

Background paper: Intended outcomes of the Royal Commission into Aged Care Quality and Safety

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Introduction

This paper provides context for the Inspector-General of Aged Care's (Inspector-General) legislated review of the Commonwealth's implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission).

The review will evaluate whether the reforms to the aged care system have met, or are likely to meet, the intended outcomes of the recommendations of the royal commission.

The Aged Care Royal Commission called for a fundamentally new aged care system to achieve the following vision:

The purpose of the aged care system must be to ensure that older people have an entitlement to high quality aged care and support and that they must receive it. Such care and support must be safe and timely and must assist older people to live an active, self-determined and meaningful life in a safe and caring environment that allows for dignified living in old age.¹

The royal commission's 148 recommendations were designed to achieve this systemic reform.

To support the review's focus on outcomes, the Office of the Inspector-General (the Office) analysed the *Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect*, and grouped the recommendations into the following 9 key strategic outcome areas:

- **People-centred aged care: a rights-based system:** Older people's rights are upheld in aged care and care is integrated with other support systems.
- **Leadership and government accountability:** The aged care system has clear strategic direction, supports long-term goals, monitors performance, addresses emerging issues and ensures accountability.
- **Access and navigation:** Older people can find, understand and access timely aged care and support.
- **High quality and safe care and support:** Older people, their families and friends receive the right care and support to meet their needs when they need it.
- **Aboriginal and Torres Strait Islander pathway:** Aboriginal and Torres Strait Islander people receive culturally safe and trauma-informed care.
- **Equitable aged care:** Older people receive equitable and inclusive care.
- **Regulation and provider accountability:** Providers are supported and capable of delivering high quality care and are held accountable for doing so.
- **Workforce:** Aged care workers are skilled and empowered to provide high quality care.
- **Sustainable aged care:** The aged care system is equipped, financed and funded to provide high quality aged care and support over time.

The review will consider the Australian Government's progress against these strategic outcome areas.

[Appendix 1](#) maps each of the 148 recommendations to a strategic outcome area, and identifies the direct system changes to achieve each outcome.

¹ Royal Commission into Aged Care Quality and Safety (Aged Care Royal Commission), [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p. 80.

This paper provides background to the Aged Care Royal Commission's findings and recommendations, before discussing each of these strategic outcome areas in more detail.

Aged Care Royal Commission's findings

Established on 8 October 2018, the Aged Care Royal Commission examined the quality and safety of care provided in residential, community and flexible aged care settings.² Its inquiry was conducted over more than 2 years, during which it:

- received over 10,000 public submissions
- conducted 99 public hearing days across Australia with 600 witnesses
- issued requests for and received thousands of documents and statements
- held 12 community forums with 2,416 attendees in major cities, regional and remote areas
- ran 13 roundtables with a range of experts
- undertook targeted consultations, site visits, and research.³

This broad-reaching information gathering informed the findings and recommendations, which are discussed in this paper.

Problems in the aged care system

Commissioners the Honourable Gaetano (Tony) Pagone QC and Ms Lynelle Briggs AO delivered their final report on 26 February 2021. They found multiple problems for older people accessing and navigating aged care services, including that:

- the aged care system was difficult to enter and navigate, particularly due to limited or difficult to find information on My Aged Care, and the impersonal nature of the service
- there were problems accessing aged care services, particularly home care, respite care and allied health care
- some groups of people found it harder to access the aged care services they needed, including those in regional, rural and remote areas; Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds; veterans; people who are homeless or at risk of becoming homeless; care leavers; and people from the lesbian, gay, bisexual, transgender and/or intersex (LGBTI) communities
- some aged care services were not culturally safe or did not acknowledge, respect and value the diverse needs of older people
- people in aged care were not consistently receiving the health care they needed, including from doctors, mental health services, oral and dental health care and preventative and holistic care
- some people living with disability were not receiving the level of services they needed due to anomalies and deficiencies in the National Disability Insurance Scheme.⁴

² Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.177.

³ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.181–189.

⁴ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.65–67.

Substandard aged care

In relation to the quality and safety of aged care services, the commissioners identified numerous areas where substandard care occurs in aged care:

- abuse, including assault and restrictive practices that lacked clear justification or clinical indication
- complex care settings, including the management of dementia and challenging behaviours, mental health and palliative care
- routine care for the ‘activities of daily living’, such as personal hygiene, diet and nutrition, skin care, mobility support, medication management, continence care, infection control, and meeting social and emotional needs, including diversity and cultural needs.⁵

The commissioners identified challenges in identifying the extent of substandard care due to a lack of consistent and reliable data. Despite these challenges, Commissioner Briggs concluded that ‘at least 1 in 3 people accessing residential aged care and home care services—or over 30%—have experienced substandard care.’⁶ She considered that the extent of substandard care varied across provider type and size, with smaller or government run services providing better care on average than larger or not-for-profit and for-profit providers. While Commissioner Pagone did not quantify the level of substandard care, both commissioners agreed ‘that the extent of substandard care in Australia’s aged care system is deeply concerning and unacceptable by any measure.’⁷

Systemic issues

The commissioners identified multiple systemic challenges in the aged care system that underscored the problems in the system and the extent of substandard care, including:

- an absence of leadership of the aged care system at the expense of setting goals, close monitoring and timely interventions
- insufficient and insecure funding for the aged care system, resulting in a ‘rationing of services’ rather than meeting the actual cost of ‘providing care universally to those who need it’
- minimal measures to actively manage and shape the aged care market
- reactive and piecemeal reform at the expense of achieving system change
- an ‘absence of a strong consumer voice’ in program design and delivery
- unhelpful ‘attitudes and assumptions about older people and aged care’
- poor governance and management practices by some aged care providers, as well as poor workplace cultures
- a model of aged care service provision that was predominantly reactive, at the expense of maintaining and improving people’s health and social and emotional wellbeing
- workforce concerns, including ‘[i]nadequate staffing levels, skills mix and training’ as well as ‘low wages and poor employment conditions’
- in relation to inadequate access to health care, a lack of funding for proactive health care, health care professionals not always attending a person’s place of residence when it is

⁵ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.68–71.

⁶ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.72.

⁷ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.73.

difficult for them to leave, and a lack of clarity of roles and responsibilities between Commonwealth and State systems

- a lack of strong and effective regulation
- an underdeveloped aged care research and innovation sector
- the 'complex capital financing arrangements for residential aged care'
- an insufficiently progressive tax system.⁸

A new aged care system

In response to the problems and systemic challenges the commissioners identified, they outlined their 'vision for the future of aged care in Australia'.⁹

Understanding this vision, and the commissioner's recommended reforms to achieve it, is central to the Inspector-General's review into the Commonwealth's implementation of their recommendations.

The key question is whether the measures and actions the Australian Government has taken in implementing the recommendations have, or are likely to, achieve the intended outcomes of the royal commission. Put simply, has the Aged Care Royal Commission's vision for aged care been achieved? In effect, the recommendations set out the commissioners' 'theory of change' – the steps that need to be taken to achieve their vision.

What, then, is the Aged Care Royal Commission's vision for the aged care system? In the commissioners' words:

*The purpose of the aged care system must be to ensure that older people have an entitlement to high quality aged care and support and that they must receive it. Such care and support must be safe and timely and must assist older people to live an active, self-determined and meaningful life in a safe and caring environment that allows for dignified living in old age.*¹⁰

The reference to entitlement is important as it signals the foundational rights-based system the commissioners envisioned – a system where older people have a right to high-quality aged care and support. The commissioners defined high-quality aged care in the following terms:

High quality aged care puts older people first. It assists older people to live a self-determined and meaningful life through expert clinical and personal care services and other support, provided in a safe and caring environment. High quality aged care is respectful, timely and responsive to older people's preferences and needs and assists them to live a dignified life.

High quality aged care is provided by caring and compassionate people who are educated and skilled in the care they provide. It enables older people to maintain their capacities for as long as possible, while supporting them when they experience functional decline or need end-of-life care.

⁸ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.73–78.

⁹ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.61.

¹⁰ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.80.

High quality aged care delivers a high quality of life. It enables people to engage in meaningful activities that provide purpose, and provides the opportunity for people to remain connected to their community.¹¹

The commissioners made 148 recommendations directed at achieving this vision for aged care, of which 25 were individual recommendations of one of the commissioners. Regarding these individual recommendations, Commissioners Pagone and Briggs often agreed on the purpose of reforms but disagreed on the detail and offered options for government to consider in their response.

Mapping recommendations to strategic outcomes

The Office has grouped the Aged Care Royal Commission's recommendations into the following 9 strategic outcome areas:

Strategic outcome area	Outcome statement
1. People-centred aged care: a rights-based system	Older people's rights are upheld in aged care and care is integrated with other support systems.
2. Leadership and government accountability	The aged care system has clear strategic direction, supports long-term goals, monitors performance, addresses emerging issues and ensures accountability.
3. Access and navigation	Older people can find, understand and access timely aged care and support.
4. High quality and safe care and support	Older people, their families and friends receive the right care and support to meet their needs when they need it.
5. Aboriginal and Torres Strait Islander pathway	Aboriginal and Torres Strait Islander people receive culturally safe and trauma-informed care.
6. Equitable aged care	Older people receive equitable and inclusive care.
7. Regulation and provider accountability	Providers are supported and capable of delivering high quality care and are held accountable for doing so.
8. Workforce	Aged care workers are skilled and empowered to provide high quality care.
9. Sustainable aged care	The aged care system is equipped, financed and funded to provide high quality aged care and support over time.

Each strategic outcome is summarised in the remainder of this background paper.

¹¹ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.91.

1. People-centred aged care: a rights-based system

The commissioners proposed a ‘new aged care system’ which places older people at the centre of the system and provides that they have an *entitlement* to care and support. They identified 6 ‘common themes and desired outcomes’ for older people in the new system:

- being treated with dignity and respect
- having control and choice, and involvement in decision-making
- having quality of life
- maintaining caring relationships
- ageing at home
- maintaining connection to community¹²

Foundational to achieving this new aged care system, the commissioners recommended a new rights-based aged care Act that articulates older people’s rights and entitlement to care and support, as well as the purpose and principles of the new aged care system (**Recommendations 1–3**). They also recommended the development of a long-term strategy for an integrated approach to the support and care of older people across multiple service systems, including housing, health care and welfare support (**Recommendation 4**).

The Aged Care Royal Commission report noted that ‘[f]raming the reform agenda as one based on entitlement is essential’ as it will guide all aspects of the administration and provision of aged care from system administration, policy development, regulation, workforce development to the delivery of care by providers.¹³ The Office considers these foundational recommendations as underpinning the other recommendations.

2. Leadership and government accountability

The commissioners called for national leadership in aged care, with a well-governed system that provides strategic direction, supports long-term goals, monitors performance, addresses emerging issues, and ensures accountability:

Better system governance is crucial to the reform of aged care. Effective governance of the aged care system requires ongoing guidance and direction, steering the system towards long-term policy outcomes, monitoring performance, addressing emerging issues and holding players in the system accountable for performance. The overall objective of system governance must be to ensure that people receive safe and high quality aged care according to their needs.¹⁴

Central to this theme, they called for ‘a strong regional presence and active intervention in the market’ to support the delivery of high quality and safe aged care based on local needs.¹⁵ The

¹² Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.78–79; Aged Care Royal Commission, [Final Report: Care, Dignity and Respect Volume 3A The new system](#), 2021, p.6–13.

¹³ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.78.

¹⁴ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.82.

¹⁵ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.83.

commissioners made multiple recommendations to underpin this national leadership and accountability, including:

- a new institutional framework for the stewardship, management, and quality and prudential regulation of aged care (**Recommendations 5–10**)¹⁶
- enhanced advocacy for older people in the aged care system (**Recommendation 106**)
- improved data systems and increased research and technology to support the delivery, monitoring and evaluation of the aged care system (**Recommendations 107–109**)
- institutional structures and processes to support planned implementation of the royal commission’s recommendations and the evaluation, monitoring and oversight of the administration and governance of the aged care system (including the establishment of the Office of the Inspector-General of Aged Care) (**Recommendations 12 and 145–148**).

3. Access and navigation

Central to the commissioners’ vision was an aged care system that is easy to access and use, and would embody such features as:

- *simplicity – one aged care program, one set of eligibility criteria and one assessment process*
- *accessibility – information that is easy to locate and understand with face-to-face supports*
- *universal entitlement – once entitled to care, guaranteed access to the care and supports assessed as needed*
- *timeliness – assessments and reassessments of need occur when required and services commence within one month of assessment*
- *choice of settings—in the home, community and residential care.*¹⁷

To achieve these accessibility and navigation outcomes, the commissioners jointly or individually made recommendations directed at:

- a simplified and timely assessment process and significantly reduced waiting times for services (**Recommendation 28 and 39**)
- improved supports for accessing and navigating aged care services (**Recommendation 29**)
- increasing knowledge and awareness of aged care (**Recommendations 26–27**).

4. High-quality and safe care and support

The Aged Care Royal Commission recommendations were driven by the need for high quality and safe aged care services.¹⁸ To support this, the commissioners made recommendations across the following areas:

- Program design of aged care services
- Support for informal carers and volunteers
- Appropriate aged care accommodation

¹⁶ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.82–83.

¹⁷ Royal Commission into Aged Care Quality and Safety [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p. 97.

¹⁸ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.91

- Better access to health care.

Program design of aged care services

The commissioners considered that, central to the principle of an entitlement to aged care, is an older person's ability to rely on an aged care program of services when and where needed.¹⁹ The commissioners therefore proposed 'a redesigned program of funded services to deliver high quality and safe care to older people in their homes, in the community and in residential facilities' to support older people to 'live independent and meaningful lives'.²⁰

The new aged care program was intended to achieve the following 7 outcomes for older people, noting some of these are discussed above in relation to accessing and navigating the aged care system:

- *person-first—care and supports which address physical, social, psychological, cultural and spiritual needs, supporting people to function independently for as long as possible*
- *simplicity—one aged care program, one set of eligibility criteria and one assessment process*
- *accessibility—information that is easy to locate and understand with face-to-face supports*
- *universal entitlement—once entitled to care, guaranteed access to the care and supports assessed as needed*
- *timeliness—assessments and reassessments of need occur when required and services commence within one month of assessment*
- *choice of settings—in the home, community and residential care*
- *inclusiveness—recognition of a person's diverse characteristics and delivery of culturally safe and trauma-informed care.*²¹

To achieve person-centred and rights-based outcomes, the commissioners made recommendations directed at:

- a single aged care program with different categories of care and support (**Recommendations 25, 31–38 and 40**)
- improved access to palliative care and dementia care services as core businesses of aged care (**Recommendations 15–16 and Recommendations 2, 19, 80**)
- Improved planning processes for funding people's entitlement to care (**Recommendation 41**).

They also made recommendations about the inclusiveness of aged care services (**Recommendation 30**), which are discussed in more detail in the section on [equitable aged care](#).

¹⁹ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.96.

²⁰ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.96.

²¹ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.97.

Support for informal carers and volunteers

The commissioners identified that high-quality aged care depends on informal carers – such as family members, friends and the community of older people – and volunteers. They called for a ‘preventative approach’ to support informal carers’ wellbeing and sustain the caring relationship. The commissioners also called for increased support for volunteers.²²

To underpin this approach, the commissioners made recommendations directed at:

- increased access to services and supports for carers (**Recommendation 42**)
- consideration of improved leave entitlements for working informal carers (**Recommendation 43**)
- measures to increase and support volunteer work in aged care (**Recommendation 44**).

Appropriate aged care accommodation

The commissioners identified that accommodation designed to meet the needs of older people can support their health and wellbeing.²³ The commissioners made recommendations to support the development or refurbishment of residential aged care facilities in line with accessible and dementia-friendly design guidelines, including small-scale congregate living (**Recommendation 45 and 46**).

Better access to health care

The commissioners called for people using aged care to ‘have access to and receive high quality health care that meets their high level of need’, to prevent or provide optimal management of chronic and complex conditions.²⁴

They made key recommendations to improve access to general practitioners, medical specialists, mental health services and dental services, namely through:

- developing a new primary health care model that supports increased access to general practitioners and facilitates ‘the provision of holistic, coordinated and proactive health care’.²⁵ (**Recommendation 56–57**)
- rolling out location-based multidisciplinary outreach services to increase access to allied, nursing and specialist health care in a person’s place of residence (**Recommendation 57**)
- expanding Older Persons Mental Health Services (**Recommendation 59**)
- establishing a Senior Dental Benefits Scheme (**Recommendation 60**).

The commissioners also made recommendations directed at increasing access to other health care services, including:

- changes to the Medicare Benefits Schedule to improve access to medical and allied health services and comprehensive health assessments (**Recommendation 61**)
- changes to the Australian Government’s Rural Health Outreach Fund (**Recommendation 62**)

²² Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp. 103–105.

²³ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.105.

²⁴ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect Volume 3A The new system](#), 2021, p.283.

²⁵ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.114.

- access to specialist telehealth services (**Recommendation 63**)
- increased access to Medication Management Reviews (**Recommendation 64**)
- stricter controls on the prescription of antipsychotic medicines so as to protect against inappropriate chemical restraint (**Recommendation 65**)
- measures to improve the interaction between the aged care and health care systems (**Recommendations 66–71**).

5. Aboriginal and Torres Strait Islander pathway

The commissioners recognised the ‘unique place’ Aboriginal and Torres Strait Islander peoples hold in Australia, particularly noting the cultural importance of First Nations Elders and older people within their communities.²⁶

They called for the new aged care system to have the ‘capacity and flexibility to respond to the needs and aspirations of Aboriginal and Torres Strait Islander people’ and outlined a ‘blueprint’ for Aboriginal and Torres Strait Islander aged care.²⁷ Central to this is ensuring cultural safety for Elders and Aboriginal and Torres Strait Islander older people through:

- an Aboriginal and Torres Strait Islander aged care pathway, with flexible funding to support integrated care (**Recommendations 5, 47 and 52–53**)
- embedding cultural safety and trauma-informed practices across all aspects of the aged care system (**Recommendations 3 and 48**)
- the appointment of an Aboriginal and Torres Strait Islander Aged Care Commissioner to ensure the voices of Aboriginal and Torres Strait Islander people are heard and acted upon (**Recommendation 49**)
- prioritising Aboriginal and Torres Strait Islander organisations as aged care providers (**Recommendation 50**)
- increasing the employment and training of an Aboriginal and Torres Strait Islander workforce (**Recommendation 51**).

6. Equity

The commissioners envisaged an aged care system, where all older people – no matter who they are, where they live, or their individual circumstances – could access services that met their needs.²⁸ This underpins older people’s entitlement to high-quality aged care services and supports. The commissioners made recommendations directed at:

- ensuring the aged care system is designed for diversity, difference, complexity and individuality (**Recommendation 30**)
- increasing access to aged care in regional, rural and remote areas (**Recommendations 54–55**)
- ensuring older people with disability have access to the services they need, equivalent to those available under the National Disability Insurance Scheme (**Recommendations 72–73**)

²⁶ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.108.

²⁷ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.108.

²⁸ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, pp.97, 112, 121, 205, 206, 229–230, 245, 255.

- ensuring younger people in need of care can access appropriate supports to prevent the need for residential aged care (**Recommendation 74**).

7. Regulation and provider accountability

The Aged Care Royal Commission made recommendations to ensure aged care service providers are supported, capable and accountable for delivering high-quality care across home, respite, and residential care settings. To this end, the commissioners made recommendations for:

- stronger regulation of aged care through ‘changes to approval and accreditation, monitoring of quality and safety, complaints handling, serious incident reporting, enforcement powers, and regulatory capability’ (**Recommendations 17 and 92–105**)²⁹
- imposing a duty of care on providers (**Recommendation 14**)
- strengthened aged care quality standards (**Recommendations 13 and 18–21**)
- measuring and reporting on quality indicators (**Recommendation 22–24**)
- strengthened governance, leadership, and accountability arrangements for aged care providers (**Recommendations 88–91**).

8. Workforce

The commissioners called for a ‘highly skilled, well rewarded and valued aged care workforce’:³⁰

*The evidence is clear that the quality of care and the quality of jobs in aged care are inextricably linked. This points to the need for policies and practices to drive a ‘virtuous circle’, where good working conditions, supportive and visionary management, an empowering work culture, collaborative teams, relevant education and training, structured career progression, and job satisfaction among care workers underpin high quality, person-centred care.*³¹

They made recommendations directed at:

- ‘strategic leadership and aged care workforce planning’³² (**Recommendations 75–76**)
- ‘building an aged care profession’³³ (**Recommendations 76–78**)
- increasing aged care education, training and professional development (**Recommendations 78–84**)
- increasing the pay and conditions of aged care workers (**Recommendations 84–85 and 87**)
- increasing staffing levels, time spent caring and the skills mix in aged care services (**Recommendations 86**).

²⁹ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.136.

³⁰ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.124.

³¹ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p. 124.

³² Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.124.

³³ Aged Care Royal Commission, [Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations](#), 2021, p.125.

9. Sustainability

The commissioners noted that the demand for aged care would grow significantly over the next few decades, and that their vision for a new aged care system would require increased funding.³⁴ They envisaged a sustainable aged care system, that is equipped, financed and funded to provide high-quality aged care and support.³⁵ To support this vision, they made recommendations in the areas of funding aged care provision and financing the aged care system.

Funding aged care provision

The commissioners identified that adequately funding aged care providers is critical to ensuring there are sufficient aged care services to meet the expanding demands of an ageing population. To support a viable and sustainable aged care sector, they recommended funding arrangements that are transparent, practical and efficient, reliable, and responsive (or ‘agile’); and ensuring providers are accountable for their use of funding.³⁶ Recommendations were directed at:

- an independent pricing authority that independently identifies the actual cost of providing care (**Recommendations 6 and 11**)
- ensuring the actual cost of providing high quality and safe care across Australia is determined independently of Government (**Recommendation 115–116 and 139**)
- changing funding arrangements to be primarily activity-based, supplemented by block funding arrangements with different arrangements for different types of aged care services (**Recommendation 117–120**)
- ensuring funding incentivises investment in restorative care and reablement (**Recommendation 121**)
- ensuring aged care providers are accountable for their expenditure of funding (**Recommendations 122–124, 130–137, and 143**)
- strengthening the short-term viability of the sector (**Recommendation 110–114**)
- changing the co-contributions and fees for care (**Recommendations 125–128 and 140**)
- simplifying means testing arrangements and making them fairer (**Recommendations 129 and 141**)
- more sustainable capital financing of residential aged care through phasing out Refundable Accommodation Deposits and consideration of a government capital loan structure (**Recommendation 142**).

Financing the aged care system

Underpinning the commissioners’ call for an entitlement to high-quality care was the need for ‘a clear and transparent source of public funding that is adequate to deliver high quality aged care for everyone’.³⁷ To achieve this they recommended consideration of the establishment of an aged care levy paid on taxable income (**Recommendations 138 and 144**).

³⁴ Aged Care Royal Commission, [*Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations*](#), 2021, pp. 124, 149.

³⁵ Aged Care Royal Commission, [*Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations*](#), 2021, pp. 149–150.

³⁶ Aged Care Royal Commission, [*Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations*](#), 2021, pp.150– 152.

³⁷ Aged Care Royal Commission, [*Final Report: Care, Dignity and Respect – Volume 1: Summary and recommendations*](#), 2021, p.164.

Conclusion

This background paper has provided a high-level summary of the findings and recommendations of the Aged Care Royal Commission. This analysis has assisted the Office to categorise the royal commission's recommendations into 9 strategic outcome areas.

The review of the Commonwealth's implementation of the Aged Care Royal Commission recommendations will consider the measures and actions taken by the Australian Government against these strategic outcome areas.

Appendix 1: Recommendations mapping – as at 1 October 2026

Royal Commission recommendations mapped to key strategic outcomes

Purpose. This register treats the strategic outcomes as the organising framework. Recommendations may be mapped to different outcomes as the evidence or assessment develops.

Key strategic outcomes

ID	Strategic outcome	Enduring outcome statement
SO1	People-centred aged care: a rights-based system	Older people's rights are upheld in aged care and care is integrated with other support systems.
SO2	Leadership and government accountability	The aged care system has clear strategic direction, supports long-term goals, monitors performance, addresses emerging issues and ensures accountability.
SO3	Access and navigation	Older people can find, understand and access timely aged care and support.
SO4	High quality and safe care and support	Older people, their families and friends receive the right care and support to meet their needs when they need it.
SO5	Aboriginal and Torres Strait Islander pathway	Aboriginal and Torres Strait Islander people receive culturally safe and trauma-informed care.
SO6	Equitable aged care	Older people receive equitable and inclusive care.
SO7	Regulation and provider accountability	Providers are supported and capable of delivering high quality care and are held accountable for doing so.
SO8	Workforce	Aged care workers are skilled and empowered to provide high quality care.
SO9	Sustainable aged care	The aged care system is equipped, financed and funded to provide high quality aged care and support over time.

Working recommendations register

Recommendations are grouped by strategic outcome.

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO1 — People-centred aged care: a rights-based system	1	A new Act	A new people-centred aged care Act, with rights, key principles and integration with broader supports.	
SO1 — People-centred aged care: a rights-based system	2	Rights of older people receiving aged care		Also mapped to SO4 in the source table.
SO1 — People-centred aged care: a rights-based system	3	Key principles		Also mapped to SO5 for cultural safety.
SO1 — People-centred aged care: a rights-based system	4	Integrated long-term support and care for older people		
SO2 — Leadership and government accountability	5	Australian Aged Care Commission	A new institutional framework for stewardship, management, and quality and prudential regulation of aged care.	Intersects with SO5.
SO2 — Leadership and government accountability	7	Aged Care Advisory Council		
SO2 — Leadership and government accountability	8	Cabinet Minister and Department of Health and Aged Care		
SO2 — Leadership and government accountability	9	The Council of Elders		
SO2 — Leadership and government accountability	10	Aged Care Safety and Quality Authority		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO2 — Leadership and government accountability	6	Australian Aged Care Pricing Authority	Independent identification of the actual cost of providing care.	Intersects with SO9.
SO2 — Leadership and government accountability	106	Enhanced advocacy	Enhanced advocacy for older people in the aged care system.	
SO2 — Leadership and government accountability	107	Aged Care Research and Innovation Fund	Improved data systems and increased research and technology to support delivery, monitoring and evaluation.	
SO2 — Leadership and government accountability	108	Data governance and a National Aged Care Data Asset		
SO2 — Leadership and government accountability	109	ICT architecture and investment in technology and infrastructure		
SO2 — Leadership and government accountability	12	Inspector-General of Aged Care	Institutional structures and processes for implementation, evaluation, monitoring and oversight of aged care administration and governance.	
SO2 — Leadership and government accountability	145	Report on recommendations		
SO2 — Leadership and government accountability	146	An implementation unit		
SO2 — Leadership and government accountability	147	An implementation taskforce		
SO2 — Leadership and government accountability	148	Evaluation of effectiveness		
SO3 — Access and navigation	28	A single comprehensive assessment process		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO3 — Access and navigation	39	Meeting preferences to age in place	A simplified and timely assessment process with significantly reduced waiting times.	
SO3 — Access and navigation	29	Care finders to support navigation of aged care	Improved support for accessing and navigating aged care services.	
SO3 — Access and navigation	26	Improved public awareness of aged care	Increased knowledge and awareness of aged care.	
SO3 — Access and navigation	27	More accessible and usable information on aged care		
SO4 — High quality and safe care and support	25	A new aged care program	A single aged care program with different categories of care and support.	
SO4 — High quality and safe care and support	31	Approved provider's responsibility for care management		
SO4 — High quality and safe care and support	32	Respite supports category		
SO4 — High quality and safe care and support	33	Social supports category		
SO4 — High quality and safe care and support	34	Assistive technology and home modifications category		
SO4 — High quality and safe care and support	35	Care at home category		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO4 — High quality and safe care and support	36	Care at home to include allied health care		
SO4 — High quality and safe care and support	37	Residential care category		
SO4 — High quality and safe care and support	38	Residential aged care to include allied health care		
SO4 — High quality and safe care and support	40	Transition to care at home		
SO4 — High quality and safe care and support	15	Establishment of a dementia support pathway	Improved access to palliative care and dementia care as core business of aged care.	
SO4 — High quality and safe care and support	16	Specialist dementia care services		
SO4 — High quality and safe care and support	19	Urgent review of the Aged Care Quality Standards		Also mapped to SO7.
SO4 — High quality and safe care and support	80	Dementia and palliative care training for workers		Also mapped to SO8.
SO4 — High quality and safe care and support	41	Planning based on need, not rationed	Improved planning processes for funding people's entitlement to care.	
SO4 — High quality and safe care and support	30	Designing for diversity, difference, complexity and individuality	Inclusive aged care services.	Also mapped to SO6.

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO4 — High quality and safe care and support	42	Support for informal carers	Preventative support for informal carers and volunteers.	
SO4 — High quality and safe care and support	43	Examination of leave for informal carers		
SO4 — High quality and safe care and support	44	Volunteers and Aged Care Volunteer Visitors Scheme		
SO4 — High quality and safe care and support	45	Improving the design of aged care accommodation	Residential aged care environments designed to meet older people's needs.	
SO4 — High quality and safe care and support	46	Capital grants for small household models of accommodation		
SO4 — High quality and safe care and support	56	A new primary care model to improve access	Access to high quality health care focused on reablement, maintenance and prevention.	
SO4 — High quality and safe care and support	57	Royal Australian College of General Practitioners accreditation requirements		
SO4 — High quality and safe care and support	58	Access to specialists and other health practitioners through Multidisciplinary Outreach Services		
SO4 — High quality and safe care and support	59	Increased access to Older Persons Mental Health Services		
SO4 — High quality and safe care and support	60	Establish a Senior Dental Benefits Scheme		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO4 — High quality and safe care and support	61	Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services		
SO4 — High quality and safe care and support	62	Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care		
SO4 — High quality and safe care and support	63	Access to specialist telehealth services		
SO4 — High quality and safe care and support	64	Increased access to medication management reviews		
SO4 — High quality and safe care and support	65	Restricted prescription of antipsychotics in residential aged care		Also relevant to SO7
SO4 — High quality and safe care and support	66	Improving the transition between residential aged care and hospital care		
SO4 — High quality and safe care and support	67	Improving data on the interaction between the health and aged care systems		
SO4 — High quality and safe care and support	68	Universal adoption by the aged care sector of digital technology and My Health Record		
SO4 — High quality and safe care and support	69	Clarification of roles and responsibilities for delivery of health care to people receiving aged care		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO4 — High quality and safe care and support	70	Improved access to State and Territory health services by people receiving aged care		
SO4 — High quality and safe care and support	71	Ongoing consideration by the Health National Cabinet Reform Committee		
SO5 — Aboriginal and Torres Strait Islander pathway	5	Australian Aged Care Commission	An Aboriginal and Torres Strait Islander aged care pathway with flexible funding to support integrated care.	Links with SO1. References to cultural safety relevant here
SO5 — Aboriginal and Torres Strait Islander pathway	47	Aboriginal and Torres Strait Islander aged care pathway within the new aged care system		
SO5 — Aboriginal and Torres Strait Islander pathway	52	Funding cycle		
SO5 — Aboriginal and Torres Strait Islander pathway	53	Program streams		
SO5 — Aboriginal and Torres Strait Islander pathway	3	Key principles	Cultural safety and trauma-informed practices embedded across aged care.	Links with SO1. References to cultural safety relevant here
SO5 — Aboriginal and Torres Strait Islander pathway	48	Cultural safety		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO5 — Aboriginal and Torres Strait Islander pathway	49	An Aboriginal and Torres Strait Islander Aged Care Commissioner	Ensure Aboriginal and Torres Strait Islander voices are heard and acted upon.	
SO5 — Aboriginal and Torres Strait Islander pathway	50	Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers	Prioritisation of Aboriginal and Torres Strait Islander provider organisations.	
SO5 — Aboriginal and Torres Strait Islander pathway	51	Employment and training for Aboriginal and Torres Strait Islander aged care	Increased employment and training of an Aboriginal and Torres Strait Islander workforce.	
SO6 — Equitable aged care	30	Designing for diversity, difference, complexity and individuality	Design aged care for diversity, difference, complexity and individuality.	Also mapped to SO4.
SO6 — Equitable aged care	54	Ensuring the provision of aged care in regional, rural and remote areas	Increased access to aged care in regional, rural and remote areas.	
SO6 — Equitable aged care	55	The Multi-Purpose Services Program		
SO6 — Equitable aged care	72	Equity for people with disability receiving aged care	Equivalent access for older people with disability and transparent reporting on equity.	
SO6 — Equitable aged care	73	Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO6 — Equitable aged care	74	No younger people in residential aged care	Appropriate supports to prevent younger people entering residential aged care.	
SO7 — Regulation and provider accountability	17	Regulation of restraints	Stronger regulation through approval and accreditation, quality and safety monitoring, complaints, incident reporting, enforcement and regulatory capability.	
SO7 — Regulation and provider accountability	92	Approval of providers		
SO7 — Regulation and provider accountability	93	Accreditation of high-level home care services		
SO7 — Regulation and provider accountability	94	Greater weight to the experience of people receiving aged care		
SO7 — Regulation and provider accountability	95	Graded assessments and performance ratings		
SO7 — Regulation and provider accountability	96	Responding to Coroner's reports		
SO7 — Regulation and provider accountability	97	Strengthened monitoring powers for the Quality Regulator		
SO7 — Regulation and provider accountability	98	Improved complaints management		
SO7 — Regulation and provider accountability	99	Protection for whistleblowers		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO7 — Regulation and provider accountability	100	Serious incident reporting		
SO7 — Regulation and provider accountability	101	Civil penalty for certain contraventions of the general duty		
SO7 — Regulation and provider accountability	102	Compensation for breach of certain civil penalty provisions		
SO7 — Regulation and provider accountability	103	A wider range of enforcement powers		
SO7 — Regulation and provider accountability	104	Aged Care Quality and Safety Commission capability review		
SO7 — Regulation and provider accountability	105	Transparency around the performance of the Quality Regulator		
SO7 — Regulation and provider accountability	14	A general duty to provide high quality and safe care	Providers capable of delivering high quality care and held accountable for doing so.	
SO7 — Regulation and provider accountability	13	Embedding high quality aged care		
SO7 — Regulation and provider accountability	18	Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care	Contemporary, independently set and periodically reviewed quality standards.	
SO7 — Regulation and provider accountability	19	Urgent review of the Aged Care Quality Standards		Also mapped to SO4.

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO7 — Regulation and provider accountability	20	Periodic review of the Aged Care Quality Standards		
SO7 — Regulation and provider accountability	21	Priority issues for periodic review of the Aged Care Quality Standards		
SO7 — Regulation and provider accountability	22	Quality indicators		
SO7 — Regulation and provider accountability	23	Using quality indicators for continuous improvement	Measurement and public reporting of quality indicators and performance.	
SO7 — Regulation and provider accountability	24	Star ratings: performance information for people seeking care		
SO7 — Regulation and provider accountability	88	Legislative amendments to improve provider governance		
SO7 — Regulation and provider accountability	89	Leadership responsibilities and accountabilities	Strengthened governance, leadership and accountability arrangements for providers.	
SO7 — Regulation and provider accountability	90	New governance standard		
SO7 — Regulation and provider accountability	91	Program of assistance to improve governance arrangements		
SO8 — Workforce	75	Aged care workforce planning	A skilled, appropriately qualified, supported and fairly remunerated workforce with enforceable staffing and labour standards.	
SO8 — Workforce	76	Aged Care Workforce Industry Council Limited		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO8 — Workforce	77	National registration scheme		
SO8 — Workforce	78	Mandatory minimum qualification for personal care workers		
SO8 — Workforce	79	Review of certificate-based courses for aged care		
SO8 — Workforce	80	Dementia and palliative care training for workers		Also mapped to SO4.
SO8 — Workforce	81	Ongoing professional development of the aged care workforce		
SO8 — Workforce	82	Review of health professions' undergraduate curricula		
SO8 — Workforce	83	Funding for teaching aged care programs		
SO8 — Workforce	84	Increases in award wages		
SO8 — Workforce	85	Improved remuneration for aged care workers		
SO8 — Workforce	86	Minimum staff time standard for residential care		
SO8 — Workforce	87	Employment status and related labour standards as enforceable standards		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO9 — Sustainable aged care	6	Australian Aged Care Pricing Authority	Transparent, efficient and responsive funding informed by independent determination of actual care costs.	Also mapped to SO2.
SO9 — Sustainable aged care	11	Independent Hospital and Aged Care Pricing Authority		
SO9 — Sustainable aged care	115	Functions and objects of the Pricing Authority		
SO9 — Sustainable aged care	116	Requirement to participate in Pricing Authority activities		
SO9 — Sustainable aged care	139	Parliamentary scrutiny of determinations by the Pricing Authority		
SO9 — Sustainable aged care	117	Grant funding for support services to be funded through a combination of block and activity-based funding	Primarily activity-based funding, supplemented by block funding and incentives for restorative care and reablement.	
SO9 — Sustainable aged care	118	New funding model for care at home		
SO9 — Sustainable aged care	119	Maximum funding amounts for care at home		
SO9 — Sustainable aged care	120	Case mix-adjusted activity-based funding in residential aged care		
SO9 — Sustainable aged care	121	Incentives for an enablement approach to residential care		
SO9 — Sustainable aged care	122	Reporting of staffing hours		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO9 — Sustainable aged care	123	Payment on accruals basis for care at home	Greater provider accountability for the expenditure of funding.	
SO9 — Sustainable aged care	124	Standardised statements on services delivered and costs in home care		
SO9 — Sustainable aged care	130	Responsibility for prudential regulation	Stronger prudential standards, reporting, monitoring, enforcement and regulatory capability.	
SO9 — Sustainable aged care	131	Establishment of prudential standards		
SO9 — Sustainable aged care	132	Liquidity and capital adequacy requirements		
SO9 — Sustainable aged care	133	More stringent financial reporting requirements		
SO9 — Sustainable aged care	134	Strengthened monitoring powers for the Prudential Regulator		
SO9 — Sustainable aged care	135	Continuous disclosure requirements in relation to prudential reporting		
SO9 — Sustainable aged care	136	Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers		
SO9 — Sustainable aged care	137	Building the capability of the regulator		
SO9 — Sustainable aged care	143	Implementation of new arrangements for financial oversight and prudential regulation		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO9 — Sustainable aged care	110	Amendments to residential aged care indexation arrangements	Strengthened short-term sector viability and funding for quality improvement.	
SO9 — Sustainable aged care	111	Amendments to aged care in the home and Commonwealth Home Support Programme indexation arrangements		
SO9 — Sustainable aged care	112	Immediate changes to the Basic Daily Fee		
SO9 — Sustainable aged care	113	Amendments to the Viability Supplement		
SO9 — Sustainable aged care	114	Immediate funding for education and training to improve the quality of care		
SO9 — Sustainable aged care	125	Abolition of contributions for certain services	Changes to co-contributions and fees for care.	
SO9 — Sustainable aged care	126	Fees for respite care		
SO9 — Sustainable aged care	127	Fees for residential aged care—ordinary costs of living		
SO9 — Sustainable aged care	128	Fees for residential aged care accommodation		
SO9 — Sustainable aged care	140	Fees for residential aged care accommodation		
SO9 — Sustainable aged care	129	Changes to the means test		

Strategic outcome	Rec. no.	Recommendation title	Direct system change	Comments
SO9 — Sustainable aged care	141	Changes to the means test	Simpler and fairer means-testing arrangements.	
SO9 — Sustainable aged care	142	Phasing out Refundable Accommodation Deposits	More sustainable capital financing of residential aged care.	
SO9 — Sustainable aged care	138	Productivity Commission investigation into financing of the aged care system through an Aged Care Levy	A clear, transparent and adequate public funding source for high quality aged care.	
SO9 — Sustainable aged care	144	Introduce a new earmarked aged care improvement levy		