Executive Summary of the Evaluation Report

Evaluation of the Residents' Experience Survey program in residential aged care

Department of Health, Disability and Ageing

20 April 2026

HealthQ

darren@healthq.com.au

+61 412 157 326

Acknowledgement

Traditional custodians of the country

We acknowledge and pay our respects to the Traditional Custodians of the country where this evaluation is taking place and honour their connection to country and culture. We pay our respects to their Elders, past, present, and emerging.

Recognition of lived experience

Lived experience perspectives are a powerful enabler to drive changes in attitudes and in service delivery, research, policy and governance. We acknowledge the contributions made by the people living in aged care who participated in this evaluation.

Glossary / Abbreviations

ACNA	Access Care Network Australia
ACQSC	Aged Care Quality and Safety Commission
CALD	Culturally and linguistically diverse
CEO	Chief Executive Officer
CeQOL	Consumer Experience Quality of Life
CEI	Consumer Experience Interviews
Consumer	An older person receiving or intends to receive residential aged care services
COTA	Council on the Ageing
the Department	the Department of Health, Disability and Ageing
DG/s	Diverse Group/s
GPMS	Government Provider Management System
HealthQ	Health Q Consulting
LLM	Learning Language Model
MAC	My Aged Care
OPAN	Older Persons Advocacy Network
QCE – ACC	Quality of Care Experience – Aged Care Consumers
QI	Quality Indicators
QOL-ACC	Quality of Life – Aged Care Consumers
RACH	Residential aged care home
RE	Resident Experience
RER	Residents' Experience Report
RES	Residents' Experience Survey
RES Activity Data	Data collected through the RES program documenting the consumer voice at an individual and service level
The Royal Commission	Royal Commission into Aged Care Quality and Safety

Executive Summary

In February 2024, Health Q Consulting (HealthQ) was subcontracted by HealthConsult as a Consortium member to undertake an independent evaluation of the Residents' Experience Survey (RES) program in residential aged care homes (RACHs) for the Department of Health, Disability and Ageing (the Department).

Background

The RES Program (formally the Consumer Experience Interviews (CEI) program) commenced in 2022 to capture the voices of older people living in RACH to better understand their experiences and provide insights into the quality of their care. Since commencement the program has interviewed over 155,00 people living across more than 98% of aged care homes across Australia.

The primary aim of the RES Program is to generate evidence on the lived experiences of residents in RACHs across Australia to provide insights into the quality of the services that they receive. The results are used to calculate a RACHs Residents' Experience (RE) rating which is represented in the Aged Care Star Ratings. The program seeks to drive sector wide transformation by:

- Improving the transparency of aged care
- Ensuring the voices of people receiving aged care are listened to and drive improvements
- Publishing provider and aged care performance over time
- Creating a comprehensive data set to inform government policy
- Ensuring accountability of aged care services and providers

Evaluation approach

This evaluation is an independent formal evaluation of the RES program, examining both process and outcomes to understand how the program has evolved since 2022. The core objective is to assess the efficiency, effectiveness, sustainability, and impact of the RES on residents, families, providers, and the broader aged care sector. The evaluation also aims to identify barriers and enablers, measure on the ground outcomes within RACHs, and provide recommendations for continuous improvement.

A mixed method approach was used, incorporating quantitative surveys, qualitative interviews, case studies, and document review. This ensured a robust, multi perspective assessment grounded in lived experience and sector insights.

Stakeholder participation included:

- **RACH staff survey**. 477 respondents.
- **RES workforce engagement**. 20 survey respondents (surveyors/program managers). 11 participants in follow up online group interviews.
- **Case study site visits**. 12 RACHs visited. 145 staff, 132 residents and 2 proxies interviewed (279 participants total).
- **Stakeholder interviews**. 21 individuals consulted across consumer peaks, provider peaks, diversity representatives, Aged Care Quality and Safety Commission (ACQSC), Department teams, and consortium partners.
- **Consumer interviews.** 10 consumers (residents, family members, or proxies).

Across all evaluation activities, **more than 800 stakeholders** were directly engaged, providing extensive input to inform findings, interpretations, and recommendations.

Findings

The 2025 evaluation of the RES program confirms strong and expanding engagement across the aged care sector. Following a recalibration of the sampling quota in 2025 to require a minimum sample of 20% per home, 44,318 residents were surveyed in the 2025 round. This represents 23% of the resident population, an increase of 4 percentage points from 2024.

Overall, from a **process perspective**, stakeholders reported clearer communication, smoother scheduling and growing confidence in surveyors, reflecting a program that is maturing, responsive and delivering progressively stronger insights into resident experience.

Considering the **outcomes of the RES** the evaluation highlights the program's success in enhancing transparency, accountability, and quality of care within RACHs, as evidenced by notable improvements in experience scores and tangible changes in resident experience in key areas such as food, dining, staffing, and communication. Acknowledging these successes, some opportunities remain to further amplify its impact. Continued enhancement in distributing and communicating results will foster broader understanding and trust. At a system level, increased community awareness and efforts to support informed consumer choice will ensure the RES program's full benefits are increasingly realised for residents and their families.

The **sustainability** of the current RES process and outsourced model is considered strong. There is evidence that the program's sustainability is supported by strong partnerships, effective governance, stable funding, and robust organisational capacity, ensuring its ongoing viability and adaptability within the aged care sector. Areas for improvement include timely publication of RES results on My Aged Care (MAC) where concerns with delays in publishing these results often lead to outdated information, failing to capture recent improvements in aged care homes. Multiple feedback tools including the RES, mandatory Consumer Experience Quality of Life (CeQOL) tools - Quality of Life-Aged Care Consumers (QOL-ACC) and the Quality of Care Experience (QCE-ACC) surveys which are incorporated into the Quality Indicator program along with providers' internal tools create redundancy, administrative burden, and survey fatigue for staff and residents. Although residents are willing to provide input, frequent surveys can diminish engagement.

The evaluation of the RES program highlights significant achievements in expanding the breadth and inclusivity of resident voices within RACHs. Findings show that the program has delivered measurable improvements in resident experience, with a substantial rise in the RE scores and the proportion of homes achieving higher ratings over time.

Despite these positive developments, the evaluation identified other areas for further enhancement. Limited awareness and inconsistent communication of RES findings to residents and frontline staff reduce the effectiveness of feedback loops, while resource constraints, staff turnover, and survey fatigue hinder the translation of survey insights into sustained improvements. Stakeholders recognised the valuable qualitative feedback received from residents as a promising foundation for further program enhancement. They highlighted the growing opportunity to build on this rich source of open-ended responses, suggesting that with more targeted analysis, even greater insights could be gained. In particular, strengthening approaches to capture and reflect the experiences of residents from diverse backgrounds will help ensure the RES program's benefits are fully realised and inclusive for all participants.

Addressing the opportunities for improvement identified in the evaluation will position the RES program to enter its next phase with a stronger foundation for delivering more timely, accurate, and actionable insights, meet stakeholder needs and genuinely reflect the lived experiences of residents, while supporting transparency and accountability within the aged care sector.

Opportunities for improvement

The evaluation presents the following opportunities for improvement.

Ref	Opportunity for improvement
1	**Commission research to advance the development of tools to analyse qualitative data** Currently, the program lacks effective mechanisms for capturing and utilising the rich qualitative feedback provided by residents. The opportunity for improvement lies in commissioning research to develop and refine tools for analysing open ended survey responses, harnessing technology to enhance accuracy and reliability. This will allow for safe and confidential sharing of meaningful insights with providers, enabling them to access nuanced qualitative data alongside quantitative results, ultimately supporting ongoing quality improvement and ensuring residents' lived experiences are genuinely reflected.
2	**Explore interim solutions with the Consortium to facilitate sharing of qualitative feedback with providers** Currently, providers lack access to qualitative feedback from residents, missing valuable perspectives for improvement. As an interim measure, it is recommended to explore opportunities that would allow this information to be shared more readily. Possible approaches include, but are not limited to, seeking explicit consent from residents to share their individual feedback (without attribution to the individual) directly with their provider and include in the RER, utilising interim AI or data-driven solutions, or implementing manual options. This flexible approach enables providers to gain actionable insights whilst supporting adaptation as new solutions become feasible.
3	**Consider opportunities to enhance the RES tool** The current RES tool and methodology may not fully capture or accurately reflect the experiences of residents from diverse backgrounds, including those with cognitive impairment and culturally and linguistically diverse (CALD) backgrounds. The evaluation considers it is timely to review opportunities to enhance the RES tool, including: • testing the relevance of the survey questions to residents to confirm the questions still reflect what is most important to them • creating and validating shorter or alternate versions of the survey for residents with significant cognitive impairment • reviewing the questions and response scales to ensure they are meaningful for CALD populations Enhancements in these areas will help ensure more accurate, inclusive, and representative data collection, thereby supporting better participation and reflecting the true experiences of all residents.

Ref	Opportunity for improvement
4	**Review the appropriateness of ongoing proxy participation** The ongoing use of proxies in the RES continues to pose challenges for capturing authentic resident feedback, especially with recent legislative changes impacting who can act as a proxy. There is an opportunity to reconsider the ongoing use of proxies in the Resident Experience Survey (RES), particularly in light of the updated definitions introduced by the new Aged Care Act. To ensure resident feedback remains authentic and representative, one potential solution could be to create a separate survey specifically for proxies, such as family members or carers. This would allow their perspectives to be captured independently, avoiding confusion and supporting more accurate data collection that distinguishes between resident and proxy responses.
5	**Explore different methods to distribute the RER to providers** Currently, distribution of the RER relies on email, which can result in RERs being sent to outdated or incorrect addresses and limit timely access for relevant provider contacts and leadership at the RACH level. To address these challenges, exploring a range of distribution methods and approaches is suggested. Potential solutions include but are not limited to making RERs available via the GPMS portal with automated notifications and sending reports to both service level and provider level contacts. Considering different methods can help ensure all appropriate stakeholders have timely access to the most up to date reports, reduce the risk of missed communications, and support more effective use of the RER for quality improvement initiatives.
6	**Develop best practice guides and communication materials for providers on 'sharing RES results in your RACH'** Many providers do not consistently share or discuss RES findings with staff, residents, and families, resulting in limited awareness and missed opportunities for collective action. There is an opportunity to develop best practice guides and standardised communication materials such as briefing packs or presentations so providers can be better supported to formally distribute and discuss RES results with all. This improvement would foster transparency, enhance engagement across the care community, and drive more effective quality improvement initiatives.
7	**Aged care providers to display RE rating on website and in their RACH** Current gaps in consumer awareness and accessibility mean that many residents and their families struggle to locate and understand the RE rating when making decisions about aged care. An opportunity for improvement is to encourage all aged care providers to prominently display their current RE rating on their websites and physically within their homes, ideally at main entrances or reception areas. This straightforward, low-cost measure would increase transparency, empower consumers to make more informed choices, and directly support the program's aim of enabling informed decision-making regarding care options.
8	**Complete a full review and update of the RES program logic** There is a conflict in the program's design, creating tension between capturing genuine resident feedback and producing reliable public ratings. Now that the short-term outcomes of the RES program have been realised, there is an opportunity to improve by

Ref	Opportunity for improvement
	updating the program logic and clarifying the primary purpose of the program. By undertaking this review, the RES program will deliver clearer direction, meet stakeholder expectations more effectively, and enhance both quality improvement efforts and public reporting.
9	**Investigate causes of the delays between data collection and publication of RE results** Delays in publishing and refreshing data on the MAC portal mean stakeholders may not have access to the most accurate reflection of resident experience or provider performance. To address this, there is an opportunity to conduct a root cause analysis aimed at identifying the factors that contribute to these delays and exploring practical solutions for shortening the timeframe between data collection and publication. Benefits in publishing more quickly, include greater support from providers around the process, stakeholders having timely access to up to date information and enhanced transparency and benchmarking across the aged care sector.
10	**Clarify purpose of resident experience tools and development of clear guidance materials** The current use of multiple resident experience survey tools, the RES and QCE-ACC AND QOL-ACC, creates confusion and inefficiency for providers and the system, with differing methodologies and a risk of unclear distinctions between internal and independent survey results. There is an opportunity to clarify the specific purpose and value of each survey tool and develop clear guidance to maximise their strengths. This could also present evidence on why separate surveys (rather than a consolidated instrument) is preferred. This would help reduce administrative burden for providers, eliminate duplication and strengthen the integration of internal quality improvement with external accountability measures.