

UTS Alumni Forum 2023

Driving Innovation for Ageing in Place



Academic Sponsors:

- ▶ Professor Debra Anderson, Dean, Faculty of Health
- ▶ Professor Carl Rhodes, Dean, UTS Business School

Authors:

- ▶ Nicole Sutton, David Brown, Deborah Parker, UTS Ageing Research Collaborative

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ALUMNI FORUM HOST: UTS ADVANCEMENT

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Introduction

The problem with enabling ageing in place in Australia is that the aged-care sector is complex, fragmented, and without appropriate ecosystems of care and viable business models.

The question to be addressed is: How can we enable social support, ecosystems of care, appropriate built environment, and viable business models to positively affect the long-term trajectory of aged care in Australia?

UTS has identified the need to provide rigorous, independent, and interconnected thinking to find innovative and practical solutions to this problem. This will require research on innovative models of care, the development of social capital and ecosystems of care, the role of technology and innovation, and the

design of the built environment, as well as new business models that deliver high-quality, affordable care for both consumers and taxpayers.

To drive such meaningful change requires that UTS understand external perspectives and explore how best to connect with alumni and partners, business and industry. At the Alumni Forum we will discuss the issues posed, UTS innovations and alumni perspectives, and develop a vision for increasing impact through alumni advocacy.



How can we enable social support, ecosystems of care, appropriate built environment, and viable business models to positively affect the long-term trajectory of aged care in Australia?

The problem

Care for Ageing Australians is unsustainable in its current form and will become an even bigger challenge in the years to come because of three significant structural problems:

1. The sheer volume and growth in demand for care

The Australian aged care sector provides subsidised direct support and services to over 1.3 million people (274,000 residential care, 261,000 home care packages, 818,000 home support). This care has a significant impact on the lives of older Australians, their families, carers and loved ones. Aged care support is forecast to grow to 1.8 million people within the next decade. Within this landscape, we currently have 401,000 people living with dementia which is expected to double by 2058. Currently half of all residents in residential aged care have dementia.

2. The current cost and trajectory of subsidised care

Government expenditure on subsidised aged care is significant; it is currently 1.2% of GDP (\$30 billion) rising to 1.5% (\$35 billion) next year. This is greater than Medicare, and more than double that for JobSeeker. The Actuaries Institute forecast that this will grow to 2.9% of GDP by 2050. This is in the context of demographic changes such as slowing population growth, increasing life expectancy, and a proportionally smaller working population reducing the per capita income taxation base. According to the Intergenerational Report

(2021) “the ratio of working-age people to those over 65 is projected to fall from 4.0 to 2.7 over the next 40 years”, which means fewer taxpayers to contribute to aged care costs, a smaller workforce, and less under 65 social support.

3. Business model viability

The business model for aged care is currently in crisis, with 63% of aged care homes running at a loss and home care providers exhibiting declining margins, and significant workforce supply issues. As made clear by the Royal Commission into the Aged Care Quality and Safety made, overlaying the business viability problem are increasing community expectations about higher quality of care for older Australians, which in turn increases the cost of care.

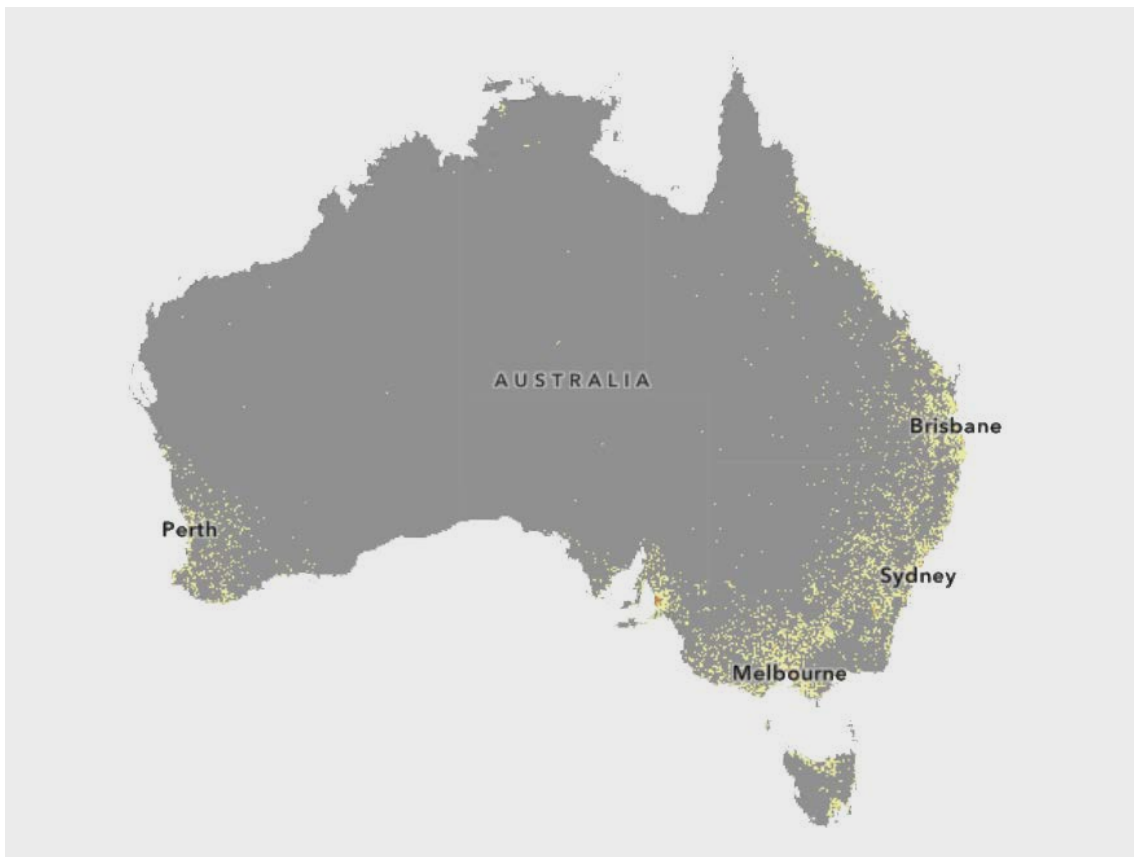
Innovations for ageing in place

A potential and significant solution that tackles the three structural problems outlined above is *ageing in place*. Evidence shows that people’s overall wellbeing (emotional, social, health, financial) is better when ageing in place - in their own homes and communities (with the exception of high acuity care needs). By implication, ageing in place has the potential to reduce the high costs of institutional care, consequently reducing the longer-term burden on the Federal Budget and taxpayers.

Background & context

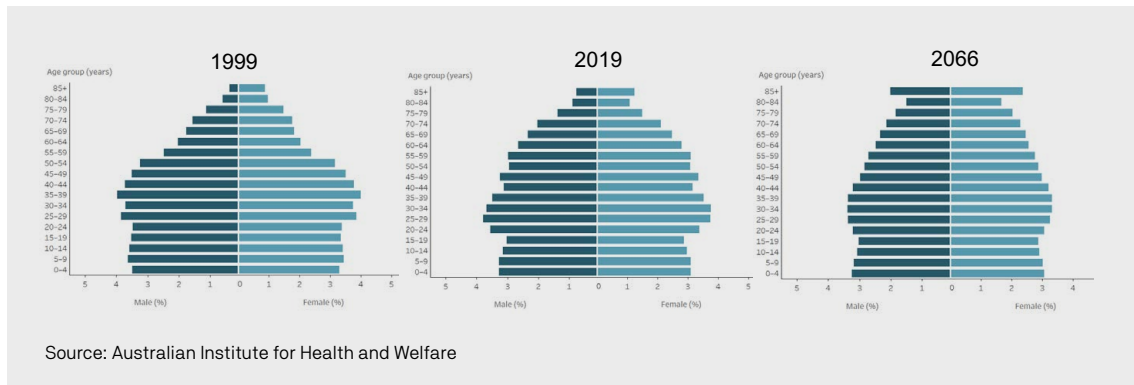
Population overview

- Current population: 26.6 million people
- Population growth ranges from 1-2% per year, primarily driven by migration
- Highly urbanised, with approximately 65% of people live in capital cities
- Current life expectancy at birth:
 - 81.3 years (males)
 - 85.4 years (females)



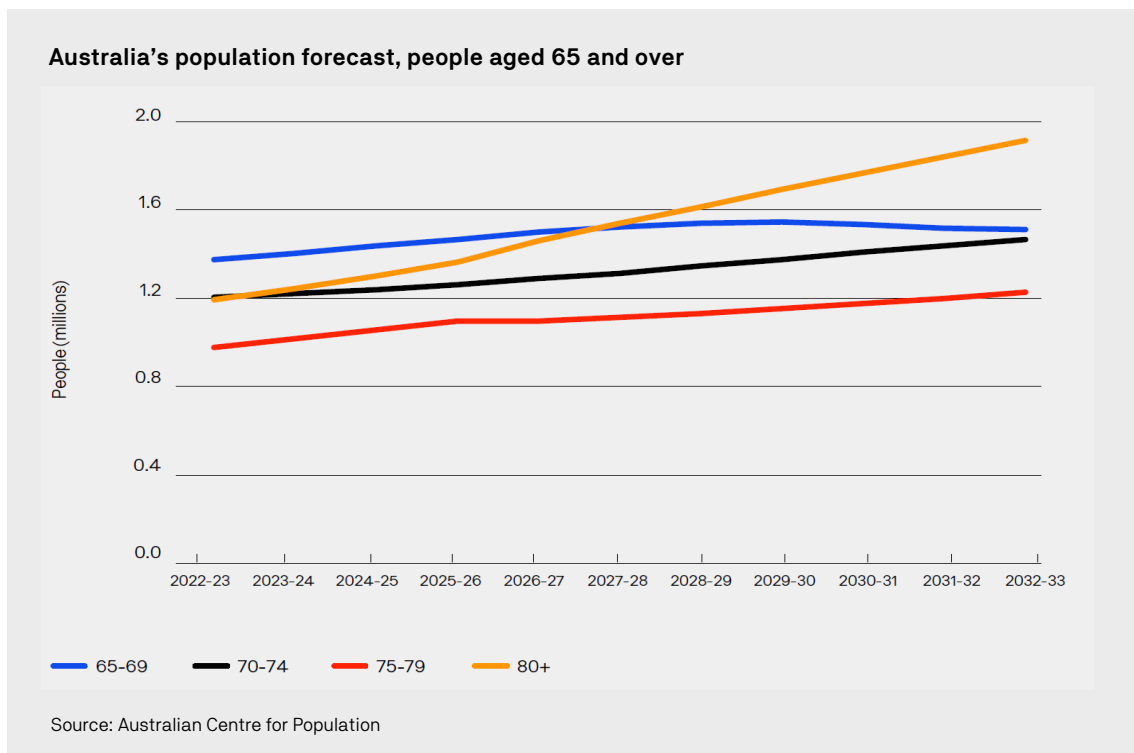
Changing age structure

Australia has an ageing population, with a growing proportion of people aged 65 and above (currently 17% of total population, ~4.5million people).



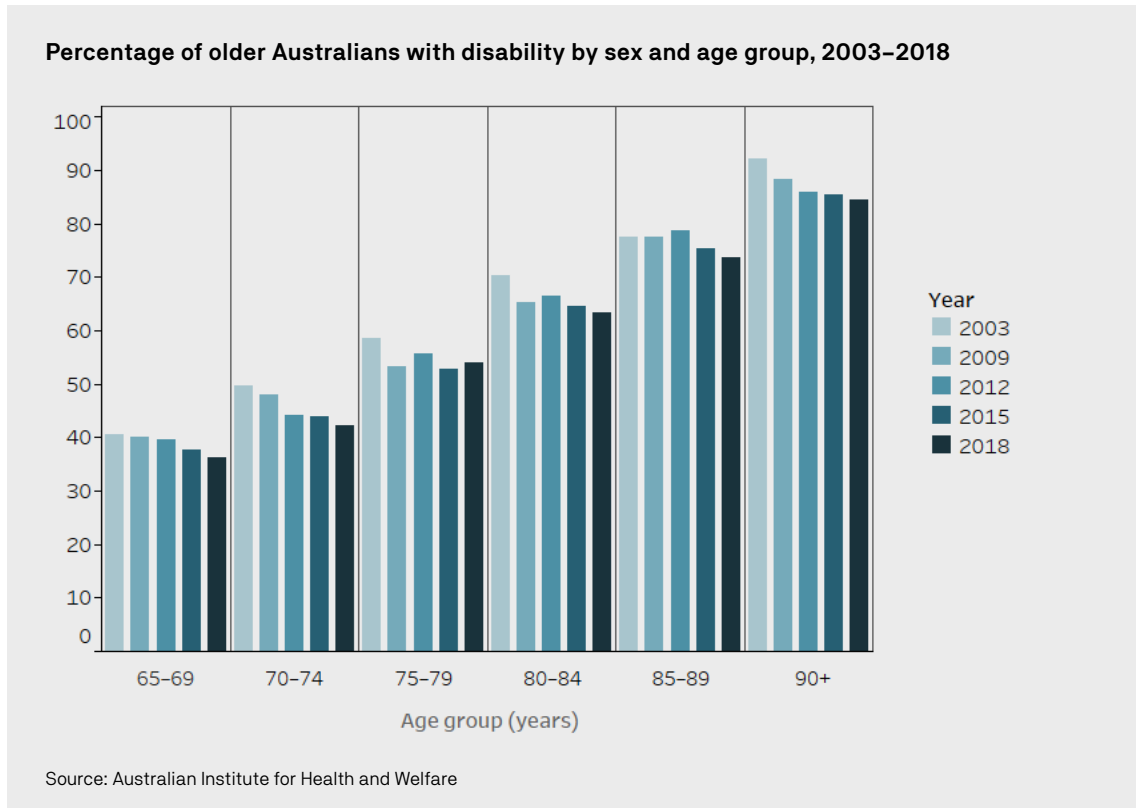
Demographic changes in the next decade

- Primary users of long-term care services are people aged 80 and over:
 - 77% of all home care clients
 - 86% of people in residential care
- Rapid growth in this cohort: 1.8m people by 2033-33
- Falling ratio of working-age people to older Australians
 - Smaller tax base
 - Greater competition for workers.



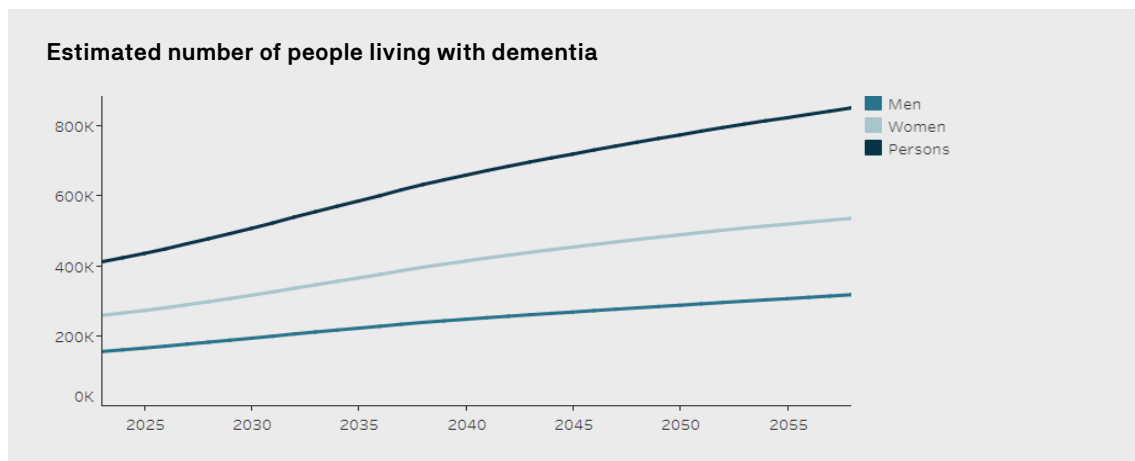
Health profile of older Australians

- 74% of older Australians (65+) self-report their health as good, very good or excellent
- Rates of disability increase with age, rising from 36% of people aged 65-69 to 85% of those 90 and over
- 18% of older Australians (65+) have a severe or profound disability.



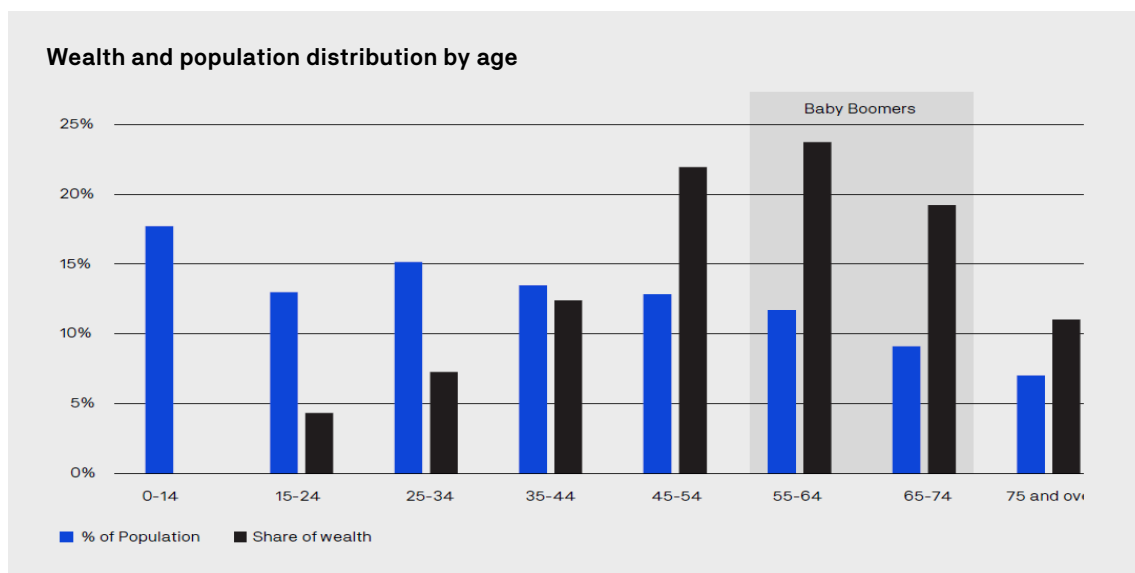
Health profile of older Australians

- Dementia is a significant and growing health issue in Australia, and a major driver for long-term care
- Currently there is an estimated 401k people living with dementia, which is expected to more than double by 2058
- Prevalence of increases with age
- Just over half people in residential care have a diagnosis of dementia.



Wealth and income of older Australians

- Two-thirds of older Australians receive government income support payments
- Main source of income for older Australians:
 - 57% government pension or allowance
 - 21% superannuation, annuity, private pension
 - 8% wages or salary
- Older Australians have a higher share of wealth, mainly in property assets.



Key reference materials

1. Sector sustainability

This crucial [report](#) from the UTS Ageing Research Collaborative (UARC) outlines the challenges faced now and into the future for delivering sustainable aged care in Australia.

- **Chapter 2** outlines the key foundation and context which motivates the need for more innovative approaches to care provision.
- **Chapters 3-6** outlines a range of strategic approaches to enabling efficiency, effectiveness, and equity for care provision.
- **Chapter 7** addresses sector financing.

2. Current state of the sector

Essential [background](#) from UARC:

- **Financial Viability** (pages 16-22) provide a snapshot of the current state of aged care providers in Australia.
- **Support at Home** (pages 38-42) provides a snapshot of the current policy environment in how care will be provided for people at home.
- **Section 1** of the report provides a current analysis of the aged care landscape in Australia and the salient policy and sector issues.
- **Section 2** provides a more detail financial analysis of providers, facilities, and home care.

3. The new Support at Home program

This [webinar and associated resources](#) from the Department of Health and Aged Care provides the latest thinking and policy in relation to how home care will be designed and delivered in Australia under the new Support at Home program.

4. Experiences of Ageing in place

This recent [scholarly paper](#) provides a synthesis of what is known about ageing in place and its impact on older adults' capacity to age well, with a focus on mental health, life satisfaction and overall wellbeing. Paper written by Rose, K., Kozlowski, D., & Horstmanshof, L. and published in the *Journal of Community & Applied Social Psychology*.

5. A new initiative: Staying in Place

Article about a new initiative – the “[Staying in Place Program](#)” featured on ABC News that connects aged patients with local contractors to deliver at-home care.

6. An aged care levy?

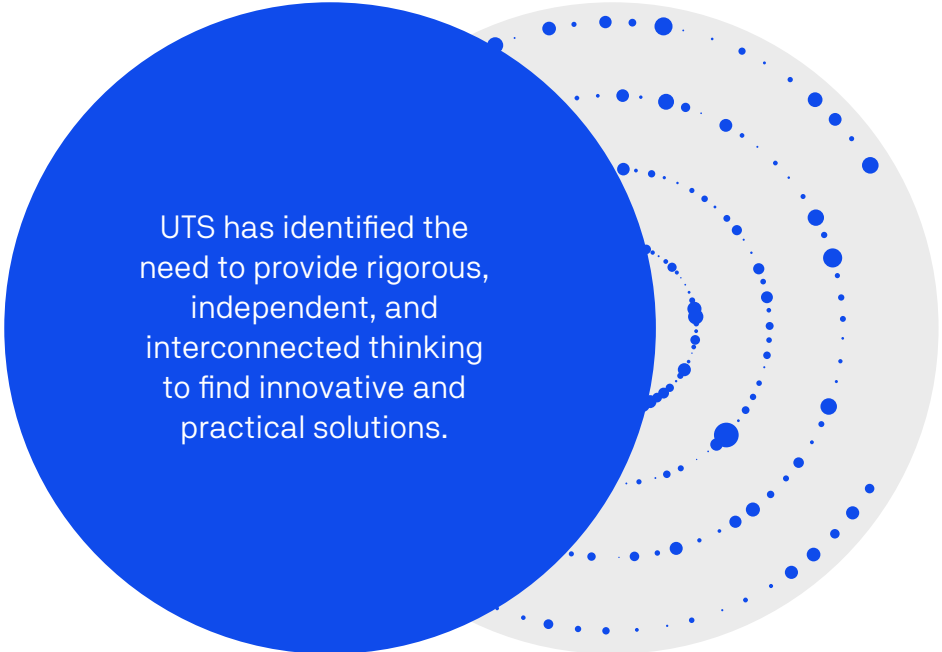
This [article](#) suggests that a more sustainable solution is needed instead of an aged care levy to meet the increasing costs of the sector. ‘The Conversation’ article by Dr Nicole Sutton, UARC.

7. The current reform agenda

This [Video](#) is of The Hon. Anika Wells’ MP, Minister for Aged Care, address to the National Press Club of Australia this year about her vision for aged care. It provides a very helpful landscape of the intent as it relates to the current reform agenda. Source: The National Press Club of Australia.

8. Older Australians

This [web report](#) outlines the demographic profile of older Australians, collating latest information about their health and well-being, with topics such as demographics, health, housing arrangements, education, and skills. Source: Australian Institute of Health and Welfare.



UTS has identified the need to provide rigorous, independent, and interconnected thinking to find innovative and practical solutions.

UTS ageing research

UARC strategy

Through the UTS Ageing Research Collaborative (UARC) and in partnership with industry, UTS is playing a pivotal role in improving the quality of the aged care sector through trans-disciplinary world-leading research.

Vision To enable socially, economically and environmentally sustainable aged care and support for older people in Australia.

Role To engage in collaborative and translational research that addresses complex problems in ageing policy and practice.

Strategic pillars

- Focus on issues that improve the lives of older people.
- Undertake research that is collaborative and trans-disciplinary.
- Actively engage with stakeholders to increase impact.

Goal To produce and disseminate knowledge that informs:

1. practice
2. policy
3. broader social, economic and environmental outcomes
4. research

Research themes and scope

1. Business and Strategy	2. Law, Regulation & Ethics	3. Health & Wellbeing	4. Innovation & Design	5. Emerging Technologies
<ul style="list-style-type: none"> - Organisational strategy and performance - Consumer access and equity - Workforce - Management and leadership practices - Financial viability - Corporate governance and regulation - Economics of aged care. 	<ul style="list-style-type: none"> - Legal planning and decision-making - Legal design - Regulatory frameworks - Governance, accountability and compliance - Consumer protection. 	<ul style="list-style-type: none"> - Consumer and carer experience - Inclusivity - Safety and quality - Work and leadership practices - Social isolation and loneliness - Clinical governance - Health information management. 	<ul style="list-style-type: none"> - Assisted living technologies - Built environment – home and residential care - Design for dementia - Design for health and care - Designing for services and systems - Inclusive design - Visualisation and modeling. 	<ul style="list-style-type: none"> - Assistive technology and epidemiology - Artificial intelligence - In-home care technology - Residential aged-care technologies - Biomedical devices and advanced biotechnology applications for early detection.

Case studies

Three exemplar programs of work underway by UARC are outlined below. These provide a snapshot of the type of research currently being undertaken at UTS.

The sustainability of Australian aged care services

This research program delivers high-quality, time-sensitive evidence that shapes Australia's national policy to improve the viability of aged care providers, the adequacy of the aged care workforce, the quality and safety of services and the long-term fiscal sustainability of funding for the sector. Current projects explain challenges such as:

- How does increasing market consolidation of aged care services impact the quality of care.
- To what extent are there economies of scale in delivering aged care.
- How does relying on external contract workers adversely impact the quality of care.
- Why do aged care services in regional, rural and remote locations have poorer financial outcomes.
- Which residential aged care homes are most at risk of not meeting new mandatory staffing requirements.
- How may policy settings around consumer contributions be adjusted to improve the sector's long-term sustainability.

Much of this evidence is disseminated in a highly impactful, industry-recognised biannual *Australia's Aged Care Sector Report* series, produced in partnership with StewartBrown, Australia's leading aged care consulting firm. To inform their analysis, the team regularly engages with industry stakeholders in government, industry and communities.

The outcomes of this research are regularly cited in the media, in Parliament, by the Productivity Commission, the Department of Health and Aged Care, industry peak bodies representing providers, workers and aged care consumers.

3D Model of integrated care

This program of research is focused on building an interactive evidence-based three-dimensional (3D) model. It identifies older Australians ageing journeys and the intersection of the journeys' components across the health and legal systems as well as other services that support and impact ageing and aged care. The 3D Model seeks to address the fragmentation of aged care systems and the sector's lack of capacity to design and deliver an integrated and person-centred approach to the ageing journey that is economically and socially sustainable.

It will be designed to deliver three key outcomes.

- An informative decision-making tool for older people and their carers to plan their ageing journey proactively as they age.
- An analysis and strategic decision-making tool for aged care providers to improve service delivery and business model design.
- A policy evaluation tool for government to inform evidence-based policy.

The project is co-funded by UTS and industry. The 3D Model is being co-designed by: UARC researchers in Business, Health, Law, Design and Architecture, Engineering and Information Technology, and Transdisciplinary Innovation, along with UARC industry partners and potential end-users in the aged care system.



Criminal risk behaviours and dementia

This project focuses on the problem of dementia-related behaviour changes that lead to risk situations and harms for people with dementia in the community, their family carers and members of the public. Situations involving criminal risks are a key focus, that is, situations where the behaviour of a person with dementia may be considered criminal offending and lead to contact with police and the legal system.

The project's main aim is to develop evidence to help address the priority areas in the National Dementia Action Plan. Specifically, the project seeks to better understand:

1. the types of dementia-related criminal risk behaviours reported by carers and concerned community members;
2. responses to those behaviours, including informal and formal responses to reduce risks; and
3. impacts and implications for people living with dementia, carers and other stakeholders.

Project outcomes will include:

- Policy briefs for the federal Department of Health & Aged Care.
- Recommendations for dementia-positive policies and practices that reduce and prevent criminal risk behaviours.

The project is a collaboration between UARC researchers in: Law, Regulation and Ethics, Health & Wellbeing, and Innovation & Design.



Additional reading (optional)

Aged Care Services

What is 'aged care'?

- In Australia, many people are supported as they age by privately purchasing of goods and services, as well as help from families, friends and community.
- The 'aged care system' is a formal system of services to promote the wellbeing and independence of older people (and their carers), by enabling them to stay in their own homes or assisting them in residential care.
- The Australian Federal Government subsidises services to people, based on assessed need, and provides regulatory oversight to ensure quality and safety standards maintained.
- Services delivered approved provider organisations.

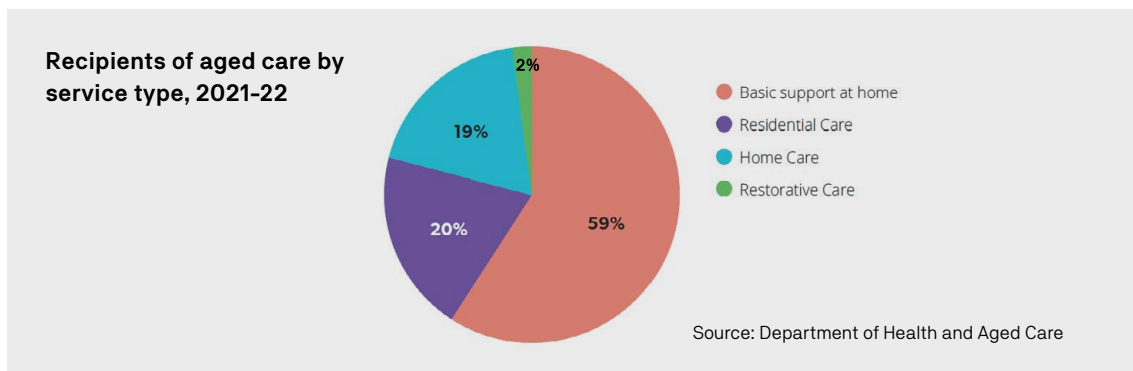
What types of services are included within aged care?

Subsidised services are organised into different programs, ranging across a 'continuum of care':

- Residential care (permanent and respite)
 - Home care (including respite)
 - Basic home support (including community respite)
 - Short-term restorative and transition care
 - Other 'flexible care' arrangements.
-

Who receives aged care?

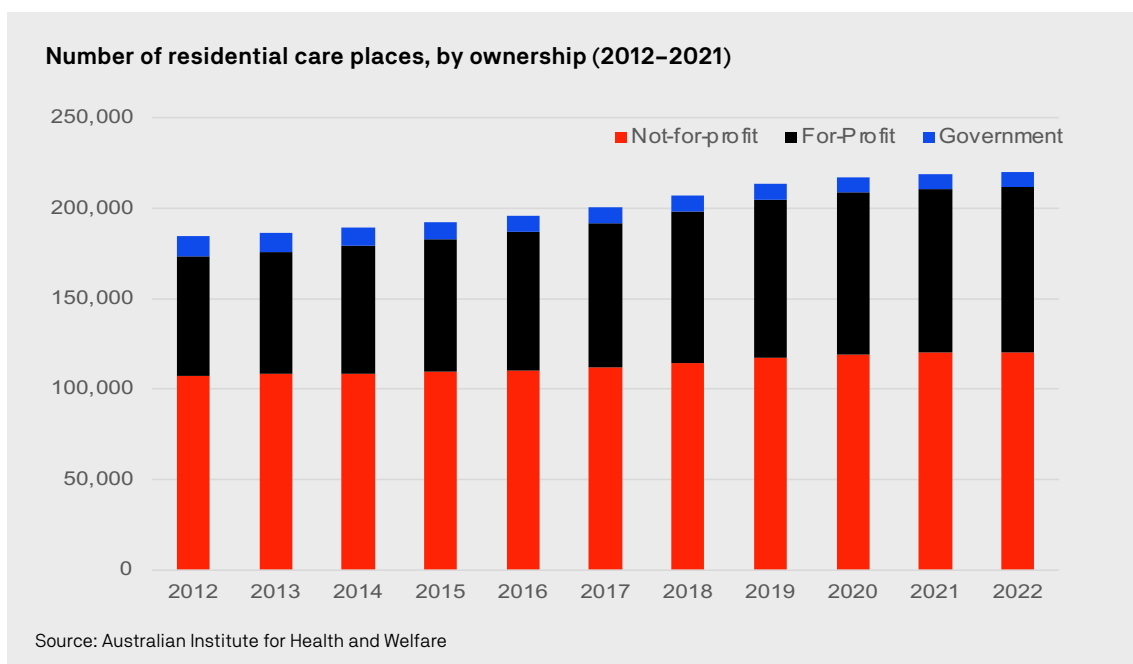
- Target population is people aged 65 and over
 - For Aboriginal and Torres Strait Islander Peoples the target population is people aged 50 years and over
- Approximately 1.5 million people receive subsidised aged care services each year
- Most people receive care and support in their own homes or communities
- Around 2 in 3 people using aged care services are women.



Who provides aged care services?

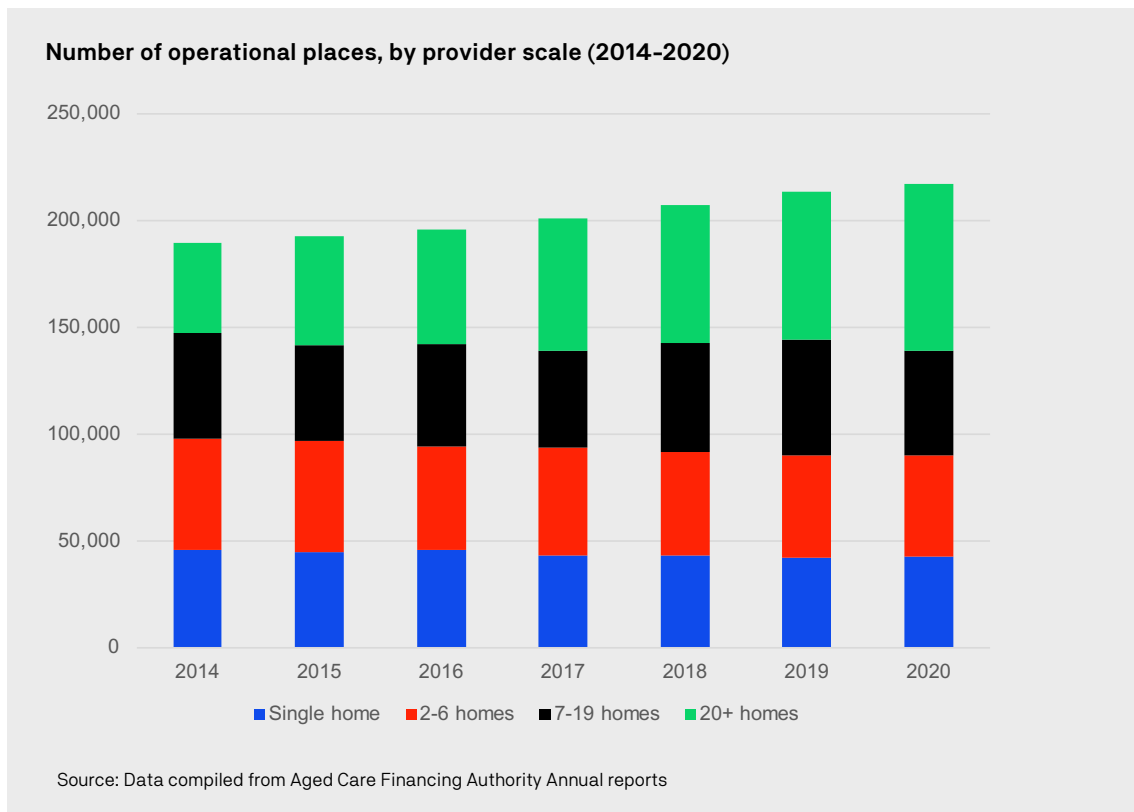
Most services are provided by private organisations:

- State and local government organisations operate only 8.5% of residential aged care services, 7.1% of home care services and 21% of home support services
- Not-for-profit providers operated the majority of residential care places (53%) and home care packages (61%)
- Recent growth in market share of for-profit operators.



Increasing market consolidation, particularly in residential care.

- Most home care and residential care providers still operate a single-service
- Growth in market share of large diversified 'chains', operating 20+ services, across different programs.



Aged care workforce

- Comprises approximately 370,000 workers
- Includes direct care staff (nurses, personal care workers, and allied health professionals), administrative and ancillary staff.
- Largest group are personal care workers, relatively low-skill level
- Most workers paid according to minimum wage “award” rates and employed in permanent part-time positions
- Widespread experiences of workforce shortages:
 - Historical pay disparities with other care sectors (now addressed by increase in minimum pay)
 - Lack of career development pathways
 - COVID-19 related pressures
 - Expansion of home care program and minimum staffing ratios.

What is the role of Government?

The funding, administration and regulation of aged care services is largely the responsibility of the Australian Federal Government.

Department of Health and Aged Care

Ministers for Health and Aged Care (and Department) responsible for the policy oversight, funding and administration of aged care services nationally

Department) responsible for the policy oversight, funding and administration of aged care services nationally.

Aged Care Quality and Safety Commission

Aged Care Quality and Safety Commission is the national regulator that independently accredits, assesses and monitors subsidised providers and ensures compliance with quality and prudential standards.



Independent Health and Aged Care Pricing Authority provides independent advice on the fair pricing of aged care services, including service classifications.

State governments are involved in aged care in providing assessment services, operating some care services, and funding and operating wider health services (e.g. hospitals) that older people also use.

Long-term care services

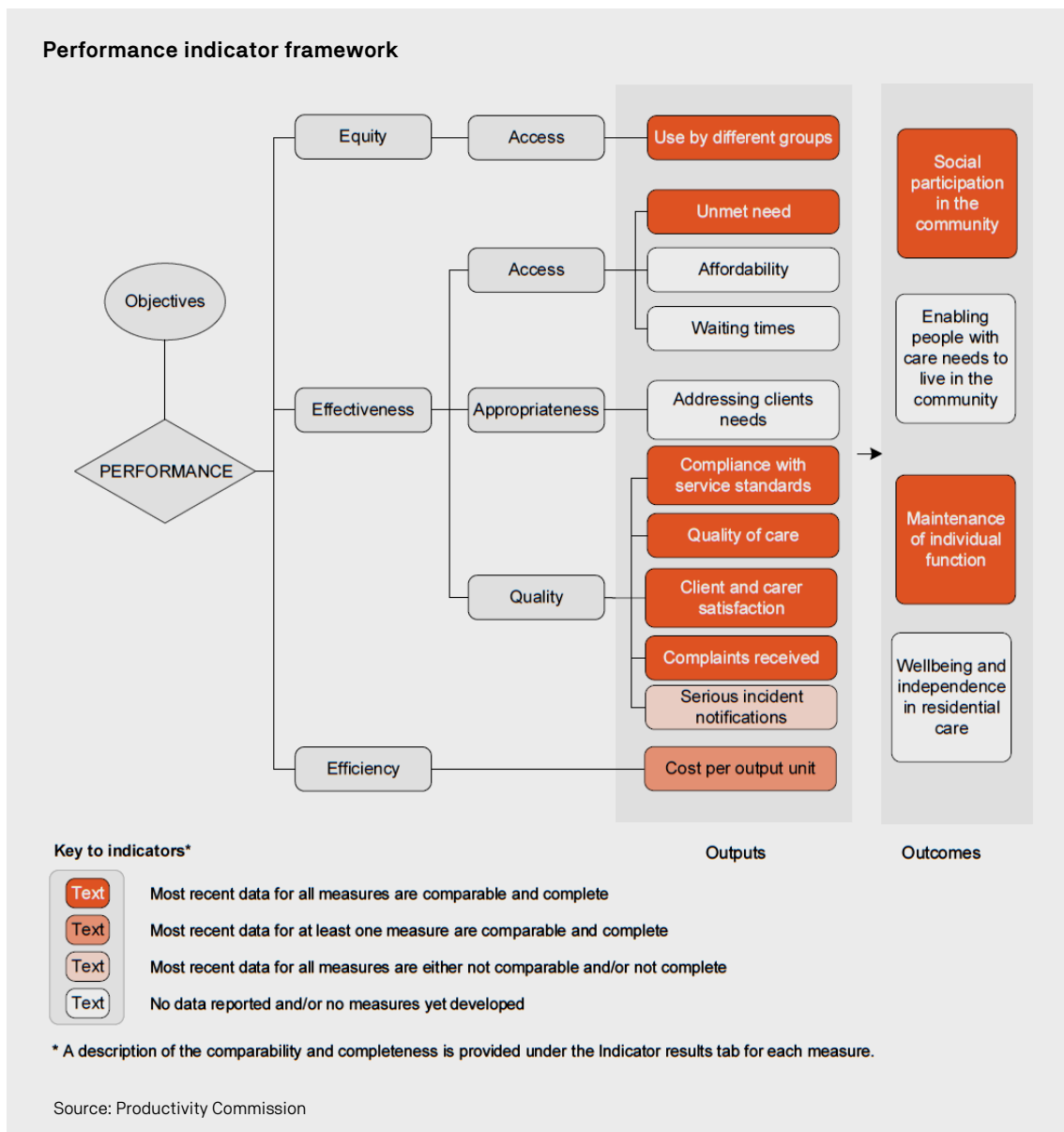
Measuring the performance of aged care

Each year the Productivity Commission reports on the performance of aged care services in terms of equity, effectiveness and efficiency:

- Evolving framework, dependent on data availability




The Department of Health and Aged Care also produces:

- Report on the Operation of Aged Care Act
- Quarterly financial snapshots
- Annual financial report of sector
- Star Ratings.



Funding and finance

Comparing the three major aged care programs

	 Residential care	 Home care packages	 Home support
Nature of program	Accommodation, hoteling and 24/7 personal and nursing care, provided in residential aged care homes	Comprehensive home-based care, provided in people’s homes	Entry-level support, based in the community and people’s homes
Number of clients (2021–22)	274,792	261,314	818,228
Nature of funding	Subsidies and supplements paid to provider, based on assessed needs of residents	Funding ‘packages’ (at four levels) assigned to care recipients	Block funding and grants to providers
Federal Government funding (2021–22), from general taxation	\$14.6 billion	\$4.4 billion	\$3.7 billion

Eligibility for accessing subsidised care

- Older people are independently assessed for eligibility to access subsidised services:
 - Needs-assessment: types of eligible services, level of public subsidy
 - Financial capacity: extent of individual contributions to services
- Assessment conducted by different independent teams/agencies:
 - Comprehensive care assessments (for home care and residential care) conducted by state government assessment teams
 - Entry-level care assessments for basic home support conducted by regional teams (funded by Federal Government)
 - Financial assessments conducted by national social security agency
- National waitlist for home care packages
- Eligible care recipients find suitable providers through government web-portal “My Aged Care”.



Payments for services in-home and in residential care

Services are funded through a combination of payments from taxpayers and care recipients, which vary depending on:

- Service type (care, amenities, accommodation)
- Location of service (in-home, residential)
- Financial capacity of care recipient.

Type of services	Examples	Home care package services		Residential care services	
		Funding sources		Funding sources	
		Consumers	Taxpayers	Consumers	Taxpayers
Direct care services	Nursing and clinical care personal care, specialised equipment and assistive supports	Basic daily fee Income-tested fee Private contributions	Home care package subsidy and supplements	Means-tested care fees	Direct care subsidies and supplements (including respite)
Everyday living services and amenities	Food, cleaning, laundry, utilities, transport	Personal payments for goods and services	Energy rebates Mobility allowance	Basic daily fee Additional services fees	Hotelling supplement
Accommodation services	Accommodation, repairs, maintenance	Own property Mortgage repayments Rental payments	Rental assistance Social housing	Fully refundable accommodation deposits (RADs) Daily accommodation payments (DAPs)	Accommodation supplement (supported residents only) Capital grants



Basic home support funding and payments

- Providers apply directly to Federal Government for competitive grants to provide relevant services, specified in service catalogue, with agreed Activity Plan:
 - Community and Home Support (allied health, domestic assistance, meals, homes modifications, nursing, home maintenance, social support, transport)
 - Community-based respite
 - Housing support
- Eligible care recipients are referred to local providers through government portal
- Care recipients are often asked to contribute to service, according to provider's contribution policy (framed by 'reasonable price guidelines')
- Providers maintain client records and update support plans
- Providers report to Government on financial acquittal, service delivery activities and outcomes (as specified in grant agreement), wellness and re-enablement approaches.



Home care package funding and payments

- Eligible care recipients are assigned subsidy allocation (a 'budget') at four package levels, depending on care needs. For example:
 - Level 1 package = \$9,180 p.a.
 - Level 4 package = \$53,268 p.a.
- Care recipients contract a primary approved provider to deliver (and coordinate) appropriate services, according to their care plan, at agreed fees:
 - Each provider sets prices for care and services, which are published on Government portal (and monitored by aged care and competition regulators)
 - Caps on amounts that can be spent on care management and administration fees
- Government pays the provider the subsidy, in arrears, for services delivered, minus income-tested care fees paid by care recipient
- Unused subsidy accumulates at Government social security agency
- Care recipient may pay the provider a basic daily fee (15-17% of the age pension); income-tested care fee (depending on income level); and/or additional fees for privately purchased services.



Residential care funding and payments

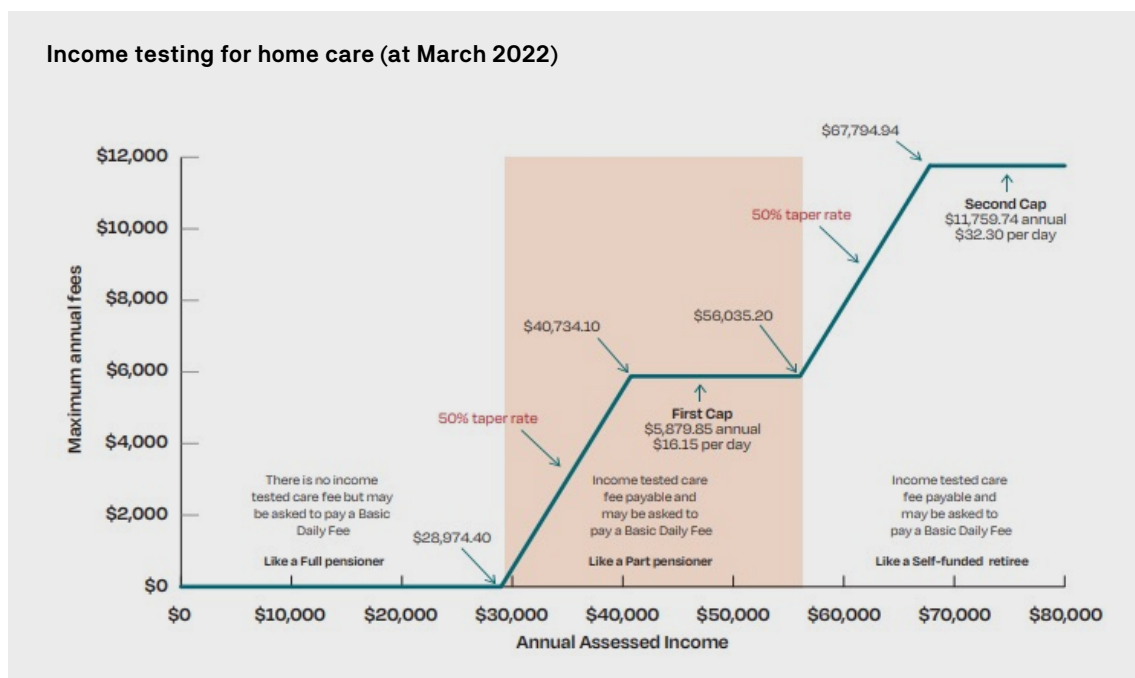
- Providers apply for 'bed licenses' which are allocated by Government according to area planning ratios
- Eligible care recipients find suitable providers through government portal
- Each provider receives a combination of Government subsidies and supplements, per resident per day:
 - Direct care subsidies, adjusted for casemix, home size and location
 - Hotelling supplement
 - Accommodation supplements (for low-means residents)
- Providers also collect payments directly from residents:
 - Means-tested care fees (average is ~6% of care fees)
 - Basic daily fee (pegged at 85% of age pension)
 - A daily accommodation payment, refundable lump sum or combination (for residents with financial capacity).

Equity considerations, pricing regulation and consumer protections

- Additional subsidy loadings for regional services, specialty services, allocations for 'thin markets'
- Income-tested/means-tested care fees
- Annual and lifetime caps on care contributions
- Fees for basic amenities capped and pegged to the age pension
- Limits on fees for additional 'premium' services
- Accommodation supplements for low-means 'supported residents'
- Regulation on pricing for privately-paid accommodation
- Price transparency requirements.

Income-testing arrangements in home care

- Used to assess payment of income-tested care fee (co-payment)
- Only income assessed (not assets)
- Annual assessed income includes income support payments from the Australian Government, rental income, superannuation, private pensions, dividends, business income, deemed income from financial assets
- Rates are calibrated to value of the age pension payments from the Government
- Annual and lifetime caps apply.



Means-tested arrangements for residential care

- Used to assess payment of means-tested care fee and eligibility for Government assistance for accommodation payments
- Both income and assets assessed
- In asset assessment, special provisions for the value of the family home, when a ‘protected person’ still resides there
- Annual and lifetime caps apply for means-tested care fees.



Major policy challenges, strategies and initiatives

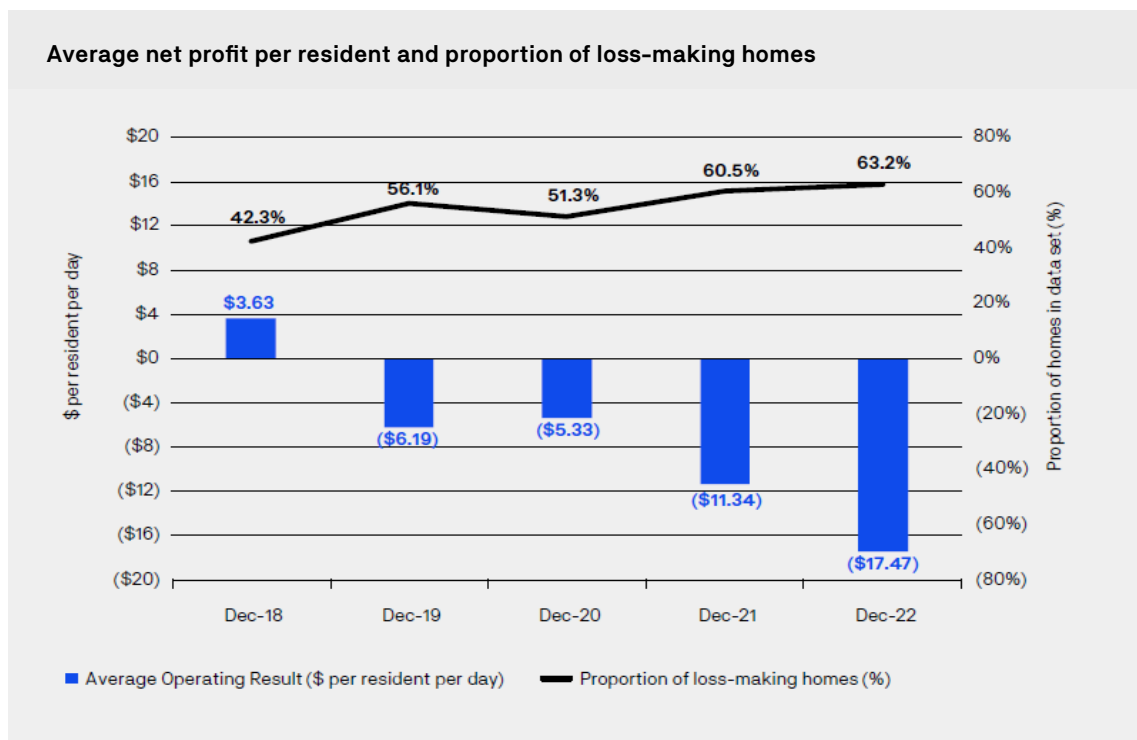
Royal Commission has prompted major reform agenda

- Royal Commission was conducted from 2018-2020, investigating systemic issues within the sector.
- Identified critical shortcomings including:
 - Sub-standard quality, safety and choice of services
 - Poor financial viability of service providers
 - Major constraints in workforce issues
- Resulted in 148 recommendations to Government, many of which form part of major reform agenda.



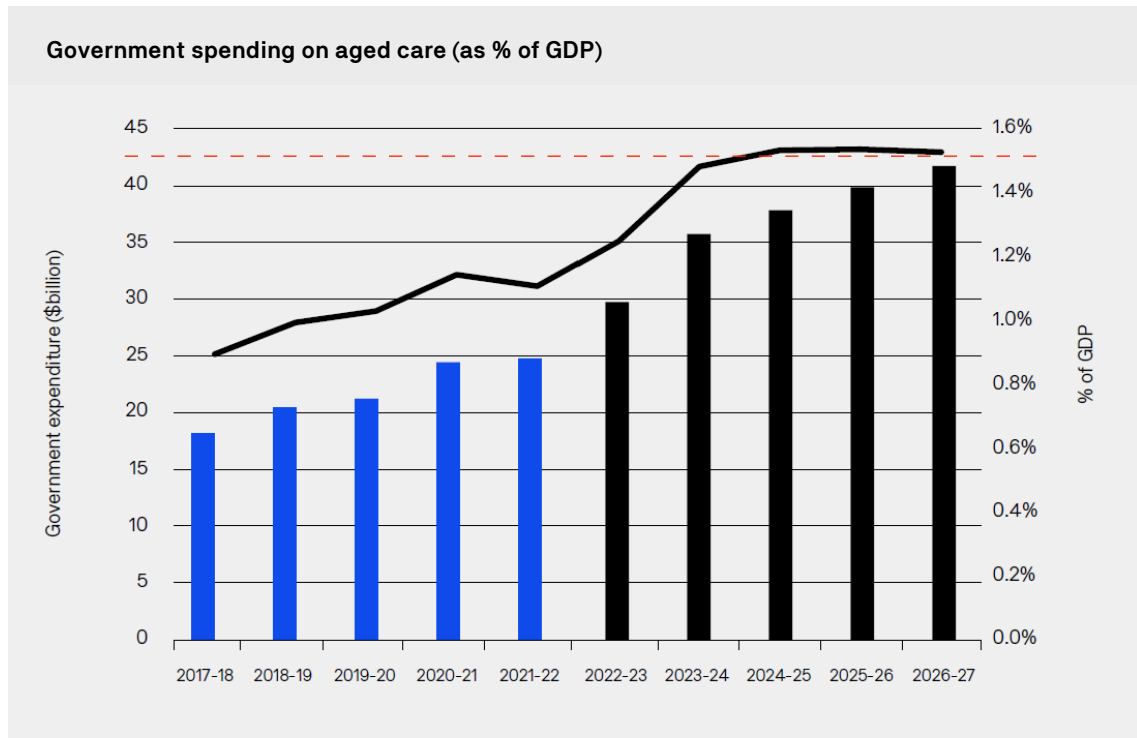
Increasing financial viability concerns

- 63% of residential aged care homes operating a loss:
 - Poorest performance in homes small in size and in regional locations
 - Losses largely from non-care services.
- Margins in home care have also declined:
 - Falling rates of package utilisation
 - Workforce supply issues
 - Financial issues for low-care services.



Growing concerns about fiscal sustainability

- Spending expected to accelerate, with increased expenditure on direct care staffing levels, increased minimum wages, expansion of home care program.
- Government spending on aged care ~1.2% of GDP in 2023-24
- Expected to reach 1.5% of GDP in 2023-24, a decade ahead of earlier forecasts.



Mandated increases in direct care staffing

To improve the quality of care in residential homes, the Government has introduced three mandatory staffing requirements:

24/7

Every aged care home must ensure that there is at least one registered nurse on duty 24 hours a day, 7 days a week.

200 minutes

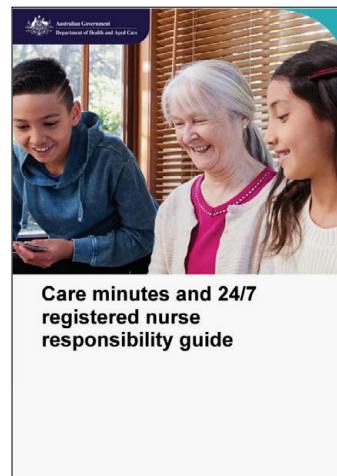
Sector-level average of minutes total direct care time provided to each resident per day.

40 minutes

Sector-level average of minutes total registered nurse care time provided to each resident per day.

Mandated increases in direct care staffing

- Each home's care minute targets are casemix-adjusted
- Homes must report staffing levels each quarter
- Non-compliant homes risk regulatory intervention
- Staffing evaluated as part of Star Ratings
- Tied to increases in government funding for direct care subsidies.



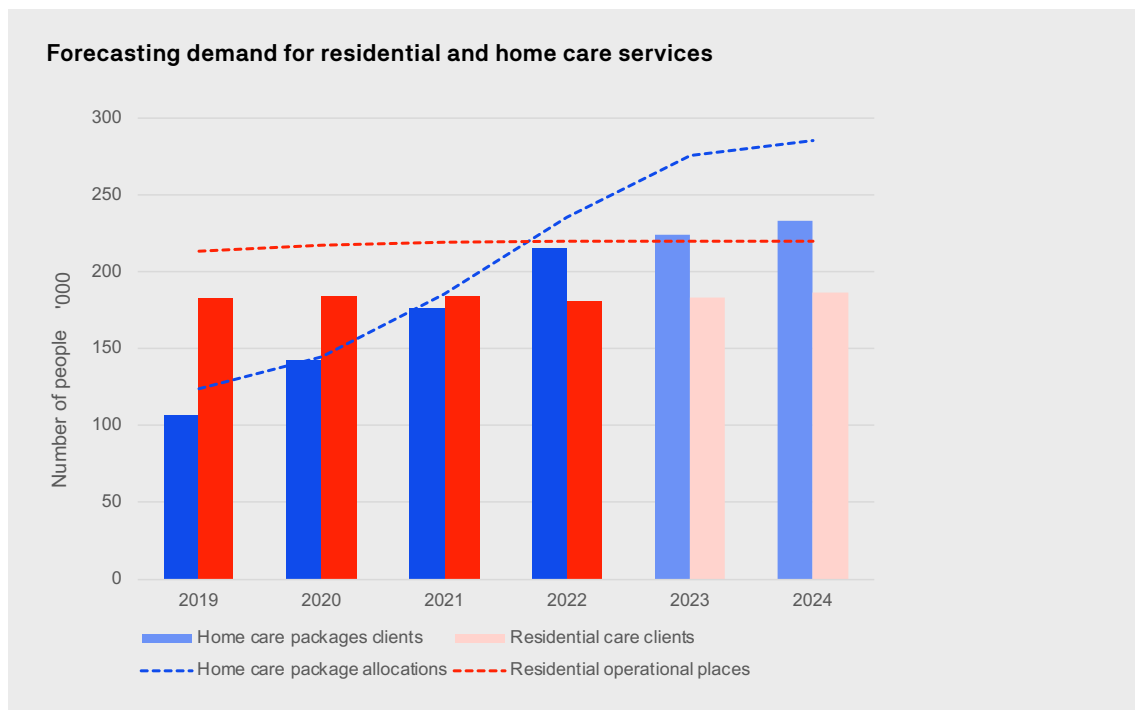
Increased competition and consumer choice

- Shift in how funding allocated, from provider to care recipient:
 - Home care 'packages' assigned to individuals since 2017
 - Bed licenses in residential care to be phased out from 2024
- Increase in information for consumers:
- Government online portal to search for providers: 'MyAged Care'
 - Star Ratings for residential care homes (compliance history, quality indicators, staffing targets, consumer ratings)
 - Increased transparency in reporting on pricing, service offering, quality ratings, financial and staffing metrics
- Increased navigation support and consumer advocacy:
 - In-person service centres
 - Trial of aged care navigators
 - National Aged Care Advocacy Program.



Expansion and redesign of in-home and community care

- Rapid increase in number of home care packages, to allow more people to ‘age in place’
- Creation of a new ‘support at home’ program, to unify all current in-home and community care programs
- Key program design features:
 - Integrated assessments
 - Specified service list (including prices)
 - Individualised support plans and increased opportunities for self-management
 - Risk-proportionate registration model for providers offering different types of services.



Expanded governance and regulatory oversight

- New Code of Conduct
- Serious Incident Response Scheme
- National registration scheme for care workers
- Enhanced complaints handling processes
- Increased governance responsibilities for providers
- Expanded powers of the Aged Care Quality and Safety Commission
- New regulatory model.



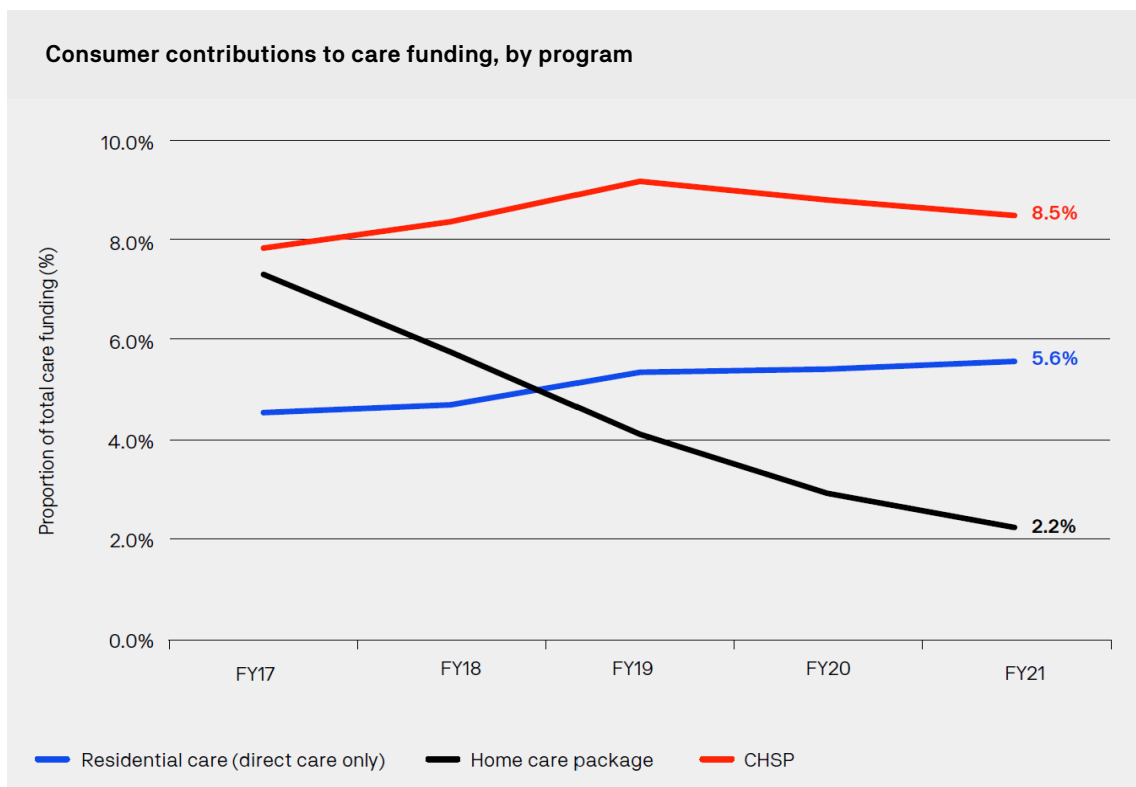
Review of funding models

- Introduction of new funding model for residential care (2022-23)
 - Base care tariff + variable care subsidy + entry payment
 - Increased funding for direct care staffing
- Annual funding decisions informed by advice from new Independent Pricing Authority
- Development of pricing frameworks for aged care services:
 - Current review of pricing settings for residential care
 - Inform development of pricing of services for home care.



Changes to rates of consumer contributions

- Taxpayers provide ~95% of funding for care services.
- Disparities in contributions rates across different aged care programs.
- New Government Taskforce to review funding balance between taxpayers and care recipients. Reform options include:
 - Raise lifetime caps
 - Review means-testing regimes
 - Differentiate contributions from healthcare vs other supports
 - Deregulate pricing of accommodation and hoteling in residential care.



Reports and commentary

This section includes a number of reports, discussion papers, commentary and analysis for additional reading and viewing for those who are interested. The references are by order of importance.

Reports

Title	Source	Relevance
<u>Unfinished business: practical policies for better care at home</u>	The Grattan Institute	Report outlining recommendations for improving home care services .
<u>Ageing preparation report</u>	National Seniors Australia	Report of 2023 annual survey of older people over 50, particularly focused on how prepared older people felt for ageing.
<u>Quality of care and financial outcomes of home care providers in regional, rural and remote Australia</u>	UTS Ageing Research Collaborative	Presentation given at The ACCPA National Conference, 2022.

Media items: Home Care

Title	Source	Relevance
<u>St Vincent de Paul's VincentCare to exit in-home aged care in Victoria</u>	ABC News	News article about St Vincent de Paul stopping providing in-home care services in Victoria.
<u>Providers are exiting in-home care – here's why</u>	National Seniors Australia	Recent blog post outlining reasons for providers ceasing home-care services.
<u>Cash splash for aged care, but who pays for services in a new home care system?</u>	The Policymaker (James Martin Policy Institute)	Op-ed outlining some of the key changes and challenges of the new in-home care program.
<u>Preparing home care providers for 2043</u>	Australian Ageing Agenda	Op-ed from CEO of The Benevolent Society.
<u>My 92-year-old father was allowed to die in his NSW home town, but many aren't so lucky</u>	The Guardian	Article about challenges of ageing in place in regional settings.

Media items: Sustainability of aged care

Title	Source	Relevance
<u>A financial crisis in the aged care sector</u>	The Money, Radio National	Podcast exploring the financial viability issues in aged care and recommendations for improving sustainability.
<u>Who should pay for your care when you grow old?</u>	Radio National	Interview with Anne Ruston, Shadow Minister for Health, about how money should be raised to fund aged care.

Statistics and data

Title	Source	Relevance
<u>Home care packages report</u>	Australian Institute of Health and Welfare	Quarterly reports about home care package program, including the number of clients, waiting times, level of support.
<u>GEN aged care data, by topics</u>	Australian Institute of Health and Welfare	Provides accessible topic pages, with current statistics about aged care sector.
<u>Report on Government Services – Aged Care</u>	Productivity Commission	Comprehensive annual set of tables providing data on accessibility and use of services, funding and expenditure, waiting times, compliance and performance of aged care services.
<u>2022 Population Statement</u>	Centre for Population	Details Australia’s expected population projections in the coming decades, split by age, sex and location. Includes interactive dashboards, datasets as well as overall report.
<u>Disability, Ageing and Carers, Australia</u>	Australian Bureau of Statistics	Summarises key results and statistics from the Disability, Ageing and Carers Survey (2018).
<u>Dementia in Australia</u>	Australian Institute of Health and Welfare	Online report that provides a comprehensive picture of dementia in Australia, including the latest statistics on dementia prevalence, burden of disease, deaths, expenditure, as well as the use of health and aged care services.

Government Care Services and Demographics

Title	Source	Relevance
<u>2021-22 Report on the Operation of the Aged Care Act 1997</u>	Department of Health and Aged Care	Introductory overview of all government-subsidised aged care services in Australia, including details about who receives care, providers, level of funding.

Resources for older people and their carers

Title	Source	Relevance
<u>MyAgedCare</u>	Department of Health and Aged Care	Government-run portal with information and access to aged care services, aimed primarily at older people and their carers.
<u>Carer Gateway</u>	Department of Social Services	Government-run website providing information and access to services for carers.

Enquiries

UTS Ageing Research Collaborative (UARC)

Email: uarc_inquiries@uts.edu.au

Website: www.uts.edu.au/uarc