Management System (GPMS). In addition to providing critical funding to keep ICT systems operating the Department has delivered a range of key reforms underpinned by digital capability. For Older Australians and their</p>
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	<p>representatives, these include measures to improve transparency, including star ratings, reporting on approved provider operations, and reporting against staffing care minutes and registered nurse coverage.</p> <p>For aged care providers, measures have included ‘Business to Government’ (B2G), which eases provider reporting by enabling seamless data exchange between the sector and the government, the GPMS, which supports all provider activity and allows reporting of provider operations, and others. For aged care assessors, the AN-ACC Assessment Tool has been introduced to allow residents’ care needs to be assessed to inform equitable funding to approved providers and delivery of appropriate levels of care to residents living in residential aged care services.</p> <p>Funding to support implementation of this recommendation was provided through the 21–22 MYEFO (Improving Aged Care Data and Tracking Quality), the 2022–23 Budget (Future Aged Care ICT Platform).</p>
Additional measures or actions underway or planned	<p>For 2024–2026, the Budget provides \$1.2 billion for sustainment of, and essential enhancements to, critical aged care digital systems including:</p> <ul style="list-style-type: none"> • changes to support the new Act • new consumer entitlements, new payment mechanisms for providers, new defined service lists, charges and data management to support the new Support at Home Program • connecting My Aged Care with My Health Record, and • expanding B2G capabilities to ease provider reporting burden. <p>As described in recommendation 108 above, the Aged Care Data and Digital Strategy will also be released in 2024, along with an action plan that will be updated each year to reflect government priorities and new investment.</p> <p>The 2024–25 Budget provides \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation.</p>
Inspector-General’s comment	<p>The Inspector-General considers this recommendation ‘accepted in part’ and ‘commenced and ongoing – partially progressed’. While the response to this recommendation has seen significant work undertaken, the Inspector-General considers the recommendation partially accepted because it is not clear that all sub-components of the recommendation have been accepted. For example, recommendation 109(b) required pre-certified assistive technologies and smart technologies to support both care and functional needs and manage safety, and to support the quality of life of older people. Among other things, these were to be put into older people’s homes to help in care provision and improve social engagement.</p> <p>The recommendation has been assessed as partially progressed as a range of important aspects, such as establishing interoperability between My Aged Care and My Health Record, have been funded through the Budget for 2024 to 2026.</p> <p>The Inspector-General will monitor progress with this recommendation in future reports.</p>

Recommendation 110: Amendments to residential aged care indexation arrangements

Measures or actions before 1 Jan 2024	<p>This recommendation has been rejected in favour of an alternative approach, which was implemented on 1 July 2023. Under this approach, IHACPA assesses the National Efficient Price (standard cost) of providing residential aged care and informs the government on annual funding increases.</p> <p>On 3 August 2023, following the National Minimum Wage Order 2023 (NMWO) issued by the FWC on 20 June 2023, the Australian Government requested supplementary pricing advice for 2023–24. On 18 August 2023, IHACPA provided the IHACPA Residential Aged Care Supplementary Pricing Advice 2023–24.</p>
Additional measures or actions underway or planned	IHACPA's annual pricing advice indexation methodology will continue to be refined over time, to account for new data collection through longitudinal costing studies and time series cost data collected through the ACFR and QFR. In addition, the methodology will be informed by feedback from advisory committees and public consultation.
Inspector-General's comment	The Inspector-General considers this recommendation 'rejected', noting that an alternative approach has been pursued and can be considered 'finalised'.

Recommendation 111: Amendments to aged care in the home and Commonwealth Home Support Programme indexation arrangements

Measures or actions before 1 Jan 2024	<p>This recommendation is being considered as a part of the development of the Support at Home program.</p> <p>Once Support at Home commences, IHACPA will be required to provide pricing advice. In preparation, IHACPA has undertaken the following activities:</p> <ul style="list-style-type: none"> • Costing studies: IHACPA has undertaken an initial Support at Home in Aged Care Costing Study to develop a costed data set, which will be used to support future pricing advice. The report is currently being finalised and will be published on the IHACPA website. • Initial pricing guidance: Ahead of formal pricing advice for the Support at Home Program, IHACPA completed an initial benchmarking report of unit prices on an indicative Support at Home Service List based on prices for similar services in adjacent sectors such as the NDIS and DVA. This was provided to the Department in September 2023.
Additional measures or actions underway or planned	<p>Future work on this recommendation is under consideration as part of the Support at Home Program.</p> <p>Successful passage of the Bill through Parliament and commencement will also be required to implement Support at Home.</p>

Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'partially progressed', noting that delivery is contingent upon the design and implementation of the Support at Home Program. The Inspector-General urges the government to ensure appropriate indexation arrangements are in place to maintain the real value of the CHSP funding ahead of transition into Support at Home.
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Recommendation 112: Immediate changes to the Basic Daily Fee

Measures or actions before 1 Jan 2024	<p>From 1 July 2021, eligible residential aged care providers who entered into an undertaking with the Department received an additional \$10 per resident, per day. The Basic Daily Fee (BDF) supplement supported aged care providers to deliver better care and services to residents, with a focus on food and nutrition. The \$10 supplement was rolled into AN-ACC base funding from 1 October 2022, and from 1 July 2023 became part of the new \$10.80 per day Hotelling supplement.</p> <p>In response to recommendation 112(1)(d), 2 food and nutrition reports detailing outcomes and trend analysis collected from the BDF food and nutrition reporting were published on the Department's website.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system).</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 113: Amendments to the Viability Supplement

Measures or actions before 1 Jan 2024	<p>Additional funding to small, rural and remote services was continued prior to the 1 October 2022 implementation of the AN-ACC funding model for residential aged care. The AN-ACC includes weights for rural, remote, Indigenous and homelessness services that will be reviewed over time by IHACPA. The temporary increase to home care viability supplement was ceased as it was not achieving its purpose.</p> <p>Measures implemented to date were established through the Royal Commission Response Act. The exposure draft for the new Act includes provision to continue the interim legislative amendments.</p>
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	Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Residential Aged Care Services and Sustainability – Reforming residential care funding to drive better care and a viable system). The new residential care funding model was implemented from through the 2023–24 MYEFO (Continuation of Aged Care Reform).
Additional measures or actions underway or planned	Interim legislative amendments made through the Royal Commission Response Act are to be picked up in the new Act.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – substantially progressed', noting that the new Act will pick up previous interim legislative amendments responding to this recommendation once it commences. While the recommendation was substantially finalised through the previous delivery of the Basic Daily Fee supplement, which was rolled into AN-ACC, it was discontinued for home care. The Inspector-General also notes the Department's advice that the component of recommendation 113(1) that relates to residential care is still subject to further consideration.

Recommendation 114: Immediate funding for education and training to improve the quality of care

Measures or actions before 1 Jan 2024	<p>As part of the 2022–23 Budget, the Australian Government committed \$493 million (matched by states and territories) through a 12-month Skills Agreement, to support the delivery of TAFE and Vocational Education Training (VET) places across a number of priority areas, including 15,000 places for aged care. A further 300,000 Fee-Free TAFE and VET places were announced as part of the 2023–24 Budget in high skill needs areas from 2024 to 2026, subject to agreement with states and territories.</p> <p>Funding has also been provided for the Aged Care Business and Workforce Advisory Service (WAS) to support aged care providers with business and in their workforce challenges, and may include training needs.</p> <p>In addition, funding to support implementation of this recommendation was provided through the 2020–21 Budget (Enhancing Nursing Skills and Leadership Capability in Aged Care) and 2021–22 Budget (Growing a skilled and high-quality workforce to care for senior Australians).</p> <p>Funding has been provided for the Aged Care Transition to Practice Program to provide training and mentoring to nurses new to aged care. A total of 1,363 nurses have commenced the Transition to Practice program, and 470 nurses have completed the program. The program is funded until 30 June 2024, with program activity ending 30 September 2024.</p> <p>In February 2022, the Department contracted the University of Tasmania to develop a series of short online learning modules to support direct care workers with foundational knowledge on key aged care topics. The modules cover a range of topics, including dementia care, cross-cultural awareness, and palliative and end of life care. As at 29 August 2023, all 14 modules are available free-of-charge to direct care workers, volunteers, caregivers and anyone with an interest in improving care for older adults.</p>
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Additional measures or actions underway or planned	<p>The Aged Care Business and Workforce Advisory Service was re-launched in January 2024.</p> <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services which, in part, addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised'. The recommendation has been assessed as partially accepted because access to Certificate III courses is not cost-free, as envisaged by the Royal Commission, but is provided at reduced costs.

Recommendation 115: Function and objects of the Pricing Authority

Measures or actions before 1 Jan 2024	<p>The Royal Commission Response Act, which renamed IHACPA and expanded its functions to include providing advice on aged care pricing and costing matters, received Royal Assent on 5 August 2022. Relevant functions commenced on 12 August 2022.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Aged Care – Government response to the Royal Commission into Aged Care Quality and Safety – residential aged care services and sustainability).</p>
Additional measures or actions underway or planned	Interim legislative amendments made through the Royal Commission Response Act are to be picked up in the new Act.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and finalised, noting that IHACPA does not have the function or power to determine prices, nor does its functions include advising on appropriate forms of economic regulation.

Recommendation 116: Requirement to participate in Pricing Authority activities

Measures or actions before 1 Jan 2024	The Royal Commission Response Act amended the Aged Care Act to enable the Accountability Principles 2014 to be updated to require participation by aged care providers in costings studies. On 15 August 2023, the Accountability Principles were updated by the Accountability Amendment (Access and Assistance for Independent Health and Aged Care Pricing Authority) Principles 2023 to mandate those responsibilities. IHACPA undertakes cost data collections from residential aged care services to support evidence-based pricing advice.
Additional measures or actions	Interim legislative amendments through the Royal Commission Response Act are to be picked up in the new Act. The new Act is also intended to respond to recommendation 116(2) – for example, through the obligations of registered providers and associated Rules.

underway or planned	The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – substantially progressed', noting that arrangements as per recommendation 116(1) are in place. The new Act will pick up those requirements, and those mentioned in recommendation 116(2). The Inspector-General does not have information to confirm that providers will be required to participate in any activities IHACPA requires to undertake its functions, as a condition of approval or continued approval.

Recommendation 117: Grant funding for support services to be funded through a combination of bloc and activity-based funding

Measures or actions before 1 Jan 2024	<p>Policy has been developed to support the delivery of this recommendation under the new Support at Home Program and is being tested widely with stakeholders. Delivery of this recommendation is subject to future government decisions.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Home Care – Future design and funding (Developing the new Support at Home Program)), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will deliver components of this recommendation, will commence using a staged approach from 1 July 2025. Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially progressed'. The recommendation has been treated as 'under further consideration' because there is no evidence of a decision to implement it as per the Royal Commission's intent, which ultimately will need to be made in the context of Support at Home.

Recommendation 118: New funding model for care at home

Measures or actions before 1 Jan 2024	<p>While the Department has advised that the government is committed to delivering reforms to in-home care, no specific measures or actions have been finalised with respect to this recommendation as at 1 January 2024. Final program design and costings are still subject to government decisions.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Home Care – Future design and funding (Developing the new Support at Home Program)), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
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Additional measures or actions underway or planned	<p>The government has announced that the Support at Home Program, which will deliver components of this recommendation, will commence from 1 July 2025. Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024. This recommendation will need to be implemented through the new Act.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation to be 'under further consideration' and 'commenced and ongoing – partially progressed', noting that a decision has not been made on whether to accept it. This will be subject to the design of Support at Home.</p>

Recommendation 119: Maximum funding amounts for care at home

Measures or actions before 1 Jan 2024	<p>In February 2023, a research study, led by the Department, commenced on the service requirements and safety implications of supporting older people with more complex needs at home, including those with a disability. The study, which was due to be finalised in August, was extended to March 2024 to add an additional cohort of clients. Consultations with providers on initial findings were conducted in December 2023.</p> <p>Implementation of this recommendation is contingent upon delivery of the new Support at Home Program. Final program design and costings are still subject to government decisions.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Home Care – Future design and funding (Developing the new Support at Home Program)), and the 2023–24 MYEFO (Continuation of Aged Care Reform).</p>
Additional measures or actions underway or planned	<p>The research study investigating higher levels of care is due to conclude in March 2024.</p> <p>The government has announced that the Support at Home Program will commence from 1 July 2025. Consultations to finalise policy design will be held with consumers and the sector from early to mid-2024. This recommendation will need to be implemented through the new Act.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	<p>The Inspector-General considers this recommendation to be 'under further consideration' and 'commenced and ongoing – partially progressed', noting that a decision has not been made as to whether to accept it. This will be subject to the design of Support at Home.</p>

Recommendation 120: Case mix–adjusted activity-based funding in residential aged care

Measures or actions before 1 Jan 2024	<p>The primary legislation to establish AN-ACC, replace the Aged Care Funding Instrument (ACFI), and fund residential aged care on a case mix basis received Royal Assent 5 August 2022 and commenced 1 October 2022.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Residential Aged Care Services and Sustainability –Reforming residential care funding to drive better care and a viable system).</p>
Additional measures or actions underway or planned	<p>Interim legislative amendments made through the Royal Commission Response Act are to be picked up in the new Act.</p> <p>The 2024–25 Budget provides \$88.4 million over 4 years to continue existing workforce programs to attract and retain aged care workers, collect more reliable data, and improve the outcomes for people receiving aged care services which in part addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 121: Incentives for an enablement approach to residential care

Measures or actions before 1 Jan 2024	<p>The primary legislation to establish the AN-ACC, replace the ACFI and fund residential aged care on a case-mix basis received Royal Assent on 5 August 2022 and commenced on 1 October 2022.</p> <p>The AN-ACC is underpinned by an in-built incentive for restorative care and reablement. Under the AN-ACC, if the capability of a resident improves, there is no requirement for them to be reassessed (and potentially reassigned to a lower payment class). This provides an in-built financial incentive for aged care providers to invest in restorative care such as physiotherapy. Quality indicators also provide incentives for providers to invest in restorative care.</p> <p>Funding to support implementation of this recommendation was provided through the 2021–22 Budget (Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system).</p>
Additional measures or actions underway or planned	Interim legislative amendments made through the Royal Commission Response Act are to be picked up in the new Act.

Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'. The Inspector-General notes that while the AN-ACC does not impose financial imposts that would deter reablement, stakeholders have consistently advised that meeting the cost of care minutes requirements has led to reduced funding for allied health, lifestyle activities or innovation.
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Recommendation 122: Reporting of staffing hours

Measures or actions before 1 Jan 2024	<p>Requirements to report care minutes have been implemented and reports are published on the Department's website.</p> <p>Care minutes data reported in the QFR is used to calculate each service's staffing star rating. Care minutes data forms part of Risk Based and Transparency Information System that has been funded by the government.</p> <p>The Department monitors the submission of care minute data and refers providers who submit late or fail to submit to ACQSC. The ACQSC determines what action should be taken in instances of identified non-compliance.</p> <p>This recommendation was supported via the More Choices for a Longer Life 2019–20 Budget measure.</p>
Additional measures or actions underway or planned	<p>Data for the first quarter in which target care minutes have been mandatory (October through to December 2023) will be provided to the ACQSC once data is available.</p> <p>The 2024–25 Budget provides \$1.2 billion for sustainment of, and essential enhancements to, critical aged care digital systems so they remain legislatively compliant and contemporary, and can support the commencement of the new Act from 1 July 2025 which, in part, addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 123: Payment on an accruals basis for care at home

Measures or actions before 1 Jan 2024	<p>The government implemented payment in arrears in the Home Care Packages Program from 1 September 2021. Home care providers are now only paid in line with services actually delivered. Care recipients remain entitled to any unused subsidy.</p> <p>Services Australia received \$7.2 million through the 2019–20 Budget as part of the Improved Payment Administration Arrangements measure to make system changes to support the Improved Payment Arrangements measure.</p>
Additional measures or actions	Not applicable.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 124: Standardised statements on services delivered and costs in home care

Measures or actions before 1 Jan 2024	<p>Recommendation 124 has been addressed in the context of the current HCP program. Specifically, section 21B of the User Rights Principles 2014 has been updated to mandate the content of the standardised written statement. An initial template for the monthly statement was published in February 2022 and updated in November 2022 and March 2023. This addressed recommendations 124(1) and (2).</p> <p>In relation to recommendation 124(3), mandatory QFRs have been in place since 1 July 2022. These collect direct care staffing hours and total allied health data for each planning region.</p> <p>Funding to support implementation of this measure was provided through the 2022–23 Budget measure (Aged Care ICT to Enable Reform: My Aged Care and Future ICT Platform).</p>
Additional measures or actions underway or planned	The Support at Home Program will consider standardised reporting in line with the intent of recommendation 124. This is subject to further government decisions on the final design of the program.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'. Significant work involving amendments to the User Rights Principles 2014 has culminated in an operational standardised statement for home care providers to record deliver of care.</p> <p>Delivery of this recommendation in the context of the Support at Home Program from 1 July 2025 is still being considered. This will also require consideration in the context of the new Act. The Inspector-General supports continuing standardised statements for services delivered in home care settings for the Support at Home Program to ensure transparency and accountability in personal care delivery and the cost of services.</p> <p>Additionally, based on information available, the Inspector-General notes that the QFR requirements that respond to recommendation 124(3) do not appear to require reporting at the level of each service as proposed. Rather, they report at the planning region level.</p>

Recommendation 125: Abolition of contributions for certain services

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce. No specific deliverables have been finalised.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 126: Fees for respite care

Measures or actions before 1 Jan 2024	<p>The government has implemented a new funding model for residential respite care that is aligned to the AN-ACC funding model, which replaced the Respite Subsidy and Respite Supplement (including the respite incentive).</p> <p>Further response to this recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.</p>
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'not commenced'. While a funding model for residential respite care aligned to AN-ACC has been developed, implementation of the recommendation overall is still subject to the outcomes of government consideration of the Aged Care Taskforce's report.

Recommendation 127: Fees for residential aged care- ordinary costs of living

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 128: Fees for residential aged care accommodation

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 129: Changes to the means test

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
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Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 130: Responsibility for prudential regulation

Measures or actions before 1 Jan 2024	From July 2023, the responsibility for provider-level financial viability monitoring was transferred to the ACQSC. This is intended to support identification of emerging financial issues and support regulatory functions by providing greater analysis capability. Data is submitted by providers. The ACQSC's role is to identify issues and support providers to improve financial governance to build resilience in the sector. Staff with required capabilities to support function have been recruited.
Additional measures or actions underway or planned	<p>In response to recommendation 130(1), the ACQSC is undertaking targeted consultation, ahead of public consultation, for the strengthened liquidity approach. This is expected to occur in the first half of 2024.</p> <p>The powers for the Commissioner to make Final and Prudential Standards for the sector is identified in the new Act.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that relevant responsibilities outlined in this recommendation have been conferred on the ACQSC rather than the Department.

Recommendation 131: Establishment of prudential standards

Measures or actions before 1 Jan 2024	The government intends to empower the ACQSC (as prudential regulator) to set Financial and Prudential Standards on certain matters under the new Act. Specifically, in the 2023–24 Budget, the government agreed to expand the ACQSC's powers to set prudential standards. These powers were included in the exposure draft for new Act. No specific deliverables have been finalised, and further government decisions are needed, including in relation to ongoing operational resourcing for the new financial and prudential regulation model and its component parts.
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Additional measures or actions underway or planned	<p>The new Act is intended to empower the ACQSC to set Financial and Prudential Standards for certain matters. This will include a liquidity standard for residential providers. Further consultation will be undertaken on the Financial and Prudential Standards in 2024.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'.

Recommendation 132: Liquidity and capital adequacy requirements

Measures or actions before 1 Jan 2024	<p>The 2023–24 Budget provided funding and authority to the ACQSC to undertake work and consult on liquidity and capital adequacy standard, including consultation to inform the new Act.</p> <p>Capital adequacy will be used to assess risk in relation to liquidity. Capital adequacy has not initially been included in new financial and prudential standards on the basis that although it is a useful metric, its applicability as a risk control outside the banking and finance sector is limited.</p>
Additional measures or actions underway or planned	<p>Consultation is expected to occur in early 2024, with delivery expected through the new Act when introduced.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed'.

Recommendation 133: More stringent financial reporting requirements

Measures or actions before 1 Jan 2024	<p>The Accountability Principles 2014 empower the Secretary of the Department to require approved providers to submit quarterly financial reports. The ACQSC analyses the data reported to the Department to understand provider-level risk, while the Department uses it to understand sector-level funding risks.</p> <p>Phases 1 and 2 of the financial and prudential framework have been implemented requiring approved providers to submit financial information quarterly (commenced July 2022), to provide additional information in annual Aged Care Financial Reports, and submit General Purpose Financial Statements to the Australian Government.</p>
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	In the 2023–24 Budget, the government agreed to resource the ACQSC for 2023–24 to perform the functions outlined in recommendation 133(1), and to prepare for further functions in the context of the new Act. In the context of recommendation 133(2), the government also agreed to include financial and prudential regulatory amendments in the new Act.
Additional measures or actions underway or planned	<p>Additional powers for the Prudential Regulator will be introduced as part of the new Act.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$1.2 billion for sustainment of, and essential enhancements to, critical aged care digital systems so they remain legislatively compliant and contemporary, and can support the commencement of the new Aged Care Act from 1 July 2025 which in part addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – substantially progressed', noting that the Department currently retains the authority to mandate financial reporting requirements from providers.

Recommendation 134: Strengthened monitoring powers for the prudential regulator

Measures or actions before 1 Jan 2024	In the 2023–24 Budget, the government agreed to include financial and prudential regulatory amendments in the new Act. The government has legislated a power for the Commissioner to request information from borrowers of a loan made with a Refundable Deposits or Accommodation Bonds, to determine whether they were put to a permitted use (addressed in the Royal Commission Response Act). In advance of passage of the new Act, the ACQSC has commenced targeted reviews (in relation to specific elements of prudential standards) and prudential audits to build a clearer picture of market segment compliance risk.
Additional measures or actions underway or planned	<p>Additional powers of the prudential regulator will be introduced as part of the new Act.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed'.

Recommendation 135: Continuous disclosure requirements in relation to prudential reporting

Measures or actions before 1 Jan 2024	In response to recommendation 135(1), the strengthened liquidity standard will include an obligation for providers to report to the ACQSC if liquidity holdings fall below minimum requirements. In response to recommendation 135(2), the Commissioner will have the power to set financial and prudential standards that can be adjusted as needed – pending outcome of the new Act.
Additional measures or actions underway or planned	<p>Implementation is contingent upon commencement of the new Act.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed'.

Recommendation 136: Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers

Measures or actions before 1 Jan 2024	The new Act will establish enhanced enforcement powers for the ACQSC. These powers are intended to complement the ACQSC's power to set new financial and prudential standards that will be introduced under the new Act.
Additional measures or actions underway or planned	<p>Implementation is contingent upon commencement of the new Act.</p> <p>The 2024–25 Budget provides:</p> <ul style="list-style-type: none"> • \$174.7 million to fund the ICT infrastructure needed to implement the new Support at Home program and Single Comprehensive Assessment System, which partially addresses this recommendation, and • \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program, which partially addresses this recommendation.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'commenced and ongoing – partially progressed'.

Recommendation 137: Building the capability of the regulator

Measures or actions before 1 Jan 2024	In response to recommendation 137 (1)(a), the provider-level financial viability monitoring function was moved to the ACQSC. The ACQSC received resourcing for its prudential regulation functions in the 2021–22 Budget, 2021–22 MYEFO and 2023–24 Budget. In response to recommendation 137(1)(b), risk detection tools have been developed to identify providers displaying emerging viability risk. In the 2023–24 Budget, one year of additional funding was received for the continued support of the Risk Based Targeting and Information Sharing system. In response to recommendation 137(1)(d), an electronic forms and lodgement platform is available for all providers. An alternative filing system for smaller providers is not in place. The Department considers it inefficient to run 2 systems.
Additional measures or actions underway or planned	The progression of this recommendation is largely pending further government decisions.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'commenced and ongoing – partially progressed'.

Recommendation 138: Productivity Commission investigation into financing of the aged care system through an Aged Care Levy

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 139: Parliamentary scrutiny of determinations by the Pricing Authority

Measures or actions before 1 Jan 2024	<p>The Minister remains responsible for determining the amount of aged care subsidies through disallowable determinations or disallowable Principles made under the Aged Care Act or the <i>Aged Care (Transitional Provisions) Act 1997</i> as appropriate.</p> <p>Under paragraph 131A(1)(a) of the NHR Act, one of IHACPA's functions is to advise the Minister on aged care pricing and costing matters. IHACPA is not, however, invested with determinative pricing functions.</p>
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in part' and 'finalised', noting that while IHACPA's determinations are legislative instruments, IHACPA's functions under the NHR Act do not allow it to determine prices.

Recommendation 140: Fees for residential aged care accommodation

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 141: Changes to the means test

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 142: Phasing out of Refundable Accommodation Deposits

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	To be considered in the context of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 143: Implementation of new arrangements for financial oversight and prudential regulation

Measures or actions before 1 Jan 2024	<p>This is a recommendation from Commissioner Briggs that covers the implementation of recommendations 130–137.</p> <p>Work is being progressed to implement recommendations 130–137, as noted above.</p>
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Additional measures or actions underway or planned	Work is being progressed to implement recommendations 130–137, as noted above.
Inspector-General's comment	<p>The Inspector-General considers this recommendation 'accepted in part' and 'commenced and ongoing – partially progressed', noting that while the Department has accepted this recommendation in full, not all of the recommendations that relate to this recommendation have been fully accepted.</p> <p>Additionally, implementation of recommendations 130–137 is still ongoing.</p>

Recommendation 144: Introduce a new earmarked aged care improvement levy

Measures or actions before 1 Jan 2024	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Additional measures or actions underway or planned	This recommendation is intended to be considered by the government in response to the work of the Aged Care Taskforce.
Inspector-General's comment	The Inspector-General considers this recommendation 'under further consideration' and 'not commenced'.

Recommendation 145: Report on recommendations

Measures or actions before 1 Jan 2024	The Australian Government released a formal response to the recommendations of the Final Report on 11 May 2021.
Additional measures or actions	Not applicable.

underway or planned	
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 146: An implementation unit

Measures or actions before 1 Jan 2024	The independent commission model (Pagone) was not implemented. Rather, an alternative government leadership model proposal by Commissioner Briggs was adopted, which involved the establishment of an implementation taskforce within the Department.
Additional measures or actions underway or planned	Not applicable.
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 147: An implementation taskforce

Measures or actions before 1 Jan 2024	An implementation taskforce was established within the Department to oversee the implementation of aged care reforms that align with the intent of the Royal Commission recommendations. The taskforce was overseen by a cross-department Deputy Secretary–level Aged Care Steering Committee.
Additional measures or actions underway or planned	<p>The implementation of this recommendation is consistent with the Final Report.</p> <p>The 2024–25 Budget provides \$27.4 million to implement the new Act, including governance activities, program management and the extension of the places management program.</p>
Inspector-General's comment	The Inspector-General considers this recommendation 'accepted in full' and 'finalised'.

Recommendation 148: Evaluation of effectiveness

Measures or actions before 1 Jan 2024	<p>In July 2023, the Interim Inspector-General delivered the <i>Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety</i>.</p> <p>The IGAC Act, which requires the Inspector-General to report on the Australian Government’s response to each of the Royal Commission’s recommendations on 1 June 2024 and on 1 June 2025, responds to recommendation 148(1). This report has been prepared in response to the Act.</p> <p>The Act also requires the Inspector-General to conduct 2 reviews to evaluate the Australian Government’s implementation of the Royal Commission’s recommendations, by 1 March 2026 and 1 March 2031. This requirement responds to recommendations 148(2) and (3).</p>
Additional measures or actions underway or planned	<p>The Inspector-General will carry out its legislative obligations to review and report on the implementation of the Royal Commission’s recommendations, in line with the requirements and timeframes set out in the IGAC Act.</p>
Inspector-General’s comment	<p>The Inspector-General considers this recommendation ‘accepted in part’ and ‘commenced and ongoing – substantially progressed’, noting that requirements for the Inspector-General to conduct 5- and 10-year reviews to evaluate progress towards implementing the Royal Commission’s recommendations have not commenced. Additionally, the preparation of reports on the Royal Commission’s reports is required on an annual basis rather than on a 6-monthly basis.</p>

Appendix B: Recommendations that address access and navigability

Recommendation 1:	A new Aged Care Act
Recommendation 2:	Rights of older people receiving aged care
Recommendation 3:	Key principles
Recommendation 4:	Integrated long-term support and care for older people
Recommendation 5:	Australian Aged Care Commission
Recommendation 15:	Establishment of a dementia support pathway
Recommendation 16:	Specialist dementia care services
Recommendation 22:	Quality indicators
Recommendation 23:	Using quality indicators for continuous improvement
Recommendation 24:	Star ratings: performance information for people seeking care
Recommendation 25:	A new aged care program
Recommendation 26:	Improved public awareness of aged care
Recommendation 27:	More accessible and usable information on aged care
Recommendation 28:	A single comprehensive assessment process
Recommendation 29:	Care finders to support navigation of aged care
Recommendation 30:	Designing for diversity, difference, complexity and individuality
Recommendation 31:	Approved provider's responsibility for care management
Recommendation 32:	Respite supports category
Recommendation 33:	Social supports category
Recommendation 34:	Assistive technology and home modifications category
Recommendation 35:	Care at home category
Recommendation 36:	Care at home to include allied health care
Recommendation 37:	Residential care category
Recommendation 38:	Residential aged care to include allied health care
Recommendation 39:	Meeting preferences to age in place
Recommendation 40:	Transition to care at home
Recommendation 41:	Planning based on need, not rationed
Recommendation 42:	Support for informal carers
Recommendation 47:	Aboriginal and Torres Strait Islander aged care pathway within the new aged care system
Recommendation 48:	Cultural safety
Recommendation 49:	An Aboriginal and Torres Strait Islander Aged Care Commissioner
Recommendation 50:	Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers
Recommendation 51:	Employment and training for Aboriginal and Torres Strait Islander aged care

Recommendation 52:	Funding cycle
Recommendation 53:	Program streams
Recommendation 54:	Ensuring the provision of aged care in regional, rural and remote areas
Recommendation 56:	A new primary care model to improve access
Recommendation 57:	Royal Australian College of General Practitioners accreditation requirements
Recommendation 58:	Access to specialists and other health practitioners through Multidisciplinary Outreach Services
Recommendation 59:	Increased access to Older Persons Mental Health Services
Recommendation 60:	Establish a Senior Dental Benefits Scheme
Recommendation 61:	Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services
Recommendation 62:	Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care
Recommendation 63:	Access to specialist telehealth services
Recommendation 64:	Increased access to medication management reviews
Recommendation 66:	Improving the transition between residential aged care and hospital care
Recommendation 69:	Clarification of roles and responsibilities for delivery of health care to people receiving aged care
Recommendation 70:	Improved access to state and territory health services by people receiving aged care
Recommendation 72:	Equity for people with disability receiving aged care
Recommendation 75:	Aged care workforce planning
Recommendation 76:	Aged Care Workforce Industry Council Limited
Recommendation 80:	Dementia and palliative care training for workers
Recommendation 86:	Minimum staff time standard for residential care
Recommendation 94:	Greater weight to be attached to the experience of people receiving aged care
Recommendation 95:	Graded assessments and performance ratings
Recommendation 98:	Improved complaints management
Recommendation 106:	Enhanced access to advocacy services
Recommendation 118:	New funding model for care at home
Recommendation 119:	Maximum funding amounts for care at home
Recommendation 120:	Casemix-adjusted activity-based funding in residential aged care

Appendix C: Reporting framework in detail

In preparing the 2024 Progress Report, the Office developed a **reporting framework** to classify the Commonwealth's progress towards implementing the Royal Commission's recommendations as at **1 January 2024**.

The reporting framework used 2 elements to classify implementation progress – the government's 'indicative position' on each Royal Commission recommendation, and the 'delivery status' for each recommendation. The Office used information provided by the Department of Health and Aged Care, the Aged Care Quality and Safety Commission, the Independent Health and Aged Care Pricing Authority, and the Department of Social Services to classify the government's indicative position and delivery status in the table at [Attachment A](#) of the report.

The reporting framework has been developed specifically for the 2024 progress report. It differs to previous approaches to reporting on implementation progress and is not comparable.

Indicative government position

Noting that the current government has not published a response to individual recommendations, under the reporting framework the Office used one of 4 categories to classify the government's indicative position on each recommendation:

- **Accepted in full** – the government has agreed to implement the recommendation, including its relevant sub-components, in full.
- **Accepted in part** – the government has agreed to implement some parts of the recommendation or a sub-component, but with some rejected or under further consideration.
- **Under further consideration** – the government is still considering its position on the recommendation or sub-component.
- **Rejected** – the government has decided not to proceed with implementing the recommendation or sub-component.

A recommendation could be classified as 'rejected' where:

- the government has chosen an approach to implementation which does not align with that proposed by the Royal Commission
- no action has been taken because a decision has been made not to implement a recommendation, or
- the government needed to choose between alternate recommendations presented by Commissioners.

Delivery

For the second element of the reporting framework, the Office used one of 3 broad categories to classify the delivery status of each recommendation:

- **Implementation finalised** – the recommendation has been implemented and finalised, with no further implementation activity planned. A recommendation can also be considered finalised where it has been rejected in favour of an alternative approach, with no further implementation activity planned.
- **Commenced and ongoing – substantially progressed** – substantial implementation activities have been undertaken, or substantial planning and work towards implementation. A recommendation could be substantially progressed on the basis that more than 50 per cent of relevant sub-components of the recommendation have been fully implemented.
- **Commenced and ongoing – partially progressed** – only minimal implementation work has taken place, or some limited planning and work towards implementation has been completed. A recommendation could be partially implemented if, for example, a recommendation has multiple

sub-components, and only one of those has been finalised; or if some planning and preparatory work had been undertaken to implement a recommendation or its sub-component, but considerable policy work, government decisions or funding was still pending.

- **Not commenced** – where no work has commenced, because the recommendation has been rejected or is still under consideration, or because no actions or measures to support implementation have commenced.

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