Clear Horizon

# Regional Stewardship of Aged Care
## *Evaluation Final Report - Annex*

Prepared for the Department of Health, Disability and Ageing

June 2026



Certified B Corporation

# Acknowledgements

Clear Horizon and the Department of Health, Disability and Ageing acknowledge Aboriginal and Torres Strait Islander Peoples as the traditional owners and custodians of the lands and waterways across Australia on which this project took place. We pay our respects to Elders past and present, of all Australia's Indigenous peoples.

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## Disclaimer

This document has been produced with information supplied to Clear Horizon by the department, including project documentation and internal administrative datasets for the period January 2021 and November 2025. Primary data collection informing this evaluation was undertaken during the period July 2023 to November 2025. While we make every effort to ensure the accuracy of the information contained in this report, any judgements as to suitability of the information for the client's purposes are the client's responsibility. Clear Horizon extends no warranties and assumes no responsibility as to the suitability of this information or for the consequences of its use.

# Trends in Australia's Aged Care System

## Background

This analysis draws on quantitative data to provide context for interpreting the regional stewardship approach to the aged care system for the period from when the Royal Commission was established (2018) and now. These findings are complemented by insights, perspectives and intelligence from the Local Network, gathered through the evaluation work.

While system-level impacts of stewardship are unlikely to be visible at this early stage, it is possible to draw broad links between the stewardship approach and aged care outcomes, to better understand the role stewardship has in driving outcomes in the aged care system.

### Older people in Australia

Since 2018, the older population in Australia[1] has grown substantially, rising by 21 per cent from just over four million to 4.88 million in 2024. This growth is more concentrated in major cities while the number of older people living in very remote areas has fallen (Department of Health, Disability and Ageing, 2025a).

### Aged care services and places

While the total number of operational services steadily increased between 2018-20, this has reversed and gradually declined since 2020. In residential aged care the number of operational services fell from 2,722 in 2020 to 2,617 in 2024, a reduction evident in all states and territories except Western Australia, where numbers have remained stable (Department of Health, Disability and Ageing, 2025a). A similar pattern is visible in the home care sector.

In contrast to these declines, the number of National Aboriginal and Torres Strait Islander Flexible Aged Care services has continued to grow, increasing from 35 to 45 nationally between 2018 and 2024, driven primarily by new services in the Northern Territory and Western Australia (Department of Health, Disability and Ageing, 2025a).

Since 2018 there has been a degree of consolidation across the sector, with a gradual shift toward larger providers and fewer small, standalone services. This suggests that rather than a contraction in the sector's overall capacity, a structural shift towards fewer, larger facilities is occurring. As shown in Figure 3, the proportion of small residential services [2] fell from 42 per cent in 2018 to 32 per cent in 2024, while large services increased from 27 to 35 per cent over the same period. Medium-sized providers also grew modestly, from 30 to 33 per cent, highlighting a pattern of consolidation across the system.

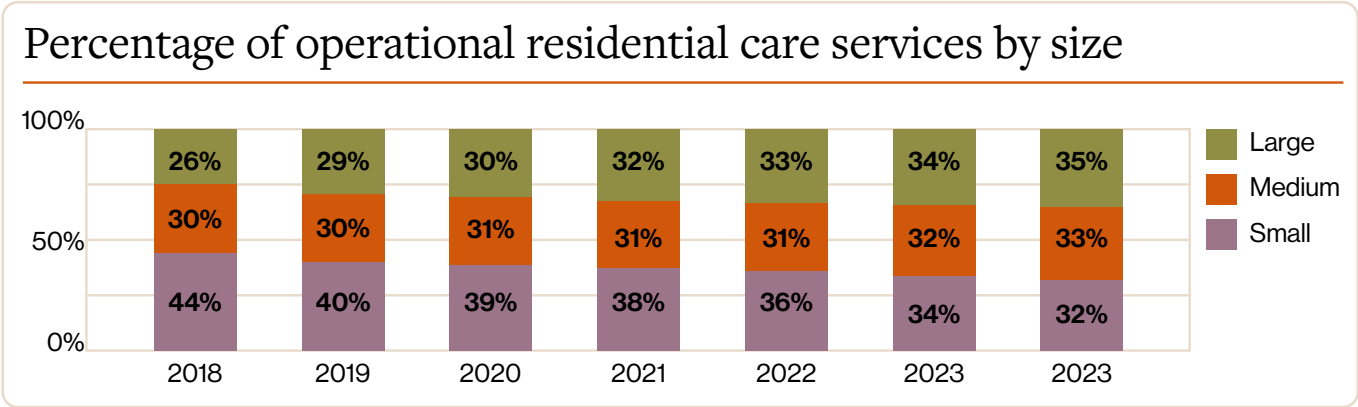



**Figure 1: Operational residential care services by size**

1 Older population refers to all persons aged 65 years and older, and Aboriginal and Torres Strait Islander people aged 50-64 years, as per Report on Government Services 14A

2 Small services are defined as having 60 or fewer operational places, medium as having 61 to 100 operational places, and large as having more than 100 operational places

Local Network staff have observed this consolidation, noting that smaller standalone providers are finding it increasingly difficult to operate under the strengthened regulatory and quality requirements introduced in recent years.

> *"I think some of the standalone smaller providers are beginning to exit the sector and there's a number of reasons for that. Generally, we are finding it's becoming more and more complex to operate with the strengthened regulatory framework, quality standards, all those sort of things"* – (Local Network Director, May 2024).

## Provider viability

Alongside the trend toward larger facilities, financial viability across the residential aged care sector has strengthened markedly in recent years (Figure 4). Between the second quarter of 2022–23 and the third quarter of 2024–25, the proportion of residential aged care providers operating at a profit rose from 46 per cent to 70 per cent[3]. Over the same period, the share of residents living in profitable services increased even more significantly, from 30 per cent to 75 per cent (Department of Health, Disability and Ageing, 2025b). In less than three years, this represents a major shift toward older people in Australia receiving care in financially stable settings. These improvements suggest a sector that is becoming more resilient and sustainable, with potentially fewer providers facing financial distress or risk of sudden closure.

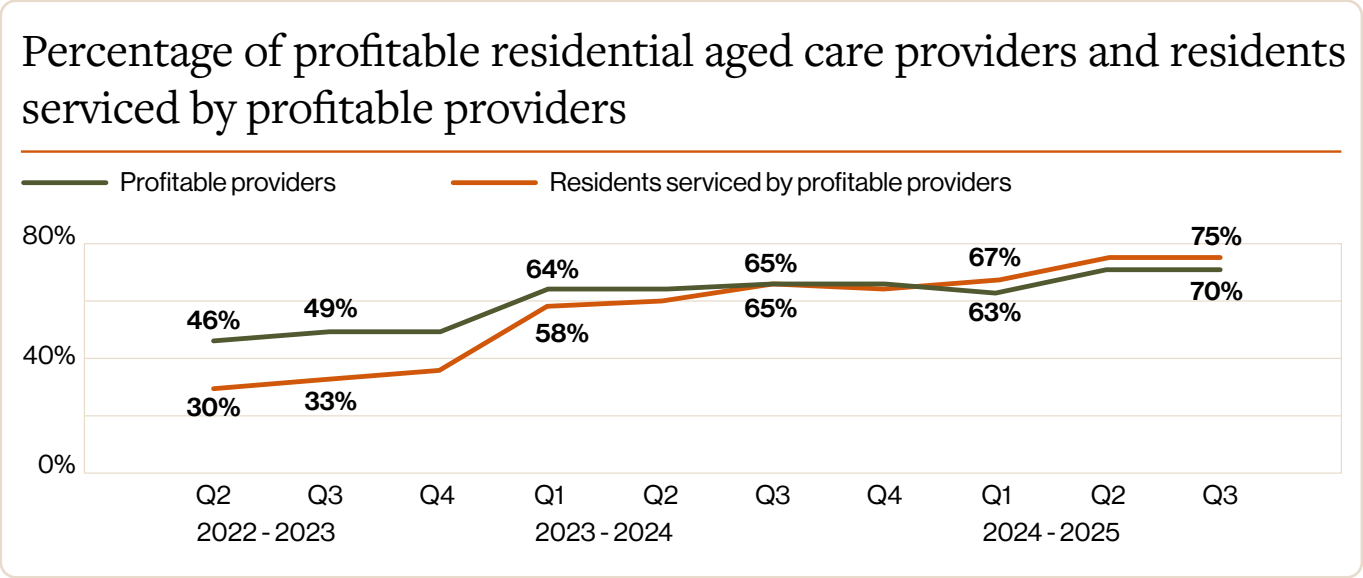



**Figure 2: Profitable residential aged care providers and residents serviced by profitable providers**

During the evaluation period, the Local Network has placed strong emphasis on supporting provider viability and managing the impacts of potential service closures, recognising the significant disruption these events can cause for residents, staff and communities. The trend toward higher profitability across the sector is not being driven by the Local Network's activity, but it underscores why this area has been a key focus of stewardship activity. Local Network staff have repeatedly noted the ripple effects that sudden provider exits can have on continuity of care and community confidence, particularly in regional areas where alternative options are limited. These findings point to a market that is adjusting to higher compliance and workforce standards by concentrating capacity within larger, more resilient organisations.

The trend also likely reflects the market adjustments highlighted above, where less viable or smaller providers have exited the sector, and capacity has consolidated within larger organisations better equipped to maintain profitability.

3 While most of the data sources referenced in this appendix provide data by calendar year, the Quarterly Financial Snapshots provide this by financial quarter

In home care, profitability has followed a steadier trajectory. The proportion of providers operating profitably increased from 74 per cent in Q2 2022–23 to 82 per cent in Q3 2024–25, while the share of care recipients supported by profitable providers rose modestly from 70 to 75 per cent (Department of Health, Disability and Ageing, 2025b). This indicates an already stable segment of the market, with relatively consistent financial performance.

**There is an inherent tension in these findings. On one hand, the trend toward larger, more financially sustainable providers represents a positive shift toward a more stable sector in which the risk of sudden provider exits is reduced, and older people have greater security in their care arrangements. On the other hand, Star Ratings data suggest that smaller providers tend to deliver higher quality care (this is described further in the quality section). As the sector continues to consolidate, this tension between financial sustainability and quality of care will remain a key consideration for ensuring that reforms deliver both stable and person-centred aged care.**

## The aged care workforce

The aged care workforce has expanded substantially in recent years, with the number of full-time equivalent (FTE) direct care employees[4] increasing by 38 per cent from 129,151 in 2020 to 178, 803 in 2023 (Department of Health, 2021; Australian Institute of Health and Welfare, 2024). However, this growth has not kept pace with the rising population of older people. When adjusted for this, the number of direct care FTE positions per 1,000 older people has fallen from 43 to 40 over the same period. This downward trend was consistent across all states and territories except the Northern Territory and Tasmania, where workforce growth outstripped population ageing.

As a result of the rising demand for workers, providers are finding it increasingly difficult to recruit and retain sufficient staff to meet this demand. The estimated number of direct care vacancies nearly doubled between 2020 and 2023, rising from around 22,000 to almost 43,000 positions (Department of Health, 2021; Australian Institute of Health and Welfare, 2024). Learnings gained throughout this evaluation highlight how a lack of workforce availability across the country constrains the ability of providers to operate at full capacity and contributes to the underutilisation of available beds.

## Aged care availability overall

Taken together, these trends point to a decline in the overall availability of aged care on a per capita basis. The availability of aged care in Australia reflects a balance between growing demand from an ageing population and the sector's capacity to supply services. While the number of residential aged care places has increased from 207,142 in 2018 to 223,691 in 2024 (Department of Health, Disability and Ageing, 2025a), and the workforce has grown in absolute terms, both have expanded more slowly than the population of older people in Australia. While overall capacity has continued to expand in absolute terms, growth in the number of older people in Australia has outpaced this expansion, resulting in a relative decline in available residential aged care places per capita.

Factoring in the impact of workforce shortages, which limit the ability of providers to operate at full capacity, the data shows that the number of operational residential care places per 1,000 older people has fallen from 76 in 2018 to 66 in 2024, a 13 per cent decrease). This indicates that, despite ongoing investment and reform, the supply of residential aged care services is not keeping pace with the scale of need across the population. Some of this gap will be offset by increasing use of home-based care, noting that access to this support has expanded rapidly since 2018. While data on the number of home care places is not available, ongoing challenges in maintaining the aged care workforce may indicate future constraints in meeting rising demand for care in the home.

4 Direct care staff include those delivered by nurse practitioners, registered nurses, enrolled nurses, personal care workers and allied health professionals and assistants.

# Aged care access

## Overview

Access to aged care services reflects how older people engage with, enter, and move through the aged care system and the ability of people to obtain the right type and level of support at the right time and in the right place. Since 2018, access to aged care has broadened in absolute terms but shifted in composition. More older people in Australia are using aged care services overall, with strong growth in home-based care and a relative decline in residential care use. Increasing participation among First Nations peoples and CALD communities suggests some progress toward equity, though barriers persist, particularly in regional and remote areas where thin markets and workforce shortages continue to constrain access.

## Trends in overall access to aged care

Between 2018 and 2024, the number of people using aged care increased by around one quarter, from 1.03 million to 1.28 million nationally (Department of Health, Disability and Ageing, 2025a), outpacing the 21 per cent growth in Australia's older population over the same period. Growth in access has been broad-based across states and remoteness categories. Home-based care remains the dominant form of support, accounting for 85 per cent of all aged care users in 2024. The number of people accessing Home Care Packages has more than tripled since 2018, rising from around 92,000 to 275,000 recipients. In contrast, the number of older people in residential aged care has grown more modestly, increasing by only around five per cent over the same period. As a result, the proportion of all aged care users in residential care has declined from 17.6 to 14.8 per cent.

**Overall, this suggests that a greater proportion of older people in Australia are now accessing formal aged care, driven primarily by the expansion of home-based services. This expansion reflects both government acting to increase the supply of home care packages and consumers' preference to remain at home for longer, together shifting the balance of care toward community settings.**

# Evaluation Methodology

## Phase 1: Discovery

### June 2023 – December 2023

Phase 1 focused on building collaborative relationships with key stakeholders and deepening the evaluator's understanding of the broader organisational and systems context in which stewardship of the aged care system operates, including resources, activities and stakeholders, as well as the opportunities and levers for improvement. The key output for phase 1 was the Foundations Report (February 2024) which summarised findings from document and literature reviews and consultations with 155 department staff.

## Phase 2: Planning and implementation

### January 2024 – June 2026

Phase 2A involved a series of workshops and consultations to help plan the evaluation. Released in March 2024, the **Data Audit** report maps existing administrative data sources to the regional stewardship logic model to identify all available sources of data for the evaluation. Another important output from this phase is the set of value propositions, which were co-developed with the State Managers and a few Local Network Directors. These helped to clarify the overall value of stewardship for older people and their families, providers, the department and First Nations communities.

Phase 2B began in March 2024 and involved developmental evaluation, including **quarterly cycles of data collection, reflection and reporting**. Data collection included a range of primary sources to supplement existing secondary data identified through the data audit process. The full list of data collection and analysis methods has been provided in the table below. Throughout the evaluation, findings were provided in reports and presentations, including Progress Report 2 (July 2024), Progress Report 3 (December 2024) and the Interim Report (June 2025). Findings were also shared during weekly project meetings, to ensure the evaluation was feeding-back information in both structured and unstructured ways to inform ongoing implementation. During this period, regional stewardship continued to evolve and adapt in response to evaluation findings.

The final stages of phase 2B shifted focus towards evidence of the **value for money of regional stewardship**. This evaluation adopted a complexity-appropriate, rubric-based approach, termed Value for Investment (VfI), that brings together multiple lines of evidence to guide transparent judgements (King et al., 2018). A rubric was developed in consultation with key stakeholders to ensure that the criteria used to make judgements are explicit and transparent (Gates et al., 2024).

The VfI judgements made in this report have been developed through **sensemaking, robust dialogue and deliberation among people with diverse perspectives** and experiences. Firstly, data was combined into an evidence pack and a sensemaking session was conducted with State Managers and Local Network Directors. Subsequently, members of the evaluation team met after reviewing all the data to reach preliminary judgements. In addition to internal deliberation, an expert panel was carefully selected for their expertise and ability to consider stewardship from a range of perspectives. Two expert panel groups met on 23 and 24 October 2025 to deliberate and validate the judgements made by the evaluation team. The judgements made by evaluators and the expert panel have been synthesised across the three groups and the final ratings have been included in this report.

Panel members included representatives from the following groups:

| External | Department of Health, Disability and Ageing |
|---|---|
| • Academia<br>• Peak body for local government<br>• Provider of aged care<br>• State government | **Ageing and Aged Care Group**<br>Office of the Interim First Nations Aged Care Commissioner<br>• *Market & Workforce*<br>Support at Home Policy and Operations, First Nations Aged Care, Thin Markets<br>• *Access and Home Support*<br>Navigation & Access<br>• *Service Delivery*<br>NSW/ACT State Manager, WA/SA State Manager, Systems Strategy and Network Support Branch<br>**Primary Care Group**<br>Primary Health Networks & Partnerships |

This Final Report (this document) is the major deliverable for Phase 2B and both addresses the key evaluation questions and provides an assessment of the VfI of regional stewardship.

# Data collection and analysis methods

| Method/tool and description | Data source/sample | Analysis |
|---|---|---|
| **Literature review**<br>Systematic and non-systematic literature review conducted by La Trobe University. | 76 x peer-reviewed articles<br>9 x grey literature | Two main strategies were employed to identify relevant literature: a systematic and a non-systematic, or "fishing" approach. The main search terms were "system stewardship" and "health", joined by the Boolean operator AND. |
| **Data audit**<br>Review of department datasets to understand existing data and data gaps. | 10 x administrative datasets<br>15 x department employees in data custodian roles | Synthesis of existing data and evidence to address the Key Evaluation Questions and identify data gaps to determine primary and secondary data collection methods. |
| **Discovery consultations**<br>Semi-structured one-on-one and group interviews with Local Network Directors, units, and State Managers. Key questions included:<br>• What does regional stewardship look like in practice?<br>• How has the rollout of regional stewardship evolved/changed?<br>• What are the enabling conditions and key barriers for stewardship?<br>• What improvements or changes would support achievement of stewardship outcomes? | 155 x Local Network employees between July 2023 and January 2024, including:<br>• 4 State Managers<br>Local Network employees:<br>• 42 from New South Wales<br>• 26 from Victoria<br>• 15 from Queensland<br>• 10 from South Australia<br>• 9 from Northern Territory<br>• 9 from Tasmania<br>• 8 from Western Australia | Face-to-face interviews and focus groups were recorded and transcribed, as well as notes taken during engagements with providers which the evaluators were invited to attend and observe. Qualitative transcripts were thematically coded using a grounded theory methodology, where key terms and phrases were identified and arranged into categories to develop the logic model and inform the Foundations Report. |
| **Director interviews**<br>Semi-structured one-on-one interviews with Local Network Directors | 12 x Local Network Directors (May – June 2024)<br>16 x Local Network Directors (May – June 2025) | Interviews were transcribed and recorded. Transcriptions and recordings were coded against the evaluation criteria and domains (evaluation rubric) to identify key themes and/or outliers of information. |

| Method/tool and description | Data source/sample | Analysis |
|---|---|---|
| **SES interviews**<br>Semi structured one-on-one and group interviews with Senior Executive Service (SES) staff, mostly across the Ageing and Aged Care Group | 11 x one-on-one interviews with SES staff (May – June 2024)<br>20 x one-on-one interviews with SES staff<br>8 x central office Directors participated in a group interview (May – June 2025) | Interviews were transcribed and recorded. Transcriptions and recordings were coded against the evaluation criteria and domains (evaluation rubric) to identify key themes and/or outliers of information. |
| **Evaluation case studies**<br>Case studies are in-depth investigations, drawing together a range of information from different people and data sources, to capture, in detail, examples of positive outcomes that have been achieved as a result of the Regional Stewardship of Aged Care initiative. | 12 x case studies including:<br>26 x Local Network interviewees<br>47 x external stakeholder interviewees<br>Each individual case study included several face-to-face interviews and/or focus groups with department staff, providers and other organisations relevant to the case study theme. Case studies also integrated department datasets accessed via the ReSPOND Dashboard and administrative documents such as Ministerial briefings or project planning documents. | A semi-structured interview guide was developed, and all interviews were transcribed and recorded. Case studies were produced using a logical story-based structure that first provided background context (situation, location, etc.) and then detailed what happened, followed by the outcomes and an assessment of the level of contribution. Non-experimental method 'counterfactual thinking' was used to assess the level of contribution of regional stewardship to the outcomes noted in the case study. Interviewees were asked to predict what would have happened without the Local Network and whether the same outcomes would have been realised. |
| **Local Network Survey**<br>The Local Network Survey was distributed to staff in October 2024 and again in August 2025. It aimed to capture the views of the Local Network on a range of questions related to the practices, conditions, and cultures and mindsets of stewardship.<br>In the 2025 survey, staff were also asked questions about stewardship outcomes as well as their awareness, uptake, and perceived usefulness of tools introduced to support the functions of the Local Network. | 2024 survey: 144 responses (65 per cent)<br>2025 survey: 107 responses (45 per cent) | Survey questions were asked on a five-point Likert scale. For reporting purposes, results are presented as the proportion of respondents who selected agree or strongly agree.<br>Between the two survey rounds, most questions were retained to enable comparison over time, while some were adjusted to reflect evolving department or evaluation needs. The survey therefore provided an opportunity to track trends across 2024 and 2025 in all the enablers and some practice categories, however, outcomes were only collected for 2025.<br>Because response rates represented 65 per cent of Local Network staff in 2024 and 45 per cent in 2025, caution was applied in interpreting changes. Only shifts greater than 10 percent between surveys have been highlighted. |
| **Stakeholder and Emergency Management Solution (SEMS)**<br>SEMS is a Salesforce-based CRM used by the Local Network to log interactions with aged care and non-aged care providers. Provider information is drawn from Government Provider Management System, and staff record interactions against providers with both categorical and open text fields. SEMS was rolled out nationally in a phased approach between February and October 2024 and is the only system that consistently captures engagement activity across the Local Network. | Interactions logged between 1 October 2024 and 30 August 2025 (n = 4,308). | Descriptive statistics were produced from categorical fields, including counts of interactions over time, by stewardship priority area, and by interaction type.<br>Qualitative analysis of the interaction summary field was undertaken to identify recurring themes. Given the large dataset, this analysis was based on scanning and observing common patterns rather than detailed coding of every record. |

| Method/tool and description | Data source/sample | Analysis |
|---|---|---|
| **Aged Care Reforms Sector Pulse Survey**<br>A recurring survey designed to gather feedback from the aged care sector on the implementation of reforms, preparedness for upcoming changes, and awareness of departmental programs and initiatives. From June 2024, the survey also included questions on awareness, engagement, and satisfaction with the Local Network. | The survey has been conducted six times between October 2022 and April 2025 (data from the September 2025 iteration was not available at time of analysis). Response numbers were:<br>• Oct 2022: 2,542<br>• Mar 2023: 1,515<br>• Oct 2023: 1,389<br>• Jun 2024: 1,893<br>• Nov 2024: 2,187<br>• Apr 2025: 787 | Analysis focused on questions relating to reform awareness and preparedness, as well as awareness, engagement, and satisfaction with the Local Network. Results were summarised using simple proportions (e.g. proportion prepared for upcoming reforms, proportion aware of or having met with Local Network Engagement Officers).<br>Open text responses were analysed by tagging sentiment (positive, negative, neutral) and identifying themes within each sentiment category. |
| **Local Network Quarterly Reports**<br>Qualitative data on practices and outcomes was extracted from the Local Network quarterly reports, produced each quarter between May 2023 and October 2024, and from the Service Delivery Division's fortnightly newsletters, published since July 2023. Additional instances were sourced from the 2025 Local Network Survey and from ad hoc emails sent directly by Local Network staff. | Service Delivery Division fortnightly newsletters: 280 instances extracted<br>Local Network quarterly reports: 221 instances extracted | Each instance was coded to one or more practices identified in the evaluation's logic model, and to an outcome if present. Instances were then grouped by practice and outcome. Quantitative analysis was undertaken to count the number of instances within each practice and outcome category, while thematic analysis was applied to describe the types of activities and impacts represented. |

# Ethical considerations

Clear Horizon paid special consideration to ethical protocols and risks to ensure our conduct complied with privacy legislation and standards for the ethical conduct of evaluations. We were guided by the following resources:

- Clear Horizon's Privacy and Security Guidelines for Staff and Contractors [internal document].
- Clear Horizon's Privacy Policy [public document].
- Guidelines for the Ethical Conduct of Evaluation, Australian Evaluation Society.
- Ethical Considerations in Quality Assurance and Evaluation Activities, National Health and Medical Research Council.

Participants for all surveys were provided with information about the survey purpose and informed that participation was completely voluntary and confidential. Consent was opt-in when a person chose to participate in the survey. Case study, interview and focus group participants were provided with relevant information about the purpose and use of the information, their right to consent and withdraw from participation and their right to request access to their information. Verbal consent, including for audio-visual recording (for transcription purposes) was provided before proceeding with the interview or focus group.

All data provided to Clear Horizon were stored securely in files only accessed by team members directly involved in this evaluation. Personal, sensitive and identifying information was removed from data for analysis and reporting. Data will be destroyed after the evaluation has concluded and in accordance with privacy legislation.

# Limitations

## Local Network Survey

When data is available for both surveys (2024 and 2025), findings should be interpreted as indicative rather than precise estimates of the views of all staff. With response rates of around 65 per cent in 2024 and 45 per cent in 2025, results are sufficiently robust to identify broad movements and patterns, but not to detect fine-grained differences. For the purposes of this evaluation, shifts within ±10 percentage points are considered to represent change. To support interpretation, survey results were triangulated with evidence from staff interviews at director level and from program and policy areas.

## Provider Pulse Survey

The evaluation attempted to measure reach through the Provider Pulse Survey, a quarterly survey managed and administered by the department, by adding three questions about provider's awareness, engagement and satisfaction with the Local Network. However, the results had several limitations. The first is the response rate, which hovers around 3-5 per cent of the total number of aged care providers and therefore may or may not represent the general sentiments of all providers. The second key limitation is that the survey is distributed to all staff across aged care organisations, including nurses, care workers and managers. Given that Local Network staff do not generally engage across an entire organisation, results needed to be disaggregated to the 'manager' level, which reduced the sample size even further. Furthermore, it became clear through the survey design, that providers may not know how to distinguish Local Network staff from staff performing separate functions across the department or government more broadly. This reduces our confidence in the survey results produced through the Provider Pulse Survey.

## Stakeholder and Emergency Management Solution (SEMS)

The SEMS provides the number and types of interactions reported by the Local Network, which has been used in the evaluation as a proxy for Local Network practice or activities undertaken by the Local Network. While this is a relatively reliable data source, it should be noted that it has had a staggered roll-out across the Local Network and is therefore used more consistently by some jurisdictions than others. Therefore, it may not capture the full scale of activities undertaken by the Local Network. Data is only available from October 2024, so does not provide a baseline to understand whether engagement activities have increased, decreased or remained the same since the investment in additional staff. However, when triangulated with other evaluation data sources, such as the quarterly reports, which also tracked activities, SEMS is a useful evidence source and will become more reliable as it is more widely adopted and embedded across the Local Network over time.

## Deep dives and instances of impact

When evaluating systems change, it is important for evaluations to capture emergent outcomes and/or impacts that occur, some of which are impossible to predict at the outset and therefore may not be articulated in the logic model or rubric. Because the Local Network is on the ground, innovating and brokering solutions to local issues, there are many examples of outcomes and impacts occurring that were not predicted. Throughout the evaluation, a few of those examples have been collected through interviews with Local Network staff. Unlike the case studies, these examples have not been validated through interviews with external organisations and should therefore be interpreted with lower confidence.

# Value for Investment Rubric

## Domain 1. Creating inherent value by being a good steward of resources criteria

| Criteria | Not yet emerging | Emerging | Strengthening | Establishing |
|---|---|---|---|---|
| **Engaged and capable workforce** | Below the level outlined in 'emerging' | • There is sufficient workforce planning and capacity in place to implement stewardship | Between 'emerging' and 'establishing' | • Highly engaged and capable workforce, at all levels, to lead and implement stewardship |
| **Sufficient corporate support** | | • There is access to resources, IT systems, tools and training to support learning, information flows, sharing, intelligence gathering and analysis | | • The Local Network and the rest of the department have access to resources, IT systems, tools and training that support learning, information flows, sharing, intelligence gathering and analysis |
| **Organisational structure and authorising environment** | | • There is emerging leadership for stewardship supportive of local action, decision-making and innovation<br>• There are administrative structures designed to support transparency, alignment and coordination | | • Leaders strongly encourage stewardship, including local action, decision-making and innovation<br>• Administrative structures support transparency, alignment and coordination between strategic policy and the Local Network |
| **Clear strategy and planning** | | • There is commitment to improving access, availability and quality of aged care<br>• Strategic direction for ageing, the Local Network and stewardship is developing | | • High levels of commitment to improving access, availability and quality of aged care<br>• A clear vision and strategic direction for rights-based ageing with a mandate for the Local Network and stewardship's direction |

**Table 1: Domain 1. Creating inherent value by being a good steward of resources criteria**

# Domain 2. Creating potential value for systems change through culture and mindset enablers criteria

| Criteria | Not yet emerging | Emerging | Strengthening | Establishing |
|---|---|---|---|---|
| **Thinking in systems** | Below the level outlined in 'emerging' | • The Local Network is aware of the interface between health and aged care and value interconnections across the system<br>• The value of data to understand system conditions is emerging | Between 'emerging' and 'establishing' | • The Local Network understands the interface between aged care and health, and the importance of making connections between different actors across the systems<br>• The Local Network understands that a holistic approach is needed to address the complexity of local and system needs<br>• Data supports understanding of system conditions |
| **Valuing relationships and interconnections** | | • The Local Network is encouraged to build and sustain relationships with local people and organisations<br>• Structured and unstructured communication channels are available | | • A culture of collaboration exists across the Local Network that supports and sustains relationships and a coherent approach to stewardship<br>• Structured and unstructured communication channels are valued and used widely by the Local Network and central policy teams |
| **Putting the voices of older people at the centre** | | • Older people, including First Nations people and providers, have opportunities to engage with the department including through the Local Network | | • Older people, including First Nations people and providers, are valued sources of expertise<br>• They have access to information and opportunities to engage with the department to ensure aged care services authentically meet their needs |
| **Embracing learning and adaptation** | | • The Local Network and policy and program areas of the department have systems in place to support learning and adaptation<br>• Local insights, stories and lessons are captured | | • The Local Network is reflective and open to change, embracing problem solving to find innovative solutions<br>• There is a culture of learning and adaptation where local insights, stories and lessons are used and shared to improve and adapt policies and practices |

**Table 2: Domain 2. Creating potential value for systems change through culture and mindset enablers criteria**

# Domain 3. Creating potential value for systems change through stewardship practices criteria

| Criteria | Not yet emerging | Emerging | Strengthening | Establishing |
|---|---|---|---|---|
| **Capacity, capability-building, and awareness-raising** | Below the level outlined in 'emerging' | • The Local Network engages with providers to build their capability and capacity and raise awareness of reforms and changes | Between 'emerging' and 'establishing' | • Sustained Local Network engagement, education and collaboration with providers to prepare them for reforms and changes<br>• The Local Network tailors and disseminates information to the sector to help them meet their obligations and support older people |
| **Engaging across the system and building trusted relationships** | | • The Local Network regularly visits and meets with a diverse range of stakeholders<br>• The Local Network attends opportunities for networking within the aged care system | | • The Local Network proactively builds trusted relationships with a diverse range of stakeholders<br>• The Local Network works across the health and aged care interface, creating opportunities for networking, service coordination and integration across aged care |
| **Solution brokering, problem-solving and innovation** | | • The Local Network monitors providers, helping to resolve local issues<br>• The Local Network supports the sector to respond to emergency situations | | • The Local Network actively works with providers, particularly in thin markets, to identify and address risks and gaps in service delivery<br>• The Local Network supports the development of innovative solutions, tailored to local contexts/needs<br>• The Local Network is highly responsive in emergencies, enabling business continuity |
| **Gathering, analysing, and sharing intelligence, especially local voices** | | • Some local data gathering, analysis and sharing is evident<br>• The Local Network is used by policy to increase their intelligence of local issues | | • There are systems in place for local data to be gathered, analysed and shared to inform policy<br>• Local Network tracking and feedback improves understanding of policy impact and provides early identification of emerging trends and issues<br>• There are effective two-way feedback loops that keep the department up to date with local issues and needs |

**Table 3: Domain 3. Creating potential value for systems change through stewardship practices criteria**

# Domain 4. Creating applied and realised value through contributing to improvements in system reach, capability, integration and responsiveness criteria

| Criteria | Not yet emerging | Emerging | Strengthening | Establishing |
|---|---|---|---|---|
| **System reach** | Below the level outlined in 'emerging' | • Government engagement, coverage and presence have grown in some local areas | Between 'emerging' and 'establishing' | • Government engagement, coverage and presence have grown locally across Australia<br>• Providers, communities and First Nations people have access to relevant information, support and resources |
| **System integration** | | • Some coordination is occurring between different levels of government and services<br>• Some examples of strong relationships and collaboration are emerging | | • Better connections, co-ordination and interface between different levels of government and services<br>• Stronger relationships and collaboration lead to improved aged care outcomes |
| **System capability** | | • Stewardship can demonstrate some examples of improved system capability<br>• Local intelligence is being gathered, and used well in some cases | | • Local Network staff, aged care providers and other organisations in the system are better equipped to implement reforms, identify local issues, tailor responses and innovate solutions<br>• The government gathers and analyses local intelligence and uses it to better understand the needs of the sector, older people and their families |
| **System responsiveness** | | • There are examples of trust emerging among providers and communities<br>• The department's response to diversity and local needs is variable<br>• Some regional, rural and remote aged care services are high quality<br>• Some work being done on transitions and pathways of care<br>• There is some work occurring with First Nations people and providers | | • Increased levels of trust in government amongst communities<br>• Improved ability of the department to adapt and respond to diversity and local needs<br>• Higher quality services in regional, rural and remote areas are available<br>• Improved transitions and pathways of care for older people<br>• Increased agency for First Nations to have aged care services that meet their needs |

**Table 4: Domain 4. Creating applied and realised value through contributing to improvements in system reach,**

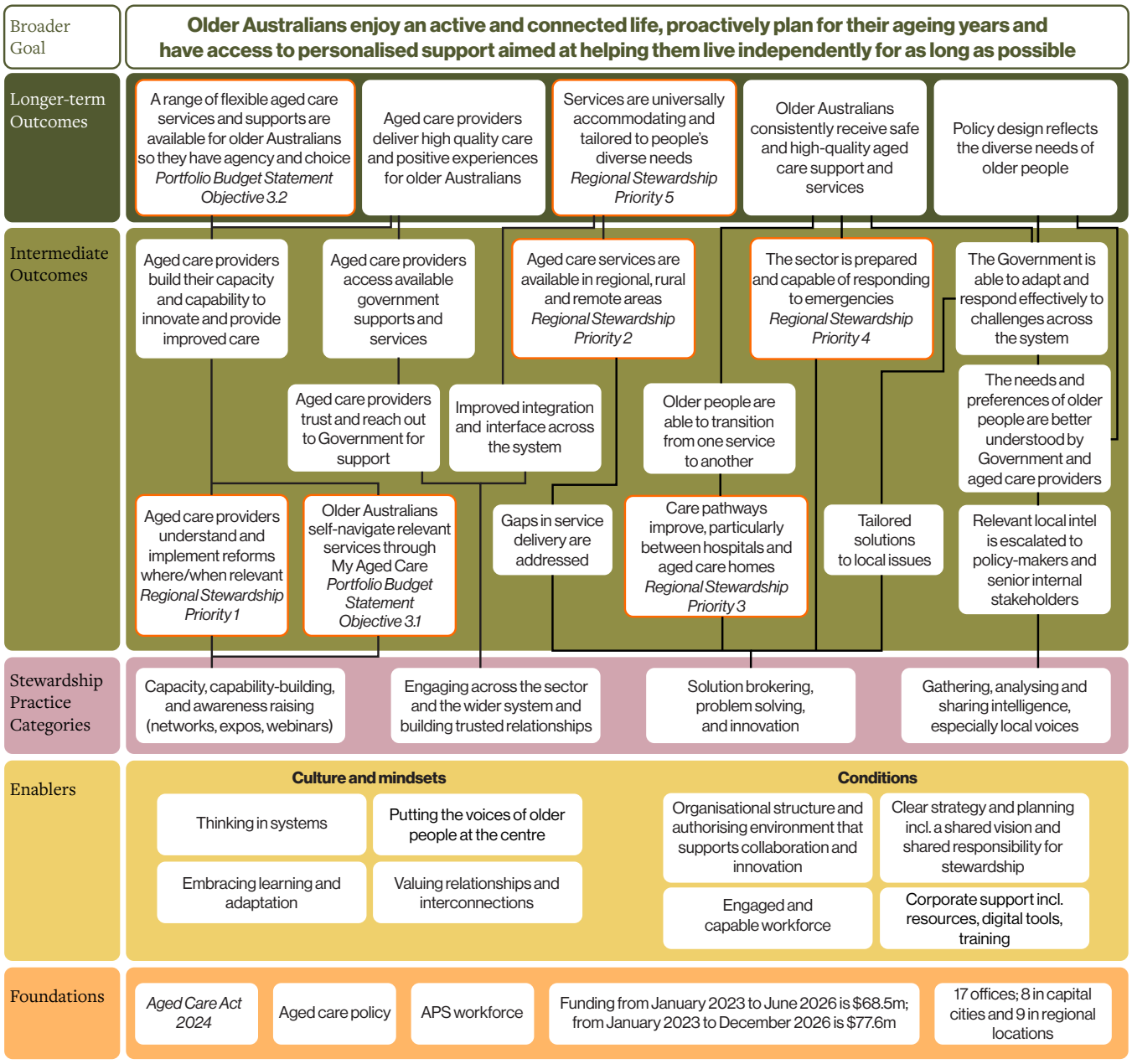
**capability, integration and responsiveness criteria**

# Domain 5. Creating equity and overall value criteria

| Criteria | Not yet emerging | Emerging | Strengthening | Establishing |
|---|---|---|---|---|
| **Creating overall value for government, including emerging contributions towards systems transformation** | Below the level outlined in 'emerging' | • Government has structured and unstructured information flows that support evidence-informed decision-making<br>• Examples of stewardship increasing government's connection and engagement at the local, regional, and national levels | Between 'emerging' and 'establishing' | • Trust and social capital enable government to identify, mitigate, and respond to risks or emergencies across the system, collaborating with others to reduce service disruption or harm to individuals or organisations<br>• Ministers have a clearer line-of-sight to local issues.<br>• Government creates the conditions in the system for the long-term integrity and sustainability of aged care |
| **Creating overall value for providers, including emerging contributions towards systems transformation** | | • Examples of the Local Network supporting providers with tailored advice and capability building to grow and meet future demand<br>• Some examples of increased access to and use of government funding, connections and/or programs for providers | | • Providers, including those in thin markets and under-served regions, have strong connections and networks that enable them to access what they need to provide sustainable, high-quality care to older people<br>• Changes or market transitions that affect a provider's service delivery or model of care are handled carefully and appropriately, minimising reputational damage |
| **Creating overall value for older people and their families, including emerging contributions towards systems transformation** | | • Examples of older people and their families having access to more information about how to access aged care services<br>• Examples of the Local Network putting the voices of older people at the centre and feeding-up the voices and perspectives of older people and their families to policy and program decision-makers | | • Older people and their families have more agency over their care journey, including how and where they choose to age<br>• Older people's safety and rights are respected and upheld by the aged care system |
| **Creating overall value for First Nations people, including emerging contributions towards systems transformation** | | • Examples of the Local Network starting to build and deepen relationships with First Nations people and communities<br>• The unique barriers First Nations people face are better understood by government | | • First Nations people have access to aged care services and support that are culturally safe and meet their needs<br>• First Nations people develop, design, implement, govern, and evaluate aged care services that meet their needs (self-determination) |

**Table 5: Domain 5. Creating equity and overall value criteria**

# Logic Model


Broader Goal
Older Australians enjoy an active and connected life, proactively plan for their ageing years and have access to personalised support aimed at helping them live independently for as long as possible
Longer-term Outcomes
A range of flexible aged care services and supports are available for older Australians so they have agency and choice Portfolio Budget Statement Objective 3.2
Aged care providers deliver high quality care and positive experiences for older Australians
Services are universally accommodating and tailored to people's diverse needs Regional Stewardship Priority 5
Older Australians consistently receive safe and high-quality aged care support and services
Policy design reflects the diverse needs of older people
Intermediate Outcomes
Aged care providers build their capacity and capability to innovate and provide improved care
Aged care providers access available government supports and services
Aged care services are available in regional, rural and remote areas Regional Stewardship Priority 2
The sector is prepared and capable of responding to emergencies Regional Stewardship Priority 4
The Government is able to adapt and respond effectively to challenges across the system
Aged care providers trust and reach out to Government for support
Improved integration and interface across the system
Older people are able to transition from one service to another
The needs and preferences of older people are better understood by Government and aged care providers
Aged care providers understand and implement reforms where/when relevant Regional Stewardship Priority 1
Older Australians self-navigate relevant services through My Aged Care Portfolio Budget Statement Objective 3.1
Gaps in service delivery are addressed
Care pathways improve, particularly between hospitals and aged care homes Regional Stewardship Priority 3
Tailored solutions to local issues
Relevant local intel is escalated to policy-makers and senior internal stakeholders
Stewardship Practice Categories
Capacity, capability-building, and awareness raising (networks, expos, webinars)
Engaging across the sector and the wider system and building trusted relationships
Solution brokering, problem solving, and innovation
Gathering, analysing and sharing intelligence, especially local voices
Enablers
Culture and mindsets
Thinking in systems
Putting the voices of older people at the centre
Embracing learning and adaptation
Valuing relationships and interconnections
Conditions
Organisational structure and authorising environment that supports collaboration and innovation
Clear strategy and planning incl. a shared vision and shared responsibility for stewardship
Engaged and capable workforce
Corporate support incl. resources, digital tools, training
Foundations
Aged Care Act 2024
Aged care policy
APS workforce
Funding from January 2023 to June 2026 is $68.5m; from January 2023 to December 2026 is $77.6m
17 offices; 8 in capital cities and 9 in regional locations

# List of Acronyms

| Acronym | Description |
|---|---|
| ACQSC | Aged Care Quality and Safety Commission |
| ACCHO | Aboriginal Community Controlled Health Organisation |
| APS | Australian Public Service |
| APY Lands | Aṉangu Pitjantjatjara Yankunytjatjara Lands |
| ARRCS | Australian Rural and Remote Community Services |
| ASL | Average Staffing Level |
| CALD | Culturally and Linguistically Diverse |
| CHSP | Commonwealth Home Support Programme |
| CGH | Community Grants Hub |
| CVF | COVID-19 Viability Fund |
| EOI | Expression of Interest |
| FIFO | Fly-in-fly-out |
| HR | Human Resources |
| IOT | Indian Ocean Territories |
| IT | Information Technology |
| KEQ | Key Evaluation Question |
| PHC | Primary Health Care |
| PTAC | Paupiyala Tjarutja Aboriginal Corporation |
| PSRACS | Public Sector Residential Aged Care Service |
| Q&A | Question and answer |
| SEMS | Stakeholder and Emergency Management Solution |
| SES | Senior Executive Service |
| SSNS | Systems Strategy and Network Support branch |
| VfI | Value for Investment |

# Glossary of Key Terms

**Thin markets** occur when there are not enough providers for the market to work properly, with too few buyers and too few sellers. Regional, rural and remote areas are often classified as thin markets due to higher operating costs, lower populations and physical distance from major service centers.

An **authorising environment** in a public sector organisation is the formal and/or informal sources of authority within an organisational structure, such as the legislative frameworks or policies, or critical people who have influence, like Ministers or central agencies.

**Enabling conditions** for system change are the things that need to be in place to support or facilitate the fundamental shift of a system.

**Agency** is an individual or group's capacity to make choices that shape their own life and social environment, rather than being passively shaped by social forces like class, gender or cultural norms, or in aged care, the limited options available to them.

**Rights** are rules about how people must treat those accessing government aged care services. The *Aged Care Act 2024*, which came into effect on 1 November 2025, includes a Statement of Rights5, which enshrines in legislation people's rights to make their own decisions about their own lives, have those decisions respected, get information and support to help make their own decisions, communicate their wishes needs and preferences, feel safe and respected and have their culture and identity respected.

**Self-determination** is the right of a people to freely determine their own political status, social, economic and cultural development, and to make decisions about matters affecting their lives. In regional stewardship it includes having meaningful governance over services that affect them, including involvement in design, delivery, evaluation and ongoing decision-making.

**Social capital** refers to the value derived from a network of relationships, characterised by trust, reciprocity and social norms, which enable individuals and groups to share information, solve problems and support each other to achieve shared goals and gain benefits.

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