



Australian Government

Office of the Interim Inspector-General of Aged Care

Department of Health and Aged Care

Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety

Office of the Interim Inspector-General of Aged Care

July 2023



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Foreword: Ian Yates AM – Interim Inspector-General of Aged Care

Since commencing as the Interim Inspector-General of Aged Care (IIG) on 30 January 2023, I have made clear my intention to, with the support of the Office of the Interim Inspector-General of Aged Care (Interim Office), publish, as a priority, a report on the implementation of the Royal Commission into Aged Care Quality and Safety's (Royal Commission) recommendations. Not only to examine whether the recommendations are being implemented as intended, but also to investigate whether the reform journey is achieving better outcomes for older people in Australia and their families and carers.

One of my first actions as the IIG was to convene a series of Interim Office roundtables with key stakeholders, to listen, understand and capture views on how the system is working, areas for improvement, opportunities for further work, and how we can better acknowledge and showcase excellence. What we heard clearly through that process was the urgent need for a report on the implementation of Royal Commission recommendations.

Ideally the process to support such a report would involve significant stakeholder engagement and a comprehensive assessment of progress in respect of each recommendation and follow the establishment of the independent statutory Office of the Inspector-General of Aged Care (statutory Office).

The Minister for Aged Care and Sport, the Hon Anika Wells MP, requested a progress report to be delivered by 31 July 2023 on the implementation of Royal Commission recommendations to assist the early work of the newly established Aged Care Taskforce (the Taskforce), together with insights and advice on financial sustainability and consumer contributions.

This timeframe combined with the request preceding the establishment of the statutory Office has meant that this report provides a preliminary progress assessment. It is Stage 1 in a 2-stage approach; with the second stage proposed to be a more comprehensive investigation with extensive stakeholder engagement, pending the commencement of enabling legislation.

The report provides an objective and independent assessment by the IIG on progress of the implementation of the Royal Commission's recommendations. It has been informed by information provided by the Department of Health and Aged Care (the Department), including the Department's indicative view of the Government's position on recommendations, and tightly targeted stakeholder consultation. It identifies progress against each recommendation, presents stakeholder views and initial observations.

I would like to express my gratitude to all stakeholders who provided invaluable input, at short notice, into the assessment of the reform journey. I anticipate that commencement of the statutory Office will provide an opportunity for that journey to continue, thereby ensuring the process to deliver the positive outcomes that older people in Australia, and their families and carers, deserve, can continue.

I firmly believe that improving the aged care system is everyone's business. We have made great progress to ensure that ageing and the issues that older people face are front and centre, but there is a lot more to be done. It is up to all of us to collectively shoulder the responsibility if we are to achieve true, transformative, and sustainable change.

Yours sincerely,



Ian Yates AM

Interim Inspector-General of Aged Care

Office of the Interim Inspector-General of Aged Care

Introduction

On 13 June 2023, the Hon Anika Wells MP, Minister for Aged Care and Sport, requested that the IIG, Ian Yates AM, prepare a progress report on the implementation of Royal Commission recommendations. The Minister also sought insights and advice on financial sustainability and consumer contributions. A reporting date of 31 July 2023 was requested to support the newly established, time-limited Aged Care Taskforce (the Taskforce) in:

- reviewing funding arrangements for aged care,
- developing options for a system that is fair and equitable for everyone in Australia, and
- building on Royal Commission recommendations.

This report comprises stage 1 of a proposed 2-stage process.

Stage 1

Stage 1 consists of an initial implementation report including broad observations about priority groups of recommendations and an overview of the implementation status for each of the 148 recommendations, presented at [Appendix A](#). One of the priority groups focuses, on and includes some insights on, financial sustainability in the sector and consumer contributions.

Noting the Interim Office does not currently have authority through legislation to compel information, this report has relied upon information and assistance kindly provided by stakeholders and government agencies on a voluntary basis.

Stage 2

Stage 2 is proposed to involve a more comprehensive assessment, informed by extensive and detailed engagement with stakeholders, and substantial qualitative assessment of the impact of the implementation of the Royal Commission recommendations.

This report is anticipated to be progressed following the establishment of the independent statutory Office.

Once established, the Inspector-General of Aged Care (IG), and supporting independent statutory Office, will be essential to improving transparency and accountability across the aged care system.

Background

Royal Commission into Aged Care Quality and Safety

The Royal Commission was established on 8 October 2018.¹ Royal Commissioners the Honourable Tony Pagone KC and Ms Lynelle Briggs AO presented the Commission's *Final Report: Care, Dignity and Respect* on 26 February 2021.²

The Final Report included 148 recommendations for generational reform of the aged care system, and a roadmap for implementation. Amongst the recommendations were calls for the establishment of:

- an Inspector-General of Aged Care, and
- an Office of the Inspector-General of Aged Care to support the Inspector-General's work.

Government updates on Royal Commission progress

Since the tabling of the Final Report the Australian Government has published the following documents on its position and progress:

- Australian Government response to the Final Report published on 11 May 2021.³
- One Year Anniversary Update on the Australian Government response published on 25 February 2022.⁴
- Department update on progress of recommendations requested by Senator Rice, tabled in the 2 June 2023 Senate Community Affairs Committee estimates hearing.⁵
- Aged care reform roadmap published on 6 June 2023.⁶

In addition, Budget papers from 2021 onwards have included funding commitments to support implementation initiatives.⁷

Insights from previous stakeholder engagement on Royal Commission progress

Following the appointment of the IIG, a series of Interim Office Roundtables were convened during March 2023 with representatives from the following groups:

- Consumers,
- Providers,
- Workforce and unions, and
- Research, academia, and professionals.

¹ A history of the Royal Commission is available at pp177-78 of the Final Report Volume 1.

² The Commissioners also delivered an interim report on 31 October 2019, and a special COVID-19 and aged care report on 1 October 2020. These products are noted but are not within the scope of this report. The Final Report was tabled on 1 March 2021.

³ Australian Government, '[Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety](#)', 2021, accessed 15 June 2023.

⁴ Australian Government, '[Australian Government response to Royal Commission into Aged Care Quality and Safety recommendations](#)', 2022, accessed 15 June 2023.

⁵ Department of Health and Aged Care, '[Update on progress of recommendations contained within the Royal Commission into Aged Care](#)', 2023, accessed 15 June 2023.

⁶ Department of Health and Aged Care, '[Aged care reform roadmap](#)', 2023, accessed 19 July 2023.

⁷ Department of Health and Aged Care, '[Delivering reforms to improve aged care](#)', 2023, accessed 19 July 2023.

The purpose was to provide a progress update on establishment of both the Interim and statutory Offices, outline the roles, responsibilities, priorities of the IIG, and anticipated priorities of the IG, and provide a forum for discussion of key issues in the aged care system.

Stakeholders all proposed that commencing a stocktake of the progress of implementation of Royal Commission recommendations should be considered a high priority for the IIG. Key questions raised by stakeholders on implementation progress included:

1. How is reform implementation progressing (or not) and how is it being governed by the Department?
2. Are there any unintended consequences of Royal Commission recommendations?
3. Have the reforms to date improved the lives of older people in Australia?
4. Are we on the right reform journey?

These questions are proposed to be addressed in detail in the Stage 2 report. The necessarily limited scope and timing of this initial report has meant only Question 1 is touched upon.

Other key themes, similarly relevant in the context of the Royal Commission's recommendations, that were raised at the Roundtables included:

- **Diversity:** stakeholders felt there was a lack of focus in the Royal Commission's Final Report on diversity in aged care
- **Interface:** in relation to continuity of care, access to general practitioners and other primary care services (including palliative care), so-called 'bed blocking', and interactions between aged care and the National Disability Insurance Scheme (NDIS)
- **Access:** including difficulties navigating the aged care system, language barriers, wait times and waitlists in home care, care finders, and access to appropriate and person-centred care
- **Workforce:** a key theme across all roundtables, including experiences of unintended consequences, the impact of COVID-19, and other pervasive and endemic workforce access, training, and interface problems
- **Funding and financing:** including financial sustainability, Refundable Accommodation Deposit liabilities, the impact of liquidity stresses on providers and governance of aged care funding
- **Data, research, innovation, and technology:** issues relating to ICT inoperability and interface, deficiencies in data availability, as well as access for older people.

Approach to preparing the report

Methodology

The reporting methodology involved:

- Examining **information** held or published by the Department regarding the Government's implementation prior to the commencement of this report.
- Examining the Department's **self-assessment** of implementation progress against the IIG's reporting framework.
- Examining **stakeholder views** on progress of implementation.
- Meetings with Departmental officials and stakeholders.
- Examining **information** provided or published by the Department and external stakeholders regarding the financial state of the aged care system and providers, options for addressing this, and options in regard to consumer contributions.

Information about the IIG's reporting framework is at [Appendix B](#).

The current Government has not formally responded to the recommendations or communicated its position on all recommendations. The IIG's framework requested the Department provide an indicative view of the Government's position in the absence of a formal response on each recommendation. The Department's understanding of Ministerial intent at the time of reporting is reflected in [Appendix A](#).

The Interim Office has relied heavily on the veracity and accuracy of the information provided by the Department.

Stakeholder feedback from tightly targeted external stakeholders has also been a key consideration in shaping the report. This includes feedback from government, education and research groups, service providers, and peak bodies representing aged care providers, consumers, and clinicians.⁸ Members of the National Aged Care Advisory Council, the Council of Elders, the IIG Consultative Committee and attendees of the Interim Office roundtables also contributed.

The views of stakeholders represented in this report are their own. The Interim Office has not verified or fact checked those views. The proposed Stage 2 process will provide greater scope to test evidence and investigate claims including late feedback to the process undertaken to prepare this report.

Terms of Reference

Minister Wells requested the IIG prepare a progress report on the implementation of Royal Commission recommendations, together with insights and advice on financial sustainability and consumer contributions, to assist the Taskforce.

The progress report will be the first stage in what is proposed to be a 2-stage process.

The report is based on:

- information voluntarily provided by the Department on the implementation status of each of the 148 recommendations, and
- insights provided by targeted external stakeholders on the implementation status of recommendations.

⁸ A total of 35 responses were received, including 6 from government, 7 from services providers, 1 from a union, 1 from an education and research organisation, and 20 from consumer, provider, and workforce peak bodies.

The scope of the report is to:

- identify progress against each recommendation,
- present stakeholder views,
- provide the IIG's initial observations, and
- provide insights and advice on financial sustainability and consumer contributions.

The Minister requested the report be delivered by 31 July 2023.

Implementation Progress

Targeted consultation summary

The recommendations made by the Royal Commission in its Final Report of 26 February 2021 provide an opportunity and an obligation for transformational reform to aged care in Australia. Government, the aged care sector, older people and their families, and the Australian community more broadly, all have an interest in these reforms.

Overall, there has been a strong recognition from stakeholders that important progress has been made, and continues to be made, at multiple levels towards implementation of the Royal Commission's recommendations.

Stakeholders acknowledge that the Government continues to invest heavily in supporting multi-faceted reforms, including measures to improve older peoples' ability to access and navigate aged care (for example star ratings), increasing funding resources for the provision of home and residential care, and increasing wages for aged care workers, to name several.

There was recognition that complex and important reforms have been implemented through legislative changes, such as a Serious Incident Response Scheme, establishing requirements for a 24/7 nursing presence in residential aged care, and the framework to regulate the use of restrictive practices.

A consistent message from external stakeholders has been their willingness to engage with Government on aged care reforms. In many cases, those stakeholders are at the coalface of providing aged care to older people. They have unique insights on the aged care system that may not always be immediately available to Government, including what is and is not working well, and any unintended outcomes. While it may not always be practical, stakeholder engagement offers an important opportunity to identify and test initiatives to implement the Royal Commission's recommendations.

Across the board stakeholders want to be kept updated in a timely way on the implementation of reforms, and progress towards their implementation. Many called for greater engagement on the detail of initiatives and more frequent engagement with the Department.

In summary, feedback from stakeholders has been invaluable to the preparation of this report. The insights provided have helped guide and shape the IIG's observations in relation to many recommendations. The support of all who contributed is duly appreciated and it is noted that the proposed Stage 2 process will allow for greater engagement.

Overview of Findings

Overall, significant progress has been made in implementing the Royal Commission's recommendations. The Royal Commission provided the Government with a substantial and multi-faceted reform agenda and proposed tight timeframes for many recommendations. In some instances, their timeframes were very ambitious and may not have accounted for the proper processes of government, or the realities of effectively introducing reforms of this magnitude or on this scale.

For what has already been achieved, commendations are due. There are notable instances where responses to recommendations were made quickly; implementing whole recommendations, or parts thereof, in tight timeframes, or even in the case of recommendation 86 (which related to the requirements for 24-hour nursing care in residential care), ahead of the schedule proposed by the Royal Commission.

Substantial work has gone into seeking funding and decisions from the previous and current Government through successive Budget processes, which has made much of this progress possible.

Recommendations 9, 112, 120, 121, 123, 145 and 147 have been fully implemented according to the IIG framework.⁹

For the most part implementation remains ongoing. Often this is reasonable; complex multi-dimensional reform takes time, especially to get right. Progress on recommendations where the status is ongoing is solid and full implementation appears to be likely in the short to medium term.

In some cases, recommendations will not be progressed. This is not necessarily problematic. Divergent views between Commissioners meant some recommendations are 'either/or' propositions, and accepting one means rejecting another. In other cases, Government has chosen not to proceed with the Royal Commission's recommendation as stated but is seeking to achieve the intent through alternative means.

Of some concern, however, are those outstanding recommendations where there are significant dependencies and the potential for further slippage. The New Aged Care Act (Recommendation 1) and New Aged Care Program (Recommendation 25) are 2 of the major structural recommendations with significant dependencies, which have experienced implementation delays. In both cases timely decisions and action are needed now to minimise the possibility of further slippages and ensure implementation timeframes can be met. It would be very concerning for overall reform progress if there were further delays.

Following is a detailed examination of selective recommendations grouped into 'priority areas'. The 7 priority areas identified are those which are pivotal to deliver on the intent of the Royal Commission's recommendations. They are linked by common subject matter, objectives, and inter-dependencies. The recommendations included within each priority area are not, however, intended to be an exhaustive list of all recommendations relevant to that particular grouping, but representative enough to allow an assessment of progress.

Reform implementation priorities

Priority area 1: Home Care

Royal Commission's Findings

The Royal Commission recommended a universal entitlement to aged care to guarantee access to the level of care and support each older person is assessed as needing. The Commissioners saw this as providing the basis for:

- clearing the home care waiting list,
- expanding of access to social supports, respite, home modifications and technical supports, and
- reforming aged care funding arrangements based on the actual cost of delivering high quality care.

⁹ The IIG's framework has been developed on a different basis to the Department's report [Update on progress of recommendations contained within the Royal Commission into Aged Care tabled on 2 June 2023](#).

This included the creation of a New Aged Care Program to support people to remain in their homes for as long as possible, and, put a much greater emphasis on care at home.

Table 1: Home Care Recommendations

25: A new aged care program
28: A single comprehensive assessment process
31: Approved provider's responsibility for care management
32: Respite supports category
33: Social supports category
34: Assistive technology and home modifications category
35: Care at home category
36: Care at home to include allied health care
39: Meeting preferences to age in place
93: Accreditation of high-level home care services
111: Amendments to aged care in the home and Commonwealth Home Support Programme (CHSP) indexation arrangements
117: Grant funding for support services to be funded through a combination of block and activity-based funding
118: New funding model for care at home
119: Maximum funding amounts for care at home

Reported implementation actions

Overall, meaningful progress has been made towards implementing the recommendations within Priority Area 1, recognising that implementation is ongoing.

The Royal Commission's recommendations relating to in-home care provide the basis for transformational reforms to the way aged care is provided, with the goal of delivering high quality and safe care and realising better aged care outcomes for older people in Australia.

The numbers behind home care in Australia illustrate the importance of getting this right. In 2021-22, 818,228 people received home support through the Commonwealth Home Support Programme (CHSP) and a further 261,314 received care through a Home Care Package (HCP).¹⁰ By comparison, 245,719 people received residential care over the same period.¹¹

Recommendations concerning Support at Home¹²

The Government has committed to delivering a new Support at Home Program by 1 July 2025, a year later than originally recommended by the Royal Commission.¹³

While the Government has agreed in-principle to the high-level design of the new program, it is still subject to further policy development and is yet to be fully funded. The current implementation focus is on combining existing in-home care programs into a single program,

¹⁰ 2021-22 Report on the Operation of the *Aged Care Act 1997*, Commonwealth of Australia (Department of Health and Aged Care), p.8, available at: [2021-22 Report on the Operation of the Aged Care Act 1997 \(gen-agedcaredata.gov.au\)](https://agedcaredata.gov.au).

¹¹ 2021-22 Report on the Operation of the *Aged Care Act 1997*, Commonwealth of Australia (Department of Health and Aged Care), p.51.

¹² For the purposes of this report, these include recommendations 25, 28, 31 – 36, and 117-119. This is not intended to represent an exhaustive list of recommendations related to implementing Support at Home. Other recommendations include recommendations 40, 41 and 124.

¹³ The Royal Commission originally recommended that a new aged care program, combining the existing Commonwealth Home Support Programme, Home Care Packages Program, and Residential Aged Care Program, commence on 1 July 2024. In responding to the recommendations the former Government indicated an intention to deliver a new Support at Home program from July 2023. Commencement in 2025 was announced in the May 2023-24 Budget.

while residential care remains separately funded. This provides opportunities to refine the policy underpinnings of the Support at Home Program at a granular level, and to test those policy positions with stakeholders.

One of the measures taken to deliver components of recommendations includes:

- *Recommendation 34: the establishment of an assistive technology and home modifications category within the new aged care program.* The Government has commenced work on a trial of an assistive technologies loan program with state and territory government support, which is expected to commence in 2024.¹⁴

Stakeholder response

Stakeholders responded strongly to these recommendations. Almost all stressed the need for greater engagement, expressing uncertainty around the Government's approach for implementation. Several highlighted the delays in implementing Support at Home, and made calls for clear timelines for delivery.

Other aspects of stakeholders' feedback focussed on implementation gaps within specific recommendations, including whether the Royal Commission's underlying intent would be achieved. Specific areas of focus included:

- a need for greater focus and funding for allied health, including more substantial consultations with allied health providers,
- lack of clarity around the future of consumer choice and self-management in the Support at Home Program,
- the need for reforms to consider workforce mobility, particularly allowing mobility across home care, short-term restorative care, and residential care, which was seen as allowing care workers to deliver more comprehensive care to older people,
- the need for provider education around assistive technology and home modifications,
- the need for the redesign of home care to include an emphasis on a needs-based approach as well as preventative and rehabilitative care, and including palliative care and end-of-life funding in the Support at Home Program.

Interim Inspector-General observations

Commitment across Government is required to maintain momentum in the delivery and implementation of the home care reforms.

The proposed implementation date for reforms to home care is a year later than the Royal Commission recommended. It will be important for policy development to be finalised and funding secured in the near term to prevent further slippage.

The establishment of the Support at Home Program will require legislation. Drafting for the New Aged Care Act is well underway with an exposure draft targeted for release at the end of 2023. If it is to be included in this legislation, either within the initial exposure draft or a subsequent tranche, the detailed policy underpinnings for Support at Home will need to be settled as soon as possible. Substantial work has been done, as has extensive consultation, but key decisions will need to be made by Government as a priority to ensure timeframes can be met given practical considerations.

¹⁴ The Royal Commission did not expressly propose that recommendation 24 contain any loans component. According to the Department, however, stakeholders proposed this approach during co-design workshops.

Support at Home has the potential to deliver significant benefits for both providers and consumers. While the quantum of funding remains to be determined, the overall funding pool will likely be higher, a positive for providers. For recipients, the program should offer much greater flexibility, within clear guidelines: enabling a fast and more seamless response to sudden changes and fluctuations in care needs.

The IIG strongly supports reform to home care being achieved no later than 1 July 2025. It is the most used and preferred form of care and support and it is more cost effective for the Commonwealth than residential care. Work to bring CHSP and HCP together in a single program is complex, and there are many issues to work through, but these are not unresolvable. They include the most appropriate mix of funding mechanisms to deliver the optimum balance between recipient choice and agency, and funding stability for Government, to underpin flexible and appropriate care delivery.

The IIG considers that a key and central priority should be on ensuring Support at Home is sufficiently funded to meet the care needs of all older people assessed as requiring support and care, in line with recommendation 41, and that planning be based on need, not rationed. While there are always competing policy priorities for Government and tension between various stakeholder interests, it is critically important that the new program delivers better outcomes for the full diversity of older people and their informal carers than the current programs do.

The IIG observes that prior to the Royal Commission there were 2 attempts under previous governments to implement a single home care program, both of which failed. The Royal Commission recommended a single aged care program which consolidated current in-home programs. It is now imperative that it is delivered no later than the delayed start date of 1 July 2025, which means major design features must be settled very soon so that detailed implementation planning and preparation can commence with certainty.

Finally, the IIG endorses calls from stakeholders for increased engagement with the sector, to ensure they are kept abreast of the policy development, as appropriate, and to ensure the design of Support at Home considers relevant stakeholder insights.

Recommendations concerning Home Care Packages

Recommendation 31 proposed that approved providers meet a range of responsibilities for care management. In response, all HCP approved providers must provide a care management service to all HCP clients.

Recommendation 39 proposed that the Australian Government clear HCP waiting lists, including through the creation of new HCPs in response to recommendation 39(a).

Following the creation of 80,000 HCPs through the 2021-22 Budget, and an additional 9,500 HCPs announced through the 2023-24 Budget, waiting times for HCPs have reduced significantly. However, waiting times for new entrants are not yet at the one-month target from assessment envisaged by the Royal Commission.

Reporting on the status of the waiting list is through quarterly reports on the National Priority System at national, state and territory and Aged Care Planning Region levels, as per recommendation 39(c).

Stakeholder response

Stakeholders acknowledged the commitment made to drive down HCP waiting times through the introduction of new packages. However, their views on the impact of measures to reduce

waiting times diverged. Some considered that progress had been made, while most noted the Royal Commission's target has not been achieved, with some calling for clear plans to do so. Service provider stakeholders expressed a degree of scepticism about claims by the Department that waiting times are dropping – one observed a slowdown in the availability of packages, and another pointed to a lack of evidence to support claims that waiting times have significantly reduced.

Several stakeholders also pointed to ongoing difficulties for recipients with high care needs, calling for greater support for these individuals. One stakeholder suggested that HCP recipients whose care needs have not been met had been placed into residential care, against their wishes.

Interim Inspector-General observations

While additional funding to support new HCPs has been successful in substantially reducing waiting times, further effort is needed if the Government is to meet the one-month target and the full intent of the recommendation. Continued progress on the reporting on the status of waiting lists would be welcome.

Recommendations concerning single assessment

The development of a single comprehensive assessment (Recommendation 28) has commenced with trials of a new tool underway. The single assessment framework is a foundational component of the proposed new aged care system, and a vital access pathway for older Australians. A start date of 1 July 2024 has been announced by the Government, to coincide with the expected commencement for the New Aged Care Act. Negotiations with states and territories have commenced and tenders to deliver the assessment are to be progressed later this year.

Stakeholder response

Stakeholder responses to the Government's progress towards implementing recommendation 28 were varied, with many tending to focus on specific aspects of implementation which aligned with their organisation's core objectives (e.g., allied health). There were calls for fast-tracking implementation, with the single assessment framework seen as an important mechanism in addressing delays in current assessments. There was also support for the assessment tool being trialled to be more culturally responsive. The suggestion was made that assessment officers should be appropriately trained about the needs of people from culturally and linguistically diverse backgrounds, people with dementia, and people with mental health issues. There was also concern that there is no consistency in how allied health needs are assessed, documented, and planned for.

Workforce capacity issues were also flagged, with stakeholders querying what strategies will be put into place to attract sufficient numbers of workers. Stakeholders also called for greater consultation and engagement with the Department, including a clearer timeframe for delivery.

Interim Inspector-General observations

The successful implementation of the single comprehensive assessment recommendation is subject to several key deliverables, most importantly the commencement of the New Aged Care Act. As noted above, whilst good progress has been made in drafting the Bill, careful management and early agreement on key policy underpinnings is needed to minimise the risk of delays.

The IIG notes that 2 previous attempts to implement a single assessment model have been unsuccessful. The outcomes from the negotiations with jurisdictions and of the tender process for this initiative will be critical to its successful delivery and need to be accorded very high priority.

Summary

The new Support at Home Program and other supporting recommendations in Priority Area 1 are critical areas of reform, and while meaningful progress has been made, a substantial body of work remains to be completed. This includes obtaining the Government's position on key recommendations, finalising key policy positions and ensuring that delivery is not further delayed. While delays to date have been understandable – the recommendations within Priority Area 1 are amongst the Royal Commission's most complex and impactful – further slippage should be avoided. Reforms to home care are an outstanding and critical component of the broader reform agenda to raise quality in the provision of aged care and improve outcomes for older people.

Priority area 2: Improving quality of residential care through funding and minimum care requirements

Royal Commission's Findings

The Royal Commission highlighted residential aged care as a key area for reform. The Commissioners identified changes to:

- care requirements,
- funding arrangements, and
- building design

as important, believing that these would in turn enable providers to deliver higher levels of quality personalised care with integrated supports, based on assessed needs.

Table 2: Residential Care: Funding and Minimum Care Recommendations

17: Regulation of Restraints
38: Residential aged care to include allied health care
86: Minimum staff time standard for residential care
110: Amendments to residential aged care indexation arrangements
112: Immediate changes to the Basic Daily Fee
113: Amendments to the Viability Supplement
120: Casemix-adjusted activity-based funding in residential aged care
121: Incentives for an enablement approach to residential care

Reported implementation actions

There has been overall progress in implementing recommendations within Priority Area 2. Three recommendations (112, 120 and 121) have been reported as implemented according to the IIG framework, and one recommendation (Recommendation 17) has been partially implemented. Recommendations 110 and 113 have been finalised. Two remaining recommendations are ongoing.

Recommendations to regulate restraints (restrictive practices)

Changes to the *Aged Care Act 1997* and the *Quality of Care Principles 2014* have been made to regulate the use of restrictive practices in residential aged care. A Behaviour Support and Restrictive Practices Unit (RPU) was established within the Aged Care Quality and Safety Commission (ACQSC) in December 2021 to provide clinical expertise and advice on behaviour support and restrictive practices to assist the ACQSC and providers.

Not all components of recommendation 17 have been implemented as the Royal Commission intended, including:

- *Recommendation 17(1)(a)*. Instead of requiring providers to lodge behaviour support plans, the Department has invested in upskilling providers and staff on restrictive practices.
- *Recommendation 17(3)(b)*. Instead of creating a civil penalty for providers who breach statutory responsibilities regarding the use of restrictive practices, other legal mechanisms will be relied upon.

Stakeholder response

Peak bodies and providers responded strongly to this recommendation, although there was some variation in their overall views. A number of peaks supported implementation initiatives and acknowledged the significant work undertaken to regulate the inappropriate use of restrictive practices. They stressed the need to ensure the correct supports, including an appropriately trained and resourced workforce and a safe workplace.

A number of other stakeholders questioned the appropriateness and impact of the changes. Some called for better alignment with the intent of the recommendation, which they thought required the establishment of an 'authorisation model' rather than a 'consent model'. One consumer peak identified synergies between better restraints management and the Dementia Care Pathway, calling for greater investment. Another encouraged expansion into home care settings.

Some stakeholders have reported unintended consequences from restricting access to anti-psychotic medication, noting that some providers are turning to alternative sedating medications that may have poor health consequences. A provider also expressed concern that the measure had increased documentation burdens on providers. Finally, some stakeholders called for greater evidence that the measure was working as intended, citing a lack of currently available information.

Interim Inspector-General observations

The Government made a strong early response to establish a legislative framework, effective from 1 July 2021, to prevent the inappropriate use of restrictive practices.

The Royal Commission identified action in relation to restrictive practices as one of its four areas for immediate improvement. The IIG strongly supports appropriate and effective measures to proscribe the inappropriate use of restrictive practices noting their propensity to otherwise restrict freedom, diminish quality of life and the potential to cause physical and emotional harm.

While the restrictive practices framework is in place, stakeholders have queried whether the reforms have resulted in genuine improvements to the lives of people in residential care. The IIG considers that there would be substantial benefit in the Department and the ACQSC subjecting the practical outcomes of the framework to ongoing monitoring and evaluation to ensure that it is working as intended. This includes ensuring that:

- best practice is being followed in the use of restrictive practices,*
- there are no unintended consequences from reforms to date,*
- providers are adhering to legislative requirements, and*
- the operation of the framework genuinely aligns with the intent of recommendation 17.*

Further, there is currently insufficient information to substantiate claims that a civil penalty regime proposed through recommendation 17(3)(b) is unnecessary due to alternative legal channels in the courts. Expecting an affected individual to take legal action is impractical, and will not offer the same level of deterrence as a specific civil penalty.

Finally, it is worth noting that recommendation 17(5) requires that the legislative framework be reviewed following the delivery of findings from the Disability Royal Commission to ensure the treatment of people receiving aged care services is consistent with the treatment of other members of the community.¹⁵

Recommendations concerning allied health

Recommendation 38: embedding allied health care within residential care, has also commenced in part. Components progressed include:

- collecting information on volume of allied health service provision and expenditure through Quarterly Financial Reports, and
- support for pharmacists to work on-site in residential aged care homes (noting a commencement date is to be decided).

The intent of a number of other components will reportedly be delivered through existing mechanisms (for instance additional funding through the Australian National Aged Care Classification (AN-ACC) model.¹⁶

Stakeholder response

Recommendation 38 drew strongly critical responses from stakeholders. Many felt that implementation for these measures is not consistent with the intent of the recommendation. The majority of stakeholders commented on allied health being excluded from sector-wide reforms, such as care minute requirements, and from the provision of direct care in the AN-ACC funding model. One stakeholder commented that the current AN-ACC funding model effectively excludes allied health professionals from the provision of direct care making the provision of services unviable by limiting funding to 4% and that as a result allied health utilisation in residential care is very limited. Some stakeholders have recommended the incorporation of allied health into the care minute requirements as a solution.

¹⁵ The Department has advised that while it will consider Disability Royal Commission recommendations around restrictive practices in the NDIS framework, it does not intend to review the restrictive practices framework in aged care as the care needs of people with a disability and older people with dementia differ and therefore any recommendations are unlikely to be relevant.

¹⁶ The AN-ACC, which was introduced in October 2022, provides funding for all care to residents required under the Aged Care Quality Standards and Schedule of Specified Services.

Stakeholders called for Government to confirm an intention to implement Recommendation 38 and to specify how it would occur and in what timeframe.

Interim Inspector-General observations

Increased delivery of allied health care in residential care is central to pursuing a preventative approach for all residents and improving quality of care outcomes. Stakeholders identified the adequacy of allied health care provision as an area of significant concern. The IIG notes that the approach chosen to implement parts of recommendation 38 differs from the Royal Commission's original recommendation in several ways:

- 1. Recommendation 38(b): approved providers to directly employ at least 1 of a range of allied health professionals. Although community pharmacies will be funded to provide pharmacists to work on-site, there are no analogous mechanisms to directly place other allied health professionals in aged care homes. Rather, the allied health care needs of residents are to be funded through AN-ACC. This does not appear to reflect the intent of the recommendation and greater clarity and assurances should be provided to the sector and the community about how increased access to allied health will be delivered.*
- 2. Recommendation 38(d): capture the number of full-time allied health professionals delivering services and the number of allied health assessments. Current reporting is more limited than the Royal Commission intended. Increased information would provide the community with more assurance regarding access to allied health in residential facilities.*

The IIG is aware that opinions on the impact of AN-ACC on allied health vary. Issues around the provision of adequate allied health services are not only attributable to government, there are provider issues as well. While some providers ceased engagement of allied health professionals, others have invested more in allied health to improve residents' functioning as there is no financial penalty for doing so post the initial assessment. Various complexities are at play here and more information and engagement with the sector is needed to help fully understand and address some of the unintended consequences.

Recommendations concerning minimum staff time standards for residential care

A number of measures have been delivered to ensure a minimum care time standard in residential care (Recommendation 86). Notable achievements include:

- funding residential care providers to deliver 200 care minutes to residents each day since October 2022,
- facilitating reporting of care minutes through Quarterly Financial Reports commencing from the first quarter of 2022-23,¹⁷
- securing authority and funding to:
 - deliver the supplement to support registered nurses on-site in each aged care home 24/7, and
 - increase AN-ACC funding to support the delivery of 215 care minutes per day from 1 October 2024.

Requirements for residential aged care homes to have a registered nurse on-site 24 hours per day, 7 days per week, from 1 July 2023 have also been finalised. This has been implemented 1 year earlier than the Royal Commission's recommended timeframe. In

¹⁷ It is noted that these formed the basis of the staffing elements of star ratings published in December 2022.

recognition of the challenges that small rural and remote aged care homes face in attracting and retaining a workforce that includes a registered nurse on-site at all times, facilities with fewer than 30 beds that are located in rural, remote, and very remote locations (Modified Monash Model 5 to 7 areas) that have alternative clinical care arrangements in place are eligible to apply for a 12-month exemption. This will provide transitional support to aged care homes which have been adversely impacted by workforce shortages.

Stakeholder response

While some stakeholders supported the Government's response to recommendation 86, on the whole responses were critical.

Concerns about the 24/7 registered nursing measure included its potential to place unreasonable hardship on smaller providers, particularly those operating in regional, rural, and remote areas. One stakeholder suggested that bed closures were a likely unintended consequence of the measure and urged Government to consider transitional arrangements as a matter of urgency.

Other stakeholders highlighted the potential for unintended workforce consequences. One stakeholder suggested that such large policy changes may cause the workforce to haemorrhage, particularly if new requirements are placed on the workforce without commensurate support. Conversely, another stakeholder queried the Royal Commission's exclusion of enrolled nurses (ENs) from the measure, stating that ENs constitute a large proportion of the workforce and possess important clinical skills.

Some stakeholders questioned the technical aspects of the measure. For example, one considered the definition of 'care minutes' too loose. While this is generally considered to include face-to-face care, each provider is left to determine how much staff work time may be considered 'care minutes' for the purposes of the measure, as well as whom is deemed to deliver direct care. Potentially, this may lead to some variability of standards across the sector. Additionally, the limited scope of the current definitions does not take into account holistic care (such as emotional, or mental care support), and thus exclude key roles within the aged care system.

Interim Inspector-General observations

The Government should be acknowledged for supporting the provision of a registered nurse on site in each residential aged care home (Recommendation 86) ahead of the Royal Commission's timeframe of 1 July 2024.

The implementation of recommendation 86(7), that approved providers be able to apply for an exemption to staff skills mix requirements, is underway. Specifically, the University of Wollongong has been engaged to provide advice by September 2023 on:

- exemptions, including whether exemptions should apply in relation to specialised and co-located services, and*
- alternative clinical care arrangements to the 24/7 registered nursing requirement.*

In addition, the ACQSC has confirmed that if a provider is legitimately trying to reach the requirement, but has been unable to fund nurses, they will not be penalised. Rather the Commission will work with them on bridging solutions such as including relying on access to on-call nurses and telehealth.

The IIG observes that implementation of 24/7 nursing is central to improving access to quality care in residential settings, and continued progress would be welcome.

Recommendations concerning Increased funding for residential care

Recommendation 112: increase the Basic Daily Fee (BDF). An increase in the BDF was implemented on 1 July 2021. It provided eligible residential care providers who entered into an undertaking with the Department with an additional \$10 per resident, per day. This supported providers to deliver better care and services to residents, with a focus on food and nutrition.¹⁸ The \$10 BDF supplement, which was rolled into AN-ACC funding from 1 October 2022, became part of a new \$10.80 per day Hotelling supplement from 1 July 2023.

Recommendation 113: increase the Viability Supplement. A temporary increase in the Viability Supplement was provided to residential care providers ahead of the commencement of AN-ACC on 1 October 2022. The increase in the Viability Supplement for home care was discontinued on 28 February 2021, however, on the grounds it did not achieve its purpose.¹⁹

The implementation of recommendations 120 and 121, which related to the provision of funding through a case-mix model for residential care and encouraged a reablement approach to residential care, have been implemented through AN-ACC.

Stakeholder response

Few stakeholders commented in relation to Recommendation 112 or 113. For the most part their comments went to the adequacy of the increases and queries about whether the BDF was actually spent on improved food. One stakeholder commented on the need for accountability to ensure funding is used by providers to deliver better care.

There were also limited comments made in relation to AN-ACC, outside of the concern about funding for allied health discussed elsewhere. Specifically in relation to Recommendation 120 stakeholders raised concerns about funding adequacy given the increasing care needs in residential settings. There were also calls for additional funding, including a dementia-focussed supplement.

The focus on reablement was of interest to many stakeholders. There was general view that there would be merit in developing an evidence base on the cost benefit of restorative and rehabilitative care for older people in residential care. Several felt that most residents who enter residential care are not capable of achieving 're-enablement' and that money would be better spent on the 'healthy aged'. Others though commented that funding under AN-ACC was insufficient to support reablement.

One stakeholder said that while the AN-ACC funding model is to be applauded, its focus on registered nursing and personal care time (and a lack of focus of other workforces), does not encourage effective team-based models of care where older people are encouraged to maintain their functional physical and social independence and quality of life. Limited funding for allied health was seen as undermining any meaningful gains on reablement.

¹⁸ The Food and Nutrition Report 2021–2022 details reporting outcomes and trend analysis from the 2021 BDF Supplement in Residential Aged Care. This report is the second and final report of the series using the BDF and captures reporting outcomes across the full 2021–22 financial year. Available at: <https://www.health.gov.au/resources/publications/food-and-nutrition-report-2021-2022?language=en>.

¹⁹ The supplement was not benefitting home care providers or recipients because unlike residential care where subsidy funds are paid to the provider and pooled, home care subsidy is included in a person's HCP package. As most HCPs contained unspent funds, the temporary increase was considered unnecessary.

Interim Inspector-General observations

The Government should be commended for taking swift action to improve funding for residential aged care. A strong early response was made to implement the Viability Supplement. However, with the implementation of the AN-ACC funding model the merit of the recommendation ceased as it was achieved in a different manner. The IIG understands that the intent of the recommendation will be subject to further consideration in the context of the new Support at Home Program.

The Royal Commission identified increasing the BDF as one of its areas for immediate action, and the Government prioritised its implementation. Similarly, the Royal Commission advocated for a transition to the casemix-adjusted activity based funding model in residential care, and incentives for reablement at the earliest opportunity. Again, the response was prompt. The IIG considers that questions do remain, however, about the sufficiency of funding for allied health in residential care settings.

Priority area 3: Diversity

Royal Commission's Findings

The Royal Commission stated that diversity should be core to aged care and recommended that the aged care system be designed for diversity, difference, complexity, and individuality. The Commissioners felt that the delivery of high quality and safe care should involve:

- tailoring care to meet individual needs, and
- respecting diverse backgrounds and life experiences of every older person.

Their recommendations on diversity included people living with a disability, and people from regional, rural, and remote areas.²⁰ The Royal Commission said little about people from culturally and linguistically diverse backgrounds, or those from the LGBTQIA+ community. This drew criticism at the time, and was again raised by stakeholders who engaged in this process.

Table 3: Diversity Recommendations

Overall program design
30: Designing for diversity, difference, complexity, and individuality
Aged care in rural, remote, and regional areas
54: Ensuring the provision of aged care in regional, rural, and remote areas
55: The Multi-Purpose Services Program
62: Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care
People with disability in aged care
72: Equity for people with disability receiving aged care supports and outcomes with the NDIS
73: Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner

²⁰ Recommendations covering people living with dementia, and Aboriginal and Torres Strait Islander people are discussed elsewhere under specific priority areas.

Reported implementation actions

A variety of progress has been made in implementing recommendations within Priority Area 3. Several recommendations (30, 54 and 55) have been partially implemented but are still ongoing, while others have not yet been implemented and are subject to further consideration.

Recommendations concerning overall program design

The Department reported implementation of recommendation 30(1)(a), which in summary proposed:

- cultural safety training for workers who are involved in direct contact with people in the aged care system as a condition of approval for aged care providers,
- comparable training for people who provide care finder and assessment services, and
- requirements for an approved provider to verify that it has grounds to provide specialised services to people from diverse backgrounds and life experiences.

Other components of the recommendation are ongoing.

Stakeholder response

Stakeholders focussed on the establishment of the Specialised Verification Framework (SVF) implemented in response to recommendation 30(1)(a)(iii).²¹ Overall, stakeholders had mixed opinions on the operation of the SVF, with many appearing to be supportive of the intent but choosing to identify gaps. Two stakeholders felt the Framework set a low benchmark for the delivery of specialised services, did not provide sufficient incentives to sign on to, and did not encourage providers to exceed stated benchmarks. This was particularly the case in the delivery of LGBTIQ+ inclusive services and dementia. Another stakeholder, a service provider, recommended dementia accreditation for providers delivering especially complex care. Diversity was, according to one stakeholder being treated an 'add-on' rather than a core principle in the design of measures to implement recommendation 30.

Some stakeholders offered solutions to enhance the operation of the SVF, including:

- improving the effectiveness of the Framework through the Government promoting the benefits for providers of signing up to it, including through enhancing uptake and outcomes for older people,
- requiring the ACQSC to assess whether a service was adhering to specialisation requirements when conducting a site audit, and
- connecting the SVF and verification processes with regulation to enhance effectiveness.

One said an evaluation of the effectiveness of the Framework should be carried out in 12 months to ensure it is achieving its aims.

²¹ The SVF has been in place since June 2022. Under this framework, providers who claim on My Aged Care for delivery of specialised services to people with diverse backgrounds are required to have their claims verified. The SVF differs from the Royal Commission's recommendation in that verification of diverse needs specialisation is not a condition of approval. According to the Department, the intent of the recommendation is met in that providers cannot make representations about diverse needs specialisations without verification of those claims.

Interim Inspector-General observations

Good progress has been made in implementing aspects of recommendation 30, however, it appears that 30(1)(a)(i) and (iii): mandating certain training requirements for workers as a condition of providers' approval will not be implemented. Clarification around how and why decisions were made to proceed or implement only parts of the recommendation would be useful for the sector.

The IIG notes that persistent data gaps pose a barrier to implementation of recommendation 30(1)(b) and (c) and (2) but that data audit and analysis activities are ongoing.

There would be benefit in these data deficiencies being resolved to allow for full implementation of recommendation 30, which is critical to improving transparency and accountability. Greater data integrity will boost the understanding of the needs of people in the aged care system from diverse backgrounds, and allow for better policy development and measures to improve aged care.

Finally, consistent with the broader message of this report around the need to test the impacts of reforms, an evaluation of the SVF should be undertaken to test whether it is meeting the objectives of the recommendation.

Recommendations concerning aged care in rural, remote, and regional areas

A range of activities have been undertaken to progress implementation of recommendations 54 and 55, which relate to access to aged care services in rural, regional, and remote areas.

The Department has identified, in broad terms, implementation deliverables for rural, regional, and remote areas, including:

- programs to identify policy options and service gaps,
- grant agreements to assist providers, including for example a Rural Locum Assistance Program to assist providers impacted by workforce shortages,²²
- provision of increased funding for residential services through AN-ACC,
- an additional Multi-Purpose Services (MPS) allocation round from April 2023 to June 2023 to deliver up to 100 additional flexible care places, and
- establishment of cross-jurisdictional working groups to progress reforms and consider implementation of these recommendations.

Recommendation 62: enhancing the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care, is subject to further consideration. Funding is in place until the end of 2023-24, but additional funds would need to be secured for the initiatives to continue.

Stakeholder response

Several stakeholders offered practical insights to inform the future implementation direction of recommendation 54, including that:

- greater workforce flexibility should be encouraged to address thin markets in regional, rural, and remote areas,
- greater tailored supports should be given to providers operating in regional, rural, and remote areas to address workforce shortages, and
- the operation of smaller providers is increasingly tenuous, with several closing down.

Stakeholders offered more limited feedback on the implementation status of recommendations 55 and 62. One stakeholder cited an absence of public information, and

²² The Rural Locum Assistance Program is due to cease on 30 June 2024. It is intended, however, that future funding will be sought.

another commented on the lack of implementation progress (Recommendation 55). There was recognition that ongoing funding for the Rural Health Outreach Fund (Recommendation 62) had not been guaranteed, and similarly, there is no assurance whether future expansion of that initiative will bring geriatricians in scope, as proposed by the Royal Commission.

Interim Inspector-General observations

A substantial range of actions have been undertaken to implement these recommendations, with further work ongoing.

In relation to recommendation 55: an expansion of the MPS Program, while funding and an allocation round for program places has recently been finalised, expansion more broadly has yet to occur. The alignment of the program with other aged care programs is unclear.

More broadly, current information is insufficient to make an informed assessment of the overall implementation progress for these recommendations, and further clarity would be beneficial.

Implementation of recommendations relating to people with a disability in aged care

The implementation of recommendations 72 is under further consideration by Government. Recommendation 73 is also under further consideration.

In relation to *Recommendation 72: aged care recipients living with a disability to receive equivalent supports through aged care that they would be entitled to under the NDIS*, a research study was initiated in February 2023 to consider the feasibility (cost effectiveness and safety) of providing a higher level of care to people living at home. The study is due to be finalised in August 2023.

Recommendation 73: Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner is expected to be considered in the context of a review of the National Disability Strategy (NDS). It is anticipated that this will occur at the end of 2023 to coincide with the conclusion of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission).

Stakeholder response

Stakeholder feedback in relation to recommendations 72 and 73 focussed on identifying service delivery gaps between aged care and the NDIS. Some stakeholders commented on the research study commenced in February 2023, with calls for the Department to release the outcomes as soon as possible after it is finalised. One stakeholder asserted that it would provide a basis for how the workforce will be appropriately trained and supported to deliver care that encompasses disability support and aged care. A number of stakeholders, however, expressed disappointment at not having been informed about the study, despite having an interest in it. A number of stakeholders commented on gaps in the level of support for people receiving aged care with a disability, and the supports available to younger people under the NDIS. For example, one stakeholder noted that current funding under an HCP is inadequate for older people with a disability.

More broadly, some stakeholders queried progress on implementing the recommendation – one peak body was of the view that the Government has not committed to delivering services ‘equivalent to those that would be available under the NDIS’, as required under the recommendation. Another highlighted the need for a plan to achieve service delivery equivalence for aged care recipients with a disability and the supports available under the NDIS.

Stakeholder responses to recommendation 73 were limited. One stakeholder advised that the terms of reference for the NDS review did not capture the intent of recommendation 73.

Interim Inspector-General observations

Implementation of recommendations 72 and 73 are at a comparatively early stage. Arguably, this is reasonable – there are substantial external dependencies which are crucial to deliver both recommendations.

Priority area 4: Dementia

Royal Commission’s Findings

The Royal Commission stated that all mainstream aged care services should be able to deliver safe and high-quality aged care for most people living with dementia. This includes:

- having the right number and mix of trained staff,
- the right physical environment,
- the right model of care,
- a dedicated support pathway,
- specialist dementia care services for people with more complex needs and severe behaviours, and
- training for workers.

Table 4: Dementia Recommendations

15: Establishment of a dementia support pathway
16: Specialist dementia care services
80: Dementia and palliative care training for workers

Reported implementation actions

Recommendations concerning dementia

Dementia Pathways

Recommendation 15: Dementia Pathways are in place in most Primary Health Networks (PHNs), and a range of expanded services are available through the national Dementia Support Program. The Improving Respite Care for People with Dementia and their Carers program is being implemented, with new organisations engaged in May 2023. A National Centre for Monitoring Dementia has been established to improve information and data that will inform the design of post-diagnostic support.

Specialist Dementia Care Services

Recommendation 16: Specialist Dementia Care Services are being ‘rolled out’ nationally, with 12 units currently operational and a further 8 due to open in 2023-24. Further grant rounds are anticipated in 2023-24.

A review of the Specialist Dementia Care Program has been finalised and will be provided to Government shortly. Requirements under recommendation 16(3), for funding to provide treatment to people with a mental health condition, have been met.

Dementia and Palliative Care Training

Recommendation 80: new dementia-specific and palliative care training is being delivered to GPs and aged care workers, with additional dementia care training under development for a planned roll out later in 2023. While the recommendation called for this training to be a mandatory condition of providers' approval, this has yet to be implemented. A decision on mandating training is being considered in the context of strengthened Aged Care Quality Standards currently being piloted by the ACQSC (Recommendation 19).

Stakeholder response

Stakeholders hold mixed views on the implementation of the dementia recommendations. Some consider that good progress is being made; others do not. Several commented that they are yet to see any evidence of the recommendations having an impact.

Concerns raised in relation to the Dementia Support Pathway centred around inconsistency in implementation across PHN), uncertainty about the extent to which GPs are using Dementia Support Pathways and a lack of understanding about dementia in PHNs. Several also commented that they consider there is insufficient information currently available on this initiative.

In relation to Specialist Dementia Care Services, the primary comments were that the roll-out has been slower than planned and access is limited. There were calls for more dementia support in rural and remote areas, where demand is typically high.

Across the board there was strong support for the development of more dementia resources and greater investment in dementia training. Stakeholders noted that additional dementia training is delivered inconsistently by providers and not always made easily accessible for workers.

There were calls for the development of career pathways for specialist dementia carers and health professionals within the aged care system. Several stakeholders called for more focus on dementia support for people with culturally and linguistically diverse backgrounds.

Interim Inspector-General observations

Given its central role in the provision of high-quality care, the Royal Commission highlighted dementia care as 1 of its 4 areas for immediate action by Government.

A range of implementation activities have commenced to support improved dementia care, and work is ongoing. Strong progress has been made on recommendation 15. The establishment of 'a comprehensive, clear, and accessible post-diagnosis support pathway for people living with dementia, their carers, and families', as required under recommendation 15(1), is due to be implemented by 15 July 2023. Additionally, PHNs have been given funding to create resources for people with dementia as they seek support.

Similarly, there is solid progress on recommendation 16. The release of the evaluation report is anticipated.

In relation to dementia-specific training, while progress has been made, the IIG is strongly of the view that further consideration of mandating dementia training for approved providers is required.

Priority area 5: Aged Care for Aboriginal and/or Torres Strait Islander Peoples

Royal Commission's Findings

The Royal Commission noted significant opportunities to make improvements in aged care for Aboriginal and/or Torres Strait Islander peoples, stating the reforms required the aged care sector to understand the needs of Aboriginal and/or Torres Strait Islander peoples, and how best to meet them. Key features of these recommendations include that Aboriginal and/or Torres Strait Islander peoples should have:

- meaningful choice in services and providers,
- access to an aged care pathway and assessment services that address and are sensitive to their needs,
- equity of access and high quality, safe and culturally aware care, and
- access to integrated, flexible, and innovative aged care services that prioritise the needs and wellbeing of the Aboriginal and Torres Strait Islander people they service.

The Royal Commission also saw partnership and co-design with Aboriginal and/or Torres Strait Islander people as key components of a reformed aged care system, along with training and expansion of the Aboriginal and/or Torres Strait Islander workforce.

Table 5: Aboriginal and/or Torres Strait Islander Recommendations

47: Aboriginal and Torres Strait Islander pathway within the new aged care system
48: Cultural safety
49: An Aboriginal and Torres Strait Islander Aged Care Commissioner
50: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers
51: Employment and training for Aboriginal and Torres Strait Islander aged care
52: Funding cycle
53: Program streams

Reported implementation actions

Priority Area 5 contains a diverse suite of recommendations aimed at realising the Royal Commission's broader objective of improving aged care for Aboriginal and/or Torres Strait Islander peoples. All recommendations have been partially implemented and are ongoing.

Implementation of all recommendations is ongoing.

A number of recommendation-specific actions have been undertaken to date. This includes engaging various external entities to deliver services and programs intended to support implementation. For example:

- the National Aboriginal and Community Controlled Health Organisation (NACCHO) has been engaged to deliver the Elder Support Program (Recommendation 47, 48 and 51),
- \$5.3 million has been allocated to embed cultural safety trauma-aware and healing informed care principles and training across all aged care services (Recommendation 48),
- \$1.7 million was allocated through the 2023-24 Budget to establish an interim First Nations Aged Care Commissioner (Recommendation 49),
- employment training is being provided for Aboriginal and Torres Strait Islander aged care through the Indigenous Employment Initiative Program (Recommendation 51), and

- \$52.1 million in additional funding for National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program services in MMM7 to meet higher operating costs and ensure continued provision of care to Aboriginal and Torres Strait Islander peoples on Country (Recommendation 47 and 52).

Stakeholder response

Aboriginal and Torres Strait Islander peaks acknowledged that progress is being made across these recommendations and indicated support for their continued implementation. Two recommendations in particular, the appointment of an Aboriginal and Torres Strait Islander Commissioner and the introduction of mandating cultural safety training were seen as critically important to improving the quality of care provided to First Nations peoples.

Peaks said that they are well informed about the implementation activities, with regular updates and ongoing engagement with the Department. They are conscious, however, that limited information is being shared with the sector more broadly, which is giving rise to concern amongst Aboriginal and Torres Strait Islander peaks organisations and care providers who would like access to more detail on proposed changes, especially where implementing recommendations lead to greater requirements and costs for care providers.

This point was picked up by another stakeholder, who voiced concern that Government reliance on consulting with Aboriginal and Torres Strait Islander peaks in the sector can be problematic as these organisations do not necessarily represent all First Nation communities.

Stakeholder comments on cultural safety training focused on:

- the need for training to be practically and easily applied in the workplace, and
- the importance of consistency and standardisation in training to avoid fluctuations in cultural awareness throughout the workforce.

Interim Inspector-General observations

Reforms to aged care for Aboriginal and Torres Strait Islander peoples offer a vital opportunity to address a persistent and longstanding need to provide a more equitable aged care system which has the capacity and flexibility to respond to the needs of First Nations peoples.

To that end, solid progress has been made to implement recommendations aimed at improving Indigenous aged care, with implementation activities continuing.

There are several aspects to this priority grouping worth commenting on.

Recommendation 48 requires mandatory training in cultural safety for aged care workers. While activities to improve cultural safety are in progress, there appears to be no intent to mandate such training. Ensuring aged care staff are adequately trained in the delivery of trauma-informed culturally safe care is central to improving quality of care and driving engagement. Greater numbers of people accessing care will in turn improve provider viability, encouraging the provision of more culturally sensitive services. The IIG notes stakeholders have called for the ongoing, rather than once-off, provision of appropriate mandatory cultural safety training. Further consideration of this by Government would be welcome.

Progress on the appointment of the (initially interim) Commissioner has been slow. The appointment of the Commissioner is a cornerstone recommendation that will give First Nations peoples a direct voice in the delivery of aged care. The IIG considers that finalising the implementation of this recommendation should be a priority for Government.

There is clearly progress being made on the remaining recommendations, although the level of detail available is limited, making observations difficult. The development and implementation of a comprehensive national Aboriginal and Torres Strait Islander Aged Care Workforce Plan (Recommendation 51) is clearly important. Consultation with stakeholders on the plan should be a priority.

Action to deliver recommendation 52, which proposed extended funding cycles, is progressing, but there appears to be no intention to move to the proposed 7 years. Clarity on the Government's position on this component of the recommendation would be of interest to the IIG, and to providers delivering the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program.

Priority area 6: System access and navigation

Royal Commission findings

The Royal Commission considered accessible and useable information on aged care a critical component of the New Aged Care Program. The Commissioners wanted people to have access to appropriate information so that they could plan effectively and connect with aged care supports and services. They emphasised the need to improve public awareness through:

- a strategic approach to information,
- resources,
- education,
- improving My Aged Care, and
- funding for care finders to support system navigation.

The development and implementation of a star ratings system was pivotal to support informed choice across the aged care system.

Table 6: System access and navigation recommendations

24: Star ratings: performance information for people seeking care
26: Improved public awareness of aged care
27: More accessible and usable information on aged care
29: Care finders to support navigation of aged care
42: Support for informal carers
94: Greater weight to be attached to the experience of people receiving aged care
122: Reporting of staffing hours

Reported implementation actions

Recommendations concerning system access and navigation

Significant progress has been made on several recommendations in this priority grouping.

Recommendation 24: Star ratings have been published since 19 December 2022 on the 'Find a Provider' page of the My Aged Care website, following amendments to primary legislation.

It is intended that the star ratings system will be iteratively enhanced.

Recommendation 26: Implementation public awareness of aged care, has included regular publication of communication messages through the Department's aged care channels, and through key stakeholders. Similarly, in the context of recommendation 27, which advocated for more usable and accessible information, the Department reported that the Aged Care Engagement Hub (a public facing resource providing key aged care information) regularly receives around 6,000 users each month.

Work is also progressing to improve services and supports for informal carers, including delivery of:

- *Recommendation 42(a) – Linking My Aged Care and the Carer Gateway*. Changes have been made to My Aged Care to establish links to the Carer Gateway and the National Dementia Helpline, which allow users to access information available on those sites,
- *Recommendation 42(b)(i) – Enabling direct referral and information sharing for informal carers between My Aged Care, care finders, assessment services and Carer Gateway*. Arrangements have been put into place to establish referral mechanisms for clients that contact My Aged Care, and
- Other improvements to information on My Aged Care, and development of new information resources.

The Department reported that recommendations 29, 94 and 122 have been implemented and finalised.

Stakeholder response

Stakeholders offered significant feedback on the implementation of all recommendations within this Priority Area.

Star ratings generated particularly strong interest, with the sum of stakeholders' commentary suggesting substantial refinement to the system is still needed. Their comments provide a basis for consideration of potential improvements, and include the following:

- currently star ratings is of limited utility with respect to allied health or home care, and in some instances, overall ratings can mask significant flaws in allied health service delivery,
- information is arguably too broad, particular for mid-range ratings, hindering individuals' ability to make informed decisions about the performance of facilities,
- consideration should be given to including staffing levels,
- there is potential for some providers to be discouraged from admitting residents with challenging behaviours or complex care needs if they have concerns that negative feedback from those individuals might affect the facilities overall rating,
- Star ratings does not consider the experience of respite care recipients, and
- Star ratings does not consider the impact on services that specialise in challenging behaviours and complex care needs.

There was broad support for star ratings among peak bodies. One suggested that the number of providers with three or more star ratings was encouraging; another suggested it was a valuable tool for providers and the community alike. Conversely, one stakeholder commented on poor star ratings occasionally concealing good clinical standards, and that there is a particularly significant possibility of such occurrences in specialised services that cater for marginalised groups, and as a result, data presented to the community through star ratings may be skewed. Adjustments to star ratings are recommended to address these issues and improve the overall accuracy of the system. [Star Ratings rec](#)

A number of stakeholders expressed support for the Government's measures to improve the public's awareness of aged care (Recommendation 26). Issues for further consideration included the need to inject greater diversity in those measures, including responding to the needs of culturally and linguistically diverse consumers. One stakeholder recommended that engagement extend beyond aged care recipients to the broader public.

Similar comments were made in the context of recommendation 27. Additional questions concerned the capacity for some older people and some people from culturally and linguistically diverse backgrounds to engage with technological solutions put in place to support online messaging.

A large number of stakeholders expressed strong support for measures put in place to establish care finders (Recommendation 29), but identified a number of implementation gaps. Comments included:

- care finders should focus on consumer choice of suitable options, rather finding a suitable service,
- the use of PHNs to deliver the Care Finder contracts has created unnecessary complexity and inconsistent implementation between regions, and
- a potential conflict of interest should be taken into account where Care Finders are also aged care service providers.

Some stakeholders flagged ongoing issues around the implementation of recommendation 94, which proposed greater weight be attached to the experience of older people. These related to the lack of data capturing LGBTQIA+ people, and queries as to whether any action had been taken to implement recommendation 94(d), which required channels be set up to allow individuals receiving aged care to report their experiences.

Finally, one stakeholder highlighted a lack of clarity around whether allied health care has been considered in the implementation of recommendation 122, which required amendments to the *Accountability Principles 2014* to mandate quarterly reporting on staffing hours.

Interim Inspector-General observations

Significant progress has been made towards implementing some of the recommendations within Priority Area 6.

Foremost, the establishment of the star ratings system has been a major achievement. The star ratings system will aid consumer choice and drive improvements in provider quality by:

- *enhancing transparency about the quality of care in residential aged care homes,*
- *providing an intuitive and user-friendly way for individuals and their families seeking aged care to compare the quality of aged care homes,*
- *establishing nationally consistent measures that monitor, assess, and improve the quality of aged care homes; and*
- *shining a light on areas where aged care providers might improve the quality of aged care homes, and by extension, the care of their residents.*

There is scope to significantly enhance star ratings and address some of the perceived weaknesses in the construction of the ratings system, including those identified by stakeholders above. The 2023-24 Budget provided funding for further development of star ratings. The IIG is of the view that consideration should be given to enhancing the information that underpins the ratings by:

- *including serious incident reports and complaints data,*
- *introducing greater differentiation between providers on the same rounded rating but with varied performance, and*
- *increasing frequency of collecting of resident's views.*

The Royal Commission recommended star ratings cover the aged care system more broadly, not just residential care. The IIG strongly supports the development and implementation of star ratings for other aged care services.

Progress has, and continues to be, made to improve the Australian community's awareness and understanding of aged care (Recommendation 26). In concert with this recommendation, further work to improve the accessibility and usability of aged care information (Recommendation 27) will help fill the gap in available and relevant information about aged care.

Consistent with the broader focus of the Royal Commission's recommendations, greater emphasis should be placed on increasing awareness, understanding and ability to navigate the aged care system as a whole. To date, many activities appear to be piecemeal and focus on communicating the reform agenda. A more comprehensive, strategic approach to awareness-raising of the sector more broadly is necessary. Older people, their carers and families need a greater understanding about available care options, how to choose between them and how to access them. This is a challenging task which requires a substantial, multi-faceted and ongoing strategy over some years, commencing with establishment of baseline data so that progress can be measured. The IIG envisages this will be a focus of further consideration in Stage 2.

Substantial work has been undertaken to improve informal carers' supports (Recommendation 42). Some components of the recommendation have not been implemented – there is currently no functionality for clients to use the My Aged Care website to secure respite services,²³ and a community-based Carers Hub is still under consideration.²⁴ More broadly, the full extent to which measures that have been put in place align with the recommendation is unclear.

The IIG strongly supports improving pathways for informal carers to seek respite support. Improved access to respite and clearer, more effective information for carers were highlighted by the Royal Commission, and similar views were expressed by key stakeholders. Going forward, implementation of recommendation 42 should include a focus on stakeholder engagement, both as a source of intelligence and to keep people abreast of key reforms.

Strong progress has been made to finalise implementation of recommendation 29, which required the Australian Government to fund engagement of 'care finders' who would carry out a specific set of functions to assist older people in seeking aged care services. All PHNs and 115 care finder organisations are providing services. While there are reports of significant variability in the implementation of this initiative, this is not unexpected in such early stages of implementation. Information about the roll out of this initiative, including any evaluation findings will be helpful in determining the extent to which Care Finders are meeting the intent of the Royal Commission's recommendation.

Finally, recommendation 94 proposed greater weight be placed on the experience of people receiving aged care, including through interviews with at least 20 per cent of people receiving aged care through a given service, and in establishing channels allowing people receiving aged care to report their experiences. Current implementation is focussed on residential care. The IIG considers that it is also important that the experiences of people accessing other forms of care be captured, with a goal to this being in real time as system development allows.

²³ This was proposed under recommendation 42(a), which required links between My Aged Care and the Carer Gateway so that clients need only use one of those systems to source their respite care needs.

²⁴ Recommendation 42(c)(iii) proposed establishment of a community-based Carers Hub network, which according to the Commissioners provide effective practical support to local communities.

Priority area 7: Sustainability and consumer contributions

Royal Commission findings

The Commissioners had divergent views on funding and financing the aged care system, however, both noted that at the time, the current level of Australian Government aged care funding was inadequate. The Commissioners set 2 overarching principles to determine the level of funding to be provided for categories of care:

- the amount of funding should be sufficient to meet the independently assessed needs for these services of all older people; and
- the funding should be sufficient to allow providers of those services to deliver them sustainably, safely and at a high level of quality.

Commissioner Pagone's approach to sustainably financing the aged care system was by means of an aged care hypothecated levy, to support a universal entitlement to aged care in accordance with need. Alternatively, Commissioner Briggs' approach centred around an aged care improvement levy at a flat rate of 1%. Both considered the establishment of an independent pricing authority as a critical factor in establishing a better funded system

Both Commissioners supported an independent pricing authority that had the power to determine the funding for aged care. While they differed in their implementation approach, both agreed that it should have the power to set prices.

Both Commissioners supported consumer contributions to the cost of some components of aged care and recommended a series of changes to consumer contributions and the means test. Commissioner Briggs also recommended phasing out Refundable Accommodation Deposits (RADs).

Table 7: Sustainability and Consumer Contribution Recommendations

6: Pricing authority
11: Independent Hospital and Aged Care Pricing Authority
41: Planning based on need, not rationed
115: Functions and objects of the Pricing Authority
125: Abolition of contributions for certain services
127: Fees for residential aged care – ordinary costs of living
128: Fees for residential aged care accommodation
129: Changes to the means test
138: Productivity Commission investigation into financing of the aged care system through an Aged Care Levy
140: Fees for residential aged care accommodation
141: Changes to the means test
142: Phase out of Refundable Accommodation Deposits
144: Introduce a new earmarked aged care improvement levy

Reported implementation actions

Recommendations concerning sustainability and consumer contributions

Limited action has been taken to date on implementing the recommendations in this grouping, apart from establishing the Independent Health and Aged Care Pricing Authority – IHACPA (recommendations 6, 11 and 115) – which was established in August 2022, but without the recommended power to set prices (IHACPA can only recommend them).

Recommendations relating to consumer contributions, means testing and new financing models require additional consideration due to the potential fiscal and/or whole of government impact.

The Government has established the Aged Care Taskforce (the Taskforce) as a time-limited body to provide expert advice on how to fund aged care to ensure that the system is fair and equitable for all Australians.

Terms of Reference for the Taskforce state its advice should support:²⁵

- a stable policy path for the sector that encourages continuous improvement,
- high quality care and an innovative and vibrant aged care sector that is driven to respond to the needs of older Australians, and
- a sustainable sector that can deliver consistent, high-quality care for generations of Australians.

The IIG understands that the Taskforce will consider the views offered by the Commissioners, including eight of the financial sustainability and consumer contribution recommendations grouped under this priority area, in its deliberations.²⁶

Stakeholder response

Stakeholders recognise the significance of these recommendations and have called for greater transparency and consultation regarding any moves to a system where planning is based on need, rather than rationed (Recommendation 41). Design changes on demand driven allocation are a paradigm shift that stakeholders consider needs public discussion.

In relation to the recommendations that propose alternative funding models, provider peaks support an exploration of all options to fund and finance the aged care system to find a sustainable and equitable approach that ensures long-term viability.

Such stakeholders suggest a principle-based approach should be at the core of any preferred model to ensure it is fair, efficient and meets the needs of both consumers and service providers. One submission proposed 7 principles stemming from the work of the Royal Commission: predictability, reliability, objectivity, economic soundness, accountability, transparency, and equity.

There was strong advocacy for a system that:

- strikes a balance between individual contributions and public funding,
- allows those who have the means to contribute without undue burden,
- prioritises streamlined administration processes and minimises red tape,
- builds transparency so people understand how their contributions are being used, and
- leads to a fully costed and funded aged care system.

Further feedback was received on the challenges faced by providers if phasing out of RADs progresses. Some providers view RADs as a significant revenue source and fear they may face liquidity and investment issues if this revenue source diminishes. Stakeholders have highlighted that transitioning away from RADs is complex, and market competition, capital investment and viability may be impacted.

More broadly across the sector in public discourse there is general agreement on a balanced approach to financial arrangements that provides an equitable balance between taxpayer and consumer contributions while maintaining safety nets for people with low means.

Stakeholders supported vertical and horizontal equity principles:

²⁵ [Aged Care Taskforce – Terms of reference.](#)

²⁶ Recommendations expected to be considered by the Aged Care Taskforce may include recommendations 125, 127, 128, 129, 138, 140, 141 and 144.

- vertical equity – that those with low means should receive more subsidised assistance, and
- horizontal equity – that there should be parity in contributions for those with similar circumstances.

There is still some discord on the appropriateness of an intergenerational equity approach – reviewing the degree in which the costs of aged care should be funded across generations. Current approaches to aged care financing rely on intergenerational transfer, with the current generation of taxpayer directly funding the care costs of the current elders in aged care through the taxation system. More than 90% of total care-related costs are paid from taxpayer funding.²⁷ This puts a higher burden of funding care on younger generations who may be financially exposed through mortgages, family cost of living pressures, and, who have no other financial resources at their disposal. This, coupled with Australia's demographic change to an ageing population will cause further financial pressure as aged care service costs rise.

In its report the University Technology Sydney Ageing Research Collaborative (UARC) highlighted evidence that indicates people are willing to:²⁸

- forgo inheritance so that their parents can enjoy a safe and comfortable retirement, and
- make greater co-contributions to the cost of their care or their family members' care provided the services are of high quality.

Interim Inspector-General observations

The IIG considers it critical that Government achieve the right balance for everyone in the system in addressing this priority area. Financial performance issues, especially for residential aged care, are not new. Reforms introduced in response to the Royal Commission have improved the sector outlook, with Government having provided significant funding injections. However, a new aged care system will not deliver the necessary change successfully unless it is underpinned by robust, consistent, equitable and sustainable funding arrangements.

The IIG welcomes the formation of the Taskforce and its expertise in this area and noting this, specific comments on the financial sustainability recommendations are not provided below, aside from the proposal to move from a system where planning is based on need, rather than rationed (Recommendation 41).

Moving to a needs-based system

Traditionally aged care, whether residential or home-based, has been subject to rationing through a bed to regional population ratio (the bed licence system) and a capped supply of HCPs and CHSP services. Planning and provision has not been 'needs-based' and in the past some people assessed as needing support and care have been unable to receive it, especially in-home care.

Bed licences for residential care are set to be abolished by the end of 2024, but policy settings for supporting needs-based supply have yet to be finalised. With increasing allocations of HCPs in recent years, waiting lists for HCPs have reduced significantly, though they do remain, and waiting times are longer than the Royal Commission recommended.

²⁷ Pg 50 UARC Aged Care Sector Mid-Year Report 2022-23.

²⁸ Pg 61 UARC Aged Care Sector Mid-Year Report 2022-23.

The IIG strongly supports Recommendation 41: to move from a system where planning is based on need rather than rationed. The IIG would welcome positive Government consideration to implementing a needs-based framework for the provision of aged care. Moving to needs based planning and provision would bring aged care into line with the entitlement basis that underpins the provision of health services and social security.

Insights on financial sustainability and consumer contributions

In the letter initiating this report Minister Wells asked for additional ‘insights and advice’ on financial sustainability and consumer contributions. The IIG offers the following, which is drawn not only from the broader process undertaken to develop this report, but from his extensive experience and knowledge of the sector, including 9 years as a member of the Aged Care Financing Authority (ACFA).

Additional funding is needed

The Royal Commission considered that there are insufficient funds in the aged care system as a whole, and in residential aged care in particular. Many others concur including in the data presented in the Department’s Quarterly Financial Snapshots of the Aged Care Sector.

There is broad agreement that funding within the system as a whole, and in residential aged care in particular, is currently insufficient. Current funding for residential aged care does not meet the total costs of providing high quality care, daily living services and accommodation (particularly after factoring in depreciation and necessary upgrades or rebuilds), while also providing an acceptable return on investment.²⁹ In the meantime the cost of providing care is increasing. The care needs of people in residential settings are becoming more acute, and more expensive, while expectations for quality care and support are rising. Staff wages and conditions need to be sufficient to allow the sector to compete for skilled workers.

Additional investment funding is also needed in the sector to respond to growing demand. While there has been a significant increase in absolute and relative numbers of aged care recipients accessing in-home care in recent years, demand for residential care is still predicted to grow, albeit at a slower rate. As the baby boomer cohort moves into residential age care, the cost of providing care will continue to grow. Baby boomers are expected to have much higher expectations of the quality of the care and support they receive and of their built environment. These rising expectations are coinciding with period of significantly reduced investment in residential aged care infrastructure (or an increase in ‘investment hesitation’). Policy stability and competitive investment returns will be essential to support investment decisions.

Under current policy settings, government (through tax revenue) is making a substantial contribution towards the cost of residential care and meeting almost all the cost of in-home care and services. Many beneficiaries are financially well off, which means that taxpayers of moderate means facing significant living costs are paying for the aged care of people who may have a high income, assets, or both.

Additional funding will be needed for aged care, the key question is: how best can this additional funding be achieved?

²⁹ Woods, M et al (2022). Sustainability of the Aged Care Sector: Discussion Paper. The University of Technology Sydney.

Consumer contributions

Consumer contributions currently vary between residential aged care and in-home care settings.

Residential aged care

There are significant consumer contributions in residential aged care, but considerable inequity in the assessment and treatment of assets. For example, the 'family home' is frequently exempt,³⁰ and higher levels of assets are treated relatively more favourably than more modest levels.

A lack of flexibility in the existing residential care service model also means that people with the capacity and willingness to pay for 'additional' and 'extra' services can only do so in limited circumstances.

Current policy settings contribute to the persistent funding shortfall in residential aged care accommodation and living costs. For example, the relationship between the values of RADs and Daily Accommodation Payments (DAPs) needs to be reviewed, as it can result in outcomes that do not advance good funding policy (for example in recent circumstances DAPs, and investment returns on RADs, provided less income for accommodation than the Commonwealth payment for Supported Residents).

The heavy utilisation of RADs is not a "fit for purpose" method of financially supporting many residential care providers and there are often difficult trade-offs for both providers and consumers in making a choice between paying an up-front RAD or a making a DAP.

However, any move to phase out RADs in favour of alternative options needs to be undertaken in a slow and deliberate manner to ensure aged care providers remain viable during the changeover. It also requires the availability of alternative long term investment funds – such as from large superannuation funds, both domestic or international – which requires policy stability and a sufficient rate of return on investment.

In-home care

Consumer contributions for in-home care are very low and the policy regarding contributions is not consistently applied. All HCP consumers should pay a Basic Daily Fee, but few do, and the revenue forgone is substantial. Even Means Tested Care Fees, which directly substitute for government funding, are not always collected.

In CHSP while there is a client contribution framework the decision on whether to charge fees, and the actual level of fees, is at the discretion of individual providers. Stakeholders acknowledge that people with the capacity to pay for their services are routinely receiving subsidised services.

The IIG recommends that this aspect of consumer contributions is reviewed with a view to developing a consumer contributions policy that ensures equity and consistency.

³⁰ The family home is exempt when a partner or other dependent person continues to reside there. Otherwise, it is assessable, but only the first \$186,000 is taken into consideration.

Principles

The Taskforce may want to consider the following conceptual basis for developing principles to underpin a fair and equitable aged care system for all older people in Australia:

- 1. Funding for the aged care system is adequate, secure, and sustainable into the future.*
 - If people are assessed as having a need for aged care, that need will be met – whether they have the means or not.*
 - Funding is adequate to ensure providers and Government have funding certainty with a reliable, predictable, and appropriate funding mechanism.*
 - Funding is sufficient to cover the cost of delivering safe, quality services.*
 - The funding mechanism is flexible to accommodate the changing nature of aged care provision as innovation advances, models of care evolve, and societal expectations change.*
 - Funding arrangements provide for transparency and integrity consistent with agreed goals.*
 - Funding is determined according to evidence and appropriately indexed.*
- 2. Funding arrangements are equitable and ensure aged care remains accessible to all, regardless of means.*
 - People who do not have the capacity to pay for care have access and receive the same safe and quality care as people who have the means to pay.*
 - People with the means to pay do pay at a fair and equitable level to those with similar means.*
 - Arrangements are developed objectively, with independent advice taking into account what is the most fiscally responsible outcome.*
- 3. The costs of aged care are transparent and understandable to all.*
 - Older people easily understand the cost of care and where their contributions are being spent.*
 - There is consistency of funding arrangements as a person moves through different parts of the aged care system that lessens the burden of change on the recipient.*
 - The amount of contribution is clear and simple to understand.*
 - The amount paid by the Government on behalf of a recipient is transparent.*
 - The act of making funding simple does not reduce the flexibility to ensure each person's individual care needs can be accommodated.*
- 4. Funding is economically sound and designed to ensure investment and growth in the aged care system*
 - Funding arrangements should be independently reviewed and designed to support the aged care system as it changes and grows.*
 - Funding arrangements should support investment, growth, and innovation in the aged care system.*
 - Funding arrangements should support a fiscally responsible government.*

A clear principles-based framework will provide the Government with a sound basis and realistic expectations for policy decisions concerning funding arrangements. It is recommended that further work be undertaken with stakeholders to develop and test such a framework.

Any principles-based methodology that seeks to simplify and explain funding to individuals should be tested with individuals to ensure they can easily understand it.

Timing

Timely decisions and action will be needed to address financial sustainability and consumer contributions policy for inclusion in the new Act and policy design decisions on Support at Home. It is important that decisions on consumer contributions are made ahead of the significant increases in demand for aged care services projected in the relatively near future.

Other Recommendations of interest

In addition to the 7 priority areas above, there are a number of recommendations which have been raised by stakeholders and which are central to realising the Royal Commission's vision for a people-centred aged care system capable of delivering high quality aged care.

Table 7: Other Recommendations of interest

60: Establish a Senior Dental Benefits Scheme
84: Increase in award wages
88: Legislative amendments to improve provider governance
89: Leadership responsibilities and accountabilities
90: New governance standard
91: Program of assistance to improve governance arrangements
100: Serious Incident Reporting Scheme
114: Immediate funding for education and training

Reported implementation actions

Strong progress has been made overall to implement these recommendations, all of which have a central role in improving quality of care outcomes for older Australians.

Recommendation to implement a Senior Dental Benefits Scheme

Recommendation 60, which recommended the establishment of a Senior Dental Benefits Scheme (SDBS) by 1 January 2023 is subject to further consideration and has not been implemented.

A SDBS is being considered as part of longer-term dental reform. To that end, the National Dental Reform Oversight Group presented preliminary analysis of reform options to health ministers in June 2023, with further analysis to be presented in late 2023.

Stakeholder response

Stakeholders have sought clarity around the status of the SDBS, stating that dental health is a systemic issue in aged care, and that the IIG could potentially play an important role in highlighting opportunities for improvement.

Interim Inspector-General observations

Stakeholders have expressed strong support for the establishment of a SDBS that reflects the intent of recommendation 60.

The IIG supports the establishment of a SDBS to address the acute health risks that older people face as a result of poor oral health, particularly for those in aged care. While it is the intention that progress towards implementing a SDBS be made in the context of broader dental reforms, it is unclear what timeframes have been attached to this work. Strategies to expedite implementation of this recommendation may be necessary.

Increase in award wages

In relation to recommendation 84, on 21 February 2023, the Fair Work Commission (FWC) made an interim decision to increase minimum wages for certain aged care workers by 15% with effect from 30 June 2023.³¹ The Government has committed \$11.3 billion to fund the increases. Collaboration between Government, unions, and employers through the FWC process is ongoing as part of implementing the FWC's decision.

Stakeholder response

For the most part stakeholders welcomed the FWC's decision to increase award wages by 15%, though some noted their disappointment that the increase was not the 25% requested by the unions. It was also noted that not all aged care workers will receive a 15% increase, which was seen as disappointing for the sector and potentially leading to some staff feeling under-valued. Stakeholders called for close oversight of providers to ensure that the wage increase is passed on in full to all eligible employees.

There was a view that the pathways for providers to access the funding increase in home care have been poorly designed and communicated. One stakeholder noted that for HCPs providers need to individually negotiate price increases with consumers to access the funding uplift for the wage increase. While for CHSP, providers already paying above award rates will be penalised as only the difference between the current rate of pay and the new award rate will be covered; providers who pre-emptively increased wages to aid staff retention will not receive funding.

Stakeholders also expressed concern about the timing and clarity of communications about the changes and requested more notice in future.

Interim Inspector-General observations

Commendable progress has been made in delivering increases to award wages in response to recommendation 84.

The IIG supports continued work towards fully implementing this recommendation. Stakeholders have already noted that the prospect of wage increases is positively impacting staff engagement and retention.

Increasing award wages is likely to be an important factor in helping to address workforce shortage that are negatively impacting on the effective implementation of other key recommendations, including the requirement for 24/7 registered nurses in residential care (Recommendation 86).

Strengthening provider governance

Implementation of recommendations to strengthen aged care provider governance responsibilities is at varying stages.³² Recommendations 88, 90 and 91 are ongoing, whilst recommendation 89 has been partially implemented and finalised according to the IIG framework.

Recommendation 88: Legislative amendments to improve provider governance, has included delivery of the following:

³¹ For example, registered nurses, enrolled nurses, nursing assistants, personal care workers, home care workers, recreational activities officers, and head chefs/head cooks.

³² These included recommendations 88 to 91 inclusive. Aspects of other recommendations also relate to strengthening provider governance. For example, recommendation 19(d), which required 'provider governance' to be referred to the Australian Commission on Safety and Quality in Health Care for review, and if appropriate, amendment of the Aged Care Quality Standards.

- primary legislation commencing from 1 December 2022 through the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022*, and
- finalisation of subordinate legislation on 1 July 2023.

Recommendation 88(2), which required amendment to the *Freedom of Information Act 1982* (FOI Act) to remove various aged care laws from Schedule 3, will be addressed in the New Aged Care Act.³³

Recommendation 89: Leadership responsibilities and accountabilities, which stated that the ACQSC should require that governing bodies meet a range of responsibilities and accountabilities to improve provider governance as a condition of approval and accreditation, has been finalised according to the IIG framework. Implementation has involved primary legislation to require governing bodies of relevant approved providers to:

- ensure staff training, professional development and continuous learning, staff feedback and engagement, and team building,
- have at least one member with experience in providing clinical care, and
- establish a quality care advisory body and offer to establish a consumer advisory body to help inform governing body.

Recommendation 89(b) will not be implemented as part of providers' conditions of approval, with the intent of that recommendation being addressed through investment in provider capability programs, such as the 'Governing for Reform in Aged Care Program' being facilitated by the ACQSC.

Recommendation 90: New governance standard, has included delivery of primary and subordinate legislation requiring certain approved providers to:

- have at least one member with experience in providing clinical care,
- establish a quality care advisory body,
- offer to establish a consumer advisory body to help inform the governing body; and
- attest annually whether the provider has complied with its duties under aged care legislation and if such an attestation cannot be given, explain why and set out what corrective action is being undertaken.

Recommendation 90(a) and (c) requires additional funding to support implementation in the context of the new Quality Standards from 1 July 2024.

Recommendation 91: Program of assistance to improve governance arrangements is being implemented through the Governing for Reform in Aged Care Program, which commenced in 2021-22 and is continuing to 30 December 2023, with the aim of strengthening provider governance. Implementation is being led by the ACQSC, and was to be made available to 3,700 aged care leaders by 30 June 2023.

Stakeholder response

Overall, stakeholders made limited comments in relation to these recommendations.

One peak representing consumers observed, in the context of recommendation 88, that improved governance is vital to ensuring accountability of service providers and protect the rights and dignity of older people.

In relation to recommendation 89, one peak suggested that only recommendation 89(c) has been partially implemented, and called for a clearer Government position on whether the recommendation is to be implemented in full. Another peak acknowledged progress made through legislative reform and noted that some changes will take effect from December 2023. One stakeholder queried how Ministers and policy makers could be made to better

³³ The intent of these amendments is to ensure that the exemption in s 38 of the FOI Act does not apply to 'protected information' under aged care laws merely on the grounds that it relates to the affairs of certain entities/persons.

understand older peoples' lived experiences, so that they can responsibly lead the design of new policy and procedures.

One stakeholder noted that the New Provider Governance Responsibilities that commenced on 1 December 2022 in the context of recommendation 90, and are being carried over to the New Aged Care Act, should have formed part of the consultation process for the new Act.³⁴ This includes the creation of the Consumer Advisory Bodies, Quality Care Advisory Bodies and operations and compliance statements.

One peak welcomed the Governing for Reform Program being led by the ACQSC in response to recommendation 91, stating that it is an appropriate beginning for cultural change. They also highlighted the importance of ensuring that board governance takes workforce issues into consideration at a strategic level, as strategic workforce planning can significantly improve an organisation's operational costs, understand the true cost of workforce, and better plan their care models.

Interim Inspector-General observations

At the time of the Final Report, the Royal Commission noted that the legislative framework did not provide a sufficiently strong basis to support robust provider governance. The Commissioners recommended changes to improve provider governance, with an emphasis on embedding a right to safe and high-quality aged care in legislation and in practice.

The IIG considers the need to strengthen provider governance, and therefore the implementation of these recommendations, to be crucial to improving the quality of aged care over time. This is particularly important in the context of aspects which mandate more robust clinical governance oversight (for example, through the new governance standard proposed under recommendation 90), and performance responsibilities more broadly. While strengthened governance requirements are important in the context of home care, they are vital to residential care, which is due in part to the more complex care needs of residents in aged care homes, and in light of the particular vulnerabilities residents face as a result of substandard care provision.

As such, the important progress that has been made to date through legislative reform to strengthen providers' governance responsibilities is commendable.

Serious Incident Reporting Scheme

Recommendation 100, which called for a new and expanded Serious Incident Reporting Scheme (SIRS), has been finalised according to the IIG framework. Following legislative amendments to the *Aged Care Act 1997*, the *Aged Care Quality and Safety Commission Act 2018* and the *Aged Care Quality and Safety Commission Rules 2018*, the SIRS commenced in residential care on 1 April 2022. On 1 December 2022, the scope of SIRS was expanded to apply to aged care provided in home and community settings.

Consistent with recommendation 100(d), the ACQSC was conferred with regulatory powers to investigate serious incidents and respond to non-compliance. The ACQSC publishes quarterly data on SIRS, but contrary to recommendation (1)(b), that data is not reported at the provider, service, or facility level. This is because, firstly, the ACQSC publishes reports of non-compliance decisions in relation to SIRS at the service level following its investigations, and secondly, because publishing raw numbers might lead to incorrect imputations of poor quality, which would provide a disincentive for providers to notify the ACQSC of alleged incidents and reduce visibility on risks to care recipients.

³⁴ The Department advised that there was consultation on both the primary amendment and subordinate legislation to implement this measure.

Stakeholder response

Stakeholders recognised that the establishment of the SIRS is a significant achievement for the aged care sector. Three stakeholders commented further on the design of SIRS.

Specifically, one service provider said the overarching intent was positive, but advised that:

- under current ACQSC guidelines, incidents are submitted for home care that are considered SIRS-reportable, but do not meet the definition of a serious incident, which is a time-consuming practice for providers and the ACQSC, and
- current guidelines requiring reporting of comparatively low risk incidents are potentially at odds with the substantive objective of the measure.

Two peaks provided the following feedback:

- arguably recommendation 100(b) has not been implemented as reporting is not at the provider level, and at a service or facility level,
- there are contradictions in mandatory reporting using a human rights approach – in some instances, older people do not wish for incidents to be reported. However, mandatory reporting overrides such concerns, and
- providers are not always adhering to their reporting obligations, particularly in relation to 'Priority 1' incidents, and in some instances are not aware of such obligations, responses after reporting does not always follow 'best practice' (for example, police responses are not always appropriate, and providers do not always offer or arrange counselling for the older person, particularly those living with dementia).

Interim Inspector-General observations

Commendable progress has been made in implementing SIRS. There are aspects of the recommendation, however, that have not been implemented which should be examined more thoroughly in the Stage 2 report.

Immediate training to improve quality of care

In response to recommendation 114, which required the Australian Government to provide immediate funding for education and training, the Government has committed \$493 million to support training places across a number of priority areas, including aged care and other care sectors.³⁵ This recommendation has been finalised and implemented.

Stakeholder response

Whilst supportive of the intent, stakeholders queried the scope of current measures. Two stakeholders expressed the view that current measures may be insufficient due to the scope of funding for training being too narrow. Another stakeholder indicated that funding for education or training in care skills, and reimbursement for additional staffing hours to facilitate course attendance, has yet to occur.

Interim Inspector-General observations

Whilst steps have been taken towards implementing this recommendation, there is insufficient information to advise on whether those actions have implemented the recommendation, or whether they meet the Royal Commission's intent.

³⁵ States and territories matched this commitment.

Recommendations dependent on the New Aged Care Act

The Royal Commission recommended that the *Aged Care Act 1997* be replaced by a New Aged Care Act, which would be the cornerstone of a new people-centred aged care system, and provide the legislative basis to support the broader aged care reforms (Recommendation 1).

Interim Inspector-General observations

Implementation of a large number of recommendations are contingent upon commencement of the new Act. In total, it will provide the legal basis for approximately 50 recommendations, either in full or in part. As such, none of those recommendations can be considered finalised and fully implemented before the new Act commences.

The New Aged Care Act is therefore vital to the aged care reform agenda, as well as being an important recommendation in its own right. It is understood that a phased approach is being planned to deliver the legislative reforms. To date, steady progress has been reported in developing the Bill for the new Act, with drafting progressing and an exposure draft targeted for release in late 2023 prior to commencement from 1 July 2024.

Finalisation of the Bill in that timeframe, however, is dependent upon resolving key policy components – both in relation to the New Aged Care Act and other recommendations – followed by a timely public consultation process.

Key policy components and other implementation activities for several important recommendations, which the New Act will ultimately underpin, are still ongoing. These include, for example, the establishment of a new single assessment framework (Recommendation 28), which the Government has committed to implement from 1 July 2024. To prevent commencement of the New Aged Care Act being delayed beyond the planned timeframe, it will be necessary to ensure all policy and development work for the new single assessment framework is also finalised within those timeframes.

Therefore, a holistic approach to implementation will be required, which will need to involve early referral of outstanding issues for resolution as soon as possible – including policy underpinning this recommendation and other recommendations more broadly – to minimise the risk of delays beyond 1 July 2024.

Conclusion

Overall, our report shows that the Department has made significant progress towards implementing the recommendations within the seven Priority Areas of this report.

While the broader reform journey is still underway, real gains are already being realised through the concerted efforts being made towards implementing the Royal Commission's recommendations and delivering on the Commissioners' intent to establish a sustainable, equitable aged care system capable of delivering high quality care to older people in Australia.

The new funding model – the AN-ACC – has been operational since 1 October 2022. A Serious Incident Reporting Scheme and a legislative framework preventing the inappropriate use of restrictive practices have been operationalised. An increase in award wages for aged care workers has resulted in tangible benefits for the aged care workforce. Improvements in provider governance have also been made.

Our analysis has demonstrated the importance of maintaining momentum in the delivery of aged care reforms. In this context, a number of foundational recommendations which will underpin the future aged care system are still in progress, in particular the new Support at Home Program, and the New Aged Care Act. Whilst there has been meaningful progress and a large volume of work undertaken to implement these recommendations, there have been some significant slippages. While reforms of this complexity and importance take time, further delays in the implementation of reform initiatives should be avoided. As the Royal Commission identified, there is a clear need to act promptly to address the deficiencies in the aged care system and deliver sustained quality improvements.

Going forward, a number of guiding principles should inform reform implementation. Through adopting these principles, the ambitious but vital reform agenda envisaged by the Royal Commission can be realised.

Firstly, careful monitoring and planning and a commitment to timely action is needed to reduce the likelihood of further implementation delays, particularly to complex recommendations with multiple layers of dependencies.

Secondly, it will be important for the Department to be transparent about its progress. Engaging with stakeholders will be equally important, to inform implementation work, to retain the broader community's confidence in that work, and to better understand the outcomes of these reforms.

Thirdly, it is vital to look beyond actions taken to implement recommendations. It will be equally important to work with key stakeholders to monitor the outcomes of the Government's reforms, and in particular, to ensure that they are achieving changes that align with the intent of the Royal Commission's recommendations. With any reforms, unintended consequences or unforeseen impacts are a potential by-product that require early intervention to address – for example, unnecessarily increasing providers' burdens and preventing them from focussing on quality of care, innovation, and improvement.

Fourthly, a holistic approach should be taken to the implementation of the Royal Commission's reforms. This means considering the recommendations as the sum of a whole system that will need to provide the aged care services that all older Australians deserve, which is sustainable in the longer term and provides effective and high quality care.

Finally, an independent assessment of the implementation of the Royal Commission's recommendations, and their effectiveness in meeting their intended objectives, is necessary. Once legislation currently before Parliament has commenced to establish the independent statutory Office of the Inspector-General, this will be one of the key improvements that the IG will bring to the broader aged care system.

Appendices

Appendix A: Full table of Recommendations

Appendix A contains information about the progress of implementation as reported by senior responsible officers within the Department and select stakeholders, as well as comments from the Interim Inspector-General.

The Interim Inspector-General comments apply the Reporting Framework in Appendix B, and are descriptive in nature. They do not comment on the appropriateness or adequacy of the Government's reported position on, or the status and delivery of, each recommendation.

Please note that:

- The Reporting Framework is different to previous approaches to reporting on implementation progress and is not comparable.
- The current Government has not formally responded to the recommendations or communicated its position on all recommendations. The Framework requested the Department to provide an indicative view of the Government's position in the absence of a formal response on each recommendation. The Department's understanding of Ministerial intent at the time of reporting is what is reflected in the table.
- The 'Additional information' column is a condensed summary of the information received.

Appendix A: Implementation progress for recommendations from the Royal Commission into Aged Care Quality and Safety Report							
Note: Departmental views have been provided by senior officers responsible for implementing recommendations on behalf of the Department, applying the IIG framework at Appendix B.							
Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
1	A new Act	Accepted	Ongoing	Not implemented	The Government has agreed to a revised commencement date for the new Aged Care Act from 1 July 2024.	Most stakeholders expressed concern about the tight timeframes for consultation at the end of 2023, and commencement of the New Aged Care Act, stressing the need for sufficient consultation to allow the sector to prepare.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
2	Rights of older people receiving aged care	Accepted	Ongoing	Not implemented	The Statement of Rights, which is intended to be included in the new Act, will draw on, but not replicate, the wording proposed by the Royal Commission.	While the majority of stakeholders conveyed support for the human rights focus in this measure, several highlighted the lack of consultation around the Statement of Rights and potentially tight timeframes to provide feedback.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
3	Key Principles	Accepted	Ongoing	Not implemented	The Statement of Principles, which is intended to be included in the new Act, will draw on, but not replicate, the wording proposed by the Royal Commission.	A common theme in feedback submitted for this measure related to the absence of public consultation, however, there has been acknowledgement surrounding the importance of this Statement.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
4	Integrated long-term support and care for older people	Accepted in part	Ongoing	Partially implemented	<p>This recommendation is currently being progressed through the Senior Officials Working Group which has been set up to consider joint Commonwealth and state and territory related recommendations.</p> <p>Other work is ongoing internal to Government with respect to this recommendation. This includes the development of a 10-Year Ageing Well in Australia Strategy, which focuses on how we can support our ageing people in Australia live their best life their whole life. It will be accompanied by an Outcomes Framework that will enable us to measure the success of current programs, identify gaps and target policies and programs to identify these.</p>	The feedback submitted for this measure expressed apprehension toward its progress, with several stakeholders advising its structure and progress is unclear. Stakeholders also acknowledged potential difficulties that may arise in the collaboration with state and territory governments.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>4(2) and 4(3) are subject to further consideration.</p> <p>The IIG considers 4 'Not implemented' as it has no information regarding the establishment of a National Cabinet Reform Committee per 4(1). Future progress reports will investigate further.</p>
5	Australian Aged Care Commission	Rejected	Finalised	Not implemented	This recommendation has no input as it was not progressed with. The current government formally closed this recommendation on 31 May 2023.	Little commentary was provided on this recommendation, however one stakeholder advised that a clear explanation that the alternative recommendation was accepted would be helpful.	<p>The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'.</p> <p>Recommendation 5 was part of Commissioner Pagone's Independent Commission model, which was rejected in favour of Commissioner Briggs' Government Leadership model.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
6	Australian Aged Care Pricing Authority	Accepted in part	Finalised	Implemented	<p>The legislation for establishing the Independent Health and Aged Care Pricing Authority (IHACPA) received Royal Assent on 5 August 2022, with relevant functions commencing 12 August 2022.</p> <p>The recommendation states that the pricing authority should have all necessary functions to determine prices. IHACPA has no authority to determine prices – it can only give advice.</p>	Overall feedback on this measure was that implementation is incomplete.	<p>The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'.</p> <p>Recommendation 6 was part of Commissioner Pagone's Independent Commission model, which was rejected in favour of Commissioner Briggs' Government Leadership model.</p>
7	Aged Care Advisory Council	Accepted	Ongoing	Partially implemented	<p>The Aged Care Advisory Council established in December 2021.</p> <p>Rec 7(1) is being further addressed to include workforce and specialists in training and education.</p>	While support has been expressed for this measure, the majority of stakeholders who provided comments raised concerns about the narrow scope of membership and consultation for the Aged Care Advisory Council (ACAC). Several said ACAC lacks members with "lived experienced/living experience" and that it does not undertake broad consultation with seniors and elders. A couple commented that ACAC's membership lacked key stakeholders from the sector.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.</p> <p>The Aged Care Advisory Council has been established, but is partially implemented as it does not include the workforce representative and training specialist that were mentioned in 7(1). This will reportedly occur in Q4 2023.</p>
8	Cabinet Minister and Department of Health and Aged Care	Accepted in part	Ongoing	Partially implemented	<p>The Australian Government has appointed a senior Cabinet Minister as the Minister for Health and Aged Care. The Department of Health has been renamed the Department of Health and Aged Care. A capability review of the Department is underway. Sub-component 8(6) "network of up to 50 small and dedicated regional offices". The state and territory offices (the network) has transitioned to delivery of the stewardship model. A regional site has been established in Launceston. Ministerial approval has been provided for the establishment of seven new sites in Coffs Harbour and Dubbo (NSW); Bendigo (VIC); Cairns (QLD); Bunbury (WA); Port Augusta (SA) and; Alice Springs (NT). Other work is ongoing internal to Government with respect to this recommendation. This includes the development of a 10-year Ageing Well in Australia Strategy, which focuses on how older people can be supported to live their best life their whole life. It will be accompanied by an Outcomes Framework that will enable us to measure the success of current programs, identify gaps and target policies and programs to identify these. There are elements of this recommendation that are subject to the passage of the new Aged Care Act before they can take effect. In particular, the actions envisaged by Recommendation 8(8) in terms of reporting to Parliament will not occur until the new Act commences. A report on the operation of the new Act is anticipated.</p>	Stakeholders welcomed the addition of 'Aged Care' to the Department's name and acknowledged the senior Minister for the portfolio being in Cabinet. One stakeholder noted that Part 3 of the recommendation around an Associate Secretary remains outstanding.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'. The renaming of the department to the Department of Health and Aged Care, and Minister Butler's position as a Cabinet Minister implements 8(1) and 8(2). 8(6) is subject to further consideration. The IIG has no information as to whether the Government plans to accept and implement 8(3). Future progress reports will investigate further.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
9	The Council of Elders	Accepted	Finalised	Implemented	The Council of Elders has been established with membership announced on 24 December 2021 and is actively providing advice to the Minister and the Department, and engaging with and informing older people in Australia, on the reforms to aged care.	Feedback for this measure is broadly supportive. One stakeholder commented on the narrow scope of membership, with no LGBTQIA+ representation currently on the Council. Another said that the Council's wide remit to consult ageing Australians is yet to occur.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'. The Council of Elders was established in December 2021. While there are presently vacancies, this does not affect its delivery.
10	Aged Care Safety and Quality Authority	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	Consideration of this recommendation will be deferred, following the implementation of the recommendations from the independent capability review of the Aged Care Quality and Safety Commission final report, and a subsequent review by the Inspector-General.	Stakeholders called for the release of the ACQSC Capability Review.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'. The Government's acceptance and implementation of 10 depends on their response to 104. The capability review was released on 21 July 2023.
11	Independent Hospital and Aged Care Pricing Authority	Accepted	Finalised	Implemented	The legislation for establishing the Independent Health and Aged Care Pricing Authority (IHACPA) received Royal Assent on 5 August 2022, with relevant functions commencing 12 August 2022.	For the most part, stakeholders acknowledge the establishment of the IHACPA as an achievement for the sector. Several noted the current pricing model is yet to extend to home care or include allied health.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. 11 is partially accepted and implemented as the Independent Health and Aged Care Pricing Authority does not have the function or power to determine prices.
12	Inspector-General of Aged Care	Accepted in part	Ongoing	Partially implemented	The Interim Inspector-General of Aged Care, Mr Ian Yates AM, was appointed on 30 January 2023. The Office of the Interim Inspector-General of Aged Care was established within the Department of Health and Aged Care concurrently.	Stakeholders have expressed support for this recommendation.	The IIG makes no comment on this recommendation as the Interim Office is responsible for its implementation.
13	Embedding high quality aged care	Accepted	Ongoing	Not implemented	A definition of high quality care will be included in the new Act (that is, the current Act is not being amended). The definition will draw on, but not replicate, the wording proposed by the Royal Commission.	While this recommendation is widely supported by stakeholders, several commented that there has been limited consultation around the definition of 'high quality care'.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
14	A general duty to provide high quality and safe care	Accepted in part	Ongoing	Not implemented	The Government has committed to a new statutory duty on aged care providers being included in the new Act. Further consideration is being given to the nature of this duty, which is expected to be different to the duty recommended by the Royal Commission, and whether it is possible to extend this duty to cover organisations that facilitate the provision of funded aged care services.	Stakeholders emphasised the need for consultation with sufficient timeframes to engage. The view was expressed that care should be recognised as multi-dimensional, rather than just focus on clinical care.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. 14 is considered accepted as the Government's Position is to implement the intent of 14 while departing from the exact wording.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
15	Establishment of a dementia support pathway	Accepted	Ongoing	Partially implemented	Dementia Pathways, including tools for GPs, are in place in all Primary Health Networks (PHNs), and consumer resources have been developed in most PHNs. Expanded services, including peer support and counselling, consumer education, and other services, are available through the National Dementia Support Program. The Improving respite care for people with dementia and their carers program is being implemented through grant funding, with new organisations engaged in May 2023. A National Centre for Monitoring Dementia has been established to improve information and data that will inform the design of post-diagnostic support. Rec 15(2) has not yet been fully finalised - all PHNs have updated their clinical pathway software but 4 of 31 PHNs are yet to finalise development of the associated resource which will help provide consumers with a clear understanding of the post-diagnostic pathways in their region.	Submissions for this recommendation varied in their view of the measure. Most expressed concern regarding the dementia support pathway remaining unclear and some commented that implementation by Primary Health Networks is inconsistent.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'. Primary Health Networks have been given funding to create resources for people with dementia as they seek support, and some of these are active - partially implementing 15.
16	Specialist dementia care services	Accepted	Ongoing	Partially implemented	<p>The Specialist Dementia Care Units are being rolled out nationally, with 12 units currently operational and a further 8 opening in 2023-24. Further grant rounds are anticipated to be offered in 2023-24 subject to Ministerial approval. Continued monitoring of recommendation 16(1)(a) is planned while this rollout continues as part of the Department's ongoing management of the program.</p> <p>A review of the Specialist Dementia Care Program has been completed as recommended. No further action is necessary for Part 3 of the recommendation. Since the program's inception, people with a mental health condition are able to be supported by the program provided they meet other eligibility criteria (including a diagnosis of dementia).</p> <p>The publication of the evaluation report will define any action required under subcomponent 16(2) of this recommendation.</p>	Concerns were raised about the delay in implementing measures responding to this recommendation. One stakeholder noted that the 'invitation only requirement' will cause a delay in supply. An alternative stakeholder highlighted the importance of maintaining a focus on the rights of the people receiving these services in the supported decision-making process.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>While Specialist Dementia Care Units are operational, 16 is about publishing a review and clarifying the program's scope.</p> <p>The review of Specialist Dementia Care Units has not been published, nor have its findings been implemented, which is necessary to implement 16(1) and 16(2).</p> <p>The IIG does not have evidence regarding whether units provide treatment for mental health conditions in line with 16(3). Future progress reports will investigate further.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
17	Regulation of restraints	Accepted in part	Finalised	Partially implemented	<p>A legislative framework was implemented on 1 July 2021 to prevent the inappropriate use of restrictive practices in residential aged care. On 1 December 2022, consent requirements for the use of restrictive practices were further strengthened through additional legislative reform. A Behaviour Support and Restrictive Practices Unit (RPU) was established within the ACQSC in December 2021 to provide clinical expertise and advice on behaviour support and restrictive practices, to support the various regulatory functions of the Commission. The RPU supports the role of the Senior Practitioner, Behaviour Support and assists approved providers in understanding their regulatory obligations regarding the use of restrictive practices, and to support best practice person centred behaviour support as alternatives.</p> <p>Certain aspects of recommendations 17(1)(a) and 17(3)(b) have not been specifically implemented. Providers are not required to formally lodge a behaviour support plan or provide monthly reports to the ACQSC - the priority has been put on upskilling of providers and staff and new expert/advisory resources for the ACQSC in relation to supporting people living with dementia, rather than administrative costs for a reporting regime. If a person is impacted by a provider's breach of the statutory requirements the person may seek compensation through external legal mechanisms. For 17(5), the framework will not be reviewed following the findings of the Disability Royal Commission. While the Department will consider any recommendations to changes to restrictive practices in the NDIS framework it is unlikely these will be relevant to the restrictive practice frameworks in aged care due to their significant differences based on the different needs of care recipients.</p>	<p>Many stakeholders commented on this recommendation. While many supported its implementation, some concerns were raised. Several said the changes have increased the complexities in documentation and processes for guardianship and consent. One stakeholder felt that the approach is not human rights based and does not align with the recommendation's intent. Several said there needs to be training on behaviour management and dementia care to support the changes.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>17(1)(a) and 17(3)(b) have been rejected in part as providers are not required to lodge behaviour support plans or provide monthly updates to the ACQSC, nor is a person entitled to seek compensation if the scheme is contravened.</p> <p>It appears behaviour support practitioners are not required to be accredited by the ACQSC, as was also recommended in 17(1).</p> <p>17 is considered 'Ongoing' as the Department will consider any recommendations to changes to restrictive practices after the Disability Royal Commission hands down its report, per 17(5).</p>
18	Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care	Accepted in part	Finalised	Implemented	<p>Since 1 July 2021, responsibility for developing the clinical components of the strengthened Quality Standards was transferred to the ACSQHC. The Department retained responsibility for the non-clinical aspects of the standards, in line with the Department's knowledge of aged care which has greater alignment with social care rather than health care. The arrangement is currently operationalised via MOU. On 1 June 2023, the Government agreed that ongoing arrangements with the ACSCHC will be continued through MOU from 2024-25. Not all subcomponents addressed. The Australian Commission on Safety and Quality in Health Care provided advice to the department on the clinical aspects of the revised quality standards. This did not involve a transfer of functions as envisaged under 18 (1) a and b.</p>	<p>Stakeholders noted that this recommendation has only been partially implemented. Several commented on the contents of standards and their assessment.</p>	<p>The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'. 18 is marked as such because the Commission has not been renamed or given the function of setting all aged care standards. While the Commission provides advice on clinical standards per an MOU with the department, this does not meet the text or intent of 18.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
19	Urgent review of the Aged Care Quality Standards	Accepted	Ongoing	Partially implemented	Public consultation on a set of draft strengthened Quality Standards occurred from October to November 2022. The strengthened Quality Standards have been updated in response to feedback and are being piloted by the ACQSC from April to September 2023. Implementation of the new Standards will occur via the subordinate Rules that will accompany the new Act.	Stakeholder feedback varied significantly for this recommendation. While some expressed support for the progress that has been made on this measure, others identified gaps. These included a focus on the dignity of the consumer, dementia care and allied health inputs.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented', noting that the body delivering 19-21 is the Department with the advice of the Australian Commission on Safety and Quality in Health Care.
20	Periodic review of the Aged Care Quality Standards	Accepted	Ongoing	Partially implemented	The Minister has approved the intent to legislate periodic reviews every 5 years. Rec 20 will be considered finalised when the new Aged Care Act and Strengthened Quality Standards commence.	Stakeholders commented that limited information has been released regarding this measure.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. The Government intends to pass a law requiring a review every 5 years to meet the intent of 20. No law doing so has commenced and therefore 20 is considered 'Not implemented'.
21	Priority issues for periodic review of the Aged Care Quality Standards	Accepted	Ongoing	Partially implemented	The Minister has approved the intent to legislate periodic reviews every 5 years. Rec 21 will be considered finalised when the new Aged Care Act commences.	Stakeholders largely noted progress in the implementation of the recommendation. Two stakeholders noted the Aged Care Diversity Framework is yet to be made mandatory and one highlighted the need for a clear indication of the priority and regularity of periodic reviews.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. The Government intends to legislate a review to implement 20, but the issues considered in those reviews will be determined by the System Governor.
22	Quality Indicators	Accepted	Ongoing	Partially implemented	Six new quality indicators, including consumer experience and quality of life, have been developed and implemented in residential aged care. [Not delivered] Recommendation 22(2)(b) - has not been implemented as yet and is subject to further agreement by Government following a pilot of quality indicators in home care.	Submissions for this recommendation indicated mixed views. The majority provided a number of suggestions and concerns relating to the current design of the Quality Indicators. Several stakeholders noted the Quality Indicators were yet to extend to home care as per part 2(b) of the recommendation. A number of stakeholders highlighted an absence of several factors in the current design, including food and nutrition, risk assessment, consumer experience data collected from cross-section users (i.e. respite care, transitional care, etc.), quality of life factors such as dignity and choice, and the use of clinical metrics where suitable.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'. 22(2)(b) is subject to further consideration. New quality indicators were introduced for residential services through the Aged Care Legislation Amendment (Quality Indicator Program) Principles 2022, implementing 22(2)(a).

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
23	Using Quality Indicators for continuous improvement	Accepted in part	Ongoing	Partially implemented	An expanded suite of quality indicators and associated supporting resources have been delivered to support providers with benchmarking and improved performance. This was supported through the passage of Aged Care Legislation Amendment (Quality Indicator Program) Principles - which commenced on 1 April 2023. Rec 23(b) - Set progressive improvement targets to raise performance against quality indicators over time. Implementation of recommendation 23(b) will require a further decision of Government.	The majority of comments centred around data collection and analysis. Several stakeholders noted the importance of investment in timely data collection and transparency to support continuous improvement among providers. One stakeholder said this measure needs to take into consideration survey fatigue among consumers who are frequently responding to surveys to support this measure. Another stakeholder drew attention to the Quality Indicators currently only being applicable to residential care.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'. 23(2)(b) is subject to further consideration. The IIG does not have evidence on the implementation of any subcomponent of 23. Future progress reports will investigate further.
24	Star ratings: performance information for people seeking care	Accepted in part	Finalised	Partially implemented	<p>Star ratings were first published in December 2022, following required amendments to primary legislation, on the 'Find a Provider' page of the My Aged Care website following amendments to primary legislation. The system will be iteratively enhanced, as required and as new data sources become available.</p> <p>Rec 24(2)(a) is outlined in Recommendation 95 and subject to further consideration. Rec 24(3)(d) and (e) are partially addressed. Rec. 24(4) is subject to further consideration.</p>	<p>Stakeholders provided a variety of feedback relating to the star ratings system. Most acknowledged implementation as a positive first step, but called for refinement and expansion. Comments included: needs to extend to home care; should cover allied health; concern about excluding residents with dementia, and their representatives, from surveys, should include the experience of respite care residents. A stakeholder noted that the Government should be mindful of 'survey fatigue'.</p> <p>Some expressed the view that the information is too broad, particularly for mid-range ratings, hindering the consumers ability to make an informed decision. Another view expressed was that the ratings system does not consider the impact on services that specialise in challenging behaviours and complex care needs where consumer feedback may be adverse to the quality of care given for their needs.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>24 is marked as ongoing because the 2023-24 Budget contains a measure indicating further work will be undertaken on star ratings.</p> <p>While 24 refers to all aged care providers, star ratings are not available for home care services. Graded quality standard assessments are not used for star ratings - they are being trialled.</p>
25	A new aged care program	Accepted	Ongoing	Partially implemented	<p>The implementation of this recommendation is subject to future decisions of Government and the passage of legislation. The Government has announced the Support at Home Program will start from 1 July 2025. Existing in-home care programs including the Commonwealth Home Support Programme (CHSP) and the Home Care Packages (HCP) Program will continue until 30 June 2025. Residential care remains separately funded.</p> <p>Full implementation of subcomponents 25(a), 25(b), 25(d), 25(e), 25(f), 25(g) are subject to Government consideration. 25(c) - Government has committed to establish single assessment system from July 2024. Details are against recommendations 28 and 48(2)(b)</p>	<p>Predominantly, stakeholders expressed concern for the delays in the implementation of this recommendation. Three highlighted specific concerns including: the unclear role of consumer choice in the program's design, lack of consultation with allied health professionals on the practical relationship between reablement and needs-based service provision, and the need for flexibility in the program to allow workforce to work across sectors and programs to adapt to the sector's changing landscape.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>The proposed Support at Home program will combine 2 of the existing aged care programs in 2025.</p> <p>The IIG does not have information as to whether all aged care programs will be combined as 25 recommends. Future progress reports will investigate further.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
26	Improved public awareness of aged care	Accepted in part	Ongoing	Partially implemented	<p>Communication messages and stakeholder kits are regularly delivered through the Department's aged care channels and stakeholders, including peaks, PHNs and advocacy bodies.</p> <p>26(2)(b) is not being delivered. The previous Government did not progress with the System Governor as per the Royal Commission recommendations. However, an implementation unit within the Department has been established to oversee implementation of the recommendations as per other recommendations within the Final Report.</p>	<p>While the majority of stakeholders expressed support of activities to implement this recommendation, there was some variation in the overall feedback. Concern centred on addressing diversity, particularly people from culturally and linguistically diverse backgrounds as well as accommodating people with computer literacy and technology access equity issues.</p> <p>Two stakeholders cited the comparatively low uptake of My Aged Care as an indicator of these measures being ineffective in fulfilling the recommendation.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>26(2)(b) has been rejected.</p> <p>The IIG considers this 'Not implemented' as it does not have information about improving public awareness of aged care. In particular, it does not have information about communication strategies. Future progress reports will investigate further.</p>
27	More accessible and usable information on aged care	Accepted in part	Ongoing	Partially implemented	<p>The Aged Care Engagement Hub regularly receives around 6,000 users monthly. 27(a) Information on the kinds of services the provider delivers, including whether providers of home care services offered in regional, rural, and remote areas are locally available through the find a provider function in My Aged Care. 27(c). Star ratings were first published in December 2022, and make it easier for older people and their representatives to compare the quality and safety of residential aged care homes, supporting informed choice and transparency. Other subcomponents will continue to be enhanced through ongoing sustainment and improvement funding for the operation of the My Aged Care system. 27(b) will be delivered through ongoing My Aged Care enhancements program to provide improved levels of information on services. 27(d) will be delivered through dedicated program to enhance Aged Care Financial Reporting. 27(e) continues to be delivered through the ongoing operation and governance of the My Aged Care ICT platform.</p>	<p>There was significant variation in feedback on this recommendation. As with 26, stakeholders raised concerns about reliance on computer access/literacy, insufficient focus on culturally and linguistically diverse people, people with cognitive impairment, and older people who do not have a support network. One stakeholder noted that work on parts (a) & (b) are yet to commence. Stakeholders expressed a desire for greater consultation on this recommendation.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'. Star ratings have been published on My Aged Care, and information about the services providers provide is available.</p>
28	A single comprehensive assessment process	Accepted	Ongoing	Partially implemented	<p>The current Government has accepted the recommendation for implementation of single assessment workforce from July 2024.</p> <p>Partial development of new assessment policy, including draft IT requirements is underway. Negotiations with states and territories have commenced, and drafting of Tender documentation in line with the recommended direction for government decision. Assessment tool development work including live trials (one completed, one underway). Consultation with First Nations elders and providers on assessment reforms is also underway to inform a culturally sensitive and appropriate assessment system.</p>	<p>Feedback focused on the structure and implementation of this recommendation and noted several concerns. One stakeholder representing culturally and linguistically diverse ageing Australians commented the single assessment tool currently being trialled is not culturally appropriate. Others said there is a lack of clarity about the inclusion of allied health and how peoples' needs are assessed, documented, planned for, and met, including in relation to assistive technology.</p>	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. The 2023-24 Budget includes a measure for single assessment process to commence in 2024.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
29	Care finders to support navigation of aged care	Accepted	Finalised	Implemented	<p>All 31 PHNs have been funded to establish a network of care finders to help vulnerable people who need intensive support to understand and access aged care and other services in the community. Services started from 1 January 2023. A total of 115 organisations are delivering care finder services nationally. Information about the services in each PHN region is on the My Aged Care website.</p> <p>Face to face service offer - Since December 2022 a total of 81 Aged Care Specialists Officers (ACSOs) are providing face-to-face support in Services Australia offices including 10 outreach ACSOs. In addition, General Service Officers (GSOs) are proving support in all Services Australia centres.</p>	<p>The feedback on this recommendation varied. While there was support for progress to date, concerns included:</p> <ul style="list-style-type: none"> - the approach doesn't focus on consumer choice of suitable options, rather on finding a suitable service - culturally and linguistically diverse is not a priority group, resulting in the commissioning process failing to enlist appropriate or enough services suitable to such groups - the use of PHNs to deliver the contracts for the program has overcomplicated the process and created inconsistency in implementation between regions - no consideration of the potential conflict of interest for Care Finders that are also aged care service providers - lack of consistency in the referral process for specialised Care Finders and training requirements for assessors. 	<p>The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'.</p> <p>While the program has been delivered, the IIG does not have information regarding the employment arrangement for care finders or whether they are required to have the qualifications listed. Future progress reports will investigate further.</p>

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30	Designing for diversity, difference, complexity, and individuality	Accepted in part	Ongoing	Partially implemented	<p>The strengthened Quality Standards are currently being piloted by the ACQSC and include requirements for regular training for workers in core matters such as culturally safe, trauma aware and healing informed care in Standard 2. As part of the Enhancing Nursing Skills and Leadership Capability in Aged Care 2020–21 Budget measure, \$5.3 million was allocated to support the aged care workforce to be well equipped to ensure the care and protection of the people in their care. This measure includes funding to develop a Skills Development Program for Aged Care Staff which provides voluntary targeted training with 14 modules including: Trauma Informed Care, Cross Cultural Awareness and Aboriginal and Torres Strait Islander Cultural Awareness. Since June 2022, with the implementation of the Specialised Verification Framework and verification process, providers who claim on My Aged Care to deliver specialised services for people with diverse backgrounds and life experiences are required to have these claims verified. All unverified diverse needs specialisation claims on My Aged Care were removed in February 2023, after a transition period. 30(2)(a), national audit evaluating regional and local variations in services from people with diverse backgrounds, will commence in 2023-24. 30(2)(b), report to Inspector-General and public on extent that people with diverse backgrounds' needs are being met, is depended on 30(2)(a). Anticipated data gaps will make this difficult within the timeframe. Other ongoing initiatives, such as the Partners in Culturally Appropriate Care (PICAC) program, have a role in advising government on the aged care needs of diverse older Australians, and this advice is considered as a matter of business as usual.</p>	Stakeholder responses centred on the Specialised Verification Framework (SVF) and the overall design of the measure. There were calls for the SVF to be underpinned by legislation to ensure its effectiveness. Some felt the design of the SVF fails to incentivise provider uptake or to exceed the minimum requirements for specialisation. In terms of the overall design of the measure, two stakeholders felt 'diversity' was being treated as an add-on as opposed to a core principle with a distinct absence of LGBTQIA+ data, thus failing to meet the spirit of the recommendation.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'. The Specialisation Verification Framework is available on My Aged Care and this implements 30(1)(a)(iii). The Government's position on 30(2)(a) and 30(2)(b) is not clear. Future progress reports will investigate further.

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31	Approved providers responsibility for care management	Accepted	Ongoing	Partially implemented	<p>The implementation of this recommendation is subject to future decisions of Government.</p> <p>High level policy has been drafted to support the delivery of this recommendation under the new Support at Home Program (as specified in recommendation 25). Policy is being tested widely with stakeholders and further refined for Government consideration.</p> <p>Subcomponent 31(2) has not yet been implemented. Subcomponent 31(4)(e) is being given effect through greater clarity in the strengthened quality standards including through Standard 5 Clinical Care.</p>	Most stakeholders acknowledge there was little publicly available information about this recommendation. There were calls for more consultation to ensure effective implementation.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>31(4)(e) is intended to be implemented through the strengthened quality standards.</p> <p>The IIG considers the other subcomponents of 31 'Subject to further consideration' as it does not have information as to whether they have been accepted or rejected.</p> <p>The IIG considers 31 'Not implemented' as it does not have evidence regarding the implementation of any subcomponents. Future progress reports will investigate further.</p>
32	Respite supports category	Accepted	Ongoing	Partially implemented	Policy has been drafted to support the delivery of this recommendation under the new Support at Home Program (as specified in recommendation 25). Policy has been tested widely with stakeholders. Policy has not yet been agreed to by Government.	Whilst stakeholders are aware that the overarching policy for this recommendation is currently under development, the majority expressed concerns on the uncertainty around the design, and the potential for a narrow scope in service delivery, based on current policy. There were calls for specific consideration to be given to rural and remote areas and vulnerable groups such as people with dementia, culturally and linguistically diverse people and First Nations people. There were also calls to broaden respite to include other types of respite care, not just dementia respite and residential care respite. Several stakeholders called for an opportunity to comment on the final design of the program.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. The IIG does not have information indicating whether the Government has accepted or rejected 32, nor does it have evidence demonstrating implementation of any subcomponent of 32. Future progress reports will investigate further.
33	Social supports category	Accepted	Ongoing	Not implemented	The implementation of this recommendation is subject to future decisions of Government.	This measure received little feedback with one stakeholder noting there has been no communication regarding the expansion of centre-based day care.	<p>The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.</p> <p>The IIG does not have information indicating the Government has accepted or rejected 33, nor does it have evidence demonstrating implementation of any subcomponent of 33. Future progress reports will investigate further.</p>

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34	Assistive technology and home modifications category	Accepted	Ongoing	Partially implemented	The implementation of this recommendation is subject to future decisions of Government. The Government has committed to trialling the delivery of loan assistive technology with some state and territory jurisdictions from early 2024.	Stakeholders noted that policy for this recommendation is under development. One stakeholder emphasised the importance of education for providers and care assessment teams on assistive technology and home modifications to complement these measures under this recommendation.	<p>The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.</p> <p>The IIG does not have information indicating the Government has accepted or rejected 34, nor does it have evidence demonstrating implementation of any subcomponent of 34 at this time. The IIG is aware that a trial is planned for a loan scheme in partnership with the states. Future progress reports will investigate further.</p>
35	Care at home category	Accepted	Ongoing	Not implemented	<p>The Government has announced the Support at Home Program will start from 1 July 2025, subject to the passage of legislation (that is, amendments progressed in the new Act and related subordinate legislation). Existing in-home care programs including the Commonwealth Home Support Programme (CHSP) and the Home Care Packages (HCP) Program will continue until 30 June 2025. Residential care remains separately funded.</p> <p>The current Government has not formally responded to the recommendation or communicated their position on this recommendation. While the Government has committed to the introduction of the Support at Home Program, some details are still subject to Government decision.</p> <p>Policy has been drafted to support the delivery of this recommendation under the new Support at Home Program (as specified in recommendation 25). Policy has been tested widely with stakeholders. Policy has not yet been agreed to by Government.</p>	Most stakeholders who provided feedback on this recommendation acknowledged policy remains under development and expressed a preference to comment on the final design. A peak body recommended the re-design of home care should include an emphasis on a needs-based approach as well as preventative and rehabilitative care.	<p>The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.</p> <p>Beyond the announcement of Support at Home, the IIG does not have information indicating the Government has accepted or rejected subcomponents of 35. Future progress reports will investigate further.</p>
36	Care at home to include allied health care	Accepted	Ongoing	Not implemented	The implementation of this recommendation is subject to future decisions of Government. Policy has been drafted to support the delivery of this recommendation under the new Support at Home Program (as specified in recommendation 25). Policy has been tested widely with stakeholders. Policy has not yet been agreed to by Government.	Responses to this recommendation centred on the exclusion of allied health in present reforms, and expressed concerns this exclusion will continue in the Support at Home policy design currently being developed.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. The IIG does not have information indicating the Government has accepted or rejected 36, nor does it have evidence demonstrating implementation of any subcomponent of 36. Future progress reports will investigate further.

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37	Residential care category	Accepted	Ongoing	Partially implemented	<p>The review of the Schedule was approved by the Minister on 30 March 2023. Work is underway to develop a discussion paper for public release, along with a draft revised Schedule. Internal consultation has commenced.</p> <p>Consultation with the aged care sector about the revised Schedule has not yet commenced.</p>	Most stakeholders noted the absence of allied health from the current design of this measure. One expressed concern toward the absence of restorative care and assistive technology from future design, while another encouraged a focus on preventative and rehabilitative care in residential care homes. Another concern raised was that care management and palliative care does not appear to be distinct streams of work in the future design.	<p>The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.</p> <p>The IIG does not have information indicating the Government has accepted or rejected 37, nor does it have evidence demonstrating implementation of any subcomponent of 37. Future progress reports will investigate further.</p>
38	Residential aged care to include allied health care	Accepted in part	Ongoing	Partially implemented	<p>The 2023-24 Budget saw a change in policy for the provision of residential aged care on-site pharmacists. The Government decided to enable community pharmacy owners to provide pharmacists to work on-site, whereas the previous Government supported the model of providing funds directly to aged care homes to employ or engage pharmacists to work on-site. A commencement date has not been confirmed.</p> <p>The Quarterly Financial Report (QFR) collects information on the volume of service provision and expenditure on allied health services (meets parts d.iii & iv).</p> <p>Rec 38(b)(i) - (d)(i) & (iv) would be partially delivered through the on-site pharmacists measure. Delivery of particular allied health services is not being considered, as care needs of the resident determine required allied health services. 38(c)(i) & (ii) - alternative funding models not being considered, with the commencement of AN-ACC from 1 October. ACFI allied Health funding rolled into AN-ACC.</p>	Stakeholders are concerned about the AN-ACC funding model achieving the intent of the recommendation. The exclusion of allied health was strongly criticised. Several stakeholders recommended including allied health in care minute requirements as a potential solution.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>The community pharmacy measure in the 2023-24 Budget is intended to enable access to pharmacists, an allied health profession, in residential aged care homes.</p>
39	Meeting preferences to age in place	Accepted	Ongoing	Partially implemented	<p>80,000 HCPs were announced in the 2021-22 Budget shortly after the release of the Royal Commission's Final Report as per rec 39(a). An additional 9,500 HCPs announced in the 2023-24 Budget. The wait time for a HCP has dropped significantly but not yet at the one-month target as per rec 39(b). The Department continues to report on the National Priority System at a national, state and territory and Aged Care Planning Region level on a quarterly basis as per rec 39(c).</p> <p>39(d) has not been delivered.</p>	Stakeholders called for evidence about the impact of reforms on waiting times and highlighted there has been no commitment on a clear plan to reduce wait times to under 30 days.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially Implemented'.</p> <p>The IIG considers 39 'Accepted in part' as it does not have information on the Government's Position on implementing 39(b), which would require reducing waiting times to 1 month or less. The latest quarterly data report stated that as of February 2023, recipients were waiting between 1-3 months. Future progress reports will investigate further.</p>

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40	Transition to care at home	Accepted	Ongoing	Not implemented	<p>The implementation of this recommendation is subject to future decisions of Government.</p> <p>Draft Transition and Implementation Project Plan, including extensive consultation, research and communications and engagement plans to support transition for providers and consumers have been developed. Final transitional arrangements and timing are pending decision by Government.</p>	Stakeholders commented there has been no visibility on the progress of the Draft Transition Program.	<p>The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 40 'Subject to further consideration' as it does not have information that the Government has accepted or rejected it.</p>
41	Planning based on need, not rationed	Subject to further consideration	Ongoing	Not implemented	Recommendation is subject to further consideration by Government.	The majority of stakeholders recognised there has been little visibility on the progress of this recommendation and encourage public consultation. One stakeholder expressed an interest in how reducing planning ratios as announced in the 2023 Budget will be achieved alongside this recommendation.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. The IIG does not have information regarding any planned actions to implement 41, other than its reported dependency on the new Aged Care Act. Future progress reports will investigate further.
42	Support for informal carers	Accepted in part	Ongoing	Partially implemented	<p>Rec 42 has been partially delivered. Changes have been made to the My Aged Care (MAC) website so it links to the Carer Gateway and National Dementia Helpline so users can access information available on those sites. At this stage clients are unable to make any bookings from the MAC website. A 'warm referral mechanism' has been established and greater information and usability introduced for carers.</p> <p>At this stage clients remain unable to make any bookings from the MAC website. 42(c)(iii) is subject to further consideration by Government.</p>	Feedback for this recommendation varied with a focus centring on the current implementation of the response. A number of stakeholders voiced concerns surrounding Carers Gateway being a referral only phonenumber and referrers refusing to warn transfer carers. there was also concern expressed about a lack of clarity around the consultation and development of this measure. Additionally, one stakeholder said there is a lack emphasis on culturally and linguistically diverse carers, First Nations carers and carers aged 65+. Another stakeholder emphasised the importance of acknowledging the lived experience of carers and suggested developing opportunities for informal carers such as employment, training, education & support.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>42(c)(iii) is subject to further consideration.</p> <p>The IIG does not have sufficient information to determine to what extent actions taken have implement certain subcomponents of 42. Future progress reports will investigate further.</p>
43	Examination of Leave for Informal carers	Accepted	Ongoing	Partially implemented	Rec 43(1) and (2) - The policy intent remains the same however, the dates have been pushed back.	The stakeholders who responded to this measure collectively expressed their support, with calls for sufficient respite care to be made available to support this measure.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The IIG does not have information indicating that any subcomponents of 43 have been implemented. Future progress reports will investigate further.</p>

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44	Volunteers and Aged Care Volunteer Visitors Scheme	Accepted in part	Ongoing	Partially implemented	<p>Department of Social Services is enacting volunteer support through the Volunteer Management Activity. The Department has developed an Aged Care Volunteer Framework as a mechanism to support volunteers and volunteer managers.</p> <p>The Volunteers and Aged Care Volunteer Visitors Scheme model has been delivered. An open competitive grant round was undertaken in May. A total of 157 agreements have been offered and all agreements have been executed with DSS advising the final agreement had been executed on 26 June 2023.</p>	<p>Stakeholders consistently expressed strong support for the Volunteers and Aged Care Volunteer Visitors Scheme.</p> <p>One stakeholder expressed concern that some elements of the recommendation have not been publicly announced.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>It is unclear whether 44(b) is rejected or subject to further consideration.</p> <p>The IIG considers 44 'Partially implemented' as the scheme has been renamed 'Aged Care Volunteer Visitors Scheme', with additional funding, implementing 44(c).</p>
45	Improving the design of aged care accommodation	Accepted	Ongoing	Partially implemented	The Department's understanding is that Rec 45(a) will be implemented from 1 July 2024 (not 1 July 2022 as was recommended in the Final Report) and Rec 45(b)(i) will be implemented from 1 July 2024 (not 1 July 2023 as was recommended in the Final Report) Rec 45(a)(i) & (ii), Rec 45(b)(i) & (ii) and Rec 45(c) have not yet been delivered.	Responses for this measure varied, with the majority making suggestions toward the future design of the measure. One stakeholder recommended creating communities to knowledge-share and create best practice models across the sector. While another recognised the small household model as best practice, there was a view that there is no incentive for providers to implement models that are 'non-institutional'. Additionally, a peak stakeholder called for the needs of people with disabilities to be considered in the impending Residential Accommodation Framework, and another advised the design should take into consideration keeping couples together. There was also a view that there is a no publicly available information to make an assessment on the measure, in particular the financial incentives as per part (b) (ii) of the Recommendation.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. The IIG does not have information demonstrating that any subcomponents of 45 have been implemented at this time. Future progress reports will investigate further.
46	Capital grants for 'small household' models of accommodation	Accepted in part	Ongoing	Partially implemented	The Government provides capital funding to support building or residential aged care home in specific circumstances. A decision about whether to future extend this program of capital grants to specifically support adoption of the design principles and guideline being developed under Rec 45 is the subject of future consideration by government.	Stakeholders said there is a lack of publicly available information on this measure.	<p>The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.</p> <p>The IIG does not have information that the Government has accepted or rejected 46, or that any actions have occurred that implement 46.</p>

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47	Aboriginal and Torres Strait Islander aged care pathway within the new aged care system	Accepted	Ongoing	Partially implemented	<p>The Department is currently working with other government agencies to develop place-based approaches to integrated care and commissioning in 4 locations: the Kimberley (WA), South-East NSW, Gippsland (VIC), Longreach (QLD). This includes developing approaches to integrated care which allow First Nations peoples to better access the services they need.</p> <p>Contract has been executed for NACCHO to deliver the Elder Care Support program through its members and affiliates. NACCHO has commenced the first roll out of services with 68 FTE being trained to commence providing support from July 2023. The development of a national communication and marketing campaign has commenced and expected to be completed in July 2023.</p> <p>Partial Delivery of Rec 47(f) - Currently, First Nations interpreting services are available through My Aged Care contact centres, but not through aged care providers. The Department is currently exploring opportunities to work with First Nations translating and interpreting organisations to deliver government funded First Nations interpreting services through aged care providers. This will ensure that older First Nations peoples are given access to interpreters on at least the same basis as members of culturally and linguistically diverse communities when seeking or obtaining aged care. Services are being funded through the 2021-22 Budget Measure: Connecting older Australians to aged care services - better connecting with diverse audiences</p> <p>Delivery still in train for 47(a), (b), (c), (d), (e) and (f).</p>	No relevant comments were made.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The Government has contracted NACCHO for the Elder Support Care program and commissioned integrated care in 4 locations, but the IIG does not have information at this time that either measure has commenced. Future progress reports will investigate further.</p> <p>Further actions were noted as being required to implement 47(f).</p>

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48	Cultural safety	Accepted	Ongoing	Partially implemented	<p>The current Government accepted the recommendation for implementation of single assessment from July 2024, with First Nations assessment workforce to be established over a 12-18 month period from July 2024. University of Tasmania has been contracted to develop and host a series of short online learning modules designed to support direct care workers continuing learning and development. There will be 14 topics covered. As at 30 June 2023, 13 are available. The remaining modules, including an Aboriginal and Torres Strait Islander Cultural Awareness module, is expected to be available early July 2023. In February 2023, the Department engaged the National Aboriginal and Torres Strait Islander Ageing and Aged Care Council to develop a definition of Cultural Safety as it relates to First Nations ageing and aged care and provide advice to Government on the development of Cultural Safety frameworks. A contract has been executed for NACCHO to deliver the Elder Care Support program through its members and affiliates. NACCHO has commenced the first roll out of services with 68 FTE being trained to commence providing support from July 2023. The development of a national communication and marketing campaign has commenced and expected to be completed in July 2023. The Department partnered with First Nations assessment organisations and organisations which specialise in providing care to First Nations people to co-design the First Nations assessment model. The model was tested during the living lab trial that was held in 2022. Consultation with First Nations elders and providers on assessment reforms has been conducted to inform the establishment of a culturally sensitive and appropriate assessment system. [Not delivered] Rec 48 1 (a) The Department has two different suites of cultural capability training available to staff. Training is currently being reviewed for currency / relevance as well as determining how to incorporate trauma-informed care. Rec 48 1 (b) and Rec 48 2 (b) will be delivered as part of the 2023-24 budget commitments.</p>	<p>Stakeholders recognised the importance of cultural safety training, and the benefits of it being mandated. Comments focused on the need for a focus on practical application in cultural awareness training and for consistency in training to 'stabilise awareness levels across the workforce'. One stakeholder expressed concern about a reliance on peaks for consultation, cautioning that they do not represent all First Nation communities.</p>	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'. The Care finder policy guidance for PHNs states that care finders are required to do cultural safety training. To the extent this guidance makes it a requirement, this implements an element of 48(1)(a). The IIG has no information suggesting that any other people are required to do cultural safety training per 48(1).</p>

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49	An Aboriginal and Torres Strait Islander Aged Care Commissioner	Accepted in part	Ongoing	Partially implemented	<p>The 2023-24 Budget committed \$1.7 million in 2023-24 to establish an interim First Nations Aged Care Commissioner to lead extensive public consultations with First Nations communities and stakeholders about the functions and location of the permanent First Nations Commissioner. The interim role will also provide a voice for First Nations people for a 12-month period until the permanent role is filled, which is expected in 2024. The Minister has approved the Secretary appointing the interim First Nations Aged Care Commissioner following a public expression of interest process.</p> <p>The appointment of the interim First Nations Aged Care Commissioner is the first step towards implementation of this recommendation. The establishment of the permanent Commissioner has not been delivered. This will be delivered in 2024.</p>	All stakeholders who commented expressed their support for this recommendation, while the majority acknowledged the delay in the appointment.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>49(1) is subject to further consideration and consultation by the Interim Commissioner.</p> <p>The IIG considers 49 'Not implemented' as the interim First Nations Aged Care Commissioner has not yet been engaged by the department.</p>
50	Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers	Accepted	Ongoing	Partially implemented	<p>The Department is currently working with other government agencies to develop place-based approaches to integrated care and commissioning in 4 locations: the Kimberley (WA), South-East NSW, Gippsland (VIC), Longreach (QLD). This includes developing approaches to integrated care which will allow First Nations peoples to better access the services they need. The Department has funded an organisation to build the capacity and capability of three Aboriginal Community Controlled Health Organisations in Perth, Darwin, and Western Sydney to expand into aged care service delivery. One of these organisations (Perth) has been granted approved provider status to deliver in-home care and the remaining two organisations have submitted applications with approvals pending. Funding in the 2023-24 Budget will assist additional First Nations organisations to build capability and capacity (including in clinical care, governance, workforce development and financial management) to enter into sustainable aged care delivery to First Nations peoples. Work is also required to ensure the new Act and the approach of the ACQSC are appropriately flexible and adapted to the needs of ACCO provider organisations. Rec 50(2) and (3) - Flexibility in approval and regulation for First Nations organisations will require further consideration and work with ACQSC.</p>	Limited comments were provided on this recommendation.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'. The Aged Care Act 1997 was amended to provide exemptions from some requirements for Aboriginal Community Controlled Organisations (s 63-1D(4)), which partially implements 50(2) and (3).</p>

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51	Employment and training for Aboriginal and Torres Strait Islander aged care	Accepted	Ongoing	Partially implemented	<p>The employment training for Aboriginal and Torres Strait Islander aged care is being delivered under the Indigenous Employment Initiative (IEI) Program. Current agreements have been in place since July 2019 and have been extended for a further 12 months, 2023-2024.</p> <p>The Elder Care Support Program also provides an opportunity to increase the Aboriginal and Torres Strait Islander workforce by up to 250 over a 4-year period commencing in July 2023.</p>	<p>Little commentary was made in response to these measures. One stakeholder welcomed the First Nations Aged Care Workforce Plan and encouraged the Commonwealth to consider the timing of its release to allow providers time to plan their workforce.</p>	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The Government has indicated it will implement 51 by incorporating a First Nations component into the overall Aged Care Workforce Plan.</p> <p>The IIG does not have information regarding whether the contents of the plan are intended to deliver 51(1)(a) or whether the plan is finalised. Future progress reports will investigate further.</p>
52	Funding cycle	Accepted	Ongoing	Partially implemented	<p>The permanent First Nations Aged Care Commissioner, once appointed in mid-2024, will provide advice on funding for the First Nations aged care pathway.</p> <p>The Integrated Care and Commissioning Project will engage more First Nations communities to trial flexible models of funding.</p>	<p>Few stakeholders provided commentary beyond agreement with the measures, however a peak stakeholder advised there is optimism relating to NATSIFAC proposals in Aboriginal communities and their ability to address issues such as transport and additional support around workforce. Whilst another stakeholder commented on the lack of clarity around NATSIFACP funding, as it is currently not on a 3-7 rolling assessment basis.</p>	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 52 'Not implemented' because while the Government has extended funding for existing First Nations aged care programs, it has not established a new program or modified existing programs to implement 52.</p>
53	Program streams	Accepted	Ongoing	Partially implemented	<p>The Aged Care Capital Assistance Program (ACCAP) has been established to provide an ongoing funding stream which will support delivery of Rec 53(1)(b)(i) – aged care capital development and expenditure and Rec 53(1)(c)(iii) – infrastructure to maintain connection with Country. \$115 million has been allocated to support the rebuild of 4 services under the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. Next funding round expected to be launched in July 2023.</p>	<p>Generally, the feedback provided on this measure acknowledged the work completed in response to this recommendation, however one stakeholder commented the current model remains inadequate in addressing service delivery gaps in remote communities. Furthermore, a peak stakeholder notes the risk with general programs using First Nations organisations may not be successful.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'. 53(1)(c) is subject to further consideration. The award of funding for 4 NATSIFACP services through the Aged Care Capital Assistance Program has partially implemented 53(1)(b)(i). It is unclear to what extent future grant rounds will enable Aboriginal Community Controlled Organisations to access funding given the broad scope of the Program. Future progress reports will investigate further.</p>

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54	Ensuring the provision of aged care in regional, rural, and remote areas	Accepted	Ongoing	Partially implemented	<p>A Market Intelligence and Supply Gaps project was delivered including a report with policy options to address service gaps in regional, rural, and remote Australia, and a dashboard which identifies aged care supply and labour gaps at the SA2 level.</p> <p>A Rural Locum Assistance Program grant agreement is in place to assist aged care providers affected by workforce shortages in rural and remote areas.</p> <p>Partial delivery of Integrated Care and Commissioning - the department is currently working with other government agencies to develop four place based trials in the Kimberley (WA), South-East NSW, Gippsland (VIC) and Longreach (QLD).</p> <p>AN-ACC, which increases funding for regional, rural, and remote residential aged care services, has been implemented.</p> <p>The Aged Care Capital Assistance Program (ACCAP) has been established to provide an ongoing funding stream to support infrastructure projects in thin markets.</p>	Overall, stakeholders recognised the enduring pressures regional, rural, and remote services are experiencing that will impact the success of this measure. Three stakeholders offered solutions to assist in these pressures including mobility for employees to work across sectors/programs to fill gaps, produce more data for these areas to better inform future National Plans, and to develop a mechanism to allow funding adjustments be made under individual circumstances. A peak organisation commented on the Rural Locum Assistance Program and a lack of evidence on its impact in achieving the intent of the recommendation.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.</p> <p>The IIG considers 54 'Partially implemented' as the Market Intelligence and Supply Gaps project implements 54(a).</p>
55	The Multi-Purpose Services Program	Accepted	Ongoing	Partially implemented	<p>The Department is progressing these recommendations through a cross-jurisdictional MPS Working Group with all states and territories, chaired by the Commonwealth.</p> <p>An MPS allocation round opened in April 2023 and closed 8 June 2023, to deliver up to 100 additional flexible aged care places for expansion of existing or establishment of new MPS.</p> <p>A cross jurisdictional working group meets bi-monthly to progress reform to the MPS program. A funding sub-group has been set up to progress the recommendation on funding reform. The subgroup first met in March 2023 and will meet bimonthly.</p> <p>In 2021-22 \$35.3 million was allocated to 110 MPS to assist with minor capital works, with in-kind and cash support from the State and Territory governments, to make service environments more home-like.</p>	Stakeholders commented there is no publicly available information on the implementation of this measure, with one stakeholder recommending it to be referred to the Aged Care Taskforce.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>The IIG considers 55 'Accepted in part' as the IIG does not have information as to whether all subcomponents of 55 are intended to be implemented.</p>

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56	A new primary care model to improve access	Accepted in part	Ongoing	Partially implemented	The Government is implementing an alternative approach to meet the objective of the Royal Commission recommendation. The Government will implement a voluntary system of registration, and is not planning to introduce a capitation model or additional accreditation criteria for practices. The Government's scheme is based on registration that draws on all general practices and providing more choice for patients, that is voluntary for patient and provider and that rewards quality care. Rec 56(3)(d) (personal care at home) is subject to further consideration. The Practice Incentives Program Aged Care Access Incentive was boosted in the 2021-22 Budget providing an additional \$42.8 million over two years to further increase face to face delivery of services to patients in Residential Aged Care. A new General Practice in Aged Care Incentive linked to voluntary patient registration in MyMedicare was announced in the 2023-24 Budget to replace the current incentive with the first GPACI payment commencing October 2024. It will reward GPs and general practices that provide quality, continuity of care for registered residential aged care residents. Rec 56(3)(d) (personal care at home) is subject to further consideration.	Commentary provided for this recommendation is limited, however stakeholders indicated a lack of clarity around the implementation of this measure.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.The IIG considers 56 'Not implemented' as the existing GP incentive program, which was the subject of criticism by the Royal Commission, has not yet been replaced.The IIG notes that the Government's new incentive, commencing next year, adopts a different method of implementing 56 than envisioned in the Final Report.
57	Royal Australian College of General Practitioners accreditations requirements	Accepted in part	Ongoing	Not implemented	<p>The RACGP is working on amending its standards to allow accreditation of practices which provide mobile and outreach services only and do not require a bricks and mortar practice. This will encompass aged care specific practices without the need for a separate accreditation scheme</p> <p>The RACGP has undertaken a consultation process on a revised definition of general practice for accreditation purposes. The draft revised definition opens the door for age specific business models of general practice to achieve accreditation. The consultation process closed in March 2023. Once the definition has been agreed (expected in the coming months), the RACGP will undertake further work to consider updates to their accreditation Standards.</p>	Stakeholders indicated a lack of publicly available information for this recommendation.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.

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58	Access to specialists and other health practitioners through Multidisciplinary Outreach Services	Accepted in part	Ongoing	Partially implemented	<p>The Government has agreed to initially implement trials rather than proceed to full implementation. An evaluation will be conducted post-trials to inform pricing in anticipation of a national rollout (which is subject to a further decision by Government).</p> <p>The Commonwealth has committed \$22.1 million to implement multidisciplinary outreach services trials in conjunction with states and territories (2022-23 March Budget). As all states have expressed interest in trials. Work is ongoing internal to Government with respect to this recommendation. Implementation timing is to be confirmed.</p> <p>Subcomponent 58(2) as trials will be funded via Project Agreements. Additionally, some of subcomponent 58(4) as states will not be required to cover all features outlined in their trial design.</p>	Stakeholders indicated a lack of publicly available information for this recommendation.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 58 'Not implemented' as it does not have information that any measures intending to implement 58 have commenced.</p>
59	Increase access to Older Persons Mental Health Services	Subject to further consideration	Ongoing	Not implemented	<p>All parts of the recommendation are subject to further consideration.</p> <p>Implementation of this recommendation is subject to the National Health Reform Agreement (NHRA). The current NHRA is in place until 2025. The Department anticipates discussions on a future agreement will commence by end of 2023, following the mid-term review. The Department is working with states and territories to map and analyse current models for providing Older Persons Mental Health Services, and will report back to the Senior Officials Group in the second half of 2023.</p>	<p>Stakeholders indicated a lack of publicly available information for this recommendation.</p> <p>One called on the Government to examine workforce supply while designing this measure.</p>	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.
60	Establish a Senior Dental Benefits Scheme	Subject to further consideration	Ongoing	Not implemented	The Department has done some preliminary analysis of options for a Seniors Dental Benefit Program. Options are being considered as part of the Long-Term Dental Reform work.	Most stakeholders who responded to this recommendation acknowledged its overall importance and need to be treated as a priority. A number expressed concerns about current workforce shortages as a barrier, and issues with publicly available dentistry and cost disincentives. Others noted a lack of information surrounding the implementation of the recommendation.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.

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61	Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services	Subject to further consideration	Not commenced - subject to further consideration	Partially implemented	Temporary items to improve access to allied health services were introduced in December 2020 and ceased on 30 June 2023. These items were evaluated and the report has been provided to Government for consideration. Uptake of the temporary MBS items was not high and the Department has been considering alternate options to improve access to allied health in aged care. Recommendation is subject to further consideration by Government. Temporary changes to the MBS to allow benefits to be paid under GP mental health treatment items were available between 10 December 2020 and 31 December 2022. Uptake of these items was very low. The findings of the Better Access evaluation completed in December 2022 do not support continuation of these arrangements, and recommended further investigation to determine the best mechanism to provide mental health services to aged care residents. Future arrangements will be informed by the Government's response to the evaluation and ongoing mental health reform work. Aged care residents continue to be able to access up to 10 Better Access treatment sessions via a referral from a psychiatrist in line with pre-pandemic arrangements	Two stakeholders noted that while the Better Access pilot had been discontinued due to low uptake, measures were still needed to address the underlying issues for 61.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. The IIG considers 61 'Not implemented' as the temporary changes to the MBS regarding mental health treatment have ceased.
62	Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	Recommendation is subject to further consideration by Government.	The majority of stakeholders have expressed their support for the measures in place for this recommendation. One commented that ongoing funding has not been guaranteed and it is unclear if expansion will include geriatricians.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
63	Access to specialist telehealth services	Accepted	Finalised	Partially implemented	Access to specialist telehealth services through the MBS was expanded in March 2020, as part of the Government's response to the COVID-19 pandemic. This supported access to specialist services for all Australians, regardless of their location, with the addition of services by phone and other providers including GPs. New permanent telehealth arrangements through the MBS took effect on 1 January 2022, with an additional Government investment of \$106m over four years (announced in December 2021). Funding was also provided through PHNs to support telehealth arrangements in Residential Aged Care Facilities. 63 (b) at home care element is yet to be delivered.	Most stakeholders who provided feedback on this measure welcomed its implementation, however emphasised the importance of face-to-face consultation, potentially via teleconferencing, to remain an option for consumers. One stakeholder highlighted no provision or consideration has been made in the design of the policy to clinical governance requirements for telehealth, and implementation remains fragmented between differing PHNs.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. The IIG considers 63 'Accepted in part' as only residential care facilities have been funded to support there being appropriate equipment for telehealth services.

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64	Increased access to medication management reviews	Accepted in part	Finalised	Partially implemented	<p>The Residential Medication Management Review (RMMR) Program provided for 64(a) and (b) for those in transition care for more than 14 days. Follow-up reviews for RMMRs were implemented in April 2020 and continue under the Seventh Community Pharmacy Agreement. The response to Recommendation 38 will supersede Recommendation 64.</p> <p>64(c) is not planned to be delivered, noting the response to recommendation 38 will supersede this recommendation.</p>	Stakeholders agreed that while progress had been made, 64 had only been partially implemented. Two stakeholders noted that implementation was dependent on caps on reviews being removed. One stakeholder was hopeful but unaware of whether the community pharmacy incentive would effectively implement 64.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>64(c) is rejected.</p> <p>The IIG considers 64 'Partially implemented' but is unclear on how the responding measure to 38 - intended to supersede 64 - will do so. Future progress reports will investigate further.</p>
65	Restricted prescription of antipsychotics in residential aged care	Rejected	Finalised	Not implemented	<p>This recommendation is not being implemented as the change was considered, but not recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). In November 2021, following consultation with stakeholders, the PBAC considered The recommendation 65 is not implementable at present due to substantial risk of unintended consequences. The PBAC noted that changes already made to the PBS restrictions for risperidone, the only medicine registered in Australia for the treatment of behavioural and psychological symptoms of dementia, have reduced utilisation. On 17 December 2021, the PBAC outcome was published.</p>	While stakeholders noted the decision of the PBS Advisory Committee to reject the recommendation, they agreed that alternative actions were needed to address the underlying issue. One highlighted the importance of delivering Dementia Pathway resources, while two other stakeholders raised the need for changes to prescription governance.	The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'.
66	Improving the transition between residential aged care and hospital care	Accepted	Ongoing	Partially implemented	<p>The Australian Digital Health Agency in partnership with the Department and the Australian Commission on Safety and Quality in Health Care consulted with jurisdictions, private hospitals and PHNs to understand the challenges with the hospital discharge process. This discovery work has now been completed. The Department is now working through next steps with jurisdictions to implement national protocols around the hospital discharge process to enable national reporting.</p> <p>Functionality is available in My Health Record for hospitals to upload discharge summaries that can then be accessed by residential aged care facilities (who are connected to My Health Record).</p> <p>The Aged Care Transfer Summary (ACTS) in development in My Health Record is due to be available in late 2023. This will enable RACF staff to create an ACTS in My Health Record to ensure a person's health and care information follows them if they transfer into a hospital.</p> <p>Partial delivery against 66(a) and 66(b).</p>	Several stakeholders noted there was no information suggesting the recommendation had been progressed.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 66 'Not implemented' as it does not have information demonstrating the commencement of measures designed to implement the subcomponents of 66. Future progress reports will investigate further.</p>

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67	Improving data on the interaction between the health and aged care systems	Accepted	Ongoing	Partially implemented	<p>The Department is partnering with the Australian Institute of Health and Welfare on a range of data improvement activities. This includes the development of an aged care data strategy; a National Minimum Dataset; and a National Aged Care Data Asset. Version 1.0 of the NMDS will be brought online from 1 July 2023 and expanded to capture more data items into the future. The Aged Care Data Strategy has been through a series of public consultations and is expected to be released as final by the end of the 2023 calendar year.</p> <p>Long term health and aged care sector simulation modelling is currently being developed by the Department under the Health Outcomes Modelling and Evaluation Project.</p> <p>Some outcomes are being addressed through other means. Discussion between federal and state/territory agencies and health ministers/senior officials continue as to data sharing and reporting arrangements. Outcomes from the National Aged Care Data Strategy (cf. rec 108) are likely to be instrumental.</p>	Stakeholders noted there was insufficient public information to determine what progress had occurred.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 67 'Not implemented' as it does not have information about the extent to which the National Minimum Dataset 1.0 has implemented specific subcomponents of 67. Future progress reports will investigate further.</p>
68	Universal adoption by the aged care sector of digital technology and My Health Record	Accepted	Ongoing	Partially implemented	<p>Several projects have been initiated to address this recommendation. Significant progress has been made to encourage universal adoption by the aged care sector of My Health Record (MHR). The Australian Digital Health Agency launched a campaign in January 2023 to encourage Residential Aged Care Facilities to register with MHR. As of 20 July, approximately 26% of RACFs nationally are now registered with MHR with a further approximately 20% of RACFs in the process of registering. Software developers are being supported to integrate their aged care systems with MHR. Nine aged care clinical information systems are now connected to MHR (as at 20 July 2023) with future clinical information systems due to connect in the coming months. The Aged Care Transfer Summary (ACTS) in development in MHR is due to be available later this year (2023). In addition, Clinical Information System Standards are being developed to align the quality of information shared with MHR. This stream is commencing external consultations in July. Separately, the Department has offered grant opportunities to residential aged care providers to improve medications management through the use of electronic medication charts. A total of \$16.5m has been paid to 1,119 residential aged care facilities for the adoption of electronic medication charts, which equates to 38% of all eligible facilities. An additional \$12.5m will be provided to the sector this financial year (2023-24). A further round may be allocated for the next FY 24/25.</p>	Two stakeholders expressed concern about the progress and scope of implementation, with one noting that progress was very slow while the other stated that the scope of Government actions did not include home care providers or imposing a requirement.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>The IIG considers 68 'Accepted in part' as it does not have information demonstrating that adoption of certain digital technology is mandatory, or that it is the Government's position that it should be made so. The IIG considers 68(b) partially implemented at this time.</p>

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69	Clarification of roles and responsibilities for delivery of health care to people receiving aged care	Accepted in part	Ongoing	Partially implemented	<p>A clarification statement has been drafted in partnership with state and territory governments. Consultation with the aged care sector occurred from January - early April 2023.</p> <p>The Health Chief Executives have established an Intergovernmental Health and Aged Care Senior Officials Group (SOG) to progress Royal Commission recommendations that require collaboration with state and territory governments.</p> <p>69(1)(a) is subject to further consideration.</p>	Four stakeholders noted there was no information about what had been done to clarify roles and responsibilities for delivery of health care to people receiving aged care.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 69(1) as 'subject to further consideration'.</p> <p>The IIG does not have sufficient information to conclude whether the clarification statement implements 69(2). Future progress reports will investigate further.</p>
70	Improved access to State and Territory health services by people receiving aged care	Accepted	Ongoing	Partially implemented	<p>The Health Chief Executives have established an Intergovernmental Health and Aged Care Senior Officials Group (SOG) to progress Royal Commission recommendations that require collaboration with state and territory governments.</p> <p>The Commonwealth is finalising a clarification statement in close partnership with jurisdictions after a period of consultation with the health and aged care sector in early 2023. This is currently under consideration by the SOG, and will soon progress to Health Chief Executives and Health Ministers for endorsement, prior to publication.</p>	Little commentary was provided on this recommendation, however one stakeholder noted there is little publicly available information to assess the measure.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>The IIG does not have sufficient information on whether the clarification statement will implement 70(1). Future progress reports will investigate further.</p>
71	Ongoing consideration by the Health National Cabinet Reform Committee	Accepted in part	Not commenced	Not implemented	The Health National Cabinet Reform Committee is not currently active. The Health Ministers Meeting may be used as the relevant ministerial council in relation to aged care matters. Previous discussion relating to the Royal Commission Recommendations have been held at this forum but it is not a standing agenda item. An Aged Care Senior Officials Group has been established to advise on implementation of Recommendations that involve the States and Territories. As required by the 2020-25 Addendum to National Health Reform Agreement (the Addendum), the Health Ministers' Meeting (HMM) requested that an external review be undertaken to examine whether the objectives of the Addendum are being met. The Review will consider whether the Addendum's health funding, planning and governance architecture is fit-for-purpose given emerging priorities for better integrated care and more seamless interfaces between health and primary care, mental health, aged care, and disability systems. The review is underway with the final report to be delivered to Health Ministers in October 2023. This recommendation has not yet commenced and is pending further decision/direction.	Stakeholders expressed concern that there is no public information regarding progress against this recommendation. One noted that the National Cabinet Health Reform Committee has been replaced with the Health Ministers' Meeting. They called for the inclusion of a standing item on the agenda of those meetings on the implementation of aged care recommendations. Stakeholders also called for urgent attention across governments on the interface between the acute and aged care sectors. One noted that access to acute care for aged care recipients is steadily decreasing, evident in instances where ambulance services either do not show up, arrive late, or decline to transfer the aged care recipient due to capacity issues in the acute sector.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. The IIG notes that the Health Minister's Meeting will be considering responses to 71 at a future meeting.

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72	Equity for people with disability receiving aged care	Subject to further consideration	Ongoing	Not implemented	<p>In February 2023, a research study commenced that will consider the feasibility (cost effectiveness and safety) of providing a higher level of support for people living at home. The study will finish in August 2023.</p> <p>A trial of an assistive technologies loan program with states and territories is expected to commence in 2024</p> <p>Implementation of this recommendation is pending a decision from government</p>	<p>Several stakeholders advised this measure lacked visibility in the public sphere and that there is no commitment to deliver the recommendation. A couple noted the study and called for its publication.</p> <p>One stakeholder commented the study narrowed the rights of people living with a disability to a matter of cost-effectiveness instead of a matter of human rights.</p>	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'.
73	Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is subject to further consideration in the context of the Government's response to the Disability Royal Commission.	Limited comments were provided on this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
74	No Younger People in residential aged care	Accepted in part	Ongoing	Partially implemented	A grant is in place to provide a national network of 37 System Coordinators to assist people aged under 65 to obtain age-appropriate accommodation and support services. Coordinators have engaged with 1107 younger people living in residential aged care since June 2021 and was working with 260 as at 9 June 2023. From 1 January 2022 to 31 December 2022, 194 National Disability Insurance Scheme (NDIS) participants under the age of 65 years transitioned from residential aged care into age-appropriate settings.' The Department has commissioned the AIHW to undertake data analysis and quarterly reporting on the younger People in residential aged care population. Since February 2022 changes to the entry pathway for aged care assessments ensure that all younger people seeking an aged care assessment will work closely with either the National Disability Insurance Agency (NDIA) or Ability First Australia (AFA) to find alternative options prior to being referred for an aged care assessment. In May 2023, the Approval of Care Recipients Principles 2014 were amended to strengthen the evidence requirements for younger persons' entry into residential care to ensure all possible alternatives for age-appropriate care have been considered. The new Act will formally introduce eligibility requirements across all aged programs and exclude younger people accessing aged care (except First nations and homeless people). Yet to be delivered are 74(h) - provision for speciality disability accommodation in thin markets and 74(f) - expanding transitional accommodation. Neither are currently funded.	No relevant comments were made.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'. 74(f) and 74(h) are subject to further consideration. 74 recommended three targets regarding the entry and presence of younger people in residential aged care facilities be met. The targets in 74(a) and (b) have not been implemented - younger people can be approved for residential care in circumstances beyond 74(l). The IIG does not have information that (d), (e), (g), (j), (k) or (l) have been implemented. Regarding (j), the AIHW last published data as at 31 December 2022. 74(i) has not been implemented as the IIG does not have information that the Younger People in Residential Aged Care System Coordinators program provides individualised advocacy as recommended. Future progress reports will investigate further.

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75	Aged Care Workforce planning	Accepted in part	Ongoing	Partially implemented	<p>The Department is undertaking a biennial workforce data survey, following extensive consultation with stakeholders on the design.</p> <p>Data on aged care workforce will be collected every two years from 2023. A worker survey will be undertaken in the alternate year, commencing 2024. Long-term workforce modelling on the supply of and demand for health professionals, including allied health professionals, and care workers is also being undertaken.</p> <p>Aged care workforce planning is being undertaken in the department, including through modelling, consultation with providers and consideration of immigration measures. Funding has been provided for a range of workforce supports, including to support training, clinical placements, scholarships, and other initiatives to respond in a targeted manner to the workforce challenges.</p>	Stakeholders recognised that progress was being made on this recommendation, but that it has been slow. There was a call for workforce supply and demand modelling to be released. Stakeholders also noted that part 2 of the recommendation, that called for an interim workforce strategy and framework, remains undelivered.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.
76	Aged Care Workforce Industry Council Limited	Accepted in part	Ongoing	Partially implemented	<p>The Government provided \$9.4 million in funding to ACWIC to progress this work. ACWIC has progressed the following sub-components of the recommendation:</p> <ul style="list-style-type: none"> • Reviewed and expanded their membership to include union representation • Brought together key players to formulate a consensus statement for the Fair Work Commission in support of a pay rise for aged care workers • Implemented a Voluntary Industry Code of Practice • Developed a free online Workforce Planning Tool for aged care providers to identify gaps in their workforce and plan for an adequate skills mix • Researched the skills and new roles required to deliver high quality care – with a focus on innovative and new models of care. This work will help to inform the future structure of the aged care workforce including job pathways and career options. • Implemented a Social change campaign to celebrate the variety of great roles in aged care • Produced key insights into attracting and keeping staff, to support creative employee value propositions. 	Stakeholders noted that the future of ACWIC is unclear beyond 1 July 2023. While there was a recognition that ACWIC has initiated a number of positive and useful resource tools for the sector, workforce remains a key issue. The common view was that not all parts of the recommendation have been implemented - or are likely to be implemented - if funding ceases. Stakeholders called on the Government to continue to focus on facilitating better workforce supply and resources for the sector.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.

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77	National registration scheme	Accepted in part	Ongoing	Partially implemented	The Government has rejected registration of the occupation Personal Care Workers through AHPRA under the National Registration and Accreditation Scheme. All subcomponents are being addressed across Rec 77 and 78. The Code of Conduct for Aged Care was implemented on 1 December 2022. The proposed new Aged Care Act will respond to the remainder of this recommendation. Negotiations with state and territories to support worker screening commencement from July 2024 is also ongoing. 77(a) - a mandatory minimum qualification of a Certificate III requires further consideration by Government.	Stakeholders commented extensively on this recommendation. Progress on the development of a code of conduct and worker screening was noted, but more work was considered necessary to fulfil the recommendation. Greater consultation (including with older people) was called for on the further development of initiatives to support this recommendation. Stakeholder comments focused on the need for a single registration scheme across the care economy (including veterans' and disability services), designed to avoid the creation of any unintended consequences and reducing 'red tape' for workers, employers, and government agencies, while keeping people in care safe. Sufficient resources for those administering the scheme was seen as critical to avoid the delays associated with NDIS worker screening. Stakeholders emphasised the importance of a worker registration and accreditation scheme as a means to professionalise the workforce, deliver career pathways and thereby raise the quality of jobs and care.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.
78	Mandatory minimum qualifications for personal care workers	Accepted in part	Ongoing	Partially implemented	<p>This recommendation forms a component of Rec 77 under the National Registration Scheme. Funding was provided as part of the 2023-24 Budget to consult with the sector on this recommendation. This is one of the components being considered for implementation as part of the National Registration Scheme (Rec 77).</p> <p>The Government, through a \$1 billion agreement with states and territories are making 180,00 Fee Free TAFE places available in 2023, this includes at least 15,000 places for courses in aged care. A further 300,000 Fee-Free TAFE and Vocational Education and Training places were announced as part of the 2023-24 Budget in high skill needs areas from 2024 to 2026, subject to agreement with states and territories.</p> <p>Consultations will provide further direction on strategies for implementing mandatory qualifications.</p>	Stakeholders acknowledge that workers are being encouraged to access training, but there is no mandatory requirements in place and so they consider current actions do not fulfill the recommendation as made by the Royal Commission.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.</p> <p>The IIG considers 78 'Not implemented' as no requirement has been imposed on personal care workers to undertake minimum qualifications.</p>

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79	Review of certificate-based course for aged care	Accepted	Finalised	Partially implemented	<p>Following a review by the relevant Industry Reference Committees (IRCs), including the Aged Care Services IRC, Skills Ministers endorsed the revised Certificate III in Individual Support in November 2022. The updated qualification takes into account significant changes to the nature of care work and recommendations made by the Aged Care Royal Commission.</p> <p>From July 2023, the new Jobs and Skills Council (JSC) for the early educators, health and human services sectors, HumanAbility, will have responsibility for reviewing and updating health and care related qualifications, including considering the Certificate IV in Ageing and any future updates to the Certificate III and associated skill sets.</p> <p>Yet to be delivered are 79(1)(a) and (b). A review of the Certificate IV in Ageing has not yet been completed and is anticipated to be considered by the new JSC for the early educators, health, and human services sectors (HumanAbility) once it is established.</p>	<p>Stakeholders raised concerns with the implementation of this recommendation, citing limited progress. Some advocated for a worker registration and accreditation scheme as a means to professionalise the workforce, deliver career pathways and raise the quality of jobs and care. One stakeholder expressed frustration' that the reform work is not focusing on minimum qualifications, continued professional development, accredited qualifications and training, and an English proficiency requirement. They are 'deeply concerned' that implementation will fall short of the intent of the recommendation.</p> <p>Another stakeholder raised the importance of co-design in course content, picking up on the lived experiences of people in care and their diverse backgrounds and needs.</p>	<p>The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'.</p> <p>The IIG considers 79 'Accepted in part' as the review Certificate IV in Ageing has not yet been completed per 79(1)(a) and (b).</p>
80	Dementia and palliative care training for workers	Accepted in part	Ongoing	Partially implemented	<p>The strengthened Quality Standards are currently being piloted by the ACQSC and include requirements for regular training for workers in core matters such as dementia in Standard 2. Palliative care and end-of-life care is addressed at Standard 5 - Clinical Care Outcome 5.7. The pilot will inform the final set of Standards to be drafted in the new Aged Care Act. The Government is establishing a national worker registration scheme. The scheme is being implemented in a staged approach with considerations for ongoing training scheduled for 2025. New dementia training is available and being delivered to GPs and care workers with additional dementia care training in development and will be rolled out in 2023. Palliative care education and training is being delivered to the aged care and primary care workforce, across all settings, through expansion of existing national projects. While training is available it is not a condition of approval for providers.</p>	<p>Most stakeholders agreed there has been a lack of information surrounding the implementation of training being provided in response to this recommendation.</p>	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. 80 requires that training be made mandatory. While there is an array of mechanisms for doing so, none have been implemented yet.</p>

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81	Ongoing professional development of the aged care workforce	Accepted	Ongoing	Partially implemented	<p>From July 2023, the Jobs and Skills Councils for the early childhood, health, and human services sectors (HumanAbility) will be responsible for review and development of flexible and responsive nationally recognised training package products for the health and human services sectors, including aged care. A range of skill sets to support the professional development of aged care workers were delivered through the review of the Certificate III in Individual Support. The Australian and state and territory governments have committed to prioritising the delivery of system-wide reforms to vocational education and training quality, industry engagement and qualifications. These reforms include implementing a new framework for prioritising training product development, which sets expected maximum timeframes for training product development work to make the system more responsive to industry.</p> <p>Professional development of the aged care workforce is also supported through a range of other Government programs, for example, Fee-Free TAFE. The Department has also funded the development of the online EQUIP learning modules designed to support direct care workers continuing learning and development. The training is free of charge for aged care workers, including nurses, personal care workers and allied health workers as well as volunteers and informal carers. 13 of the 14 learning modules are now available, with all modules to be available by August 2023. This recommendation relates to the ongoing provision of professional development of the aged care workforce. New VET industry engagement arrangements are being implemented through the establishment of Jobs and Skills Councils. The response to this recommendation will be ongoing.</p>	<p>Limited comments were made on this recommendation.</p> <p>One stakeholder called for continuous professional development for all workers in aged care that is both evidence based and competency based to ensure workers' practice continues to be contemporary and in line with the vast number of reforms in the way aged care is delivered.</p> <p>Several stakeholders offered to work collaboratively with government to develop courses/content. There was support for recognition of prior learning to ensure training focuses on skills gaps.</p>	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.
82	Review of health professions' undergraduate curricula	Accepted	Ongoing	Partially implemented	Australian Medical Council review of Medical School standards now requires curriculum to provide students with exposure to diverse patient groups, including aged care patients. Other accreditation authorities will review their standards as part of their regular review cycle over the next 2-5 years, including the Australian Medical Council which will commence a review of specialist education and accreditation standards in late 2023.	Limited comments were made on this recommendation. A couple of stakeholders commented that the focus should be on the training of all aged care "health professions", not just medical health professionals.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.

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83	Funding for teaching aged care programs	Accepted in part	Ongoing	Partially implemented	The Government is delivering on the intent of Recommendation 83 in that funding is being provided for a clinical placements program to support up to 5,250 Bachelor of Nursing students to undertake high quality clinical placements in the care and support sector (aged care, disability, and veterans support). The program will include recruitment of clinical facilitators and the development of an online hub to support students during their placement. The program will be delivered from May 2023 until December 2024. Funding has also been provided to expand the Rural Health Multidisciplinary Training (RHMT) Program for Aged Care. Under the RHMT Program Aged Care expansion project, 150 students per year will receive rural clinical training in an aged care setting for extended periods. 83 b) and d) partially delivered. 83(b) is partially progressed: clinical placements are available to University Students only not available to vocational education and training sector students. 83(d) also partially progressed: under the clinical placements program, an online hub for students, supervisors and providers will be available. 83(a) and (c) not delivered.	Limited comments were made on this recommendation.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.
84	Increase in award wages	Accepted	Ongoing	Partially implemented	The Fair Work Commission (FWC) decision on 21 February 2023 for an interim increase of 15% to minimum award wage for many aged care workers from 30/6/2023. As part of the Budget May 2023-24, the Government delivered on its commitment to fund the outcome of the case, by investing \$11.3 billion to support increased wages for aged care workers. 84(b) has not occurred.	Overall, stakeholders emphasised the importance of oversight when implementing this measure, encouraging the Government to consider past challenges presented in the aged care sector, such as the COVID bonus. One stakeholder noted the current pricing model does not take into consideration additional skill supplements, for skills such as dementia care, mental health, additional language, etc. Another stakeholder commented on a lack of transparency regarding whether the Commonwealth has fully funded the increase.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.
85	Improved remuneration for aged care workers	Accepted in part	Finalised	Partially implemented	The Independent Health and Aged Care Pricing Authority (IHACPA) is able to take into consideration wage adjustments made by the FWC, but not recommend funding to support an increase in wages. The Government is delivering wage increases in aged care directly through supporting the FWC aged care work value case. FWC wage increases are taken into account when setting the annual Australian National Aged Care Classification (AN-ACC) price for delivery of residential aged care funding.	Stakeholders expressed concern about workforce constraints in the sector, a lack of funding to meet workforce costs and higher pay enticing people out of age care. One stakeholder said that their understanding was that the Independent Health and Aged Care Pricing Authority calculations are based on current staffing expenditure, not the cost of staffing that is required to deliver high quality aged care.	The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'. The establishment of the Independent Health and Aged Care Pricing Authority does not implement 85 because it does not have the power to set prices, and it cannot recommend an increase in funding to increase wages.

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86	Minimum staff time standard for residential care	Accepted in part	Ongoing	Partially implemented	<p>The Government committed to implementing recommendation 86(4) (24/7 Registered Nurse (RN) responsibility) from 1 July 2023, one year earlier than the Royal Commission's recommendation. In recognition of the challenges that small rural and remote residential aged care facilities face in attracting and retaining the workforce required to deliver a 24/7 RN, facilities with fewer than 30 beds that are located in Modified Monash Model 5-7 areas, that have alternative clinical care arrangements in place for the times a RN is not available are eligible to apply for a 12-month exemption from the responsibility. This will provide transitional support to the facilities greatest impacted by workforce shortages.</p> <p>Providers have been funded to deliver 200 care minutes since October 2022, and policy parameters for how this applies to residential aged care services are finalised. Reporting of care minutes through QFR commenced for Q1 2022-23 (this formed the basis of the staffing Star rating published in Dec 2022). Authority has been provided, and funding allocated to deliver 24/7 RN supplement from July 2023, and to increase AN-ACC funding from 1 October 2024 to funding the delivery of 215 care minutes.</p> <p>Recommendation 86(7) subject to further consideration. The University of Wollongong has been engaged by the Department to undertake a project that will provide expert advice on whether there should be exemptions to staff skills mix for specialised (homeless or Indigenous) and/or co-located services. The University is due to provide its final report to the Department in September 2023.</p>	For the most part, stakeholders expressed concern relating to this measure in their feedback. Stakeholders felt the narrow scope of the measure failed to acknowledge other key roles, such as Enrolled Nurses and Allied Health, and does not recognise the multi-disciplinary nature of teams working in residential care. Several stakeholders indicated this measure does not acknowledge the current workforce shortage being experienced across the sector, setting rural and remote areas in particular at a disadvantage.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>Legislative changes have imposed a requirement for 24/7 rostering of a Registered Nurse, unless an exemption applies.</p>
87	Employment status and related labour standards as enforceable standards	Accepted in part	Ongoing	Partially implemented	<p>The Government has committed to implementing a direct employment preference in aged care. Some stakeholders have been consulted on Direct Employment Guiding Principles, and provided strong feedback that further work was required. Further consultation on the Direct Employment preference (and Guiding Principles) is required to determine the method of implementation and enforcement (87(1)(a) and (b)). The Department has engaged an industrial relations specialist to consult and negotiate further with the sector, including relevant unions. Following public consultation in late 2022, draft strengthened Standards are being tested through a pilot by ACQSC. This includes an outcome related to workforce planning: Outcome 2.8.1d. The planned introduction of strengthened Standards from 1 July 2024, taking into account Pilot outcomes, offers a mechanism for imposing a positive obligation on providers to preference direct employment, in line with the Government's commitment.</p>	Stakeholders support employment protections for aged care workers but caution against measure being taken that may result in a reduction of workers being available to aged care compared with NDIS.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. The IIG considers 87 'Not implemented' because no requirement to preference direct employment has been imposed on providers at this time.</p>

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88	Legislative amendments to improve provider governance	Accepted	Ongoing	Partially implemented	Amendments to primary legislation which responded to this recommendation commenced on 1 December 2022. All related subordinate legislation was completed by 1 July 2023. Rec 88(2) <i>Freedom of Information Act 1982</i> amendment will be addressed in the new aged care act.	Limited comments were made on this recommendation. One stakeholder commented that improved governance is vital to ensuring accountability of service providers and protect the rights and dignity of older people and called for more information on how the recommendation would be implemented.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'. The IIG considers 88 'Accepted in part' as it is unclear as to how the Government intends to address 88(2).
89	Leadership responsibilities and accountabilities	Accepted in part	Finalised	Implemented	Legislation in place requiring governing bodies of certain approved providers to: * ensure staff training, professional development and continuous learning, staff feedback and engagement, and team building. * have at least one member with experience in providing clinical care, and * establish a quality care advisory body and offer to establish a consumer advisory body to help inform governing body. Subsection 89(b) will not be enacted as part of the approval process for aged care providers but rather through investment in provider capability programs (which can include participants from management) run by the ACQSC, such as the Governing for Reform program.	Limited comments were made on this recommendation. One stakeholder noted that only part c) of this recommendation has been partially implemented, despite being "accepted" by the former Government. They called for a clearer Government position on whether the recommendation is to be implemented in full.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. 89 was partially implemented by amendments to the Aged Care Act 1997, which required governing bodies to ensure staff training, professional development, and continuous learning.
90	New Governance Standard	Accepted	Ongoing	Partially implemented	Primary and subordinate legislation in place which requires certain approved providers to: * have at least one member with experience in providing clinical care * establish a quality care advisory body * offer to establish a consumer advisory body to help inform governing body * attest annually whether the provider has complied with its duties under aged care legislation and if such an attestation cannot be given, explain why and the action being taken to remedy. Rec 90(a) and (c) funding will be required to implement the package of Quality Standards from 1/7/2024	Limited comments were made on this recommendation. One stakeholder said that the New Provider Governance Responsibilities that came in 1 December 2022, and are being carried over to the new Aged Care Act, should have been part of the consultation process in relation to the new Act. This includes the creation of the Consumer Advisory Bodies; Quality Care Advisory Bodies and operations and compliance statements.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.
91	Program of assistance to improve governance arrangements	Accepted	Ongoing	Implemented	The Governing for Reform Program commenced in 2021–22 and continues into 2022-23 with the aim of strengthening provider governance. The program is being undertaken by the Commission for 2021-22 and 2022-23. Program to be made available to 3700 aged care leaders by 30 June 2023. Ongoing funding for this program is subject to evaluation.	One stakeholder welcomed the Governing for Reform Program, stating that it is an appropriate beginning for cultural change.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'. The IIG considers 91 'Partially implemented' as Governing for Reform has been delivered for the 2022-23 period, but the program does not have ongoing funding at this stage.

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92	Approval of providers	Accepted in part	Ongoing	Partially implemented	The proposed new Aged Care Act will respond to this recommendation. Development of the Bill for the new Aged Care Act is well underway, with drafting progressing and an exposure draft targeted for release in late 2023. A new regulatory model which will be a key feature of the new Act.	Limited comments were made on this recommendation beyond noting little information was publicly available. One stakeholder commented that the approval of home care providers must be more diligent than it is now, even if it increases the time taken for approval.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'. The IIG considers 92 'Not implemented' as it is dependent on the commencement of the new Aged Care Act, which has not occurred.
93	Accreditation of high-level home care services	Accepted in part	Ongoing	Partially implemented	The proposed new Aged Care Act will respond to this recommendation. Development of the Bill for the new Aged Care Act is well underway, with drafting progressing and an exposure draft targeted for release in late 2023. This recommendation will be addressed as part of the new regulatory model which will be a key feature of the new Act.	Stakeholders largely indicated a need for clarity on this measure, particularly on high-level care and its definition. One stakeholder noted the Commonwealth is not progressing with an accreditation process.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'. The IIG considers 93 'Not implemented' as it is dependent on the commencement of the new Aged Care Act, which has not occurred.
94	Greater weight to be attached to the experience of people receiving aged care	Accepted	Finalised	Implemented	The residents experience surveys were conducted with 20% of older people in residential aged care during 2022, and the results published as part of star ratings in December 2022. The survey will continue in 2023.	Stakeholders principally voiced concerns relating to the lack of visibility of LGBTQIA+ people from the data and the exclusion of people with dementia from the interviews. One stakeholder noted no progress has been made on the establishment of channels for consumers to report their experiences year-round.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. The IIG does not have information that the Government has implemented, or intends to implement, the subcomponents of 94 recommending that 20% of residents in each residence be surveyed, or that a mechanism for older people to provide feedback be made available. Future progress reports will investigate further.
95	Graded Assessments and performance ratings	Accepted	Ongoing	Not implemented	Graded assessment of performance against the strengthened Aged Care Quality Standards is being tested by the ACQSC through a Pilot occurring from April to September 2023.	Stakeholders noted that there is insufficient information to comment on the implementation of this recommendation. There was, however, strong support for the intent of the recommendation with several stakeholder commenting that it will encourage best practice amongst providers and acknowledge good performance.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. The IIG notes the importance of 95 to the implementation of 24 (star ratings).
96	Responding to Coroner's reports	Accepted	Ongoing	Not implemented	This recommendation will be addressed via the new Act. The Royal Commission recommendation did not provide significant particulars, with the implementation approach to be informed by legislative review and consultative processes.	No relevant comments were made.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
97	Strengthened monitoring powers for the Quality Regulator	Accepted	Ongoing	Not implemented	These powers will form part of the new regulatory model that is a key feature of the new Aged Care Act.	There was limited feedback on this recommendation. Stakeholders pointed to importance of the ACQSC Capability Review and new Aged Care Act as central in progressing this recommendation.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.

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98	Improved complaints management	Accepted in part	Ongoing	Partially implemented	<p>The proposed new Aged Care Act will respond to this recommendation.</p> <p>In the interim, a new Aged Care Complaints Commissioner has been appointed and commenced work at the Aged Care Quality and Safety Commission. The ACQSC undertook recruitment activities for an additional 21 ASL for complaint/contact officers to support the complaint management process, in line with funding provided through the October 2022 Budget.</p> <p>Recs 98(2) and 98(3) are not being implemented in full.</p>	<p>There was limited feedback on this recommendation. Some stakeholders called for a greater focus on timely resolution of complaints and greater transparency in complaints response time data.</p> <p>Stakeholders noted that while a Complaints Commissioner has been appointed, they are yet to see evidence of an impact.</p>	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>The IIG considers 98 'Partially implemented' because the Complaints Commissioner has been appointed, noting that this is under administrative arrangements and that the office, functions and powers have not been designated under legislation.</p>
99	Protection for whistle-blowers	Accepted	Ongoing	Not implemented	The Royal Commission recommendation did not provide significant particulars, with the implementation approach to be informed by legislative review and consultative processes.	Stakeholders noted that there is insufficient information to comment on this recommendation.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
100	Serious Incident reporting	Accepted in part	Finalised	Implemented	<p>The Serious Incident Response Scheme (SIRS) was enacted via legislation and commenced on 1 April 2021 for residential aged care services. Legislation was enacted to expand SIRS to aged care services provided in home and community settings from 1 December 2022. The ACQSC publishes quarterly data on SIRS. The next quarterly report (April-June 2023) will include SIRS in-home statistics. The Commission has been given regulatory powers to investigate serious incidents and non-compliance in line with the recommendations.</p> <p>Rec 100(b) will not be delivered. SIRS data is not broken down to a provider, service, or facility level.</p> <p>Star ratings, which are available for all residential aged care services, include service compliance ratings that are influenced by compliance which incorporates complaints and SIRS data</p>	A number of stakeholders recognised the achievement the Serious Incident Reporting Scheme (SIRS) is for the aged care sector. However these providers also had feedback to give on the design, including current guidelines requiring reporting of comparatively low level incidents potentially stepping away from the purpose of the measure, and the process not including accountability for failure to report or follow up after incidents like counselling for staff and residents.	<p>The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'.</p> <p>The IIG considers 100 'Partially implemented' because the publication of reports does not occur at a provider, service or facility level, as recommended by 100(b).</p> <p>Additionally, the IIG does not have information that 100(a)(ii), which concerns the matching of individuals, has been implemented. Future progress reports will investigate further.</p>
101	Civil penalty for certain contraventions of the general duty	Accepted	Ongoing	Not implemented	The Government has committed to a new statutory duty on aged care providers being included in the new Act. Further consideration is being given to the penalties that will attach to breach of this duty - with the Government committing to criminal penalties being available, in contrast to the Royal Commission that recommended only a civil penalty be available.	Stakeholders noted that there is insufficient information to comment on this recommendation.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented' A decision has not been made on whether to accept or reject including a civil penalty for certain contraventions of the general duty.

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102	Compensations for breach of certain civil penalty provisions	Accepted	Ongoing	Not implemented	The Government has committed to a compensation pathway being available. Further consideration is being given to the scope and vehicle for this compensation pathway, with the proposed approach potentially differing from that recommended by the Royal Commission.	Limited comments were made on this recommendation beyond noting little information was publicly available. One stakeholder noted that the existing aged care regulatory framework, in addition to general protections under the common law, already affords protections to individuals. They expressed concern about the proposed introduction of restorative justice processes that focus on compensation as a part of conciliation processes or undertakings enforced by the Regulator. They called for more information and further consultation on this matter.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
103	A wider range of enforcement powers	Accepted	Ongoing	Partially implemented	These powers will form part of the new regulatory model that is a key feature of the new Aged Care Act. Component (a) of Recommendation 103 has been partially implemented, with compliance notices for Code of Conduct violations and banning orders already added to the ACQSC enforcement powers via the Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022 (Royal Commission Response Act) .	No relevant comments were made.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.
104	Aged Care Quality and Safety Commission capability review	Accepted	Ongoing	Partially implemented	Mr David Tune AO PSM submitted the final report for the independent capability review of the ACQSC to Government for consideration. Work is ongoing internal to government with respect to his recommendations.	Many stakeholders called for the public release of the Capability Review.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'. The report has been finalised and was publicly released on 21 July 2023.
105	Transparency around the performance of the Quality Regulator	Accepted	Ongoing	Partially implemented	ACQSC has taken a number of steps to improve their information transparency in key areas, and public disclosure has been improved through star ratings. Further improvements by ACQSC are being informed by the recommendations of the Capability Review (Rec 104). Legislative amendments are waiting on commencement of the new Aged Care Act.	No relevant comments were made.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'. 105 is 'Partially implemented' as the ACQSC's Sector Performance Reports contain information specified in 105(1).

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106	Enhanced Advocacy	Accepted	Ongoing	Implemented	<p>Demand study has been undertaken, and is pending public release.</p> <p>All activities under the National Aged Care Advocacy Program (NACAP) now launched, including the completion of recruitment of the expanded advocacy workforce, establishment of all new points of access, monitoring and evaluation frameworks for the expanded access project and the launch of the Self-Advocacy Toolkit.</p>	<p>There were limited comments on this recommendation. One stakeholder involved in the delivery of initiatives under this recommendation noted implementation is in progress but gains are limited and additional funding may be necessary. They also noted that while there are several programs designed to support diverse and complex communities to access aged care services, there is a lack of role delineation between the different programs and the National Aged Care Advocacy Program. Clear role delineation between programs, including the Care Finder program is needed.</p> <p>They also noted a reluctance and resistance of aged care service providers to allow aged care advocates into residential aged care facilities.</p>	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented' .</p> <p>The National Aged Care Advocacy Program has launched, but the IIG notes it is unclear to what extent every subcomponent has been implemented. Future progress reports will investigate further.</p>
107	Aged Care Research and Innovation Fund	Accepted in part	Ongoing	Partially implemented	<p>The Dementia, Ageing and Aged Care Mission is currently allocated \$185 million over ten years for research into this space. The Australian Research and Industry Innovation is funded \$34 million over three years to provide research funding for aged care research and translation priorities. Establishing an Aged Care Research and Innovation Fund, in line with this recommendation, requires further consideration from Government. It would see aged care research funding increase to would see the aged care research funding the equivalent of 1.8% of total Australian Government expenditure on aged care. Current aged care research expenditure is around \$40 million per year, and delivering on recommendation 107 would cost around \$648 million per year, based on forecast aged care expenditure of \$36 billion in the 2023-24 financial year.</p>	<p>Stakeholders noted that there is insufficient information to comment on this recommendation.</p>	<p>The IIG considers this 'Subject to further consideration', 'Ongoing' 'and 'Partially implemented'.The IIG considers this 'Subject to further consideration' because 107 requires further consideration by Government.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
108	Data governance and a National Aged Care Data Asset	Accepted	Ongoing	Partially implemented	<p>The Department is partnering with the Australian Institute of Health and Welfare on a range of data improvement activities. This includes the development of an aged care data strategy, which sets the vision for the approach to capture, collection and use of aged care data into the future; a National Minimum Dataset, which sets the standards/specifications for how a core set of data items should be collected and captured to ensure consistency; and a National Aged Care Data Asset, which will be made publicly available for policy and research use. Version 1.0 of the NMDS will be brought online from 1 July 2023 and expanded to capture more data items into the future. The Aged Care Data Strategy has been through a series of public consultations and is expected to be released as final by the end of the 2023 calendar year.</p> <p>As the intention of the recommendation is being met through close collaboration on data improvement work (namely the Aged Care Data Strategy, National Minimum Dataset and Aged Care Data Asset) Rec 108(1) is not considered necessary.</p>	Stakeholders noted that there is insufficient information to comment on this recommendation.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>While alternative outputs or methods can implement 108, the IIG considers this 'Not implemented' as it does not have information or documents about how the National Minimum Data Set or the National Aged Care Data Strategy implement the intent of the subcomponents of 108. Future progress reports will investigate further.</p>
109	ICT Architecture and investment in technology and infrastructure	Accepted in part	Ongoing	Partially implemented	<p>Established foundational Salesforce platform to support Quality Indicators and star ratings. Undertook GPMS self-service co-design with participating service providers. B2G - Delivered a Beta version of the B2G connectivity, completed build of the Developer Portal and conducted collaborative solution design with the sector.</p> <p>109(1)(a)(i) and (1)(b)(i) and (ii) are subject to further consideration in the context of Support at Home. 109(1)(b)(iii) subject to funding decisions.</p>	No relevant comments were made.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.
110	Amendments to residential aged care indexation arrangements	Rejected	Finalised	Not implemented	An alternative approach has been implemented: residential aged care indexation to be informed by advice from IHACPA. IHACPA assess the National Efficient Price (standard cost) of providing aged care and advises Government.	Responses to this measure varied in nature, while one stakeholder expressed support, the majority voiced concerns relating to the transparency of indexation arrangements and the need for consideration of heightened costs for compliance and transitioning to the new regulatory model.	The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'.
111	Amendments to aged care in the home and Commonwealth Home Support Programme indexation arrangements	Accepted in part	Ongoing	Not implemented	<p>Indexation for 2023-24 set with regards FWC determination.</p> <p>111(1)(a), (b) and (c) not addressed currently. Indexation for home care to be considered in context of the new Support at Home Program.</p>	Limited comments were made on this recommendation. One stakeholder raised concerns about indexation amounts being well below the actual cost of delivering services.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
112	Immediate changes to the Basic Daily Fee	Accepted	Finalised	Implemented	From 1 July 2021 eligible residential aged care providers who entered into an undertaking with the Department received an additional \$10 per resident, per day. The BDF supplement supported aged care providers to deliver better care and services to residents, with a focus on food and nutrition. Two Food and Nutrition reports detailing outcomes and trend analysis collected from the Basic Daily Fee food and nutrition reporting were published on the Department's website. The \$10 per day basic Daily Fee supplement that was rolled into AN-ACC funding from 1 October 2022 became part of the new \$10.80 per day Hotelling supplement from 1 July 2023.	No relevant comments were made.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'.
113	Amendments to the Viability Supplement	Accepted in part	Finalised	Not implemented	A temporary increase to the residential care viability supplement was continued until the commencement of the new residential care funding model from 1 October 2022 at which time the funding was rolled into AN-ACC. The temporary increase to home care viability supplement was ceased as it was not achieving its purpose.	No relevant comments were made.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. 113 is 'Partially implemented' because the supplement was implemented for residential care and then rolled into AN-ACC, but it was discontinued for home care.
114	Immediate funding for education and training to improve the quality of care	Accepted	Finalised	Implemented	As part of the 2022-23 Budget, the Australian Government committed \$493 million (matched by States and Territories) to support the delivery of training places across a number of areas of priority, including aged care and other care sectors. Fee Free TAFE is prioritised for young people, First Nations Australians, people who are out of work, unpaid carers and women facing economic security and people with disability.	Stakeholders consider that the current measures in place for this recommendation may not be sufficient due to having a narrow scope for training funding. A service provider indicated there currently is no training for food staff included in these measures, while another peak stakeholder indicated work relating to funding education or training courses for care skills and their reimbursement of additional staffing hours to enable course attendance has yet to occur.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. 114 is about ensuring all aged care workers can undertake a Cert III in Individual Support at no cost. The IIG does not have information that Fee-Free TAFE or funding of places implements 114. Future progress reports will investigate further.
115	Function and objects of the Pricing Authority	Accepted	Finalised	Implemented	The legislation for establishing the Independent Health and Aged Care Pricing Authority (IHACPA) received Royal Assent on 5 August 2022, with relevant functions commencing 12 August 2022. Functions conferred on IHACPA include advising the relevant Minister on aged care pricing and being the decision-maker for applications to set accommodation prices above the maximum otherwise permitted by the Aged Care Act and to set Extra Service fees.	Limited comments were made on this recommendation beyond noting that the recommendation was for the pricing authority to determine, not to recommend prices.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. The IIG considers 115 partially accepted and implemented as the Independent Health and Aged Care Pricing Authority does not have the function or power to determine prices.
116	Requirement to participate in Pricing Authority activities	Accepted	Ongoing	Partially implemented	IHACPA will provide independent aged care costing and pricing advice to Government to ensure that aged care funding is directly informed by the actual costs of delivering care. IHACPA's advice will inform Australian Government decisions on residential aged care and respite care funding from 1 July 2023. 116(1) and (2) are outstanding.	No relevant comments were made.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. It is unclear as to whether the amending principles have commenced, and therefore whether the requirement recommended by 116 has been implemented. Future progress reports will investigate further.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
117	Grant funding for support services to be funded through a combination of bloc and activity based funding	Accepted in part	Ongoing	Not implemented	This recommendation is subject to future decisions of government. Policy has been drafted to support the delivery of this recommendation under the new Support at Home Program. It has been tested widely with stakeholders but not yet agreed by Government.	No relevant comments were made.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. 117 is marked as 'Subject to further consideration' as a decision has not been made to either accept or reject 117. This will occur as part of Support at Home.
118	New funding model for care at home	Accepted	Ongoing	Not implemented	This recommendation is subject to future decisions of government. Policy has been drafted to support the delivery of this recommendation under the new Support at Home Program. It has been tested widely with stakeholders but not yet agreed by Government.	Most stakeholders commented on the absence of detail relating to the structure of the funding. One stakeholder advised discussion around Support at Home does not include palliative care and end-of-life care, while another encouraged more engagement for this recommendation.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. 118 is marked as 'Subject to further consideration' as a decision has not been made to either accept or reject 118. This will occur as part of Support at Home.
119	Maximum funding amounts for care at home	Accepted	Ongoing	Not implemented	In February 2023, a research study commenced that will consider the feasibility (cost effectiveness and safety) of providing a higher level of support for people living at home. The study will finish in August 2023. Options are being drafted for consideration by government.	Stakeholders commented that there is limited publicly available information about progress on this recommendation.	The IIG considers this 'Subject to further consideration', 'Ongoing' and 'Not implemented'. 119 is marked as 'Subject to further consideration' as a decision has not been made to either accept or reject 119. This will occur as part of Support at Home, noting that a study on this matter is currently underway.
120	Casemix-adjusted activity based funding in residential aged care	Accepted	Finalised	Implemented	The primary legislation to establish AN-ACC, replace ACFI, and fund residential aged care on a case-mix basis received Royal Assent 5 August 2022 and commenced 1 October 2022.	No relevant comments were made.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'.
121	Incentives for an enablement approach to residential care	Accepted	Finalised	Implemented	The primary legislation to establish AN-ACC, replace ACFI, and fund residential aged care on a case-mix basis received Royal Assent 5 August 2022 and commenced 1 October 2022. AN-ACC is underpinned by an in-built incentive for restorative care and reablement. Under the AN-ACC, if the capability of a resident improves there is no requirement for them to be reassessed (and potentially reassigned to a lower payment class). This provides an inbuilt financial incentive for aged care providers to invest in restorative care such as physiotherapy.	The need for funding for allied health in the AN-ACC funding structure was a common call from stakeholders regarding this recommendation. The general view was that the overall design of AN-ACC has not incentivised the utilisation of allied health, resulting in a significant drop in its engagement in residential care homes. A number of stakeholders have advised including allied health in the care minute requirements will mitigate this.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
122	Reporting of staffing hours	Accepted	Finalised	Implemented	The Accountability Principles 2014 (Cth) have been amended to require all approved providers of residential aged care to report care minutes delivered at the service level in the Quarterly Financial Report (QFR) from 1 July 2022. The Department is monitoring the care minute reporting data submitted by residential aged care providers and providers who submit late or fail to submit their QFR will be referred to the ACQSC. Care data reported in the QFR is used to calculate each service's staffing star rating.	Little commentary was provided for this measure, however one stakeholder advised there is a lack of clarity on the role of allied health in the implementation of this recommendation, this is due to allied health not being included in mandatory care minutes, nor in star ratings, thus this does not satisfy part (1) of the recommendation.	The IIG considers this 'Accepted in part', 'Finalised' and 'Partially implemented'. The IIG considers 122 'Partially implemented' because the IIG does not have evidence demonstrating implementation of 122(2), which requires assessing compliance with minimum staffing requirements. Future progress reports will investigate further.
123	Payment on accruals basis for care at home	Accepted	Finalised	Implemented	The Government fully implemented payment in arrears in the Home Care Packages Program from 1 September 2021. Home care providers are now only paid in line with services actually delivered. Care recipients remain entitled to any unused subsidy, however this is now managed by Services Australia in Home Care Accounts.	No comments received.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'.
124	Standardised statements on services delivered and costs in home care	Accepted	Ongoing	Partially implemented	All components have been delivered for current HCP program, none Support at Home, which is subject to further consideration by Government.	Little commentary was provided for this measure. Beyond noting the changes made, one stakeholder said that monthly statements are still not user-friendly, and that advocates are noting continued misunderstanding and misbilling among older people. Another stakeholder called on the Government to adopt the full recommendation to implement a standardised statement. At present only a consistent list of items has been included, which does not always allow easy comparison between providers due to the non-standardised format of the statements.	The IIG considers this 'Accepted', 'Ongoing' and 'Partially implemented'.
125	Abolition of contributions for certain services	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	Little commentary was provided for this measure, however one stakeholder noted there is no publicly available information to assess the progress of this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
126	Fees for respite care	Accepted in part	Finalised	Partially implemented	The intent of the subcomponent 126(1) has been met This recommendation is completed. However, in line with current policy, not all subcomponents should be addressed. Under existing arrangements, respite care recipients are already required to pay a Standard Resident Contribution (also known as the basic daily fee) equivalent to 85% of the single basic age pension. As such, the intent of the subcomponent 126(1) has been met.	Little commentary was provided for this measure. One stakeholder called for people to be able to use any 'unspent respite funds' from their annual allocation of residential care respite to be added to their home care package, to cover the cost of respite care at home.	The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'. The IIG considers 126 'Not implemented' because the IIG does not have information and documents demonstrating that current respite fees only charge on the basis that the Royal Commission recommended. Future progress reports will investigate further.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
127	Fees for residential aged care- ordinary costs of living	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	Little commentary was provided for this measure, however one stakeholder noted there is no publicly available information to assess the progress of this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
128	Fees for residential aged care accommodation	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	Little commentary was provided for this measure, however one stakeholder noted there is no publicly available information to assess the progress of this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
129	Changes to the means test	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	Little commentary was provided for this measure, however one stakeholder noted there is no publicly available information to assess the progress of this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
130	Responsibility for prudential regulation	Accepted in part	Ongoing	Partially implemented	<p>The Government has decided that the Aged Care Quality and Safety Commissioner, rather than the Department, should have responsibility for aged care prudential regulation under the Aged Care Act 1997 and the New Aged Care Act. This decision was made to achieve better outcomes for care recipients, align with models used in the effective prudential regulation of industries regulated by the Australian Prudential Regulation Authority (APRA).</p> <p>Rec 130(2) - Through the measure Residential Aged Care Services and Sustainability - Aged care structural adjustment strategy, the Government has commenced the phased implementation of a new financial and prudential monitoring, compliance and intervention framework from July 2021, including new reporting requirements.</p> <p>Phase 3 of the financial and prudential framework is still to be implemented. This will be implemented with the new aged care act.</p>	No comments received.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.
131	Establishment of prudential standards	Accepted	Ongoing	Partially implemented	<p>The Government intends to empower the ACQSC (as prudential regulator) to set Financial and Prudential Standards on certain matters under the New Aged Care Act.</p> <p>No components of the recommendation have yet been delivered in full. The preferred mechanism to implement the recommendation will be outlined in the exposure draft of the New Act.</p>	No comments received.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>As 131 is dependent on the commencement of the new Aged Care Act, and this has not occurred, the IIG considers this 'Not implemented'.</p>

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
132	Liquidity and capital adequacy requirements	Accepted in part	Ongoing	Partially implemented	The Government will empower the ACQSC (as prudential regulator) to set a minimum liquidity standard for residential aged care providers under the new Act. The ACQSC will not have the power to set minimum liquidity standards for home care providers, and has not yet made any commitment to set capital adequacy requirements for approved providers. No components of the recommendation are yet to be delivered in full. The preferred mechanism to implement the recommendation will be outlined in the exposure draft of the New Act.	There were limited comments on this recommendation.	The IIG considers this 'Accepted in part', 'Ongoing' and 'Not implemented'. As 132 is dependent on the commencement of the new Aged Care Act, and this has not occurred, the IIG considers this 'Not implemented'.
133	More stringent financial reporting requirements	Accepted in part	Ongoing	Partially implemented	<p>The Government has developed a Financial and Prudential Monitoring, Compliance, and Intervention Framework, to be delivered in three phases.</p> <p>Phase 1, introduced in July 2021 introduced more stringent reporting requirements in the Aged Care Financial Report. Phase 2 commenced in September 2022 and introduced the new Quarterly Financial Report and requirement for providers to publish their General Purpose Financial Reports.</p> <p>Phase 3 will commence with the new Aged Care Act and will include minimum liquidity requirements and stronger regulatory powers for the prudential regulator.</p>	There were limited comments on this recommendation.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>The IIG does not have information as to whether the Government's intent is for the ACQSC to set the reporting requirements in the future.</p>
134	Strengthened monitoring powers for the Prudential Regulator	Accepted	Ongoing	Partially implemented	<p>Recommendation 134(a) and (c) have been delivered. The Government has legislated a power for the Commissioner to request information from borrowers of a loan made with a Refundable Deposits or Accommodation Bonds to determine whether they were put to a permitted use. The transfer of financial monitoring from the Department to the ACQSC from 1 July 2023 has also been legislated.</p> <p>Rec 134(b) is subject to further consideration. It is to be confirmed whether the ACQSC will have the power to enter and search without a warrant for prudential purposes only or only under certain circumstances in which quality and safety risks exist.</p>	One stakeholder commented on this recommendation, indicating support for measures taken to date to ensure that people are refunded their RAD in a timely manner while the organisation completes its wind-up processes.	<p>The IIG considers this 'Accepted in part', 'Ongoing' and 'Partially implemented'.</p> <p>134(b) is subject to further consideration.</p>
135	Continuous disclosure requirements in relation to prudential reporting	Accepted	Ongoing	Not implemented	The current Act requires approved providers to notify the Commissioner of a change of circumstances that materially affects their suitability to be an approved provider. The Commissioner may then request any information from the provider in response. The intention is to maintain this requirement under the new Act. The ACQSC will also be empowered to specify in the Financial and Prudential Standards events, facts or circumstances that give rise to continuous disclosure requirements' while deleting 'To be delivered through the new Aged Care Act.	No comments received.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
136	Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers	Accepted	Ongoing	Not implemented	No components have been delivered. Delivery of the recommendation will be subject to the commencement of the new Aged Care Act. However, powers that Government has agreed to include for the ACQSC as the prudential regulator under the new Act include identical or substantively similar powers to APRA's, as well as the ability to appoint an advisor, financial investigator, or Statutory Manager of a provider.	No comments received.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.
137	Building the capability of the regulator	Accepted	Ongoing	Partially implemented	<p>Sub-components 137(b) and (c) have been delivered but are expected to be subject to continuous improvement.</p> <p>Significant capability uplift of ACQSC has been achieved through increased resourcing (including additional SES) and work between the Department and the ACQSC since December 2021. Resourcing for 2023-24 has been provided. Ongoing resourcing will be considered as part of a future Budget process.</p> <p>Subcomponents 137(a) & (d) have not been delivered.</p>	There were limited comments on this recommendation. One stakeholder said that they anticipate the upskilling of the Commission's staff will support the sector overall to uplift the quality of care delivered and that it is imperative for the Commission to work with the sector in partnership to support providers to meet the standards, share good practice to uplift the sector and ensure a proportionate approach to regulation.	<p>The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'.</p> <p>137 is 'Not implemented' because the IIG does have not have evidence regarding implementation.</p>
138	Productivity Commission investigation into financing of the aged care system through an Aged Care Levy	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	Stakeholder responses significantly varied for this measure, one stakeholder emphasised the importance of long-term financing in the sector, while another advised more consumer consultation would be beneficial. One stakeholder noted there is no publicly available information to assess the progress of this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
139	Parliamentary scrutiny of determinations by the Pricing Authority	Accepted in part	Finalised	Partially implemented	<p>IHACPA provides advice to government on an AN-ACC price, whereas for hospitals IHACPA sets the price. The Australian Government is accountable for Government expenditure on aged care services and, having considered IHACPA's advice, the Government remains responsible for price setting and other changes to the AN-ACC funding model through Ministerial determinations.</p> <p>There will be parliamentary scrutiny, though not of an IHACPA determination.</p>	There were limited comments on this recommendation. One stakeholder noted that as the original recommendation was for the pricing authority to determine - not recommend - prices, this was an unnecessary level of oversight. They called for the publication of the pricing authority's recommendation to Government.	<p>The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'.</p> <p>The IIG considers 139 'Rejected' and 'Not implemented' because the Independent Health and Aged Care Pricing Authority does not have the power to set prices.</p>
140	Fees for residential aged care accommodation	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	There were limited comments on this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
141	Changes to the means test	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	No relevant comments were made.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
142	Phasing out of Refundable Accommodation Deposits	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	Little commentary was provided for this measure, however two stakeholders noted a number of potential implications related to phasing out RADs, including impacting financial viability for some providers as well as consumer choice.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
143	Implementation of new arrangements for financial oversight and prudential regulation	Accepted	Finalised	Partially implemented	Work is underway to implement recommendations 130 - 137.	There were limited comments on this recommendation.	The IIG considers this 'Accepted', 'Ongoing' and 'Not implemented'. 143 is 'Ongoing' and 'Not implemented' as 130-137 are not yet finalised and implemented.
144	Introduce a new earmarked aged care improvement levy	Subject to further consideration	Not commenced - subject to further consideration	Not implemented	This recommendation is expected to be considered by the Aged Care Taskforce.	There were limited comments on this recommendation.	The IIG considers this 'Subject to further consideration', 'Not commenced' and 'Not implemented'.
145	Report on recommendations	Accepted	Finalised	Implemented	The former Government response to the Royal Commission final report was tabled in Parliament on 11 May 2021 and formally released alongside the 2021-22 Budget that evening. The requirement to report to Parliament was met. This recommendation was formally signed off as completed by the current Government on 31 May 2023.	There were limited comments on this recommendation. One stakeholder called on the current Government to clearly indicate a position on all individual recommendations. They noted that there have been clear changes between the previous and current governments on recommendations 'at the granular level'.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'.
146	An implementation unit	Rejected	Finalised	Not implemented	An alternative proposal by Commissioner Briggs was adopted in recommendation 147 to establish an implementation taskforce within the department. The taskforce is overseen by a cross-department Deputy Secretary level Aged Care Steering Committee. The recommendation was formally signed off as closed by the current government on 31 May 2023.	There were limited comments on this recommendation.	The IIG considers this 'Rejected', 'Finalised' and 'Not implemented'.

Rec	Title	Department view of Government - Position	Department view of Government - Status	Department view of Government - Delivery	Additional information on implementation drawn from material provided by the Department and the Aged Care Quality and Safety Commission.	Stakeholder views	Interim Inspector-General comment
147	An implementation taskforce	Accepted	Finalised	Implemented	An implementation taskforce was established within the Department to oversee the implementation of aged care reforms that align with the intent of the Royal Commission recommendations. In mid-2021, a new aged care structure within the Department was established. This includes a Division dedicated to overseeing Reform Implementation. A cross-department Deputy Secretary level Aged Care Steering Committee has been established to oversee implementation of the Royal Commission's recommendations and other aged care reform activity.	There were limited comments on this recommendation.	The IIG considers this 'Accepted', 'Finalised' and 'Implemented'.
148	Evaluation of effectiveness	Accepted in part	Ongoing	Not implemented	<p>Rec 148 has not been delivered but when the enabling legislation is place, the Office of the Inspector-General of Aged Care will be required to implement 148(2) and (3), evaluating the effectiveness of Royal Commission reforms 5 and 10 years after the tabling of the Final Report.</p> <p>Rec 148(1) will not be delivered as it has been rejected. The Inspector-General will have the power to report on implementation of recommendations at a cadence they deem appropriate instead of every 6 months.</p>	There were limited comments on this recommendation. Stakeholders supported the need for independent evaluations.	The IIG makes no comment on this recommendation as the Interim Office is responsible for its implementation.

Appendix B: Reporting Framework

The reporting framework seeks to obtain information about the Government's position on recommendations, the status and delivery of each recommendation.

Noting that no response on individual recommendations from the current Government has been published, an indicative assessment was sought from the Department on whether each recommendation was either:

- **Accepted** – the Government has agreed to implement the recommendation.
- **Accepted in part** – the Government has agreed to implement part of the recommendation.
- **Rejected** – the Government has determined that it will not implement the recommendation.
- **Subject to further consideration** – the Government has not agreed on a position regarding the recommendation.

Where a recommendation was categorised as 'accepted in part,' officers were asked to specify which sub-recommendation(s) were rejected or subject to further consideration.

Information was also sought, with which to identify the status of a recommendation. Each could be either:

- **Finalised** – there will be no further action taken on the recommendation as the implementation is complete and meets the intent of the recommendation / the recommendation was rejected.
- **Ongoing** – further work is being implemented to finalise the recommendation in order to meet the intent of the recommendation.
- **Not commenced** – no work has yet commenced on the recommendation.
- **Not commenced, subject to further consideration** – no work has yet commenced on the recommendation as the Government has not agreed on a position regarding the recommendation.

Where future activity was planned regarding a recommendation, officers were asked to categorise the recommendation as ongoing.

For the delivery of the recommendation, recommendations can either be:

- **Implemented** – all outputs/outcome of the recommendation have been fully implemented in line with the intent of the recommendation.
- **Partially implemented** – some of the outputs/outcomes have been implemented.
- **Not implemented** – no outputs/outcomes have been implemented.

A recommendation should not be categorised as implemented if its status is ongoing.