

## **Submission to the Inspector-General of Aged Care on the Implementation of Aged Care Royal Commission Recommendations**

### **Description of the submitting organisation**

Since 1964, the Australian Association of Gerontology (AAG) has been Australia's peak national body linking researchers, educators, policymakers, practitioners, and other experts engaged in ageing issues. AAG's purpose is to improve the experience of ageing through connecting research, policy and practice. Its principles are to be evidence informed, multi-disciplinary and holistic, independent, collaborative and fair. AAG has a growing membership of over 1,300 professionals working across every State and Territory in Australia representing all sectors and disciplines in ageing including research, policy, education, aged care, health and allied health, and consumer advocacy.

AAG is a national organisation with broad reach across an established network of collaborators and experts. In addition, AAG is the executive office of the International Association of Gerontology and Geriatrics Asia/Oceania Region and the International Longevity Centre (ILC) Australia, which is a member of the ILC Global Alliance.

AAG's approach to evidence-based policy and practice incorporates all types of evidence, namely: research evidence, professional knowledge and expertise, the full diversity of older people's needs and wishes, and the policy environment. We are funded to undertake this work in part by a grant from the Dementia and Aged Care Services (DACs) fund. The aim is to support Australian governments, professionals, and providers to deliver evidence-based policy and services to meet the needs of all older Australians.

### **Introductory comments**

AAG welcomes the opportunity to provide feedback to the Inspector General on the implementation of Aged Care Royal Commission recommendations. We recognise the scale and impact of the Royal Commission's findings, which includes 148 recommendations aimed at transforming the state of aged care services in Australia, to achieve safe and high-quality supports for older people, and to ensure the viability and sustainability of the sector. We also commend the concerted efforts of Governments (led by both major parties) to implement the recommendations, and to embark on a generational shift in lifting the quality of aged care services for older people living in Australia.

As with many other peak bodies, we have previously and publicly expressed our concerns about the rate and scale of reform, and the resultant strain across the aged care sector, including significant consultation fatigue experienced by stakeholders. However, we also acknowledge that in order to lift supply and quality of care services to meet the needs of a growing cohort of older people, then urgent action was required, and the reforms required are significant in their number and their scale.

The new Aged Care Act is a foundational piece of the Royal Commission recommendations in prioritising the rights-based approach to aged care for older people, and for strengthening the standards of quality of aged care services in Australia. That it has taken time to deliver via a bipartisan approach to parliament is a testament to both the scale of change and reform that has been undertaken, and the political will of all stakeholders who were involved in the legislation drafting and consultation processes to ensure safe passage of the Bill. Yet, it has left many in the aged care sector exhausted and depleted – and concerned – as the Act is only one of many recent changes.

In short, our submission is that while we welcome many of the reforms implemented in response to the Royal Commission into Quality and Safety in Aged Care (the Royal Commission), we hold concerns about the framing of rights in the Aged Care Act, the foundational structures of the aged care system, and the delivery of quality care to older people.

In our consultations with AAG members, specific issues were raised about wait times for assessments and access to care; issues of sustainability and capacity building within the aged care workforce; the need to embed recommendations on cultural safety; the need to extend system navigator programs (Care Finder); the need to ensure all stakeholders have access to consultations, and the impact of ongoing rounds of consultation on the sector, and the urgent need to address recommendations about dental care.

### **The statement of rights in the Aged Care Act**

AAG has previously recommended that the **Statement of Rights be amended to include the right of older people to access care that addresses their aged care service needs** (on the Exposure Draft of the Aged Care Act<sup>1</sup>, to consultations run by the Department of Health and Aged Care<sup>2</sup>, and to the Senate Community Affairs Legislation Committee for Inquiry on the Aged Care Bill). This is because the Statement of Rights is tightly defined in the Bill<sup>3</sup> as a set of rights that apply once a person is in receipt of aged care services, after assessment for eligibility and after securing access to eligible services. The Statement of Rights is not about the right to access care, as noted on page 47 lines 20-22, “An individual has a right to equitable access to have the individual’s need for funded aged care services assessed or reassessed”. Once an individual is in receipt of aged care services, then the rights to exercise choice, to be treated with dignity and respect, to be free from violence, and other rights relating to service use, are applied (pp 47-49).

This positioning of the Statement of Rights in Aged Care is at odds with the rights to access healthcare, where the Australian Charter of Healthcare Rights sets out the right to access healthcare services and treatment that meets an individual’s needs. In other words, the right to use healthcare services and receive treatment when it is needed, and this basic right is not reciprocated for older people in Australia to access and use aged care services when they are needed. This seems curious given our ageing population and that escalating aged care needs present with increasing use of health services.

The Office of the Interim Inspector General of Aged Care has described the Aged Care Bill as ‘aspirational’ and stated that “pathways available to individuals to understand and assert their rights lack the necessary vigour to drive real change”<sup>4</sup>.

While the new Aged Care Act does deliver a shift in focus on the care needs of older people, rather than funding arrangements for providers AAG is disappointed that the **Act has not addressed the intent of Recommendations 1-3 of the Royal Commission Final Report** in ensuring the protection and promotion of the rights of older people to access to quality, safe and timely support, enjoy social participation and dignity, exercise self-determination and live free from harm, mistreatment and neglect<sup>5</sup>.

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<sup>1</sup> <https://aag.asn.au/libraryviewer?ResourceID=305>

<sup>2</sup> <https://aag.asn.au/libraryviewer?ResourceID=134>

<sup>3</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Bills\\_Legislation/Bills\\_Search\\_Results/Result?bld=r7238](https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bld=r7238)

<sup>4</sup>

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/AgedCareBill2024/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareBill2024/Submissions)

<sup>5</sup> Royal Commission into Aged Care Quality and Safety Final report. <https://www.royalcommission.gov.au/aged-care/final-report>

Additionally, whilst the focus of the statement of rights in the Aged Care Act promotes a human rights lens, this does not recognise the uniqueness of Aboriginal and Torres Strait Islander Elders and older people. This could be rectified with reference to the *UN Declaration on the Rights of Indigenous Peoples* and the right to cultural safety (defined) in aged care. Instead, these have been placed into the National Aboriginal and Torres Strait Islander Aged Care Framework (2025 – 2035), without a mechanism for Elders and older Aboriginal and Torres Strait Islander people to enforce through the Aged Care Act.

### **The foundational structure of aged care services in Australia**

**Access to care:** We note that the Royal Commissioners were calling for a system that is integrated into the health and other support systems for older people. Examples include Recommendation 4: Integrated long-term support and care for older people; Recommendation 13: Embedding high quality aged care, Recommendation 38: Residential aged care to include allied health care. **We are disappointed that this process has been undertaken through a ‘package’ and ‘purchase’ model** regulated by availability and allocation of services, rather than a needs-based model. We are concerned that contrary to Royal Commission Recommendations (2: Rights of older people receiving aged care; and Recommendation 41: Planning based on need, not rationed) the market mechanism for quality and cost efficiency of aged care, in a context where there are capped numbers of aged care places, does not guarantee a right to quality aged care as recommended by the Royal Commissioners in their final report<sup>6</sup>. More specifically, that “older people with disability should have access to the same level of supports in aged care as would be available under the National Disability Insurance Scheme to a person under the age of 65 years, regardless of when a person acquired disability” (p. 14). The more we accept a system that markets aged care services as a product that can be selected by consumers, and not as a service to meet the rights and needs of the older person, then these inequities will remain.

Further, as indicated by the [Report on Government Services 2025](#), **wait times** for older people seeking community-based care continue to increase from referral to aged care assessment; approval to package assignment; and assignment to commencement.<sup>7</sup> While response and assessment times by Aged Care Assessment Teams (ACAT) vary across States, the number of assigned home care packages for 2023-2024 appears to have decreased across Australia compared to 2022-2023<sup>8</sup>. Once assigned, the wait continues until a package becomes available. These wait times persist despite increases in the number of packages made available post the Royal Commission findings, and an announcement of a further release of packages ahead of the introduction of the Support at Home program as of 1 July 2025. Despite these increases, a waitlist of approximately 76,000 people remains as of November 2024<sup>9</sup>, as evidence of the **failure of the aged care system to meet the needs of older people** (noting these are waitlist of people assessed as eligible for and in need of aged care support).

As highlighted by the University of Queensland Royal Commission Research Report 9 (2020)<sup>10</sup>, profit motivation seems to underpin higher levels of low-quality care and lower levels of high-quality care provision, but this seems to have been set aside from the current suite of reforms and is not addressed by the new Aged Care Act. We are mindful that the Commissioners also noted the rise of the "gig" economy shifting the way employment is contracted and thus creating opportunity but also new vulnerabilities for the aged care sector.

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<sup>6</sup> RCACQS Final report, p.14 <https://www.royalcommission.gov.au/aged-care/final-report>

<sup>7</sup> Australian Ageing Agenda (2025). <https://www.australianageingagenda.com.au/research/wait-times-to-access-care-up-shows-report>

<sup>8</sup> AGPC (2025). Report on Government Services 2025. 14 Aged care services <https://www.pc.gov.au/ongoing/report-on-government-services/2025/community-services/aged-care-services>

<sup>9</sup> [Support arrives with extra home care packages - Australian Ageing Agenda](#)

<sup>10</sup> [Cost of residential aged care](#)

Greater effort needs to be done to create a positive obligation that providers provide workers who have "experience, qualifications, skills and training" to perform all the tasks their jobs require.

### **Consultation with AAG members reveals the following concerns about shortcomings of the reforms:**

**Workforce:** Ongoing issues relating to an inadequate workforce and variations in care quality continue to plague the system. Of continuing concern to AAG members (and other key stakeholders) is the lack of sustainability and capacity building of the aged care workforce. Initiatives such as mandatory care minutes and 24/7 RN coverage and pay rises have assisted with the professionalisation of the aged care workforce, and improved access to quality clinical care for service users. However, more must be done, such as practical guidance on how to improve uptake of allied health professionals within the aged care workforce.

Implementation of reforms such as the 24/7 registered nurse requirement and the Australian National Aged Care Classification (AN-ACC) funding model support the delivery of high-quality care. However, implementation of these reforms, including delays in releasing details on the new funding model's business rules and a complicated regulatory framework pose governance challenges on providers, especially single site and not for profit organisations<sup>11</sup>. This is an unintended consequence of these efforts to improve quality of care. Ongoing and staggered release of rules under the new Aged Care Act will only exacerbate this burden, and efforts must be made to ensure the ongoing viability of providers.

We also note the work on introducing the Aged Care Banning Orders Register is underway but stress that in line with the spirit of Recommendation 77 there remains a need for a national registration scheme not only of aged care workers/providers – we suggest that given the findings detailed in the Royal Commission into Disability<sup>12</sup> these banning orders should be harmonised across NDIS and Child Care systems to prevent 'system hopping'.

**Cultural safety:** We are pleased to see cultural safety inclusions embedded within the Aged Care Act, however, their inclusion in the legislation does not provide an operational plan for their implementation, and so there is detail lacking on how culturally safe, trauma aware and healing informed care should actually be delivered, and the best practice standards for delivering this care. In the context of providing aged care services for Aboriginal and Torres Strait Islander Elders, all members of the Stolen Generations are now eligible for aged care, and so culturally safe, trauma aware and healing informed care practices are crucial for all providers<sup>13</sup>.

AAG members were also disappointed to see that the work done on the **definition of cultural safety** by NATSIAACC and supported by many across the sector **was not referenced in the Aged Care Act**. This is just one example where consultation and participation in the process felt as though it failed to net an outcome. Similarly, we have found it difficult to demonstrate to Aboriginal and Torres Strait Islander members how their voices are being heard in the process when even basic terminology, such as their preference for using "Aboriginal and Torres Strait Islander" in place of First Nations, is not consistently addressed.

It seems that rather than transforming or adapting the aged care system to the needs of Elders and older Aboriginal and Torres Strait Islander people, current Indigenous-specific programs are being adapted to fit within the mainstream system. Our members note their concern that incoming changes to NATSIFACP and the development of the new Support at Home Program were designed from an individualist and mainstream perspective. Inflexibility regarding funding (e.g. individual packages, white goods being ineligible in package allowances) and the presumption of "choice" as a mechanism for quality control in aged care "markets" do not

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<sup>11</sup> Monro C, Mackenzie L, duToit S, O'Loughlin K, Low LF. A Preliminary Exploration of the Impact of Aged Care Reforms on the Governance of Two Australian Residential Care Facilities. *Gerontol Geriatr Med*. 2023 May <https://pmc.ncbi.nlm.nih.gov/articles/PMC10214066/>

<sup>12</sup> [Final Report | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)

<sup>13</sup> Healing Foundation (2025). <https://healingfoundation.org.au/are-you-waiting-for-us-to-die-the-unfinished-business-of-bringing-them-home/>

meet the needs or reflect the reality of Elders and older Aboriginal and Torres Strait Islander people. Furthermore, recommendations by the Royal Commission noted that ACCOs were best placed to provide quality care in a manner that was flexible and culturally safe, yet there has not been a systematic effort to enhance the likelihood and capacity of the ACCO sector to enter the aged care sector.

AAG members involved in ACCOs have repeatedly noted that during the COVID-19 pandemic emergency response ACCOs benefited from the flexibility and support for local decision making that was provided. It is disappointing that the new system is not looking at ways to replicate these efficiencies and authority structures. Currently, many in the sector (workers and care recipients) are confused by the changes and unsure where to go to get up to date, reliable and easy to understand information. Similar criticisms have recently been published in the report by Interim First Nations Aged Care Commissioner, Andrea Kelly, and we commend the government on making this report available and the high-quality work of Commissioner Kelly and her team.

**Care Finders:** The Care Finder program was implemented following the Royal Commission's call for navigation support for the aged care system and is a useful program for those who qualify for its use (the target population are those people who are eligible for aged care services and who have one or more reasons for requiring support) and for simple navigation and connection to services. Care Finder providers are however limited in their scope of practice and cannot deliver the hands-on intensive case support that some older people need, in particular those with language, cultural or other disadvantage. The Care Finder implementation evaluation report notes the program should be extended to include the provision for case management support where needed and notes some Care Finder providers are doing so (despite it being outside the program guidelines)<sup>14</sup>.

**Consultations** Unfortunately, the pace of consultation is exhausting the sector when asked to provide feedback on proposals and draft legislation that often reference blank clauses or when restricted to small windows of time. Broader consultation that includes the voices of all stakeholders, in particular from within the aged care workforce, carers of older people waiting for a home care package or residential aged care, and the care recipients themselves, including people with dementia, would increase transparency and offer a broader perspective regarding priority areas, timelines and where implemented reforms are missing the mark. A continuous review cycle of the impact of reform will be required to monitor impact and to generate iterative feedback where further changes and modifications are needed.

In addition, some AAG members have expressed concern regarding the Royal Commission's emphasis on improving feedback processes, particularly regarding the application of legal barriers that prevent people with dementia from participating. Unfortunately, requests or opportunities for feedback from people with dementia are often directed to their legal proxies, in some cases from the care home where they reside. Similar concerns exist regarding the direct inclusion of older people with dementia in the development of the new Aged Care Act. **Alternative methods to elicit participation** from people with dementia (and other key lived experience groups) must be explored so that a wide range of views and experiences shape the ongoing design of aged care services, and can provide feedback on what is working, and importantly, what is not.

**Dental care.** Timely access for oral health care remains an ongoing issue for many older people. Often older adults enter aged care with years and decades of dental neglect. With no Seniors Dental Benefits Scheme (Recommendation 60) and a lack of Medicare rebate for such services, dental treatment is out of reach for many people. Similarly, as 85% of dental treatment is provided in the private sector, only those who can afford to pay for dental treatment (with or without private health insurance) can receive it. The unemployed and working poor cannot afford private dental treatment, and they more often cannot access public dental treatment with

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<sup>14</sup> DHAC (2024). Evaluation of the care finder program First evaluation report  
<https://www.health.gov.au/sites/default/files/2024-05/first-report-on-the-implementation-of-the-care-finder-program.pdf>

long waiting lists (up to 2 years) and long distances to their nearest dental clinic. For people receiving care, there is no assistance for transport to or from dental practices or clinics to receive routine or emergency oral care.

Within the aged care workforce, personal care assistants, Assistant in Nursing, Enrolled and Registered Nurses need upskilling from experienced dental trainers in best-practice oral health care, including proper oral care and identifying and responding to oral health care issues, especially for those with cognitive decline, dementia, at end-of-life and receiving palliative care.

The recommendations on oral health have been neglected, where only two (Recommendations 19 and 79) have been implemented, despite the report emphasising the importance of oral health in five of the 148 recommendations. **As poor oral health can be the precursor for health complications and disease, the outstanding recommendations in this area must be addressed with some urgency.**

## Conclusion

Again, AAG welcomes the opportunity to provide feedback to the Inspector General on the implementation of Aged Care Royal Commission recommendations. We are pleased to see significant progress in the changes to aged care services designed to ensure access to quality and safe support for older people in Australia, although much work remains to be done to realise the full suite of reforms envisaged by the Royal Commission recommendations.

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