



Australian Government
Department of Health and Aged Care



2023–24

Report on the Operation
of the *Aged Care Act 1997*





2023–24

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of the *Aged Care Act 1997*



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Minister's Foreword





Minister's Foreword

*By the Minister for Aged Care
The Hon Anika Wells MP*

We are pleased to release the **2023–24 Report on the Operation of the Aged Care Act 1997**, my third of these reports as Minister for Aged Care.

Encouragingly, this report shows that we are starting to see the positive results of some of the huge changes we've made after over 3 years of aged care reform.

With the introduction of the new rights-based Aged Care Bill to Parliament on 12 September 2024, we are delivering generational reform. The Bill is for a new Aged Care Act – the main law that sets out how the aged care system operates. It aims to improve the lives of older people accessing aged care services and also encourages aged care providers to deliver high-quality care.

Our \$5.6 billion investment and reform package in response to the recommendations of the Aged Care Taskforce will ensure the viability and quality of aged care.

We know that older people want to stay independent in their homes and communities as they age. By 2035, our new Support at Home program will help around 1.4 million Australians achieve that. One year on from the introduction of 24/7 nursing requirements, the reporting tells us that there is a registered nurse on site and on duty 99% of the time in residential aged care homes. That means almost all aged care homes now have a registered nurse on duty at least 24 hours a day.

Aged care residents are now receiving an additional 3.9 million minutes of direct care every single day. In October 2024, the care minutes responsibility increased to a sector-wide average of 215 care minutes per resident per day.

Improvements in Star Ratings – which helps older people choose an aged care home suited to their needs – also suggest that the quality of care has improved. Since Star Ratings were implemented in December 2022, there has been a 27% increase in homes receiving 4 and 5 star ratings, and 66% of all homes are now rated at a 'good' or 'excellent' level.

We invested billions of dollars to increase the Australian National Aged Care Classification (AN-ACC) price from December 2023. This investment was to make sure aged care homes were funded to pay the increased award wages for some aged care workers that came into place in June 2023. To support residential aged care providers to meet increased costs, including to increase their care minutes to 215 minutes, the AN-ACC price will increase to \$280.01 from 1 October 2024. We remain committed to supporting and growing the aged care workforce so providers can continue to meet requirements.

We want to ensure that we get these critical changes right to build a high-quality, safe and person-centred aged care system that older people and their families trust.



Anika Wells

Minister for Aged Care

Key Facts in Aged Care 2023–24



Nearly **60%** of aged care expenditure was on residential aged care.



There were **736** approved providers of residential aged care and **909** approved providers of home care packages.



RESIDENTIAL CARE
736



HOME CARE
909



FLEXIBLE CARE
144

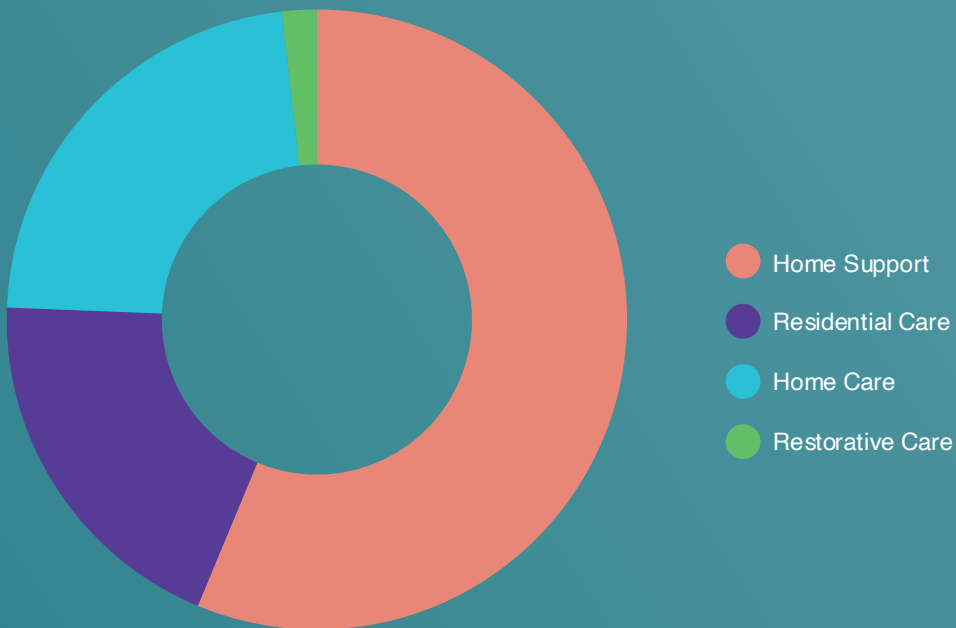
More than **1,260** organisations were funded to deliver CHSP services.



HOME SUPPORT

1,265

More than half of aged care recipients accessed basic support at home.



Introduction

Purpose of this report

This report details the operation of Australia’s aged care system during the 2023–24 financial year. It is the twenty-sixth report in the series. The report is delivered to Parliament by the Minister in accordance with section 63-2 of the *Aged Care Act 1997* (the Act).

Scope

In addition to meeting the reporting requirements specified in the Act, the report provides an overview of the components of the Australian aged care system (including those not governed by the Act), in order to present a comprehensive snapshot of the system as a whole during the 2023–24 financial year.

Structure of the report

Chapter 1 provides an overview of the structure, operation and funding of the aged care system in Australia.

Chapter 2 describes the systems and resources available to ensure older people in Australia have access to information about aged care services, and describes the processes through which they gain access to those services.

Chapters 3 to 7 describe the various types of service provision on a continuum from entry level community care to permanent residential aged care, including flexible care options and respite care.

Chapter 8 describes the provisions made to support people who are designated as having diverse needs.

Chapter 9 summarises the Australian Government’s contribution to aged care workforce measures.

Chapter 10 gives an overview of the regulatory and prudential frameworks to ensure compliance by providers with the provisions of the Act, and to ensure older people in Australia receive quality services.

Appendix A addresses the reporting requirements specified in s63-2 of the Act.

Data sources

Data in this report was collected from departmental information systems and records.

Further data, reports and information can be accessed on the GEN Aged Care Data website.¹ GEN is Australia's only central, independent repository of national aged care data and is managed and regularly updated by the Australian Institute of Health and Welfare (AIHW). In 2021–22, AIHW launched a new Data improvements content page on GEN as a part of a program of strategic data work and broader aged care reform engagement.

1 <https://www.gen-agedcaredata.gov.au/>



Approximately
1.5 million
recipients of aged care



235,977
operational residential and
flexible places



\$35.7 billion
in Australian Government
expenditure

Overview of the Australian Aged Care System

1



1. Overview of the Australian Aged Care System

1.1. Introduction

While the majority of government expenditure on aged care in Australia is on residential aged care, only a small proportion of people access this care type.

Most older people prefer to remain independent and stay in their home – connected to family and community – for the duration of their lives. For some, in-home aged care provides the support they need to maintain independent living.

The aged care system offers a continuum of care under three main types of service: Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP), and residential aged care. There are also several types of flexible care available to older people (and their carers) that extend across the spectrum from in-home aged care to residential aged care.

Support at Home program

From 1 July 2025, the new Support at Home program will replace the Home Care Packages Program and Short-Term Restorative Care Programme. The Commonwealth Home Support Programme will transition to the new program no earlier than 1 July 2027.

Support at Home will ensure improved access to services, equipment and home modifications to help older people to remain healthy, active and socially connected to their community.

Current in-home aged care programs will continue operating as normal until they transition into the new program.

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) provides services to older people in Australia aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) to access entry-level support services to live independently and safely at home. The CHSP is focused on supporting individuals to undertake tasks of daily living enabling them to be more independent at home and in the community. Services under the program are provided on an on-going or episodic basis, depending on need.

For more information on the CHSP, see Chapter 3.

Home Care

Home Care Packages are designed for those with more complex care needs that go beyond what the CHSP can provide. Package levels are assigned to people based on their support needs:

- Level 1 – basic care needs
- Level 2 – low care needs
- Level 3 – intermediate care needs
- Level 4 – high care needs.

For more details on home care, see Chapter 4.

Respite Care

Respite care is an important support service for older people in Australia and their carers. It is provided in a number of settings to allow flexibility for users.

For more details on respite care, see Chapter 5.

Residential Care

Residential aged care provides support and accommodation for people who have been assessed as needing higher levels of care than can be provided in the home, and – where required – 24-hour nursing care. Residential aged care is provided on either a permanent or a temporary (respite) basis.

For more information on residential care, see Chapter 6.

Flexible Care

Flexible care acknowledges that in some circumstances an alternative to mainstream residential and in-home care is required. There are 5 types of flexible care:

- Transition Care
- Short-Term Restorative Care
- Multi-Purpose Services
- National Aboriginal and Torres Strait Islander Flexible Aged Care
- Innovative Care.

For more information on flexible care, see Chapter 7.

Summary

While the components of the system represent a continuum of care from low-level (possibly temporary) to high-level permanent care, a person's progression through the system is not necessarily linear.

When and where on the care-spectrum a person enters the system (and indeed whether they ever enter it), and their progression through it, is determined by a number of factors. These include the social determinants of health, physical and mental health and well-being, social support and inclusion.

Each person's life experience is unique and therefore there is no 'typical' aged care recipient. Aged care is designed to be flexible and responsive to these varying needs.

1.2. Managing supply and demand

Supply

The Australian Government's needs-based planning framework aims to grow the supply of aged care places in proportion to the growth in the older population.

It also seeks to ensure balance in the provision of services between metropolitan, regional, rural and remote areas, as well as among people needing differing levels of care.

The Australian Government manages the supply of aged care places by specifying a national target provision ratio (the ratio) of subsidised aged care places.

At 30 June 2024, the ratio is 71.4 operational aged care places for every 1,000 people aged 70 years and over.

While the overall target provision ratio comprises residential aged care, home care, and – since 2016 – restorative care places, the reported 'operational provision ratio' refers only to places assigned to approved providers. Since the introduction of the Increasing Choice in Home Care reforms on 27 February 2017, Home Care Packages can no longer be defined as 'operational places' as they are not assigned to the provider, but to the recipient, and are therefore no longer included in the operational provision ratio.

As the number of places increases, the balance of care-types within the ratio will also change. The change in mix of care-types is intended to respond to the preference of older people to stay at home, where possible, and to accommodate the inclusion of the Short-Term Restorative Care (STRC) program.

The Australian Government does not regulate the supply of home support services in the same way as it does home care and residential aged care, as these services are provided through grant-funding arrangements, although the supply is affected by overall funding levels.

Current provision

The total number of operational residential and flexible aged care places at 30 June 2024 was 235,977. This represents an increase of 2,608 residential and flexible aged care places since 30 June 2023.

At 30 June 2024, there were 275,486 people utilising a Home Care Package, an increase of 17,112 since 30 June 2023.

Allocation of residential aged care places

Following the 2021–22 Budget, it was announced that no further Aged Care Approvals Rounds (ACAR) would be held following the conclusion of the 2020–21 round. When the new Aged Care Act comes into effect (expected to commence from 1 July 2025, subject to parliamentary processes), permanent residential aged care places will be assigned directly to people (except in the case of specialist aged care providers) to give them more choice and control over which provider delivers their care, known as the ‘Places to People’ reform.

This reform will restructure the sector by fostering a more open market with stronger elements of choice. The success of individual providers will be determined by factors including the quality of their service and their ability to meet the individual needs of residents. Providers will also benefit by having more control over their business operations, rather than being restricted by obtaining places through the ACAR.

Until the new Act commences, interim arrangements² are in place to continue to supply residential places to aged care providers in the absence of the ACAR. Providers are able to apply directly to the department for an allocation of residential aged care places if they can deliver care immediately, but do not have allocated places to do so. Separately, an ‘intention to develop’ process is in place to ensure that new developments continue during this period.

Allocation of Home Care Packages

Under the *Aged Care Act 1997* (the Act), the Australian Government provides a subsidy to an approved provider of home care, chosen by the client, to coordinate a package of care, services and case management to meet their individual needs.

Individuals approved for a Home Care Package are placed on the National Priority System (NPS) until a package becomes available and is assigned to them. Individuals are placed on the NPS according to the date they were approved for

² <https://www.health.gov.au/our-work/places-to-people-embedding-choice-in-residential-aged-care>

home care, and their priority for home care services, ensuring a consistent and equitable national approach. They are assigned a package when they are the next eligible recipient on the NPS at a particular level and priority.

Table 1: Number of people utilising a Home Care Package on 30 June each year from 2020 to 2024, by state and territory

State/territory	2020	2021	2022	2023	2024
NSW	48,270	59,283	74,704	83,768	91,274
Vic	39,425	50,011	55,711	66,674	70,808
Qld	27,560	32,389	41,026	53,631	59,521
WA	11,049	13,911	17,806	21,827	20,634
SA	10,254	13,597	18,127	22,889	23,785
Tas	3,428	4,060	5,150	6,115	6,022
ACT	1,810	2,079	2,262	2,396	2,391
NT	640	775	957	1,074	1,051
Australia	142,436	176,105	215,743	258,374	275,486

Note: Location of home care recipients is based on the physical address of the service delivering the care.

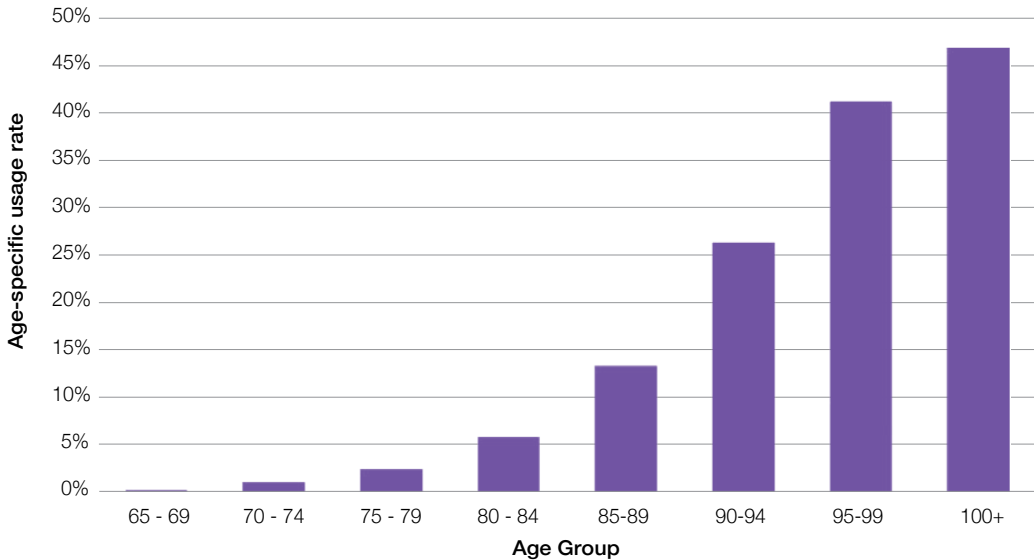
Demand

Age

The ageing of the population and the associated increasing number of people with dementia are the two main factors driving increased demand for aged care services.

As age increases, the likelihood of needing care increases, as shown in Figure 1.

Figure 1: Age-specific usage rates of residential aged care, 30 June 2024



At 30 June 2024, 17.6% of Australia’s population was aged 65 years and over (4.7 million people) and 2.2% was aged 85 years and over (585,000 people). By 2034 it is estimated that 20.4% of the population will be aged 65 years and over (6.2 million people) and 3.1% (958,000 people) will be 85 years and over.³

While older age groups are more likely to use aged care services, age does not determine access. Rather, assessed need determines access.⁴

Access to HCPs and residential aged care is through a comprehensive assessment performed by one of the 80 Aged Care Assessment Teams (ACAT) which operate in all states and territories. ACATs are funded by the Australian Government and administered by the relevant state or territory government. In 2023–24, 213,763 ACAT assessments were administered.

Access to CHSP is through an assessment by a Regional Assessment Service (RAS).

³ Population Projections, Australia, 2017 (base) - 2066 | Australian Bureau of Statistics (abs.gov.au)

⁴ However certain age cohorts are typically used for planning purposes and are referenced in this report: 65 years plus (50 years plus for Aboriginal and Torres Strait Islander people) - is the ‘traditional’ definition of an older person and constitutes the aged care target population that the Australian Government has sole responsibility for funding; 70 years plus is used for planning purposes, such as determining ratios of residential aged care places; and 85 years plus is considered ‘very old’ and more closely reflects the target population of the high-end of aged care.

Dementia

The World Health Organization defines dementia as ‘a syndrome, which results in deterioration to cognitive function (the ability to process thought) beyond what is expected from the usual consequences of ageing’. Dementia is the second leading cause of death and the third leading cause of disease burden in Australia. It is the leading cause of death for Australian women.

Dementia usually occurs in people who are aged 65 and over. After the age of 65 the likelihood of developing dementia doubles every five years. In 2023 the prevalence of dementia in Australia is estimated at almost 8% of people aged 65 and over, rising to 40% of people 90 years and over.⁵

In 2024, there were an estimated 421,100 Australians with dementia, over 39% of whom were aged 85 years and over. The number of people with dementia is anticipated to grow to around 812,500 by 2054.⁶

1.3. Legislative framework

New Aged Care Act

The Australian Government introduced the Aged Care Bill 2024 to Parliament on 12 September 2024.

Once passed, the Bill will become the main law that sets out how the aged care system operates. This new law will deliver major changes to aged care.

It aims to:

- improve the lives of older people accessing aged care services in their homes, community settings and residential aged care home
- encourage aged care providers to deliver high-quality care.

The new Aged Care Act is expected to commence from 1 July 2025. This will align with the launch of the new Support at Home program.

The new law will replace the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*, which are no longer fit for purpose. Existing rights and obligations under current legislation and policies will continue to apply until the new Act commences.

Further details can be found on the department’s website.⁷

5 Australian Institute of Health and Welfare 2023. Dementia in Australia Cat no. DEM 2 Canberra: AIHW

6 <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/population-health-impacts-of-dementia/prevalence-of-dementia>

7 <https://www.health.gov.au/aged-care-act>

The Aged Care Act 1997

Supporting legislation is needed to implement many of the recommendations of the Royal Commission (and other system changes) which the government is meeting, both through amending existing aged care legislation and developing a completely new legislative framework to support broader reforms to the aged care system.

Further details can be found on the department's website.⁸

The Act and delegated legislation – Aged Care Principles and Determinations – provide the regulatory framework for government-funded aged care providers.

The legislative framework sets out the requirements for the allocation of aged care places, the approval and classification of care recipients, the responsibilities of approved providers and the subsidies paid by the Australian Government. The framework also sets out the responsibilities of providers.

Aged Care Principles

Aged Care Principles are made under subsection 96–1 of the Act. The Act enables the minister to make Principles that are required or permitted under the Act, or that the minister considers necessary or convenient to carry out or give effect to a Part or section of the Act.

There are currently 16 sets of Principles made under the Act. In addition, the *Aged Care (Transitional Provisions) Principles 2014* were made under the *Aged Care (Transitional Provisions) Act 1997*. These Principles may be amended at any time.

Aged Care Quality and Safety Commission Act 2018

This Act provides for the establishment of the Aged Care Quality and Safety Commission (the Commission). The Commission is responsible for assisting the Aged Care Quality and Safety Commissioner (Commissioner) with their functions. *The Aged Care Quality and Safety Commission Rules 2018* (the Rules) give operational effect to the processes of the Commission. The Rules replaced a number of Principles including the *Quality Agency Principles 2013*.

8 <https://www.health.gov.au/topics/aged-care/about-aged-care/aged-care-laws-in-australia>

Outside the Act

The operation of the CHSP is governed by the CHSP Program Manual 2023–24, and contracts with individual CHSP service providers through grants.

The operation of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program is governed by the NATSIFAC Program Manual 2024, the funding agreement and its terms and conditions.

1.4. Funding

The Australian Government is the major funder of aged care, with aged care recipients contributing to the cost of their care where able to do so.

Australian Government expenditure for aged care throughout 2023–24 totalled \$35.7 billion, an increase of 27.8% from the previous year.

Figure 2: Australian Government outlays for aged care, 2019–20 to 2023–24

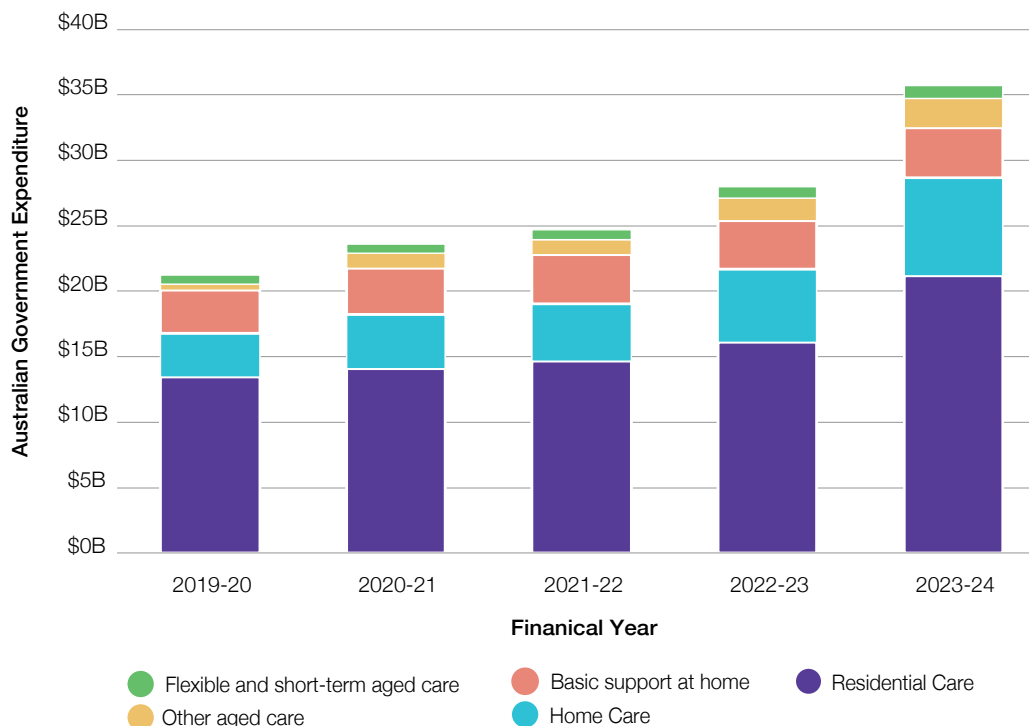
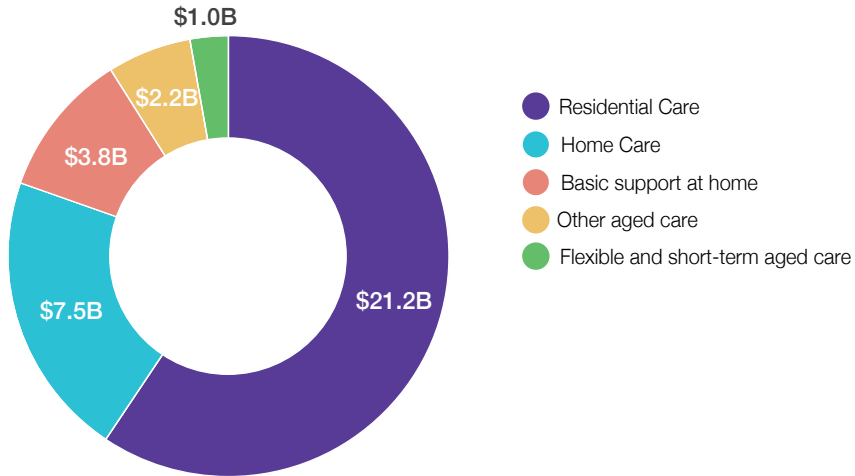


Figure 3: Australian Government aged care expenditure by type of care, 2023–24



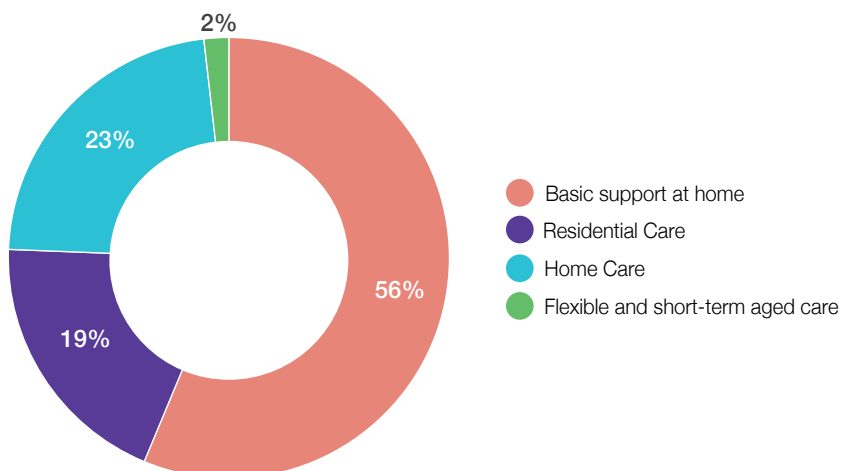
1.5. Aged care recipients

In 2023–24, approximately 1.5 million people received some form of aged care, the great majority receiving in-home aged care and support, while relatively few lived in residential aged care:

- 834,981 people received home support through the CHSP
- 334,840 people received care through a Home Care Package
- 82,480 people received residential respite care, of whom 49,296 (approximately 59.8%) were later admitted to permanent care
- 254,049 people lived in permanent residential aged care.

People also accessed care through flexible-care programs and other aged care services. Some people received care through more than one program.

Figure 4: Recipients of aged care by service type, 2023–24



Average age on entry

The average age on admission to permanent residential aged care was 83.4 years for men and 85.2 years for women.

For people accessing a Home Care Package the average age was 81 years for men and 80.9 years for women.

People with diverse needs and backgrounds

Older people in Australia have the same diverse needs, background and lived experiences as the broader Australian population. The Royal Commission into Aged Care Quality and Safety made it clear that being responsive to this diversity should be core business in aged care. The government has a number of measures in place to build the capacity of mainstream services to cater for diversity, and there are also special provisions and funding mechanisms to ensure access to appropriate care.

For more information on provision of services for people with diverse needs and backgrounds, see Chapter 8.

1.6. Informed access for older people in Australia

My Aged Care provides a clear entry point to the aged care system and provides:

- information on the different types of aged care services available
- access to an assessment of needs to identify eligibility and the right type of care
- referrals and support to find service providers that can meet the person's needs
- information on what people might need to pay towards the cost of their care.

For more information on how older people in Australia can access information about aged care, see Chapter 2.

1.7. Support for older people in Australia

National Aged Care Advocacy Program

The Australian Government funds the National Aged Care Advocacy Program (NACAP), which is delivered by the Older Persons Advocacy Network (OPAN) and their state and territory network members. It provides free and confidential advocacy advice to older people, their families and carers.

Aged Care Volunteer Visitors Scheme

The Aged Care Volunteer Visitors Scheme (ACVVS) is a program where volunteers visit people in aged care who are lonely or isolated. Visits are available to anyone receiving government-subsidised residential aged care or a Home Care Package. This includes care recipients approved or on the National Priority System.

National Dementia Support Program

The National Dementia Support Program (NDSP) aims to help people living with dementia or experiencing cognitive decline, and their carers and support networks, to understand more about dementia. It also connects people with appropriate dementia services and support so they can self-manage and live well with dementia for as long as possible. The program offers support through counselling, education, webinars, special assistance for vulnerable communities, and an online library service.

For details of the support provided to older people in Australia by the NDSP, see Chapter 2.2.

1.8. Aged care workforce

The aged care workforce includes nurses, personal-care workers, and allied health professionals, as well as administrative and ancillary staff. Workforce training and education is a shared responsibility between government and industry, with providers having obligations under the Act to ensure an adequate number of appropriately skilled staff can meet the individual care-needs of older people in Australia. Volunteer workers also make a significant contribution across the sector.

For more information on the aged care workforce, see Chapter 9.

1.9. Regulatory, quality and prudential oversight

There are strict prudential requirements related to the accounting and handling of bonds and refundable accommodation deposits collected by approved providers. The department closely monitors how effectively providers are meeting these requirements and conducts an annual review of providers' prudential arrangements.

Providers of Australian Government-funded aged care services must comply with responsibilities specified in the Act and the Aged Care Principles. These responsibilities encompass quality of care, user-rights, accountability and allocation of places. The Aged Care Quality and Safety Commission monitors the compliance of aged care services against their responsibilities under the Act and the Rules.

Information related to residential and home care providers' finances and operations is available to view on the My Aged Care website via the 'Find a Provider' tool. Publishing this information provides greater transparency of provider operations and spending on things like wages, food and other care-related expenses.

For more information about governance and quality, see Chapter 10.

1.10. Independent Health and Aged Care Pricing Authority

The Independent Health and Aged Care Pricing Authority (IHACPA) is an independent government agency that assists the Australian Government to fund hospital and aged care services more efficiently by providing evidence-based pricing advice.

IHACPA was established in 2011 under the *National Health Reform Act 2011* (the NHR Act) to promote improved efficiency in, and access to, public hospital services through the provision of independently determined pricing advice to all Australian governments.

On 12 August 2022, amendments were made to the NHR Act and the *Aged Care Act 1997* (the Act) expanding IHACPA's remit.

IHACPA's main functions in relation to public hospitals and aged care are to:

- determine the national efficient price for health care services provided by public hospitals where the services are funded on an activity basis
- determine the efficient cost for health care services provided by public hospitals where the services are block funded
- advise the Commonwealth in relation to certain health care pricing and costing matters (if requested by the relevant ministers or the Secretary of the Department of Health and Aged Care)
- provide advice about certain aged care pricing and costing matters to each relevant Commonwealth minister
- perform such functions as are conferred on IHACPA by the Act
- approve higher maximum accommodation payment amounts and extra service fees as set out under section 52G–4 and 35–1 of the Act.

Further information on IHACPA's operations for the year is available from the IHACPA Annual Report.

1.11. Aged Care Quality and Safety Commission

On 1 January 2019, the Australian Government established an independent Aged Care Quality and Safety Commission. The Commission combined the functions of the former Australian Aged Care Quality Agency and the former Aged Care Complaints Commissioner. The aged care regulatory functions of the Department of Health and Aged Care joined the Commission from 1 January 2020.

More information on the role and functions of the Commission can be found in Chapter 10.

1.12. Interim First Nations Aged Care Commissioner

On 8 January 2024, Andrea Kelly was appointed Interim First Nations Aged Care Commissioner as a first step in addressing Recommendation 49 of the Royal Commission into Aged Care Quality and Safety, which recommended a statutory First Nations Aged Care Commissioner to ensure culturally safe, tailored and flexible aged care services for First Nations people. As Interim Commissioner, Ms Kelly's mandate is to:

- lead extensive public consultations with First Nations stakeholders and communities about the design and functions of the permanent Commissioner

- contribute to the changes necessary to bring improvements for First Nations people across the aged care system, and
- advocate for and promote culturally safe, trauma-aware and healing informed aged care services for First Nations people across Australia.

Between January and June 2024, Ms Kelly held extensive consultations with older Aboriginal and Torres Strait Islander people, their families and communities, providers and key Indigenous and mainstream peak bodies. More than 135 engagements and consultations were held across a mix of very remote, remote, regional and urban locations, as well as a mix of aged care service types.

The findings are being used to develop a recommended model for a permanent Commissioner for government consideration. The Interim Commissioner has also drawn on the consultation findings to advocate for aged care policy and program changes by advising the department, the Aged Care Quality and Safety Commission, and the Inspector General of Aged Care.

1.13. Aged Care Taskforce

The Aged Care Taskforce (Taskforce) was established as a time-limited body to assess and provide government with advice on aged care funding options that are sustainable, fair and equitable and help create a more vibrant innovative sector now and into the future.

The Taskforce consisted of 16 members with broad experience and expertise across health and aged care, banking and finance, economics and public policy, including representatives of providers, current and future aged care participants, younger people, and diverse cohorts. The Minister for Aged Care, the Hon Anika Wells, chaired the Taskforce.

The Taskforce held its first meeting in June 2023 and met once a month until December 2023. During this time, the Taskforce focused on:

- contribution arrangements that will support a sustainable system
- equity for older people needing aged care now and into the future
- making innovation the sector default
- enhancing the elements of the system that Australians value, including putting people using aged care at the centre of the funding arrangements.

The Taskforce gave their final report to government in December 2023 and the government released the report on 12 March 2024.

The report made specific recommendations about funding responsibilities, the need to reform contributions, and the need to ensure that current arrangements are maintained for existing aged care residents to provide certainty, especially for those who have organised their personal finances around the current system.

The Australian Government responded to the recommendations of the Aged Care Taskforce in September 2024. Further details can be found on the department's website.⁹

1.14. Aged care services and the COVID-19 pandemic

During 2023–24, there continued to be a real and ongoing impact of COVID-19 in residential aged care homes. COVID-19 has multiple peaks each year with differing lengths and intensity showing that it is not seasonal, nor predictable. This goes some way to indicate that COVID-19 is a continuous threat and aged care homes must remain continuously vigilant.

The Department of Health and Aged Care continues to support the aged care sector to respond to outbreaks. Most of Australia's residential aged care homes (RACHs) experienced an outbreak in the 2023–24 financial year, during which 2,238 RACHs experienced one or more outbreaks. Of these, 577 facilities experienced one COVID-19 outbreak and 1,661 experienced two or more outbreaks.

In the 2023–24 financial year, there was a total of 119,652 resident cases, 53,282 staff cases and 2,134 resident deaths. These case numbers are an increase on the previous financial year – except for the total number of COVID-19 related deaths – which saw a decrease.

During 2023–24, a range of COVID-19 supports were provided to residential aged care homes, including:

- introduction of the Aged Care Outbreak Management Support Supplement (Supplement) in February 2024. The Supplement continues to support aged care providers in managing outbreaks, following the cessation of the COVID-19 grants. The Supplement is a contribution towards the costs of proactively preventing, planning for and responding to outbreaks. Its intended use is for the purchase of rapid antigen tests (RAT), personal protective equipment (PPE) and additional workforce if required

⁹ <https://www.health.gov.au/resources/publications/australian-government-response-to-the-aged-care-taskforce>

- access to personal protective equipment from the National Medical Stockpile (NMS) when commercial supplies are unavailable or insufficient. Deliveries of PPE from the NMS ceased on 30 April 2024 and RACHs have been advised to source supplies from their commercial networks
- pre-deployment of PPE summer and winter packs ahead of COVID-19 peak periods/waves to help prepare for an outbreak. The deployment of these packs from the NMS ceased at the end of 2023
- weekly supply of rapid antigen test kits for screening staff and visitors prior to an outbreak and to increase daily testing during an outbreak. Deliveries of RAT kits from the NMS ceased on 30 April 2024 and RACHs have been advised to source supplies from their commercial networks
- access to surge workforce through contracted providers. All surge workforce requests are considered on a case-by-case basis, and the availability of surge workforce support is dependent on the availability of staffing resources
- access to COVID-19 antiviral medications, through community pharmacy.

1.15. Changes to Aged Care Reforms

The Australian Government is making positive changes to aged care. These changes – known as the aged care reforms – will improve aged care in Australia now and into the future.

Many of these changes are in response to the recommendations of the Royal Commission into Aged Care Quality and Safety. The Royal Commission into Aged Care Quality and Safety's final report titled *Care, Dignity and Respect* was tabled in Parliament on 1 March 2021.

The government's objective is to deliver the highest quality person-centred care for older people, where and when they need it. Some of the changes include:

- introducing the Aged Care Bill 2024 to Parliament for a new Aged Care Act¹⁰ – the main law that sets out how the aged care system operates
- releasing a response to the Aged Care Taskforce¹¹ for an aged care system that is fair and equitable for everyone in Australia
- announcing the details of the Support at Home program to help older people live independently at home for longer – around 1.4 million Australians will benefit from the new program by 2035

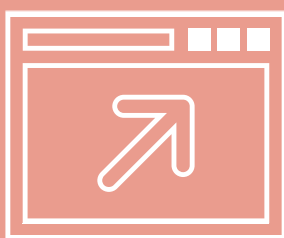
10 [New Aged Care Act](#) | Australian Government Department of Health and Aged Care

11 [Aged Care Taskforce](#) | Australian Government Department of Health and Aged Care

- introducing the 24/7 registered nurse responsibility, which means a nurse must be on-site and on duty in all aged care homes 24 hours a day, 7 days a week
- introducing a sector average of 200 mandatory care minutes per resident per day to make sure people living in aged care homes have their clinical and personal care needs met each day – this will increase from 1 October 2024 to 215 minutes
- launching the Integrated Assessment Tool on 1 July 2024 as the first stage of the new Single Assessment System to simplify and improve access to aged care
- publishing information about the finances and operations of aged care homes and other aged care providers on My Aged Care’s ‘find a provider’ tool
- establishing a Food, Nutrition and Dining Hotline, where older people in aged care homes, their families and carers can ask questions, get advice and make complaints about their food
- introducing Star Ratings to help older people, their families and carers to more easily compare aged care homes and make informed choices
- funding a 15% wage rise for more than 250,000 aged care workers, recognising the value of aged care workers and the important work they do
- introducing face-to-face support in Services Australia service centres to help older people and their families and carers access the aged care system.

The ambitious reform program has embraced both the spirit and intent of the Royal Commission recommendations and has been matched by significant investment to improve the quality and safety of our aged care services.

The 2023–24 Budget allocated \$36 billion for aged care and addressed in full or in part, 44 recommendations from the Royal Commission into Aged Care Quality and Safety.



Nearly **5.9 million** website visits and over **1.8 million** calls answered



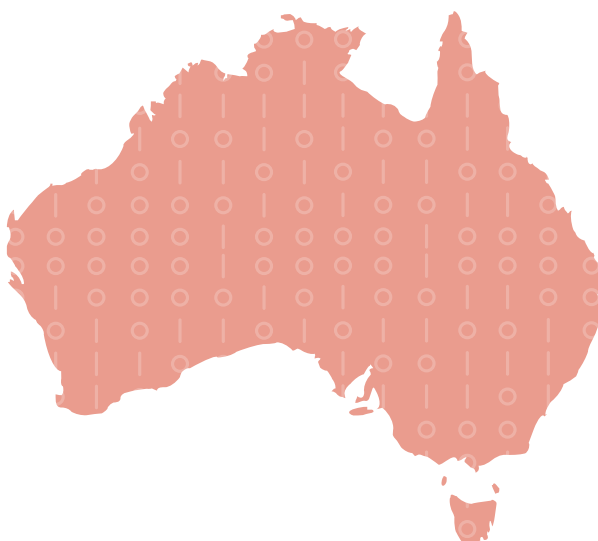
Nearly **3.8 million** My Aged Care information products distributed



325,000 RAS and **214,000 ACAT** assessments completed

Informed Access to Aged Care

2



2. Informed Access to Aged Care

The Australian Government provides support to older people in Australia, their families, representatives and carers to access consistent, accessible, inclusive, reliable and useful information about the aged care system and aged care providers.

My Aged Care is the starting point to find information about and access to government-subsidised aged care services. My Aged Care can be accessed online, over the phone or in-person.

2.1. Enabling people to make informed choices

The department continues to enhance My Aged Care in response to feedback. Key enhancements in the last year include improvements to the ‘Find a Provider’ tool to increase transparency of information about aged care services to empower people to make informed choices about their care, including:

- implementation of the Provider Operations and Dollars to Care enhancement
- publication of provider 24/7 Registered Nurse coverage and Enrolled Nursing Care minutes
- further enhancements to the Star Rating information displayed to provide the ability for older people and their support networks to easily compare services.

The department has also undertaken discovery work to improve the customer experience, including:

- exploring opportunities to improve the customer experience of the Find a Provider tool
- trialling a new customer satisfaction survey to better target user experience with the website.

Calls, correspondence, website and appointments data

In 2023–24, the My Aged Care contact centre handled 1,821,241 calls, and provided practical support, information, and advice.

The My Aged Care website received a total of 5,930,666 visits.

Since July 2021, new clients and/or their representatives who register on My Aged Care are sent personalised welcome packs. In 2023–24, 468,991 packs were distributed.

In 2023–2024, Aged Care Specialist Officers (ACSOs) had 26,629 My Aged Care appointments.

Publications

The department continues to disseminate a range of printed aged care materials, including information booklets and brochures for older people in Australia, their families and carers.

In 2023–24, nearly 3.8 million My Aged Care information products were distributed including:

- more than 920,000 brochures explaining the range of Australian Government funded aged care services available and how to access them
- nearly 520,000 detailed booklets about accessing specific Australian Government funded aged care programs. This included the Charter of Aged Care Rights, which describes the rights of aged care recipients who receive Australian Government-funded aged care services
- more than 580,000 Home Care Package letters.

These resources are regularly reviewed and updated to ensure the information remains accurate and is easy to understand. Seven of these resources are available in an Easy Read format to view and download. Translated versions of many of the resources, in 18 Culturally and Linguistically Diverse (CALD), and four Aboriginal and Torres Strait Islander languages, are also available to view and download.

2.2. Support for recipients

Care Finder Program

The care finder program provides intensive support for vulnerable older people to access aged care and other services in the community. Primary Health Networks (PHN) managed 169 care finder organisations to deliver services in 2023–24. There were 22,843 new client cases in the period and clients were connected to 67,482 services and supports.

National Aged Care Advocacy Program

The Australian Government funds the Older Persons Advocacy Network (OPAN) to deliver the National Aged Care Advocacy Program (NACAP). NACAP provides free, confidential, and independent information and support to older people seeking or receiving government-funded aged care as well as their families and other representatives.

In 2023–24, the program delivered 44,396 instances of information and advocacy, assisting older people to understand and exercise their rights, seek aged care services which suit their needs, and find solutions to issues. In addition, the program delivered over 5,000 education sessions across Australia to older people and aged care service providers on rights and responsibilities and elder abuse awareness and prevention.

Aged Care Volunteer Visitors Scheme

The Aged Care Volunteer Visitors Scheme (ACVVS) commenced on 1 July 2023. The ACVVS replaced the Community Visitors Scheme (CVS), a Commonwealth funded program that ran for over 30 years. Under the ACVVS, placements have increased 4,348 per year to a minimum of 17,811.

ACVVS supports organisations to recruit, train and match volunteers with older people who are socially isolated or at risk of social isolation. Volunteers provide friendship and companionship through one-on-one visits to older people receiving Australian Government-subsidised home care or residential aged care.

Consistent with the Royal Commission's Final Report Recommendation 44.c, funding was increased by \$34 million in the 2021–22 Mid-Year Economic and Fiscal Outlook (MYEFO), bringing the total funding provided to \$113 million over 4 years (2021–22 to 2024–25).

During 2023–24 with funding of \$33.7 million, approximately 12,179 volunteers conducted an estimated 303,320 visits.

National Dementia Support Program

The National Dementia Support Program (NDSP), delivered through Dementia Australia, provides people living with dementia or experiencing cognitive decline, as well as their families and carers, with counselling, education sessions, support groups, and peer mentoring for carers, featuring coaching, advice, and other support.

The program aims to:

- improve awareness and understanding of dementia
- empower people living with dementia, their carers, and families to make informed decisions about the support services they need
- ensure people living with dementia, their carers and families have access to support and advice.

The program can be accessed online, or 24 hours a day, 7 days a week via the National Dementia Helpline (1800 100 500).

In 2023–24, the National Dementia Helpline received over 42,000 contacts, with 89% of people directly referred to Dementia Australia from external sources including GPs and other health professionals, who selected to take up an NDSP program or service. More than 395,000 resources were downloaded and dementia information kits were viewed over 52,000 times from the Dementia Australia national website. More than 11,900 hours of counselling, 400 education sessions and over 9,200 hours of post-diagnostic support were delivered.

The NDSP includes 5 elements:

Element 1: Information and Foundation Supports

This element aims to support people living with dementia, their carers and support networks, to make informed decisions about their health and the ways they access medical and health-related services. It includes the National Dementia Helpline and website, and provision of advice about and to local service delivery and support networks.

Element 2: Early Intervention Supports

This element aims to help people to manage after receiving a diagnosis of dementia or experiencing symptoms of cognitive decline, and it aims to improve recipient dementia literacy and service navigation skills so people are better equipped to live well with dementia. Under this element, the NDSP provides education, counselling, planning support and other psychosocial supports for people living with dementia. It also helps carers maintain their caring role as long as practical.

Element 3: Targeted Supports for Vulnerable Groups

This element aims to provide culturally appropriate education and support to help people from vulnerable communities (in particular, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds) adjust to a dementia diagnosis, and empower them to access, understand and use dementia services and supports.

Element 4: Awareness and Stigma Reduction Campaigns

This element aims to improve awareness and understanding of dementia, improve early diagnosis rates, and reduce the stigma associated with the condition. Activities under this element include consumer-focused and GP/health professional-focused awareness and stigma-reduction campaigns.

Element 5: Local Recipient Post-Diagnostic Pathways

Under this element, Dementia Australia works with Primary Health Networks (PHN) to develop a consumer-focused resource in each PHN area detailing the support available for people living with dementia, and their carers and support networks, including local, state, and federal government, private sector and community-driven support.

In 2023–24, \$25 million was allocated for activities under the 5 elements.

Elder Care Support Program

The Australian Government funds the National Aboriginal Community Controlled Health Organisation (NACCHO) to deliver the Elder Care Support (ECS) Program. NACCHO, working with Aboriginal Community Controlled Organisations, commenced delivery of Elder Care Support services in late 2023.

The ECS program provides Aboriginal and Torres Strait Islander people, their families and carers with intensive face-to-face support to:

- understand how to access aged care services, navigate assessment processes and assist in choosing a provider
- advocate for older Aboriginal and Torres Strait Islander people by working with assessors and providers
- help older Aboriginal and Torres Strait Islander people while they receive aged care services.

As of 30 June 2024, 270.6 Elder Care positions were allocated to 105 organisations to deliver Elder Care Support services with over a 1,000 older Aboriginal and Torres Strait Islander people being supported through this program.

2.3. Access to subsidised care

Regional Assessment Service

The Australian Government directly engages Regional Assessment Services (RAS) organisations to operate the RAS in Aged Care Planning Regions across Australia. These organisations are responsible for the provision of home support assessment services in those regions to determine service eligibility for the CHSP. The RAS may deliver home support assessments through subcontracting arrangements subject to approval from the department. The RAS is designed to give a clear access pathway and greater choice of entry level services to older people who wish to continue living at home and can do so with some support. RASs assess client needs, goals, and preferences holistically, and refer clients to services that will help them achieve the best possible level of function and independence.

In 2023–24, the Australian Government allocated funding of approximately \$141 million for 17 Regional Assessment Services providers to deliver assessment services in all states and territories. During this period, RAS providers completed 324,610 assessments, and 397,451 support plan reviews. Of these, 51,214 assessed clients have received a period of reablement, including reablement based strategies, short term coordination support services and where required, a referral to short-term reablement-based support services.

Aged Care Assessment Program

The Australian Government funds the state and territory governments to administer the Aged Care Assessment Program (ACAP). Assessments under this program are conducted by the Aged Care Assessment Teams (ACAT).

State and territory governments are responsible for the day-to-day operation of the ACAP, including the timely delivery of assessments for care types under the Act, as well as the management, training and performance of individual ACAT assessors. Each jurisdiction is required to manage workloads to ensure that priority is given to those in greatest need and that access to aged care services is not delayed unnecessarily due to delays in the assessment process.

Each ACAT is multidisciplinary and includes a range of health-related disciplines such as medical practitioners, registered nurses, social workers, physiotherapists, occupational therapist, and psychologists.

For financial year 2023–24, the department allocated funding of \$140.3 million across the 8 states and territories for ACAP services.

Table 2: ACAT assessments by state and territory, 2019–20 to 2023–24

State/territory	2019–20	2020–21	2021–22	2022–23	2023–24
NSW	63,805	63,233	67,268	70,398	70,291
Vic	49,524	46,835	48,678	52,310	54,440
Qld	32,230	33,727	41,859	39,397	41,406
WA	16,945	16,896	17,953	19,221	20,382
SA	16,948	16,968	17,042	17,151	18,536
Tas	4,648	4,635	4,693	4,910	5,178
ACT	1,775	2,158	1,932	2,402	2,353
NT	1,016	1,153	1,137	1,101	1,177
Australia	186,891	185,605	200,562	206,890	213,763

The data includes reassessments.

Notes: Data was extracted from the Ageing and Aged Care Data Warehouse in August 2024. Future extracts of this data may change and thus alter final numbers. The table includes total number of assessments. Expanded data regarding completed assessments and approvals are published on the GEN Aged Care Data website and in the Productivity Commission Report on Government Services.





1,265 funded CHSP organisations



834,981
CHSP clients
across 2023-24



\$3 billion
for CHSP service
delivery activities

Home Support

3



3. Home Support

The Australian Government provides a range of entry-level home support services designed to help people to continue living in their own homes for as long as they can. Older people in Australia aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) are supported to age in their homes by having access to a range of Australian Government-funded entry-level home support services under the Commonwealth Home Support Programme (CHSP).

During 2023–24, CHSP providers received two up-front grant payments to cover July to December 2023 and January to May 2024 to ensure they were not financially impacted by the Fair Work Commission (FWC) Stage 2 aged care wage decision and wages could be passed to impacted aged care workers. Monthly reporting continued and payment in arrears continued from June 2024. CHSP providers impacted by the FWC’s Stage 2 wage increases were also provided with an opportunity to apply for additional funding to cover the impact of the 15% pay increase decision.

In 2023–24, \$30 million was made available for providers under the CHSP Ad Hoc Grant Funding Opportunity (GO5672) to support them to respond to unforeseen and exceptional circumstances, address gaps in service delivery, fund a fuel supplement and trial and implement new and innovative service delivery models.

CHSP providers continued to have access to service flexibility provisions to help meet changes in the demand for services between funded service types and Aged Care Planning Regions. The department also undertook increased performance and delivery compliance to improve the efficiency of resource allocation within the program.

CHSP providers continued to access a national online CHSP reablement training program to help support workers, allied health professionals and team leaders to embed wellness and reablement into everyday service delivery approaches. The Community of Practice supports CHSP providers to increase awareness of the benefits of reablement practices across the sector.

Sector Support and Development providers continued to participate in a Community of Practice to gain a better understanding of the CHSP, aged care reforms and share best practice with other providers.

3.1. What was provided?

The CHSP helps older people living in the community to maximise their independence through the delivery of timely, high-quality entry-level support services taking into account each person's goals. CHSP support is underpinned by a wellness approach, which is about building on each person's strengths, capacity and goals to help them remain independent and to live safely at home.

Table 3: CHSP services by sub-programme and service type

Sub-programme				
	Community and home support	Care relationships and carer support	Assistance with care and housing – hoarding and squalor	Sector support and development
Objective	To provide entry-level support services to assist older people in Australia to live independently at home and in the community.	To support and maintain care relationships between carers and clients, through providing good quality respite care for older people in Australia so that regular carers can take a break.	To support those who are living with hoarding behaviour or in a squalid environment who are at risk of homelessness or unable to receive the aged care supports they need.	To increase CHSP – provider capability and improve quality of service delivery through activities under a targeted range of primary focus areas.
Service types funded	<ul style="list-style-type: none"> • Allied health and therapy services • Domestic assistance • Goods, equipment and assistive technology • Home maintenance • Home modifications • Meals • Nursing • Other food services • Personal care • Social support-individual • Social support-group • Specialised support services • Transport 	<ul style="list-style-type: none"> • Centre-based respite: <ul style="list-style-type: none"> - Centre based day respite - Residential day respite - Community access - group respite • Flexible respite: <ul style="list-style-type: none"> - In-home day respite - In-home overnight respite - Community access – individual respite - Host family day respite - Host family overnight respite - Mobile respite - Other planned respite • Cottage respite (overnight community) 	Assistance with Care and Housing – Hoarding and Squalor activities are delivered to older people or prematurely aged who meet each of the following three criteria: <ul style="list-style-type: none"> • On a low income • Living with hoarding behaviour and/or in a squalid living environment • At risk of homelessness or unable to receive the aged care services they need. 	Sector support and development primary focus areas include: <ul style="list-style-type: none"> • Wellness and reablement • Workforce enhancements • Engagement on aged care reforms • Developing and promoting collaborative partnerships • Compliance and CHSP-provider service delivery and practices • Developing and disseminating information about the CHSP • Mainstream navigation services

3.2. Who provided care?

In 2023–24, a total of 1,216 aged care organisations were funded to deliver CHSP services to clients, and 49 providers were funded to exclusively undertake Sector Support and Development activities. CHSP providers include government, non-government and not-for-profit organisations.

3.3. Who received care?

The CHSP provided support to 834,981 clients through delivery of home support services. Access to CHSP services is coordinated through My Aged Care. For recipients this means entry and assessment through My Aged Care and referral to the Regional Assessment Service (RAS) for a face-to-face assessment. In 2023–24, the average age of access to the CHSP was 80.3 years.

3.4. How were these services funded?

What the Australian Government pays

The CHSP is a grant-funded program. During 2023–24, the Australian Government provided \$3 billion for the delivery of CHSP services to assist eligible clients to remain living independently in their homes. The Australian Government also provided \$37 million to initiatives in support of the CHSP. In total, Australian Government expenditure for the program in 2023–24 was \$3 billion.

Table 4: Australian Government expenditure for CHSP services in 2023–24, by state and territory

State/territory	2023–24 \$M
NSW	760.7
Vic	767.1
Qld	738.0
WA	271.0
SA	251.5
Tas	70.5
ACT	36.4
NT	24.1
Australia	2,989.5

Note: Total may not sum exactly and includes expenditure that cannot be attributed to an individual state or territory.

What the recipient pays

The Client Contribution Framework and the National Guide to the CHSP Client Contribution Framework were implemented in October 2015. The Framework outlines a number of principles that CHSP providers should adopt in setting and implementing their own client contribution policy. The principles are designed to introduce fairness and consistency, with a view to ensuring that those who can afford to contribute do so, while protecting the most vulnerable. Client contributions support the financial sustainability of the program and CHSP providers to grow and expand their business.

Indicative client contributions for each service type are also available to help older people in Australia understand the costs of their CHSP services.



909 operational
home care providers



275,486
home care recipients
at 30 June



\$7.5 billion in
home care subsidies
and supplements

Home Care

4



4. Home Care

The Australian Government recognises that people want to remain living independently in their own home for as long as possible and as long it is safe to do so. To support this, the Government subsidises Home Care Packages (HCPs) to provide complex home-based care that can improve quality of life for older people in Australia and help them to remain active and connected to their communities. Commonwealth Home Support Program (CHSP), HCP and residential aged care form the three tiers of support.

To access a HCP, people are first assessed by an Aged Care Assessment Team (ACAT), which determines eligibility. Once assessed as eligible for home care, a person is placed on the National Priority System and is offered a HCP when one becomes available.

On 1 June 2023, the Australia Government implemented the Fair Work Commission decisions for a 15% pay increase for aged care workers. For the HCP Program, \$2.2 billion was reserved over four years for this increase. This was on top of annual indexation. The wage increase was available to HCP providers in the July 2023 claim for subsidy and supplements. By increasing the value of HCPs to cover the wage increases for workers, we ensured care recipients continued to receive the same care and service as before.

4.1. What was provided?

The HCP Program provides four levels of support:

- Level 1 – basic care needs
- Level 2 – low level care needs
- Level 3 – intermediate care needs
- Level 4 – high care needs.

Under a HCP, a range of services are provided: care services, support services, care management and clinical services. These services are tailored to meet the assessed care needs of the individual receiving care. A summary list of the types of services is available on the My Aged Care website¹² and program manual.

¹² <https://www.myagedcare.gov.au/help-at-home/home-care-packages>

4.2. Who provided care?

HCPs are delivered by home care service providers who have been approved under the Act by the Aged Care Quality and Safety Commission. This approval requires providers to comply with conditions relating to quality of care, recipient rights and accountability.

Between 30 June 2023 and 30 June 2024, the number of operational approved providers of home care fell from 923 to 909, representing a 1.5% decrease.

At 30 June 2024, there were 275,486 people who were in HCP (Table 5). The not-for-profit provider group (comprising religious, charitable and community-based providers) delivered care to 56.6% of people, while for profit providers delivered care to 38.8% and government providers delivered care to 4.6%.

Table 5: Number of people utilising a HCP, by organisation type and state and territory, at 30 June 2024

State/ territory	Religious	Charitable	Religious/ charitable	Community based	For profit	State/ territory and Local govt	Total
NSW	8,315	20,783	17,793	39	43,492	852	91,274
Vic	11,749	12,505	12,615	-	25,120	8,819	70,808
Qld	16,439	8,130	9,822	-	24,704	426	59,521
WA	3,177	8,624	2,018	-	6,487	328	20,634
SA	3,609	9,656	2,617	-	5,926	1,977	23,785
Tas	712	3,284	1,253	-	751	22	6,022
ACT	558	1,039	496	-	298	-	2,391
NT	275	-	415	-	130	231	1,051
Australia	44,834	64,021	47,029	39	106,908	12,655	275,486
% of Total	16.3	23.2	17.1	0.0	38.8	4.6	100

Note: Location of home care recipients is based on the physical address of the service delivering the care.

Totals may not sum exactly, due to rounding.

- Nil or rounded to zero

4.3. Who received care?

There were 275,486 people in a HCP at 30 June 2024 (Table 6), an increase of 17,112 (or 6.6%) from 30 June 2023 (258,374).

In 2023–24, the average age of people accessing a HCP was 80.9 years.

Table 6: Number of people utilising a HCP, by current care level and by state and territory, at 30 June 2024

State/territory	Level 1	Level 2	Level 3	Level 4	Total	% of Total
NSW	7,005	40,803	29,125	14,341	91,274	33.1
Vic	3,442	30,262	21,574	15,530	70,808	25.7
Qld	2,771	23,319	20,271	13,160	59,521	21.6
WA	351	5,073	7,457	7,753	20,634	7.5
SA	886	8,812	9,144	4,943	23,785	8.6
Tas	293	2,534	2,195	1,000	6,022	2.2
ACT	40	813	740	798	2,391	0.9
NT	4	380	402	265	1,051	0.4
Australia	14,792	111,996	90,908	57,790	275,486	100
% of Total	5.4	40.7	33.0	21.0	100	

Notes: Location of home care recipients is based on the physical address of the service delivering the care. Totals may not sum exactly, due to rounding.

- Nil or rounded to zero

4.4. How were these services funded?

What the Australian Government pays

The Australian Government is the main contributor to the cost of HCPs. Government assistance is predominantly provided in the form of a subsidy to providers with the amount increasing as the level of package rises (from Level 1 to Level 4).

The minister determines the rates for home care subsidies and supplements to be paid from 1 July each year. The current rates are available on the department's website.¹³

Table 7: Home care supplements available in 2023–24

Supplement type	Description
Primary supplements	
Oxygen supplement	A supplement paid on behalf of eligible care recipients to reimburse costs associated with provision of oxygen therapy.
Enteral feeding supplement	A supplement paid on behalf of eligible care recipients to reimburse costs associated with provision of enteral feeding.
Dementia and cognition supplement	A supplement paid on behalf of eligible care recipients assessed as having cognitive impairment due to dementia or other conditions.
Veterans' supplement in home care	A supplement paid on behalf of care recipients with a mental health condition related to their service. Eligibility for the supplement is determined by the Department of Veterans' Affairs.
EACHD top-up supplement	A supplement paid on behalf of care recipients formerly in receipt of an Extended Aged Care at Home Dementia (EACHD) package prior to 1 August 2013, to ensure no disadvantage in funding as a result of the transition to the HCP Program.
Other supplements	
Hardship supplement	A supplement paid on behalf of post-1 July 2014 care recipients in financial hardship who are unable to pay their aged care costs.
Viability supplement	A supplement paid on behalf of eligible care recipients living in regional and remote areas to assist with the extra costs of providing services in those areas.

¹³ <https://www.health.gov.au/resources/publications/schedule-of-subsidies-and-supplements-for-aged-care>

Table 8: Australian Government expenditure for Home Care Packages 2019–20 to 2023–24, by state and territory

State/territory	2019–20 \$M	2020–21 \$M	2021–22 \$M	2022–23 \$M	2023–24 \$M
NSW	1,025.1	1,241.2	1,414.5	1,813.5	2,475.2
Vic	820.8	1,027.3	1,131.5	1,418.7	2,013.5
Qld	636.5	796.7	892.5	1,154.5	1,465.1
WA	418.8	524.1	397.2	509.9	603.5
SA	241.2	301.9	394.9	497.0	686.2
Tas	83.8	104.8	105.6	136.3	170.5
ACT	77.1	138.4	50.3	65.1	83.8
NT	46.9	58.7	15.5	20.8	33.2
Australia	3,350.1	4,193.1	4,401.9*	5,615.9*	7,530.9*

Note: The totals may include expenditure that cannot be attributed to an individual state or territory.

* 2021–22, 2022–23 and 2023–24 data are not directly comparable to prior years due to changed payment arrangements.

What the recipient pays

Recipients who have taken up a Home Care Package on or after 1 July 2014 can be asked to pay:

- a basic daily fee – depending on the HCP level, the current maximum basic daily fee ranges between 15.68% and 17.50% of the single rate of the basic age pension
- an income tested care fee – if the recipient is assessed as having sufficient income to contribute to the cost of their care, they will be required to pay this fee. The income-tested care fee reduces the amount of the subsidy paid by the Australian Government to the provider
- amounts for additional care and services that the HCP would not otherwise cover, as negotiated between the recipient and their service provider.

The basic daily fee is indexed on 20 March and 20 September each year, at the same time as changes are made to the age pension.

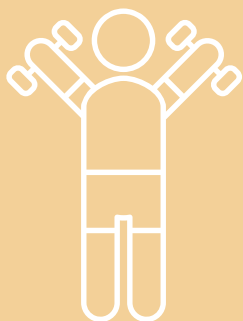
There are annual and lifetime limits on how much a recipient pays in income-tested care fees. Once these limits have been reached, the Australian Government will pay the recipient's share of income-tested care fees to the provider.

These fee arrangements do not apply to recipients who were receiving a HCP on or before 30 June 2014. Further information on the fee arrangements under the HCP Program can be found on the department's website.¹⁴

14 www.health.gov.au/our-work/home-care-packages-program/fees



534 funded CHSP organisations and **2,556** residential aged care homes delivered respite care



41,318 CHSP respite clients and **82,480** residential respite clients across 2023-24



\$325.8 million in CHSP grants and **\$935.5 million** in residential subsidies and supplements

Respite Care

5



5. Respite Care

Respite care is an important support service for older people in Australia and their carers, and is provided in a number of settings to allow flexibility for users.

The Australian Government recognises the vital role that carers play by providing care and support to family and friends who are frail, have a disability, or have a mental or physical illness. Respite care is an important support service for frail people and their carers, and is provided in a number of settings to allow greater flexibility for carers and recipients.

5.1. What was provided?

Residential respite care

Residential respite provides short-term care in Australian Government-subsidised aged care homes, with the primary purpose of giving a carer, or the person being cared for, a break from their usual care arrangements. Residential respite may be used on a planned or emergency basis.

To access residential respite a person must be assessed as eligible by an Aged Care Assessment Team (ACAT). Eligible people may receive up to 63 days of residential respite in each financial year, with the possibility of 21-day extensions, where approved by an ACAT.

An ACAT will determine whether a person is eligible for high-care or low-care residential respite. The determination of care levels does not affect the type of care provided but can impact the applicable fees and government subsidies. People receiving residential respite are entitled to receive the same services as someone receiving permanent residential aged care.

Commonwealth Home Support Programme

The CHSP provides a range of in-home and centre-based respite services to support the carer relationship by giving them a break. The types of respite services include:

- Flexible respite – in-home day or overnight respite
- Cottage respite – overnight respite in a community setting
- Centre-based respite – day-based activities and supports in a centre or community club.

5.2. Who provided care?

Residential respite care

Residential respite is delivered through permanent residential aged care places. It is a matter for the provider as to what mix of respite and permanent residential aged care places they deliver within the financial year. In 2023–24, 2,556 residential aged care homes who provided residential respite services.

Table 9: Residential respite service facilities 2023–24, by state and territory

State/territory	Residential respite facilities
NSW	836
Vic	722
Qld	444
WA	218
SA	231
Tas	70
ACT	26
NT	9
Australia	2,556

Commonwealth Home Support Programme

In 2023–24, 534 aged care organisations were funded to deliver CHSP respite services to clients. These providers range from small not-for-profit organisations to government and non-government organisations.

5.3. Who received care?

Residential respite care

The number of residential respite days used in 2023–24 was 3 million, an increase of 140,485 days from 2022–23. On average, each recipient received 1.2 episodes of residential respite care, and their average length of stay per episode was 30.4 days.

Table 10: Residential respite days, during 2023–24, by state and territory

State/territory	Respite days
NSW	1,084,957
Vic	844,158
Qld	479,858
WA	137,226
SA	337,569
Tas	58,592
ACT	25,222
NT	10,450
Australia	2,978,032

Commonwealth Home Support Programme

In 2023–24, 41,318 clients received CHSP respite services and there were 98,067 admissions to residential respite care.

5.4. How were these services funded?

What the Australian Government pays

Residential respite care

In 2023–24, the Australian Government provided aged care subsidies and supplements totalling \$935.5 million to service providers who delivered residential respite care.

Since 1 October 2022, residential respite funding has consisted of 2 components:

- fixed funding or Base Care Tariff (BCT) to reflect the characteristics of the service, identical to BCT funding for permanent residents
- variable funding based on the resident’s respite class.

There are 3 levels of variable funding for respite residents:

- Respite Class 101 – for respite residents who are independently mobile

- Respite Class 102 – for respite residents who require assisted mobility
- Respite Class 103 – for respite residents who have limited mobility.

The respite care supplement is paid at a rate to equal the maximum rate of accommodation supplement payable for eligible permanent care recipients in the same service where the respite care is provided though without means testing or application of the 40% supported resident rule. The respite care supplement helps cover the accommodation costs of the residential respite care recipient.

Commonwealth Home Support Programme

In 2023–24, the Australian Government provided grant funding of \$325.8 million to service providers who delivered respite services under the CHSP.

What the resident pays

Residential respite care

The Australian Government sets the maximum basic daily fee that providers may ask residential respite care recipients to pay, which equates to 85% of the single rate of the basic age pension. The basic daily fee is indexed on 20 March and 20 September each year, at the same time as changes are made to the age pension.

A booking fee may be charged to secure a period of respite care which is deducted from the daily fees once the respite care recipient enters care. The booking fee cannot exceed whichever is lower of:

- one week's fee for respite care
- 25% of the fee for the proposed period of respite care.

Commonwealth Home Support Programme

CHSP service providers can charge a client contribution for respite services in accordance with a client contribution framework and the National Guide to the CHSP Client Contribution Framework. CHSP service providers are responsible for setting their own client contribution policies, with a view to ensuring those who can afford to contribute do so, while protecting the most vulnerable.

CHSP respite services have a reasonable client contribution range. Along with the national unit price ranges, the reasonable client contributions have been provided as a guide to assist CHSP providers to implement or review their client contribution policy.



736
operational residential
aged care providers



189,884
permanent residents
at 30 June



\$21.2 billion
in residential care
subsidies and supplements

Residential Care

6



6. Residential Care

Residential aged care services provide 24-hour care and accommodation for older people who are unable to continue living independently in their own home and need assistance with everyday tasks.

A person who has been assessed as eligible to receive residential aged care may be admitted to any residential aged care home of their choice, provided that the aged care home has an available place, agrees to admit them, and is able to meet the required care needs of that person.

In response to recommendations of the Royal Commission into Aged Care Quality and Safety, the Government introduced new mandatory minimum care time standards during 2023–24, including 24/7 registered nursing from 1 July 2023 and care minute targets from 1 October 2023. The intent of these measures is to improve resident safety and the quality of care they receive.

6.1. What was provided?

Under the *Quality of Care Principles 2014*, approved providers of residential aged care are required to provide a range of care and services to residents, whenever they may need them. The type of care and services provided include:

- hotel-like services (e.g. bedding, furniture, toiletries, cleaning, meals)
- personal care (e.g. showering, dressing, assisting with toileting)
- clinical care (e.g. wound management, administering medication, nursing services)
- social care (e.g. recreational activities, emotional support).

All care and services are required to be delivered in accordance with the resident's care needs and clearly outlined in their resident agreement and care plan.

6.2. Who provided care?

Approved providers of residential aged care can be from a range of sectors, including religious, charitable, community, for-profit and government. All providers must be approved under the Act and are required to adhere to the Aged Care Quality Standards when delivering care. At 30 June 2024, there were 2,617 residential aged care services, operated by 736 approved residential aged care providers.

In order to deliver care and services, an approved provider must have an allocation of residential aged care places. Places may have been obtained by allocation through a previous Aged Care Approvals Round (ACAR), by transfer from another provider or by allocation through the non-competitive 'bed-ready' process (noting the ACAR process has now been discontinued).

Places obtained through an ACAR were allocated on a provisional basis until they could be made operational. At 30 June 2024, there were 11,480 provisionally allocated residential aged care places and 223,691 operational places, with an occupancy rate of 88% through 2023–24. This does not include flexible aged care places.

Table 11: Operational residential aged care places, other than flexible care places, by organisation type, at 30 June 2024, by state and territory

State/ territory	Religious	Charitable	Community based	For profit	State/ territory govt	Local govt	Total
NSW	16,932	19,399	10,032	26,239	287	363	73,252
Vic	7,114	8,956	7,850	30,611	4,795	90	59,416
Qld	12,550	8,112	2,964	19,156	992	20	43,794
WA	4,615	4,702	2,224	8,689	56	22	20,308
SA	4,713	5,546	2,357	4,757	811	214	18,398
Tas	1,584	2,054	849	668	57	-	5,212
ACT	543	1,290	506	413	-	-	2,752
NT	85	-	339	135	-	-	559
Australia	48,136	50,059	27,121	90,668	6,998	709	223,691
% of Total	21.5	22.4	12.1	40.5	3.1	0.3	100

Note: Totals may not sum exactly, due to rounding.

- Nil or rounded to zero

6.3. Who received care?

In 2023–24:

- 254,049 people received permanent residential aged care at some time during the year, an increase of 3,776 from 2022–23
- the average age (on entry) was 83.4 years for men, 85.2 years for women
- the average completed length of stay was 33.9 months.

On 30 June 2024, there were 189,884 people receiving permanent residential aged care.

Table 12: Number of permanent residents on 30 June 2024, by state and territory

State/territory	Permanent residents
NSW	60,785
Vic	49,161
Qld	38,619
WA	17,831
SA	16,211
Tas	4,373
ACT	2,409
NT	495
Australia	189,884

6.4. How were these services funded?

The cost of residential aged care is met by both public (Australian Government) and private (individual) funding. The arrangements for funding are set out in the Act or in the Transitional Provisions, with some of the arrangements differing depending on when a person entered care.

Typically, residential aged care homes fund their operational and capital expenses from pooled public and private funding received on behalf of all residents in the service.

What the Australian Government pays

During 2023–24, the Australian Government paid \$21.2 billion for residential aged care subsidies and supplements, an increase of 32.3% over the previous year.

Table 13: Australian Government recurrent residential aged care funding, 2019–20 to 2023–24, by state and territory

State/ territory	2019–20 \$M	2020–21 \$M	2021–22 \$M	2022–23 \$M	2023–24 \$M	% change 2022–23 to 2023–24
NSW	4,376.7	4,575.4	4,715.6	5,195.3	6,856.5	32.0
Vic	3,573.2	3,630.1	3,760.8	4,065.0	5,429.8	33.6
Qld	2,592.3	2,790.8	2,977.3	3,287.6	4,307.9	31.0
WA	1,168.3	1,251.4	1,311.5	1,443.5	1,952.0	35.2
SA	1,208.6	1,273.6	1,311.8	1,423.5	1,866.6	31.1
Tas	318.4	342.2	353.8	391.9	509.6	30.0
ACT	146.5	157.3	167.5	186.1	245.1	31.7
NT	45.7	52.6	50.4	58.0	75.4	30.0
Australia	13,429.7	14,073.4	14,648.7	16,051.0	21,243.1	32.3

Note: Totals may not sum exactly, due to rounding. This table includes funding through the Department of Veterans' Affairs. This table presents recurrent funding to residential aged care providers using accrual-based reporting. Due to accrual adjustments, for smaller jurisdictions, this can lead to significant year-on-year variations. Based on claims data between 2022–23 and 2023–24, the growth in recurrent funding for each state and territory ranged from 27.6% to 33.2%.

Subsidies and supplements

The minister determines the rates of aged care subsidies and supplements to be paid from 1 July each year, and the rates of pension related supplements and aged care fees and charges on 20 March and 20 September each year. The current rates of payment are available on the department's website¹⁵.

Most Australian Government funding is provided through the basic subsidy, which, for permanent residential aged care is determined by the appraised care-needs, or assessment, of a care recipient.

15 <https://www.health.gov.au/resources/publications/schedule-of-subsidies-and-supplements-for-aged-care>

From 1 October 2022, the AN-ACC funding model has been the assessment mechanism through which the Government funds approved providers of residential aged care. The AN-ACC funding model for permanent residential aged care has three components:

- a variable component based on the care recipient's AN-ACC classification
- a fixed component (Base Care Tariff) to account for shared costs across all care recipients which varies by location and type of residential aged care service (specifically services that specialise in caring for the homeless, and services in remote and very remote locations that specialise in caring for Aboriginal and/or Torres Strait Islander care recipients)
- an initial entry adjustment lump sum amount which is a one-off adjustment payment for new care recipients to cover the costs associated with transitioning into a new care environment.

As part of the 2023–24 Budget, the government introduced a new Hotelling Supplement on 1 July 2023. This supplement is paid per resident per day to help approved providers of residential aged care meet costs of hotel services such as catering, and to fund the Fair Work Commission Aged Care Work Value Case Stage 2 wage uplift for aged care cooks and chefs.

Table 14: Supplements available for residential aged care 2023–24

Supplement type	Description
Primary supplements	
Respite supplement	Respite supplement helps cover the accommodation costs of residential respite care recipients. The respite supplement is paid at a rate to equal the maximum rate of accommodation supplement payable for eligible permanent care recipients in the same service where the respite care is being provided, though without means testing or application of the 40% supported resident rule (see detail on the Accommodation Supplement below).
Oxygen supplement	Oxygen supplement is paid for eligible care recipients to reimburse costs associated with providing oxygen therapy.
Enteral feeding supplement	Enteral feeding supplement is paid for eligible care recipients to reimburse costs associated with providing enteral feeding.

Supplement type	Description
Other supplements	
Accommodation supplement	<p>Accommodation supplement is paid for permanent care recipients who entered care on or after 20 March 2008 and have been determined through means testing to be eligible for assistance with their accommodation costs. A higher accommodation supplement rate is payable in services that are newly built or have been significantly refurbished on or after 20 April 2012.</p> <p>The maximum rate of accommodation supplement that would otherwise be payable in a service is reduced by 25% if, over a calendar month as a whole, less than 40% of the relevant residents in the service are concessional residents, supported residents, or low-means care recipients.</p>
Hardship/ Hardship accommodation supplement	<p>Hardship supplement is paid on behalf of care recipients in financial hardship who are unable to pay their aged care costs. Eligibility for assistance is determined through means testing.</p>
Veterans' supplement in residential aged care	<p>Veterans' supplement is paid on behalf of residents with a mental health condition related to their service. Eligibility for the supplement is determined by the Department of Veterans' Affairs.</p>
Concessional resident supplement	<p>Concessional resident supplement is paid for permanent care recipients who entered residential aged care between 1 October 1997 and 19 March 2008 and who were determined through means testing to be eligible for assistance with their accommodation costs.</p> <p>Since 1 October 2022 the concessional resident supplement has also been paid for permanent care recipients for whom either the Transitional supplement or the Charge exempt resident supplement was being paid on 30 September 2022.</p> <p>The maximum rate of concessional resident supplement that would otherwise be payable in a service is reduced by 25% if, over a calendar month as a whole, less than 40% of the relevant residents in the service are concessional residents, supported residents, or low-means care recipients.</p>
Transitional accommodation supplement	<p>Transitional accommodation supplement is paid for permanent care recipients who entered low level care between 20 March 2008 and 19 September 2011 to ensure no financial disadvantage from changes to the accommodation supplement introduced on 20 September 2011.</p>

Supplement type	Description
Accommodation charge top-up supplement	Accommodation charge top-up supplement is paid for permanent care recipients who entered high level care from 20 March 2008 to 19 March 2010 and who were receiving an income support payment.
2012 basic daily fee supplement	The 2012 basic daily fee supplement is paid for certain care recipients who were in permanent care on 1 July 2012 and were not in receipt of an Australian income support payment to ensure no financial disadvantage resulting from the increase of the basic daily fee from that date.
Pensioner supplement	Pensioner supplement is paid for pre-March 2008 reform permanent care recipients who either had a dependent child or did not receive an Australian income support payment and had not agreed to pay a large accommodation bond.
24/7 registered nurse (RN) supplement	<p>The registered nurse supplement commenced from 1 July 2023 to help providers employ extra Registered Nurses (RN) and to meet the requirement to always have a RN onsite and on duty. Facilities are eligible if they:</p> <ul style="list-style-type: none"> • have no more than 60 residents per day (based on occupied bed days) on average over a calendar month; and • provide a minimum of 20 hours of RN coverage a day (83.3% of the time) on average over a calendar month; and • submit a 24/7 RN report on time by the 7th calendar day after the end of the reporting month. <p>The number of occupied places in co-located services are combined. If the combined average is more than 60 residents per day over the month, the facility will not be eligible for the supplement. This is the case even if the individual co-located services have fewer than 60 residents.</p>
Hotelling supplement	<p>Hotelling supplement commenced from 1 July 2023 to support the Fair Work Commission’s Aged Care Industry Work Value Case decision. It is paid to help providers with costs for employing staff for services such as catering, cleaning and gardening.</p> <p>This supplement provides funding equivalent to the defunct 2021 basic daily fee supplement, which was folded into AN-ACC between 1 October 2022 and 20 September 2023.</p>

Supplement type	Description
Outbreak management support supplement	Outbreak management support supplement commenced from 1 February 2024 and replaced previous COVID-19 grants. It is paid for all residential aged care recipients. The supplement helps providers meet the cost of planning for, and managing, infectious disease outbreaks including COVID-19. The funds can be used for the purchase of rapid antigen tests (RAT), personal protective equipment (PPE) and associated workforce requirements.

A detailed breakdown of the payments for each of these subsidies and supplements in 2023–24 is shown in Table 24 in Appendix A.

What residents pay

Depending on their income and assets, residents may be asked to make a contribution to their care and accommodation costs. The following information explains these arrangements for new residents.

Fees

Basic daily fee

All residents in an aged care home can be asked to pay a basic daily fee, which equates to 85% of the single rate of the basic age pension. The basic daily fee is indexed on 20 March and 20 September each year, at the same time as changes are made to the age pension. The Australian Government sets the maximum level for the basic daily fee that providers can ask residents to pay.

Means tested care fee

Means tested care fees are calculated based on a means assessment (combined income and asset assessment). Significant restrictions apply to the post 1 July 2014 fee arrangements to limit the amount a person can be asked to pay. This includes annual and lifetime caps on the means tested care fees payable by residents.

Extra services fee

The extra service fee is the maximum amount a provider can charge a resident for receiving extra services in a residential aged care home that has been approved for extra service status.

Extra service status in residential aged care involves the provision of additional hotel-type services, including a higher standard of accommodation, food and services than

the average provided by residential aged care homes without extra service status. A residential aged care service can have extra service status for the whole service or a distinct part, or parts, of the service.

Additional services fees

An approved provider may also offer a resident the option to purchase additional services (e.g. hairdressing) for an additional service fee, where the provider can demonstrate the services are not otherwise required to be provided, or are substantially better than the standard that must be provided, under the Quality of Care Principles 2014. The amount of any charge for additional services must be agreed with the resident before the additional services are delivered, with an itemised account given to the resident once the services have been provided. Additional service fees cannot be charged unless the resident receives direct benefit or has the capacity to take up or make use of the additional services.

Payments

Accommodation payments

Accommodation payments are a contribution to the cost of accommodation in an aged care home. Accommodation payments are means tested. Residents with income below \$32,819.80 and assets below \$59,500.00 (single rate at 30 June 2024) are not required to make an accommodation contribution. In these circumstances, the Australian Government pays the full accommodation cost for the resident.

Some residents pay an accommodation contribution, with the Australian Government paying the remainder. Those residents with higher levels of income and assets are required to pay the full cost of their accommodation through an accommodation payment which is negotiated with the provider.

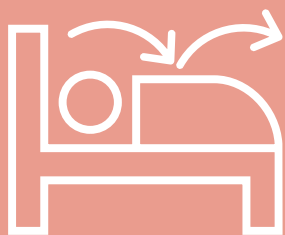
Residents have the option of paying for their accommodation as:

- a lump-sum refundable deposit or
- a daily payment or
- a combination of both.

The Australian Government contributes towards accommodation costs through payment of an accommodation supplement. There are a range of accommodation supplement rates set by Ministerial determination. At 30 June 2024, the highest of these, the maximum accommodation supplement amount, was \$68.14 per day for new homes or those that have been significantly refurbished since 20 April 2012.

Providers determine the prices they wish to charge for their accommodation (for residents who do not receive any government assistance with the cost of their accommodation) and publish these prices, along with information about the key features of the room, on My Aged Care, on their own website and in their printed materials.

As at 30 June 2024, the maximum amount a provider can charge for a room or part of a room is \$550,000 (or the equivalent daily payment). However, providers can charge over \$550,000 for certain room types if they have approval from the Independent Health and Aged Care Pricing Authority (IHACPA).



12,286 operational flexible care places across five programs



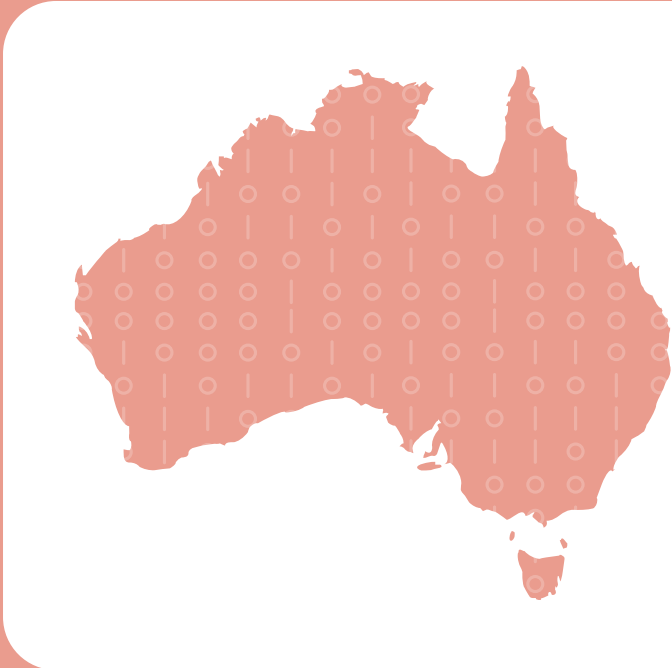
16,743 people received transition care and **10,226** received Short-Term Restorative Care



\$929 million in Australian Government funding

Flexible Care

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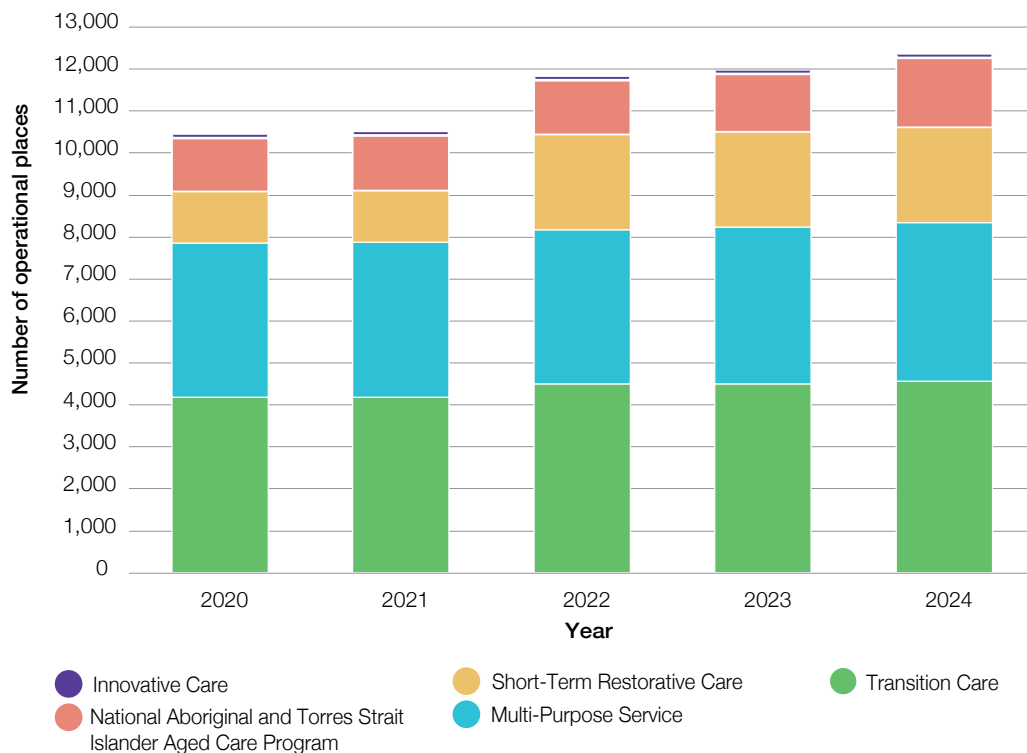
7. Flexible Care

The aged care needs of older people in Australia vary and will often require different care approaches to those provided through residential aged care or home care. To accommodate this range of needs, there are 5 different types of flexible care:

- Transition Care
- Short-Term Restorative Care
- Multi-Purpose Services
- National Aboriginal and Torres Strait Islander Flexible Aged Care¹⁶
- Innovative Care.

At 30 June 2024, there were 12,286 operational flexible care places. In 2023–24, Australian Government funding across these programs totalled \$929 million.

Figure 5: Operational flexible care places at 30 June each year between 2020 and 2024



¹⁶ Services funded under this program are administered outside the *Aged Care Act 1997*.

7.1. Transition Care

The Transition Care Programme (TCP) provides short-term care that seeks to optimise the functioning and independence of older people after a hospital stay. Transition care is goal-oriented, time-limited and therapy-focused. The TCP seeks to enable older people to return home after a hospital stay rather than to prematurely enter residential aged care.

What was provided?

Older people in Australia may receive transition care for up to 12 weeks (with a possible extension of another 6 weeks) in either a community setting, such as their own home, or a residential aged care setting, or a combination of both. To be assessed by an ACAT for TCP support, a person must be admitted to hospital at the time of the assessment. Once a client enters the TCP, they receive a package of services that includes low-intensity therapy, such as physiotherapy and occupational therapy, as well as social-work, and nursing support, or personal care, to maintain and improve physical and/or cognitive functioning.

Who provided care?

Transition care service delivery is managed by state and territory governments, who are the approved providers of the program.

At 30 June 2024, there were 4,560 operational transition care places nationally.

Table 15: Number of operational transition care places at 30 June 2024, by state and territory

State/territory	Operational transition care places
NSW	1,498
Vic	1,045
Qld	783
WA	586
SA	387
Tas	134
ACT	78
NT	49
Australia	4,560

Who received care?

At 30 June 2024, 3,171 people were receiving transition care. During 2023–24, a total of 16,743 people received transition care.

Table 16: Number of transition care recipients by state and territory, at 30 June 2024 and during 2023–24

State/territory	Number of people receiving transition care at 30 June 2024	Number of people who received transition care during 2023–24
NSW	1,168	5,897
Vic	751	3,947
Qld	559	2,937
WA	277	1,786
SA	227	1,271
Tas	93	474
ACT	56	275
NT	40	161
Australia	3,171	16,743

How were these services funded?

The TCP is jointly funded by the Australian Government and state and territory governments. Australian Government funding is provided in the form of a flexible care subsidy, payable on a per-client, per-day basis for each TCP place.

The daily rate for the subsidy in 2023–24 was \$243.92. In 2023–24, the Australian Government provided \$344.6 million in funding for the TCP.

In addition, TCP service providers can charge clients a daily care fee, if the client is in a financial position to be able to contribute to their care. Client contributions are calculated as follows:

- 85% of the age pension for care delivered in a residential setting
- 17.5% of the age pension for care delivered in a home.

7.2. Short-Term Restorative Care

The Short-Term Restorative Care (STRC) programme is an innovative flexible care program which provides early intervention care that aims to reverse and/or slow functional decline in older people and improve overall health and wellbeing. Through a tailored package of services, STRC enables older people to regain independence and autonomy, thereby delaying their need for more intensive aged care support such as home care or residential aged care.

What was provided?

Each episode of STRC delivers a time-limited, multidisciplinary package of services, for a period of eight weeks. The care plan and range of services is designed by a team of three allied health professionals in consultation with the client, and can include such things as physiotherapy, minor home modification, nursing support, personal care and the provision of assistive technologies. STRC can be delivered in either a community setting, such as the client's own home, a residential aged care setting, or a combination of both.

Who provided care?

At 30 June 2024, there were 2,269 operational STRC places being delivered by 64 approved providers through 128 STRC services.

Table 17: Number of operational STRC places by state and territory, at 30 June 2024

State/territory	Number of operational STRC places
NSW	626
Vic	563
Qld	494
WA	262
SA	135
Tas	74
ACT	70
NT	45
Australia	2,269

Who received care?

At 30 June 2024, 1,701 people were receiving STRC. During 2023–24, 10,226 people received care in the STRC program.

Table 18: Number of STRC recipients by state and territory, at 30 June 2024, and during 2023–24

State/territory	Number of people receiving STRC at 30 June 2024	Number of people who received STRC during 2023–24
NSW	457	2,709
Vic	394	2,429
Qld	426	2,735
WA	212	1,169
SA	108	558
Tas	53	313
ACT	35	224
NT	16	91
Australia	1,701	10,226

How were these services funded?

The STRC program is funded through a flexible care subsidy payable to the provider on a per-client, per-day basis for each STRC place. The daily rate for the subsidy in 2023–24 was \$243.92. The Australian Government contributed \$123.7 million for STRC services in that period.

In addition, STRC service providers can charge clients a daily care fee, if the client is in a financial position to be able to contribute to their care. Client contributions are calculated as follows:

- 85% of the age pension for care delivered in a residential setting
- 17.5% of the age pension for care delivered in the home.

7.3. Multi-Purpose Services

The Multi-Purpose Services (MPS) program plays an important role by providing integrated health and aged care services in small rural and remote communities in all states, as well as in the Northern Territory and on Norfolk Island. This means older people can stay in their own communities, and closer to family and friends. The MPS is a long-standing joint initiative between the Australian Government and state and territory governments. In 2023–24, total funding of \$267 million funded 3,785 places across 183 services.

The MPS program continues to make additional aged care services available to new communities in rural and remote Australia – with an additional two MPS becoming operational in March and June 2024 respectively.

Table 19: Number of operational Multi-Purpose Services and places, at 30 June 2024, by state and territory

State/territory	Multi-purpose services with operational places	Operational residential aged care places	Operational home care places	Total operational places
NSW	67	1,175	136	1,311
Vic	11	359	19	378
Qld*	37	465	141	606
WA	38	611	159	770
SA	26	598	14	612
Tas	3	81	21	102
ACT	..	..	..	..
NT	1	4	2	6
Australia	183	3,293	492	3,785

*Note: Reflecting the partnership with Queensland to deliver state services, MPS services on Norfolk Island are included in the Qld total.

- Nil or rounded to zero

.. Not applicable

How were these services funded?

The program is jointly funded by the Australian Government and state and territory governments. There was continued growth in Australian Government expenditure for the MPS, from \$247 million in 2022–23 to \$267 million in 2023–24.

Table 20: Australian Government expenditure for Multi-Purpose Services from 2019–20 to 2023–24, by state and territory

State/ territory	2019–20 \$M	2020–21 \$M	2021–22 \$M	2022–23 \$M	2023–24 \$M	% Increase 2022–23 to 2023–24
NSW	73.2	77.7	78.9	84.3	90.5	7.3
Vic	17.5	18.8	22.5	22.9	24.4	6.6
Qld	31.7	34.1	38.8	40.2	45.4	13.1
WA	34.5	37.8	48.5	48.4	51.7	6.9
SA	38.3	41.2	44.4	45.2	48.2	6.5
Tas	4.7	4.9	5.4	5.6	6.3	12.3
ACT	..	..	..	..	..	..
NT	0.4	0.4	0.4	0.4	0.5	6.0
OT	..	1.6*	..	..	..	..
Australia	200.2	216.5**	238.9	247.0	267.0	8.1

*Note: Due to administrative reasons, in all years prior to 2022–23, the funding for services provided on Norfolk Island are included under NSW totals, except for 2020–21, where funding for these services were grouped separately as Other Territories (OT). From 2022–23, Norfolk Island is included in QLD totals.

.. Not applicable.

**Some small differences may apply in totals.

Ensuring quality and safe aged care services

The department continues to work closely with state and territory governments and MPS providers to ensure that ongoing reforms to the Australian aged care system for the delivery of person-centred aged care services are adopted by MPS where appropriate.

In 2024, the department reached in-principle agreement with jurisdictions to a draft reform schedule for the MPS program, and continued to implement individual reform initiatives. The department also commenced a series of webinars to engage directly with MPS providers on these reforms.

7.4. National Aboriginal and Torres Strait Islander Flexible Aged Care Program

The National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program funds organisations to provide culturally safe aged care services to Aboriginal and Torres Strait Islander people close to home and community. Services funded under this program are currently administered outside the Act. The NATSIFAC program will be included in the new Aged Care Act when it is established, consistent with Royal Commission recommendations.

In 2023–24, 45 aged care services were funded to deliver 1,659 aged care places under the NATSIFAC Program. The total expenditure for this program in 2023–24 was \$193.3 million.

Table 21: Number of operational National Aboriginal and Torres Strait Islander Flexible Aged Care Program services and places at 30 June 2024, by state and territory

State/ territory	Operational services	Operational residential care places	Operational home care places	Total operational places
NSW	2	8	44	52
Vic	2	55	69	124
Qld	7	91	147	238
WA	5	45	184	229
SA	7	108	146	254
Tas	2	-	17	17
ACT	-	..	..	..
NT	20	165	580	745
Australia	45	472	1,187	1,659

- Nil or rounded to zero

.. Not applicable.

7.5. Innovative care services

Innovative care was originally established in 2001–02 to pilot new approaches to providing aged care. The current innovative care program is an extension of pilots established in 2003 to support people with aged care needs who lived in state or territory-funded supported accommodation homes, who were at risk of entering residential aged care.

At 30 June 2024, there were 7 projects, delivered through 2 services in New South Wales, 2 in South Australia, and one each in Tasmania, Victoria and Western Australia. No new clients have been accepted into the program since 2006, so their number is gradually decreasing as people leave.

At 30 June 2024, there were 13 operational innovative care places, compared to 15 operational innovative care places at 30 June 2023.

Throughout 2023–24, the Australian Government provided \$0.4 million for these services, in the form of a flexible care subsidy specific to each service.





All people treated with dignity and respect, with their identity, culture and diversity valued



105 organisations delivered Elder Care Support services



\$21.3 million in hardship supplements

Support for People with Diverse Needs and Backgrounds

8



8. Support for People with Diverse Needs and Backgrounds

The Royal Commission into Aged Care Quality and Safety noted that the needs of people with diverse characteristics and life experiences are too often not being met.

It is a requirement of the Aged Care Quality Standards and Charter of Aged Care Rights that every person is treated with dignity and respect, with their identity, culture and diversity valued. In addition to this requirement, an aged care provider may provide specialised care for people who identify with one or more of the groups defined as having special needs in the *Aged Care Act 1997* (the Act). To claim specialisation, providers must deliver care for these cohorts which goes beyond the minimum standard and basic expectations of inclusive, person-centred care under these standards.

Since June 2022, independent verification has been undertaken of claims made by providers on their My Aged Care provider profile to deliver specialised care. Specialised care refers to efforts by providers to provide a dedicated model of care that reflects excellence in meeting the needs of a specific group of people which goes beyond the core requirements of the Aged Care Quality Standards. On 27 February 2023, unverified specialisation claims were removed from My Aged Care. Only specialisation claims that have been verified by a third-party assessor, and where providers have completed all steps in the application process are visible to recipients on My Aged Care. Since verification became a requirement, 1,038 specialisation claims from 825 aged care providers have been verified. The provision of services for people with culturally and linguistically diverse backgrounds was most frequently selected by aged care providers.

This is part of a broader suite of measures aimed at making safe, quality aged care more accessible for older people in Australia. The changes will support older people to exercise choice within the aged care system by providing more reliable and trusted information about aged care providers that specialise in providing care to recipients identifying with the groups referred to in the Act.

Assisting Aged Care Providers and services to plan for diversity

The Planning for Diversity project commenced in 2021 to assist and improve aged care providers' organisational capacity to identify and respond respectfully to the diversity of their local community. The Older Persons' Advocacy Network (OPAN) has been engaged to manage a network of diversity advisors to educate aged care providers, across all aged care delivery types. Advisors provide aged care services with local-level data on the diversity of their community and assess whether actual service-usage reflects this diversity and assist providers to identify and address any barriers to access. Providers are also being encouraged to collect, monitor and analyse other sources of data to better identify the diverse needs of older people in their communities seeking or receiving aged care. Advisors also help providers understand how to meet their requirements for inclusive service delivery under the Aged Care Quality Standards, and how to integrate inclusive service delivery into their ongoing quality improvement processes and organisational plans.

The Australian Government is also investing to improve aged care infrastructure and services that support older Aboriginal and Torres Strait Islander people, older people in Australia from diverse communities, those living with dementia and people living in regional areas, and assist in developing a more skilled, supported workforce. A total of \$26.1 million over four years from 2022–23 was invested in specific aged care homes and providers. This investment is funding the implementation of the government's election commitments to support providers in NSW (Sydney), Victoria (Reservoir and Mulgrave), NT (Darwin) and regional Tasmania.

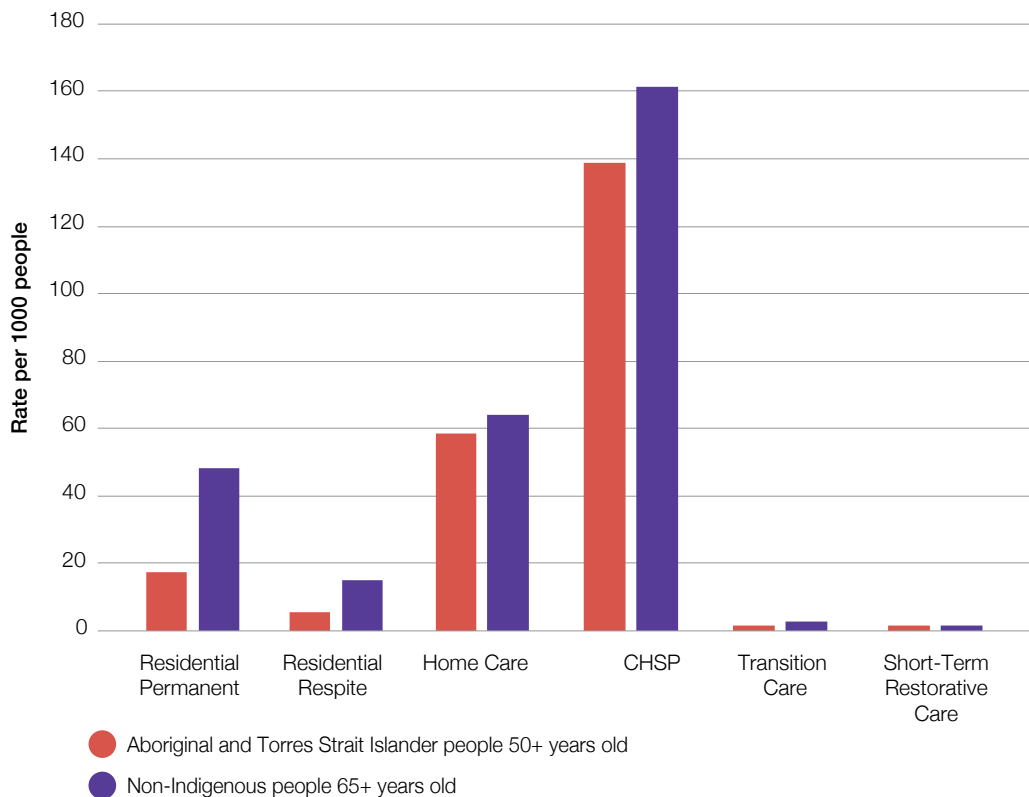
8.1. People from Aboriginal and Torres Strait Islander communities

An enhanced, culturally safe workforce is crucial for improving access to and quality of care for older First Nations people across Australia. Recognising this, the Australian Government continues to prioritise cultural safety throughout the aged care system. This commitment is demonstrated through 2 key initiatives:

- supporting Aboriginal Community Controlled Health Organisations (ACCHOs) to expand into aged care service delivery
- implementing targeted cultural safety training for personal care workers.

These efforts and initiatives aim to create a more inclusive and responsive aged care system that better meets the unique needs of First Nations people.

Figure 6: Access to aged care services for older people from Aboriginal and Torres Strait Islander backgrounds, 30 June 2024



Note: Client proportions measured at 30 June 2024 for all programs except CHSP, which is measured across the financial year.

To improve equity of access and increase representation of older Aboriginal and Torres Strait Islander people in the aged care system, a new national support service for older Aboriginal and Torres Strait Islander people, the Elder Care Support Program, was designed in partnership with Aboriginal and Torres Strait Islander organisations and their representatives. The program provides intensive face-to-face support to older Aboriginal and Torres Strait Islander people, their families and carers to help them access aged care that meets their physical and cultural needs. The program also ensures that older Aboriginal and Torres Strait Islander people are involved and empowered to make informed decisions about the care they receive.

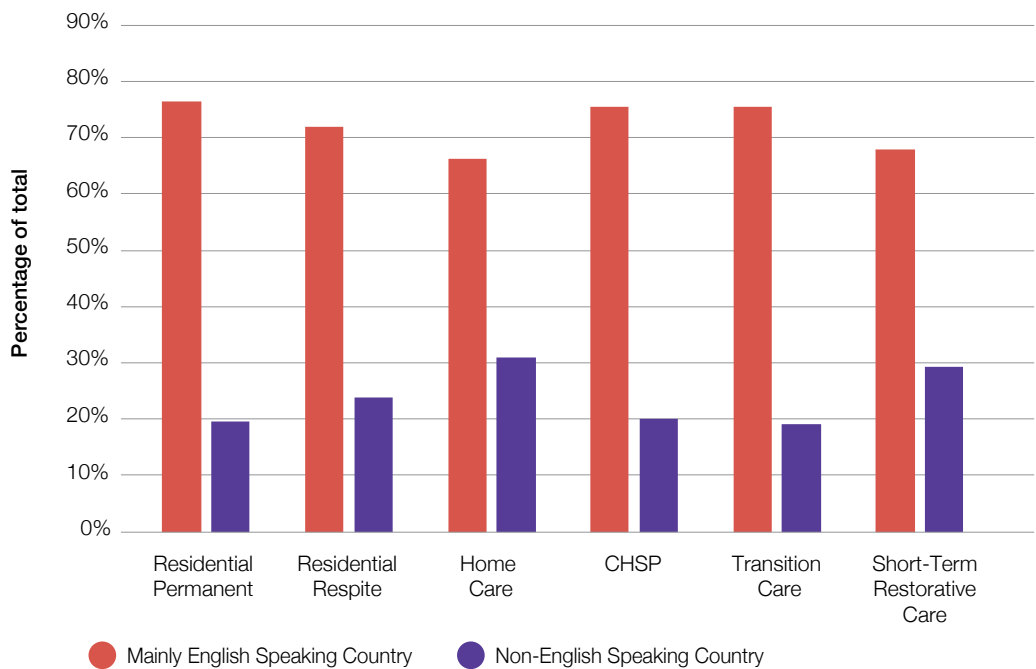
The Elder Care Support Program started supporting older First Nations people and their families in 2023. On 30 April 2024, 270.6 Elder Care positions were allocated to 105 organisations to deliver Elder Care Support services with over 1,000 older Aboriginal and Torres Strait Islander people being supported through this program.

The National Aboriginal Torres Strait Islander Ageing and Aged Care Council (NATSIAACC), the peak body for Aboriginal and Torres Strait Islander aged care, is funded by the Australian Government to help shape the aged care reforms and ensure changes are made to improve the aged care experience for Aboriginal and Torres Strait Islander older people. NATSIAACC has developed a definition of cultural safety in the aged care context and is supporting the work to embed principles of culturally safe, trauma-aware and healing-informed care across aged care to better meet the needs of older Aboriginal and Torres Strait Islander people.

8.2. People from culturally and linguistically diverse backgrounds

The 2021 Census found that almost half of Australians have a parent born overseas (48.2%) and the population continues to be drawn from around the globe, with 27.6% reporting a birthplace overseas. Older people from culturally and linguistically diverse (CALD) backgrounds make up one third of Australians 65 and older. More than 21% of users of aged care services were born in non-English speaking countries. The Census also highlighted the significance of aged care for specific migrant groups with 73% of people born in Greece, 68% of people born in Italy and 65% of people born in the Netherlands now aged 65 or over. Broadly speaking, people from CALD backgrounds have proportionally higher representation in home care services and proportionally lower representation in residential aged care services.

Figure 7: Access to aged care services for older people in Australia from CALD backgrounds, 30 June 2024



Note: Client proportions measured at 30 June 2024 for all programs except CHSP, which is measured across the financial year.

The Australian Government continues to fund the long-standing Partners in Culturally Appropriate Care (PICAC) program, which provides guidance, resources and training to assist aged care providers to respond to the needs of older CALD care-recipients. In 2023–24, \$2.5 million was provided for the program. Additionally, the Australian Government also funds the Federation of Ethnic Communities Councils of Australia (FECCA) to provide aged care policy advice to the Government, contribute to the aged care sector reform agenda and promote the views and aspirations of the constituencies of aged care recipient peak bodies.

The Australian Government offers interpreting support to people from CALD backgrounds accessing aged care via the Translating and Interpreting Service (TIS National), which is fully funded by the government. The services are available 24 hours a day, 7 days a week, and can be accessed by aged care providers at no cost, by telephone or in face-to-face sessions. The Australian Government

covers the cost of TIS National interpreting services for approved providers of government-subsidised aged care for all discussions between service users and prospective service users and their care-recipients, to participate more fully in daily social and cultural activities such as weddings, funerals, family reunions, theatre, seniors' activities and clubs or social groups.

During 2021–22, the department established the groundwork for aged care providers to translate eligible communication materials into languages other than English and other accessible formats such as Auslan. The government has funded a specialist communication agency to prepare these translations for aged care providers, with the service being made available from May 2022. This service continues to enhance the capacity of aged care providers to communicate with people whose preferred language is not English.

8.3. People who live in rural or remote areas

Access to aged care is challenging for many older people in rural and remote areas of Australia and for the providers that deliver their care. The challenges vary depending on the location and often relate to workforce (e.g. attraction, retention, increased wages costs, insufficient accommodation), higher infrastructure costs, inadequate public transport and/or social infrastructure, higher freight/transport costs (e.g. food and materials shipped/flown in, tradespeople flown in), and other socioeconomic factors.

The Australian Government continues to support people in rural and remote areas to access quality and safe aged care services, and strengthen the viability of locally-based services in several ways.

We provide ongoing flexible funding for the direct provision of funded aged care services to individuals in rural and remote Australia.

These include:

- block-funding for the Multi-Purpose Services (MPS) or the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) programs, which are specifically designed to operate in thin markets (see Chapter 7)
- additional or varied funding arrangements for services delivered through mainstream aged care programs – with, for example, additional AN-ACC funding available for residential aged care homes in some rural and remote locations (MMM 5-7) and viability supplements available to support the delivery of home care packages (MMM 4-7), reflecting the increased costs of delivering care in these locations.

Additional thin markets supports are also in place to ensure accessible, safe and quality aged care services regardless of where a person lives. These include workforce supports, professional and viability supports and infrastructure supports, for example:

- the Aged Care Capital Assistance Program (ACCAP) to support new infrastructure (including staff accommodation) to increase access to quality aged care services for Aboriginal and Torres Strait Islander people and older people living in rural and remote locations of Australia
- the Rural Locum Assistance Program for Aged Care to assist aged care services affected by high staff turnover or sudden departures of key personnel in rural and remote areas (see Chapter 9)
- funds provided through the Dementia and Aged Care Services (DACS) Fund, including the Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel program (SDAP) (see Chapter 9)
- Integrated Care and Commissioning trials are also being progressed to improve outcomes in rural and remote areas across aged, disability, veterans and Aboriginal and Torres Strait Islander care.

8.4. People who are financially or socially disadvantaged

Arrangements established under the Act mean that older people in Australia can access residential aged care, irrespective of their capacity to make accommodation payments. Assistance is provided to low-means care recipients, supported residents, concessional residents, assisted residents, and certain residents approved under financial hardship provisions. Eligibility for assistance with accommodation costs is determined through means testing.

An accommodation supplement is payable for low-means care recipients, supported residents and certain residents under financial hardship provisions. Concessional resident supplement is payable for concessional and assisted residents. The maximum rate of accommodation supplement and concessional resident supplement that would otherwise be payable for the eligible residents in a service is reduced by 25% if, over a calendar month as a whole, less than 40% of the relevant residents in the service (excluding respite care and Extra Service Status places) were concessional residents, assisted residents, supported residents, low-means care recipients, or residents for whom accommodation supplement was payable under hardship provisions.

Financial hardship assistance provisions under the Act cater for the minority of people who have difficulty paying fees and/or accommodation costs. Applicants for financial hardship assistance may seek assistance with their contribution to their aged care costs. Hardship assistance is payable if the person can demonstrate to Services Australia that they are in financial hardship as a result of paying their aged care fees and essential expenses. The Australian Government provided \$21.3 million in hardship supplements for residential aged care and home care during 2023–24.

8.5. Veterans

The Department of Veterans' Affairs issues gold and white treatment cards to veterans, their war widows and widowers and dependents, and offers programs to ensure that veterans have access to health and other care services that promote and maintain self-sufficiency, well-being and quality of life. There were 6,330 gold or white treatment card holders in residential aged care at 30 June 2024, a decrease of 743 from 30 June 2023.

8.6. People who are homeless or at risk of becoming homeless

For older people in Australia who are homeless, or at risk of becoming homeless, there are aged care services that can provide support and help deal with housing problems. These services were funded through the Commonwealth Home Support Programme and care-finder program (see Chapter 3).

Residential aged care services that specialise in caring for homeless care recipients (and that meet eligibility requirements) receive a higher rate of Base Care Tariff funding (see Chapter 6).

To be eligible to have specialised homeless status, the residential aged care service must provide specialist homeless programs and at least 50% of its non-respite care recipients must have complex behavioural needs and social disadvantage associated with their background as a homeless person.

8.7. Care-leavers

A Care Leaver is a person who spent time in institutional settings as a child (under the age of 18). Between the 1920s and 1980s, more than 500,000 children in Australia were placed in institutions (for example, orphanages) and out-of-home care arrangements, through no fault of their own. They may be known as Care Leavers, Forgotten Australians, Former Child Migrants or Stolen Generations. Approximately 440,000 were non-Indigenous children, some from the Stolen Generations; and up to 10,000 were former child migrants from Britain, Ireland and Malta.

Many in this group experienced social isolation, neglect, control, emotional, physical and sexual abuse, and had their basic rights taken from them, and as a result, many suffer lifelong consequences. Many are now reaching an age where they may require aged care services, and they may have significant anxieties about entering aged care.

The department has funded Helping Hand Aged Care since 2018–19 for a project aimed at building the capability of the aged care system to provide individualised, trauma-informed and person-centred aged care to Care Leavers. It also supported Care Leavers to access aged care services, understand their rights, access resources, and form networks where they can inform and support each other. The project has been extended until December 2024 to trial and support the rollout of the project materials with aged care providers.

The project built on an information packaged launched by the Australian Government in 2016 for aged care providers to help them understand and support Care Leavers.

8.8. Parents separated from their children by forced adoption or removal

A large proportion of the Australian population has been exposed to Australia's historical adoption practices. Many of them still experience the wide-ranging impacts – mothers, fathers, adopted persons and other family members who were directly involved, as well as subsequent partners, children, extended family and later generations. In the past, adoption of children of unwed mothers was common. Approximately 150,000 adoptions occurred during the peak period 1951–75 (although forced adoption is not limited to this period). Unwed pregnant women had little or no choice about what would happen to their babies. Many of these adoptions were arranged without willing or informed consent, were unethical, dishonest and in many cases illegal and are therefore considered 'forced'.

The youngest mothers impacted by forced adoption are 60-65 years, the majority (still living) are over 70 years, and the youngest people impacted by forced adoption are 40-45 years with most around or over 50 years. Trauma impacts of past forced adoption on older people are more complex due to the impact of abuse and mistreatment they experienced at the hands of health care workers and charitable organisations, diminishing their ability to trust in health services and/or institutionalised care, and the post-traumatic stress being re-triggered when returning to such settings.

On 21 March 2023, the Australian Government announced an additional \$700,000 to ensure that the aged care workforce and community service sector, including forced adoption supports service providers, can offer trauma-informed care targeted to people who experienced forced adoptions as mothers or children. Funding has been provided under the 2023–24 Budget Measure Forced Adoption Support Services – 10-year anniversary funding, which will be used to develop online training modules. These resources could have a deeply positive impact for those affected by forced adoption being able to rebuild trust and connect with health services and/or institutionalised care providers and effectively making choices about their care or personal arrangements (e.g. advanced care directives). The Government intends to broaden the range of trained providers and build their capacity to offer trauma-informed services to those affected by forced adoption.

8.9. Lesbian, gay, bisexual, transgender and intersex people

It is recognised that people who identify as LGBTIQ+ have specific needs, particularly as they age, stemming from decades of inequitable treatment and isolation because of stigma, prejudice, discrimination and social exclusion, which rendered them invisible.

Funding is provided to LGBTIQ+ Health Australia of \$1.4 million in 2023–24 to undertake national co-ordination and support activities to promote the wellbeing of older LGBTIQ+ people; and deliver national LGBTIQ+ aged care awareness training that has been extended for an additional 2 years. LGBTIQ+ Health Australia provides guidance and support to aged care providers to build their capacity to implement and embed the LGBTI+ Action Plan developed under the Aged Care Diversity Framework and meet their obligations under the Aged Care Quality Standards. LGBTIQ+ Health Australia provides a range of resources and relevant information to aged care providers, both at the managerial and workforce level, including by making resources available online.



\$11.3 billion
committed for wage
increase for Aged
Care Workers



SBRTs provided long-term
case management for
2,141 cases



\$74.8 million
spent by the Australian
Government on the
Dementia and Aged Care
Services Fund

Aged Care Workforce and Dementia Support

9



9. Aged Care Workforce and Dementia Support

A skilled and supported workforce is essential to delivering quality care across the care and support sector and the Australian Government is committed to growing and supporting the workforce across the sector. The need to grow the aged care workforce is particularly acute to meet the requirements of important sector reforms, including requirements for 24/7 nursing and care minutes in residential aged care.

The Australian Government is committed to helping to attract, retain and support the aged care workforce and has funded a number of programs across 2023–24. These include the 15% interim pay rise for direct care workers, nursing scholarships, migration activities and clinical placements.

9.1. Aged care workforce and health workforce activities funded in 2023–24

In 2023–24, implementation of the Rural Locum Assistance Program (Rural LAP) Aged Care continued. \$25.1 million was provided in the 2021–22 Budget, over 3 years, to expand Rural LAP to aged care. In the 2024–25 Budget, the program was extended by another year to 30 June 2025. Rural LAP Aged Care is available to assist aged care providers affected by high staff turnover, sudden departures of key personnel in rural and remote areas, and staff taking leave, or undertaking continuing professional development, by providing access to a temporary locum workforce. The program also includes an incentive scheme for permanent placements in rural and remote areas to increase staff retention.

In line with its commitment to support better and fairer pay to attract and retain aged care workers, in the 2023–24 Budget, the Australian Government committed \$11.3 billion to fund the largest increase to award wages in a work value case under the Fair Work Act. This award wage increase benefitted around 250,000 registered nurses, enrolled nurses, assistants in nursing, personal care workers, head chefs and cooks, recreational activities officers (lifestyle workers), and home care workers. Funding for these changes came into effect from 1 July 2023.

The Fair Work Commission's stage 3 decision, announced in June 2024, will further increase minimum award wages for personal care workers, assistants in nursing, home care workers, and ancillary care workers (such as administration staff, gardeners, laundry hands, cleaners and food services assistants). These changes will take effect on 1 January 2025.

In 2023–24 implementation of programs supporting aged care nurses and personal care workers including with career progression opportunities continued. These included:

- the Aged Care Nursing Clinical Placements Program which is supporting Bachelor/ Master of Nursing students with high-quality clinical placements in aged care, through a clinical facilitation model and through resources on the Aged Care Knowledge Hub. As at June 2024, 1,421 placements have been supported through the program
- the Aged Care Transition to Practice Program which aims to support new aged care registered nurses and enrolled nurses by developing their knowledge, skills and competences in the delivery of quality aged care services. Since the program was established over 650 nurses have completed it
- the Aged Care Nursing Scholarships Program is available for personal care workers, enrolled and registered nurses, and allied health professionals, working in aged care, to commence and complete formal qualifications. In 2023, 540 scholarships were accepted from certificate through to postgraduate level. In 2024, 348 scholarships have been accepted to date
- the Home Care Workforce Support Program which supported the attraction, training and retention of personal care workers to the aged care sector. While this program ceased on 30 June 2024, it was successful in attracting over 13,000 workers to the sector
- the Aged Care Registered Nurses' Payment program which aims to attract and retain registered nurses and reward their clinical skills and leadership. In 2023–24 the application process for Round 2 commenced, with applications closing on 20 December 2023. As at 30 June 2024, 1,049 of these applications have been approved and paid for a total of \$137 million. The remaining payments will be made in 2024–25. This program will benefit over 34,000 nurses
- the Equip Aged Care Learning Packages provides training to nurses, personal care workers and allied health workers to help ensure they have the skills required to deliver quality care in aged care settings. This training is also available to volunteers, informal carers and others who have an interest in aged care. As of 30 June 2024, 14 learning modules are available, with over 19,000 people having completed one or more modules.

Through the 2023–24 Mid-Year Economic and Fiscal Outlook (MYEFO), funding of \$30 million (GST exclusive) over 3 years was announced to support the development and testing of a framework for the delivery of virtual nursing support in aged care, in selected residential aged care homes (RACHs). This project will be independently evaluated to consider impacts on clinical outcomes, workforce and service sustainability.

In January 2024, EY commenced delivery of the Aged Care Business and Workforce Advisory Service. This service provides free, independent and confidential support eligible aged care providers and includes practical advice, resources, and links to available business and workforce programs that can be accessed to support critical business and workforce challenges. Since its commencement, 47 applications have been approved with recruitment and retention of staff, workforce capability and viability concerns being the most common concerns raised by providers.

While recruiting and retaining Australian workers is the priority, the Government recognises that migration can help address workforce shortages. The Aged Care Industry Labour Agreement (ACILA) was introduced by the government in May 2023 and is assisting to streamline the recruitment of qualified direct care workers to work in the aged care sector. Since its commencement, 76 aged care providers have signed up to ACILAs which can provide for more than 23,000 direct care workers over the next 5 years. In addition, 1,492 visa applications have been lodged and 924 visas granted to workers and their families under the ACILA. The Labour Agreement is managed by the Department of Home Affairs.

In addition, the government's Pacific Australia Labour Mobility (PALM) scheme allows aged care providers to sponsor workers in low and semi-skilled positions across rural and regional Australia for up to 4 years. There are currently just under 1,400 PALM scheme workers in Australia's aged care sector, with 382 PALM scheme workers supported to complete their Certificate III in Individual Support (Ageing) and 116 continuing to undertake this training in 2024. The PALM scheme is managed by the Department of Foreign Affairs and Trade and Department of Employment and Workplace Relations.

The 2023 Aged Care Provider Workforce Survey was conducted from May to July 2023. The survey captured critical information about the aged care workforce, including workforce size and composition, employment arrangements and wages, and recruitment and retention. A total of 1,401 submissions were received. The results of the survey will be published in August 2024 at the Australian Institute of Health and Welfare Gen website. This survey will be conducted every 2 years in line with Royal Commission recommendations to obtain up-to-date data that will inform workforce policy.

The 2024 Aged Care Worker Survey was conducted between March and April 2024. The survey collected information on worker satisfaction, training, hours worked, attraction to working in aged care and general demographic information. The results will be released in 2024.

Indigenous Employment Initiative

To increase and retain the number of Aboriginal and Torres Strait Islander people working in the aged care sector, a First Nations Aged Care Workforce Plan is being developed in partnership with First Nations stakeholders.

The Indigenous Employment Initiative (IEI) Program is an ongoing grants program to create employment opportunities for First Nations people as part of the government's wider strategy to reduce First Nations economic disadvantage and provide culturally safe aged care to older First Nations people by supporting a suitably skilled First Nations workforce.

The IEI Program funding supports recruitment and training of First Nations people mainly in remote locations, with more than 55% of aged care services located in remote communities.

In 2023–24, 86 organisations across all states except the ACT were funded under the IEI Program. Total expenditure for this program in 2023–24 was \$30.6 million.

Each grant amount is up to \$38,402.94 GST exclusive per annum per Full Time Equivalent (FTE) position, comprising two parts: employment subsidy (\$31,298.39 GST exclusive p.a. FTE) and training subsidy (\$7,104.55 GST exclusive p.a. FTE).

Table 22: Number of organisations funded under the IEI Program at 30 June 2024, by state and territory

State/ territory	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of funded organisations	7	11	27	9	8	3	-	21	86

9.2. Dementia and Aged Care Services Fund

In 2023–24, the Australian Government spent \$74.8 million through the Dementia and Aged Care Services (DACs) Fund. The DACs fund provides support for existing and emerging priorities in dementia care, special measures to support Aboriginal and Torres Strait Islander people, and initiatives to ensure people from diverse backgrounds receive the same quality of aged care as other older people in Australia.

Three key initiatives funded through DACs include the National Dementia Support Program (\$14.2 million in 2023–24), which is outlined in further detail in Chapters 1 and 2, the Dementia Training Program (\$10 million in 2023–24), and the Dementia Behaviour Management Advisory Service (\$14.4 million in 2023–24).

The Dementia Training Program

The Dementia Training Program (DTP) is aimed at building the capacity of the aged and health care workforce to improve the quality of care provided to people living with dementia. The DTP offers a national approach to accredited education, upskilling, and professional development in dementia care and in 2023–24 the Australian Government provided \$27.2 million for the program. Informed by the findings of the Royal Commission into Aged Care Quality and Safety, priority activity for the program includes development and delivery of more training on understanding and managing the behavioural and psychological symptoms of dementia and how to prevent the use of restraint (restrictive practices) through appropriate behaviour supports. Additional areas of focus include improving access to training in rural and regional locations, providing more training for GPs and GP registrars, and progressing the development of a Dementia Training and Education Standards Framework and training pathways.

In 2023–24, the DTP provided more than 35,039 occasions of dementia training for staff in residential and in-home care, as well as in the acute and primary care sectors.

The Dementia Behaviour Management Advisory Services

The role of the Dementia Behaviour Management Advisory Service (DBMAS) is to provide support and advice to service providers and individuals caring for people living with dementia where mild to moderate behavioural and psychological symptoms of dementia impact care or quality of life. DBMAS aims to understand the causes and triggers of behaviours and develop strategies to optimise function, reduce pain or other unmet need and improve engagement.

The DBMAS continues to experience increased demand from both residential and community aged care service providers and individuals who are caring for a person with dementia. During 2023–24, funding supported increased year on year referrals to the service with the Australian Government providing \$26 million for the DBMAS.

DBMAS provided support to 17,787 cases, which was a 9% increase on the previous year (16,254).

9.3. Severe Behaviour Response Teams

Complementing DBMAS, the Severe Behaviour Response Teams (SBRT) support residential aged care providers with residents experiencing more severe behavioural and psychological symptoms of dementia.

In 2023–24, the Australian Government provided \$20.5 million for the SBRT. This funding supported a continued increase in demand for SBRT services which involve a mobile workforce providing detailed clinical assessment and recommendations for intervention across multiple on-site visits.

The SBRT service provided case management to 2,141 cases. This was a 8.5% decrease on the previous year (2,339).

Approximately 71% of referrals received were from major cities and 29% from regional and remote areas.

Quality satisfaction is monitored via self-reported surveys with 95% of clients indicating they were satisfied with DBMAS and SBRT services.

9.4. Specialist Dementia Care Program

The Specialist Dementia Care Program (SDCP) provides specialised care to people with very severe behavioural and psychological symptoms of dementia, with the aim of reducing or stabilising symptoms so that people can move into less intensive care settings.

The care-setting for the SDCP is a dedicated dementia friendly environment, operating as a unit within a larger residential aged care facility, and therefore operates under the *Aged Care Act 1997*. Clinical in-reach to support the units is facilitated through agreements with the state and territory governments.

The SDCP aims to establish 35 units nationally across Primary Health Network (PHN) regions. As at 30 September 2024, 15 units have been established across Australia since 2019, with a further 8 units anticipated to commence in 2024 and 2025. Further approaches to market will be undertaken to establish the remaining units.

The SBRT assesses the eligibility of referrals made to the program. There have been 823 eligible referrals made to June 2024 since the program's commencement in September 2019, with 371 of these referrals placed within SDCP units.

9.5. Improving respite care for people with dementia and their carers program

Complementing other supports for people with dementia, the Improving respite care for people with dementia and their carers program commenced in 2022–23 and the Australian Government provided \$19.4 million in 2023–24. The program aims to increase supports for informal carers of people living with dementia in Australia, particularly those caring for a person living with dementia at home, through access to dementia-specific respite care, education and training.

In 2023–24, a total of 1,120 participants (includes people with dementia and carers) accessed carer education and wellbeing across 133 programs delivered nationally. New innovative programs to improve the experience of respite care and build the capacity of the aged care workforce to deliver quality dementia respite care also commenced. In 2023–24, respite specific training was delivered to over 1,197 workers across the residential, acute and community settings.



Aged care regulatory functions transferred to the Aged Care Quality and Safety Commission



11 quality indicators used in residential aged care



27% increase in residential aged care homes receiving a 4 or 5 star rating

Quality and Regulation

10



10. Quality and Regulation

10.1. Approved provider regulation

To receive Australian Government funding for the provision of aged care services, an organisation must be approved to provide that care, and residential and flexible aged care services must hold an allocation of places.

On 1 January 2020, legislative authority for the approval of approved providers of aged care and compliance arrangements, transferred from the Secretary of the Department of Health and Aged Care to the Commissioner of the Aged Care Quality and Safety Commission (the Commission).

10.2. The Aged Care Quality and Safety Commission

The Commission operates independently and objectively in performing its functions and exercising its powers, as set out in the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act) and the *Aged Care Quality and Safety Commission Rules 2018* (the Rules).

The Commission's role

As the national regulator of Australian Government-subsidised aged care services, the Commission's role is to:

- approve providers' entry to the government-subsidised aged care sector
- engage with recipients and providers on an ongoing basis to provide relevant, accessible information, guidance and education which has been developed with their input
- accredit, monitor, assess and investigate aged care services against quality, safety and prudential requirements
- hold providers to account for meeting their obligations and striving for continuous improvement through the proportionate use of a range of compliance and enforcement powers.

The Commission seeks to resolve complaints about aged care services and to provide education and information about its functions. It also engages with older people to understand their experiences, and to provide advice to providers about working with older people in designing and delivering best-practice care.

The Commission regulates individual aged care workers and governing persons of providers to ensure that they act in a way that is consistent with the behaviours set out in the Code of Conduct for Aged Care.

The Commission delivers regulation that is proportionate, risk-based, responsive and intelligence-led. The Commission's regulatory approach enables it to focus activities on the areas of greatest risk to the safety, health and wellbeing of older people in Australia, and on those providers providing care and services that fall short of legislated standards.

The Commission uses education, information and targeted communications to support its regulatory objectives, including publishing outcomes of regulatory activities to promote greater transparency and accountability, and highlighting best practice.

The Commission's functions

The Commission's functions are set out in the ACQSC Act and the Rules and drive its priorities under the Corporate Plan¹⁷.

The functions of the Commission are to:

- inform older people in Australia accessing aged care and their representatives about their right to quality and safe care and services
- educate and guide providers on their responsibilities to deliver quality and safe care and services
- educate and guide providers on their obligations under the Prudential Standards in relation to liquidity, records, governance and disclosure
- deal with complaints or information given to the Commissioner about a provider's responsibilities under the *Aged Care Act 1997* (the Act) or funding agreement
- approve providers of aged care
- regulate aged care providers by accrediting residential services, conducting quality reviews with home services and monitoring the quality of care and services
- regulate aged care workers and governing persons through monitoring compliance with the Code of Conduct for Aged Care and considering suitability of key personnel, including taking enforcement action such as making banning orders
- deal with reportable incidents under the Serious Incident Response Scheme
- regulate aged care providers' compliance with the Prudential Standards

¹⁷ www.agedcarequality.gov.au/about-us/corporate-documents#corporate-plan

- monitor aged care providers' financial viability and take proactive engagement activity to build sector financial resilience
- respond to non-compliance by providers with their aged care responsibilities and taking regulatory and enforcement action as appropriate.

10.3. National Aged Care Mandatory Quality Indicator Program

The National Aged Care Mandatory Quality Indicator Program (QI Program) collects quality indicator data from residential aged care services quarterly. This data provides an evidence base that can be used to improve the quality of services provided to care recipients.

Quality indicators measure aspects of service provision which contribute to the quality of care and services given by the provider, and care recipients' quality of life and experiences. They relate to care events where improvement in the quality of care can be made and measured. The objectives of the QI Program are for providers to have robust, valid data to measure and monitor their performance and support continuous quality improvement; and over time, to give older people in Australia transparent, comparable information about quality in aged care to aid decision making. The QI Program de-identified data is published quarterly by provider, at a national, state and territory level on the GEN Aged Care Data website by the Australian Institute of Health and Welfare (AIHW).¹⁸

The QI Program is governed by:

- the *Aged Care Act 1997*
- the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2021
- Accountability Principles 2014
- Records Principles 2014.

From 1 July 2019, the Aged Care Legislation Amendment Principles 2019 took effect, with all government-subsidised residential aged care services required to collect and submit data against all quality indicators to the department under the National Aged Care Mandatory Quality Indicator Program.

18 <https://www.gen-agedcaredata.gov.au/Topics/Quality-in-aged-care>

The QI Program was expanded to introduce new quality indicators to residential aged care in July 2021 and April 2023, bringing the total to 11, including:

- pressure injuries
- physical restraint
- unplanned weight loss
- falls and major injuries
- medication management
- activities of daily living
- incontinence care
- hospitalisation
- workforce
- consumer experience
- quality of life.

Government committed to the expansion of the QI Program to include three new staffing quality indicators in the 2023–24 Budget Measure Building a strong regulatory framework for Aged Care. The Budget Measure announced that by July 2025, three quality indicators for enrolled nursing (EN), allied health and lifestyle officers will be introduced in residential aged care.

As part of the 2023–24 Budget, Government also announced a QI Program for services providing care at home. Targeted consultations with home aged care services, sector representatives, peak bodies and consumers has been undertaken to inform public consultation. The timing of implementation will occur no earlier than 12 months after the introduction of the new Support at Home Program to minimise sector disruption and provide home services and consumers time to become familiar with the new Support at Home Program.

10.4. Compliance

Approved providers of Australian Government-funded aged care services must comply with responsibilities specified in the Act, the associated Aged Care Principles and the Rules. These responsibilities encompass quality of care, prudential compliance, user rights and accountability.

When non-compliance or heightened risk to older people is identified, appropriate regulatory action is taken to prompt providers to address the shortcomings as quickly as possible to ensure their compliance and appropriate mitigation of risk. A provider that fails to remedy non-compliance or heightened risk in a timely manner will be subject to escalating regulatory action that may include enforcement measures.

Access to compliance information

In December 2022, the department introduced the Star Ratings system for residential aged care services. One of the sub-categories of the Overall Star Rating is the Compliance rating, which is based on regulatory decisions and accreditation decisions made by the Commission in relation to each residential aged care service. The Compliance rating reflects a Residential aged care service's current compliance status and is based on whether specific formal regulatory notices are in place, the period of time since having specific formal regulatory notices and the period of time accreditation has been granted for. Star Ratings are available on the My Aged Care website. Information about the Compliance rating is available on the Department's website¹⁹.

Information is also available on the My Aged Care website in relation to specific compliance action taken in relation to and Sector Performance Reports²⁰.

Star Ratings and compliance information is published so that older people in Australia can make informed choices about their care needs and having these needs met.

10.5. Protecting residents' safety

Serious Incident Response Scheme

On 1 April 2021, the Serious Incident Response Scheme (SIRS) came into effect for residential aged care services. The SIRS complements existing provider obligations under the Act and strengthens responsibilities for providers to prevent and manage incidents, focusing on the safety and wellbeing of older people in Australia. It requires providers to use incident data to drive quality improvement, and to report serious incidents to the Commission.

On 1 December 2022, the Serious Incident Response Scheme was extended to encompass home care and flexible care delivered in a home or community setting. This includes providers of Home Care, Short-Term Restorative Care at home, Commonwealth Home Support Programme (CHSP), National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC), Multi-Purpose Services Program and Transition Care Program services.

19 www.health.gov.au/resources/publications/star-ratings-provider-manual

20 www.agedcarequality.gov.au/news-publications/reports/sector-performance

Aged care providers are required to prevent incidents and manage those that do occur effectively. Reportable incidents include:

- unreasonable use of force
- unlawful sexual contact or inappropriate sexual conduct
- psychological or emotional abuse
- unexpected death
- stealing or financial coercion by a staff member
- neglect
- inappropriate use of restrictive practices
- unexplained absence of a resident or missing recipient.

Information about the number of serious incidents reported to the Commission in 2023–24 is available in its Annual Report²¹ and Sector Performance Reports²².

10.6. Prudential

The Prudential Standards enable effective monitoring of approved providers' prudential compliance by the Aged Care Quality and Safety Commission.

An approved provider is required under the Act to comply with the Prudential Standards as set out in the *Fees and Payments Principles 2014 (No. 2)*.

The 4 Prudential Standards (Liquidity, Records, Disclosure, and Governance) seek to:

- protect Refundable Accommodation Deposits (RADs) (which include accommodation bonds and/or entry contributions) paid by care recipients to providers, through measures to ensure they are refunded to care recipients
- support the sound financial management of approved providers
- enable relevant information about the financial management of approved providers to be provided to current and future care recipients, and to the government.

The sound financial management of providers and protection of RADs are accomplished by requiring providers to:

- systematically assess their future RAD refund obligations and ensure they have sufficient cash (or equivalents) available to meet these obligations

21 www.agedcarequality.gov.au/about-us/corporate-documents#annual-report

22 www.agedcarequality.gov.au/news-publications/reports/sector-performance

- establish and document governance arrangements for the management and expenditure of RADs so that they are only used for permitted uses and are refunded to care recipients as required by law
- establish and maintain a register that records information about who the provider owes RADs to, and the value of each RAD owed.

The Prudential Standards promote public transparency of providers' financial management by requiring providers to disclose relevant financial information, including on prudential compliance and RAD management, to current and future care recipients, their families and carers.

Financial Monitoring and Business Assistance Program

On 1 July 2023 the monitoring of residential and care provider financial viability transferred from the department to the Aged Care Quality and Safety Commission (ACQSC).

Structural Adjustment Program

The Structural Adjustment Program supported residential aged care providers to improve operations and viability to meet the demands of a strengthened aged care market, and consisted of two grant opportunities:

- The Business Improvement Fund was closed to new applicants on 30 June 2023 and replaced by the Market Adjustment Program. The focus of this funding was on small to medium size residential aged care providers in regional, rural and remote locations that were facing financial pressures impacting their ability to offer care to residents. The aim was to support and implement business improvements to improve longer term sustainability and ensure that safe, high-quality care continues to be delivered for older people in Australia. The 2nd round of grant funding resulted in nearly \$25 million in funding between 2022–24 supporting 54 providers and adds to the \$100 million allocated to 236 residential aged care providers funded under Round 1 between 2020–22
- The Structural Adjustment Fund, which closed to new applicants on 30 June 2023, was designed to support providers to exit the market through transitioning ownership to a new approved provider or wind down operations in an orderly closure. Some residual activities for previously approved grants continued under this fund until 30 June 2024, with one provider being approved for an extension to December 2024. Since commencement, funding support has been given to 14 residential aged-care providers caring for 1,100 residents. This involved 11 grants

for transition or sale to new providers and two grants to assist with an orderly closure of the aged care facility. One provider that was approved funding for closure, later reconsidered its decision to close and terminated the grant.

COVID-19 Viability Fund

The COVID-19 Viability Fund, which closed to new applications on 30 June 2023, was designed to ensure that eligible residential aged care service providers were able to continue to provide quality aged care services as they managed risks to the safety and/or continuity of care recipients and/or staff throughout the COVID-19 pandemic. Some residual activity for previously approved grants continued under this fund until 30 June 2024.

Under this program, 20 providers received support to avoid displacement of approximately 1,600 residents and disorderly closures of the residential aged care facilities.

Market Adjustment Program

From 1 July 2023, the Market Adjustment Program replaced the Business Improvement Fund, COVID-19 Viability Fund and Structural Adjustment Fund. The program provides funding to avoid premature aged care service closures and, in appropriate situations, to support orderly exits and service consolidation. The program may also fund initiatives aimed at improving business capability (to reduce likelihood of deteriorating performance). The program supports providers that are most in need of funding assistance, are strategically important (including those in thin markets) and require support to improve business capability and operations. Eligible providers will be invited to apply.

At 30 June 2024, funding has been provided to 7 providers, delivering care to 613 residents with a total grant value of \$30.5 million.

Accommodation Payment Guarantee Scheme

The Accommodation Payment Guarantee Scheme (Guarantee Scheme) was established under the *Aged Care (Accommodation Payment Security) Act 2006*. The Guarantee Scheme ensures the Commonwealth refunds residents their Accommodation Deposits, with interest if applicable, if an approved provider becomes bankrupt or insolvent. The residents' rights to pursue the defaulting provider for recovery of the accommodation deposits transfers to the Commonwealth.

In the event the Commonwealth cannot recover the full amount from the defaulting provider, the Minister may levy all providers holding accommodation payment balances to recoup the shortfall (this instrument has not been used to date). The department has implemented risk mitigation strategies by offering financial supports through other programs (such as grants to assist with business improvements, sales or closures) which may reduce the risk of insolvency and thereby activation of the Guarantee Scheme.

At 30 June 2024, the Guarantee Scheme had been activated 17 times since its introduction, with refunds of approximately \$180.2 million (including interest) made to 541 residents. The Guarantee Scheme was not activated in 2023–24 and received a recovery of \$422,169 from the liquidation of a provider that activated the Guarantee Scheme in 2019.

Validation of independent assessors under the Australian National Aged Care Classification (AN-ACC)

Approved providers receive Australian Government funding for residential aged care service-provision based on AN-ACC assessments of their care recipients' level of care need.

Independent assessments are continually monitored for anomalous patterns, outliers and trends of assessors, facilities, Assessment Management Organisations, classifications and other demographic details, to ensure and maintain integrity and consistency of the AN-ACC model. AN-ACC assessments continue to be monitored for quality assurance.

Ernst & Young (EY) has supported the department to identify and analyse trends, anomalies and patterns in AN-ACC assessments which may be of concern in the assessment process and to support ongoing quality assurance of AN-ACC assessments.

EY presented results of inter-rater reliability (IRR) analysis conducted on 919 dual assessments (DA) involving 1,838 individual assessments for 919 residents occurring in September to November 2023. Across all dual assessments, assessors assigned residents to the same mobility category in 96.5% of assessments, the same level 2 category (Mobility: Cognition/Function/Pressure Sores) in 87.3% of assessments and the same final AN-ACC classification in 82.9% of assessments. When also treating classification to adjacent categories as an agreement, the agreement rates increased to 100%, 97.2% and 92.3% respectively.

AN-ACC assessments continue to be monitored for quality assurance.

Appendix A



Appendix A: Report against s63-2 of the Aged Care Act 1997

The Act specifies the following annual reporting requirement:

63-2 Annual report on the operation of the Act

- (1) *The Minister must, as soon as practicable after 30 June but before 30 November in each year, cause to be laid before each House of the Parliament a report on the operation of this Act during the year ending on 30 June of that year.*
- (2) *A report under subsection (1) must include information about the following matters:*
 - (a) *the extent of unmet demand for places; and*
 - (b) *the adequacy of the Commonwealth subsidies provided to meet the care needs of residents; and*
 - (c) *the extent to which providers are complying with their responsibilities under this Act and the Aged Care (Transitional Provisions) Act 1997; and*
 - (ca) *the amounts of accommodation payments and accommodation contributions paid; and*
 - (cb) *the amounts of those accommodation payments and accommodation contributions paid as refundable deposits and daily payments; and*
 - (d) *the amounts of accommodation bonds and accommodation charges charged; and*
 - (e) *the duration of waiting periods for entry to residential aged care; and*
 - (f) *the extent of building, upgrading and refurbishment of aged care facilities; but is not limited to information about those matters.*

63-2 (2) (a) the extent of unmet demand for places

Data is not available which provides an accurate measure of any unmet demand for residential aged care places.

As part of ongoing aged care reforms, a new residential aged care system will commence from 1 July 2025, with a person-centred approach and the cessation of bed licences. Residential aged care places will be assigned directly to older people in Australia to give them more choice and control over which provider they judge can best meet their needs. In the interim, a Transition Strategy is in place to address the supply of places. Future reporting on this measure will also change.

To ensure that people living in regional/remote areas and those with diverse needs are adequately catered for, the Australian Government provides a range of subsidies.

From June 2011 to June 2024, residential aged care occupancy in Australia has fallen from 93.1% to 88%.

63-2 (2) (b) the adequacy of the Commonwealth subsidies provided to meet the care needs of residents

The average annualised level of Australian Government payments per resident in aged care in 2023–24 was \$105,157, increased by 22.6% from the prior year. This calculation includes primary and other supplements under AN-ACC but excludes service supplements. These figures are different to those provided in past editions of this report, which were based on the previous Aged Care Funding Instrument (ACFI) model that preceded AN-ACC, and have excluded respite funding, amongst other differences. Data for 2022–23 and earlier years in past editions of ROACA therefore are not directly comparable to these figures provided here. The increase between 2022–23 and 2023–24 includes the increase to the AN-ACC base price in 2023 to fund the 2023 Fair Work Commission (FWC) Annual Wage Review (AWR) decision for a 5.75% award wage increase.

Table 23: Average Australian Government payments (subsidies plus supplements) for each permanent aged care resident 2022–23 to 2023–24

2022–23*	2023–24	% Change 2022–23 to 2023–24
\$85,745	\$105,157	22.6

*Note: 2022–23 data are computed across nine months from the commencement of the AN-ACC model in October 2022. A new calculation method is employed here which differs to past editions of this report.

Table 24: Summary of Australian Government payments by subsidies and supplements for residential aged care, 2019–20 to 2023–24

TYPE OF PAYMENT		2019–20 \$M	2020–21 \$M	2021–22 \$M	2022–23 \$M	2023–24 \$M
Basic subsidy	Permanent	12,012.7	12,392.2	12,623.9	9,006.1	9,642.4
	Respite	371.3	401.6	439.9	302.9	336.9
	Fixed	-	-	-	5,650.9	8,950.4
Primary Care Supplements	Respite	-	-	-	155.3	190.4
	Respite Incentive	46.8	51.9	64.6	21.9	-
	Oxygen	16.8	16.1	14.7	11.6	12.3
	Enteral Feeding	5.0	4.5	3.9	3.0	2.8
Service Supplements	Hotelling	-	-	-	-	792.0
	Registered Nurse	-	-	-	-	173.4
	Aged Care Outbreak Management	-	-	-	-	83.9
Hardship	Hardship	6.5	15.7	16.9	15.9	18.5
	Hardship Accommodation	1.9	1.6	1.0	2.2	2.6
Accommodation Supplements	Accommodation Supplement	1,225.1	1,277.9	1,271.0	1,352.5	1,496.5
Supplements subject to grandfathering	Basic Daily Fee	0.1	0.1	0.1	171.0	0.0
	Concessional	40.2	33.8	26.2	25.4	22.5
	Pension	12.8	10.1	8.0	6.4	5.3
	Transitional Accommodation Supplement	5.4	3.8	6.1	1.8	1.3
	Transitional	2.6	2.2	1.7	0.3	-
	Charge Exempt	1.4	1.2	1.1	0.3	-
	Accommodation Charge Top-up	0.4	0.3	0.2	0.2	0.1

TYPE OF PAYMENT		2019–20 \$M	2020–21 \$M	2021–22 \$M	2022–23 \$M	2023–24 \$M
Other Supplements	Viability	82.3	99.7	99.9	24.9	-
	Homeless	13.3	18.4	18.0	4.8	-
	Veterans	1.5	1.3	1.2	1.0	0.9
Adjustment	AN-ACC Initial Entry	-	-	-	65.3	98.8
Manual Adjustment	Other	-	-	-	6.6	7.9
Reductions	Means Tested Reductions	-648.2	-655.2	-681.3	-801.0	-928.2
	Compensation Payment	-	-	-	-3.4	-5.4
	Extra Service	-	-	-	-0.7	-0.6
	Other	231.7	396.2	731.6	25.8	338.1
Total (\$M)		13,429.7	14,073.4	14,648.7	16,051.0	21,243.1

Note: the commencement of the Australian National Aged Care Classification (AN-ACC) funding model on 1 October 2022 involved the commencement of new subsidy and supplement categories and the cessation of others, which requires consideration when comparing the distribution of funding by subsidy and supplement type between financial years.

Table 25: Summary of Australian Government payments by subsidies and supplements for home care, 2019–20 to 2023–24

TYPE OF PAYMENT		2019–20 \$M	2020–21 \$M	2021–22 \$M	2022–23 \$M	2023–24 \$M
Subsidy	Home care subsidy	3,498.4	4,389.0	5,468.9	7,010.7	8,921.3
Supplements	Oxygen	4.5	5.4	5.9	7.1	8.6
	Enteral Feeding	0.8	0.9	1.0	1.1	1.2
	Dementia and Cognition	49.5	62.0	74.5	85.6	109.5
	Veterans	0.5	0.7	0.8	0.9	1.1
	Hardship	0.1	0.2	0.2	0.1	0.1
	Viability	25.1	33.3	32.0	40.0	51.6
Reductions	Income testing reduction	-65.9	-73.3	-94.6	-117.7	-136.0
	Other	-163.1	-225.0	-1,086.7	-1,411.8	-1,426.4
Total (\$M)		3,350.1	4,193.1	4,401.9	5,615.9	7,530.9

Note: Since 1 September 2021, changes were implemented to the way providers of Home Care Packages were paid. The 2022–23 financial year represents the first full year of these Improved Payment Arrangements: accordingly, 2021–22, 2022–23 and 2023–24 payment figures for Home Care Packages are not directly comparable to one another nor to previous financial years.

In 2023–24, \$8.9 billion in Government Subsidy was made available, plus supplements, but less the Income tested care fee. In addition, unspent or saved package funds may have accrued in Home Care Accounts, which are managed by Services Australia, whilst some providers continued to hold a balance of unspent funds which had accumulated prior to 1 September 2021 and are used to meet care recipient needs, but do not further accrue with new funds. For more detail about unspent funds and home care account balances, refer to the Financial Report of the Australian Aged Care Sector.

In this table, unspent funds balances and funds returned from providers to the Australian Government upon people exiting the program both are accounted in the 'Other' category. Once all these variables were factored in, in 2023–24, \$7.5 billion in home care payments was expensed to providers.

63-2 (2) (c) the extent to which providers are complying with their responsibilities under this Act and the Aged Care (Transitional Provisions) Act 1997

Providers funded by the Australian Government to deliver aged care services must continue to meet legislative and funding agreement/contract responsibilities. If a provider is not meeting its obligations, the Commission may take regulatory action.

Providers who have charged RADs are required to complete and submit an Annual Prudential Compliance Statement (APCS) within four months from the end of their financial year. In 2022–23, 768 providers were asked to complete and lodge an APCS by 31 October 2023.

The ACQSC is responsible for the regulation of approved providers in relation to their prudential responsibilities.

63-2 (2) (ca) the amounts of accommodation payments and accommodation contributions paid

The balance of RADs held by providers at 30 June 2023 was \$37.5 billion. This was an increase of \$2.5 billion (7.3%) from 30 June 2022 (\$35 billion).

63-2 (2) (cb) the amounts of those accommodation payments and accommodation contributions paid as refundable deposits and daily payments

In 2022–23, \$2.4 billion was paid to residential aged care providers in accommodation payments and accommodation contributions.

This included around \$1.4 billion in RADs and around \$1 billion was received in Daily Accommodation Payments (DAPs)/Daily Accommodation Contributions.

The 757 providers who held RADs at 30 June 2023 reported through their APCS that they held a total of 102,470 RADs with a total value of around \$37.5 billion. These figures include the RADs held by 5 providers who reported on an alternate financial year. This is an increase of almost 2,460 RADs. The average RAD holding per provider was 135 RADs valued at \$49.6 million.

63-2 (2) (d) the amounts of accommodation bonds and accommodation charges charged

The average accommodation price agreed with a new non-supported resident in 2022–23 was a RAD of \$485,788, equivalent to a DAP of \$99.29 at 30 June 2023.

Of non-supported residents, 42% chose to pay by RAD, 34% by DAP, and 24% by combination of both.

63-2 (2) (e) the duration of waiting periods for entry to residential aged care

Table 26 shows the proportion of residents placed in permanent residential aged care within a specified time period after assessment (and recommendation for residential aged care) by an ACAT.

This entry period is not a proxy for waiting time for admission to a residential aged care service. The ACAT recommendation is simply an option for that person. Many people who receive a recommendation for residential aged care may also receive and accept a recommendation for a Home Care Package, or, they may simply choose not to take up residential aged care at that time. The increased availability of home care, restorative care and respite care has a significant effect in delaying entry to residential aged care.

Table 26: Proportion of new entrants to permanent residential aged care entering within a specified period after an ACAT assessment during 2023–24

2 day or less	7 days or less	Less than 1 month	Less than 3 months	Less than 9 months
1.2%	3.8%	16.2%	41.7%	61.7%

63-2 (2) (f) the extent of building, upgrading and refurbishment of aged care facilities

Estimated building works completed during 2022–23, or in progress at June 2023, exceeded \$3.6 billion, down from \$3.8 billion in 2021–22. Data for the 2022–23 building works can be found in the 2022–23 Financial Report on the Australian Aged Care Sector.²³

When available, 2023–24 data will be published on GEN, in the 2023–24 Financial Report on the Australian Aged Care Sector and in the 2024–25 ROACA.

²³ <https://www.health.gov.au/resources/publications/financial-report-on-the-australian-aged-care-sector-2022-23>

Table 27: Consolidated building activity report 2018–19 to 2022–23

		2018–19	2019–20	2020–21	2021–22	2022–23
Building work	Estimated building works completed during the year or in progress at June 30 (\$M)	\$5,334.0	\$5,661.3	\$4,684.7	\$3,818.1	\$3,604.5
	Proportion of homes that completed any building work during the year	19.4%	14.7%	9.8%	8.5%	8.8%
	Proportion of homes with any building work in progress at the end of the year	14.5%	10.0%	8.9%	6.8%	5.7%
New building work	Proportion of homes that completed new building work during the year	1.7%	1.5%	1.0%	0.7%	0.9%
	Proportion of homes with new building work in progress at the end of the year	1.7%	1.8%	1.7%	1.5%	1.2%
	Estimated new building work completed during the year (\$m)	\$1,721.2	\$1,468.0	\$1,006.6	\$600.8	\$727.4
	Estimated new building work in progress at the end of the year (\$m)	\$1,005.8	\$1,739.8	\$1,549.0	\$1,518.8	\$1,540.3
	Proportion of homes that were planning new building work	2.7%	1.5%	1.4%	0.8%	0.5%

		2018–19	2019–20	2020–21	2021–22	2022–23
Rebuilding work	Proportion of homes that completed rebuilding work during the year	0.7%	0.8%	0.4%	0.4%	0.4%
	Proportion of homes with rebuilding work in progress at the end of the year	1.6%	1.2%	1.1%	0.7%	0.5%
	Estimated rebuilding work completed during the year	\$353.0	\$398.5	\$268.6	\$276.1	\$220.6
	Estimated rebuilding work in progress at the end of the year (\$m)	\$932.2	\$1,037.1	\$962.5	\$777.0	\$447.7
	Proportion of homes that were planning rebuilding work	1.2%	0.7%	0.7%	0.5%	0.4%
Upgrading work	Proportion of homes that completed upgrading work during the year	11.5%	12.6%	8.6%	7.5%	7.6%
	Proportion of homes with upgrading work in progress at the end of the year	5.3%	7.3%	6.5%	4.6%	4.2%
	Estimated upgrading work completed during the year (\$m)	\$638.9	\$384.1	\$436.8	\$228.0	\$220.8
	Estimated upgrading work in progress at the end of the year (\$m)	\$691.9	\$633.7	\$461.2	\$417.5	\$446.8
	Proportion of homes that were planning upgrading work	5.3%	3.9%	3.5%	2.7%	1.9%

Note: the 2022–23 data includes the SACH data from those providers with a December year end.

Glossary



Glossary

Term	Definition
ACAR	Aged Care Approvals Round
ACAT	Aged Care Assessment Team
ACCO	Aboriginal Community Controlled Organisations
ACFI	Aged Care Funding Instrument
ACH	Assistance with Care and Housing
ACQSC Act	<i>Aged Care Quality and Safety Commission Act 2018</i>
ACSO	Aged Care Specialist Officer
ACVVS	Aged Care Volunteer Visitors Scheme
Act, the	<i>Aged Care Act 1997</i> , the primary legislation governing the provision of aged care services
ADF	Australian Defence Force
Aged Care Principles	Subordinate legislation made by the Minister under subsection 96 1 (1) of the Act
AIHW	Australian Institute of Health and Welfare
AMO	Assessment Management Organisations
AN-ACC	Australian National Aged Care Classification
APCS	Annual Prudential Compliance Statement
AWR	Annual Wage Review
BCT	Base Care Tariff
BPSD	Behavioural and psychological symptoms of dementia
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Programme
Commission, the	Aged Care Quality and Safety Commission
CVS	Community Visitors Scheme

Term	Definition
DACS	Dementia and Aged Care Services
DAP	Daily Accommodation Payment
DBMAS	Dementia Behaviour Management Advisory Services
department, the	The Department of Health and Aged Care
DTP	Dementia Training Program
EACHD	Extended Aged Care at Home Dementia
EY	Ernst & Young
FECCA	Federation of Ethnic Communities Councils of Australia
FWC	Fair Work Commission
Guarantee Scheme	Accommodation Payment Guarantee Scheme
GEAT	Goods, Equipment and Assistive Technology
HCP	Home Care Package
IHACPA	Independent Health and Aged Care Pricing Authority
IPC	Infection prevention and control
IVR	Interactive Voice Response
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other diverse sexualities
Minister, the	The Minister for Aged Care
MPS	Multi-Purpose Services
MYEFO	Mid-Year Economic and Fiscal Outlook
NACAP	National Aged Care Advocacy Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIAACC	National Aboriginal Torres Strait Islander Ageing and Aged Care Council

Term	Definition
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
NDIS	National Disability Insurance Scheme
NDSP	National Dementia Support Program
NMS	National Medical Stockpile
NPS	National Priority System
OPAN	Older Persons Advocacy Network
PALM	Pacific Australia Labour Mobility
PHN	Primary Health Network
PICAC	Partners in Culturally Appropriate Care
PPE	Personal Protective Equipment
QI Program	National Aged Care Mandatory Quality Indicator Program
RACH	Residential aged care home
RAD	Refundable Accommodation Deposit
RAS	Regional Assessment Service
RAT	Rapid Antigen Test
ROACA	Report on the Operation of the <i>Aged Care Act 1997</i>
Rural LAP	Rural Locum Assistance Program (Rural LAP) Aged Care
SBRT	Severe Behaviour Response Teams
SDCP	Specialist Dementia Care Program
SIRS	Serious Incident Response Scheme
STRC	Short-Term Restorative Care
TCP	Transition Care Programme
TIS	Translating and Interpreting Service

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