Review of My Aged Care

Final Report

2025

Publication information

Acknowledgement of Country

The Office of the Inspector-General of Aged Care acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, water and community. We pay our respects to them and their cultures and to elders both past and present.

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Foreword from the Inspector-General

My role is to examine whether the aged care system is delivering on its promise — not just in policy but also in practice — for every older person in Australia.

This inaugural review conducted by my Office focusses on one of the most critical components of that system: My Aged Care, the 'front door' to Australia's aged care system, which all older people in Australia must navigate to access the services and supports they are entitled to.

My predecessor, the former Acting Inspector-General of Aged Care, Mr Ian Yates AM, publicly committed the Office to undertaking this review after his consultations identified concern among stakeholders regarding barriers to accessing and navigating My Aged Care.

In line with Mr Yates' intent, we set out to determine whether My Aged Care is fit-for-purpose in facilitating access to aged care for all older people in Australia. This review therefore centres on questions that matter most to older people and their families: *Is the front door to aged care open to everyone? Is it easy to find, easy to use, fair and equitable?* And crucially: *Does it reflect the rights and dignity now enshrined in the new Aged Care Act 2024* (the new Act)?

The findings are clear: for many, it is not and does not. Improvements have been made, but far too many older people — particularly those from diverse backgrounds or remote communities, and those with complex needs or limited digital literacy — are still struggling to access the care they need, when they need it.

This review is not about finding fault or admiring the problem. The Australian Government's new Act sets a powerful new standard and demands that we reshape the system and deliver rights. It affirms that older people have the right to make decisions about their own lives, to be heard, to be safe, and to be respected. But rights are only meaningful if people can access the system that upholds them. If the front door is too complex, too narrow or too exclusive, then the system fails before care even begins.

It must also be stated upfront that my Office's approach to our legislated mandate to scrutinise the administration of the aged care system centres on the belief that unpicking the policies and systems underpinning the current service offering is only a worthwhile exercise if we can propose salient and actionable ways to improve outcomes for the people the Office exists to advocate for – older people in Australia.

The recommendations contained in this report seek to do just that, building on more than a decade of policy work around the accessibility and navigability of the aged care system. However, the degree to which these recommendations will be successful in driving truly transformative change depends on them being implemented in concert with one another and not being reformulated as discrete action items or diluted over the course of implementation.

This report is a call to action. The front door to aged care is improving, but not at the scale and pace required to realise the promise of the new Act. In many ways, this door needs to be reimagined — not just widened — so that no one is left standing outside.

I urge the government to accept the recommendations of this review in full and stand ready to continue working alongside the Department of Health, Disability and Ageing and its My Aged Care delivery partners to ensure that My Aged Care delivers on its promise to enable all older people in Australia, regardless of their location, background and life experiences, to access life-enhancing, and indeed life-saving, care.

I express my sincere gratitude to all those who participated in the review and gave so generously of their time, knowledge and, for some, deeply personal experiences, to inform this piece of work. I would also like to thank the dedicated staff in my Office involved in preparing this report.

Natalie Siegel-Brown
Inspector-General of Aged Care

Terms of reference of the review

On 26 March 2024, the Acting Inspector-General of Aged Care, Mr Ian Yates AM, commenced a review on the Administration of My Aged Care, pursuant to section 18(2A) of the *Inspector-General of Aged Care Act 2023* (the IGAC Act).

Objective

The objective of the review is to assess whether My Aged Care enables older persons in Australia to navigate to, and initiate, the assessment process required for entry to the aged care system in a timely manner, regardless of their location, health requirements, cultural background, identity or prior knowledge of the system.

To assess whether My Aged Care meets the objective of the review, the following four criteria will be considered:

- Are there clearly prescribed standards against which My Aged Care's performance can be measured to ensure the Australian Government's objectives are being met?
- Is the user experience of My Aged Care aligned to the needs of its expected users/target audience?
- Are there distinct access challenges arising in regional, rural and remote areas, and in other contexts, and how does My Aged Care overcome these?
- If My Aged Care is the single point of entry to be assessed for aged care services, what drivers cause older people to seek to access an assessment through other means?

Background

My Aged Care is the Australian Government's single-entry point for people to access aged care services. An older person cannot receive any type of Australian Government funded aged care service without an assessment to establish that care is needed.

The Acting Inspector-General of Aged Care consulted widely to explore the systemic issues inherent in the aged care system. A consistent theme emerged as people shared their experiences regarding the role of My Aged Care in allowing people to access and navigate the system.

The review was prioritised as it is critical that My Aged Care facilitates entry to the system, or a significant proportion of older people, or vulnerable cohorts, may find themselves unable to access or receive aged care in a timely manner.

Process

The review was undertaken following the processes established by the Office of the Inspector-General of Aged Care (the Office) for conducting reviews, underpinned by the framework and powers in the IGAC Act.

To make an independent and objective assessment against the key criteria, the Office collected review evidence from government entities and their delivery partners, supported by the views and opinions of users of My Aged Care through consultation and public submission processes.

Office of the Inspector-General of Aged Care

The Office of the Inspector-General of Aged Care is an independent statutory agency led by the Inspector-General of Aged Care. The Office was established on 16 October 2023 under the *Inspector-General of Aged Care Act 2023*. The IGAC Act also sets out the functions and powers of the Inspector-General and the Office more broadly.

The Inspector-General's purpose, as embodied in our Strategic Framework, is to ensure the integrity, transparency and accountability of the aged care system by providing independent and informed oversight. We aim to drive meaningful change for older people, their families and the community by calling out systemic issues within the system and highlighting models that would drive the change needed to realise our vision of an aged care system predicated on the delivery of kind, compassionate, high-quality care that promotes individuals' rights, identity and independence.

Why we were established

The Office was established by the Australian Government in response to the findings of the Royal Commission into Aged Care Quality and Safety (the Royal Commission). The Royal Commission's Final Report, titled *Care, Dignity and Respect*, which was published on 1 March 2021, identified not only a broad range of systemic issues within the aged care system, but also a clear need to restore trust in the Australian Government's stewardship of the system overall. As a result, the Royal Commission recommended that an independent oversight body be established to provide ongoing scrutiny, and to hold government agencies accountable for their processes, decisions and performance.

What we do

Our role is to oversee how the government administers and regulates the aged care system. This includes the laws, rules, and funding arrangements that shape aged care. We assess whether the government is achieving its goals, whether those goals align with human rights and high-quality care, and if its approach may cause any unexpected problems.

We do this by:

- highlighting where rights-based, person-centred care is being achieved in Australia or internationally, as an example of policy settings that support quality aged care
- calling out problems with the government's approach to aged care, and reporting openly and independently to the public and Parliament
- monitoring how aged care is working across Australia
- identifying patterns and system-wide issues, using data and community insights.

We focus on lasting change, not just quick fixes. We look at what is working and what is not. We aim to make a meaningful difference by calling out problems, recommending where change is needed, and highlighting good practice.

Vision

The Office's vision is for an aged care system in Australia where every person receives kind, compassionate, high-quality care that promotes their rights, identity and independence.

Outcomes

Through independent oversight of the government's administration of aged care, the Office aims to:

- drive meaningful change to achieve rights-based, high-quality care
- build trust and confidence in the aged care system
- promote system-wide transparency
- champion equitable, person-centred aged care.

Executive Summary

This inaugural review by the Inspector-General of Aged Care, which commenced on 26 March 2024, considers whether My Aged Care, as the single-entry point to the aged care system, is fit-for-purpose in facilitating timely access to aged care services and supports for all older people in Australia, regardless of their location, background and life experiences.

The *Inspector-General of Aged Care Act 2023* empowers the Inspector-General to conduct reviews into systemic issues in the aged care system and report to the Minister and Parliament on these matters. Following the establishment of the Office in October 2023, the former Acting Inspector-General, Mr Ian Yates AM, undertook an extensive consultation process to determine the priority issues for the Office's first review. Mr Yates determined that many stakeholders were seriously concerned about **persistent and well-known issues with My Aged Care – issues that were seen to be delaying, complicating and ultimately inhibiting access to the aged care system for too many older people in Australia**.

The concern was that if My Aged Care was not facilitating access to the aged care system for some people, then these same people would also be prevented from accessing the care and services that they need, compromising their ability to live independently and putting them at significant risk of further physical and cognitive decline. In essence, the Office heard that the accessibility of the front door to the system is tantamount to exercising your right to aged care.

It was therefore considered incumbent upon the Office to have a clear view on the role and operation of My Aged Care in the post–Royal Commission reform era, as the system prepares to usher in the new *Aged Care Act 2024* (the new Act). In particular, the Office sought to establish whether My Aged Care was offering an equitable and universally accessible single-entry point to the aged care system. While My Aged Care has been examined and critiqued in a number of broader reviews of the aged care system, none had ever solely focussed on investigating its role as the single-entry point to the system, let alone in the new 'rights-based' era for aged care.

The right to an equitable and accessible single-entry point to aged care itself is now codified by the new Act. Set to commence from 1 November 2025, the new Act features a Statement of Rights that entitles all older people in Australia to equitable access in having their need for Australian Government funded aged care services assessed. Not an opportunity, not a possibility — **a right**. Given this statutory obligation, ensuring the appropriateness and effectiveness of My Aged Care as the single-entry point to the aged care system should be front and centre of the ongoing reform agenda, **but this is not currently happening**.

Instead, the Inspector-General heard that whilst My Aged Care is intended to provide the 'front door' to the aged care system, for many older people seeking to access aged care services, the experience is more akin to navigating a maze, and the degree to which their efforts are successful is determined largely by factors beyond their control.

In conducting this review, the Office considered more than 1,100 documents from the Department of Health, Disability and Ageing (the department) and its My Aged Care delivery partners, Liquid Interactive, Healthdirect Australia and Services Australia. These included a broad range of reports, reviews, evaluations, audits, strategies, contracts, scripts, training materials, briefs and ministerial correspondence. A total of 36 submissions were received from stakeholders, aged care organisations, health professionals and peak bodies, and members of the public. The Office also engaged directly with a number of key stakeholders and conducted a site visit at the main My Aged Care contact centre in Wollongong, New South Wales. Analysis was further informed by research and literature from a range of government bodies, scholars and advocacy groups.

Over the course of the review, consistent themes emerged around low awareness, poor accessibility and inequitable service provision. It became increasingly clear to the Inspector-General that although My Aged Care is intended to facilitate smooth and timely access to assessment services so that older people can begin their aged care journey, for too many people, their access to aged care services is further complicated and delayed by the very platform designed to facilitate this – and as a single-entry point system, My Aged Care is the only way in.

In concluding this inaugural review, the Inspector-General finds that My Aged Care:

- is not well known, is poorly understood and is insufficiently promoted
- remains onerously complex to navigate and not appropriately tailored to the needs of the whole of the target population
- relies on a model of delivery and a workforce that are not conducive to the provision of personalised support
- is not equitable for older people from diverse backgrounds and those with complex needs.

Critically, these issues are not new, nor are the review's findings original. In fact, in considering two of the most seminal bodies of work relating to Australian aged care policy in recent years – the *Legislated Review of Aged Care 2017* and the many reports of the Royal Commission into Aged Care Quality and Safety – the Inspector-General was struck by the consistency and stagnancy of the foundational issues with My Aged Care. Many of these have plagued My Aged Care since its inception in 2013.

The Inspector-General is highly cognisant of the challenge that befalls the government. Delivering a single-entry point service that meets the needs of a social group as complex and diverse as older people in Australia is no easy task. On top of that, the competing priorities of finite budgets and the broader aged care reform agenda make it all the more difficult to advocate for investing more time and resources into improving the 'front door' of the system. However, the success of a single-entry point service predicated on equitable access cannot rest on the assessment that the existing service works for many, or even most, people. It needs to work for everyone. At present, it does not.

To support this objective, the Inspector-General makes recommendations across seven thematic areas that the government and the department can, and necessarily should, action to improve the operation of My Aged Care and deliver a service that is fit-for-purpose in facilitating access to care for *all* older people in Australia.

1. Improving public awareness of the aged care system
2. Improving public awareness and understanding of My Aged Care
3. Reducing system complexity
4. Increasing capacity and capability of the My Aged Care workforce
5. Increasing access to navigational and face-to-face supports
6. Enabling equitable access to aged care
7. Commitment to action

Many of these build on the recommendations of the Royal Commission – specifically recommendations 26, 27, 29, 30, 48 and 109. The Inspector-General recognises that considerable efforts are already underway across many of the areas covered by the Royal Commission's recommendations.

The expertise of the department is one of the most valuable assets the government has to support actioning of the Inspector-General's recommendations and improve the My Aged Care service offering to ensure it is truly accessible and equitable. In fact, several of the review's findings and recommendations align with work already produced or procured by the department, notably the Aged Care Access Customer Experience Strategy (the CX strategy) prepared by Customer Science Group. The Office was impressed by the substance of the CX strategy and echoes its call to reimagine the My Aged Care customer experience journey.

Every older person in Australia deserves the opportunity to begin their aged care journey within a system that supports their personal ageing aspirations, understands their care needs and respects their unique identity and circumstances. This review confirms that My Aged Care currently does not provide for this – but with a committed approach and an appropriate level of investment it can.

The Inspector-General will continue to monitor progress on My Aged Care with keen interest.

Recommendations

Recommendation 1: Improved public awareness of the aged care system

The Australian Government (Department of Health, Disability and Ageing) should undertake a national communication campaign and promote educational activities to raise public awareness of the aged care system and encourage people to plan for future care needs.

1.1 **Fund and support ongoing awareness-raising activities to increase public knowledge of the aged care system, in line with Recommendation 26 of the Royal Commission into Aged Care Quality and Safety, and building on the department's proposed 2025 communication plan. The plan should distinctly address the following recommended actions.**

a. Improve public awareness of the aged care system, including the different types of care options available.

b. Encourage future planning for ageing earlier in life without the context of 'crisis', including consideration of preferences, potential care needs and costs.

c. Improve understanding of aged care–specific financial considerations and encourage accredited financial planners to support the inclusion of future aged care considerations in financial advice strategies.

d. Increase understanding of the aged care system among healthcare professionals, including in hospital and primary care settings, and organisations or services that have regular contact with older people.

e. Increase understanding of the aged care system among organisations and services working with older people with diverse backgrounds and life experiences, including those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

f. Ensure communication strategies and resources are fit-for-purpose for all older people in Australia, developing specific resources and dissemination pathways, as required, to proactively reach older people with diverse backgrounds and life experiences, including those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

Recommendation 2: Improved public awareness and understanding of My Aged Care

The Australian Government (Department of Health, Disability and Ageing) should undertake a national multimedia campaign to promote and improve public awareness of the role of My Aged Care as the single-entry point to the aged care system. This should be tightly annexed to the national communication campaign described in Recommendation 1 by using My Aged Care as part of the call to action for the issues it raises.

2.1 **Deliver a national, ongoing multimedia campaign aimed at raising awareness of My Aged Care.**

a. Develop and lead active and ongoing promotion of My Aged Care across multiple communication and media channels. The campaign approach should be:

i. inclusive of all My Aged Care access channels (digital, phone and face-to-face) as well as relevant targeted support programs such as care finders and the Elder Care Support program

ii. based on research-led activities to determine the most appropriate modes for awareness-raising and information dissemination across different age groups, locations, cultural backgrounds and life experiences, and including families and carers of older people in Australia

iii. undertaken in partnership with My Aged Care delivery partners and relevant aged care stakeholders, and

iv. co-designed with relevant stakeholders including, but not limited to, people with lived experience, peak bodies, health and aged care professionals, and communities to ensure the development and dissemination of appropriate and culturally safe resources, including specific resources for people with diverse backgrounds and life experiences, such as those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

b. Undertake active and sustained promotion targeted at raising awareness and understanding of My Aged Care among:

i. general practitioners, hospitals and other health professionals, and

ii. community organisations, support services and relevant professionals working with older people, including those with diverse backgrounds and life experiences, and their families and carers.

c. Publicly report on:

i. rates of engagement with My Aged Care following promotion, and

ii. the level of ongoing investment in sustaining promotion of My Aged Care into the future.

2.2 Support greater search engine optimisation effort, including considering advertising sponsorship, to ensure that My Aged Care is the first point of access to online information about My Aged Care.

a. Review and determine whether there is a need to monitor and/or regulate the promotional materials and strategies of unaccredited or unaffiliated third-party providers online, in print and wherever it may appear (noting that increased awareness will reduce the need for this action over time).

Recommendation 3: Reduce system complexity

The Australian Government (Department of Health, Disability and Ageing) should seek to reduce system complexity to support older people in Australia and their families and carers to access and navigate the aged care system.

3.1 Redesign the My Aged Care website.

a. Progress the proposed redesign of the My Aged Care website, informed by principles of complexity-compatible design and complex systems theory, and based on a theory of change approach that centres the user journey and experience in line with the human rights–based principles detailed in the new *Aged Care Act 2024*.

b. In determining what redesign activities will achieve this aim, co-design and conduct ongoing user experience testing to ensure the My Aged Care website remains appropriately targeted at, culturally safe for, and accessible to older people in Australia and their support networks.

c. Streamline access to key information on the My Aged Care website, focussing on limiting the need for multiple-page navigation and providing Easy Read versions where applicable.

d. Consider developing a My Aged Care software application to support the engagement of those older Australians seeking to access My Aged Care on a smartphone or tablet.

e. Consider introducing a live web chat assistant with the ability to transfer to an in-person phone call if required, noting that:

    i. use of the current virtual assistant, Mac, demonstrates that older people are seeking information outside of the remit of My Aged Care, and that further consideration of a 'one government, one door' approach is needed rather than putting the onus on older people and their families to navigate the complex arrangements underpinning the aged care system.

3.2 Develop new resources to assist with understanding and navigating the system.

a. Review all My Aged Care communication processes and correspondence to ensure they are fit-for-purpose to support engagement for all older people, including those with diverse backgrounds and life experiences.

b. Develop clear instructional guides for navigating the aged care system – including Plain English, Easy Read and visual materials, detailing step-by-step processes for accessing aged care – and make them available on the My Aged Care website and in print.

c. Include clear and transparent information on the website and in My Aged Care communications regarding the screening and assessment processes, including information on assessment wait times by priority and region.

d. Introduce an option for arranging client call-backs at pre-organised times and using a dedicated My Aged Care phone number with caller ID.

e. Review and update all My Aged Care resources to ensure they are fit-for-purpose to support engagement with all older people, including those with diverse backgrounds and life experiences, including:

    i. review and update My Aged Care resources to ensure they are appropriate for Aboriginal and Torres Strait Islander people, including increasing the number of resources translated into Aboriginal and Torres Strait Islander languages

    ii. consider increasing the range of information and My Aged Care resources available in other languages, in consultation with culturally and linguistically diverse communities and peak bodies.

3.3 Improve systems interoperability and information exchange.

a. Improve the interoperability of My Aged Care with other online government services, chiefly My Health Record and MyGov.

b. Continue to co-design with general practitioners, assessors and other health professionals to ensure the optimal functionality and interoperability of client health record information systems with My Aged Care (including across multiple clinical software and cloud-based programs).

c. Continue to co-design with assessors, industry, and people with lived experience to improve the operation of, and access to information through, relevant My Aged Care system portals.

3.4 Streamline engagement between government-funded programs, including Carer Gateway and the National Disability Insurance Scheme.

Recommendation 4:
My Aged Care workforce capacity and capability uplift

The Australian Government (Department of Health, Disability and Ageing) should implement strategies to uplift capacity and capability across the My Aged Care workforce to ensure all My Aged Care access channels are appropriately designed, readily accessible and able to provide accurate and timely support and advice that is culturally appropriate, culturally safe, trauma-aware and healing-informed.

4.1 Review workforce planning processes for My Aged Care access channels:

a. Undertake an independent review of the current My Aged Care contact centre model, including in relation to operator-to-caller ratios, training protocols, and recruitment and retention strategies to determine if it is fit-for-purpose, given the breadth and diversity of needs of the target audience and the long call wait times reported by many callers.

b. Review the use of key performance indicators with a view to refocussing them on the quality of personalised support provided and achieving positive outcomes for customers.

c. Undertake an independent review of current performance measures, customer satisfaction and quality assurance processes for all My Aged Care workforces to ensure they are appropriately targeted and able to adequately capture feedback across the full spectrum of service users, including those from different age groups, locations, cultural backgrounds and life experiences.

d. Design, implement and promote alternative feedback channels and/or a regular, independent evaluation process to proactively seek feedback from harder-to-reach groups and those who are not readily engaging with the current processes. Appropriate mechanisms should be co-designed with relevant stakeholders to ensure the feedback is representative of all groups seeking access to aged care, including those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

e. Embed transparent reporting processes to address identified issues and drive continuous improvement strategies across all My Aged Care workforces.

4.2 Review My Aged Care workforce training protocols to ensure all My Aged Care workforces are appropriately trained and able to deliver person-centred support that is culturally safe, culturally appropriate, trauma-aware and healing-informed. As a minimum this should include the following:

a. Review minimum training requirements for all My Aged Care workforces and mandate that they include Learning Goals 4 to 6 of the *My Aged Care Workforce Learning Strategy*.

b. Ensure training modules delivered under Learning Goals 5 and 6 are regularly reviewed by, and/or co-designed with, relevant stakeholders and experts.

c. Include more face-to-face training opportunities, with an emphasis on greater 'soft skills' development, including, but not limited to:

   i. cultural competency

   ii. dementia awareness

   iii. trauma-aware and healing-informed care

   iv. elder abuse

   v. working with people from diverse backgrounds

   vi. working with interpreting and translator services, including the National Sign Language Program

   vii. mental health first aid.

d. Extend the 'on the job' training period with access to in-person support for contact centre staff.

e. Include mandatory regular refresher training for all My Aged Care workforces.

4.3 Invest in improving the information management systems that support the My Aged Care workforce to ensure that information is accurate and up to date, with a focus on the following actions.

a. Increase knowledge of, and appropriate referrals to, supported engagement pathways (e.g. care finders, the Elder Care Support program, Carer Gateway, the National Dementia Helpline, and the National Aged Care Advocacy Program).

b. Increase access to knowledge and up-to-date information on support services and providers, by region or local area, to support the provision of more targeted referrals and support services.

c. Improve interoperability, and data and information sharing between client health record information systems and other information management systems that feed into My Aged Care.

d. Increase guidance around when and how to use translator services.

e. Provide My Aged Care staff with additional information and training on the different roles and types of personal representative – soon to be 'registered supporters' – that may be appointed, including level of authority and registration requirements, in line with changes introduced under the new *Aged Care Act 2024*.

f. Increase guidance on triaging complex cases and when to escalate.

g. Consider establishing a dedicated and appropriately staffed phone line for Public Guardians and care finders working with older people experiencing vulnerability or those at risk.

4.4 Ensure that contractual arrangements with external organisations engaged to deliver targeted, government-funded support and advocacy programs include minimum mandatory training requirements.

Recommendation 5:
Increase access to navigational and face-to-face-supports

The Australian Government should fund additional navigational support options to increase access to more personalised phone and face-to-face supports for those older Australians, and their families and carers, who need it.

5.1 The Australian Government (Department of Health, Disability and Ageing), in partnership with relevant stakeholders and those with lived experience, should undertake a detailed review of existing navigational support services available through My Aged Care and associated targeted support services (such as care finders and the Elder Care Support program) to identify current gaps and support the design and implementation of additional service offerings. The review should be informed by:

a. the evaluation outcomes of relevant programs such as the Aged Care System Navigator trials, Aged Care Specialist Officer program and the care finders program

b. the distinct journeys of people with lived experience as well as relevant stakeholders, peak bodies and organisations that work closely with older people in Australia, including with people from diverse backgrounds and life experiences and those living in rural, regional and remote areas of Australia

c. current My Aged Care delivery partners, as well as care finder organisations, the National Aboriginal Community Controlled Health Organisation, the Older Persons Advocacy Network and Dementia Australia.

5.2 Design, implementation and delivery of additional navigational support services should:

a. be similar to the care finders program, but with broader eligibility criteria that would provide more personalised and localised supports

b. be based on the findings of the review of navigational supports proposed in Recommendation 5.1

c. be co-designed with relevant stakeholders

d. include scope for mobile services and the appointment of case workers to assist people from registration through to service delivery as appropriate.

5.3 The Australian Government should consider expanding the current Aged Care Specialist Officer program to provide additional support to regional and remote regions of Australia and to include all Services Australia service centres nationally.

5.4 Consider the lessons learnt and future opportunities identified in the 2025 evaluation of the care finders program, with a view to implementing measures that improve the delivery and accessibility of the program.

Recommendation 6:
Enable equitable access to aged care

The Australian Government (Department of Health, Disability and Ageing) should commit to undertaking a targeted program of work to enable equitable access to and engagement with My Aged Care for older people in Australia, regardless of their location, background, life experiences or prior knowledge of the system.

6.1 **Ensure all relevant actions and initiatives under recommendations 1 to 5 involve active engagement and appropriate co-design strategies with relevant stakeholders to ensure equity of access to aged care services for all older people in Australia.**

a. As a consequential obligation of government under the National Agreement on Closing the Gap, ensure the My Aged Care system is co-designed with Aboriginal and Torres Strait Islander people.

6.2 **Increase awareness of My Aged Care.**

a. Develop ongoing awareness-raising strategies and engagement pathways for My Aged Care that are individualised and co-designed with people with lived experience and relevant stakeholder groups to ensure they are appropriate for those groups, including:

i. ensuring the information on eligibility and types of support available is included

ii. embedding evaluation and data collection to monitor impact and uptake.

b. Implement systems that mandate My Aged Care workforces, health professionals, hospitals and other relevant referral organisations are aware of the age-related eligibility requirements for accessing aged care specified under the new *Aged Care Act 2024.*

6.3 **Develop a monitoring and evaluation framework with relevant targets, underpinned by transparent data collection to measure progress against which the government must publicly report.**

6.4 **Communication:**

a. Review and update registration and screening processes to ensure individuals who are members of the Stolen Generations and care leavers, and who cannot meet the proof of identity requirements, can access the care they need.

b. Monitor uptake of relevant communications products developed under Recommendation 3 of this report.

c. Ensure My Aged Care collects consistent data around language uptake and quality of language services used, particularly phone interpreting services, and actively informs users about the availability of language support services.

d. Ensure My Aged Care collects consistent data around the use of the National Sign Language Program and actively informs users about the availability of sign language interpreting and captioning services.

Recommendation 7:
Commit to action and publicly report progress

The Australian Government and the Department of Health, Disability and Ageing should:

7.1 Accept the recommendations of this review in full.

7.2 Designate a senior responsible officer within the Department of Health, Disability and Ageing to oversee the implementation of Recommendations 1 to 6.

7.3 Prioritise the development and publication of an appropriate evaluation framework and related targets to measure progress.

7.4 Publicly report on progress against the evaluation framework on a biannual basis.

Response from the Australian Government Department of Health, Disability and Ageing

Australian Government
Department of Health, Disability and Ageing

Response to the Inspector-General of Aged Care: *Review of My Aged Care*

Introduction

My Aged Care is often the first instance where someone interacts with aged care services in Australia—with the system receiving more than 6 million website visits, 1.8 million calls and facilitating close to 60,000 face-to-face appointments each year.

Owing to the importance of My Aged Care to aged care service provision in Australia generally, the Department of Health, Disability and Ageing (the Department) remains steadfast in its efforts to ensure the system helps all older people in Australia, regardless of their location, background and life experiences, to access services that will support them in living safely and maintaining a good quality of life.

The Department recognises that the Inspector-General of Aged Care's review on My Aged Care is long running, having progressed for around 18 months. The Department also recognises the comprehensive nature of the final report, noting that since the beginning of the review in early 2024 work has already commenced and is underway in respect to most of the recommendations made. The observations on My Aged Care as a front door that 'does work for many people', 'is improving' are welcome and align with current experiences.

Nonetheless, the Department is committed to continuous quality improvement in My Aged Care and acknowledges that, as the final report notes, there is more to be done. It is critical that My Aged Care would deliver on the rights-based, person-centred approach underpinning the new *Aged Care Act 2024*, passed by the Parliament following the review's commencement.

The Department is currently identifying immediate opportunities to enhance My Aged Care in areas highlighted by the final report and where work is not already underway.

Context

Since its inception in 2013, significant improvements and investment have been made to My Aged Care to expand and improve its service offer including:

- Ongoing activities to improve customer experience through the My Aged Care contact centre including resourcing to meet increasing demand for services, introduction of translating services, streamlined screening processes, enhanced case co-ordination for clients with complex circumstances and expanding the use of SMS to provide information.
- Launch of a new My Aged Care website and ongoing website enhancements including the introduction of a virtual assistant and other navigation tools, improved search functionality, inbound web referral forms, and functionality updates to support new policy initiatives.
- Rollout of My Aged Care face to face services and Aged Care Specialist Officers in Services Australia centres.

My Aged Care will continue to play an important role in the lead up to and following the commencement of the new *Aged Care Act 2024*, the Support at Home program and associated reforms from 1 November 2025. Additional agents have been employed and trained for the My Aged Care Contact Centre and a refreshed My Aged Care website will be launched, with 80 per cent of content and interactive tools updated along with a modernised look.

Recommendations

In considering the recommendations of the final report, the Department notes that many recommendations, although made to the Australian Government, should more appropriately be made to the Department. It also notes the limitations that exist whereby acceptance or otherwise of those recommendations that would be matters for the Australian Government are beyond the authority of the Department to decide upon and the Australian Government has not separately been requested to endorse a response.

Recommendation	Response
Overarching recommendations: 7.1, 7.2	The Department accepts the majority of the recommendations made. The Department notes recommendations where acceptance is constrained by decisions yet to be made by the Australian Government or beyond its authority. A Senior Responsible Officer will oversee the response to recommendations and progress reporting.
Awareness and communication: 1.1, 6.2(a), 6.4	The Department accepts these recommendations in principle. The Department has reviewed communications and resources ahead of commencement of the *Aged Care Act 2024* on 1 November 2025. The Department is committed to working in partnership with diverse older people to identify opportunities to improve cultural safety and provide trauma-aware and healing informed services.
Website and digital: 2.2, 3.1(a)(b), 3.3	The Department accepts these recommendations. Work is already underway to improve website design and search engine optimisation (SEO), with this expected to be concluded by 1 November 2025. The Department will continue exploring opportunities to enhance integration with platforms such as My Health Record and MyGov, and implementation of Business-to-Government (B2G) capabilities.
Workforce and training: 4.1, 4.2, 4.4, 6.2(b)	The Department accepts the recommendations 4.1, 4.2, and 4.4 and notes recommendation 6.2(b). The Department is committed to continuous quality improvement in the My Aged Care contact centre.
Evaluation, monitoring and reporting: 5.1, 5.4, 6.1, 6.3, 7.3, 7.4	The Department accepts recommendations 5.1, 5.4, 6.1, 6.3, 7.3 and notes recommendation 7.4. The Department supports transparent reporting to guide continuous improvement across My Aged Care.
Care economy: 3.4	The Department notes this recommendation. The Department aims to strengthen and streamline engagement between health, aged care, disability and carers programs and made a Machinery of Government (MOG) change, which took effect on 13 May 2025 and supports this aim.
Government investment: 2.1, 3.1(c)(d)(e), 3.2, 4.3, 5.2, 5.3	The Department notes these recommendations and restates its commitment to growing awareness of My Aged Care and making the system as user-friendly as possible. National campaigns and matters involving investment beyond the current envelope for delivering and improving My Aged Care are subject to decisions by the Australian Government.

Part 1: Review of My Aged Care

1.1 Review Rationale

1.1.1 Introduction

My Aged Care provides the single-entry point or 'front door' to Australia's aged care system for older people seeking access to Australian Government–subsidised aged care services and supports. This includes the provision of information and advice regarding people's options, available services and costs, and the referral and assessment processes required for accessing these services. Given this role, it is paramount that My Aged Care is suitably designed to ensure that *all* older people are equitably able to navigate this system and gain access to the aged care services they need, and to which they are entitled, in a timely and effective manner. This is particularly important given that delayed access to such services can significantly impact an older person's health and wellbeing, compromise their ability to continue to live independently, and potentially exacerbate existing conditions.

The purpose of this review has therefore been to determine whether the current My Aged Care service offering is fit-for-purpose in facilitating timely access to aged care services for all older people in Australia, regardless of their location, background and life experiences. This covers the provision of information, registration and referral, to the point of receiving a needs-based assessment for services.

This report examines the government's administration of My Aged Care, as well as the experiences of older people and their families and carers in navigating the aged care system and gaining access to a needs-based assessment. It is largely focussed on determining whether these services are currently being delivered by My Aged Care in a manner that is satisfactory and appropriate to the needs of its target audiences.

1.1.2 Why the need for this review?

Following the establishment of the Office of the Inspector-General of Aged Care (the Office) in October 2023, the former Acting Inspector-General, Mr Ian Yates AM, undertook an extensive consultation process to explore the systemic issues inherent in the aged care system and to determine the priority issues for the Office's inaugural review. The Office consulted across a diverse range of stakeholders, including older people seeking or receiving aged care services, service providers, workforces and unions, research academia and professionals, peak bodies and other relevant experts.

Throughout this consultation process, a pervading theme emerged when participants shared their experiences and challenges across the aged care system regarding the role of My Aged Care in allowing people to access and navigate the system. Some concerning examples of systemic failure were raised, which were identified as high priorities. While it was recognised that My Aged Care had been subject to examination and critique in a number of broader reviews of the aged care system, including the *Legislated Review of Aged Care 2017* (the Tune Review)[1] and the 2021 Royal Commission into Aged Care Quality and Safety (the Royal Commission), it was considered incumbent upon the Office to have a clear view on the role and operation of My Aged Care as the single-entry point to the system in the post–Royal Commission reform era.

[1] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*.

Critically, it was concluded that, if My Aged Care as the single-entry point is not facilitating entry to the aged care system for some older people, then it would follow that these same people would also not be able to access the care and services that they need, putting them at significant risk of further decline.

In testing this issue as a potential review topic for the Acting Inspector-General, many stakeholders informed the Office how critical the role of My Aged Care is for enabling access to the system and empowering older people in Australia to make informed choices about their care. In essence, the Office heard that the accessibility of the front door to the system is tantamount to exercising your right to aged care.

It was also determined that, despite the findings and recommendations of previous broader reviews, My Aged Care remained onerously complex, inaccessible and inequitable. Coupled with the projected growth of the ageing population in Australia, including those with more complex needs, the majority of stakeholders consulted agreed it was essential to ensure that My Aged Care is fit-for-purpose in facilitating access for all older people, regardless of their location, health requirements, cultural background, identity or prior knowledge of the system. If not, then as the population ages, the more the inaccessibility and inequity of My Aged Care will be magnified.

It was concluded through these processes that there was strong support for the Acting Inspector-General to prioritise this review into the administration of My Aged Care for immediate implementation.

The exponentially growing demand for equity in, and the adequacy of, My Aged Care

Demand: Australia's population is ageing, with both the number and overall proportion of older Australians aged 65 and over expected to grow significantly in the coming years. This will place increased demands on Australia's health and aged care systems.[2] For example, it was estimated that approximately 4.2 million people, or 16% of Australia's population, were 65 or older at 30 June 2020, with the number expected to increase to between 21% and 23% of the population by 2066.[3] In addition, the number of people aged 85 and above is projected to increase to approximately 3.7% of the population by 2028 (up from only 2.0% in 2018–19), and to more than double from 534,000 people in 2021 to 1.28 million by 2041.[4] By 2063, the number of people over 80 is projected to reach more than 3.5 million.[5]

The impact of this projected population growth on the aged care system is expected to be significant, particularly given the growing preference for older people to stay in their own homes for longer, but with increasing levels of frailty and more complex care needs. By default, this increasing demand for aged care services will likewise result in an increased demand for My Aged Care to facilitate access to those services. The projected use of home care services alone is expected to double over the next 20 years, from approximately 1 million recipients in 2022 to approximately 2 million by 2042.[6]

[2] Department of Health and Aged Care (2024) *Final report of the Aged Care Taskforce*.
[3] Australian Institute of Health and Welfare (2024) *Older Australians*.
[4] ARC Centre of Excellence in Population Ageing Research (n.d.) *New projections for Australia's ageing population* [accessed 14 July 2025].
[5] The Treasury (2023) *Intergenerational Report 2023*.
[6] Department of Health and Aged Care (2024) *Final report of the Aged Care Taskforce*.

The changing face of older people in Australia: In addition to its increasing size, Australia's ageing population is also becoming increasingly diverse, with an ever-broader range of diverse backgrounds and life experiences. Ensuring that My Aged Care is appropriately equipped to provide accessible, culturally safe, trauma-aware and healing-informed services for older people with diverse backgrounds and life experiences is therefore critically important, both now and into the future. For example, according to the 2021 Census, approximately 31% of people in Australia were born overseas and almost half (48%) of the population have one parent who was born overseas.[7] Aboriginal and Torres Strait Islander people represented approximately 3.8% of Australia's total population and account for approximately 1.5% of those aged 50 and over.[8] This underscores the need for equity and cultural safety to be key characteristics of this gateway to the aged care system.

1.1.3 Scope of the review

My Aged Care is intended to provide a 'one-stop shop' for older people seeking to access Australian Government–funded aged care services. As a service, it has expanded considerably since its inception on 1 July 2013 to include a substantial amount of information, additional access channels (e.g. face-to-face), as well as relevant tools and services to support interaction with, and navigation of, the system. This inaugural review of the Inspector-General of Aged Care is unique from other broader reviews of the aged care system in that its sole focus is on investigating My Aged Care in its role as the single-entry point to the system; and whether it is fit-for-purpose in facilitating access to an initial assessment for aged care services for all older people in Australia. Whilst the full scope of the My Aged Care service offering is also deserving of attention, it was determined that, given the Office's limited resources, assessing its success as the single-entry point to the system should be the priority and main focus of the review.

The scope of the review is therefore to assess whether My Aged Care (including the website, phone line and face-to-face access channels) enables an older person in Australia (or their representative) to successfully navigate the system and initiate the assessment process required to access aged care services – regardless of their location, health requirements, cultural background, identity or prior knowledge of the system – up to the point of receiving that assessment.

In this context, the review does not look in any detail at some of the additional features embedded in My Aged Care, such as setting up a new service, the Star Ratings system, fee calculators, or information on the expected costs of aged care. The review is also not intended to deliver a critique of the assessment process itself, including the assessment outcomes or reassessment requirements. However, during the course of the review, a number of out-of-scope issues were raised multiple times by stakeholders and contributors to the review. Some of these issues have therefore been flagged in the next section of the report, but have not been investigated in any detail at this time

1.2 The review process

This review into the administration of My Aged Care has been undertaken in line with the objects and functions of the *Inspector-General of Aged Care Act 2023* (the IGAC Act).

On 26 March 2024, the former Acting Inspector-General of Aged Care, commenced the review in accordance with section 18(2A) of the IGAC Act (see Appendix B). In undertaking this review, the Office engaged widely with older people seeking and receiving aged care services, their families and carers, aged care stakeholders, advocacy services and relevant peak bodies, health professionals, aged care assessor organisations, as well as government agencies and external providers responsible for the administration and delivery of My Aged Care. The Office has received written and oral submissions, undertaken consultations, and requested specific information from government agencies and external providers.

[7] Australian Institute of Health and Welfare (2025) *Profile of Australia's population*.
[8] Australian Institute of Health and Welfare (2024) *Older Aboriginal and Torres Strait Islander people*.

The Office is sincerely grateful to everyone who participated for their time and support in ensuring the Office deeply appreciated and reflected on the issues raised.

Throughout the review, the Office actively encouraged public participation and engagement through an open public submission process, two targeted submission processes aimed at health professionals and assessment organisations, and a broad range of stakeholder meetings and engagements. An in-person site visit to the primary My Aged Care contact centre site was also undertaken in April 2025. Further information on the submissions and consultations is provided in Appendix C of this report.

Written requests for information and notices to produce were provided to government agencies and external organisations involved in the administration of My Aged Care and/or a relevant program funded under Commonwealth aged care legislation. Further information on these requests is provided in Appendix D of this report.

To form conclusions, the Office received and reviewed a broad range of information and documents, including submissions, reports, evaluations, policy documents and communication plans, as well as published research, evaluation reports and past inquiries. Further information on the review methodology, including a full summary of the evidence received and actions undertaken, is provided in Appendix D and Appendix E of this report.

Part 2 of this report sets out in more detail the issues identified and the analysis underpinning the Inspector-General of Aged Care's findings and recommendations.

1.2.1 Out-of-scope issues

A number of out-of-scope issues were identified throughout this review, several of which were raised consistently and in detail. Given the review's specific remit, these issues have not been examined in any detail. However, several are worth noting given how frequently they were raised and the potential significance of their impact on older people in Australia and those seeking to access aged care services through My Aged Care. These issues include:

- There were concerns regarding the lack of up-to-date or relevant information available via the My Aged Care 'find a provider' tool, and the resulting impact on people's ability to fully understand their options for aged care services and the availability of local providers in their area.

  The Inspector-General understands that significant upgrades to the 'find a provider' tool are already in progress and recommends that this work continues to be prioritised, with the ongoing accuracy and effectiveness of this tool to be monitored going forward.

- Inappropriate screening and referrals to assessment services result in the need for multiple assessments, which can lead to significant delays in individuals accessing services. For example, a person may get a referral for assessment solely for home support when a comprehensive assessment is required.

  The Inspector-General notes that a new Single Assessment System (designed to mitigate the need for multiple assessments) was implemented in December 2024, whilst this review was underway. It is hoped that the new system will reduce the frequency and impact of inappropriate assessment referrals. However, the Inspector-General recommends that the Department of Health, Disability and Ageing (the department) continues to monitor this issue through the collection of relevant data and information from assessment services. The Inspector-General anticipates that monitoring the impact of this system will be included in the Office's forward work plan.

- Extensive wait times for Home Care Packages can cause delayed access to required aged care services and supports, leading to further functional decline for those older people waiting for a significant period of time.

  The Inspector-General is aware that this is already a well-known, well-documented issue and that the government anticipates that the introduction of the new *Aged Care Act 2024* (the new Act) may help reduce wait times and increase the availability of home care services going forward. However, as outlined in the *2025 Progress Report: Implementation of the Recommendations of the Royal*

Commission into Aged Care Quality and Safety,[9] the Inspector-General reiterates her concerns regarding the government's intention to maintain an average three-month waiting time for care under the new Support at Home Program.

1.3 The case for My Aged Care: why it was introduced

Australia's aged care system is complex and expansive. It comprises numerous programs and services that are underpinned by multiple pieces of legislation and delivered through a broad range of government, non-government and private providers. Services and supports can be delivered in the community, in a person's home or in a residential aged care setting, on a short-term or ongoing basis. For many older people in Australia, accessing and navigating this system has proven to be a difficult and daunting experience.

The establishment of My Aged Care was intended to address these issues by providing a comprehensive and streamlined pathway for older people in Australia to obtain information about, and gain access to, Australian Government–subsidised aged care services.[10] Initially implemented in 2013 as an information-based service, My Aged Care was expanded in 2015 to act as the single gateway for older people, their families and carers to understand, navigate and access Australia's aged care system. That remains its primary purpose today.

Prior to this, there was no centralised system for older people to access information and services. Instead, there were multiple entry points with information about ageing and aged care services spread across a significant number of disparate sources. This made it difficult and time-consuming for people to find and understand – and even more so for older Australians with increasing frailty, cognitive decline or more complex and diverse needs.[11]

Furthermore, with an increasing and ever more diverse ageing population, it was clear that continuing with this approach would not be viable into the future if older people in Australia were to be adequately supported to stay independent and make informed choices about their care needs. The introduction of My Aged Care as the national aged care gateway was therefore considered to be a significant step forward in Australia's aged care reform journey.

1.3.1 Origin and implementation of the single-entry system

As has been well documented in previously published reports, the proposal for a national gateway or single-entry point to Australia's aged care system was conceived by the Productivity Commission in 2011.[12,13] This followed a comprehensive and systematic inquiry into Australia's aged care system, as requested by the Australian Government.[14] Specifically, the Productivity Commission heard that the existing system was 'complex, confusing, fragmented, overwhelming and uncertain', and that attempts to make decisions about care services were often 'time consuming and bewildering'.[15]

To address these and other issues within the system, the Productivity Commission's final report, *Caring for Older Australians*, proposed a series of recommendations aimed at reforming aged care. This included a proposal for the establishment of a new, independent Australian Seniors Gateway Agency to 'provide information, assessment of needs and entitlement to care and support services, care coordination and carer referral services, to be delivered via a regional network'.[16] The Productivity Commission's vision for the creation of a single, national 'gateway' to the aged care system to streamline, simplify and coordinate access to information and services for older people, and their families and carers was detailed under Recommendation 9.1 of the inquiry's final report.[17]

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[9] Office of the Inspector-General of Aged Care (2025) *2025 Progress report on the implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety*.
[10] My Aged Care (n.d.) *About us* [accessed 14 July 2025].
[11] Productivity Commission (2011) *Caring for Older Australians*.
[12] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*.
[13] Royal Commission into Aged Care Quality and Safety (2019) *Interim Report: Neglect – Volume 1*.
[14] Productivity Commission (2011) *Caring for Older Australians*.
[15] Productivity Commission (2011) *Caring for Older Australians: Inquiry Report — Volume 2*, p. 130.
[16] Productivity Commission (2011) *Caring for Older Australians: Summary of Proposals*, p. 3
[17] Productivity Commission (2011) *Caring for Older Australians: Overview*, p. LXIV.

In response to the Productivity Commission's findings, the government released the *Living Longer Living Better* aged care reform package in 2012, which was subsequently passed into legislation on 26 June 2013. Whilst the government determined that its proposed reforms 'largely supported' the Productivity Commission's Recommendation 9.1, in reality the reform package did not go as far as creating a new independent agency. Instead, it provided funding for a new 'Aged Care Gateway', including the establishment of the My Aged Care website and national contact centre, to support people to navigate the aged care system and gain access to aged care services. As such, although the establishment of My Aged Care theoretically achieved a similar purpose, it was far narrower in its remit and implementation than had been initially envisaged by the Productivity Commission.

Arguably, based on the findings of subsequent reviews of aged care, including the Tune Review[18] and the Royal Commission, this narrower scope has failed to fully deliver on the Productivity Commission's vision. Both of these extensive reviews identified significant challenges with the implementation and delivery of My Aged Care, concluding that, despite its introduction, the system remained unnecessarily complex and difficult to navigate for older people and their families. Importantly, both reviews also found that My Aged Care's lack of localised information and face-to-face supports remained a significant barrier for older people seeking to access the system, particularly for those having difficulty engaging with the My Aged Care website and contact centre.

Figure 1 shows a timeline of key events that have shaped My Aged Care

[18] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*.

Figure 1: Timeline of major events related to the introduction and evolution of My Aged Care

How did we get here? A snapshot of My Aged Care

2011	**August** Productivity Commission recommends major aged care reforms, including the establishment of a new Australian Senior Gateway Agency.
2012	**May** the Australian Government develops *Living Longer Living Better* reform package, which would fund an Aged Care Gateway as an alternative to a new agency.
2013	**June** *Living Longer Living Better* reform package passed into legislation.
	July Launch of My Aged Care website and contact centre as an information-only service.
2015	**July** Expansion of My Aged Care as single-entry point to the aged care system.
2017	**July** Final report of the Tune Review highlights ongoing issues with My Aged Care. Recommends improvements to My Aged Care and calls for the introduction of an aged care system navigator and outreach services.
2018	**October** Royal Commission into Aged Care Quality and Safety announced.
2019	**October** Interim report of the Royal Commission is highly critical of My Aged Care, finding that it it 'difficult', 'confusing' and 'generally not positive'.
2021	**February** Final report of the Royal Commission finds that My Aged Care is 'not yet successfully working'. Makes several recommendations relevant to My Aged Care, including the introduction of the care finders program.
2021	**May** Australian Government response to the Royal Commission accepts the recommendation to introduce care finders. However, it significantly deviates from what the Royal Commission recommended by significantly narrowing the scope of eligibility.
	November Aged Care Specialist Officer service launches in select Services Australia service centres to provide face-to-face support to navigate My Aged Care.
2023	**January** Care finder service launches in partnership with local public health networks. Eligibility is limited to vulnerable older people who need intensive support and have no one else who can support them.
2024	**March** Acting Inspector-General of Aged Care initiates a review into the administration of My Aged Care.

1.4 Current context

As noted, My Aged Care has been implemented incrementally since its inception on 1 July 2013, when the initial information-only website and national phone line first became operational. Additional services such as a national registration process, centralised client record, standardised assessment process and telephone screening have been progressively introduced since 2015; as well as access portals for individuals, carers, assessors and service providers; and aged care service matching and referral capabilities. In 2021, face-to-face Aged Care Specialist Officers (ACSOs) were incorporated, and in 2023, new navigation support services, which are provided through care finders and the Elder Care Support program, although these services are not universally accessible.

The purpose of this review was to determine whether My Aged Care, as it currently stands, is fit-for-purpose in facilitating access to aged care services for all older people. This section of the report provides a brief overview of the relevant elements of My Aged Care that have been considered in the review context. This includes the available access channels and navigation support services, as well as the referral pathways and overall service use. It should also be noted that several substantial changes to My Aged Care were implemented throughout the course of this review. This includes, for example, the introduction of the Single Assessment System in December 2024; implementation of the Elder Care Support program, which is being rolled out in three phases by the National Aboriginal Community Controlled Health Organisation (NACCHO); and a substantial refresh of the My Aged Care website, which is scheduled for release on 1 November 2025.

1.4.1 My Aged Care today

My Aged Care is described by the department as 'the starting point for accessing and navigating Australian Government-subsidised aged care services and information'.[19] Through My Aged Care, older people in Australia and their families and carers can:

- access information about different types of aged care services and their costs
- undertake a screening process to determine potential care needs and eligibility for assessment
- receive a needs-based assessment to determine the appropriate service type
- receive support to appoint a personal representative
- receive referrals and support to find a local service provider.

My Aged Care also maintains a centralised client record system to facilitate the collection and sharing of information between assessment services and service providers, and manages an online referral process and web-based portals for clients, assessors and providers. It should be noted that documents provided by the department to this review specified that the centralised information and communications technologies (ICT) systems underpinning My Aged Care, such as the Government Provider Management System and the Aged Care Gateway client relationship management system, are considered as separate to My Aged Care. However, given that they contribute to the My Aged Care functionality and user experience, these systems have been deemed as being absolutely within scope for this review.

1.4.2 Administration of My Aged Care

My Aged Care is administered by the Department of Health, Disability and Ageing (the department), with some elements managed by specified delivery partners directly engaged to perform these functions. These include:

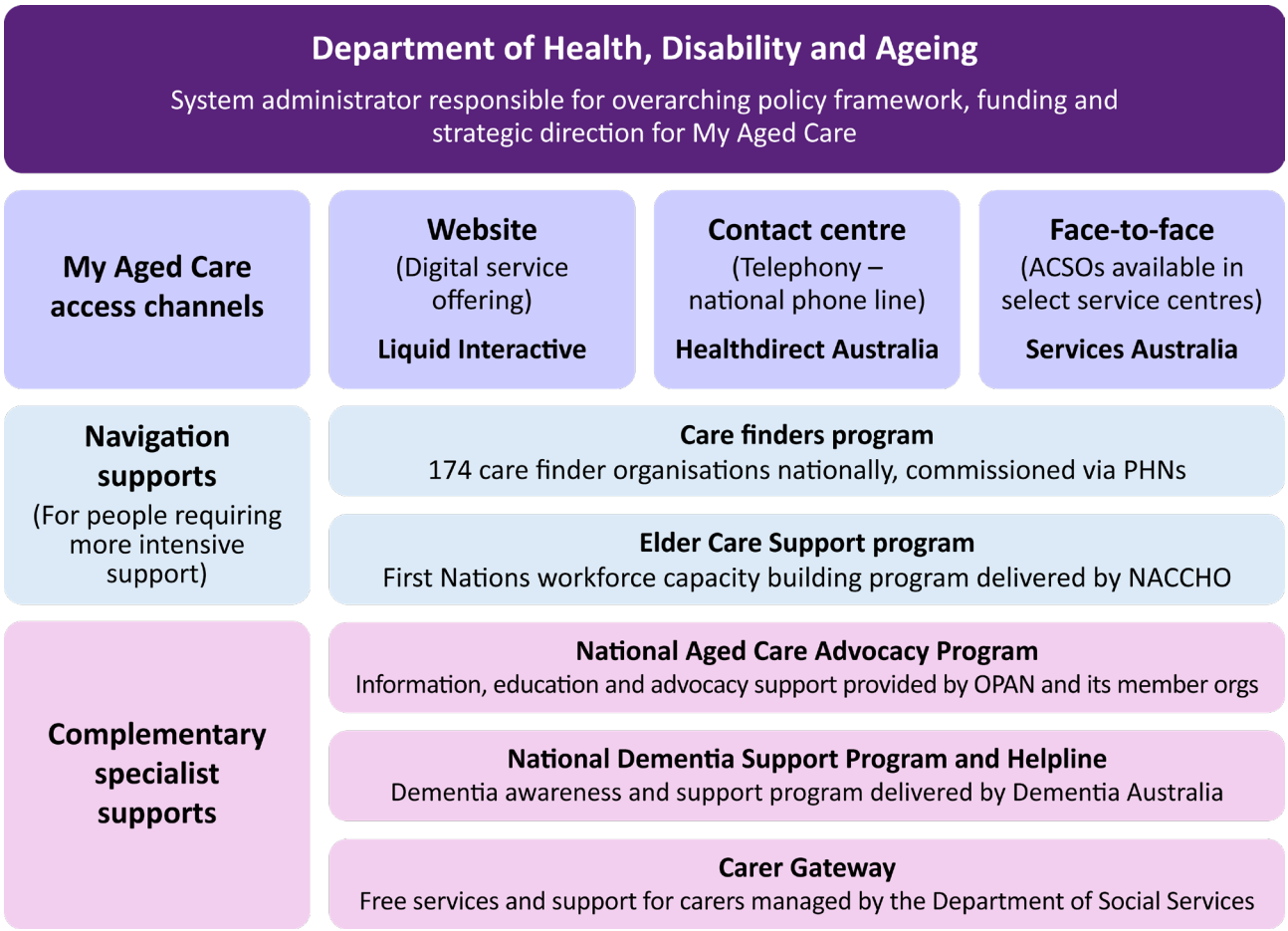
- Liquid Interactive Pty Ltd (Liquid) – responsible for the My Aged Care website
- Healthdirect Australia (Healthdirect) – responsible for the My Aged Care contact centre (contracts Probe CX (Probe) to manage the contact centre and national phone line)

[19] Department of Health, Disability and Ageing (2025) *About My Aged Care*.

- Services Australia – responsible for ACSOs.

As the administrator and governor of the aged care system, the department is responsible for setting the overarching policy framework and strategic direction for My Aged Care. It is also responsible for providing the content, information, promotion, regulation and reform of the system; as well as the underpinning ICT platforms; and the funding administration, monitoring and oversight of the My Aged Care delivery partners. Figure 2 provides an overview of relevant access channels and support services, and the organisations responsible for managing them.

Figure 2: My Aged Care access channels and related support services



The government has recently established additional face-to-face navigation support services, as shown in Figure 2. This includes the Elder Care Support program, which is being implemented by NACCHO; and the care finders program, which was implemented nationally in January 2023 via a Primary Health Network (PHN) commissioning process. However, unlike the Royal Commission's recommendation, care finders is not a universal service (available to everyone). Eligibility is targeted at vulnerable older people who need intensive support and have no one else who can support them. As such, the remit of this program is much narrower than what was first envisaged.

In addition to the more intensive navigation support services, the Australian Government also provides funding for a range of complementary specialist support services for older people, including advocacy support, as well as support for carers and people with dementia, as outlined in Figure 2.

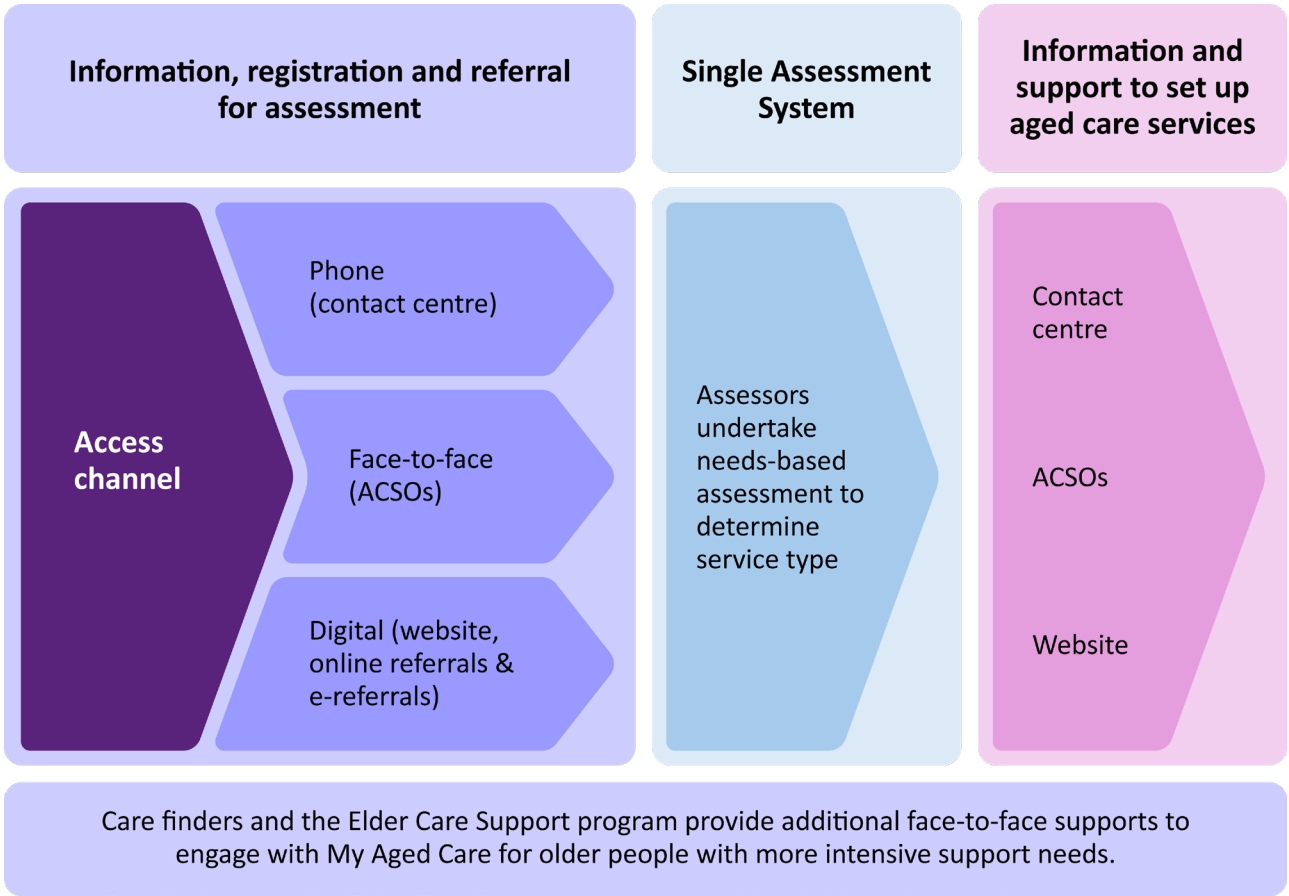
1.4.3 My Aged Care access channels and referral pathways

In order to access Australian Government–subsidised aged care services, all eligible people must register and have their needs assessed through My Aged Care. Currently there are three main access channels for accessing information, registration and referral to My Aged Care assessment services, including:

- online, through the My Aged Care website
- by phone, through the My Aged Care national contact centre
- in person, through Services Australia service centres (implemented late 2021).

Figure 3 illustrates the registration and referral pathways through My Aged Care, noting that this review is primarily focussed on the first step in the pathway through to the point of receiving a needs-based assessment.

Figure 3: Aged care access pathways



As illustrated in Figure 3, older people can apply directly for an aged care assessment via the contact centre or online using the self-referral tool available on the My Aged Care website.[20] Family members, carers or relevant others, can register as a personal representative to provide support to the older person if needed. Health and aged care professionals can also refer an individual directly for an assessment using the online 'make a referral' tool on the My Aged Care website or, for general practitioners (GPs), via the e-Referral system directly through their practice management systems (if compatible).[21]

[20] My Aged Care (n.d.) *Apply for an aged care assessment online* [accessed 14 July 2024].
[21] My Aged Care (n.d.) *Make a Referral* [accessed 14 July 2024].

1.4.4 Engagement with My Aged Care: the measurable and the unknown

Information and data provided by the department suggests that public engagement with My Aged Care is high, based on the number of registrations, referrals and assessments undertaken each year. For example, in 2023–24:

- more than 1.8 million calls were made to the contact centre
- more than 2.67 million individuals used the My Aged Care website
- ACSOs undertook 26,629 face-to-face My Aged Care appointments.[22]

However, what is not visible or measurable from these figures, but is suggested by the evidence provided to this review, is just how many people may have found these processes to be difficult and time-consuming, or whether some older people are not managing to engage successfully with the system at all. These figures also do not enable the level of unmet need to be estimated. Further, whilst the available customer satisfaction data could provide a potential measure of overall satisfaction with the system, a number of concerns have been identified, particularly in relation to the contact centre, which brings the reliability of this information as an overall system effectiveness metric into question (see section 2.3 of this report).

Available referral data also indicates that an overwhelming majority of people seeking access to aged care services required some additional support to navigate the system, in addition to that which may already have been provided by a family member or carer. For example, in 2024, 73,897 referrals for an aged care assessment were made via the 'apply online' tool available on the My Aged Care website. In contrast, more than 447,580 referral applications were made via one of the supported referral pathways, including through the contact centre (111,130), with the support of a GP (42,220), or with the support of other health or aged care professionals (294,230). Cumulatively, these supported referral pathways accounted for approximately 86% of My Aged Care referrals for assessment in 2024, a slight increase on the figures for 2023.

In 2023–24, a combined total of 538,373 needs-based assessments were undertaken nationally, comprising 213,763 comprehensive assessments undertaken in the home or hospital settings, and a further 324,610 home support assessments undertaken in community settings.[23] Again, these figures look significant; however, there are ongoing and well-documented concerns regarding the extensive wait times for assessment that many individuals experience. For example, as identified in the Productivity Commission's *Report on Government Services 2025*, average wait times between referral for a comprehensive aged care assessment and Aged Care Assessment Team (ACAT) approval have continued to increase over the past few years.[24] In 2023–24, more than 50% of people waited more than 22 days for an assessment, up from 17 days in 2022–23, whilst approximately 10% of people waited for more than 138 days.

Further, a more detailed review of the data provided by the department indicated a number of significant concerns with some key performance indicators (KPIs) and performance measures. For example, in 2023–24, no state or territory was able to meet its expected KPI for completing low-priority assessments within the allocated priority timeframe of 40 days in either the community or hospital setting, and more than half did not meet the KPI for medium-priority assessments of 20 days in the community. Whilst the KPI does tend to be met for high-priority assessments, it should also be noted that less than 0.12% (343) of all comprehensive assessments undertaken in 2023–24 were classified as 'high priority'.[25] Nationally, in the final quarter of 2023–24, close to 20,000 individuals had been waiting more than 75 days to receive their ACAT assessment.

A review of 2023–24 ACAT approvals data also found that the number of clients approved as being high priority for a Level 4 Home Care Package significantly exceeded the maximum allocation expectation of no more than 15% Level 4 approvals in every state and territory, as did the percentage of approvals for the allocation of the higher-level Home Care Packages overall. It is not clear from the available data, however, if there is any correlation between the high numbers of high-priority/high-need Home Care Package allocations and the extensive wait times for assessment leading to a significant decline in functionality; whether this

[22] Department of Health and Aged Care (2024) *2023–24 Report on the Operation of the Aged Care Act 1997*.
[23] Department of Health and Aged Care (2024) *Annual Report 2023–24*.
[24] Productivity Commission (2025) *Report on Government Services 2025*.
[25] Department of Health and Aged Care (2024) *Annual Report 2023–24*.

finding is more symptomatic of broader delays and incorrect triaging across the My Aged Care pathway overall; or whether it is potentially due to delays in people seeking access to aged care services in the first place. Regardless of cause, it is clear that engagement with My Aged Care cannot be categorically determined to be adequate or in line with expectations, given the potentially contradictory data.

Given the remit of this review, a more detailed investigation of the adequacy and appropriateness of the assessment services delivered through My Aged Care has not been undertaken. However, as noted previously, on 9 December 2024 the Single Assessment System replaced the former Regional Assessment Service (RAS) and ACAT workforces, providing a single assessment pathway for older people to enter aged care.[26] The government intends that this will significantly improve wait times for assessments. It is the Inspector-General's view that the new system will need to be monitored closely to ensure that it meets its intended aims going forward.

1.4.5 Implications of the new *Aged Care Act 2024*

In terms of the broader policy context in which this review has been undertaken, it is important to note that the aged care system in Australia has been on a continuous reform journey for well over a decade since the *Living Longer Living Better* reforms were passed into legislation in 2013. Most recently, the Royal Commission made 148 comprehensive recommendations for change, most of which are still at varying stages of implementation.[27,28]

One of the most transformational of these recommendations was to replace the former *Aged Care Act 1997* with new legislation that ensures that the rights of older people seeking access to, or accessing, aged care services are placed at the centre of the system.

The new *Aged Care Act 2024* (the new Act) (which replaces the *Aged Care Act 1997*, the *Aged Care (Transitional Provisions) Act 1997* and the *Aged Care Quality and Safety Commission Act 2018*), was subsequently passed by the Australian Parliament on 25 November 2024, and is intended to come into effect from 1 November 2025.[29] As outlined on the department's website, the new Act underpins the government's response to 58 of the Royal Commission's recommendations and builds on the significant aged care reforms already underway.

In the context of this review, it is important to note that any additional recommendations made in this report will be considered by government within the broader context of this ongoing reform agenda, and with consideration for the substantial changes and impacts already being faced by the aged care sector.

> The Inspector-General sees it as critical that government responds to the ongoing significance and potential flow-on effects for those older people who continue to face delays or are unable to access the care and supports they need simply because they cannot get through the 'front door'. Resolving these issues must therefore be prioritised and cannot continue to be ignored or delayed.

It is also critical to consider the implementation of the new rights-based framework and Statement of Rights embedded in the new Act and which outline the rights of older people *seeking* or accessing government-funded aged care services and supports. Given this statutory obligation, ensuring the appropriateness and effectiveness of My Aged Care as the system's main information and single-entry point must be placed front and centre of the ongoing reform journey. This is particularly relevant given My Aged Care's fundamental role in enabling older people in Australia to:

- make their own decisions about their own life

[26] Department of Health, Disability and Ageing (2025) *Single Assessment System workforce*.
[27] Office of the Inspector-General of Aged Care (2024) *2024 Progress Report Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety*.
[28] Office of the Inspector-General of Aged Care (2025) *2025 Progress report on the implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety*.
[29] Department of Health, Disability and Ageing (2025) *About the new rights-based Aged Care Act*.

- have their decisions not just accepted but also respected
- get information and support to help make their own decisions
- communicate their wishes needs and preferences
- feel safe and respected
- have their culture and identity respected.

Notably, the focus of this review was to determine whether My Aged Care is fit-for-purpose as the mechanism enabling all older people in Australia to access the aged care services and supports they are entitled to receive in a timely manner, regardless of their location, health requirements, cultural background, identity or prior knowledge of the system. The findings, which are set out in Part 2 of this report, suggest that for many older people and their families and carers, this is still not the case, requiring a fundamental rethink of how these principles can and must be embedded in the system.

Part 2: Empowering older people to access the care and supports they need

Throughout this review, the Inspector-General heard from countless individuals, stakeholders and organisations regarding the many additional barriers to accessing My Aged Care that are faced by some cohorts within the ageing population, especially those from diverse backgrounds or with more complex needs and life experiences. This is particularly disappointing given that this lack of equity of access has already been well documented through previous inquiries.

Notably, not all older people will necessarily be impacted by each one of these issues, with others impacted to varying degrees, depending on their broader set of circumstances. However, based on the evidence received, it is clear that My Aged Care does not appropriately facilitate access for all older persons in Australia to navigate to, and initiate, the assessment process required for entry to the aged care system in a timely manner. Furthermore, this lack of timely access is clearly further compounded by a person's location, health requirements, cultural background, identity or prior knowledge of the system, despite the equity of access principles underpinning the system. This can lead to a sense of hopelessness and disempowerment when people need help the most.

Evidence to this review demonstrates that older people are fundamentally empowered or disempowered to walk through the 'front door' of the system, My Aged Care, through four fundamental aspects:

- awareness
- complexity of the system
- capacity of the My Aged Care workforce to respond appropriately, and importantly
- equity.

Each of these aspects represent opportunities as much as they may currently present barriers.

The following sections of this report (2.1 to 2.4) set out the evidence to the review and the Inspector-General's findings and recommendations for future improvements across these four areas. Each presents a number of specific barriers to older people or their loved ones and carers engaging with My Aged Care in a satisfactory and timely manner.

2.1 Awareness of aged care services and supports

Public awareness of the aged care system is critical to timely and effective engagement with, and optimal utilisation of, aged care services. Importantly, the first point of contact most older people in Australia have with the aged care system is when they are seeking information or trying to arrange aged care services for themselves or a loved one. This can often be at a point of crisis. However, whilst many people in Australia may have some awareness that Australian Government–funded aged care services exist, evidence to the review suggests that far fewer are aware that My Aged Care is the single-entry point for accessing these services.

This gap in awareness can delay or complicate access to care and contribute to suboptimal health and social outcomes for older people. In some cases, it can even accelerate the need to transition to permanent residential aged care and can reduce life expectancy.[30] The consequences of low awareness are gravely serious.

This section of the review sets out the evidence received relating to critical awareness gaps across the aged care system – My Aged Care specifically and the various access channels and supported engagement pathways – which can directly lead to delayed or inequitable access for some older people in Australia seeking aged care services and supports.

2.1.1 The aged care system is poorly understood

Evidence to this review suggests that the poor understanding of the aged care system among the Australian public can hamper timely access to My Aged Care, particularly given the common misconception that aged care exclusively relates to permanent residential aged care. Many people do not inform themselves about what is required to access the system until they are in impending crisis.[31]

In reality, Australia's aged care service offering is more diverse than most people think, spanning a range of home-based care and support services, permanent and respite residential aged care services, and flexible care services for more specific and complex care needs.[32] Yet it remains poorly understood by both the general public and the target population of older people in Australia. This issue was acknowledged through several submissions provided to this review,[33] including the submission from the Older Persons Advocacy Network (OPAN), which observed that:

> *Understanding the aged care system continues to be problematic for many older people and their families or representative …*[34]

[30] Visvanathan, R, Amare, AT, Wesselingh, S, Hearn, R, McKechnie, S, Mussared, J and Inacio, MC (2019) Prolonged Wait Time Prior to Entry to Home Care Packages Increases the Risk of Mortality and Transition to Permanent Residential Aged Care Services: Findings from the Registry of Older South Australians (ROSA), *The Journal of nutrition, health and aging*, 23(3): p. 271.
[31] Rahn, A (2020) Don't wait for a crisis – start planning your aged care now, University of Western Sydney.
[32] Department of Health and Aged Care (2023) *Types of aged care services*.
[33] See, for example, COTA Tasmania, *Submission 4* and COTA Australia, *Submission 3*.
[34] Older Persons Advocacy Network, *Submission 2*.

It has also been well established over time that older people in Australia have strong preferences to remain living at home and maintain their independence for as long as possible.[35] These preferences are broadly reflected in the rates of aged care service utilisation, which show that over the past 10 years, rates of home care usage have almost quadrupled while, relative to population ageing, the number of older people being admitted to permanent residential aged care has modestly declined.[36] In 2023–24, more than 1.1 million older people received aged care through home care and home support programs, compared to 252,379 older people living in permanent residential aged care.[37]

Despite this, for many people in Australia, and older people in particular, there is a strong and often negative association between the broad concept of aged care and permanent residential aged care.[38] This association is buoyed by a higher dependence on residential aged care in Australia compared to other Organisation for Economic Co-operation and Development (OECD) nations.[39] Further, reports of abuse and neglect within the aged care system have reinforced negative perceptions of the aged care system – and residential aged care specifically – as lonely, unhappy and unsafe. As one respondent to a survey conducted by National Seniors Australia put it:

> *… it scares me so [much] that I'll avoid the aged care system as much as possible.* [40]

As a result of this association many older people in Australia actively resist thinking about, talking about and listening to information about aged care out of a reluctance and even fear of entering residential aged care. This tendency persists even as people recognise their age-related care needs increasing. The Royal Commission into Aged Care Quality and Safety (the Royal Commission) observed of this phenomenon:

> *… while people rationally saw relevance in knowing more about aged care, they were likely to delay interacting with the aged care system for as long as possible. Because of the emotional impact of even approaching the aged care decision, people were in effect limiting their own access to knowledge about the system.*[41]

An unfortunate consequence of resisting knowledge of, and delaying interaction with, the aged care system is that when people are eventually forced to consider their aged care needs, it can often be at a point of crisis – for example, following hospitalisation; a sudden decline in health, cognition or mobility; or a significant change in life circumstances. By this stage, the capacity to proactively plan is reduced, choices are more limited and the likelihood of entering residential care is increased.[42]

This review is chiefly focussed on the effectiveness of the administration of My Aged Care as the single-entry point to the aged care system. However, it is apparent that negative perceptions and poor understanding of the aged care system are deeply entrenched in the broader Australian public, which is a significant inhibitor of timely and effective access in and of itself.

This issue may be further compounded by the eligibility requirements for accessing Australian Government–funded aged care services. For many people seeking to better understand the available aged care offering, the first step (as outlined on the My Aged Care website) is to check eligibility via the website 'eligibility checker' tool or by calling the My Aged Care contact centre. For those people who find they are not immediately eligible, the process discourages them from further engaging at this point and does not proactively allow them to register with My Aged Care. Those deemed ineligible are likely to disengage with the process altogether at this point and may feel discouraged to continue to seek out information or research options for future engagement.

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[35] See, for example, Australian Institute of Health and Welfare (2013) *The desire to age in place among older Australians*, p. 2; Tune, D (2017) *Legislated Review of Aged Care 2017 Report*, p. 23; Hatcher, D, Chang, E, Schmied, V and Garrido, S (2019) Exploring the Perspectives of Older People on the Concept of Home, *Journal of Ageing Research*, pp. 1–10; and National Seniors Australia (2024) *How to remain living independently at home for longer*.

[36] Australian Institute of Health and Welfare (2024) *Gen Aged Care Data: Admissions into aged care*.

[37] Productivity Commission (2025) *Report on Government Services 2025: Part F, Section 14: Aged care services*.

[38] Royal Commission into Aged Care Quality and Safety (2020) *Research Paper 4 – What Australians think of ageing and aged care*, p. 3.

[39] Dyer, SM, Valeri, M, Arora, N, Tilden, D, and Crotty, M (2020) Is Australia over-reliant on residential aged care to support our older population?, *Medical Journal of Australia*, 213(4): pp. 156–157.

[40] National Seniors Australia (2022) *"As close to home as possible": Older Australians' hopes and fears for aged care*, p. 15.

[41] Royal Commission into Aged Care Quality and Safety (2019) *Interim Report: Neglect – Volume 1*, p. 127.

[42] Royal Commission into Aged Care Quality and Safety (2019) *Interim Report: Neglect – Volume 1*, pp. 104–106.

2.1.1 Inspector-General's findings

The Inspector-General considers access to My Aged Care to be hampered by the negative light in which so many Australians view the aged care system. Reports of abuse and neglect have reinforced negative perceptions over time, and Australians have understandably lost trust in the ability of the Australian Government to oversee an aged care system that delivers safe and high-quality care and positive health and social outcomes for older people in Australia. The many reports of the Royal Commission document the problem in great detail, and the Commissioners' 148 recommendations provide a blueprint for transformative and meaningful change.

However, the significant reform agenda required to genuinely action these recommendations has not taken place at the scale and pace required. The Office of the Inspector-General of Aged Care's (the Office's) *2025 Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety* traverses this challenge at a granular level, noting that there is little evidence of the Department of Health, Disability and Ageing (the department) actively building public understanding of aged care to the degree required, and would benefit from a more strategically focussed approach.

The case for change is twofold. On the one hand, there is a clear need to better educate the Australian public on the diversity of the aged care service offering, particularly what is on offer beyond permanent residential aged care, so that all Australians better understand the social, health and economic benefits of early planning and preparation for later life. On the other hand, this objective necessarily relies on the reform agenda genuinely delivering on its promise to generate improved and positive outcomes which, over time, will support the rebuilding of public trust and generate positive interest in the aged care system.

In addition, whilst the Inspector-General is highly cognisant of the potentially compounding challenges brought about by an increasing awareness of the system that, in turn, can lead to an increasing demand for services in a resource-constrained environment, this is not a valid reason to delay promotion. Rather, it is proposed that the realisation of the economic benefits of early planning and preparation will have an overall positive impact on the system over the longer term.

2.1.2 Brand awareness for My Aged Care is low

In keeping with the overall theme of a lack of awareness, we note that brand awareness is equally critical to the public recognising My Aged Care as a trusted and reliable government service. This has a direct implication for the public's understanding of how to start their aged care journey. Evidence to the review reveals My Aged Care is not a well-known service among the general public, nor is it highly regarded by those who are aware of it. **The evidence in this section centres on a singular finding —that My Aged Care has not been sufficiently or effectively promoted, with the end result driving delayed access to essential aged care services.**

With My Aged Care being the single-entry point to the Australian aged care system, every person seeking access to aged care services and supports is required to interact with My Aged Care in some way. However, as noted above, brand awareness for My Aged Care is low across the Australian community, including among the target population of older people. This issue was a recurrent theme across evidence to the review and was raised in several submissions, including those from peak aged care advocacy bodies such as OPAN and COTA Australia.[43] For example, the submission from COTA noted that 'many people are not aware that My Aged Care exists',[44] whilst the OPAN submission stated that:

> *A large proportion of older people … had no prior knowledge of My Aged Care …*

[43] See, for example, COTA Australia, *Submission 3* and COTA Tasmania, *Submission 4*.
[44] COTA Australia, *Submission 3*.

> *My Aged Care is not well promoted or explained and there is an urgent need to improve community awareness and knowledge about My Aged Care.*[45]

OPAN's The National Aged Care Advocacy Program Presenting Issues – Report 3 further observed that:

> *… a lack of accessible information on the role of My Aged Care and the type of aged care services makes it increasingly difficult for some older people to begin the journey of accessing aged care.*[46]

This is not a new issue nor is it an original finding. Low awareness of My Aged Care has been raised repeatedly in the years since its inception, including by the *Legislated Review of Aged Care 2017* (the Tune Review), which found that:

> *Broad community awareness of My Aged Care and the aged care system is low, and this generally reduces the effectiveness of planning for aged care, whether by individuals, service providers, or government.*[47]

In 2017, concurrent to the Tune Review, the department launched an awareness campaign titled 'Find the help you need with myaged*care*'. The stated aim of the campaign was to 'increase awareness about planning for aged care before a crisis'. The campaign consisted of print and digital media advertising across newspapers, magazines, radio and social media, and included translated materials targeted at culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities and media channels.[48]

Noting this promotional effort, the Tune Review recommended '[t]hat the government invest in regular advertising and awareness activities for My Aged Care' moving forward. However, the campaign was not sustained or repeated.

In 2025, it is worth echoing the Tune Review's call that:

> *To maintain awareness of My Aged Care in the broader community, it [advertising] needs to be repeated on a regular basis.*[49]

In the interim years between the Tune Review and the Royal Commission, active promotion of My Aged Care was scant and inconsistent, with the Royal Commission observing in 2021 that 'it was not a well-known government service for the general population'.[50] In the absence of any dedicated budget measures to improve awareness, evidence provided to this review indicates that the department has made some efforts to promote My Aged Care organically by way of:

- updates to the My Aged Care news and information section of the website
- unsponsored posts on the department's social media channels
- promotion of My Aged Care through departmental newsletters (targeted at the general public, aged care providers, the aged care sector and the aged care workforce)
- tailored news articles
- organic search engine optimisation
- encouraging promotion by third-party providers.

While these efforts may be somewhat effective in reaching older people who are proactively seeking information about aged care, the critical issue is that they are unlikely to permeate the awareness of the general public and are particularly ineffective among those harder to reach older people in Australia who actively avoid information about aged care.

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[45] Older Persons Advocacy Network, *Submission 2*.
[46] Older Persons Advocacy Network (2023) *The National Aged Care Advocacy Program Presenting Issues – Report 3: July 2022 – June 2023*, p. 19.
[47] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*, p. 11.
[48] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*, p. 135.
[49] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*, p. 135.
[50] Royal Commission into Aged Care Quality and Safety (2019) *Interim Report: Neglect – Volume 1*, p. 127.

Furthermore, evidence provided to this review would suggest that these efforts have been unsuccessful in raising awareness of My Aged Care among the general public. Evidence also confirms that awareness remains a known issue by the department and that whilst some solutions have been proposed, they remain unfunded or underfunded to date. For example, in 2023 the department's Navigation and Access Branch provided the advice that:

> *There currently exists an opportunity to increase audience engagement of original MAC [My Aged Care] content through external promotion beyond the website. Older Australians may engage with original content more readily when it's delivered from a trusted third party.*
>
> *The purpose of external promotion beyond the website is to increase the likelihood of meeting potential consumers at the early stages of their aged care journey, when they may be just starting to consider aged care services.*[51]

Awareness has also been raised as an issue by Liquid, which is contracted to manage the www.myagedcare.gov.au website in collaboration with the department. Liquid has, on a number of occasions, raised the issue of awareness and promotion of the My Aged Care website in its quarterly performance reports to the department and has signalled opportunities for further search engine optimisation and active promotion.

In 2022, Liquid identified 'an opportunity to reach new users who are not aware of My Aged Care through the online channels they use'. Liquid's second quarterly report of the same year reported that the release of a social media campaign, which included Facebook, LinkedIn and X (formerly Twitter) saw a 30% increase in traffic to the My Aged Care website from social media channels, though this stream of website traffic remained minor in the overall scheme of activity, with organic web searches generating the highest volume of traffic. Nevertheless, the increased traffic continued in the third and fourth quarters of 2022.

In 2023, Liquid recommended that there was a 'need to raise awareness of MAC through a diversified outreach strategy'. The recommended approach centred on a combination of social media campaigns, diversification of website traffic sources and search engine optimisation. However, given that the format of Liquid's quarterly reports changed with the removal of the 'Promoting our services' section of the report in 2023, the lack of a detailed promotional strategy has inhibited the Office's ability to confirm whether any of these options were progressed.

Notwithstanding the above efforts to improve public awareness of the My Aged Care website, Liquid's *My Aged Care Website 2023–24 Annual Report* showed that the majority of the website's more than 2.6 million annual visitors came in via an organic web search, as opposed to a direct or referred visit. Liquid's *Quarterly Performance Report October – December 2023* stated:

> *Whilst it is positive that (mainly new) users are now able to find their way to MAC once again, it continues to highlight low awareness and familiarity with the MAC site and brand amongst our target audience.*[52]

Improving brand awareness for My Aged Care is critical to increasing timely and effective engagement with the aged care system. Evidence provided to this review by the department indicates that efforts are currently underway to incorporate a promotional campaign element for My Aged Care within the broader aged care reform communications strategy, and also that the department's Aged Care Communication and Change Branch considers that the My Aged Care component of the campaign should be ongoing.

[51] Information provided to the review.
[52] Information provided to the review.

2.1.2 Inspector-General's findings

The Inspector-General finds that My Aged Care has not been sufficiently or effectively promoted. It is clear that comprehensive, sustained and regular promotion is long overdue. While the Inspector-General acknowledges that the department has advised it is currently working on a promotional campaign for My Aged Care, it cannot be overstated that the effectiveness of this forthcoming campaign must be measured not by the style or content of the campaign material, but by the level of ongoing investment in sustaining promotion of My Aged Care into the future.

2.1.3 Opportunities to improve engagement with supported access pathways have not been seized

A majority of older people require some level of additional formal support to access and navigate My Aged Care, beyond the unpaid care and support they receive from their families, friends and communities. This support may be provided via the non-digital My Aged Care access channels, such as the national contact centre or face-to-face Aged Care Specialist Officer (ACSO) services; through direct referrals from general practitioners (GPs) and other health or aged care professionals; as well as via specialist navigation supports provided under the care finders or Elder Care Support program.

However, evidence provided to this review has highlighted that, much like My Aged Care itself, many of these additional 'supported access' pathways are also not well known, and are poorly understood and underpromoted, leading to inequitable access, particularly for those older people requiring additional supports.

Several submissions spoke to the lack of awareness of the face-to-face service offering of the ACSO and care finder services.[53] For example:

> *Whenever anyone mentions that they are even contemplating aged care, I recommend the ACSOs. There need to be more of these people and in more locations. They need to be better promoted.*[54]

This sentiment was broadly reflected in a 2023 *Evaluation of the Senior Australians face-to-face service offer* commissioned by the department. The evaluation found that 'ACSOs felt more marketing could be done to raise local service awareness' while lived experience suggested that 'greater local promotion and engagement with the community was needed'.[55]

The *Evaluation of the care finder program: First evaluation report* similarly observed issues around the lack of awareness and insufficient promotion, but noted the department's reluctance to generate demand and 'unrealistic expectations'.[56]

The final *Evaluation of the care finder program: Second evaluation report* further highlighted a lack of consistent, coordinated national promotion and also confirmed that:

> *The department has intentionally not driven national promotion of the program to prospective clients to limit the number of people who are outside the target population seeking assistance from the program.*[57]

In addition, whilst lack of awareness of the My Aged Care contact centre was not necessarily raised as a significant issue in evidence to the review, COTA Australia recommended increasing awareness of the telephone number to ensure that people navigating the website were informed that there was an alternative to using the digital option:

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[53] See, for example, Christine Costello, *Submission 31* and Ellen Bucello, *Submission 29*.
[54] COTA Australia, *Submission 3*.
[55] Information provided to the review.
[56] Department of Health and Aged Care (2024) *Evaluation of the care finder program: First evaluation report*.
[57] Department of Health and Aged Care (2025) *Evaluation of the care finder program: Second evaluation report*, p. 36.

> *The call centre should be better promoted on the MAC website. The MAC call centre My Aged Care telephone number should be moved to be situated at the top of the website home page.*[58]

A number of health professionals' organisations also commented on this. The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) submission observed that 'most geriatricians reported that My Aged Care has not been directly promoted to them as healthcare workers'.[59]

Whilst the Royal Australian College of General Practitioners (RACGP) submission reflected that while lack of awareness of My Aged Care was not an issue among GPs, there was widespread misunderstanding among patients as to the role of GPs in the referral process.[60]

2.1.3 Inspector-General's findings

The Inspector-General finds that the supported access pathways, designed to assist those who are unable to access and navigate My Aged Care independently, have not been sufficiently or effectively promoted, therefore constraining their benefits and distorting demand. The Royal Commission, and the Tune Review before it, both called for greater face-to-face and person-to-person support for people entering and navigating the aged care system. However, the potential of these services will not be realised if they remain unknown to the very target population they are designed to support.

The Inspector-General is particularly concerned by evidence suggesting that the department may have deliberately underpromoted the care finders service, which by default consequence could exclude eligible participants from gaining access to the program.[61] This would contravene the underlying policy intent of the program.

While this section is chiefly focussed on awareness of the supported access pathways, section 2.3 sets out issues relating to their delivery and operation that need to be considered in tandem.

2.1.4 Recommendations – Supporting empowerment and choice

The department should continue to support the delivery of ongoing awareness-raising and educational activities to increase public knowledge of the aged care system. It should also consider undertaking a national multimedia campaign to promote and improve public awareness of the role of My Aged Care as the single-entry point to the aged care system.

The recommendations below build on Recommendation 26 of the Royal Commission to improve public awareness of the aged care system. The Inspector-General considers the department's 2025 *Aged care reforms communication plan* to be a useful starting point from which to commence these efforts, but firmly restates that the effectiveness of any future promotion, public education and awareness-raising efforts will be measured not only by the style or content of campaign material, but by the level of ongoing investment in sustaining such efforts into the future.

Recommendations 1 and 2 should form a combined campaign for action, albeit their aims are different, but related to each other.

[58] COTA Australia, *Submission 3*.
[59] Australian and New Zealand Society for Geriatric Medicine, *Submission 24*.
[60] The Royal Australian College of General Practitioners, *Submission 26*.
[61] Department of Health and Aged Care (2025) *Evaluation of the care finder program: Second evaluation report*.

Recommendation 1:
Improved public awareness of the aged care system

The Australian Government (Department of Health, Disability and Ageing) should undertake a national communication campaign and promote educational activities to raise public awareness of the aged care system and encourage people to plan for future care needs.

1.1 Fund and support ongoing awareness-raising activities to increase public knowledge of the aged care system, in line with Recommendation 26 of the Royal Commission into Aged Care Quality and Safety, and building on the department's proposed 2025 communication plan. The plan should distinctly address the following recommended actions.

a. Improve public awareness of the aged care system, including the different types of care options available.

b. Encourage future planning for ageing earlier in life without the context of 'crisis', including consideration of preferences, potential care needs and costs.

c. Improve understanding of aged care–specific financial considerations and encourage accredited financial planners to support the inclusion of future aged care considerations in financial advice strategies.

d. Increase understanding of the aged care system among healthcare professionals, including in hospital and primary care settings, and organisations or services that have regular contact with older people.

e. Increase understanding of the aged care system among organisations and services working with older people with diverse backgrounds and life experiences, including those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

f. Ensure communication strategies and resources are fit-for-purpose for all older people in Australia, developing specific resources and dissemination pathways, as required, to proactively reach older people with diverse backgrounds and life experiences, including those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

Recommendation 2:
Improved public awareness and understanding of My Aged Care

The Australian Government (Department of Health, Disability and Ageing) should undertake a national multimedia campaign to promote and improve public awareness of the role of My Aged Care as the single-entry point to the aged care system. This should be tightly annexed to the national communication campaign described in Recommendation 1 by using My Aged Care as part of the call to action for the issues it raises.

2.1 Deliver a national, ongoing multimedia campaign aimed at raising awareness of My Aged Care.

a. Develop and lead active and ongoing promotion of My Aged Care across multiple communication and media channels. The campaign approach should be:

   i. inclusive of all My Aged Care access channels (digital, phone and face-to-face) as well as relevant targeted support programs such as care finders and the Elder Care Support program

   ii. based on research-led activities to determine the most appropriate modes for awareness-raising and information dissemination across different age groups, locations,

cultural backgrounds and life experiences, and including families and carers of older people in Australia

iii. undertaken in partnership with My Aged Care delivery partners and relevant aged care stakeholders, and

iv. co-designed with relevant stakeholders including, but not limited to, people with lived experience, peak bodies, health and aged care professionals, and communities to ensure the development and dissemination of appropriate and culturally safe resources, including specific resources for people with diverse backgrounds and life experiences, such as those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

b. Undertake active and sustained promotion targeted at raising awareness and understanding of My Aged Care among:

i. general practitioners, hospitals and other health professionals, and

ii. community organisations, support services and relevant professionals working with older people, including those with diverse backgrounds and life experiences, and their families and carers.

c. Publicly report on:

i. rates of engagement with My Aged Care following promotion, and

ii. the level of ongoing investment in sustaining promotion of My Aged Care into the future.

2.2 Support greater search engine optimisation effort, including considering advertising sponsorship, to ensure that My Aged Care is the first point of access to online information about My Aged Care.

a. Review and determine whether there is a need to monitor and/or regulate the promotional materials and strategies of unaccredited or unaffiliated third-party providers online, in print and wherever it may appear (noting that increased awareness will reduce the need for this action over time).

2.2 The complexity of My Aged Care makes it difficult to navigate and limits access

Australia's aged care system is complex and difficult to navigate. As a service aimed at supporting older people's access to this system, it is critically important that My Aged Care is designed to remove this complexity for the front-end user and with the target cohort of older people in mind, including those from different backgrounds and with different life experiences. To date, My Aged Care has been largely designed around a website and telephone contact centre, which in and of itself can be problematic for older people, many of whom would prefer to speak with someone face-to-face or find it difficult to engage with technology. Whilst some face-to-face service offerings have recently been introduced, these services are currently not universally accessible by all. Further, given the government's increasing reliance on digitally based service delivery options, it is all the more essential that My Aged Care is user-friendly and easily accessible to the target population of older people, their families, carers and advocates, and the health professionals supporting them. At present, it is not.

This section of the report is focussed on the challenges that were raised in evidence to the review regarding the complexity and inflexibility of the system as a whole, the My Aged Care website specifically, and, to some extent, the underpinning information and communications technologies (ICT) (although, the ICT aspect has not been considered in detail). Importantly, the overall complexity of navigating and interacting with My Aged Care was raised as a recurrent theme in evidence provided to the review, as representing a significant barrier to timely and effective service utilisation. For example, the lack of clarity around the starting point for accessing aged care services leaves many older people and those supporting them feeling confused and overwhelmed by the volume and density of information, and unsure where to begin and how best to proceed. Overall, the My Aged Care website has been described as 'confusing' and 'difficult to navigate'.[62]

Confronting the inherent complexity that remains central to the My Aged Care lived experience must necessarily include considering whether the system itself is fit-for-purpose and what meaningful action, beyond supplementing access shortfalls, will help realise an aged care system accessible to all who need it. In the longer term, addressing these changes now will be vital for sustaining a fiscally viable service that is able to facilitate timely and appropriate access to aged care as the volume of people seeking to interact with the system continues to grow.

This section considers the evidence to this review, and the Inspector-General's findings, regarding the distinct system-focussed challenges impacting people's ability to effectively navigate and interact with My Aged Care. Specifically, this section looks at:

- accessibility and navigability of the My Aged Care website
- system flexibility and lack of interoperability across other aged care systems
- the digital inclusion limitations impacting the target audience
- overall system complexity.

[62] Aged and Community Care Providers Association, *Submission 11*.

2.2.1 The My Aged Care website challenge

The My Aged Care website is the primary source of publicly available information on accessing Australian Government–subsidised aged care services. It also hosts a range of online information and referral tools, enabling individual referrals for aged care assessments to be processed directly. In this sense, it is intended to function as a significant element of the previously envisioned 'gateway' to the aged care system for many older people and those who support them. However, evidence to the review has highlighted a number of issues with the design and function of the website that specifically exclude a potentially significant proportion of the target audience from being able to successfully engage with this platform. While the issues identified are problems for the average user of any essential service-related system, it must be recognised that many people accessing My Aged Care may be experiencing a level of cognitive decline or doing so in the context of crisis. Some of the challenges identified for these users of the website include:

- poor navigability and complex click-through journeys
- confusing and conflicting information
- a lack of appropriately targeted, user-friendly resources
- a lack of accessibility and content considerations appropriate to the needs of older people, particularly those who may have poor digital skills or are experiencing cognitive decline.

Concerns regarding the accessibility and usability of the My Aged Care website are not new, but have been identified as an issue since its inception. For example, Recommendation 25 of the Tune Review proposed:

> *That the government continues to improve the My Aged Care website for consumers and providers by making the design and layout easier to use and providing information in more accessible, plain-English formats.*[63]

To address this, Liquid was engaged in 2018–19 to redesign the My Aged Care website in consultation with older people. Liquid subsequently took over ongoing design and operational responsibility for the website from the Department of Social Services (DSS) from 2019. In addition to the comprehensive redesign, Liquid has also continued to make a number of iterative updates to the website, in consultation with the department. Despite this, concerns remain that the website offering is not appropriately targeted at older users.

Evidence to this review has highlighted the continuing concerns around accessibility and navigability, with several submissions emphasising the ongoing impacts of end users on the complexity and poor navigability of the website.[64] These frustrations were well summarised in the submission from the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), which states that:

> *… the My Aged Care website layout is not user-friendly. The current platform requires users to click through numerous drop-down menus. At times some of these filter options have no services associated with them, so there is no option to select (that is, it is essentially a 'dead-end'). We have also received input that it is difficult for users to compare the different services easily, as this requires navigating between multiple tabs or open windows.*[65]

A recurrent source of frustration for many users is also the lack of clarity around the 'find a provider' and 'fee estimator' tools on the website. These are the two most used website functions, yet they reflect some of the lowest user experience ratings (as identified in Liquid's regular reporting to the department). Several users expressed disappointment that, despite their efforts navigating the website, they were not provided with accurate or useful information around service costs, performance and availability. This lack of clarity can

[63] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*.
[64] See, for example, COTA Australia, *Submission 3*; Australian and New Zealand Society for Geriatric Medicine, *Submission 24*; Aged and Community Care Providers Association, *Submission 11*; and Mount Alexander Shire Council, *Submission 20*.
[65] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*.

significantly impact the ability of an older person to fully understand their options and make informed decisions about their care.

As noted above, Liquid regularly reports to the department on the performance of the website, including site traffic levels and trends, updates, optimisation efforts and customer satisfaction survey results. In 2023–24, customer satisfaction averaged around 56%. Whilst this rating shows an improvement on the previous few years' ratings, it continues to remain below the 65% key performance indicator (KPI) required by the department.

This reporting also captures feedback from website users that reflects a diversity of experiences in using the website. A number of users provided generally positive feedback, with the reports presented in a relatively positive light overall. However, others spoke to a more complicated or unsatisfactory experience, particularly noting that the website was not user-friendly or appropriately targeted to the older cohort that it was primarily aimed at supporting and who may be experiencing the compounding effects of crisis, below average digital literacy and/or age-related cognitive decline. As one respondent shared:

> *I'm looking to help my Mum who has undiagnosed dementia & needs help with everything but there doesn't seem to be much info for people who can't make their own decisions.*[66]

Though customer satisfaction levels are reported to have increased in recent times, it must be noted that participation in the customer satisfaction survey represents only approximately 1% of site visitors. It is also noteworthy that in July 2024, at the department's request, Liquid changed the survey questions. This coincided with an immediate improvement of 5–10% in customer satisfaction scores.

In March 2025, the Inspector-General was advised that Liquid was working with the department on a major redesign of the website for the first time since 2019, coinciding with the advent of the new *Aged Care Act 2024* (the new Act). It is understood that the redesign has been informed by a co-design process with older people and those who support them, as well as three rounds of user research, with a view to making the website and overall experience of accessing aged care easier for older people, including those who may be experiencing diminished capacity and age-related cognitive decline. It is anticipated that the new website will come into effect by 1 November 2025.

2.2.1 Inspector-General's findings

The Inspector-General considers that the My Aged Care website in its current form is not appropriately tailored to the needs of older people and the ways in which they engage with digital technologies, or the psychological context in which they may be engaging. As an entry point to the aged care system operating within the practical constraints of a website, the current model has inherent limitations around the quality of the service it is able to offer. However, serious concerns remain about the lack of access to accurate and easy-to-understand information around service costs, performance and availability on the My Aged Care website. The lack of access to such information may potentially deter people from continuing to engage with the service at a critical juncture in their aged care journey.

Noting trends in the current use of the virtual assistant, Mac, which demonstrate that older people are seeking information outside of the remit of My Aged Care, the Inspector-General considers it appropriate that this tool could be upgraded to operate as a live web chat assistant with functionality to generate responses to frequently asked questions, provide links to useful and reliable information sources, and transfer to an in-person phone call if required.

[66] Information provided to the review.

The Inspector-General acknowledges that the department is working with Liquid on a significant website redesign project that has been informed by a comprehensive stakeholder engagement and co-design strategy. However, since the launch of the new website is intended to coincide with the enactment of the new *Aged Care Act 2024* (the new Act), the Inspector-General sees it as imperative the department commits to the redesign process remaining focussed on transforming the user experience in line with the human rights–based principles of the new Act, rather than largely looking on it as an 'information update' exercise. Any evaluation of the website must be tested against this purpose.

The Inspector-General considers that the new website will need to be continually monitored and updated, in consultation with the full breadth of the target audience. Beyond this, consideration should continue to be given to how best to expand and improve the options available to provide more personalised support for those who need it.

2.2.2 The interoperability of My Aged Care with other digital health systems is essential to the support people receive

The Australian Digital Health Agency's (ADHA) *Connecting Australian Healthcare: National Healthcare Interoperability Plan 2023–2028* (the ADHA Plan 2023-2028) uses the following definition of interoperability that was developed by the Global Digital Health Partnership:

> *The ability of a system or product to transfer meaning of information within and between systems or products without special effort on the part of the user. Interoperability is made possible by the implementation of standards.*[67]

At its best, interoperability enables better administration of care and better health outcomes for clients. Evidence to the review highlighted a number of issues around the interoperability of My Aged Care with other digital health records and client information management systems. These issues have proven to be an impediment to health and aged care professionals providing effective support to clients and patients.

Key issues raised in evidence included:

- difficulties transferring My Aged Care data and information between different information systems
- the compatibility of My Aged Care with the digital health information systems used by health professionals
- a lack of clarity around crossover between My Aged Care and other government services, notably the National Disability Insurance Scheme (NDIS) and Department of Veterans Affairs' (DVA) programs.

The ADHA Plan 2023-2028 points to the ADHA's efforts to promote the benefits of interoperability across all care systems, spanning healthcare, aged care and disability services. This includes not only government-administered systems but also those of hospitals, pharmacies, GP offices, allied health services, specialist practices and disability services.[68]

Digital technologies have transformed the ways in which Australians access and administer healthcare and government services, particularly in the wake of the COVID-19 pandemic, which saw the rapid uptake of telehealth services across the population, including among older people.[69]

The interoperability challenge is well known across the healthcare system and is particularly apparent in aged care, as was highlighted by the Royal Commission.

[67] Australian Digital Health Agency (2023) *Connecting Australian Healthcare: National Healthcare Interoperability Plan 2023–2028*.
[68] Australian Digital Health Agency (2023) *Connecting Australian Healthcare: National Healthcare Interoperability Plan 2023–2028*.
[69] Australian Communications and Media Authority (2021) *Communications and media in Australia: The digital lives of older Australians*.

The interoperability issues are twofold. First, the incompatibility of the ICT system underpinning My Aged Care with other information management systems means that data and information cannot easily be transferred between systems. Second, there is a lack of information and guidance for the broader workforce to encourage and facilitate the smooth transfer of data and information. This tension mutually reinforces confusion within the system and acts as a productivity drain on an already pressurised workforce.

The Aged and Community Care Providers Association (ACCPA) (which has since rebranded as Ageing Australia) submission noted:

> *The functionality of extracting and managing data from the My Aged Care System is currently limited. This impacts on providers' ability to generate meaningful reports on care recipients and those on the waitlist.*[70]

The RACGP highlighted that the lack of interoperability limits GPs' understanding of the aged care supports being accessed by their patients:

> *There is an opportunity for My Aged Care to facilitate modern two-way electronic communication between a person's usual GP and others involved in that person's care, such as any other medical specialists, nurses, pharmacists, care package coordinators, home care providers and family.*[71]

The RACGP also noted that the service provided by HealthLink, the company that facilitates the My Aged Care e-Referral process, is not compatible with cloud-based clinical information systems used by many practices resulting in the need for a time-consuming manual transfer of data to update records. The RACGP submission noted that:

> *… some members have provided feedback that the systems in place are not particularly user-friendly and are time consuming. This difference in experience might be down to the capability of the clinical information system being used by the GP.*[72]

Evidence also reflects widespread confusion regarding how My Aged Care interacts with other government services.[73] For example, one letter from 2023 to the Hon Mark Butler MP, then Minister for Health and Ageing described a situation where someone:

> *… passed away while the system passed paperwork between departments, offices and filing systems.*[74]

Similarly, the lack of clarity around the relationship between entry systems under the NDIS and My Aged Care was raised. Also in 2023, a complaint made to the office of the Hon Bill Shorten, then Minister for the National Disability Insurance Scheme indicated that some people do not understand that once they reach the age of 65 their only option is My Aged Care, as they can't apply to the NDIS as a new entrant. Similar correspondence received by Minister Butler's office in the past few years has highlighted the confusion that many people experience in trying to understand what services they may or may not be entitled to if they are already receiving supports through another system, such as through the NDIS or DVA. In these instances, older people can be confused as to which system they should be engaging with and/or which system would be most appropriate for their specific needs.

[70] Aged and Community Care Providers Association, *Submission 11*.
[71] The Royal Australian College of General Practitioners, *Submission 26*.
[72] The Royal Australian College of General Practitioners, *Submission 26*.
[73] See, for example, Karen Strauss, *Submission 32*; Carers Australia, *Submission 5*; and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, *Submission 23*.
[74] Information provided to the review.

2.2.2 Inspector-General's findings

The Inspector-General finds the lack of interoperability between My Aged Care and other digital health records and client information management systems to be inefficient as well as an unnecessary productivity drain on workers – and could result in suboptimal health and wellbeing outcomes for clients and patients within the aged care system. It is critical that older people, their health professionals and those supporting them can easily retrieve and share their health and aged care information as needed, and this is not currently the case. This issue is especially important for NDIS participants, as there are inequities between the NDIS and the aged care system that risk disadvantaging individuals transitioning from the NDIS to aged care. In some cases, these individuals are not comprehensively informed that they will automatically lose access to the NDIS upon entry to the aged care system, in which the available supports are not as well funded.

While there are broader issues around the interface between NDIS and the aged care system as a whole, there is a specific need for My Aged Care, as the single-entry point to the aged care system, to make clear to prospective registrants that accessing supports through the aged care system can risk disqualifying eligibility for the NDIS.

2.2.3 Barriers to access in the context of poor digital inclusion

Digital inclusion refers to people's ability to access and use digital technologies effectively. The Australian Digital Inclusion Index (ADII) uses survey data to measure digital inclusion in Australia across the three areas of access, affordability and ability. The most recent ADII identified that people over the age of 65 are below the national average for digital inclusion, and those over 75 are significantly below the national average. Further, the index has identified a decline in the digital ability of those over 75.[75]

It is crucially important that My Aged Care, as the entry point to the aged care system, is compatible with the ways that older people access and participate in the digital world, to ensure they are supported and encouraged to use it effectively. Although, much like that of the rest of the population, older people's use of technology and the internet has steadily increased over time and was particularly bolstered during the COVID-19 pandemic,[76] as a group they still exhibit lower levels of digital inclusion and digital literacy than the general population.[77] This section canvasses evidence received relating to older people's:

- internet access
- ability to use digital technologies
- trust in digital technologies and services.

At the outset, it must be acknowledged that the current model of My Aged Care is over-reliant on use of a website as the primary source of publicly available information, and that this automatically excludes a cohort of older people who do not have the necessary digital skills or technology to successfully access and navigate the website. This cohort will necessarily require the use of more traditional methods to raise their awareness, and more face-to-face services and supports to successfully engage them.

It is also important to note that the digital skills of some older Australians are often underestimated and that levels of digital literacy among older Australians are diverse, ranging from highly proficient to completely disengaged. Notwithstanding this diversity, many older people still struggle with the scale and pace of technological changes, particularly in the health system.[78] Further, many older people rely on family and

[75] Australian Digital Inclusion Index (2023) *Measuring Australia's Digital Divide*, p. 6.
[76] National Seniors Australia (2022) *Older Australians' Digital Engagement in Turbulent Times*.
[77] Department of Social Services (2020) *Improving the digital inclusion of older Australians: The social impact of Be Connected*.
[78] Australian Communications and Media Authority (2021) *Communications and media in Australia: The digital lives of older Australians*.

friends to support them to access and navigate digital technologies. However, these informal support networks are not available to everyone, exacerbating the barriers to access for those experiencing social isolation.[79]

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) observed in its submission:

> *Accessibility for those with poor IT literacy is challenging and a lack of carer/family to assist with navigation is another barrier.*[80]

The functionality of the website is significantly reduced on smaller devices, particularly smartphones, which have a vertical interface. In 2023–24, the majority of visitors accessed the My Aged Care website via desktop computers (65%), followed by smartphones (32%) and tablets (3%). However, research indicates that gradually more and more older people are opting to access the internet via smartphones, tablets and other devices, with smartphones being the most common mode of accessing the internet for people over the age of 65.[81] For some, it may be their only internet-compatible device.

With regard to overall access, a 2021 report by the Australian Communications and Media Authority stated that, as a generalisation, approximately 93% of older people have some form of internet access in their home.[82] However, access to reliable internet and phone services is a significant issue for some older people, who might not possess the necessary technology or skills to effectively engage with complex digital services. In addition, the rising costs of living are contributing to increasing digital exclusion as a growing number of older people struggle to afford the required telecommunications costs. This is a particularly significant issue for many Aboriginal and Torres Strait Islander people living in remote communities, for whom the overall digital inclusion and accessibility scores decrease substantially compared to Aboriginal and Torres Strait Islander people living in major cities.[83]

The RACGP in its submission observed that:

> *Not everyone will be able to apply online or have reliable phone access. The emphasis on using the web-based portal is a barrier to many older people referring themselves ...*
>
> *… Many older people do not have the digital literacy to navigate their own assessment online and even being able to obtain a telephone number to make contact can be difficult.*[84]

Additionally, older people face unique challenges around their levels of trust in digital services and susceptibility to scams. A survey conducted by the Office of the eSafety Commissioner revealed that approximately one-third of those aged 70–79 expressed distrust towards the internet or government sites, significantly higher than in younger age groups.[85] This can result in many older people being unwilling or hesitant to use digital services like My Aged Care to provide personal information.

Evidence to the review also highlighted that many older people tend to distrust the My Aged Care contact centre's use of an unknown, or private, phone number for conducting outbound return calls. This distrust can result in people missing or avoiding returned calls and, therefore, delay access to care.[86] The submission from NATSIAACC observed:

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[79] Department of Social Services (2020) *Improving the digital inclusion of older Australians: The social impact of Be Connected*.
[80] Australian and New Zealand Society for Geriatric Medicine, *Submission 24*.
[81] Australian Communications and Media Authority (2021) *Communications and media in Australia: The digital lives of older Australians*.
[82] Australian Communications and Media Authority (2021) *Communications and media in Australia: The digital lives of older Australians*.
[83] Productivity Commission (n.d.) *Closing the Gap Information Repository: Socio-economic outcome area 17* [accessed 14 July 2025].
[84] The Royal Australian College of General Practitioners, *Submission 26*.
[85] Office of the eSafety Commissioner (2018) *Understanding the digital behaviours of older Australians: Summary of national survey and qualitative research*.
[86] See, for example, Lifebridge Australia Ltd, *Submission* 16; National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*; Aged and Community Care Providers Association, *Submission 11*; and Older Persons Advocacy Network (2023) *The National Aged Care Advocacy Program Presenting Issues – Report 3: July 2022 – June 2023*.

My Aged Care calls from a private number … the older person does not know who is calling and may not answer. Anecdotally, many people prefer not to answer unknown phone numbers.[87]

2.2.3 Inspector-General's findings

The Inspector-General finds that the My Aged Care service offer is highly reliant on digital inclusion as a precondition to successful access, and it does not effectively meet the needs of older people who do not participate in the digital world to the same degree as the general population. Under the current service arrangements, many older people who are not able to independently navigate My Aged Care will not meet the constrained eligibility requirements around the supported navigation pathways of the care finders and Elder Care Support programs. The Inspector-General considers that without greater face-to-face services and supports, there is a serious and unacceptable risk that this cohort will experience significant delays and complications in accessing aged care, and some may be excluded entirely.

Noting the trends in evidence that more and more older people are opting to access the internet via smartphones, tablets and other devices, the Inspector-General considers the development of a My Aged Care software application critical to support the engagement of the increasing number of older Australians seeking to access My Aged Care on these devices.

The Inspector-General considers the contact centre's use of a private outbound phone number to be inappropriate and a barrier to establishing trust with the target cohort of older people. The Office is mindful that the contact centre line is centralised and therefore does not generate individualised phone numbers for each individual officer, which is standard practice for inbound 1800 services. However, it is worth considering possible alternatives to minimise distress and improve trust among the target population.

2.2.4 An unnecessarily complex system

My Aged Care is a complex entry point to a complex aged care system – more so by accident than by design – with the trappings of this complexity being felt by individual users and delaying access to aged care. As has been identified throughout this section of the report, issues of system complexity continue to impact the effectiveness of My Aged Care in enabling older people in Australia to navigate to and initiate the assessment process required to enter the aged care system, including:

- confusion and complications navigating the My Aged Care website
- an ICT foundation incompatible with the complexity of the system it underpins
- the need for a more streamlined and supported user experience.

Several submissions to this review also spoke to the sense that the complexity of the system was a key factor impacting timely access to care.[88] For example, the ACCPA submitted that:

The overall complexity of the My Aged Care processes contributes to confusion for older people and those supporting them, leading to delays and mismanagement of referrals and assessments.[89]

The complexity of My Aged Care is not unique. Complex systems are everywhere, particularly in healthcare and government services.[90] Complex systems are characterised by their interconnectedness, non-linearity,

[87] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*.
[88] See, for example, Interim First Nations Aged Care Commissioner, *Submission 1*; Christine Costello, *Submission 31*; and Older Persons Advocacy Network (2023) *The National Aged Care Advocacy Program Presenting Issues – Report 3: July 2022 – June 2023*.
[89] Aged and Community Care Providers Association, *Submission 11*.
[90] Carroll, A, Collins, C, McKenzie, J, Stokes, D and Darley, A (2023) Application of complexity theory in health and social care research: a scoping review, *BMJ Open*, 13: pp. 1–12.

diversity, adaptiveness to emergent influences in the broader policy environment and sensitivity to changes to their initial operating conditions.[91]

The broader aged care system itself is overwhelmingly complex, and as the entry point to this system it is inevitable that My Aged Care will reflect some level of this complexity. However, the burden of navigating the complexity of the system should be managed 'behind the scenes' and not impede the access of individual users, who are navigating their own complex care needs and personal circumstances.

The design of My Aged Care should be geared towards alleviating the underlying complexity of the broader system to facilitate a smooth and straightforward user experience, chiefly in relation to the functionality of the website, the application process and the accessibility of information, communications and other resources.

It is important to note that complex systems cannot successfully operate within simplified parameters, despite the obvious temptation for policymakers to assume that simplification is the solution to complexification. In fact, efforts to simplify complex systems can often exacerbate existing problems and create unintended consequences.[92] Rather, complex systems necessarily require a reflexive acknowledgment of their own complexity in order to craft solutions that are complexity-informed and complexity-compatible.[93] As the Royal Commission prescribed, '[design] for diversity, difference, complexity and individuality'.[94]

Since its launch in 2013, My Aged Care has undergone updates and upgrades year on year, substantially expanding on its original functionality. Yet the original ICT foundation remains in place and has never been comprehensively overhauled to reflect the significant shifts in the service offer that have occurred over the past decade.

Future efforts to improve My Aged Care must specifically account for the initial operating conditions of the ICT system underpinning the My Aged Care system, which was originally built to operate as an information-only service comprising a contact centre and a website.[95]

It is unclear that a theory of change was adopted to inform the way My Aged Care was built, and subsequently modified, as the single-entry point. A theory of change would see 'what the system is trying to achieve' as its destination and then, by working backwards, the system and its modifications would be built around the evidence base for achieving 'roadmap' milestones.

A theory of change sets out an evidence-based logic as to how and why a series of actions or interventions can reasonably be expected to result in a desired change or outcome. Serrat provides the following definition:

> *A theory of change is a purposeful model of how an initiative – such as a policy, a strategy, a program, or a project – contributes through a chain of early and intermediate outcomes to the intended result.*[96]

Any future redesign must set out the theory of change – that is, what it is designed to achieve – and then develop its parameters with substantial consultation and co-design with older people and their advocates. A true theory of change necessarily asks the question as to whether the ICT foundation remains fit-for-purpose or whether it is time to rebuild the My Aged Care system with newer ICT foundations in order to achieve its aims.

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[91] Wright, M (2024) A need for systems thinking and the appliance of (complexity) science in Healthcare, *Future Healthcare Journal*, 11(4): pp. 1–4.
[92] Wright, M (2024) A need for systems thinking and the appliance of (complexity) science in Healthcare, *Future Healthcare Journal*, 11(4): pp. 1–4.
[93] Grudniewicz, A, Tenbensel, T, Evans, JM, Steele Gray, C, Ross Baker, G and Wodchis, WP (2018) 'Complexity-compatible' policy for integrated care? Lessons from the implementation of Ontario's Health Links, *Social Science & Medicine*, 198: pp. 98–102.
[94] Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect — Volume 2: The current system*, p. 98.
[95] Tune, D (2017) *Legislated Review of Aged Care 2017 Report*, p. 124.
[96] Serrat, O (2017) 'Theories of Change' in *Knowledge Solutions: Tools, Methods, and Approaches to Drive Organizational Performance*, Springer Singapore.

The Inspector-General is aware that in 2024, the department engaged an external consultancy firm, Customer Science Group, to deliver the Aged Care Access Customer Experience Strategy (the CX strategy). The CX strategy was finalised in December 2024 and provided to the Inspector-General in May 2024 under the terms and conditions of this review. Importantly, the department has advised the Inspector-General that the CX strategy has not yet been endorsed by the department or the Minister for Aged Care and Seniors and should not be referenced as 'accepted' in the review.

According to the final report, the CX strategy is based on research insights, and is informed by and co-designed with 350 people, including aged care professionals, older people with lived experience of navigating the service, key stakeholder groups and the department. It is prefaced on a recognition that the My Aged Care customer experience is 'complex', 'confusing' and 'disjointed', and sets out a program logic, forward vision and evaluation framework to achieve five broad outcome areas across My Aged Care. It also seeks a commitment from the department to reimagine the My Aged Care customer experience journey.

Whilst the broader outcomes of the CX strategy are considered in more detail in Part 3 of this report, it is important to note that this document already goes some way towards setting out a roadmap for change that recognises the need to:

> *… remove system complexities from the consumer view and enhance back-end systems to manage the dual complexity of complex eligibility requirements and services, and variability in customer needs.*[97]

2.2.4 Inspector-General's findings

The Inspector-General considers the lack of complexity-compatible design within the broader My Aged Care system to be a significant inhibitor to My Aged Care functioning as an accessible and equitable single-entry point to the aged care system, in line with its foundational policy intent. The Inspector-General is impressed by the substance of the CX strategy and considers it to be a step in the right direction. However, the Inspector-General remains concerned that without meaningful and sustained scrutiny of its implementation, its noble principles risk paying lip service to the principles of co-design whilst only tweaking at the margins of an issue that is severe in magnitude.

Further, the Inspector-General is of the view that any future efforts to implement the CX strategy would significantly benefit from the development of a theory of change with the lived experience of older people navigating the service at the centre. Working backwards from the core objective that all older people seeking access to aged care are able to do so in a timely and effective way, the My Aged Care system and its modifications would be built around the evidence base for achieving the milestones on the 'roadmap'.

2.2.5 Recommendations – Facilitating smooth and timely access

The department should, building on the CX strategy, urgently undertake a consolidated effort to improve website navigation and tools, information, communications and resources, and the flexibility and interoperability of My Aged Care systems to support timely, streamlined and efficient access to aged care services.

In doing this, the department should develop a theory of change that identifies the core objectives that need to be achieved and build the system around them in a logical and stepped approach from the ground up, rather than continuing to react to short-term system fixes.

Additionally, while the website is and will remain a central pillar of the My Aged Care service offer, it is nevertheless critical that the government also prioritises the improvement of alternative access pathways to the website for those who are underserved or excluded by the current offering.

[97] Information provided to the review.

The recommendations below build on Recommendations 27, 30 and 109 of the Royal Commission, to ensure My Aged Care provides accessible and usable information on aged care, to design for complexity, and to invest in ICT systems to support the aged care system, respectively.

Recommendation 3: Reduce system complexity

The Australian Government (Department of Health, Disability and Ageing) should seek to reduce system complexity to support older people in Australia and their families and carers to access and navigate the aged care system.

3.1 Redesign the My Aged Care website.

a. Progress the proposed redesign of the My Aged Care website, informed by principles of complexity-compatible design and complex systems theory, and based on a theory of change approach that centres the user journey and experience in line with the human rights–based principles detailed in the new *Aged Care Act 2024*.

b. In determining what redesign activities will achieve this aim, co-design and conduct ongoing user experience testing to ensure the My Aged Care website remains appropriately targeted at, culturally safe for, and accessible to older people in Australia and their support networks.

c. Streamline access to key information on the My Aged Care website, focussing on limiting the need for multiple-page navigation and providing Easy Read versions where applicable.

d. Consider developing a My Aged Care software application to support the engagement of those older Australians seeking to access My Aged Care on a smartphone or tablet.

e. Consider introducing a live web chat assistant with the ability to transfer to an in-person phone call if required, noting that:

   i. use of the current virtual assistant, Mac, demonstrates that older people are seeking information outside of the remit of My Aged Care, and that further consideration of a 'one government, one door' approach is needed rather than putting the onus on older people and their families to navigate the complex arrangements underpinning the aged care system.

3.2 Develop new resources to assist with understanding and navigating the system.

a. Review all My Aged Care communication processes and correspondence to ensure they are fit-for-purpose to support engagement for all older people, including those with diverse backgrounds and life experiences.

b. Develop clear instructional guides for navigating the aged care system – including Plain English, Easy Read and visual materials, detailing step-by-step processes for accessing aged care – and make them available on the My Aged Care website and in print.

c. Include clear and transparent information on the website and in My Aged Care communications regarding the screening and assessment processes, including information on assessment wait times by priority and region.

d. Introduce an option for arranging client call-backs at pre-organised times and using a dedicated My Aged Care phone number with caller ID.

e. Review and update all My Aged Care resources to ensure they are fit-for-purpose to support engagement with all older people, including those with diverse backgrounds and life experiences, including:

i. review and update My Aged Care resources to ensure they are appropriate for Aboriginal and Torres Strait Islander people, including increasing the number of resources translated into Aboriginal and Torres Strait Islander languages

ii. consider increasing the range of information and My Aged Care resources available in other languages, in consultation with culturally and linguistically diverse communities and peak bodies.

3.3 Improve systems interoperability and information exchange.

a. Improve the interoperability of My Aged Care with other online government services, chiefly My Health Record and MyGov.

b. Continue to co-design with general practitioners, assessors and other health professionals to ensure the optimal functionality and interoperability of client health record information systems with My Aged Care (including across multiple clinical software and cloud-based programs).

c. Continue to co-design with assessors, industry, and people with lived experience to improve the operation of, and access to information through, relevant My Aged Care system portals.

3.4 Streamline engagement between government-funded programs, including Carer Gateway and the National Disability Insurance Scheme.

2.3 Support to access My Aged Care is essential

The skills, training and resourcing underpinning the My Aged Care workforce determine the delivery of My Aged Care policy and frontline services. It is therefore a critical enabler, impacting timely and effective access to care. Conversely, problems with this workforce undermine the aims of My Aged Care as a fit-for-purpose single-entry point to the aged care system. To this point, almost 1.9 million calls were made to the My Aged Care contact centre in 2024, with a further 26,629 face-to-face appointments undertaken by ACSOs. In addition, the vast majority of referrals for assessment were progressed with either the support of a health or aged care professional (65%) or via the phone-based national contact centre (21%). For people using these services, there is generally an explicit preference or an extrinsic need for personalised support delivered by a human being.

However, while the contact centre may provide a viable and cost-effective option for supporting some people who are unable to engage with the website, evidence to this review suggests it remains far from being suitable for everyone, particularly those from diverse backgrounds or with more complex needs. There is a number of reasons for this. Most relevant is the overall suitability of a national contact centre model as the primary personalised service offering in this context. This is particularly important given that many in the target audience may require a more personalised, face-to-face or 'case management' approach due to having diverse or complex needs in relation to potential health conditions, language or cognitive barriers, restricted internet access and other aspects of their life experience.

This section of the review sets out the evidence relating to challenges across:

- the suitability of the contact centre model
- issues with training and development of the contact centre workforce
- resourcing of the contact centre
- the need for more flexible systems and processes within the contact centre the role of targeted, face-to-face supports in facilitating access.

2.3.1 The contact centre model is not conducive to the provision of personalised support

As has been highlighted throughout this review, many older people, and their families and carers, find the aged care system complex, confusing and daunting. It is also a common occurrence for people's first engagement with the system to be at a time of crisis or heightened stress. It is therefore essential that clear, accurate, user-friendly and easy to absorb information is available to older people, their loved ones and carers, to enable them to make their own decisions. For those that are unable to successfully use the My Aged Care website, or who prefer to speak with someone directly, access to a well-trained, knowledgeable and supportive workforce is crucial. Evidence to the review would suggest that this has not been the experience for all older people seeking access to the system.

Specifically, concerns have been raised regarding the reliability, knowledge and helpfulness of the contact centre staff, including concerns in relation to the provision of inconsistent or incorrect advice, lack of

specialist knowledge, or poor behaviour. Furthermore, previous reviews as well as contact centre customer satisfaction survey feedback confirm these issues have remained consistent over several years. Whilst contact centre customer satisfaction data shows that there have been some improvements, given the consistency of the issues raised, it is unlikely that these can be resolved entirely without fundamental changes to the current model of service delivery.

Lived-experience accounts of the contact centre are mixed. Many people report positive experiences and high levels of satisfaction with the service they receive from the contact centre.[98] However, given the significant number of ongoing concerns raised during the review, it is worth considering whether the inherent characteristics of the current model are conducive to delivering optimal outcomes for the target audience. This could be in relation to workforce planning strategies to improve recruitment and retention or training outcomes, refocusing on an outcomes-based performance framework over the current KPIs, or supporting the provision of a more personalised 'case management' approach.

Importantly, despite the positive findings of the customer satisfaction results, there remain a small but not insignificant number of people who continue to experience problems with contact centre staff. Relevant examples are identified in customer satisfaction reports provided by research consultancy Fiftyfive5 to the department, which highlight a general lack of understanding, provision of inconsistent or incorrect advice, and perceptions of poor behaviour. One individual noted for example, 'There was no sign of any form of customer service and no acknowledgement of empathy.'

Fundamental characteristics inherent to most contact centre operating models (such as low base salary, limited career advancement options, and high rates of attrition) coupled with a performance-driven framework, can make it difficult to attract and retain a suitable workforce. These issues are likely to be compounded by the widespread workforce shortages currently impacting most industries, as well as by the complex and challenging subject matter.

The challenge of resolving this under the current service model has been further underscored by contact centre complaints and a series of internal contract performance audit assessments that were undertaken between 2019 and 2024. One audit was undertaken by EY in 2019, two by Deloitte in 2020–2021 and 2022, and the most recent one by BDO Services Pty Ltd (BDO) in 2024. These audits identified several recurring concerns with the contract performance of Probe CX (Probe) in managing the contact centre and national phone line, including with Probe's quality assurance processes for monitoring call quality compliance, and team leaders not adhering to processes for providing feedback and coaching following the identification of call issues or errors, and/or a substantiated complaint.

For example, the assessment completed in March 2024 by BDO observed significant misalignment between the quality assurance findings of Healthdirect Australia (Healthdirect) and Probe against contact centre staff performance. The contract between Healthdirect and Probe requires 80% of monitored contact centre calls to meet a 90% pass rate for both customer experience and process adherence criteria. Up to January 2024 (excluding August 2023), Probe had consistently assessed itself to be meeting this requirement every month. Healthdirect's own quality assurance processes, however, had consistently failed several calls assessed as compliant by Probe, thereby calling into question the veracity of Probe's self-assessments.

This finding was further substantiated by BDO subsequently reviewing 40 calls that Probe had marked as passing customer experience and process adherence criteria, finding its own scoring significantly differed with Probe's scoring in 24 instances, including eight calls that had failed both criteria. Separate evaluations completed by Deloitte in 2020 and 2022 similarly found discrepancies between how it and Probe marked calls. For example, in 2020, Deloitte assessed 42 of the 85 calls it reviewed as failing the relevant criteria, in contrast to the 12 calls identified by Probe.

Further consideration needs to be given to the current focus on performance-based measures and the metrics or mechanisms used to confirm quality of service for the contact centre. For example, the customer satisfaction data for the contact centre suggests there is a high rate of client satisfaction overall. This figure is generally around 95% in most of the monthly reporting provided to the department. Interestingly, this figure

[98] COTA Australia, *Submission 3*.

remains at a high level, regardless of the performance. An example of this can be seen in the customer satisfaction reports provided for May 2023 when the average speed to answer the phone was 28 minutes and the call abandonment rate was 48%, yet the customer satisfaction rating was virtually unaffected compared to December 2024, when these same performance measures were at a call answer speed of approximately 45 seconds, and a 3% call abandonment rate.

Both the Tune Review and the Royal Commission identified similar concerns, finding that surveys conducted or commissioned by the department tended to estimate high levels of satisfaction with My Aged Care, whereas respondents to these inquiries stated the opposite. Overwhelmingly, the Royal Commission heard that the My Aged Care contact centre was 'pretty useless', 'horrible', delivers 'standard lines' and goes 'round in circles'.[99] This evidence begs the question as to how representative the reports provided to the department really are. These sentiments were similarly reflected in evidence heard by this review; people with lived experience variously described the experience of dealing with the contact centre as being a 'brutal' experience, 'impersonal and harsh' and made them 'feel empty'.[100]

2.3.1 Inspector-General's findings

The Inspector-General finds that the current contact centre delivery model is not conducive to the provision of personalised support, and therefore contravenes the rights of older people seeking access to aged care services as established by the new *Aged Care Act 2024*. A shift towards a more care-centric and personalised delivery model of the My Aged Care contact centre is required.

The Inspector-General finds that despite similar earlier reports, there remain challenges with the reliability, knowledge and helpfulness of contact centre staff, and that these can manifest as the provision of inconsistent or incorrect advice, lack of specialist knowledge or poor behaviour.

Whilst contact centre customer satisfaction data suggests there have been some improvements, given the consistency of the issues raised, it is unlikely that these can be resolved entirely without fundamental changes to the current service delivery model.

Further, the Inspector-General considers that the use of KPIs in the contact centre can create incentives for staff to expedite interactions with customers to remain within the target performance band, particularly around call duration. The Inspector-General holds the view that the use of KPIs should strictly centre on achieving positive outcomes for customers. Therefore, whilst the use of a time specific KPI would be considered appropriate for addressing call wait times, it may not be an appropriate measure to place on the duration of the interactions, which should be focussed on call quality and outcomes.

In considering alternative models of contact centre delivery, consideration should, therefore, also be given to the broader workforce planning model needed to achieve a more satisfactory and supportive service for the target cohort of older people.

2.3.2 Workforce training, development and support

The My Aged Care contact centre staff represent the human voice on the frontline of access to My Aged Care and, by extension, are one of the first human points of contact many people have on their aged care journey. In 2024, the contact centre fielded almost 1.9 million calls from older people and their carers and advocates. However, evidence to the review highlighted a number of issues with the training and development support for the My Aged Care workforce that would directly impede the majority of contact centre employees in being adequately trained to provide the person-centred support required for some aspects of the role.

[99] Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect — Volume 3A: The New System*.
[100] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.

In terms of the training and development schedule, the department has developed the *My Aged Care Workforce Learning Strategy 2025* (the Strategy), which outlines the required capabilities, qualifications and minimum mandatory training requirements for the My Aged Care workforce (including contact centre staff, ACSOs and My Aged Care assessors).[101] The Strategy is underpinned by the My Aged Care Quality Learning Framework, which details the required capabilities and training standards.[102] It also includes recommended role-specific learning pathways for each workforce, with up to nine separate learning goals identified within these pathways:

- Goal 0: MAClearning (non-mandatory for assessors but mandatory for ACSOs and contact centre staff)
- Goal 1: Working effectively in My Aged Care
- Goal 2: Supporting client centred aged care
- Goal 3: Provision of quality screening and assessment
- Goal 4: Work with aged care programs
- Goal 5: Understanding diversity
- Goal 6: Responding to individual needs
- Goal 7: Assessment delegation (mandatory training for clinical delegates only)
- Goal 8: Optional learning (available to all workforces for professional development).

Notably, for contact centre staff, only four of these goals (from 0 to 3) are mandatory. Goals 4 to 6 and Goal 8 are considered optional. This is particularly concerning given that feedback on the contact centre has regularly identified issues relating to lack of staff training in areas such as cultural safety and trauma awareness.

Interviews held with contact centre staff confirmed that training for the role is delivered over an approximate three-month period, with new contact centre agents required to attend classroom and on-the-job training over an approximate six week period, with a final training session occurring in the following eight weeks to consolidate learning. Before engaging with clients, staff are also trained in the three systems required to resolve common customer enquiries: the telephony system, the customer relations management system and the knowledge management system. Interviewees noted that the training program could be enhanced by providing more opportunities to listen to recorded calls, to gain a greater understanding of how to handle different scenarios.

There is no further structured learning program after these initial courses and programs. Instead, team leaders are expected to regularly monitor calls and provide feedback and coaching based on the call agent's performance. Team leaders may also provide coaching based on feedback from older people with lived experience navigating the service. However, as already noted, the BDO and Deloitte internal audits identified that this was not always happening as required. The Office understands that there is no specific or formalised additional training for team leaders.

A further issue impacting the successful development and training of contact centre staff that was identified in the Healthdirect monthly reporting data is the high attrition rate for contact centre staff. For example, in 2024, data indicates that there was a turnover of close to 600 staff members over a 12-month period, with more than half of those leaving (54%) having been in the role for less than three months, and a further 14% leaving after less than six months. Given that the average number of contact centre staff in 2024 at any given point in time was only around 700 people, this turnover rate is significant. The overall attrition rate was even higher in 2023. This is particularly concerning in regard to providing a well-trained frontline workforce, given that Healthdirect has indicated that it takes several months for contact centre staff to become fully competent at the role.

[101] Department of Health and Aged Care (2025) *My Aged Care Workforce Learning Strategy 2025 | Australian Government Department of Health, Disability and Ageing*.
[102] Department of Health and Aged Care (2024) *My Aged Care Quality Learning Framework*.

2.3.2 Inspector-General's findings

The Inspector-General finds that the My Aged Care mandatory minimum training requirements are not fit-for-purpose. The training requirements, underpinned by successive iterations of the My Aged Care Workforce Learning Strategy, have failed to adequately support the contact centre workforce to develop the knowledge and skills to deliver consistent, reliable, high-quality and personalised support for older people.

The Inspector-General holds concerns that the high attrition of contact centre staff, and the ability of the contact centre to provide enough appropriately trained staff members to offer the required level of support, significantly impacts the older person's ability to navigate their way through to an assessment. This may result in an as yet unquantified number of people being alienated from the system altogether, potentially leaving them without much-needed care.

2.3.3 Resourcing constraints

A number of issues relating to workforce resourcing challenges were identified throughout this review. One of the most prevalent concerns was in relation to long wait times, impacting all aspects of the My Aged Care journey, from the outset to the eventual provision of services.

This overarching issue was summed up in the COTA submission, which indicated that a key challenge for accessing My Aged Care was:

> *… the long waiting times for older people and their families, friends and carers to register, receive an assessment, be assigned a place/package, onboard with a provider and commence services.*[103]

In the context of this review, long call waiting times to reach the contact centre as well as the extensive wait times for an assessment were the two most relevant concerns under consideration. The Inspector-General also received significant feedback relating to the lack of service provider availability once the assessment stage is completed, as is well documented elsewhere, but this issue falls outside of the remit of this review.

For many people, long call wait times in contacting My Aged Care created a range of barriers. Submissions reported contact centre wait times from 20 minutes to several hours, for which it was considered that there can be no excuse. Beyond simply being a source of irritation, the Carers Australia *Carers Over 65 Roundtable* report, which included the outcomes of consultation undertaken to inform the National Carer Strategy 2024–2034 in July 2024, stated that very long wait times were particularly difficult for people experiencing cognitive decline, dementia and physical ailments, as well as being difficult for their carers, who may have to attend quickly to the needs of the person they are caring for.[104]

Long call wait times were considered particularly problematic when urgent support was needed. NATSIAACC reported that for many older Aboriginal and Torres Strait Islander people, by the time aged care services are sought, immediate support is required.[105]

A review of the contact centre performance summary reports and relevant information collected over the past few years identified a period of approximately 10 months, from October 2022 to July 2023, when the contact centre dropped from a relatively consistent call handling and average speed to answer, to one that was significant below standard and targets. For example, during this period, the average speed to answer increased from 50 to 810 seconds (or more than 13 minutes). In addition, calls not answered (abandoned) during this period increased from an average of 3.5% in 2021–22 to an average of close to 32.7% of calls in 2022–23.

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[103] COTA Australia, *Submission 3*.
[104] See, for example, Older Persons Advocacy Network, *Submission 2* and Carers Australia (2024) *Carers Over 65 Roundtable: National Carer Consultation Strategy*.
[105] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*.

According to relevant briefings provided at the time, these issues arose due to a number of compounding factors, including an increase in call complexity, higher call volumes, high staff absences and attrition rates, and call quality issues following the rollout of new voice infrastructure. Notably, a mitigation plan was developed and enacted by Healthdirect in consultation with the department – which included increasing staff numbers, and the introduction of a range of flexible working arrangements and staff incentives – with call statistics returning to previous levels by September 2023. Data from 2024 indicates that the average speed to answer had returned closer to the 50-second mark, with the total number of unanswered calls in 2024 averaging 4.3%. Some submissions did note that contact centre call waiting times had noticeably improved.[106]

In addition to contact centre wait times, a consistent theme in evidence to the review was the ongoing impact of wait times for assessment services. Since 2021, OPAN has released annual Presenting Issues reports, which aim to highlight the issues faced by older people who have engaged with the aged care system during the corresponding year. The wait times for accessing assessment services is an issue that has been raised every year.[107]

Many submissions to this review pointed to long assessment wait times ranging from four to six weeks and up to six months.[108] Various submissions to the review similarly raised the issue that when people were unable to access an assessment, they were invariably left without the support services that they needed – a situation potentially leading to a significant functional decline for some older persons.

2.3.3 Inspector-General's findings

The Inspector-General is aware that, given the timing of this review commencing in late March 2024, several respondents to the review would have been directly affected by the significant impacts to the contact centre service offer that occurred in 2023. The Inspector-General is reassured by the improved stability of the contact centre wait times more recently, and encourages the department to monitor the average call wait time closely moving forward.

However, the Inspector-General remains concerned that when people are unable to access an assessment in a timely manner, they could be left without the support services they need. Long assessment wait times and a lack of easily accessible support can adversely impact older people urgently in need of care, leading to negative consequences for their health, wellbeing and continuity of care.

2.3.4 Operational flexibility and effective triaging are important

Flexibility is central to nurturing an aged care system that is adaptive to the complex and intersecting needs and circumstances of older people. However, evidence to the review highlighted a number of operational issues that impede access, centring on the lack of system flexibility and sensible discretion to support people to access My Aged Care. Two key issues were consistently raised:

- difficulties being appointed as a personal representative for an older person
- ineffective processes for triaging people in need of urgent assistance.

Difficulties appointing a personal representative

Personal representatives play a critical role in liaising with My Aged Care on behalf of older people who require some level of addition support accessing or navigating My Aged Care, including those whose decision-making capacity is diminished. A representative can be a family member or friend, a trusted

[106] Aged and Community Care Providers Association, *Submission 11*.
[107] Older Persons Advocacy Network (2024) *The National Aged Care Advocacy Program Presenting Issues – Report 4, July 2023 – June 2024*.
[108] Juniper Aged Care, *Submission 15*; See, for example, Dr Irene Wagner, *Submission 28*; COTA Tasmania, *Submission 4*; Aged and Community Care Providers Association, *Submission 11*; Older Persons Advocacy Network, *Submission 2*; and COTA Australia, *Submission 3*.

individual or an organisation. For those with no one in their personal network able to assume the role, it can also be a public advocate or a public guardian.

There are currently two types of personal representative relationships available within My Aged Care: a 'regular representative' and an 'authorised representative'. A regular representative is able to liaise with My Aged Care on behalf of an older person, but requires the consent of the older person to formalise any decisions, whereas an authorised representative is able to make decisions on behalf of an older person. The latter is generally reserved for those situations in which an older person's decision-making capacity is totally diminished.[109]

A significant amount of evidence reflected serious concerns with the process used for My Aged Care to recognise the appointment of a personal representative. For organisations or agencies that have a primary role in supporting older people experiencing vulnerability or who have impaired decision-making (such as public guardian agencies), the current system does not appear to be working, and it can often lead to further complications, frustrations and delays in accessing care.[110]

The Office of the Public Advocate in South Australia raised similar concerns from a public advocate and public guardian perspective, observing that:

> *[My Aged Care] staff have limited understanding of the role of 'the Public Guardian' and therefore it is difficult to register the Public Advocate as 'a representative'.*[111]

Over several years, letters written to ministers responsible for aged care have also touched on the difficulties people have experienced when attempting to register as a representative. On multiple occasions, it was subsequently determined that the My Aged Care contact centre had sufficient information to activate the authorised representative relationship but had failed to do so in a timely or effective manner.

Ineffective triage processes

In addition to the issue of system flexibility, there is an added layer of complexity when people who are trying to interact with My Aged Care require urgent support. Evidence to the review has highlighted significant concerns regarding the inability of My Aged Care to appropriately triage people in need of urgent assistance, and particularly those people who are terminally ill or seeking palliative care. This issue was expressed succinctly in the Dementia Australia submission, which noted that My Aged Care was 'unable to respond to any kind of emergency support request in a timely manner'.[112]

The Federation of Ethnic Communities' Councils of Australia (FECCA) submission included details of a woman's assessment that took six weeks to complete after her initial contact with My Aged Care 'even when she had flagged in her screening call that she had broken her back and urgently needed home care'.[113] Submissions from My Aged Care assessment organisations raised similar concerns based on their experience.[114]

Southern Adelaide Palliative Service submitted that the My Aged Care system is not responsive in meeting the needs of palliative care patients, who often experience rapid declines that require immediate, proactive responses to ensure their care needs are met.[115] Other submissions raised similar issues. One person who was trying to access support through My Aged Care for his terminally ill wife was frustrated that the system was not flexible enough to arrange an assessment to account for her frequent hospital admissions. The result of these delays ultimately resulted in the care package approval being received the week following her death.[116]

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[109] My Aged Care (n.d.) *Arranging someone to support you* [accessed 14 July 2025].
[110] See, for example, National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7* and Deafness Forum Australia, *Submission 17*.
[111] Public Advocate for South Australia.
[112] Dementia Australia, *Submission 6*.
[113] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.
[114] Sunshine Coast Hospital and Health Service, *Submission 18*.
[115] Southern Adelaide Palliative Service, *Submission 13*.
[116] Chris Waller, *Submission 35*.

2.3.4 Inspector-General's findings

The Inspector-General considers the current process for appointing a personal representative within My Aged Care to be unnecessarily onerous and restrictive, in effect limiting the ability of representatives of all kinds to effectively support and advocate on behalf of those who need it most. The Inspector-General notes that changes will be introduced under the new *Aged Care Act 2024* (the new Act), which will redefine the current system for regular and authorised representatives to become 'registered supporters'. Given the issues identified with the current processes, the Inspector-General encourages the department to use this opportunity to fully explore whether the changes to be brought in under the new Act will be sufficient to overhaul the existing restrictions and to provide a more effective approach, or if further review of the underlying processes is required.

The Inspector-General is also concerned by the apparent lack of effective triage processes within My Aged Care for responding to the expected number of occurrences when older people require urgent assistance. Discretion is a critical enabler of expedient decision-making and does not appear to be afforded to the My Aged Care frontline workforce in a way that is conducive to effectively triaging emergencies and other time-sensitive matters.

2.3.5 Targeted supports are critical

The lack of a localised, face-to-face My Aged Care workforce that is able to provide a more personalised level of support and/or 'case management' approach to assisting older people through the aged care access journey has been a consistent criticism of the program since its inception. Whilst the government has achieved a relatively high level of success in establishing My Aged Care as the single-entry point to the aged care system, the implementation of an appropriately targeted workforce to support older people to navigate the aged care access journey has yet to be realised.

Aged Care Specialist Officers

Overall, the evidence provided to the review indicates that the introduction of ACSOs has been well received by the majority of stakeholders and those people who have accessed them. However, it has also been noted that awareness of this service is generally low, access is limited to selected locations, and ACSOs are unable to make home visits or provide a 'case management' approach to individuals. Therefore, despite the overall positive light in which the ACSO service offer is seen, the broader social impact of the ACSO service as an available face-to-face service offering is constrained for the majority of older people seeking access to care.

Customer satisfaction data collected by Services Australia indicates a high level of customer satisfaction, with over 96% of respondents reporting that they were extremely satisfied with the overall quality of the ACSO service from its inception to February 2023. In addition, data from the most recent reporting period indicates a 97.4% satisfaction rate of 'extremely satisfied with the services received' based on responses from the approximately 6% of clients who completed the customer satisfaction survey. The 2022 ACSO evaluation reinforced this positive sentiment.

Positive feedback on the role of ACSOs was outlined in a number of submissions to the review, including through the consultation process that was undertaken by the Interim First Nations Aged Care Commissioner.[117] However 'overall evaluations' can disguise issues of inequity. The Services Australia behavioural insight evaluation found that ACSO service uptake was lower among Aboriginal and Torres Strait Islander people and people with non-English language preferences. It was further noted that whilst the Elder Care Support program aims to support 'older First Nations people, their families and carers, to access aged care services to meet their physical and cultural needs', there is currently no government service designed to specifically support people from diverse cultural and ethnic backgrounds.[118]

[117] Interim First Nations Aged Care Commissioner (2025) *Transforming Aged Care for Aboriginal and Torres Strait Islander people*.
[118] Department of Health, Disability and Ageing (2025) *Elder Care Support*.

It is also important to note that, to date, available data shows that the Services Australia service offering is primarily focussed on its role as the arbiter responsible for calculating how much an individual will be required to pay towards the cost of their aged care, rather than as a system navigator. For example, in relation to providing a face-to-face navigation service, the 2022 ACSO evaluation found that '85% of users appeared to be already registered in My Aged Care' with the most frequent topics raised during appointments being financial issues, residential care and Home Care Packages. Further, 2023–24 ACSO customer satisfaction survey data showed that over 50% of customers met with an ACSO to discuss their financial situation and other costs associated with aged care. People seeking general information on aged care (20.7%) or wanting help to arrange a My Aged Care assessment (14.1%) equated to less than 35% of customers. The net result is that this service remains underutilised as a face-to-face 'navigator' service.[119]

Despite the fact that ACSOs are generally appreciated by older people for the assistance that they provide in helping navigate the aged care system, many older people who provided lived experience input to the ACSO evaluation in 2022 noted that there was a 'need for more' ACSOs and that the number of sites offered should increase so that the 'distance to travel is less and wait time to access is reduced'.

The inability for ACSOs to do home visits was also raised as an issue that impacts people's access to My Aged Care. Lived experience feedback provided by the South East Metro Health Service Partnership noted that one client was unable to use an ACSO because she couldn't leave her unwell husband.[120] The introduction of video chat appointments in April 2023 has provided the option of speaking with an ACSO from the client's home; however, uptake of this service has been relatively low. Just over 2.1% of the 2023–24 ACSO appointments were conducted via video chat, and of these, 25% indicated that video chat was not their preferred way to speak to an ACSO but that they accepted a video chat appointment because a face-to-face appointment was not available at the time they needed.

The use of video chat is also not suitable for everyone wishing to access My Aged Care. A November 2023 review of video chat appointments identified digital connection issues and not being digitally enabled as challenges faced by older people when using video chat. However, on balance, the inclusion of additional options for more personalised engagement must be viewed as a step in the right direction.

Care finders as a method of addressing the 'interpersonal' gap required for access

The introduction of the care finders program in January 2023 was intended to address the gap for vulnerable older people needing additional, intensive support to access aged care services.[121] Overall, the evidence provided to this review indicates that the introduction of the care finders program has been well received by the majority of stakeholders and those people who have accessed it. However, similar to ACSOs, it was identified that awareness of this service is generally low, including among contact centre staff, as well as the broader aged care sector and community, potentially limiting the reach and overall effectiveness of the program for the target population it is intended to support.

Importantly, the care finders concept was initially proposed under Recommendation 29 of the Royal Commission.[122] The Royal Commission envisioned that this service offering would fund a workforce of personal advisers, or 'care finders', to provide local, face-to-face support and case management services to older people seeking aged care, and that these services would be made available to all older people and their families and carers who needed them.[123] A key aim was to assist older people to connect with My Aged Care.[124]

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[119] Information provided to the review.
[120] See, for example, South East Metro Health Service Partnership, *Submission 12* and Older Persons Advocacy Network (2024) *The National Aged Care Advocacy Program Presenting Issues – Report 4, July 2023 – June 2024*.
[121] Department of Health, Disability and Ageing (2024) *Care finder program*.
[122] Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect – Volume 2: The current system*.
[123] Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect – Volume 2: The current system*, p. 36.
[124] Department of Health and Aged Care (2022) *Evaluation of the Aged Care System Navigator trial extension measure: Final report*.

Although the recommendation was accepted by the Australian Government in 2021, the implementation of the care finders program has deviated significantly from what the Royal Commission envisioned. It is instead narrowly targeted towards vulnerable older people who need intensive support to access aged care.[125]

Despite this, an evaluation of the first year of the care finder program found that 'most clients reported the care finder service was easy to access (87%), and the service and referrals they received were appropriate to their needs (94%)'.[126] Similarly, COTA Australia reported in its submission that 76% of survey respondents said they would recommend aged care navigators, care finders and advocates to friends and family, with most having a positive experience themselves.[127]

Whilst there has generally been a positive response to the program, a number of key issues were raised in submissions and evidence to the review in relation to the overall program design and implementation, and the narrow remit and eligibility criteria of the program, compared both to the broader vision of the Royal Commission, as well as in relation to the Aged Care System Navigator Trials and the EnCOMPASS: Multicultural Aged Care Connector program that were used to inform it. Care finder organisations also noted that there were some concerns with the rollout of the program via the Primary Health Network (PHN) commissioning process, which had resulted in patchy coverage and geographical gaps in some regions, due to a lack of local knowledge.

Some respondents to the review also raised concerns that there remained a need for additional face-to-face or more personalised and local supports to reach those older people and their families and carers requiring a greater level of support than could be provided by the contact centre but who did not necessarily fall within the program's remit.[128] Given the high level of satisfaction with the service provided by care finders and the issues faced by people attempting to navigate My Aged Care without this support, there appears to be a clear need for a service that provides more personalised and localised supports for a broader target audience. By providing this additional level of support to a wider audience, My Aged Care may become genuinely accessible for more Australians.

Elder Care Support program

Due to the timing and rollout of the Elder Care Support program, the department was unable to provide any documentation or relevant data to the Office regarding this program.

The Elder Care Support program 'aims to increase workforce capability and capacity in community-controlled aged care support, and empower the community-controlled sector to coordinate place-based care needs'.[129] This will includes supporting older Aboriginal and Torres Strait Islander people to understand My Aged Care and aged care services, navigate the assessment process, and choose an aged care service provider.

The Elder Care Support program received positive feedback during consultations undertaken by the Interim Commissioner, though people also expressed disappointment that the program only operates in a small number of communities.[130]

[125] Department of Health (2021) *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*, p. 23.
[126] Department of Health and Aged Care (2024) *Evaluation of the care finder program: First evaluation report*.
[127] COTA Australia, *Submission 3*.
[128] COTA Australia, *Submission 3*.
[129] National Aboriginal Community Controlled Health Organisation (n.d.) *Aged care* [accessed 14 July 2025].
[130] Interim First Nations Aged Care Commissioner, *Submission 1*.

2.3.5 Inspector-General's findings

The Inspector-General finds that whilst the government has implemented a successful face-to-face service offering to help those who need intensive support to enter the aged care system, the implementation of an appropriately targeted workforce to support older people to navigate the aged care access journey has yet to be fully realised. Supports provided are not broad enough to encompass the wide range of people who need additional assistance to access My Aged Care. The Inspector-General further notes that the narrow remit and eligibility criteria of the care finders program does not deliver on the vision of the Royal Commission into Aged Care Quality and Safety, which was to provide personal advisers to provide local, face-to-face support and case management services to all older people seeking aged care.

The Inspector-General considers that the department should canvas the potential for an additional service offering similar to the care finders program, but with broader eligibility criteria that would provide more personalised and localised supports to address the need for greater face-to-face supports for more than just those people with intensive support needs.

The Inspector-General will continue to monitor the rollout of the Elder Care Support program with keen interest.

2.3.6 Recommendations – Delivering a safe, supported and equitable service

The Australian Government should consider developing a My Aged Care frontline workforce capacity and capability uplift strategy to ensure the contact centre provides the best possible service to older people seeking information about and access to aged care services and supports. There is also a need to increase the level of investment in personalised phone and face-to-face navigational support options for those older Australians and their families and carers who require a level of support that the contact centre cannot provide.

The My Aged Care workforce is a critical enabler of access to aged care for older people who require some level of additional formal support to access and navigate My Aged Care. However, the effectiveness of the workforce is, at times, constrained by the conditions under which they operate, the systems they work within, the narrow remit and eligibility criteria of the services they provide, and general under-resourcing.

The recommendations below build on Recommendation 29 of the Royal Commission to fund the engagement of a workforce of care finders to support navigation of aged care.

Recommendation 4: My Aged Care workforce capacity and capability uplift

The Australian Government (Department of Health, Disability and Ageing) should implement strategies to uplift capacity and capability across the My Aged Care workforce to ensure all My Aged Care access channels are appropriately designed, readily accessible and able to provide accurate and timely support and advice that is culturally appropriate, culturally safe, trauma-aware and healing-informed.

4.1 Review workforce planning processes for My Aged Care access channels:

a. Undertake an independent review of the current My Aged Care contact centre model, including in relation to operator-to-caller ratios, training protocols, and recruitment and retention strategies to determine if it is fit-for-purpose, given the breadth and diversity of needs of the target audience and the long call wait times reported by many callers.

b. Review the use of key performance indicators with a view to refocussing them on the quality of personalised support provided and achieving positive outcomes for customers.

c. Undertake an independent review of current performance measures, customer satisfaction and quality assurance processes for all My Aged Care workforces to ensure they are appropriately targeted and able to adequately capture feedback across the full spectrum of service users, including those from different age groups, locations, cultural backgrounds and life experiences.

d. Design, implement and promote alternative feedback channels and/or a regular, independent evaluation process to proactively seek feedback from harder-to-reach groups and those who are not readily engaging with the current processes. Appropriate mechanisms should be co-designed with relevant stakeholders to ensure the feedback is representative of all groups seeking access to aged care, including those identified in Part 3, Division 2, section 25(4) of the *Aged Care Act 2024*.

e. Embed transparent reporting processes to address identified issues and drive continuous improvement strategies across all My Aged Care workforces.

4.2 Review My Aged Care workforce training protocols to ensure all My Aged Care workforces are appropriately trained and able to deliver person-centred support that is culturally safe, culturally appropriate, trauma-aware and healing-informed. As a minimum this should include the following:

a. Review minimum training requirements for all My Aged Care workforces and mandate that they include Learning Goals 4 to 6 of the My Aged Care Workforce Learning Strategy.

b. Ensure training modules delivered under Learning Goals 5 and 6 are regularly reviewed by, and/or co-designed with, relevant stakeholders and experts.

c. Include more face-to-face training opportunities, with an emphasis on greater 'soft skills' development, including, but not limited to:

   i. cultural competency

   ii. dementia awareness

   iii. trauma-aware and healing-informed care

   iv. elder abuse

   v. working with people from diverse backgrounds

   vi. working with interpreting and translator services, including the National Sign Language Program

   vii. mental health first aid.

d. Extend the 'on the job' training period with access to in-person support for contact centre staff.

e. Include mandatory regular refresher training for all My Aged Care workforces.

4.3 Invest in improving the information management systems that support the My Aged Care workforce to ensure that information is accurate and up to date, with a focus on the following actions.

a. Increase knowledge of, and appropriate referrals to, supported engagement pathways (e.g. care finders, the Elder Care Support program, Carer Gateway, the National Dementia Helpline, and the National Aged Care Advocacy Program).

b. Increase access to knowledge and up-to-date information on support services and providers, by region or local area, to support the provision of more targeted referrals and support services.

c. Improve interoperability, and data and information sharing between client health record information systems and other information management systems that feed into My Aged Care.

d. Increase guidance around when and how to use translator services.

e. Provide My Aged Care staff with additional information and training on the different roles and types of personal representative – soon to be 'registered supporters' – that may be appointed, including level of authority and registration requirements, in line with changes introduced under the new *Aged Care Act 2024*.

f. Increase guidance on triaging complex cases and when to escalate.

g. Consider establishing a dedicated and appropriately staffed phone line for Public Guardians and care finders working with older people experiencing vulnerability or those at risk.

4.4 Ensure that contractual arrangements with external organisations engaged to deliver targeted, government-funded support and advocacy programs include minimum mandatory training requirements.

Recommendation 5: Increase access to navigational and face-to-face supports

The Australian Government should fund additional navigational support options to increase access to more personalised phone and face-to-face supports for those older Australians, and their families and carers, who need it.

5.1 The Australian Government (Department of Health, Disability and Ageing), in partnership with relevant stakeholders and those with lived experience, should undertake a detailed review of existing navigational support services available through My Aged Care and associated targeted support services (such as care finders and the Elder Care Support program) to identify current gaps and support the design and implementation of additional service offerings. The review should be informed by:

a. the evaluation outcomes of relevant programs such as the Aged Care System Navigator trials, Aged Care Specialist Officer program and the care finders program

b. the distinct journeys of people with lived experience as well as relevant stakeholders, peak bodies and organisations that work closely with older people in Australia, including with people from diverse backgrounds and life experiences and those living in rural, regional and remote areas of Australia

c. current My Aged Care delivery partners, as well as care finder organisations, the National Aboriginal Community Controlled Health Organisation, the Older Persons Advocacy Network and Dementia Australia.

5.2 Design, implementation and delivery of additional navigational support services should:

a. be similar to the care finders program, but with broader eligibility criteria that would provide more personalised and localised supports

b. be based on the findings of the review of navigational supports proposed in Recommendation 5.1

c. be co-designed with relevant stakeholders

d. include scope for mobile services and the appointment of case workers to assist people from registration through to service delivery as appropriate.

5.3 The Australian Government should consider expanding the current Aged Care Specialist Officer program to provide additional support to regional and remote regions of Australia and to include all Services Australia service centres nationally.

5.4 Consider the lessons learnt and future opportunities identified in the 2025 evaluation of the care finders program, with a view to implementing measures that improve the delivery and accessibility of the program.

2.4 Access to My Aged Care is not equitable

Inequitable access to aged care services and supports can have significantly negative impacts on the health and wellbeing of particular cohorts of older people, and their families and carers. This is especially important given that prolonged wait times for aged care are associated with a higher risk of mortality and increased likelihood of admission to permanent residential care.[131] Therefore, as My Aged Care is the 'front door' to Australia's aged care system, it is essential that *all* older people in Australia – regardless of their location, background, life experiences or prior knowledge of the system – are able to engage with My Aged Care and feel safe and supported to do so. However, it is clear that some cohorts most in need currently face the greatest barriers to access.

This section of the report sets out the evidence received relating to the specific challenges that older people from diverse backgrounds and those with complex needs face in seeking to engage with My Aged Care as the single-entry point to the aged care system. For ease of presentation, the information in this section has been organised to cover the key issues identified for Aboriginal and Torres Strait Islander people, people from CALD backgrounds, people living with disability, people living in rural and remote areas, and those with additional complex needs. The Office is aware that this does not cover the field of diverse and intersectional experiences, including people who have suffered deep trauma from interacting with government systems or whose experience straddles many different identities and backgrounds. Several of the identified access issues affect more than just one specified cohort, and similarly, many individuals may be represented by more than one cohort, depending on their identity and circumstances.

People of diverse cultures, backgrounds, abilities and identities account for a significant number of older people in Australia. For example, approximately 37% of people in Australia aged over 65 were born overseas, and a further 33% do not live in a major metropolitan area.[132] In addition, around one in 12 people over 65, and two in five over 90, are currently living with dementia, with that number projected to double by 2058.[133] This is no small proportion of the older population.

Finally, it should also be noted that for the purposes of this review, consideration of issues impacting 'equity of access' relates to My Aged Care's role in facilitating access to aged care services by enabling people to navigate to and initiate the assessment process, up to the point of receiving that assessment. Equity of access in terms of the provision of timely and appropriate, culturally safe, trauma-aware and healing-informed aged care services after assessment has not been investigated under the remit of this review. However, this issue has been explored in more detail in the Office's *2025 Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety*.[134]

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[131] Visvanathan, R, Amare, AT, Wesselingh, S, Hearn, R, McKechnie, S, Mussared, J and Inacio, MC (2019) Prolonged Wait Time Prior to Entry to Home Care Packages Increases the Risk of Mortality and Transition to Permanent Residential Aged Care Services: Findings from the Registry of Older South Australians (ROSA), *The Journal of nutrition, health and aging*, 23(3): p. 271.

[132] Australian Institute of Health and Welfare (2024) *Older Australians: Culturally and linguistically diverse older people*; Australian Institute of Health and Welfare (2024) *Aged care data snapshot 2024 – third release*.

[133] Department of Health, Disability and Ageing (2025) *About dementia*.

[134] Office of the Inspector-General of Aged Care (2025) *2025 Progress report on the implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety*.

2.4.1 Inequitable access for Aboriginal and Torres Strait Islander people

As identified by the Royal Commission, many Aboriginal and Torres Strait Islander people experience substantial additional difficulties with entering and navigating the aged care system in Australia, and they are not accessing aged care at a rate commensurate with their level of need. This is despite experiencing an overall lower life expectancy and higher rates of compounding factors such as disability, homelessness and dementia compared to non-Indigenous Australians.[135]

Evidence to this review confirmed that, compared to the majority of Australia's ageing population, Aboriginal and Torres Strait Islander people can experience a complex array of barriers and challenges to successfully engaging with My Aged Care and thereby gaining access to much-needed aged care services and supports. These include:

- low awareness and understanding of services and entitlements
- low levels of digital literacy and inclusion
- poor availability of relevant resources and translation services
- a general lack of trust in government services, based on long histories of prejudice and breached trust by government systems
- a lack of understanding of cultural safety by government and providers.

One of the most comprehensive submissions to this review was received from the Interim Commissioner, which provided important insights into the key issues faced by Aboriginal and Torres Strait Islander people when seeking access to aged care. This submission was based on feedback gathered through an extensive, national consultation process undertaken in 2024 with Aboriginal and Torres Strait Islander people, and their families and communities, across all jurisdictions and including a mix of urban, rural and remote areas. These findings were also echoed by other submissions and consultations.

As outlined in the submission, the Interim Commissioner heard 'consistent testimony' that there are significant barriers to accessing My Aged Care for Aboriginal and Torres Strait Islander people, and that Aboriginal and Torres Strait Islander people are just not getting through the front door of the aged care system. In the Interim Commissioner's view:

> *My Aged Care as it currently operates, is not fit for purpose for Aboriginal and Torres Strait Islander users, and does not facilitate their entry into the aged care system.*[136]

Additional details on some of the key barriers to accessing My Aged Care for Aboriginal and Torres Strait Islander people that were identified in evidence to the review are provided below. Whilst this is not an exhaustive list of all that was heard, it seeks to provide a general overview of the main concerns that were raised across multiple submissions and that have informed the Inspector-General's overall findings.

Lack of awareness of My Aged Care

Evidence to the review demonstrated that many Aboriginal and Torres Strait Islander people were unfamiliar with My Aged Care and how to access the support they needed. This suggests paucity in a targeted approach to promoting the system to communities. While this lack of awareness of My Aged Care is a common issue across many cohorts, it seems to be more pronounced for Aboriginal and Torres Strait Islander communities, impacting overall rates of engagement.[137] In addition, a number of submissions identified a lack of understanding among some health professionals and the My Aged Care workforce regarding the lower eligibility age for Aboriginal and Torres Strait Islander people seeking access to aged care services. This issue

[135] Royal Commission into Aged Care Quality and Safety (2021) *Final Report: Care, Dignity and Respect – Volume 2: The current system*; Interim First Nations Aged Care Commissioner (2025) *Transforming Aged Care for Aboriginal and Torres Strait Islander people*.
[136] Interim First Nations Aged Care Commissioner, *Submission 1*.
[137] Interim First Nations Aged Care Commissioner, *Submission 1*; National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*.

was raised as a core concern, which could lead to 'missed opportunities to engage and discuss assessments and available support'.[138] Many submitters relayed that this lack of awareness can often result in eligible Aboriginal and Torres Strait Islander people not engaging with the system until they have an acute need for aged care services.

Digital literacy and access

Another key barrier identified as having a more pronounced impact on Aboriginal and Torres Strait Islander people is the expectation by government that equitable access to My Aged Care is made possible through the website and contact centre as the main access points to the system. As referenced by the Interim Commissioner, the *Mapping the Digital Gap: 2023 Outcomes Report* identified a significant 'digital' gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, as indicated by the overall Australian Digital Inclusion Index (ADII) scores.[139] This project confirmed that the ADII score for Aboriginal and Torres Strait Islander people is lower across all remoteness categories (from major cities to very remote regions), and across all dimensions (including access, affordability and digital ability). The scale of this gap was also found to increase significantly with remoteness. This concern was reinforced by evidence to the review, which noted that many Aboriginal and Torres Strait Islander people 'have limited or no digital literacy, hardware, access to computers and/or the Internet'.[140]

Limited mobile coverage and unreliable or prohibitively expensive phone and internet connections also make it more difficult for older Aboriginal and Torres Strait Islander people to access My Aged Care through the website or contact centre.[141] This 'digital divide' can result in many Aboriginal and Torres Strait Islander people choosing not to attempt contact in the first place, or to 'opt out' of the process before getting to the point of receiving services due to the complexity of navigating the system, and despite needing and being eligible for those services.[142]

Language barriers

A lack of proficiency in English can create a significant barrier for older Aboriginal and Torres Strait Islander people seeking to engage with My Aged Care, particularly given that individuals are predominantly required to engage through the website or contact centre, both of which assume a level of proficiency with the English language.[143] Whereas, within some Aboriginal and Torres Strait Islander communities, English can often be an older person's fourth or fifth language.[144] This issue is further compounded by My Aged Care's use of overly complex and inaccessible language, making it even more difficult for older Aboriginal and Torres Strait Islander people who do not speak English to navigate the system.[145]

Whilst translation and interpretation services can greatly assist people to access government services, including My Aged Care, it was noted that very few resources are translated into Aboriginal or Torres Strait Islander languages on the website, and even then, they mostly include only a small fraction of the information that is available in English. That which is available is translated into Arrernte, Pitjantjatjara, Torres Strait Creole (Yumplatok) and Warlpiri.[146] In addition, the Inspector-General was informed that awareness of available translation services is minimal, and that these services are very rarely accessed, further limiting the options for engagement with the system.[147]

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[138] Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, *Submission 23*; Interim First Nations Aged Care Commissioner, *Submission 1*.
[139] Mapping the Digital Gap (2023) *Mapping the Digital Gap: 2023 Outcomes Report*.
[140] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*.
[141] Interim First Nations Aged Care Commissioner (2025) *Transforming Aged Care for Aboriginal and Torres Strait Islander people*.
[142] Interim First Nations Aged Care Commissioner, *Submission 1*.
[143] Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, *Submission 23*.
[144] Older Persons Advocacy Network (2024) *The National Aged Care Advocacy Program Presenting Issues – Report 4, July 2023 – June 2024*.
[145] Interim First Nations Aged Care Commissioner, *Submission 1*.
[146] My Aged Care (n.d.) *Support for Aboriginal and Torres Strait Islander people* [accessed 14 July 2025].
[147] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*; Interim First Nations Aged Care Commissioner, *Submission 1*.

Cultural safety

'Cultural safety' has been defined as 'recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander peoples and meeting their needs, expectations and rights', and was a major theme in evidence provided to the review relating to Aboriginal and Torres Strait Islander people in Australia. However, as Deravin and colleagues observed in 2023:

> *Although the language of 'rights' has been instilled into the aged care legislative framework for a number of years in Australia, there is still little acknowledgement of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) as a fundamental framework for supporting Cultural Safety in aged care services.*[148]

It is vitally important to understand that for some older people, engaging with government services such as My Aged Care can be particularly traumatic because of past negative experiences dealing with the government.[149] This may 'contribute to individuals feeling unsafe and uncomfortable' in engaging with the system in the first place, or remaining engaged. [150] A lack of cultural safety can prevent some individuals from seeking access to the care they need. These barriers are considerably magnified for older Aboriginal and Torres Strait Islander people, and members of the Stolen Generation who were forcibly removed from their families under government policy and direction. Attempting to access government services risks retraumatising Stolen Generation survivors as they get older.[151] This is also a significant issue for other cohorts who have suffered abuse due to government policies, including those care leavers who were institutionalised as children.

Several submissions pointed to a lack of awareness of culturally safe, trauma-aware and healing-informed approaches to My Aged Care service delivery as being an important issue impacting the ability of Aboriginal and Torres Strait Islander people to engage with My Aged Care.[152] As described earlier, many older Aboriginal and Torres Strait Islander people are members of the Stolen Generation, while others will have experienced significant traumas in their life that can profoundly affect interactions with government agencies.[153] The Interim Commissioner noted that:

> *… due to the ongoing impacts of colonisation, Aboriginal and Torres Strait Islander people are mistrustful of government and will often not express the truth when asked about their needs, for fear they will be put in a residential aged care home, away from family, community, and Country.*[154]

As a consequence, many Aboriginal and Torres Strait Islander people may not seek to access support until their care needs are already high and may be reaching crisis point.[155]

As part of her consultation to inform the 2025 *Transforming Aged Care for Aboriginal and Torres Strait Islander people* report, the Interim Commissioner heard that there is an urgent need to ensure that the aged care workforce is trained to deliver trauma-aware and healing-informed care that is safe for Stolen Generation survivors and their families:

> *Within the current process, there is a significant risk of further traumatising Stolen Generations survivors that must be addressed.*[156]

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[148] Deravin, LM, Bramble, M, Anderson, J and Mahara, N (2023) Strategies that support cultural safety for First Nations people in aged care in Australia: An integrative literature review, *Australasian Journal on Ageing*, 42: p. 650.
[149] COTA Australia, *Submission 3*.
[150] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.
[151] The Healing Foundation (2021) *Make Healing Happen: It's time to act*.
[152] Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, *Submission 23*.
[153] The Healing Foundation (2025) *'Are you waiting for us to die?': The unfinished business of Bringing Them Home*; The Royal Australian College of General Practitioners, *Submission 26*.
[154] Interim First Nations Aged Care Commissioner, *Submission 1*.
[155] The Royal Australian College of General Practitioners, *Submission 26*.
[156] Interim First Nations Aged Care Commissioner (2025) *Transforming Aged Care for Aboriginal and Torres Strait Islander people*.

Understanding culture and its diversity, and acting in a culturally appropriate way, is critically important to ensure that older Aboriginal and Torres Strait Islander people feel comfortable sharing personal information and seeking support through services such as My Aged Care.

Identification requirements as a barrier to entry

A significant challenge that was raised in evidence to the review was in relation to the rigid identification and documentation requirements for entering the aged care system. This requirement has been identified as particularly traumatic for some Aboriginal and Torres Strait Islander people, including Stolen Generation survivors who may not have a birth certificate or who had their birth name changed, making it difficult to obtain the documents required to register for My Aged Care.[157]

An estimated 200,000 Aboriginal and Torres Strait Islander people in Australia do not have a birth certificate, and may 'struggle to fully participate in society without this simple but vital document'.[158] This may be one issue that is leading to the consensus among experts and researchers that access and use of aged care services by Aboriginal and Torres Strait Islander people does not reflect their aged care needs.[159]

2.4.1 Inspector-General's findings

Given the breadth of evidence provided to this review, the Inspector-General considers that My Aged Care is not currently fit-for-purpose in enabling timely access to aged care services and supports for older Aboriginal and Torres Strait Islander people. This is particularly concerning given that Aboriginal and Torres Strait Islander people are not accessing aged care services at a rate commensurate with their level of need. The Inspector-General further considers that this disparity should be addressed by government urgently, and in line the Priority Reform principles underpinning the National Agreement on Closing the Gap, which all governments have agreed to.[160]

The Inspector-General acknowledges that the Elder Care Support workforce will provide much-needed face-to-face support for Aboriginal and Torres Strait Islander people to support engagement with My Aged Care, but remains concerned that universal access will likely be limited by the available pool of workers, requiring a wider network of support. Further, this workforce alone will not be enough to ensure that My Aged Care as a whole is able to provide a culturally safe, culturally appropriate, trauma-aware and healing-informed service in line with the rights-based principles enshrined in the new *Aged Care Act 2024*, which comes into effect on 1 November 2025.

The Inspector-General recognises and supports the recommendations proposed by the Interim First Nations Aged Care Commissioner, Ms Andrea Kelly, in her submission to the review. These recommendations include expanding the availability of face-to-face supports with proficiency in engaging with Aboriginal and Torres Strait Islander people, implementing an in-person community awareness campaign, developing appropriate resources, and ensuring My Aged Care access channels and entry requirements are designed to reduce or remove barriers to access. These recommendations are reflected in the recommendations proposed in this report.

To be effective, changes to My Aged Care must be delivered within the broader context of transformative change to the aged care sector as a whole, with clear objectives and a clear pathway forward.

[157] Interim First Nations Aged Care Commissioner, *Submission 1*.
[158] Pathfinders (n.d.) *National Aboriginal Birth Certificate Program* [accessed 14 July 2025].
[159] The Healing Foundation (2025) *The Healing Foundation – Pre-Budget Submission 2025-2026*.
[160] Closing the Gap (n.d.) *National Agreement on Closing the Gap* [accessed 14 July 2025].

2.4.2 Barriers faced by older people from culturally and linguistically diverse backgrounds

Australia's ageing population is becoming more culturally and linguistically diverse, as the migrant population ages and family reunification migration increases. As reported by the Australian Institute of Health and Welfare (AIHW), over 37% of older people in Australia aged 65 and over were born overseas, 18% spoke a language other than English at home, and almost 6% spoke English not well or not at all.[161]

Importantly, people from CALD backgrounds can have unique care needs, with distinct cultural beliefs, values and life experience. However, many of these communities have serious concerns around the lack of cultural sensitivity and competence of aged care services in Australia, as well as concerns around the presence of negative social attitudes, including intolerance, discrimination and racism, in the aged care system.[162] These concerns extend to My Aged Care as the entry point to the aged care system.

In preparing its submission, FECCA, with the support of community organisations and the Ethnic Communities' Council of Victoria, conducted face-to-face consultations with older people or their carers who had recently accessed My Aged Care. FECCA found that many older people from CALD backgrounds were unaware of the aged care services available to them, at times waiting until they had reached a crisis point to ask family or friends to help them find support. These consultations also highlighted that many older people from CALD backgrounds only found out about My Aged Care through their social networks, with one participant noting that you needed to be 'lucky enough to know the right people'.[163]

The need for My Aged Care services and communications to be culturally appropriate and inclusive of all users, regardless of their linguistic or cultural backgrounds, was raised in several submissions to the review. As noted by FECCA, 'it is crucial to acknowledge the distinct and differing needs of individuals from CALD backgrounds to ensure that Australian systems are fair and inclusive'.[164]

In addition to the disproportionate lack of awareness, and concerns regarding the overall level of cultural appropriateness of My Aged Care, the Inspector-General heard significant evidence regarding the impacts of language and cultural barriers on the ability of people from CALD backgrounds to successfully engage with My Aged Care. These issues are detailed below.

Language and cultural barriers

For many people for whom English is a second language, it was reported that the communication and language barriers with My Aged Care are problematic from the first contact onwards.[165] It was also raised that My Aged Care workers need to be proactive in offering interpreter services to people who may not be proficient in English. This was considered particularly important given that the lack of an interpreter can create an unfair burden on the individual to overcome any communication issues. As highlighted by OPAN's 2020–21 annual report:

> *… access to interpreting services can influence whether older persons from diverse backgrounds access aged care services.*[166]

Likewise, discussions held with care finders from COTA Queensland highlighted a number of concerns with the underutilisation of interpreter services. This kind of service is essential when an older person needs to understand and sign documents, and is therefore instrumental in making My Aged Care fit-for-purpose as the gateway to the aged care system. It was also observed that many people from CALD backgrounds can end up relying on guesswork and body language, which can lead to significant misunderstandings and poor screening or assessment outcomes if the full extent of a person's care needs are not adequately expressed.

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[161] Australian Institute of Health and Welfare (2024) *Older Australians: Culturally and linguistically diverse older people*.
[162] Iwuagwu, A O, Cheong Poon, A W and Fernandez, E (2024) A scoping review of barriers to accessing aged care services for older adults from culturally and linguistically diverse communities in Australia, *BMC Geriatrics*, 24(805): pp. 1–17.
[163] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.
[164] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.
[165] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.
[166] Older Persons Advocacy Network (2021) *OPAN Annual Report 2020-2021: Raising the voice of people accessing aged care*.

In addition, a high reliance on using family members as translators was also noted. However, this is not always an appropriate solution given that some older people might not want to share their personal information with family members, or due to the risk of bias in translation. As identified by the Department of Social Services in its guidance regarding the use of interpreters in the context of family safety, 'the use of unqualified or inappropriate interpreters can have serious implications for all parties concerned, particularly where there are legal or health matters involved'.[167] Whilst this document specifically relates to family safety, the principle remains universally applicable.

Language and cultural barriers do not exist only when dealing with the My Aged Care contact centre either. The online assessment process was also highlighted as particularly challenging for people who speak English as a second language.[168]

People from CALD backgrounds are not a homogenous group, and there are barriers unique to various people who identify as CALD. FECCA observed that 'newly arrived migrants and refugees face additional barriers to digital inclusion, with research finding humanitarian entrants to be the least digitally connected when compared to other cohorts'.[169]

The need for My Aged Care services and communications to be culturally appropriate, safe and inclusive of all users, regardless of their linguistic or cultural backgrounds, was also raised in several submissions to the review. Written communications and resources received from My Aged Care were noted as generally being too complex, poorly written, and not readily available in a broad enough range of languages to support appropriate engagement and build understanding of the required processes and available services.[170]

Notably, a lack of confidence and trust in governments can also create barriers for older people from CALD backgrounds when looking to engage with My Aged Care.[171]

The need for My Aged Care staff to receive mandatory training in culturally appropriate, trauma-aware and healing-informed care was raised by multiple respondents to the review. Indeed, these skill sets ought to be mandated in light of the explicit right to a culturally safe, appropriate, trauma-aware and healing-informed assessment of a person's aged care needs included under section 23(2)(a)(i) of the new *Aged Care Act 2024*.

These skill sets – coupled with a greater understanding of the specific needs and potential cultural barriers of people from diverse backgrounds – are essential to ensuring that My Aged Care is fit-for-purpose for all older Australians. This is vitally important for overcoming barriers experienced by refugees, war survivors and those who distrust, or are reluctant to share personal information with, government services due to past experiences.

2.4.2 Inspector-General's findings

The Inspector-General considers that My Aged Care does not adequately provide culturally safe and trauma-aware supports and services for older culturally and linguistically diverse (CALD) people. This is unacceptable given that a significant proportion of Australia's ageing population are from culturally and linguistically diverse backgrounds, with this number continuing to grow over time. However, much of the existing service design underpinning My Aged Care is currently geared towards a more culturally, linguistically and ethnically homogenous ageing population.

This cannot remain the case. Failure to address this will undermine key rights enshrined under the Statement of Rights in section 23 of the new *Aged Care Act 2024.*

[167] Department of Social Services (2019) *Using Interpreters and Family Safety*.
[168] The Royal Australian College of General Practitioners, *Submission 26*.
[169] Australian Digital Inclusion Index (2023) *Measuring Australia's Digital Divide*.
[170] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.
[171] Federation of Ethnic Communities' Councils of Australia, *Submission 10*.

The Inspector-General considers that there is a clear need for greater engagement, consultation and co-design with CALD communities, as well as with services experienced in delivering alongside these communities, across the whole My Aged Care service – from the website and contact centre through to face-to-face supports. In addition, given the absorption of the former EnCOMPASS: Multicultural Aged Care Connector program into the current care finders program, it is essential that relevant care finder organisations retain the reach and workforce of the former.

The Inspector-General echoes the recommendations from the Federation of Ethnic Communities' Councils of Australia (FECCA) that the department and its delivery partners need to understand the role and value of cultural connectors and bicultural workers as key enablers of improving awareness, understanding and delivery of My Aged Care in CALD communities.

2.4.3 Barriers faced by older people living with disability

Older people living with disability, including those who have long-term physical, mental, intellectual or sensory impairment (as defined by the United Nations *Convention on the Rights of Persons with Disabilities*), can face a number of barriers to engaging with My Aged Care when trying to access the aged care services they need.[172] For some, this includes the multiple challenges surrounding navigating the nexus between the aged care system and the National Disability Insurance Scheme (NDIS) for people with disability approaching the of age 65, or transitioning from one system to another. Successful navigation, or lack thereof, of this system crossover results in a perceived 'eligibility lottery'.[173]

For the purposes of this report, the Office largely focussed on the barriers to engagement with My Aged Care that impact older people experiencing age-related cognitive decline or dementia, those who are Deaf or hard of hearing, and those who are blind or who have low vision. The report focused on these groups because the barriers affecting them were amongst the most frequently reported concerns raised through the submissions and evidence provided. Notably, the conditions these groups experience are conditions that disproportionately impact a significant number of older people in Australia to varying degrees. For example, approximately 33.2% of people aged 65 and over have complete or partial deafness, whilst hearing loss is experienced by up to 70% of people aged 70 and over and 80% of those aged 80 and over.[174]

People with Down syndrome have a significantly higher risk of developing dementia, specifically Alzheimer's disease, compared to the general population. While not all individuals with Down syndrome will develop dementia, around half are expected to experience dementia related to Alzheimer's disease by age 60.[175]

Furthermore, the AIHW reported in 2017–18 that chronic eye conditions affect 93% of people aged 65 and over, with the prevalence of dementia impacting one in 12 people over 65.[176] These are substantial numbers, particularly given that the majority of people accessing My Aged Care are expected to do so via a website or phone line, where there are likely to be barriers for people with such conditions.

As has already been raised in this report, My Aged Care assumes users have a level of competency in terms of English language and cognition.[177] This is an issue not just for people who do not have English as their first language; it can also create access barriers for those who have some level of cognitive impairment, such as age-related cognitive decline or dementia.[178]

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[172] Australian Human Rights Commission (n.d.) *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)* [accessed 14 July 2025].
[173] Howe, A (2025) The Interface Between Australia's Aged Care System and the National Disability Insurance Scheme: Population Perspectives, *Australian Journal of Social Issues*, pp. 1–7.
[174] Statista (2021) *Australia: share of population with complete or partial deafness by age group*; Department of Health and Aged Care (2024) *About ear health*.
[175] Down Syndrome Australia (n.d.) *Are people with Down syndrome more likely to get dementia?* [accessed 14 July 2025].
[176] Australian Institute of Health and Welfare (2021) *Eye health*; Australian Institute of Health and Welfare (2024) *Dementia in Australia*.
[177] South East Metro Health Service Partnership, *Submission 12*.
[178] Dr Irene Wagner, *Submission 28*.

Sensory impairments such as deafness, hearing loss, blindness and vision loss can also act as substantial physical barriers to readily accessing the My Aged Care contact centre and website.[179] Aged care advocates report multiple cases where 'people who are legally blind have been sent detailed letters from My Aged Care about their assessment outcomes and the next steps for accessing care that they could not read' or where people living with hearing loss have been expected to communicate with My Aged Care over the phone.[180]

The submission provided by Deafness Forum Australia notes that common frustrations such as long call wait times, having to repeat information, and confusing correspondence are magnified for people who have hearing loss. It advised that:

> *… for an older Australian who is Deaf or hard of hearing, navigating My Aged Care can feel like running an obstacle course designed for someone else. Barriers emerge from the first phone call to the last written notice.*[181]

It is also critical to understand the differences and unique challenges facing a person who has lived with deafness or hearing loss since birth, as distinct from those for whom deafness or hearing loss is a condition of ageing. It was reported that many older people in Australia who have age-related hearing loss may not define themselves as having a disability, and 'may never adopt alternative communication methods like Auslan'.[182] This can act as a barrier to them exploring alternative communication options. In addition, whilst My Aged Care does offer aids like the National Relay Service, and a free sign language service via contracted private provider Deaf Connect, as advised by Deafness Forum Australia, lived experience feedback indicates that 'these supports, while helpful, don't always eliminate the obstacles in practice'.[183]

Importantly, it was also noted that well-meaning representatives can sometimes inadvertently act on behalf of an older person who has a hearing or vision impairment, while not fully informing them of what is happening with their aged care journey. Again, this underscores the need for My Aged Care to support access to alternative engagement and assessment pathways, as well as to provide information in alternative formats that people can engage with and understand. Whilst it was acknowledged that some progress has been made in recent years, further improvements are required to make My Aged Care more accessible and ensure that people living with disability do not continue to 'fall through the cracks' in a complex system.

2.4.3 Inspector-General's findings

The Inspector-General is concerned that My Aged Care is not sufficiently oriented towards supporting older people in Australia living with disability, particularly given the limited availability of accessible resources and lack of appropriate training for frontline staff. The Inspector-General notes that for people living with disability, these issues can act as substantial barriers to accessing My Aged Care.

The Inspector-General considers that more work needs to be done to develop appropriate support options for older people living with disability, including providing more user-friendly, accessible resources and supports, and alternative assessment pathways. My Aged Care staff need to be trained in how to recognise someone who may need additional support, and be proactive in offering supports where available.

[179] Lifebridge Australia Ltd, *Submission 16*.
[180] Older Persons Advocacy Network (2023) *The National Aged Care Advocacy Program Presenting Issues – Report 3, July 2022 – June 2023*.
[181] Deafness Forum Australia, *Submission 17*.
[182] Deafness Forum Australia, *Submission 17*.
[183] Deafness Forum Australia, *Submission 17*.

2.4.4 Barriers faced by older people living in regional, rural and remote areas

Submissions to the review outlined a range of issues that disproportionately affect older people living in regional, rural and remote locations in their ability to access My Aged Care, compared with those living in metropolitan centres. This is particularly concerning given that older people living in these regions also face the compounding disadvantages of inferior health outcomes and reduced access to health and aged care services and supporting infrastructure. These can manifest in serious ways, including higher risk of preventable disease and lower life expectancy.[184] These issues are projected to worsen without intervention, providing all the more reason to ensure My Aged Care is fit-for-purpose for enabling access to care for older people in these areas.[185]

Importantly, older people also make up a higher proportion of the population in regional, rural and remote areas. According to AIHW's GEN aged care data, in 2024 there were 501,932 people aged 65 years or over living in outer regional, remote and very remote Australian areas. Including inner regional areas increases this number to over 1.5 million, which equates to approximately 33% of the total Australian population aged 65 or over.[186] This population is likely to continue growing as more people exit major cities than enter from regional and remote areas, a trend observed nearly every year since 2007.[187]

The Council of Remote Area Nurses of Australia's (CRANA) submission included feedback from rural and remote health professionals and older people with lived experience navigating the service suggesting that while experience with My Aged Care across rural and remote areas was diverse, some common challenges were identified across the board. These included a lack of phone and internet connections, low digital literacy, language and hearing barriers, and the process being 'not user-friendly'.[188] Another key concern was in relation to the lack of navigation supports and assessment services available to assist older people in these communities to access My Aged Care, and ultimately aged care services.[189] Long wait times for assessment and significant delays in accessing care were also identified as being exacerbated in rural and remote areas.[190]

2.4.4 Inspector-General's findings

The Inspector-General finds that older people living in rural and remote areas are underserviced by My Aged Care by virtue of factors largely beyond the control or influence of the system administrator. The Inspector-General recognises that neither the department nor its delivery partners alone can solve for the root causes of issues around geographic proximity to services and poor internet and cellular infrastructure. However, it is also apparent that not enough investment has been made to supplement these barriers to access with bespoke, wraparound, catchment services targeted to the needs of older people in regional, rural and remote areas. It is not enough to have a handful of Aged Care Specialist Officers posted in regional hubs. These communities need to be serviced by proactive outreach services with local knowledge and connections.

[184] National Rural Health Alliance (2025) *Rural Health in Australia: Snapshot 2025*.
[185] Blackberry, I and Morris, N (2023) The Impact of Population Ageing on Rural Aged Care Needs in Australia: Identifying Projected Gaps in Service Provision by 2032, *Geriatrics*, 8(47): pp. 1–14.
[186] Australian Bureau of Statistics (2023) *Remoteness Areas*; Australian Institute of Health and Welfare (2024), Aged Care Data Snapshot (2024) *Aged care data snapshot—2024*.
[187] Australian Housing and Urban Research Institute (2025) *Inquiry into projecting Australia's urban and regional futures: population dynamics, regional mobility and planning responses*; Australian Housing and Urban Research Institute (2025) *Movement to regional Australia is a long term trend – and it's not the people you thought who are moving*.
[188] Council of Remote Area Nurses of Australia, *Submission 27*.
[189] Dementia Australia, *Submission 6*.
[190] Older Persons Advocacy Network (2024) *The National Aged Care Advocacy Program Presenting Issues – Report 4, July 2023 – June 2024*.

2.4.5 Barriers faced by older people experiencing additional vulnerabilities

Older care leavers and people at risk of, or experiencing, homelessness often encounter an intersection of challenges and disadvantages around socio-economic and health outcomes. This can include housing instability, mental and physical health challenges, increased risk of interaction with the criminal justice system, and histories of institutionalisation.[191] The compounding effects of these challenges can reduce these older people's trust in government services, preventing timely engagement with My Aged Care.[192]

The NATSIAACC submission specifically raised concerns related to the inflexibility of the My Aged Care system, and My Aged Care having a significant lack of understanding of the diversity of people in Australia, and particularly Aboriginal and Torres Strait Islander people, noting that:

> *… if an older person is homeless or does not have a permanent address or phone number, My Aged Care staff have not accepted that the older person cannot provide the requested information.*[193]

Many older care leavers, who may have already spent significant parts of their childhoods in institutionalised care – including in orphanages, children's homes or foster care – may experience a retriggering of trauma by the assessment experience and/or the prospect of an institutionalised setting for their care. The compounding effects of these challenges can reduce their trust in government services, further highlighting the need for a trauma-aware and healing-informed approach to administering aged care.[194] Many people in these situations require face-to-face engagement and adequate time to build relationships and trust.[195]

2.4.5 Inspector-General's findings

The Inspector-General finds that with respect to the breadth and diversity of needs within Australia's ageing population, it is clear that My Aged Care is not hitting the mark, and that making this service more accessible to all older people in Australia will require a significant shift in thinking to develop a system that is culturally safe, appropriate and responsive to diversity.

Addressing this disparity must be prioritised by government as a matter of urgency, particularly given the increasing size and diversity of Australia's ageing population, and the unique and complex challenges already faced by many older people in Australia based on their location, background or life experiences.[196] Again, this is non-negotiable given the right to trauma-aware and healing-informed assessment and care under the Statement of Rights in the new *Aged Care Act 2024.*

2.4.6 Recommendations – Equity of access

The Australian Government is obligated to meet its own Statement of Rights in the *Aged Care Act 2024* by providing equitable, safe, trauma-aware and healing-informed access and assessment through My Aged Care. Therefore, the department urgently needs to commit to undertaking a targeted program of work to ensure that My Aged Care is fit-for-purpose in facilitating timely access to aged care services for older people in Australia from diverse backgrounds and different life experiences, and those with more complex needs. Addressing inequities in relation to access is particularly important given the multiple challenges that these

[191] O'Connor, C, Poulos, RG, Sharma, A, Preti, C, Reynolds, NL, Rowlands, AC, Flakelar, K, Raguz, A, Valpiani, P, Faux, SG, Boyer, M, Close, JCT, Gupta, L and Poulos, CJ (2023) An Australian aged care home for people subject to homelessness: health, wellbeing and cost–benefit, *BMC Geriatrics*, 23(253): pp. 1–18.
[192] Turnbull, L, Morris, S, Mendes, P and Baidawi, S (2025) Older Care Leavers Entering the Aged Care System: A Narrative Review, *Journal of Gerontological Social Work*, 68(3): pp. 378–389.
[193] National Aboriginal and Torres Strait Islander Ageing and Aged Care Council, *Submission 7*.
[194] Turnbull, L, Morris, S, Mendes, P and Baidawi, S (2025) Older Care Leavers Entering the Aged Care System: A Narrative Review, *Journal of Gerontological Social Work*, 68(3): pp. 378–389.
[195] Alliance for Forgotten Australians (n.d.) *Resources* [accessed 14 July 2025].
[196] Australian Institute of Health and Welfare (2024) *Older Australians*.

cohorts face, including in relation to their broader health and aged care needs, making timely access to services imperative. Importantly, genuine co-design by government with Aboriginal and Torres Strait Islander people and organisations is a direct obligation under the National Agreement on Closing the Gap, underpinned by the four Priority Reforms to which all governments have committed.[197]

The vast majority of issues raised throughout this review are not new but have been reported since My Aged Care was first implemented. Concerns regarding My Aged Care's ability to appropriately support older people from diverse backgrounds was also documented in detail by the Tune Review in 2017 and the Royal Commission in 2019 and 2021. Evidence provided to the Tune Review found that people living in remote areas, those with complex needs and those with limited access to technology struggled to access the aged care system. Similar concerns were heard by the Royal Commission, which found that My Aged Care was 'not an adequate point of access for older people who do not have English as a first language' and 'is not suitable for use by people with mild cognitive impairment or for those living with dementia'. This represents a significant proportion of the people who access My Aged Care and who will continue to do so into the future.

These previously reported issues, combined with the more contemporary feedback to this review, demonstrate that immediate action needs to be taken to ensure that access to My Aged Care is equitable for all Australians, regardless of their background or personal circumstances.

The recommendations below build on Recommendations 29 and 48 of the Royal Commission to design for diversity, difference, complexity and individuality, and to improve cultural safety for Aboriginal and Torres Strait Islander people, respectively.

Recommendation 6: Enabling equitable access to aged care

The Australian Government (Department of Health, Disability and Ageing) should commit to undertaking a targeted program of work to enable equitable access to and engagement with My Aged Care for older people in Australia, regardless of their location, background, life experiences or prior knowledge of the system.

6.1 Ensure all relevant actions and initiatives under recommendations 1 to 5 involve active engagement and appropriate co-design strategies with relevant stakeholders to ensure equity of access to aged care services for all older people in Australia.

a. As a consequential obligation of government under the National Agreement on Closing the Gap, ensure the My Aged Care system is co-designed with Aboriginal and Torres Strait Islander people.

6.2 Increase awareness of My Aged Care.

a. Develop ongoing awareness-raising strategies and engagement pathways for My Aged Care that are individualised and co-designed with people with lived experience and relevant stakeholder groups to ensure they are appropriate for those groups, including:
   i. ensuring the information on eligibility and types of support available is included
   ii. embedding evaluation and data collection to monitor impact and uptake.

b. Implement systems that mandate My Aged Care workforces, health professionals, hospitals and other relevant referral organisations are aware of the age-related eligibility requirements for accessing aged care specified under the new *Aged Care Act 2024.*

[197] Closing the Gap (n.d.) *National Agreement on Closing the Gap* [accessed 14 July 2025].

6.3 Develop a monitoring and evaluation framework with relevant targets, underpinned by transparent data collection to measure progress against which the government must publicly report.

6.4 Communication:

a. Review and update registration and screening processes to ensure individuals who are members of the Stolen Generations and care leavers, and who cannot meet the proof of identity requirements, can access the care they need.

b. Monitor uptake of relevant communications products developed under Recommendation 3 of this report.

c. Ensure My Aged Care collects consistent data around language uptake and quality of language services used, particularly phone interpreting services, and actively informs users about the availability of language support services.

d. Ensure My Aged Care collects consistent data around the use of the National Sign Language Program and actively informs users about the availability of sign language interpreting and captioning services.

Part 3: The case for change

The final report of this review is the latest in a conga line of reports, reviews, evaluations, audits and strategies highlighting systemic issues with My Aged Care – issues that are ultimately inhibiting access to the aged care system for older people in Australia. My Aged Care is intended to provide a 'front door' to the aged care system, but evidence shows that for many older people seeking to access aged care services, the experience is more akin to navigating a maze, and the degree to which their efforts are successful is determined largely by factors beyond their control.

That said, many people are able to make their way through the current service, register with My Aged Care and be referred for assessment. However, the success of a single-entry point service predicated on equitable access cannot rest on the assessment that it works for many, or even most, people. It needs to work for everyone.

At a high level, the summative findings of this review are that My Aged Care:

- is not well known, and is poorly understood and insufficiently promoted
- remains onerously complex to navigate and not appropriately tailored to the needs of the whole of the target population
- relies on a model of delivery and a workforce that are not currently conducive to the provision of personalised support
- is not equitable for older people from diverse backgrounds and those with complex needs.

The issues explored in Part 2 of this report are not new, nor are the findings original – many of the recommendations have been made before. In fact, in considering two of the most seminal bodies of work in Australian aged care policy in recent years, the *Legislated Review of Aged Care 2017* (the Tune Review) and the many reports of the Royal Commission into Aged Care Quality and Safety (the Royal Commission), the Inspector-General was struck by the consistency and stagnancy of the foundational issues with My Aged Care.

It must be said that there is an observed tendency in the aged care policy landscape for governments to over-strategise and underdeliver when it comes to funding and delivering the reform agenda required to achieve meaningful and sustainable change. This can be traced back to 2011 when this issue was canvassed at length by the Productivity Commission's Caring for older Australians inquiry. The fundamental error may well be the decision taken in 2012 to deviate from the Productivity Commission's proposal for the establishment of a new, independent Australian Seniors Gateway Agency and supplant it with the My Aged Care website and contact centre offering – a proposed solution far narrower in its remit and implementation than what had been initially envisaged.

Since then the Tune Review and Royal Commission found that despite the introduction of, and regular updates to, My Aged Care, these changes have largely been implemented in a piecemeal approach to addressing the underlying issues, whilst the system as a whole has remained poorly understood, onerously complex, difficult to navigate and inequitable for older people and their families.

Each of these reviews has made several recommendations relevant to improving the accessibility of My Aged Care. However, despite some tweaking and modest progress, transformation has not occurred. Unfortunately, the cumulative effect is that, in some instances, best practice has been circumnavigated in favour of more achievable and affordable but ultimately less effective reforms.

As the system administrator, the Department of Health, Disability and Ageing (the department) is intimately familiar with the foundational issues with the current My Aged Care service offer. Notably, several of the findings and recommendations identified in this report align with work produced or procured by the department. Further, a swathe of work is underway that seeks to address some of the specific challenges, such as the implementation of the Single Assessment System, the rollout of the Elder Care Support program,

an imminent website refresh, and upgrades to the 'find a provider' and 'fee estimator' tools. **These efforts are welcome, but in isolation will not drive the change required.**

In December 2024, the department received the Aged Care Access Customer Experience Strategy (the CX strategy) prepared by consultancy firm Customer Science Group. The CX strategy was co-designed with 350 people, including aged care professionals, older people with lived experience of navigating the service, key stakeholder groups and the department. It is prefaced on a recognition that the My Aged Care customer experience is 'complex', 'confusing' and 'disjointed', and it sets out a vision, program logic and evaluation framework to achieve five broad outcomes across My Aged Care:

- The system is oriented around the individual needs and circumstances of the older person.
- Individuals are engaged early, in readiness for evolving needs.
- The system is easy to navigate.
- The journey to access support is transparent.
- Increasing demand and competing fiscal priorities are managed sustainably.

This is a great place to start, but not a means to an end on its own. The necessary next step in the lifecycle of the CX strategy should be formulating a government response and an open consultation process with stakeholders, advocates, providers and My Aged Care delivery partners – all of whom will likely have valuable feedback and suggestions to strengthen its potential to succeed.

Notably, the CX strategy seeks a commitment from the department to reimagine the My Aged Care customer experience journey. The department has advised the Inspector-General that the CX strategy has not been endorsed by the department or the Minister and should not be referenced as 'accepted' in the review. This is concerning if it is indicative of a lack of commitment to the implementation of the strategy.

The CX strategy needs to do more than gather dust on a shelf – not least because considerable time and money were invested in its development, but also because it provides a useful starting point from which to begin taking the action necessary to reform My Aged Care towards being a truly universal and equitable 'front door' to the aged care system.

3.0 Inspector-General's findings

In concluding this review, the Inspector-General emphasises that My Aged Care is not the access platform one would design if given a blank cheque and a licence for 'blue-sky thinking' to realise best practice access to aged care services. However, now is also not the time to completely overhaul the service. My Aged Care, with its many imperfections and known pain points, does work for many people and is entrenched within the broader aged care sector, which is already undergoing complex changes and is understandably exhibiting signs of reform fatigue.

Nonetheless, commitment to action is long overdue, and there are many actions the government can and necessarily should take to improve the operation of My Aged Care to better ensure it is fit-for-purpose in facilitating access to life-enhancing, and indeed life-saving, care for all older people in Australia, regardless of their level of ability, background or circumstances.

Recommendations — Commit to action

The Australian Government should commit to actioning the recommendations proposed in this report as an immediate priority to ensure that My Aged Care is appropriately designed, promoted and resourced to enable all older people in Australia to navigate and access Australia's aged care system regardless of their location, background and life experiences.

The Inspector-General echoes the sentiment in the CX strategy that it is vital that these recommendations are considered together and not reformulated as discrete action items. An itemised approach to reform will not drive the transformative and meaningful change required to ensure My Aged Care facilitates access to the aged care system for all older people in Australia.

In this report, there are no second-order priority recommendations. Rather, the suite of recommendations are intrinsically linked, and their success depends on them being implemented in concert with one another, within the broader context of ongoing, complex reforms.

Recommendation 7: Commit to action and publicly report progress

The Australian Government (Department of Health, Disability and Ageing) should:

7.1 Accept the recommendations of this review in full.

7.2 Designate a senior responsible officer within the Department of Health, Disability and Ageing to oversee the implementation of Recommendations 1 to 6.

7.3 Prioritise the development and publication of an appropriate evaluation framework and related targets to measure progress.

7.4 Publicly report on progress against the evaluation framework on a biannual basis.

Part 4: Appendices

Appendix A — Acronyms

ACAT	Aged Care Assessment Team
ACCPA	Aged and Community Care Providers Association
ACSO	Aged Care Specialist Officer
ADHA	Australian Digital Health Agency
ADII	Australian Digital Inclusion Index
AIHW	Australian Institute of Health and Welfare
ANZSGM	Australian and New Zealand Society for Geriatric Medicine
BDO	BDO Services Pty Ltd
CALD	culturally and linguistically diverse
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
COTA	Council on the Ageing
CRANA	Council of Remote Area Nurses of Australia
the department	Department of Health, Disability and Ageing
DSS	Department of Social Services
DVA	Department of Veterans' Affairs
FECCA	Federation of Ethnic Communities' Council of Australia
GP	general practitioner
Healthdirect	Healthdirect Australia
ICT	information and communications technology
Interim Commissioner	Interim First Nations Aged Care Commissioner
KPI	key performance indicator
Liquid	Liquid Interactive Pty Ltd
MAC	My Aged Care
NACAP	National Aged Care Advocacy Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIAACC	National Aboriginal and Torres Strait Islander Ageing and Aged Care Council
NDIS	National Disability Insurance Scheme
NSLP	National Sign Language Program
OECD	Organisation for Economic Co-operation and Development

the Office	Office of the Inspector-General of Aged Care
OPAN	Older Persons Advocacy Network
PHN	Primary Health Network
Probe	Probe CX
RACGP	Royal Australian College of General Practitioners
RAS	Regional Assessment Service
the CX strategy	Aged Care Access Customer Experience Strategy
the IGAC Act	*Inspector-General of Aged Care Act 2023*
the new Act	*Aged Care Act 2024*
the Royal Commission	Royal Commission into Aged Care Quality and Safety
the Tune Review	*Legislated Review of Aged Care 2017*
the 2025 Progress Report	*2025 Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety*

Appendix B — Notice of review

Australian Government | OFFICE OF THE INSPECTOR-GENERAL OF AGED CARE

Notice of Review – Administration of My Aged Care

I, Ian Yates, Acting Inspector-General of Aged Care (Inspector-General), pursuant to section 18(2A) of the Inspector-General of Aged Care Act 2023 (the Act), hereby notify that I have commenced a review on the Administration of My Aged Care (the review) on the 26th March 2024.

Terms of reference of the review

The objective of this review is to assess whether My Aged Care enables older persons in Australia to navigate to and initiate the assessment process required for entry to the aged care system in a timely manner, regardless of their location, health requirements, cultural background, identity or prior knowledge of the system.

I will consider the following criteria to meet the objective of the review:

- Are there clearly prescribed standards against which My Aged Care's performance can be measured to ensure the Government's objectives are being met?
- Is the user experience of My Aged Care aligned to the needs of its expected users/target audience?
- Are there distinct access challenges arising in regional, rural and remote areas, and in other contexts, and how does My Aged Care overcome these?
- If My Aged Care is the single point of entry to be assessed for aged care services, what drivers cause older people to seek to access an assessment through other means?

Background

My Aged Care is the Government's entry point for people to access aged care services. An older person cannot receive any type of Commonwealth aged care service without an assessment to establish that care is needed.

I consulted widely to explore the systemic issues inherent in the aged care system. A consistent theme emerged as people shared their experiences regarding the role of My Aged Care in allowing people to access and navigate the system.

This review was prioritised as it is critical that My Aged Care facilitates entry to the system, or a significant proportion of older people, or vulnerable cohorts, may find themselves unable to access or receive aged care in a timely manner.

Process

The review will follow the process established by my Office for conducting reviews, underpinned by the framework and powers in the Act.

To make an independent and objective assessment against the key criteria, the Office will collect review evidence from government entities and their partners, supported by the views and opinions of users of My Aged Care. I encourage interested parties to contribute through a submission process.

My final report and any recommendations made will be provided to the Minister responsible for Aged Care to table in both houses of Parliament, prior to being published on the igac.gov.au website.

Mr Ian Yates AM
Acting Inspector-General of Aged Care

Office of the Inspector-General of Aged Care | igac.gov.au

Appendix C — Submissions and consultations

Submissions

The Office of the Inspector-General of Aged Care (the Office) received a total of 37 submissions to the review. The Office received 22 in-scope submissions through the formal public submission process, which was open from 17 April 2024 to 28 June 2024, with two additional public submissions received between March and April 2025. Of these, 16 (64%) of the public submissions received were from stakeholders, aged care organisations and peak bodies, with the remaining eight from members of the public.

An additional 13 submissions were received through two targeted submission processes, including:

- seven from the Aged Care Assessment Team (ACAT) and Regional Assessment Service (RAS) assessor organisations through the first targeted submission process, which was open from 24 April to 21 June 2024, and
- six from GPs and other health professional organisations through a second targeted submission process, open from 10 May to 5 July 2024.

The Office received two requests from submitters that their submissions be treated confidentially, and these were both granted.

An invitation to provide direct feedback to the review was also sent to the state and territory Public Advocates and Public Guardians, given their significant involvement in supporting older people with impaired decision-making capacity in each state and territory. In February and March 2025, the Office received further input through this process from organisations in the Australian Capital Territory, South Australia, Western Australian and the Northern Territory.

Importantly, a significant number of submissions included coordinated responses from peak bodies and organisations that had undertaken their own additional research via surveys, direct consultation mechanisms or workshops to gain a broader perspective from older people, their families and carers with lived experience. These included:

- A submission from the Interim First Nations Aged Care Commissioner drew on qualitative information from an extensive national consultation process that she undertook with Aboriginal and Torres Strait Islander people across urban, rural and remote regions of Australia in 2024.
- The Older Persons Advocacy Network (OPAN) sought feedback from its National Older Persons Reference Group (NOPRG) for its submission. This group comprises 36 people with a range of experiences with aged care and represents a diverse mix of carers and receivers of aged care, including Aboriginal and Torres Strait Islander people, care leavers, people from culturally and linguistically diverse backgrounds, LGBTQI+ people, people with a disability, people at risk of homelessness, and people from rural, remote and regional areas.
- COTA (Council on the Ageing) Australia's detailed submission was informed by input from the state and territory COTA organisations, COTA Australia's ongoing engagement with older people, and a specifically designed survey conducted by COTA Australia in 2024 targeting people who had used My Aged Care in the previous two years. A total of 747 survey responses informed the submission.
- COTA Tasmania provided a separate submission drawn from the organisation's experience in listening to the lived experiences of older Tasmanians both as a care finder organisation and former My Aged Care Navigator.
- The Federation of Ethnic Communities' Council of Australia's (FECCA's) submission was based on knowledge gained through the EnCOMPASS: Multicultural Aged Care Connector program, which FECCA and 23 other organisations delivered between 2021 and 2023. It also drew on recent face-to-face consultations and an online survey of people with lived experience, undertaken in 2024 in partnership with the Southern Migrant and Refugee Centre (SMRC), Australian Multicultural Community Services, Ethnic Communities' Councils of Victoria (ECCV) and the Chinese Australian Services Society (CASS).

- Dementia Australia surveyed people living with dementia, and their carers to better understand their experiences of using My Aged Care. Its submission presented the survey findings, which included respondents from all states and territories except for the Northern Territory.
- Carers Australia's submission was based on outcomes from the 2023 national Carer Wellbeing Survey, which included questions relating to carers' access to services and supports for themselves and those they care for. While the survey covered all carers, a significant number of respondents were carers of older people. Of the 5,238 respondents to the 2023 survey, 1,511 (29%) identified as carers of someone with dementia and 2,079 (40%) reported caring for someone with age frailty.
- The Aged and Community Care Providers Association's submission was informed by feedback from members who work in metropolitan and regional areas and within diverse communities, as well as input from care recipients.
- Eastern Health's submission was based on a series of interactive workshops it undertook in 2024 to train providers of community health services. The organisation received consistent feedback through these interactions with community health providers and clinicians regarding My Aged Care and provided these insights to inform the review.
- Southern Adelaide Palliative Service's submission shared the organisation's experiences of interactions and outcomes with My Aged Care. This service assesses and supports patients diagnosed with a life-limiting illness, including providing support to navigate government systems such as My Aged Care to access appropriate in-home support services.
- The South East Metro Health Service Partnership engaged five older people with lived experience navigating the service to provide direct feedback against the key questions posed in the submission fact sheet.
- A submission from the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) consolidated input provided by CATSINaM members (Aboriginal and Torres Strait Islander registered nurses with involvement in the aged care system) on the efficiency, accessibility and appropriateness of the My Aged Care system.
- A submission from the Council of Remote Area Nurses of Australia (CRANA) was informed by input from members, older people with lived experience navigating the service, and rural and remote health professionals and primary healthcare providers.

The full list of in-scope public submissions received is provided below.

It should also be noted that the Office received feedback from community members and persons representing care leavers regarding the Office's approach to the public submission process, including in relation to the lack of inclusivity for those with low computer literacy, low literacy more broadly or a lack of access to the internet. The Office is grateful for this feedback and will review and revise its processes to enable more inclusive participation in future public submission initiatives.

The Office is also committed to embedding greater engagement with older people with lived experience of the aged care system into its regular consultation and engagement mechanisms.

Meetings and visits

To further supplement the information gathered through the submission processes outlined above, the Office engaged directly with a number of key stakeholders to further inform the review. Meetings were mostly conducted online and included the following organisations, agencies and representatives:

- the Interim First Nations Aged Care Commissioner
- the Office of the Commonwealth Ombudsman
- COTA Australia
- state and territory COTA organisations

- OPAN
- Dementia Australia
- Carers Australia
- Allied Health Professions Association (AHPA)
- Inclusion Australia
- The Royal Australian College of General Practitioners (RACGP)
- representatives from the National Aged and Community Care Roundtable for Forgotten Australians.

In addition, on 10 April 2025, the Office undertook an in-person visit to the main My Aged Care contact centre, housed in Probe CX's head office in Wollongong, New South Wales. The visit included interviews with My Aged Care contact centre staff.

The written submissions and direct engagement with individuals, agencies and organisations have contributed significantly to informing the findings of this review.

The Office is sincerely grateful to all those involved for their valuable contributions.

List of submissions

Number	Submitter
Submission 1	Interim First Nations Aged Care Commissioner
Submission 2	Older Persons Advocacy Network
Submission 3	COTA Australia
Submission 4	COTA Tasmania
Submission 5	Carers Australia
Submission 6	Dementia Australia
Submission 7	National Aboriginal and Torres Strait Islander Ageing and Aged Care Council
Submission 8	Meals on Wheels New South Wales
Submission 9	Carers NSW
Submission 10	Federation of Ethnic Communities' Councils of Australia
Submission 11	Aged and Community Care Providers Association
Submission 12	South East Metro Health Service Partnership
Submission 13	Southern Adelaide Palliative Service
Submission 14	Eastern Health
Submission 15	Juniper Aged Care
Submission 16	Lifebridge Australia Ltd
Submission 17	Deafness Forum Australia
Submission 18	Sunshine Coast Hospital and Health Service
Submission 19	North West Hospital and Health Service
Submission 20	Mount Alexander Shire Council

Number	Submitter
Submission 21	Brimbank City Council
Submission 22	Nillumbik Shire Council
Submission 23	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Submission 24	Australian and New Zealand Society for Geriatric Medicine
Submission 25	Goulburn Valley Health
Submission 26	The Royal Australian College of General Practitioners
Submission 27	Council of Remote Area Nurses of Australia
Submission 28	Dr Irene Wagner
Submission 29	Ellen Bucello
Submission 30	Janet Trigg
Submission 31	Christine Costello
Submission 32	Karen Strauss
Submission 33	Penny Giersch
Submission 34	Susan Sedivy
Submission 35	Chris Waller

Appendix D — Information requests

Requests for Information and notices to produce

Voluntary requests for information were made in writing to:

- the Department of Health, Disability and Ageing (formerly the Department of Health and Aged Care) on 3 May 2024 and 4 April 2025
- Services Australia on 3 May 2024, and 2 and 4 April 2025
- Healthdirect Australia on 3 May 2024, and 4 and 29 April 2025
- Liquid Interactive on 3 May 2024 and 4 April 2025
- OPAN on 28 May 2024 (initial request) – this request was subsequently revised and reissued on 10 September 2024 following discussions with OPAN.

The documents requested broadly related to the following categories:

- contracts and service agreements (for example, contracts and grant agreements, memorandums of understanding, reporting protocols and performance evaluations)
- governance, stakeholder engagement and communication (for example, governance boards; internal governance bodies; agendas, papers and minutes; stakeholder engagement strategies; and internal divisional, branch and section plans)
- policies, procedures and operations (for example, decision briefs, training strategies, standard operating procedures, policy statements, change management plans and risk management plans)
- evaluation, research and reporting (for example, performance statements, evaluations, reviews, audits and research projects)
- My Aged Care design and delivery (for example, program logic, business case plans, gateway reviews and research)
- user experience (for example, user stories, behavioural research, annual reports, complaints policies and standard operating procedures).

Two notices to produce under section 44 of the *Inspector-General of Aged Care Act 2023* were also made in writing to the Department of Health, Disability and Ageing, on 11 September 2024 and 16 May 2025.

The full list of written information requests and notices to produce is provided below.

The Office acknowledges the significant amount of information and documentation that was requested between May 2024 and May 2025, with well over 1,100 documents received and analysed over the course of the review.

The Office is sincerely grateful for the ongoing cooperation of all agencies and organisations involved.

Department of Health, Disability and Ageing

Date of request	Office of the Inspector-General of Aged Care information request	Documentation received	Date of response
3 May 2024	Voluntary request for information	The Department of Health, Disability and Ageing (the department) provided the Office of the Inspector-General of Aged Care (the Office) 610 documents regarding: • the My Aged Care platform, service offers and associated capabilities • My Aged Care–related contracts and agreements between the department and Services Australia, Healthdirect Australia (Healthdirect), Liquid Interactive (Liquid), HealthLink, Datacom and B online • My Aged Care strategy and policy • My Aged Care standard operating procedures • My Aged Care–related evaluations • the performance of the My Aged Care service offers • My Aged Care training processes • the My Aged Care learning platform • My Aged Care communications and engagements • utilisation of the My Aged Care service offers • My Aged Care–related meetings.	3 June 2024
11 September 2024	Section 44 notice to produce documents	The department provided the Office with 99 pieces of My Aged Care–related ministerial correspondence.	27 September 2024
4 April 2025	Voluntary request for information	The department provided the Office 95 documents regarding: • My Aged Care strategy and policy • My Aged Care communications and engagements • utilisation of the My Aged Care service offers • the performance of the My Aged Care service offers • My Aged Care–related evaluations • My Aged Care complaints management processes.	15 April 2025

Date of request	Office of the Inspector-General of Aged Care information request	Documentation received	Date of response
16 May 2025	Section 44 notice to produce documents	The department provided the Office two documents regarding My Aged Care–related evaluations.	30 May 2025

Services Australia

Date of request	Office of the Inspector-General of Aged Care information request	Documentation received	Date of response
3 May 2024	Voluntary request for information	Services Australia provided the Office with 92 documents regarding: • My Aged Care–related contracts and agreements between Services Australia and the Department of Health, Disability and Ageing • My Aged Care face-to-face service offer standard operating procedures • My Aged Care face-to-face service offer evaluations • the performance of the My Aged Care face-to-face service offer • My Aged Care face-to-face service offer training processes • My Aged Care face-to-face service offer complaints management processes • My Aged Care face-to-face service offer communications and engagements • the My Aged Care video chat capability.	24 May 2024
2 April 2025 4 April 2025	Voluntary request for information	Services Australia provided the Office with 20 documents regarding: • utilisation of the My Aged Care face-to-face service offer • My Aged Care face-to-face service offer evaluations • My Aged Care face-to-face service offer communications and engagements • the performance of the My Aged Care face-to-face service offer • My Aged Care face-to-face service offer complaints management processes.	15 April 2025

Healthdirect Australia

Date of request	Office of the Inspector-General of Aged Care information request	Documentation received	Date of response
3 May 2024	Voluntary request for information	Healthdirect Australia (Healthdirect) provided the Office the Office with 59 documents regarding: • My Aged Care–related contracts and agreements between Healthdirect and the Department of Health, Disability and Ageing, as well as Probe CX • My Aged Care strategy and policy • the My Aged Care contact centre's standard operating procedures • My Aged Care contact centre evaluations • Healthdirect's organisational structure • the performance of the My Aged Care contact centre • My Aged Care contact centre training processes • My Aged Care contact centre complaints management processes • My Aged Care contact centre change management processes.	23 May 2024
4 April 2025	Voluntary request for information	Healthdirect provided the Office with 43 documents regarding: • the performance of the My Aged Care contact centre • My Aged Care contact centre complaints management processes • My Aged Care contact centre evaluations.	8 April 2025
29 April 2025	Voluntary request for information	Healthdirect provided the Office with two documents regarding: • the performance of the My Aged Care contact centre • the My Aged Care contact centre's organisational structure.	30 April 2025

Liquid Interactive

Date of request	Office of the Inspector-General of Aged Care information request	Documentation received	Date of response
3 May 2024	Voluntary request for information	Liquid Interactive (Liquid) provided the Office with 39 documents regarding: • My Aged Care–related contracts and agreements between Liquid and the Department of Health, Disability and Ageing • the My Aged Care website's development and design processes • the My Aged Care website's standard operating procedures • the performance of the My Aged Care website.	3 June 2024
4 April 2025	Voluntary request for information	Liquid provided the Office with 8 documents regarding: • the My Aged Care website's development and design processes • the performance of the My Aged Care website.	9 April 2025

Older Persons Advocacy Network

Date of request	Office of the Inspector-General of Aged Care information request	Documentation received	Date of response
28 May 2024 Revised request reissued on 10 September 2024	Voluntary request for information	The Older Persons Advocacy Network (OPAN) provided the Office with 5 documents, including: • a written response to the voluntary request for information, including de-identified case studies and National Aged Care Advocacy Program (NACAP) data • the OPAN NACAP National Minimum Dataset Data Dictionary and Guidelines • the 2021, 2022 and 2023 Presenting Issues reports.	19 September 2024

Appendix E — Summary of actions

Approach to analysis

The objective of this review was to assess whether My Aged Care enables older people in Australia to navigate to and initiate the assessment process required for entry to the aged care system in a timely manner, regardless of their location, health requirements, cultural background, identity or prior knowledge of the system.

To make a finding on this objective, the review considered the following criteria in relation to the information and documentation obtained throughout the review process.

- Are there clearly prescribed standards against which My Aged Care's performance can be measured to ensure the government's objectives are being met?
- Is the user experience of My Aged Care aligned to the needs of its expected users/target audience?
- Are there distinct access challenges arising in regional, rural and remote areas, and in other contexts, and how does My Aged Care overcome these?
- If My Aged Care is the single point of entry to be assessed for aged care services, what drivers cause older people to seek to access an assessment through other means?

To understand whether My Aged Care enables older people in Australia to navigate to, and initiate, the assessment process required for entry to the aged care system, the Office of the Inspector-General of Aged Care (the Office) undertook an initial analysis of the submissions provided to the review, as well as documentation and correspondence detailing complaints and concerns relating to the user experience of My Aged Care.

Through this process, well over 70 individual issues were identified that older people, and their families and carers, were experiencing in navigating My Aged Care to the point of receiving an assessment for aged care services. The issues identified were then analysed in greater detail to better understand their relative prevalence in terms of how often each issue was raised, and the overall impact of each issue in terms of delaying or preventing access to the aged care system in a timely manner. Consideration was also given as to whether the severity of the impact, or likely occurrence of each issue was greater for, or directly related to, an older person's location, health requirements, cultural background, identity or prior knowledge of the system. Many of the concerns identified were explored further through additional meetings and consultations with key stakeholders, as outlined above, to ensure the Office had an accurate understanding.

The key issues were then grouped into four main themes, each comprising a number of related sub-categories, as follows:

- lack of awareness impacting people's understanding of available services and how to access them, including in relation to different My Aged Care access channels and targeted support services, as well as a lack of understanding of the aged care system in general
- overall system complexity, including in relation to complexity of access to, and understanding of, digital service offerings, My Aged Care communications and resources, overall system flexibility for engaging with different groups of clients, and lack of interoperability across platforms and government programs
- My Aged Care workforces, including in relation to the capability and capacity of the different workforces, as well as availability and resourcing constraints
- specific concerns impacting equity of access for older people from diverse backgrounds and with different life experiences, as well as for those older people living with a disability, or in rural and remote locations.

An objective assessment of the information and evidence gathered from the Department of Health, Disability and Ageing (the department) and relevant My Aged Care delivery partners was also undertaken to determine:

- how well these issues are already known by the department, and what processes, if any, are already underway to address them
- whether current administrative and program management processes and performance measures are adequate and able to identify any service gaps or potential access challenges
- whether current data collection and reporting mechanisms adequately inform ongoing monitoring processes and support continuous improvement.

A second round of meetings was held with the department, Services Australia, Healthdirect Australia and Liquid Interactive in March and early April 2025, to enable the Office to clarify any outstanding questions regarding the evidence reviewed to date. This was followed by a second round of written information requests, which were largely focussed on obtaining the most up-to-date information and 2024 reports regarding the ongoing implementation and delivery of My Aged Care and relevant targeted support programs.

A full summary of the actions undertaken is provided below.

Summary of actions

Date of action	Action / evidence
26 March 2024	Review of the Administration of My Aged Care formally commenced with the issue of a letter to the Minister for Aged Care from the Acting Inspector-General of Aged Care, notifying of the commencement of the review in accordance with subsection 18(2) of the *Inspector-General of Aged Care Act 2023* (the IGAC Act)
26 March 2024	In accordance with subsection 18(3) of the IGAC Act, notice of the review issued to: • Secretary of the Department of Health, Disability and Ageing (the department) • Chief Executive Officer of Services Australia • Chief Executive Officer of Healthdirect Australia Ltd (Healthdirect) • Chief Executive Officer of Liquid Interactive Pty Ltd (Liquid)
9 April 2024	Entry interview with the department undertaken in Canberra
11 April 2024	Entry interview with Healthdirect undertaken in Sydney
15 April 2024	Entry interview with Liquid undertaken in Brisbane
16 April 2024	Notice of the review published on the Office's website
16 April 2024	Invitation to submit a written submission to the review published on the Office's website
17 April 2024	Entry interview with Services Australia undertaken in Canberra
24 April 2024	Targeted invitation to provide a written submission to the review issued to Aged Care Assessment Team (ACAT) and Regional Assessment Service (RAS) organisations across Australia
1 May 2024	Second entry interview with the department undertaken in Canberra

Date of action	Action / evidence
3 May 2024	Second entry interview with Services Australia undertaken in Canberra
3 May 2024	Voluntary request for information issued to: • the department • Services Australia • Healthdirect • Liquid
10 May 2024	Targeted invitation to provide a written submission to the review issued to general practitioners and other health professional organisations
20 May 2024	Meeting with Older Persons Advocacy Network (OPAN)
21 May 2024	Meeting with the Interim First Nations Aged Care Commissioner
22 May 2024	Meeting with representatives of the National Aged and Community Care Roundtable for Forgotten Australians
23 May 2024	59 documents provided by Healthdirect in response to the voluntary request for information issued on 3 May 2024 (additional information provided in Appendix D)
24 May 2024	92 documents provided by Services Australia in response to the voluntary request for information issued on 3 May 2024 (additional information provided in Appendix D)
28 May 2024	Voluntary request for information issued to OPAN
3 June 2024	610 documents provided by the department in response to the voluntary request for information issued on 3 May 2024 (additional information provided in Appendix D)
3 June 2024	39 documents provided by Liquid in response to the voluntary request for information issued on 3 May 2024 (additional information provided in Appendix D)
4 June 2024	Meeting with representatives from the Office of the Commonwealth Ombudsman
21 June 2024	Targeted submission process for assessor organisations closed. Seven submissions from ACAT and RAS organisations received between 24 April and 21 June 2024 in response to the targeted invitation issued 24 April 2024 (additional information provided in Appendix C)
28 June 2024	Public submission process closed, with 22 public submissions received between 16 April and 28 June 2024 in response to the public submission process opened on 16 April 2024 (additional information provided in Appendix C)
5 July 2024	Voluntary request for information issued to the Office of the Commonwealth Ombudsman

Date of action	Action / evidence
5 July 2024	Targeted submission process for health professional organisations closed. Six submissions from general practitioners and other health professionals received between 10 May and 5 July 2024 in response to the targeted invitation issued on 10 May 2024 (additional information provided in Appendix C)
4 September 2024	Meeting with OPAN to discuss the voluntary request for information issued 28 May 2024
10 September 2024	Revised voluntary request for information issued to OPAN
11 September 2024	Section 44 notice to produce documents issued to the department
19 September 2024	5 documents provided by OPAN in response to the revised voluntary request for information issued on 10 September 2024 (additional information provided in Appendix D)
27 September 2024	99 documents provided by the department in response to the section 44 notice to produce documents issued on 11 September 2024 (additional information provided in Appendix D)
5 November 2024	Meeting with representatives from COTA (Council on the Ageing)) Australia
6 November 2024	Meeting with representatives from the Allied Health Professionals Association
12 November 2024	Meeting with representatives from Carers Australia
22 November 2024	Meeting with representatives from the Office of the Commonwealth Ombudsman
10 December 2024	Meeting with representatives from Inclusion Australia
14 January 2024	Additional (de-identified and aggregated) data provided by Carers Australia on the 2023 Carer Wellbeing survey
20 January 2025	Additional (de-identified and aggregated) demographic profile data for respondents to the My Aged Care survey undertaken to inform the public submission provided by COTA Australia
12 February 2025	Targeted invitation to provide input to the review sent to the Australian Public Advocates and Public Guardians
13 February 2025	Meeting with COTA Australia and representatives from the state and territory COTA organisations
12 March 2025	Meeting with representatives from COTA Queensland
24 March 2025	Meeting with representatives from Dementia Australia

Date of action	Action / evidence
27 March 2025	Meeting with representatives from the Royal Australian College of General Practitioners (RACGP)
27 March 2025	Meeting with the department (online)
28 March 2025	Meeting with Liquid (online)
31 March 2025	Follow-up meeting with the department (Single Assessment Branch)
1 April 2025	Voluntary request for information issued to Liquid
2 April 2025	Follow-up meetings (2) with the department (Navigation and Access Branch, Aged Care Communication and Change Branch)
2 April 2025	Voluntary request for information issued to Services Australia
3 April 2025	Meeting with Healthdirect (online)
3 April 2025	Meeting with Services Australia (online)
4 April 2025	Voluntary request for information issued to: • the department • Healthdirect • Services Australia (updated)
8 April 2025	43 documents provided by Healthdirect in response to the voluntary request for information issued on 4 April 2025 (additional information provided in Appendix D)
9 April 2025	8 documents provided by Liquid in response to the voluntary request for information issued on 4 April 2025 (additional information provided at Appendix D)
10 April 2025	In-person site visit to the primary My Aged Care contact centre site, Wollongong, Australia (voluntary interviews undertaken with contact centre staff)
15 April 2025	95 documents provided by the department in response to the voluntary request for information issued on 4 April 2025 (additional information provided in Appendix D)
15 April 2025	20 documents provided by Services Australia in response to the voluntary request for information issued on 2 April 2025 (and updated on 4 April 2025) (additional information provided in Appendix D)
29 April 2025	Voluntary request for information issued to Healthdirect
30 April 2025	2 documents provided by Healthdirect in response to the voluntary request for information issued on 29 April 2025 (additional information provided in Appendix D)
16 May 2025	Section 44 notice to produce documents issued to the department

Date of action	Action / evidence
30 May 2025	2 documents provided by the department in response to the section 44 notice to produce documents issued on 16 May 2025 (additional information provided in Appendix D)
15 July 2025	Draft *Review of My Aged Care* report provided to the department in line with section 21 of the *Inspector-General of Aged Care Act 2023*

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