

**2021-22**

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

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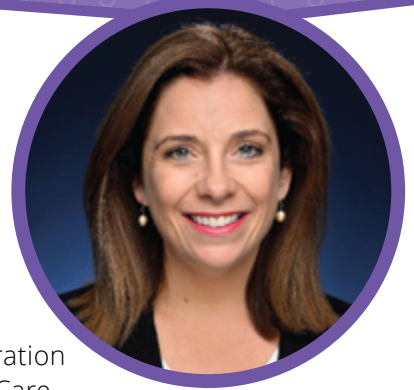
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# **Minister's Foreword**

# Minister's Foreword

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



I am pleased to release the 2021–22 Report on the Operation of the *Aged Care Act (1997)*, my first as Minister for Aged Care.

There is much work to do to improve aged care in Australia to truly put older Australians at its heart. The pandemic over the past few years has made the underlying structural problems in the sector worse.

We have continued to support residential aged care homes with a surge workforce, supplies, equipment and other supports, including antiviral treatments, to see them through the winter surge of illness from influenza and COVID-19, and will continue to do what is needed to keep older Australians safe.

Among many pressing issues, the workforce shortage is one of the most important to address. One of my first acts as Aged Care Minister was to write to the Fair Work Commission to support a deserved wage rise for our dedicated aged care workforce. Finding ways to attract and retain workers, and encourage those who have left the sector to come back, because we value them enormously, are top priorities.

The Government moved quickly to introduce the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022*. This Act implements many of the significant reforms recommended by the Royal Commission. These reforms will improve transparency and accountability in the sector as well as improving the safety and wellbeing of older Australians in care.

Measures in the legislation include: a new funding model, the Australian National Aged Care Classification from October 2022, which replaces the outdated Aged Care Funding Instrument; a new Star Ratings System that will provide a comparison rating for residential aged care services, making it easier for older Australians to make informed choices; a new approved provider Code of Conduct to protect those in their care; and an extension of the Serious Incident Response Scheme to care delivered in a home or community care setting.

The Government has also announced a capability review of the Aged Care Quality and Safety Commission – another Royal Commission recommendation - to ensure it is fit for purpose and has the necessary resources and infrastructure to meet its responsibilities to older Australians.

We are committed to putting older Australians first as we reform aged care - to put nurses back into nursing homes, put a stop to high administration and management fees for home care, and to improve the integrity and accountability for aged care providers.

The problems are significant, however, this Government is committed to rebuilding an aged care system which delivers the care that older Australians deserve and puts security, dignity, quality and humanity back into aged care. After a lifetime of contributing to their communities, older Australians deserve nothing less.

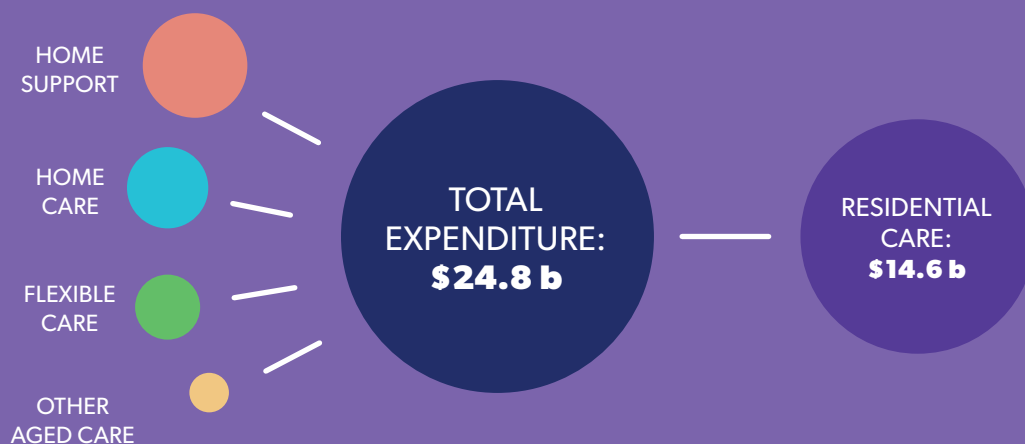


**Anika Wells**

Minister for Aged Care

# **Key Facts in Aged Care 2021-22**

Nearly **59 per cent** of aged care expenditure was on residential aged care.



There were **805** approved providers of residential aged care and **916** approved providers of home care packages.



RESIDENTIAL CARE: **805**



HOME CARE: **916**



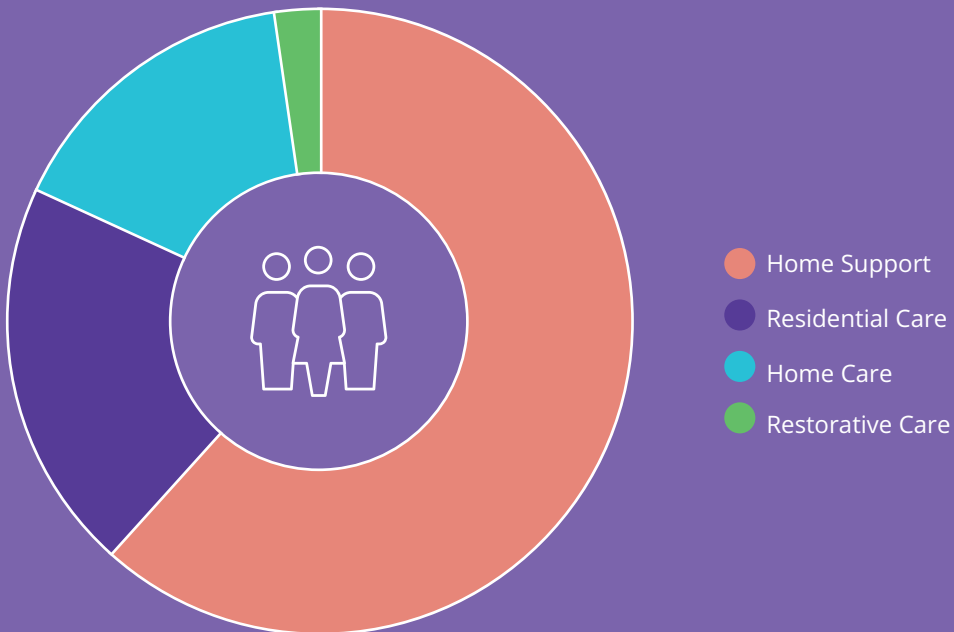
FLEXIBLE CARE: **134**

More than **1,400** organisations were funded to deliver CHSP services.



HOME SUPPORT: **1,407**

Almost **two thirds** of aged care consumers accessed basic support at home.



# Introduction

## Purpose of this report

This report details the operation of Australia’s aged care system during the 2021–22 financial year. It is the twenty-fourth report in the series. The report is delivered to Parliament by the Minister in accordance with section 63-2 of the *Aged Care Act 1997 (the Act)*.

## Scope

In addition to meeting the reporting requirements specified in the Act, the report provides an overview of the components of the Australian aged care system (including those not governed by the Act), in order to present a comprehensive snapshot of the system as a whole during the 2021–22 financial year.

## Structure of the report

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

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

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

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

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

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

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



## Data sources

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

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

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



Approximately  
**1.5 million**  
recipients of aged care



**231,732**  
operational residential  
and flexible places



**\$24.8 billion**  
in Australian Government  
expenditure



# **Overview of the Australian Aged Care System**

# 1. Overview of the Australian Aged Care System

## 1.1. Introduction

The traditional image of aged care is often associated with residential care. While it is true that the majority of expenditure is in the residential care sector, in fact, the majority of people remain independent and stay in their home, connected to family and community, for the duration of their lives. For some, home support and home care packages provide the support they need to maintain independent living. Only a small proportion of older Australians are accessing residential care at any point in time.

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

### Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) provides entry-level services focussed on supporting individuals to undertake tasks of daily living to enable them to be more independent at home and in the community. Services under the program are provided on an on-going or episodic basis, depending on need.

For more information on the CHSP, see Chapter 3.

### Home Care

This is a more structured, more comprehensive package of home-based support, provided over four levels:

- Level 1 – to support people with basic care needs
- Level 2 – to support people with low level care needs
- Level 3 – to support people with intermediate care needs
- Level 4 – to support people with high care needs.

For more details on home care, see Chapter 4.

## Respite Care

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

For more details on respite care, see Chapter 5.

## Residential Care

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

For more information on residential care, see Chapter 6.

## Flexible Care

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

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

For more information on flexible care, see Chapter 7.

## Summary

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

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

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

## 1.2. Managing supply and demand

### Supply

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

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

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

At 30 June 2022, the ratio is 74.7 operational aged care places for every 1,000 people aged 70 years and over.

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

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

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

### Current provision

The total number of operational residential and flexible aged care places at 30 June 2022 was 231,732. This represents an increase of 2,185 residential and flexible aged care places since 30 June 2021.

At 30 June 2022, there were 215,743 people in a home care package, an increase of 39,638 since 30 June 2021.

## Allocation of residential aged care places

The Aged Care Approvals Round (ACAR) was a competitive application process that enabled prospective and existing approved providers of aged care to apply for a range of new Australian Government-funded aged care places (residential care places and STRC places). Following the 2021–22 Budget, it was announced that no further ACAR would be held following the conclusion of the 2020 round. Instead, from 1 July 2024, residential care places will be assigned directly to older Australians to give them more choice and control over which provider they judge can best meet their needs.

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

From September to November 2021, the department consulted extensively on the changes, including by releasing a public discussion paper, an online survey and a series of virtual workshops with providers, peak bodies and state and territory governments. A report on the outcomes of this consultation is available on the department's website.<sup>2</sup>

A Transition Strategy<sup>3</sup> is in place to address the supply of places in the absence of any ACAR rounds in the lead up to 1 July 2024. This includes the ability for providers to apply directly to the department for an allocation of residential care places if they can deliver care immediately, but do not have allocated places to do so. Separately, an 'intention to develop' process is in place to ensure that new developments continue to progress over the transitional period.

2 [https://consultations.health.gov.au/ageing-and-aged-care/improving-choice-in-residential-aged-care/supporting\\_documents/Improving%20Choice%20in%20Residential%20Aged%20Care%20%20detailed%20paper.pdf](https://consultations.health.gov.au/ageing-and-aged-care/improving-choice-in-residential-aged-care/supporting_documents/Improving%20Choice%20in%20Residential%20Aged%20Care%20%20detailed%20paper.pdf)

3 <https://www.health.gov.au/initiatives-and-programs/competition-in-residential-aged-care#transitioning-to-the-new-system>

## Allocation of home care packages

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

Individuals approved for a home care package are placed on the National Priority System (NPS) until a package becomes available and is assigned to them. Older Australians are placed on the NPS according to the date they were approved for home care, and their priority for home care services, ensuring a consistent and equitable national approach. They are assigned a package when they are the next eligible recipient on the NPS at a particular level and priority.

**Table 1: Number of people in a home care package on 30 June each year from 2018 to 2022 by state and territory**

State/ territory	2018	2019	2020	2021	2022
NSW	30,418	35,863	48,270	59,283	74,704
Vic	23,449	27,776	39,425	50,011	55,711
Qld	18,514	21,562	27,560	32,389	41,026
WA	8,246	8,999	11,049	13,911	17,806
SA	6,855	7,758	10,254	13,597	18,127
Tas	2,330	2,626	3,428	4,060	5,150
ACT	1,316	1,464	1,810	2,079	2,262
NT	719	659	640	775	957
<b>Australia</b>	<b>91,847</b>	<b>106,707</b>	<b>142,436</b>	<b>176,105</b>	<b>215,743</b>

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

## Demand

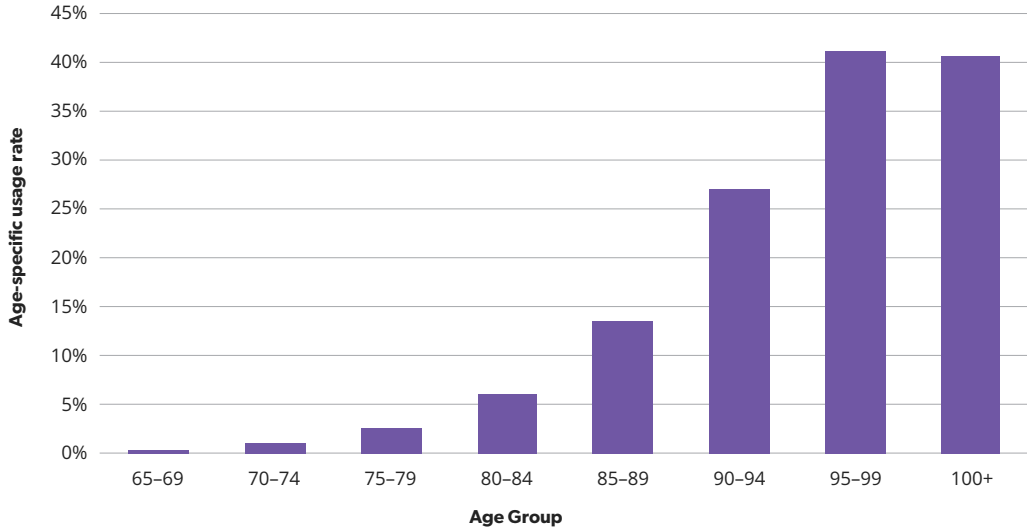
### Age

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

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



**Figure 1: Age-specific usage rates of residential aged care, 30 June 2022**



At 30 June 2022, 16.5 per cent of Australia’s population was aged 65 years and over (4.4 million people) and 2.0 per cent was aged 85 years and over (543,000 people). By 2032 it is estimated that 18.3 per cent of the population will be aged 65 years and over (5.6 million people) and 2.6 per cent (806,000 people) will be 85 years and over<sup>4</sup>.

While older age groups have greater utilisation of aged care services, it is not age per se that determines access, rather, assessed need.<sup>5</sup>

Access to home care packages and residential aged care services is through a comprehensive assessment performed by one of the 80 Aged Care Assessment Teams (ACAT) which operate in all states and territories. ACATs are funded by the Australian Government and administered by the relevant state/territory government. In 2021–22, a total of 200,562 ACAT assessments were administered.

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

4 [Population Projections, Australia, 2017 \(base\) - 2066 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/population-projections)

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

## Dementia

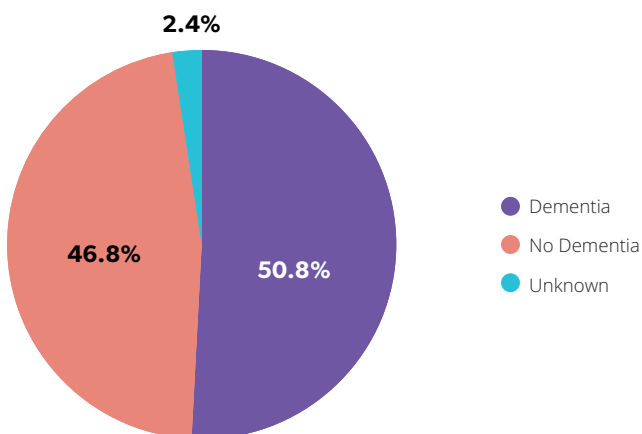
The World Health Organization defines dementia as “a syndrome, which results in deterioration to cognitive function (the ability to process thought) beyond what is expected from the usual consequences of ageing”. Dementia is the second leading cause of death and the third leading cause of disease-burden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

Dementia usually occurs in people who are aged 65 and over. After the age of 65 the likelihood of developing dementia doubles every five years. Currently the prevalence of dementia in Australia is estimated at almost 10 per cent of people aged 65 and over, rising to 40 per cent of people 90 years and over.<sup>6</sup>

In 2022, there were an estimated 398,000 Australians with dementia, over 40 per cent of whom were aged 85 years and over. The number of people with dementia is anticipated to grow to around 793,000 by 2052.<sup>7</sup>

At 30 June 2022, just over half of all residential aged care residents with an Aged Care Funding Instrument (ACFI) assessment had a diagnosis of dementia.

**Figure 2: Permanent residents by dementia status, at 30 June 2022**



6 Australian Institute of Health and Welfare 2021. Dementia in Australia 2021: Summary Report. Cat no. DEM3. Canberra: AIHW.

7 Australian Institute of Health and Welfare 2021. Dementia in Australia Cat no. DEM 2 Canberra: AIHW

## 1.3. Legislative framework

### The Aged Care Act 1997

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

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

### Aged Care Principles

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

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

### Aged Care Quality and Safety Commission Act 2018

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

### Outside the Act

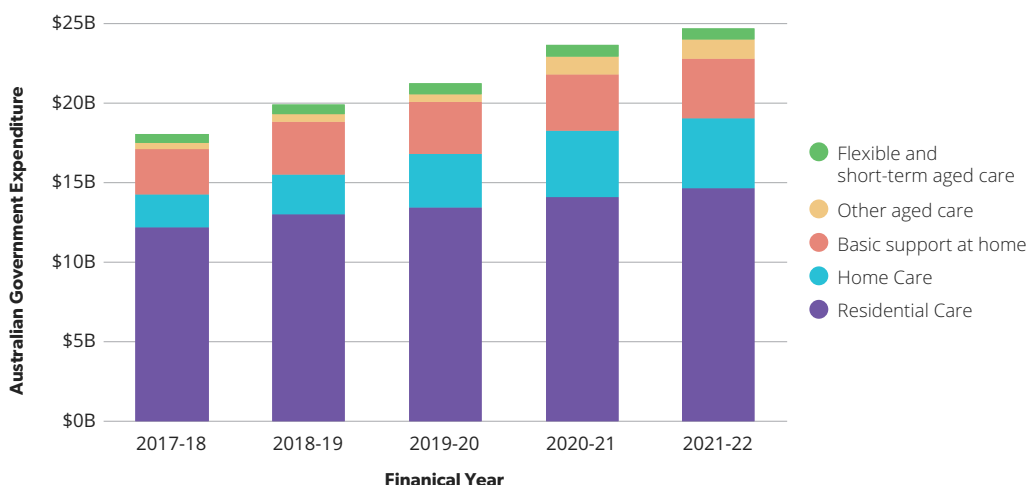
The operation of the CHSP is governed by the CHSP Program Manual 2020–22.

## 1.4. Funding

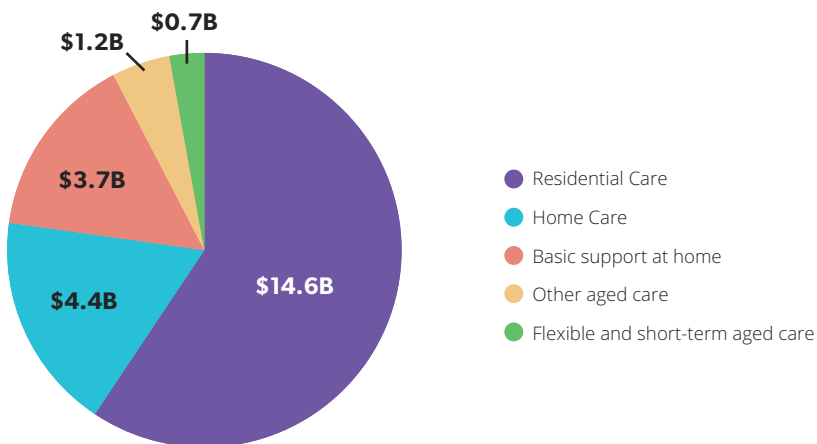
The Australian Government is the major funder of aged care, with aged care recipients contributing to the cost of their care where able to do so.

Australian Government expenditure for aged care throughout 2021–22 totalled \$24.8 billion, an increase of 4.9 per cent from the previous year.

**Figure 3: Australian Government outlays for aged care, 2017–18 to 2021–22**



**Figure 4: Australian Government aged care expenditure by type of care, 2021–22**



## Funding reform

The Australian National Aged Care Classification (AN-ACC) will replace the Aged Care Funding Instrument (ACFI) as the new residential aged care funding model from 1 October 2022. Independent assessments of all residents in government-funded aged care facilities, using the AN-ACC assessment tool, commenced in April 2021. These 'shadow assessments' take place in parallel to ACFI assessments undertaken by providers, and there will be no change to ACFI processes until 1 October 2022. After that date, funding for all residential aged care providers will be calculated based on independent AN-ACC assessments. Additional funding, paid through the AN-ACC funding model, will be delivered from 1 October 2022 to enable residential aged care providers to meet a new mandatory care-time standard from October 2023. More information on residential aged care funding reform and the AN-ACC shadow assessment process can be found here.<sup>8</sup>

## 1.5. Aged care recipients

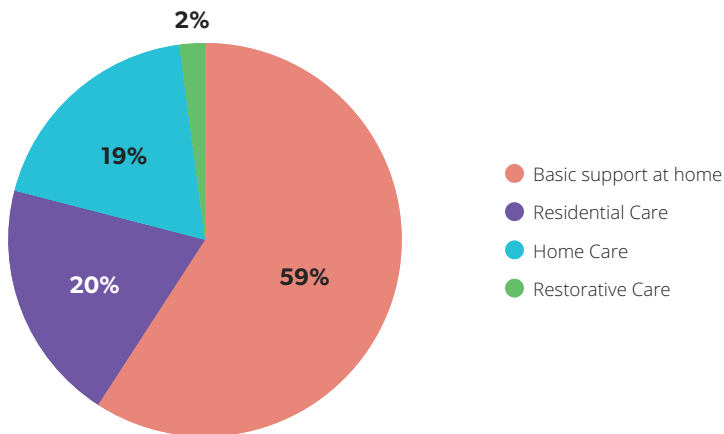
In 2021–22, approximately 1.5 million people received some form of aged care, the great majority receiving home-based care and support, while relatively few lived in residential care:

- 818,228 people received home support through the CHSP
- 261,314 people received care through a home care package
- 70,993 people received residential respite care, of whom 41,696 (approximately 58.7 per cent) were later admitted to permanent care
- 245,719 people received permanent residential aged care.

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

<sup>8</sup> <https://www.health.gov.au/resources/collections/funding-reform-resources>

**Figure 5: Recipients of aged care by service type, 2021–22**



### Average age on entry

The average age on admission to permanent residential aged care was 83.3 years for men and 85.2 years for women.

For entry to a home care package the average was 81.2 years for both men and women.

### People with diverse needs

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

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

## 1.6. Informed access for older Australians

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

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

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

## 1.7. Support for older Australians

### National Aged Care Advocacy Program

The Australian Government funds the National Aged Care Advocacy Program (NACAP) which provides free, confidential and independent advice to older Australians, their families and carers.

### Community Visitors Scheme

The Australian Government funds community-based organisations to recruit volunteers to make regular visits to aged care recipients of Australian Government subsidised residential aged care services and home care packages.

### National Dementia Support Program

The National Dementia Support Program (NDSP) is one of three key initiatives delivered through the Dementia Aged Care Services (DACs) fund, see Chapter 9.

The National Dementia Support Program (NDSP) provides education, resources, counselling and support to people living with dementia, their families and carers, to help improve their lives and increase awareness and understanding about the disease. For details of the support provided to older Australians by the NDSP, see Chapter 2.2.

## 1.8. Aged care workforce

The aged care workforce numbers over 370,000 and includes nurses, personal care workers, and allied health professionals, as well as administrative and ancillary staff. Workforce training and education is a shared responsibility between government and industry, with providers having obligations under the Act to ensure that there are adequate numbers of appropriately skilled staff to meet the individual care needs of older Australians. Volunteer workers also make a significant contribution across the sector.

In 2020, the fifth National Aged Care Workforce Census was conducted on behalf of the department. The report contains information about the size and composition of the workforce, training and education, the characteristics of aged care workers and the organisations in which they work, and factors related to staff recruitment and retention.

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

## 1.9. Regulatory, quality and prudential oversight

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

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

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

## 1.10. Aged Care Pricing Commissioner

Throughout the year, the Aged Care Pricing Commissioner received applications from providers who wished to charge an accommodation price above the threshold determined by the Minister (currently \$550,000). Further information on the Aged Care Pricing Commissioner's operations for the year is available from the Aged Care Pricing Commissioner's Annual Report.



## 1.11. Aged Care Quality and Safety Commission

On 1 January 2019, the Australian Government established an independent Aged Care Quality and Safety Commission. The Commission has combined the functions of the former Australian Aged Care Quality Agency, and the former Aged Care Complaints Commissioner. The aged care regulatory functions of the Department of Health joined the Commission from 1 January 2020. More information on the role and functions of the Commission can be found in Chapter 10.

## 1.12. Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) was established on 8 October 2018, with the Royal Commission's Final Report tabled in Parliament on 1 March 2021.

Throughout 2021–22, the previous Government responded to the Royal Commission's Final Report with an \$18.3 billion package to progress a series of aged care reforms. This consisted of a \$17.7 billion package announced in the 2021–22 Budget and a further \$632.6 million announced in the 2021–22 MYEFO.

In May 2022, following the federal election, the new Government committed to a five-point plan to ensure older Australians get the care they deserve, including measures that will respond to key recommendations from the Royal Commission's Final Report.

### 1.13. Aged care services and the COVID-19 pandemic

The Department of Health and Aged Care continues to support residential aged care facilities with necessary resources to respond to outbreaks.

Most of Australia's residential aged care homes experienced an outbreak in the 2021–22 financial year, during which, 2,570 facilities experienced one or more outbreaks. Of these, 752 facilities experienced one COVID-19 outbreak and 1,818 experienced two or more outbreaks.<sup>9</sup>

The 2021–22 financial year has been the worst 12 months in Australia's COVID-19 pandemic. For the 12-month period, there was a total of 56,228 resident cases, 41,871 staff cases and 2,173 resident deaths.

As a result of the increased COVID-19 case load on the aged care sector, the Australian Government has provided the following supports to residential aged care homes:

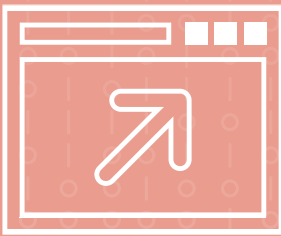
- access to personal protective equipment (PPE) from the National Medical Stockpile (NMS) when commercial supplies are unavailable or insufficient
- access to COVID-19 vaccination clinics to ensure residents have every opportunity to receive doses they are eligible for, including their fourth (winter) dose to maintain protection from COVID-19
- a weekly supply of rapid antigen test (RAT) kits for screening staff and visitors prior to an outbreak and testing residents and staff once an outbreak begins
- facilitating access to in-reach PCR testing on site through Sonic during an outbreak, noting that a negative RAT does not mean the absence of COVID
- access to supplementary workforce through contracted providers and by increasing access to a broader casual agency pool
- Australian Defence Force (ADF) clinical personnel
- reimbursing providers for the costs associated with managing outbreaks including those associated with PPE and RATs procured through commercial suppliers, additional and replacement staff, and other infection prevention and control (IPC) activities
- access to COVID-19 antiviral medications, both direct to facilities and through community pharmacy.

9 (i) Outbreak information are sourced from AUS-CAIRS as at 1st September 2022.

(ii) Outbreak data are subject to change, through retrospective updating of the status and timing of cases, exposure sites, and outbreaks. Data are grouped by the date of the first received report unless subsequently revised by updated reports. Data published here may differ to ongoing regular reporting of cases, outbreaks, and deaths, on the department's website.

Similarly, supports for in-home aged care services has been provided throughout the pandemic, this includes:

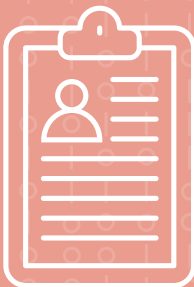
- access to emergency provision of PPE from the NMS when commercial supplies are unavailable or insufficient
- reimbursing Home Care Package (HCP) providers for the costs associated with managing outbreaks including those associated with PPE and RATs procured through commercial suppliers, additional and replacement staff, and other IPC activities
- the Home Care Packages Program COVID-19 Vaccination Support Grant (Grant) provided additional support to HCP providers to increase COVID-19 vaccinations in the home care workforce and provide accurate reports on the vaccination status of their workforce to the Government
- funding support for Commonwealth Home Support Programme (CHSP) providers to enable them to respond to unforeseen and exceptional circumstances that directly impact on existing service delivery arrangements that are beyond the control of the grant recipient. Emergency support grants (CHSP) were available for emergency meal provision and also other CHSP service types to address COVID-19 pressures (meet increased demand for service, retain key workforce, adapt to changing aged care environment, COVID-19 reporting and cover the cost of PPE).



**Over 4.7 million  
website visits and  
1.6 million  
calls answered**



**Nearly 2 million  
My Aged Care information  
products distributed**



**17 RAS organisations  
and 80 ACATs delivered  
assessment services**



# **Informed Access to Aged Care**

## 2. Informed Access to Aged Care

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

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

In collaboration with Services Australia, the My Aged Care in-person service was introduced in November 2021 and complements the existing My Aged Care online and phone services, providing older Australians with greater choice in how they access My Aged Care. From 1 September 2022, the first 68 of an eventual 80 Aged Care Specialist Officers (ACSOs) will be placed in selected Services Australia locations across Australia.

### 2.1. Enabling people to make informed choices

The department continues to enhance the My Aged Care website and contact centre in response to recipients and stakeholder feedback.

Key improvements in the last year include:

- the successful pilot and deployment of an SMS platform to enable contact centre agents to message referral codes to older Australians
- the ongoing provision of a case coordination team within the contact centre to better support older Australians at risk
- strengthening of customer experience measures in the frameworks used to assess contact centre agent performance
- procurement of a new learning management system and a new knowledge management system to ensure the contact centre agents and Aged Care Specialist Officers provide consistent, accurate information to older Australians
- the introduction of a virtual assistant to better support users to navigate the website
- a new 'Help Explorer' tool on the My Aged Care website that allows users to learn about the types of aged care services available, including stories about people who have accessed aged care and the types of services that helped them
- further enhancements to the 'Find a Provider' tool on the website to allow users to shortlist up to eight providers and better compare their pricing and service offering
- interactive website tools and improved information on Home Care Package costs to improve pricing transparency of provider costs.

## Calls, correspondence and website data

In 2021–22, the My Aged Care contact centre received 1,617,063 calls, and provided practical support by connecting services and providing information and advice.

The My Aged Care website had a total of 4,710,529 visits.

Since July 2021, new clients and/or their representatives who register on My Aged Care are sent personalised welcome packs. To 30 June 2022, 411,867 packs have been distributed.

## Publications

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

In 2021–22, nearly two million My Aged Care information products were distributed including:

- more than 400,000 brochures explaining the range of Australian Government-funded aged care services available and how to access them
- nearly 650,000 detailed booklets about accessing specific Australian Government-funded aged care programs. This included the Charter of Aged Care Rights, which describes the rights of aged care recipients who receive Australian Government-funded aged care services.

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

## 2.2. Support for recipients

### Aged Care System Navigator Extension measure

The Aged Care System Navigator trials began in 2019 to explore different ways of helping older people understand and engage with the aged care system. An extension of the trials until 31 December 2022 was announced in the 2021–22 Budget. The trials are being delivered through 28 partners managed by the Council on the Ageing (COTA) Australia and are being independently evaluated. Findings from the evaluation and lessons learnt are being used to inform the design and implementation of the national care-finder program, which will commence from January 2023. There have been 9,243 cases of individual navigation support provided across the 28 trial sites from 1 July 2021 to 30 June 2022.

### National Aged Care Advocacy Program

The Australian Government funds the Older Persons Advocacy Network (OPAN) to deliver the National Aged Care Advocacy Program (NACAP) which provides free, confidential, and independent advice to older Australians, their families and representatives. In response to Recommendation 106 of the Royal Commission into Aged Care Quality and Safety (the Royal Commission) to expand aged care advocacy services, funding for the NACAP was increased by \$99.6 million in the 2021–22 Budget, bringing the total funding provided to \$151 million over four years (2021–22 to 2024–25). In 2021–22, funding of \$30.5 million was provided, during which time OPAN delivered 1,842 education sessions across home and residential aged care, and provided 27,104 cases of information or individual advocacy.

### Community Visitors Scheme

The Community Visitors Scheme (CVS) supports organisations to recruit volunteers to provide friendship and companionship through one-on-one visits to older people receiving Australian Government-subsidised home care or residential aged care who are socially isolated, or at risk of social isolation. In line with the Royal Commission's Final Report Recommendation 44c to provide additional funding and expand the CVS, funding was increased by \$34 million in the 2021–22 Mid-Year Economic and Fiscal Outlook (MYEFO) Budget, bringing the total funding provided to \$113 million over four years (2021–22 to 2024–25). During 2021–22 with funding of \$19.4 million, approximately 9,245 volunteers conducted an estimated 250,700 visits. The number of visits, volunteer recruitment and retention continue to be impacted by COVID-19 restrictions.



## National Dementia Support Program

The National Dementia Support Program, through Dementia Australia, provides people with counselling, education sessions, support groups, and peer mentoring for coaching, advice, and support to carers.

The program aims to:

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

The program can be accessed online, or, through a 24/7 National Dementia Helpline.

Under their current grant agreement, Dementia Australia will receive funding of \$101.3 million to deliver the expanded NDSP until 30 June 2025.

As a result of this funding, in 2021–22 the NDSP was expanded to provide more support to people newly diagnosed with dementia and their carers, and to diversify the program to include new offerings including an outbound call function, a national expansion of Dementia Australia’s Memory Lane Café concept, and a new peer support activity. The expansion also included funding to enable Dementia Australia to work with Primary Health Networks as they develop and/or review dementia specific health pathways and resources for recipients, carers and families about local dementia services and supports.

In 2021–22, the National Dementia Helpline and referral service received over 33,400 contacts. More than 417,000 dementia resources were downloaded from the Dementia Australia national website. More than 6,600 hours of counselling and 317 education sessions, and almost 1,400 of Dementia Australia’s Post-Diagnostic Support Programs were delivered.

The NDSP includes five elements:

### **Element 1: Information and Foundation Supports**

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

### **Element 2: Early Intervention Supports**

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

### **Element 3: Targeted Supports for Vulnerable Groups**

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

### **Element 4: Awareness and Stigma Reduction Campaigns**

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

### **Element 5: Local Recipient Post-Diagnostic Pathways**

Under this element, Dementia Australia will work with Primary Health Networks (PHNs) to develop a recipient-focused resource in each PHN area detailing the support available for people living with dementia, and their carers and families, in that area, including local, state, and federal government, private sector, and community-driven support. This element directly contributes to the Australian Government's response to the Royal Commission into Aged Care Quality and Safety.

In 2021–22, \$25.5 million was allocated for these activities under the five elements.

## EnCOMPASS: Multicultural Aged Care Connector

The Government has engaged the Federation of Ethnic Communities Councils of Australia (FECCA) to deliver the EnCOMPASS: Multicultural Aged Care Connector Program (EnCOMPASS). The program enables CALD recipients, their families and carers to understand and engage with the aged care system and access services that are appropriate to their needs. People from CALD backgrounds are empowered to contact and engage with the My Aged Care call centre and website. The measure responds to the complexity of the aged care system and the fact that people from CALD backgrounds may find it more difficult to understand what services are available, to navigate the system, and to be able to access the services they need.

FECCA has engaged 29 partner organisations across Australia to deliver the program. Navigators employed by these organisations work with CALD older Australians and their families to address language and cultural barriers that make it difficult for them to access culturally appropriate aged care services. CALD Navigators are from within the local communities, are mostly bilingual and bicultural, and able to provide services to the CALD older Australians of the same language or cultural background. CALD older Australians are supported in engaging with the system through a strengths-based, 'no-wrong-door' approach. More than 3,500 older Australians have accessed one-to-one navigational support under EnCOMPASS during 2012–22, and over 60,000 people participated in the information sessions across the 29 sites.

## 2.3. Access to subsidised care

### Regional Assessment Service

The Regional Assessment Service (RAS) delivers assessments of people seeking entry-level support at home, provided under the Commonwealth Home Support Programme (CHSP).

In 2021–22, the Australian Government allocated funding of approximately \$117.2 million for 17 RAS providers to deliver assessment services in all states and territories. RAS providers completed 272,793 assessments in 2021–22.

### Aged Care Assessment Program

The Australian Government engages states and territories to manage and administer the Aged Care Assessment Program (ACAP), which includes 80 individual ACATs to deliver comprehensive assessment services across Australia. Approximately \$133.8 million was allocated for ACAT purposes in 2021–22. ACATs completed 200,562 assessments in 2021–22.

ACATs comprehensively assess the aged care needs of older Australians by building on the information collected in the My Aged Care contact-centre screening and home support assessment (if applicable). This process includes approving the person as eligible for Australian Government-subsidised aged care services funded under the Act, such as residential care, a Home Care Package and/or flexible care services. ACATs make referrals to aged care services or provide the person with a referral code for them to self-manage their referral.

Assessments are conducted in accordance with the requirements for the approval of care recipients outlined in Part 2.3 of the Act and in *the Approval of Care Recipients Principles 2014*.

**Table 2: ACAT assessments by state and territory: 2017–18 to 2021–22**

State/ territory	2017–18	2018–19	2019–20	2020–21	2021–22
<b>NSW</b>	61,018	60,031	63,805	63,233	67,268
<b>Vic</b>	52,219	49,044	49,524	46,835	48,678
<b>Qld</b>	34,714	31,354	32,230	33,727	41,859
<b>WA</b>	15,885	15,026	16,945	16,896	17,953
<b>SA</b>	14,771	15,625	16,948	16,968	17,042
<b>Tas</b>	4,735	4,649	4,648	4,635	4,693
<b>ACT</b>	1,840	1,791	1,775	2,158	1,932
<b>NT</b>	946	843	1,016	1,153	1,137
<b>Australia</b>	<b>186,128</b>	<b>178,363</b>	<b>186,891</b>	<b>185,605</b>	<b>200,562</b>

The data includes reassessments.

Notes: Data was extracted from the Ageing and Aged Care Data Warehouse in July 2022. Future extracts of this data may change and thus alter final numbers. The table includes total number of assessments. Expanded data regarding completed assessments and approvals are published on the GEN Aged Care Data website and in the Productivity Commission Report on Government Services.



**1,407**  
**funded CHSP**  
**organisations**



**818,228**  
**CHSP clients**  
**across 2021-22**



**\$2.9 billion**  
**for CHSP service**  
**delivery activities**



**Home Support**

## 3. Home Support

The Australian Government provides a range of entry-level home support services designed to help people to continue living in their own homes for as long as they can.

Older Australians aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) are supported to remain in their homes by having access to a range of Australian Government funded entry-level home support services under the Commonwealth Home Support Programme (CHSP).

A national Goods, Equipment and Assistive Technology provider GEAT2GO commenced operating in August 2021 and processed over 18,000 items to 9,700 clients across Australia, ensuring national coverage and making essential equipment more available to CHSP clients to live safely and independently in their homes.

A total of 160 meal providers benefitted from a meal subsidy boost from \$4.90 to \$7.50 per meal in 2021–22. This increase, together with a client contribution fee, means CHSP providers are able to continue delivering much-needed meals to clients.

CHSP providers have continued to access a national online CHSP reablement training program to help support workers, allied health professionals and team leaders to embed wellness and reablement into everyday service delivery approaches. An additional 15,000 training places have been funded and over 8,500 CHSP service workers have participated in the training program. A Community of Practice for CHSP providers is also available to increase awareness of the benefits of reablement practices across the sector.

CHSP providers were consulted on changes to payment arrangements and unit prices for services delivered under the CHSP from 1 July 2022.

### 3.1. What was provided?

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



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

		Sub-programme			
		Community and home support	Care relationships and carer support	Assistance with care and housing	Service system development
Objective		To provide entry-level support services to assist frail, older Australians to live independently at home and in the community.	To support and maintain care relationships between carers and clients, through providing good quality respite care for frail older Australians so that regular carers can take a break.	To support those who are homeless or at risk of homelessness, to access appropriate and sustainable housing, as well as community care and other support services, specifically targeted at avoiding homelessness, or reducing the impact of homelessness.	To support the development of the home support service system and enable CHSP service providers to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care system.
		<ul style="list-style-type: none"> <li>• Allied health and therapy services</li> <li>• Domestic assistance</li> <li>• Goods, equipment and assistive technology</li> <li>• Home maintenance</li> <li>• Home modifications</li> <li>• Meals</li> <li>• Nursing</li> <li>• Other food services</li> <li>• Personal care</li> <li>• Social support – individual</li> <li>• Social support – group</li> <li>• Specialised support services</li> <li>• Transport</li> </ul>	<ul style="list-style-type: none"> <li>• Centre-based respite:               <ul style="list-style-type: none"> <li>- Centre-based day respite</li> <li>- Residential day respite</li> <li>- Community access – group respite</li> </ul> </li> <li>• Flexible respite:               <ul style="list-style-type: none"> <li>- In-home day respite</li> <li>- In-home overnight respite</li> <li>- Community access – individual respite</li> <li>- Host family day respite</li> <li>- Host family overnight respite</li> <li>- Mobile respite</li> <li>- Other planned respite</li> </ul> </li> <li>• Cottage respite (overnight community)</li> </ul>	<ul style="list-style-type: none"> <li>• Assistance with care and housing activities:               <ul style="list-style-type: none"> <li>• Assessment – referrals</li> <li>• Advocacy – financial, legal</li> <li>• Hoarding and squalor</li> </ul> </li> <li>• (A person must be aged 50 years or over (45 years or over for Aboriginal and Torres Strait Islander people), or prematurely aged, on a low income, and be homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation).</li> </ul>	<ul style="list-style-type: none"> <li>• Sector support and development activities.</li> </ul>
Service types funded					

## 3.2. Who provided care?

In 2021–22, a total of 1,407 aged care organisations were funded to deliver CHSP home support services to clients. CHSP providers include government, non-government and not-for-profit organisations.

## 3.3. Who received care?

The CHSP provided support to 818,228 clients through delivery of home support services. Access to CHSP services is coordinated through My Aged Care. For recipients this means entry and assessment through My Aged Care and referral to the Regional Assessment Service (RAS) for a face-to-face assessment. In 2021–22, the average age of access to the CHSP was 80.3 years.

## 3.4. How were these services funded?

### What the Australian Government pays

The CHSP is a grant-funded program. During 2021–22, the Australian Government provided \$2.9 billion for the delivery of CHSP services to assist eligible clients to remain living independently in their homes.

The Australian Government also provided \$200.4 million to My Aged Care, RAS, and Emergency COVID 19 funding and other initiatives in support of the CHSP. In total, Australian Government expenditure for the program in 2021–22 was \$3.1 billion.

**Table 4: Australian Government expenditure for CHSP services in 2021–22, by state and territory**

State/territory	2021–22 \$M
NSW	762.4
Vic	796.6
Qld	687.1
WA	279.3
SA	205.7
Tas	69.7
ACT	36.6
NT	22.3
<b>Australia</b>	<b>2,859.9</b>

### What the recipient pays

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



**916**  
**operational home  
care providers**



**215,743**  
**home care recipients  
at 30 June**



**\$4.4 billion**  
**in home care subsidies  
and supplements**

# 4

**Home Care**

## 4. Home Care

The Australian Government recognises that people want to remain living independently in their own home for as long as possible. To support this, the Government subsidises Home Care Packages (HCPs) to provide comprehensive home-based care that can improve quality of life for older Australians' and help them to remain active and connected to their communities.

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

### 4.1. What was provided?

The HCP Program provides four levels of support:

- Home Care Level 1 – to support people with basic care needs
- Home Care Level 2 – to support people with low level care needs
- Home Care Level 3 – to support people with intermediate care needs
- Home Care Level 4 – to support people with high care needs.

Under a HCP, a range of personal care, support services, clinical services and other services are tailored to meet the assessed needs of the person receiving care. A summary list of the types of services available can be found on the My Aged Care website.<sup>10</sup>

### 4.2. Who provided care?

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

Between 30 June 2021 and 30 June 2022, the number of operational approved providers of home care fell from 939 to 916, representing a 2.4 per cent decrease.

At 30 June 2022, there were 215,743 people who were in a HCP (Table 5). The not-for-profit provider group (comprising religious, charitable and community-based providers) delivered care to 61.2 per cent of people, while for-profit providers delivered care to 33.2 per cent, and government providers delivered care to 5.7 per cent.

<sup>10</sup> <https://www.myagedcare.gov.au/help-at-home>

**Table 5: Number of people in a HCP, by provider type and state and territory, at 30 June 2022**

State/ territory	Religious	Charitable	Community based	For profit	State/territory and Local govt	Total
NSW	8,766	17,125	15,504	32,270	1,039	74,704
Vic	10,726	10,592	10,523	15,388	8,482	55,711
Qld	13,702	6,756	7,149	13,023	396	41,026
WA	3,148	6,980	1,646	5,629	403	17,806
SA	3,051	7,317	2,000	4,071	1,688	18,127
Tas	633	2,398	1,344	754	21	5,150
ACT	482	957	541	282	0	2,262
NT	258	25	357	146	171	957
<b>Australia</b>	<b>40,766</b>	<b>52,150</b>	<b>39,064</b>	<b>71,563</b>	<b>12,200</b>	<b>215,743</b>
<b>% of Total</b>	<b>18.9</b>	<b>24.2</b>	<b>18.1</b>	<b>33.2</b>	<b>5.7</b>	<b>100.0</b>

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

### 4.3. Who received care?

There were 215,743 people in a HCP at 30 June 2022 (Table 6), an increase of 39,638 (or 22.5 per cent) from 30 June 2021 (176,105).

In 2021–22, the average age of people accessing a HCP was 81.2 years.

**Table 6: Number of people in a HCP, by current care level and by state and territory, at 30 June 2022**

State/ territory	Level 1	Level 2	Level 3	Level 4	Total	% of Total
NSW	5,752	33,240	22,710	13,002	74,704	34.6
Vic	2,776	25,295	15,416	12,224	55,711	25.8
Qld	1,892	15,685	13,692	9,757	41,026	19.0
WA	313	4,836	5,761	6,896	17,806	8.3
SA	670	6,734	6,672	4,051	18,127	8.4
Tas	231	2,020	1,865	1,034	5,150	2.4
ACT	40	846	639	737	2,262	1.0
NT	3	337	298	319	957	0.4
<b>Australia</b>	<b>11,677</b>	<b>88,993</b>	<b>67,053</b>	<b>48,020</b>	<b>215,743</b>	<b>100.0</b>
<b>% of Total</b>	<b>5.4</b>	<b>41.2</b>	<b>31.1</b>	<b>22.3</b>	<b>100.0</b>	

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

## 4.4. How were these services funded?

### What the Australian Government pays

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

The Minister determines the rates for subsidies and care-supplements to be paid from 1 July of each year. The current rates of payment are available on the department's website.<sup>11</sup>

<sup>11</sup> <https://www.health.gov.au/resources/publications/schedule-of-subsidies-and-supplements-for-aged-care>



**Table 7: Home Care supplements available in 2021–22**

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

In September 2021, the method of accounting for home care subsidies changed. Each recipient has an entitlement, and if any part of that is unspent, it is held by the Commonwealth on their behalf.

This change means that figures reported from 2021–22 (amounts paid for services provided) are not directly comparable to previous years' figures (total entitlement available to be used). While the total amount paid for subsidies and supplements for home care packages in 2021–22 was \$4.4 billion the total allocated to meet the full entitlement was \$5.5 billion.

**Table 8: Australian Government expenditure for home care packages 2017–18 to 2021–22, by state and territory**

State/ territory	2017–18 \$M	2018–19 \$M	2019–20 \$M	2020–21 \$M	2021–22 \$M
NSW	619.8	753.1	1,025.1	1,241.2	1,414.5
Vic	497.9	605.0	820.8	1,027.3	1,131.5
Qld	386.1	469.2	636.5	796.7	892.5
WA	254.0	308.7	418.8	524.1	397.2
SA	146.3	177.8	241.2	301.9	394.9
Tas	50.8	61.7	83.8	104.8	105.6
ACT	46.7	56.8	77.1	138.4	50.3
NT	28.4	34.6	46.9	58.7	15.5
<b>Australia</b>	<b>2,032.1</b>	<b>2,469.3</b>	<b>3,350.1</b>	<b>4,193.1</b>	<b>4,401.9*</b>

Note: The totals may include expenditure that cannot be attributed to an individual state or territory.  
\*2021-22 data are not directly comparable to prior years due to changed payment arrangements.

### What the recipient pays

Recipients who have taken up a home care package on or after 1 July 2014 can be asked to pay:

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

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

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

These fee arrangements do not apply to recipients who were receiving a home care package on or before 30 June 2014.

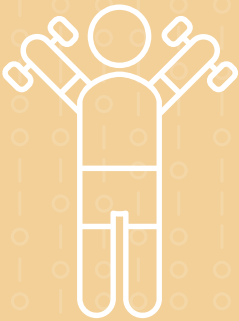
Further information on the fee arrangements for home care packages can be found on the department's website.<sup>12</sup>

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12 <https://www.health.gov.au/initiatives-and-programs/home-care-packages-program/charging-for-home-care-package-services>



**574** funded CHSP organisations and **2,604** residential aged care homes delivered respite care



**41,864** CHSP respite clients and **70,736** residential respite clients across 2021-22



**\$336.6 million** in CHSP grants and **\$509.2 million** in residential subsidies and supplements

5

**Respite Care**

## 5. Respite Care

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

### 5.1. What was provided?

#### Residential respite care

Residential respite provides short-term care in Australian Government-subsidised aged care homes, with the primary purpose of giving a carer, or the person being cared for, a break from their usual care arrangements. Residential respite may be used on a planned or emergency basis. To access residential respite a person must be assessed as eligible by an ACAT. Eligible people may receive residential respite in aged care homes for up to 63 days in each financial year, with the possibility of extension, where approved by an ACAT.

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

#### Commonwealth Home Support Programme

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

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

## 5.2. Who provided care?

### Residential respite care

Residential respite is delivered through permanent residential aged care places. It is a matter for the provider as to what mix of respite and permanent residential care places they deliver within the financial year. In 2021–22 there were 2,604 residential aged care homes which provided residential respite services.

**Table 9: Residential respite service facilities 2021–22, by state and territory**

State/territory	Residential respite facilities
NSW	864
Vic	733
Qld	457
WA	209
SA	236
Tas	67
ACT	26
NT	12
<b>Australia</b>	<b>2,604</b>

### Commonwealth Home Support Programme

In 2021–22, 574 aged care organisations were funded to deliver CHSP respite services to clients. These providers range from small not-for-profit organisations to government and non-government organisations.

## 5.3. Who received care?

### Residential respite care

The number of residential respite days used in 2021–22 was 2.5 million, an increase of 158,033 days from 2020–21. On average, each recipient received 1.2 episodes of residential respite care during 2021–22, and their average length of stay per episode was 30.4 days.

**Table 10: Residential respite days by level of care, during 2021–22, by state and territory**

State/territory	High care respite	Low care respite	Total
NSW	851,878	108,519	960,397
Vic	388,572	210,424	598,996
Qld	431,314	46,279	477,593
WA	98,518	13,631	112,149
SA	294,165	11,372	305,537
Tas	33,786	8,469	42,255
ACT	15,140	3,317	18,457
NT	12,667	1,114	13,781
<b>Australia</b>	<b>2,126,040</b>	<b>403,125</b>	<b>2,529,165</b>

## Commonwealth Home Support Programme

In 2021–22, 41,864 clients received CHSP respite services and there were 82,951 admissions to residential respite care.

## 5.4. How were these services funded?

### What the Australian Government pays

#### Residential respite care

In 2021–22, the Australian Government provided subsidies and supplements totalling \$509.2 million to service providers who delivered residential respite care.

#### Commonwealth Home Support Programme

In 2021–22, the Australian Government provided grant funding of \$336.6 million to service providers who delivered respite services under the CHSP.

An additional \$134.9 million (over four years starting 1 January 2022) was made available for more respite care places for older Australians. In 2021–22, \$18.9 million was provided to eligible CHSP respite care providers to increase flexible and centre-based respite services to support an additional 8,400 CHSP clients.



## What the resident pays

### Residential respite care

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

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

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

### Commonwealth Home Support Programme

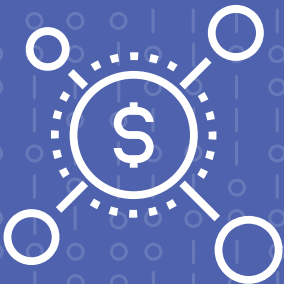
CHSP service providers can charge a client contribution for respite services in accordance with a client contribution framework and the National Guide to the CHSP client contribution framework. CHSP service providers are responsible for setting their own client contribution policies, with a view to ensuring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



**805**  
**operational residential**  
**aged care providers**



**180,750**  
**permanent residents**  
**at 30 June**



**\$14.6 billion**  
**in residential care subsidies**  
**and supplements**

# 6

## **Residential Care**

## 6. Residential Care

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

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

### 6.1. What was provided?

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

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

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

### 6.2. Who provided care?

Approved providers of residential aged care can be from a range of sectors, including religious, charitable, community, for-profit and government. All providers must be approved under the Act and are required to adhere to the Aged Care Quality Standards when delivering care. At 30 June 2022, there were 2,671 residential aged care services, operated by 805 approved residential aged care providers.

In order to deliver care and services, an approved provider must have an allocation of residential aged care places, which are distributed through the competitive Aged Care Approvals Round. Places are allocated on a provisional basis until they can be made operational. At 30 June 2022, there were 24,975 provisionally allocated residential aged care places and 219,965 operational places, with an occupancy rate of 86.2 per cent through 2021–22. This does not include flexible aged care places.

**Table 11: Operational residential care places, other than flexible care places, by provider type, at 30 June 2022, by state and territory**

State/ territory	Religious	Charitable	Religious/ charitable	Community based	For profit	State/ territory govt	Local govt	Total
NSW	17,409	17,911	0	10,318	26,185	355	417	72,595
Vic	7,332	7,313	84	7,783	31,183	4,887	90	58,672
Qld	12,745	6,437	0	3,208	19,382	992	91	42,855
WA	5,259	3,514	0	2,272	7,981	56	218	19,300
SA	5,211	3,991	0	2,177	5,711	793	214	18,097
Tas	1,583	1,609	0	1,225	668	57	0	5,142
ACT	719	1,105	0	508	413	0	0	2,745
NT	85	0	0	339	135	0	0	559
<b>Australia</b>	<b>50,343</b>	<b>41,880</b>	<b>84</b>	<b>27,830</b>	<b>91,658</b>	<b>7,140</b>	<b>1,030</b>	<b>219,965</b>
<b>% of Total</b>	<b>22.9</b>	<b>19.0</b>	<b>0.0</b>	<b>12.7</b>	<b>41.7</b>	<b>3.2</b>	<b>0.5</b>	<b>100.0</b>

### 6.3. Who received care?

In 2021–22:

- 245,719 people received permanent residential aged care at some time during the year, an increase of 2,602 from 2020–21
- the average age (on entry) was 83.3 years for men, 85.2 years for women
- the average completed length of stay was 36.7 months.

On 30 June 2022, there were 180,750 people receiving permanent residential care.

**Table 12: Number of permanent residents on 30 June 2022, by state and territory**

State/territory	Permanent residents
NSW	58,204
Vic	46,644
Qld	36,550
WA	16,587
SA	15,568
Tas	4,458
ACT	2,273
NT	466
<b>Australia</b>	<b>180,750</b>

## 6.4. How were these services funded?

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

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

### What the Australian Government pays

During 2021–22, the Australian Government paid \$14.6 billion for residential care subsidies and supplements, an increase of 4.1 per cent over the previous year.

**Table 13: Australian Government recurrent residential care funding, 2017–18 to 2021–22, by state and territory**

State/ territory	2017–18 \$M	2018–19 \$M	2019–20 \$M	2020–21 \$M	2021–22 \$M	% change 2020–21 to 2021–22
NSW	4,053.9	4,270.3	4,376.7	4,575.4	4,715.6	3.1
Vic	3,247.6	3,465.5	3,573.2	3,630.1	3,760.8	3.6
Qld	2,274.2	2,465.8	2,592.3	2,790.8	2,977.3	6.7
WA	1,029.8	1,120.0	1,168.3	1,251.4	1,311.5	4.8
SA	1,126.9	1,194.0	1,208.6	1,273.6	1,311.8	3.0
Tas	295.0	312.0	318.4	342.2	353.8	3.4
ACT	137.9	144.3	146.5	157.3	167.5	6.4
NT	38.9	42.6	45.7	52.6	50.4	-4.3
<b>Australia</b>	<b>12,204.2</b>	<b>13,014.5</b>	<b>13,429.7</b>	<b>14,073.4</b>	<b>14,648.7</b>	<b>4.1</b>

Note: Totals may not sum exactly, due to rounding. This table includes funding through the Department of Veterans' Affairs. This table presents recurrent funding to residential care providers using accrual based reporting. Due to accrual adjustments, for smaller jurisdictions in particular, this can lead to significant year-on-year variation. Based on claims data between 2020–21 and 2021–22, the growth in recurrent funding for each state and territory ranged from -3.9 per cent to 6.7 per cent.

### Subsidies and supplements

The Minister determines the rates for subsidies and care-linked supplements to be paid from 1 July each year, and the rates of accommodation-linked supplements on 20 March and 20 September each year. The current rates of payment are available on the Schedule of Subsidies and Supplements on the department's website,<sup>13</sup> and from My Aged Care.

The majority of Australian Government funding is made up of the basic subsidy, which, for permanent residential care is determined through the appraised care-needs of a resident by applying the Aged Care Funding Instrument (ACFI). The ACFI consists of 12 questions about assessed care needs, some of which are supported by specified assessment tools and two diagnostic sections. The questions are rated by the aged care home on a scale of A, B, C, or D then used to determine an individual's ACFI score. In addition to the subsidy determined by the ACFI, supplements may be payable.

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

**Table 14: Supplements available for residential aged care 2021–22**

Supplement type	Description
Primary supplements	
Respite supplement	A supplement paid to residential care services for provision of residential respite care to eligible care recipients who normally live in the community.
Oxygen supplement	A supplement paid to residential care services on behalf of eligible care recipients to reimburse costs associated with providing oxygen therapy.
Enteral feeding supplement	A supplement paid to residential care services on behalf of eligible care recipients to reimburse costs associated with providing enteral feeding.
Other supplements	
Accommodation supplement	A means-tested supplement paid to residential care services on behalf of care recipients who entered care on or after 20 March 2008 who are eligible for assistance with their accommodation costs.
Hardship supplement	A supplement paid on behalf of care recipients in financial hardship who are unable to pay their aged care costs.
The Veterans' supplement in residential care	A supplement paid on behalf of residents with a mental health condition related to their service. Eligibility for the supplement is determined by the Department of Veterans' Affairs.
Viability supplement	A supplement paid to aged care services in rural and remote locations to assist with the extra cost of delivering services in those locations.
Homeless supplement	A supplement paid to aged care services that specialise in caring for people with a history of, or who are at risk of, homelessness.
Concessional supplement	A means-tested supplement paid on behalf of concessional and assisted residents who entered residential care between 1 October 1997 and 19 March 2008 who are eligible for assistance with their accommodation costs.
Transitional supplement	A supplement paid on behalf of pre-2008 reform care recipients who were residents in an aged care home on 30 September 1997 or who entered the service after 30 September 1997 but before it was certified, and who have remained in the same home.
Charge exempt supplement	A supplement paid on behalf of residents who were in high care on 30 September 1997 and who have subsequently moved to another home where they would be eligible to pay an accommodation charge.

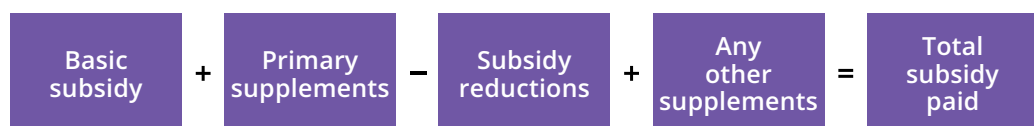


Supplement type	Description
Transitional accommodation supplement	A supplement paid on behalf of residents who entered low level care between 20 March 2008 and 19 September 2011, to ensure no financial disadvantage from changes to the accommodation supplement which were introduced on 20 September 2011.
Accommodation charge top-up supplement	A supplement paid on behalf of high care residents who entered care from 20 March 2008 to 19 March 2010 and who were on income support.
Basic daily fee supplement	A supplement paid on behalf of certain care recipients in permanent care on 1 July 2012 to ensure no financial disadvantage resulting from the increase of the basic daily fee from that date.
Pensioner supplement	A supplement payable for pre-March 2008 reform residents who either have a dependent child or receive an income support payment but have not agreed to pay a large accommodation bond.
2021 Basic daily fee supplement	A supplement payable for residential care and residential respite care recipients from 1 July 2021 who are in residential services that meet quarterly reporting requirements on their food and nutrition expenditure, and the quality of daily living services provided to residents.

A detailed breakdown of the amount of payments for each of these subsidies and supplements in 2021–22 is shown in Table 23 in Appendix A.

The following information relates to residents who entered care on or after 1 July 2014 (new residents). For information on the payment arrangements for those who entered care prior to that date (continuing-care residents) please see section 7.4 of the 2014–15 Report on the Operation of the *Aged Care Act 1997*.

**Figure 6: Process for determining the payments for care recipients**



New residents are subject to the arrangements outlined in the Act. The Act sets out the following process for determining the payments for care recipients (as illustrated in Figure 6):

- a basic subsidy amount determined, for permanent residents, by the resident's classification under the ACFI or, for respite residents, by the resident's ACAT approval
- plus any primary supplements including respite, oxygen and enteral feeding

- less any reductions in subsidy resulting from adjusted subsidies for government-owned aged care homes or the receipt of a compensation payment
- less any reduction resulting from the income and asset testing of residents who entered residential care on or after 1 July 2014
- plus any other supplements, including the accommodation supplement, viability supplement, veterans' supplement, homeless supplement and the hardship supplement (the last of which reduces fees and accommodation payments for residents who would otherwise experience financial hardship).

## What residents pay

Depending on their income and assets, residents may be asked to contribute to their accommodation costs. The following information explains the arrangement for new residents.

### Fees

#### *Basic daily fee*

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

#### *Means-tested care fee*

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

#### *Extra service fees*

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

Extra service status in residential aged care involves the provision of additional hotel-type services, including a higher standard of accommodation, food and services than the average provided by residential aged care homes which do not have extra service status. A residential aged care service can have extra service status for the whole service or a distinct part, or parts, of the service.

### *Additional service fees*

An approved provider may also charge a resident for additional services (e.g. hairdressing), which the resident has asked the provider to provide. The amount of any charge for additional services must be agreed with the resident before services are delivered, with an itemised account given to the resident once the service has been provided. Fees for other care or services cannot be charged unless the resident receives direct benefit or has the capacity to take up or make use of the services.

## **Payments**

### *Accommodation payments*

Accommodation payments are a contribution to the cost of accommodation in an aged care home. Accommodation payments are means tested. Residents with income below \$29,234.40 and assets below \$52,500.00 (single rate, at 30 June 2022) are not required to make an accommodation contribution. In these circumstances, the Australian Government pays the full accommodation cost for the resident.

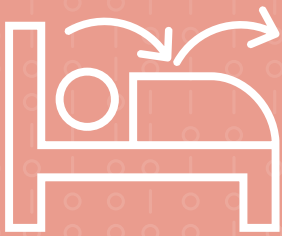
Some residents pay an accommodation contribution, with the Australian Government paying the remainder. Those residents with higher levels of income/assets, are required to pay the full cost of their accommodation through an accommodation payment which is negotiated with the provider.

Residents have the option of paying for their accommodation as:

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

Australian Government contributions towards accommodation costs are by way of accommodation supplements. There is a range of accommodation supplement rates set by Ministerial determination. At 30 June 2022, the highest of these, the maximum accommodation supplement amount, was \$60.74 per day for new homes or those which have been significantly refurbished since 20 April 2012.

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



**11,767** operational  
flexible care places  
across five programs



**21,469** people received  
transition care and  
**7,448** received  
Short-Term Restorative Care



**\$714.1 million**  
in Australian Government  
funding



**Flexible Care**

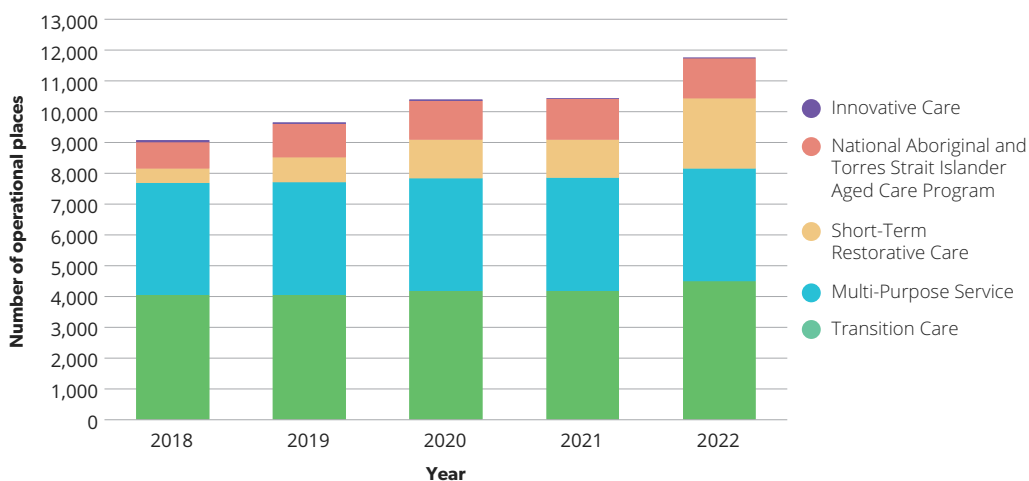
## 7. Flexible Care

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

- Transition Care
- Short-Term Restorative Care
- Multi-Purpose Services
- National Aboriginal and Torres Strait Islander Flexible Aged Care<sup>14</sup>
- Innovative Care.

At 30 June 2022, there were 11,767 operational flexible care places. In 2021–22, Australian Government funding across these programs totalled \$714.1 million.

**Figure 7: Operational flexible care places at 30 June each year between 2018 and 2022**



### 7.1. Transition Care

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

<sup>14</sup> Services funded under this program are administered outside the Aged Care Act 1997.

## What was provided?

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

## Who provided care?

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

At 30 June 2022, there were 4,505 operational transition care places nationally.

**Table 15: Number of operational transition care places at 30 June 2022, by state and territory**

State/territory	Operational transition care places
NSW	1,535
Vic	975
Qld	803
WA	533
SA	388
Tas	134
ACT	88
NT	49
<b>Australia</b>	<b>4,505</b>

## Who received care?

At 30 June 2022, 3,597 people were receiving transition care. During 2021–22, a total of 21,469 people received transition care.

**Table 16: Number of transition care recipients by state and territory, at 30 June 2022 and during 2021–22**

State/ territory	Number of people receiving transition care at 30 June 2022	Number of people who received transition care during 2021–22
NSW	1,320	7,121
Vic	791	4,980
Qld	670	4,052
WA	336	2,290
SA	282	1,997
Tas	89	513
ACT	69	318
NT	40	208
<b>Australia</b>	<b>3,597</b>	<b>21,469</b>

### How were these services funded?

The TCP is jointly funded by the Australian Government and state and territory governments. Australian Government funding is provided in the form of a flexible care subsidy, payable on a per-client, per-day basis for each TCP place. The daily rate for the subsidy in 2021–22 was \$214.39. In 2021–22, the Australian Government provided \$282.3 million in funding for the TCP.

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

- 85 per cent of the aged pension for care delivered in a residential setting
- 17.5 per cent of the aged pension for care delivered in a home.



## 7.2. Short-Term Restorative Care

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

### What was provided?

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

### Who provided care?

At 30 June 2022, there were 130 operational STRC services being delivered by 66 approved providers. In 2021–22 the number of operational STRC places increased from 1,241 to 2,269, an increase of 82.8 per cent.

**Table 17: Number of operational STRC places by state and territory, at 30 June 2022**

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

## Who received care?

At 30 June 2022, 1,271 people were receiving STRC. During 2021–22, 7,448 people received care in the STRC program.

**Table 18: Number of STRC recipients by state and territory, at 30 June 2022, and during 2021–22**

State/territory	Number of people receiving STRC at 30 June 2022	Number of people who received STRC during 2021–22
NSW	325	1,661
Vic	310	1,923
Qld	336	1,904
WA	140	957
SA	86	537
Tas	33	229
ACT	22	112
NT	19	130
<b>Australia</b>	<b>1,271</b>	<b>7,448</b>

## How were these services funded?

The STRC program is funded through a flexible care subsidy payable to the provider on a per-client, per-day basis for each STRC place. The daily rate for the subsidy in 2021–22 was \$214.39. The Australian Government contributed \$74.6 million for STRC services in that period.

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

- 85 per cent of the aged pension for care delivered in a residential setting
- 17.5 per cent of the aged pension for care delivered in the home.

### 7.3. Multi-Purpose Services

The Multi-Purpose Services (MPS) Program plays an important role in rural and remote aged care delivery by providing integrated health and aged care services in small rural and remote communities in all states, the Northern Territory and Norfolk Island, thereby allowing people to stay in their communities. The MPS is a long-standing joint initiative between the Australian Government and state and territory governments. In 2021–22, total funding of \$238.9 million funded 3,663 places across 178 services.

**Table 19: Number of operational Multi-Purpose Services and places, at 30 June 2022, by state and territory**

State/ territory	Multi-purpose services with operational places	Operational high care residential care places	Operational low care residential care places	Operational home care places	Total operational places
NSW	63	1,059	1	119	1,179
Vic	11	267	92	19	378
Qld	37	346	118	161	625
WA	37	338	265	158	761
SA	26	531	67	14	612
Tas	3	66	15	21	102
ACT	..	..	..	..	..
NT	1	4	0	2	6
<b>Australia</b>	<b>178</b>	<b>2,611</b>	<b>558</b>	<b>494</b>	<b>3,663</b>

\*Note: From 1 January 2022, the administration of clinical and regulatory services on Norfolk Island was provided by Queensland. MPS services on Norfolk Island are counted in totals for Queensland; in prior years, these were counted in totals for New South Wales.

.. Not applicable

## How were these services funded?

The program is jointly funded by the Australian Government and state and territory governments. There was continued growth in Australian Government expenditure for the MPS, from \$216.5 million in 2020–21 to \$238.9 million in 2021–22. These funds included an additional \$9.7 million in expenditure in 2021–22 for the Basic Daily Fee food and nutrition supplement for the first time.

**Table 20: Australian Government expenditure for Multi-Purpose Services from 2017–18 to 2021–22, by state and territory**

State/ territory	2017–18 \$M	2018–19 \$M	2019–20 \$M	2020–21 \$M	2021–22 \$M	% Increase 2020-21 to 2021-22
NSW	61.0	64.5	73.2	77.7	78.9	1.6
Vic	15.0	15.6	17.5	18.8	22.5	19.9
Qld	26.3	28.1	31.7	34.1	38.8	14.0
WA	29.7	30.5	34.5	37.8	48.5	28.4
SA	32.2	34.0	38.3	41.2	44.4	7.6
Tas	4.3	4.4	4.7	4.9	5.4	9.3
ACT	..	..	..	..	..	..
NT	0.3	0.4	0.4	0.4	0.4	-0.3
OT	..	..	..	1.6*	..	..
<b>Australia</b>	<b>168.8</b>	<b>177.3</b>	<b>200.2</b>	<b>216.5**</b>	<b>238.9</b>	<b>10.4</b>

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

.. Not applicable.

\*\*Some small differences may apply in totals.

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

In addition to flexible care provided through the legislative arrangements, the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program funds organisations to provide culturally safe aged care services to Aboriginal and Torres Strait Islander people close to home and community. Services funded under this program are administered outside the Act.

In 2021–22, 42 aged care services were funded to deliver 1,310 aged care places under the NATSIFAC Program. The total expenditure for this program in 2021–22 was \$117.6 million.

There was continued growth in Australian Government expenditure for the NATSIFAC Program, from \$76.8 million in 2020–21 to \$117.6 million in 2021–22. This expenditure included an additional \$1.4 million for the Basic Daily Fee food and nutrition supplement and \$18.9 million for additional service delivery funding which was included in the 2021–22 Budget.

This additional service delivery funding will assist NATSIFAC providers in meeting the costs of delivering high quality, culturally safe residential care services to Aboriginal and Torres Strait Islander people, including the costs of maintaining cultural connections. Funding has also been provided to assist Indigenous organisations with governance, business, training and leadership and build their capacity to deliver aged care services.

In addition, as part of the 2021–22 Budget, \$396.9 million was allocated over four financial years, for the Aged Care Capital Assistance Program (ACCAP).

Services providing care to Aboriginal and Torres Strait Islander people are a key priority for infrastructure funding through ACCAP. In June 2022, the first grants through ACCAP, totalling \$115 million, were allocated to four NATSIFAC service providers.

**Table 21: Number of operational National Aboriginal and Torres Strait Islander Flexible Aged Care Program services and places at 30 June 2022, by state and territory**

State/ territory	Operational services	Operational high care residential care places	Operational low care residential care places	Operational home care places	Total operational places
NSW	2	13	0	14	27
Vic	2	55	0	69	124
Qld	6	91	0	72	163
WA	6	62	0	109	171
SA	6	108	0	86	194
Tas	2	0	0	17	17
ACT	0	0	0	0	0
NT	18	146	0	468	614
<b>Australia</b>	<b>42</b>	<b>475</b>	<b>0</b>	<b>835</b>	<b>1,310</b>

## 7.5. Innovative care services

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

At 30 June 2022, there were seven projects, delivered through two services in New South Wales, two in South Australia, and one each in Tasmania, Victoria and Western Australia. No new clients have been accepted into the program since 2006, so their number is gradually decreasing as people leave. At 30 June 2022, there were 20 operational innovative care places, compared to 29 operational innovative care places at 30 June 2021.

Throughout 2021–22, the Australian Government provided \$0.7 million for these services, in the form of a flexible care subsidy specific to each service.





**Specialist advice,  
assistance and funding to  
eligible aged care providers  
to support Indigenous aged  
care services**



**An improved scheme for  
the viability supplement  
in residential care and  
home care**



**\$18.1 million  
in hardship supplements**





# **Support for People with Diverse Needs**

## 8. Support for People with Diverse Needs

One of the objectives of the Act is to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location. To give effect to this objective, and to ensure services are appropriate to the needs of all recipients, the Act makes provision to accommodate the needs of the following groups under section 11–3:

- people from Aboriginal and Torres Strait Islander communities
- people from culturally and linguistically diverse backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- veterans
- people who are homeless or at risk of becoming homeless
- care-leavers
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

The department continues to engage with representatives of the above stakeholders to identify ways to improve their access to culturally appropriate aged care services. The department is also exploring ways about how diversity and inclusion for older people can be embedded into the aged care sector in a meaningful way in response to recommendations made by the final report of the Royal Commission into Aged Care Quality and Safety.

Measures announced as part of the 2021–22 Budget in response to these recommendations aimed at ensuring older people have equitable access to safe and inclusive aged care, including people from diverse backgrounds, characteristics and life experiences are currently being implemented. These measures support projects to:

- increase access to translating and interpreting services
- certify providers where specific services to meet diverse needs are offered
- assist aged care providers to understand and respond to the diversity of their community and address barriers
- provide capital investment to improve access, with initial priority areas of First Nations peoples, homelessness providers and rural and remote areas

- develop a National Aged Care Data Strategy to identify, improve and better use aged care data to inform current and future service demand, workforce, health interface interaction, quality and safety and outcomes of care, including for people with diverse needs through better data collection and use of diversity identifiers
- support First Nations older people to be informed about available services, and build capability and viability of Aboriginal and Torres Strait Islander organisations to deliver skilled and culturally safe care
- support for the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program in meeting the costs of delivering high quality, culturally safe residential care services to Aboriginal and Torres Strait Islander people, including the costs of maintaining cultural connections. Funding continues to be provided to assist Indigenous organisations with governance, business, training and leadership and build capacity to deliver aged care services.

The 2021–22 Budget included additional funding of \$61.6 million for NATSIFAC Services. This funding assists providers in meeting the costs of delivering high quality, culturally safe residential care services to Aboriginal and Torres Strait Islander people, including the costs of maintaining cultural connections. Funding has also been provided to assist Indigenous organisations with governance, business, training and leadership and build their capacity to deliver aged care services.

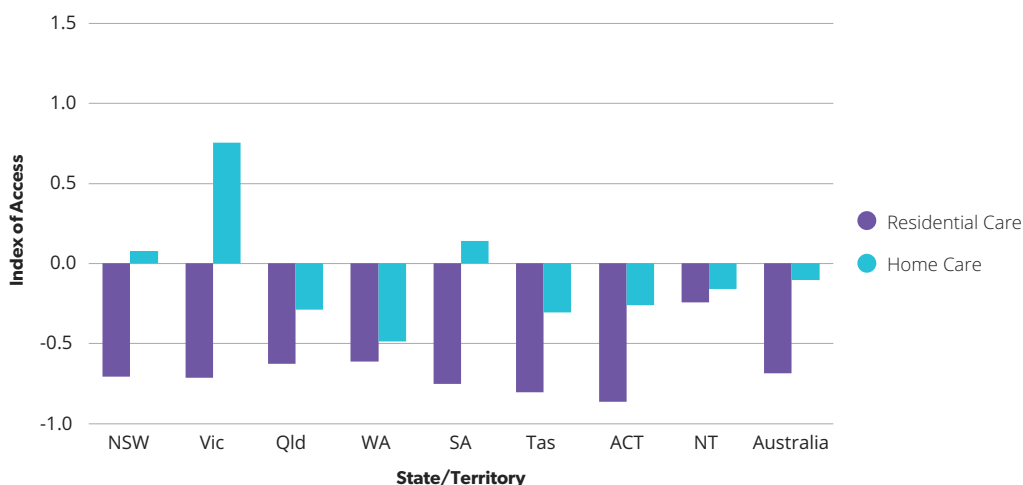
It is a requirement of the Aged Care Quality Standards and Charter of Aged Care Rights that every person is treated with dignity and respect, with their identity, culture and diversity valued. In addition to this requirement, an aged care provider may provide specialised care for people who identify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

In June 2022, the department implemented the My Aged Care Provider Specialisation Verification Framework (the Framework). This puts in place a mechanism for checking claims made by providers to deliver specialised care on their My Aged Care provider profiles. The Framework is part of a broader suite of measures aimed at making safe, quality aged care more accessible for older Australians. The Framework will support older Australians to exercise choice within the aged care system by providing more reliable and trusted information about aged care providers that specialise in providing care to recipients identifying with the groups referred to in the Act.

## 8.1. People from Aboriginal and Torres Strait Islander communities

Broadly speaking, older Aboriginal and Torres Strait Islander people have proportionally higher representation in non-flexible home care services and proportionally lower representation in non-flexible residential care services, relative to the total aged care target population.

**Figure 8: Index of equity of access for non-flexible aged care services for older Australians from Aboriginal and Torres Strait Islander backgrounds, 30 June 2022**



In 2019, an action plan to address the specific needs of older Aboriginal and Torres Strait Islander people was developed under the Aged Care Diversity Framework. The Provider Guide sets out what aged care providers can do to deliver inclusive care that is appropriate and sensitive to the needs of older Aboriginal and Torres Strait Islander people. The Consumer Guide helps older Aboriginal and Torres Strait Islander people to express their needs when speaking with aged care providers.

The action plan and the guides continue to inform the development of learning materials for aged care workers on the provision of culturally safe and appropriate care for older Aboriginal and Torres Strait Islander people.

In early 2022, the National Aboriginal Torres Strait Islander Ageing and Aged Care Council (or the Council) was established as a peak body for Aboriginal and Torres Strait Islander aged care by leading Aboriginal and Torres Strait Islander aged care organisations from across Australia.

The Council will work closely with the Australian Government to reform aged care, representing Aboriginal and Torres Strait Islander aged care providers and community. Council activities include leading reform priorities for Indigenous elders, embedding Closing the Gap targets on Indigenous aged care, and implementation of the 5-Year Plan for Aboriginal and Torres Strait Islander Aged Care 2021–26 in partnership with Government, Indigenous elders, their communities, and the community-controlled sector.

To improve equity of access and increase representation of older Aboriginal and Torres Strait Islander people in the aged care system, the Australian Government is implementing a new national support service for older Aboriginal and Torres Strait Islander people.

Trusted Indigenous Facilitators will provide intensive face-to-face support for older Aboriginal and Torres Strait Islander people and their families, to help them access care, making sure that care meets their physical and cultural needs.

The Trusted Indigenous Facilitator program will result in an increase in the number of First Nations people in the aged care workforce (target of 250 phased over three years) and will also ensure older Aboriginal and Torres Strait Islander people are involved and empowered to make informed decisions about the care they receive.

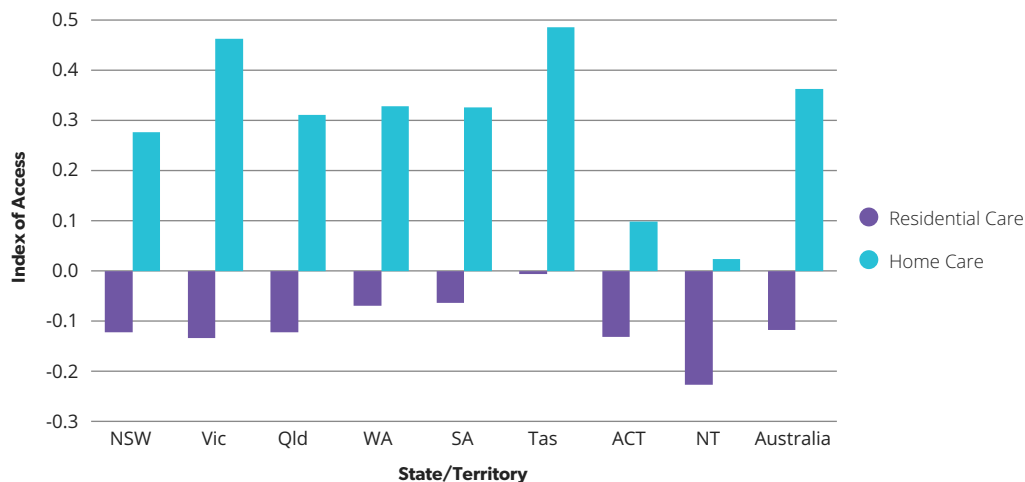
The program will start supporting First Nations older Australians in the first half of 2023.

## **8.2. People from culturally and linguistically diverse backgrounds**

The 2021 Census found that almost half of Australians have a parent born overseas (48.2 per cent) and the population continues to be drawn from around the globe, with 27.6 per cent reporting a birthplace overseas. The Census also highlighted the significance of aged care for specific migrant groups with 73 per cent of people born in Greece, 68 per cent of people born in Italy and 65 per cent of people born in the Netherlands now aged 65 or over.

Broadly speaking, people from CALD backgrounds have proportionally higher representation in home care services and proportionally lower representation in residential care services.

**Figure 9: Index of equity of access for non-flexible aged care services for older Australians from CALD backgrounds, 30 June 2022**



The Australian Government continues to fund the long-standing Partners in Culturally Appropriate Care (PICAC) program, which provides guidance, resources and training to assist aged care providers to respond to the needs of older CALD Australians receiving care. In 2021–22, \$2.1 million was provided for the program.

Additionally, the Australian Government also funds the Federation of Ethnic Communities Councils of Australia (FECCA) to provide aged care policy advice to the Government, contribute to the aged care sector reform agenda and promote the views and aspirations of the constituencies of aged care recipient peak bodies with respect to ageing and aged care. As discussed in Chapter 2, the department has also engaged FECCA to deliver the EnCOMPASS program to enable people from CALD backgrounds and their families and carers to understand and engage with the aged care system and access services that are appropriate to their needs.

The Australian Government offers interpreting support to people from CALD backgrounds accessing aged care via the Translating and Interpreting Service (TIS National), fully funded by the Government. TIS National’s interpreting services are available 24 hours a day, seven days a week, and can be accessed by aged care providers at no cost by telephone or in face-to-face sessions. The Australian Government covers the cost of TIS National interpreting services for approved providers of government-subsidised aged care for all discussions with service users and prospective service users and for their care recipients to participate more fully in daily social and cultural activities such as weddings, funerals, family reunions, theatre, seniors’ activities and clubs or social groups.

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

### 8.3. People who live in rural or remote areas

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

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

These include:

- the viability supplement scheme for small, remote and very remote residential care services as well as for eligible home care recipients. The rate of this supplement was increased by 30 per cent in March 2019 and by a temporary additional 30 per cent in March 2020 as part of the Australian Government's COVID-19 specific support to the aged care sector. The temporary increase was continued as part of the Government's response to the Royal Commission's Final Report. From October 2022 the viability supplement funding for mainstream residential aged care will be rolled into the Australian National Aged Care Classification (AN-ACC) funding model on an ongoing basis. Viability supplement will continue to be paid for eligible home care recipients and to Multi-Purpose Services (MPS)
- flexible aged care programs such as the Multi-Purpose Services Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (see Chapter 7)
- funds provided through the Dementia and Aged Care Services (DACS) Fund, including the Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel program (see Chapter 9)
- the Aged Care Capital Assistance Program to improve infrastructure and service delivery, particularly targeted at rural and remote services.

## 8.4. People who are financially or socially disadvantaged

Arrangements established under the Act mean that older Australians can access residential care, irrespective of their capacity to make accommodation payments. Assistance is provided to low-means, supported, concessional and assisted residents, and certain residents approved under the hardship provisions. An accommodation supplement is payable for people who are unable to pay all or part of their accommodation costs. To receive the maximum amount of accommodation supplement payable for a supported resident, a service must have a supported-resident ratio (counting all residents defined as relevant residents as per the *Subsidy Principles 2014*, but excluding extra service places) of more than 40 per cent of total residents. If a service does not meet this ratio, then the amount of accommodation supplement paid is reduced by 25 per cent.

Financial hardship assistance provisions under the Act cater for the minority of people who have difficulty paying fees and/or accommodation costs. Applicants for financial hardship assistance may seek assistance with their contribution to their aged care costs. Hardship assistance is payable if the person can demonstrate to Services Australia that they are in financial hardship as a result of paying their aged care fees and essential expenses. The Australian Government provided \$18.1 million in hardship supplements for residential care and home care during 2021–22.

## 8.5. Veterans

The Department of Veterans' Affairs issues gold and white treatment cards to veterans, their war widows and widowers and dependents, and offers programs to ensure that veterans have access to health and other care services that promote and maintain self-sufficiency, well-being and quality of life.

There were 8,200 gold or white treatment card holders in residential care at 30 June 2022, a decrease of 1,419 from 30 June 2021.

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

For older Australians who are homeless, or at risk of becoming homeless, there are aged care services that can provide support and help deal with housing problems. These services were funded through the Commonwealth Home Support Programme (see Chapter 3) and residential aged care (see Chapter 6).



The Australian National Aged Care Classification (AN-ACC) care-funding model will replace the current Aged Care Funding Instrument on 1 October 2022. AN-ACC will provide more equitable care-funding to residential aged care providers that better matches resident needs with the costs of delivering care. AN-ACC pays a higher rate of fixed funding for residential aged care services that specialise in caring for residents with a history of homelessness or severe risk of homelessness. This recognises the additional fixed costs of providing care for homeless residents with complex support needs, that may not be reflected in the variable component of AN-ACC funding. The new funding model will provide greater funding certainty for specialised homeless providers than the current Homeless Supplement it will replace.

## 8.7. Care-leavers

A Care Leaver is a person who spent time in institutional settings as a child (under the age of 18). Between the 1920s and 1980s, more than 500,000 children in Australia were placed in institutions (for example, orphanages) and out of home care arrangements, through no fault of their own. They may be known as Care Leavers, Forgotten Australians, Former Child Migrants or Stolen Generations. Approximately 440,000 were non-Indigenous children called the Forgotten Australians; an estimated 50,000 were Indigenous children, some from the Stolen Generations; and up to 10,000 were former child migrants from Britain, Ireland and Malta.

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

The department is funding Helping Hand Aged Care for a project aimed at building the capability of the aged care system to provide individualised, trauma-informed and person-centred aged care to Care Leavers. It also supports Care Leavers to access aged care services, understand their rights, access resources, and form networks where they can inform and support each other. The second phase of this project will run from 2022 to 2024.

The project builds on an information package launched by the Australian Government in 2016 for aged care providers to help them understand and support Care Leavers caring for Forgotten Australians, Former Child Migrants and Stolen Generations.

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

The Australian Government provides funding to improve access to specialist support services for this group, in recognition of the traumatic experiences, health issues and socio-economic disadvantage that these parents are likely to face.

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

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

Funding is provided to LGBTIQ+ Health Australia to undertake national co-ordination and support activities to promote the well-being of older LGBTIQ+ people and deliver national LGBTIQ+ aged care awareness training. LGBTIQ+ Health Australia provides guidance and support to aged care providers to build their capacity to implement and embed the LGBTIQ+ Action Plan developed under the Aged Care Diversity Framework and meet their obligations under the Aged Care Quality Standards. LGBTIQ+ Health Australia provides a range of resources and relevant information to aged care providers, both at the managerial and workforce level, including by making resources available online.





**Over 370,000**  
in the aged care  
workforce



**\$324.4 million**  
allocated over 2021-2025  
for the DACS fund



**SBRTs provided long-term  
case management for  
2,152 cases**



# **Aged Care Workforce and Sector Support**

## 9. Aged Care Workforce and Sector Support

The Australian Government is taking practical measures to ensure older Australians receive the care they deserve. This includes the implementation of the Government's five-point plan to invest in the sector, and its dedicated workforce, to put security, dignity, quality and humanity back into aged care.

### 9.1. Aged care workforce and health workforce activities funded in 2021–22

The Aged Care Workforce Industry Council (ACWIC) was formally established in May 2019 as the industry body responsible for stewarding implementation of the strategic actions identified in *A Matter of Care: Australia's Aged Care Workforce Strategy* (the Strategy).

In 2020–21, \$9.4 million over three years was provided to the ACWIC for activities to support implementation of the Strategy. Key achievements by ACWIC to date include the implementation of an industry social change and recruitment campaign from March to August 2021 aimed at attracting new workers to the sector, and the launch of a Workforce Planning Tool in June 2022 to help aged care providers embed the practice of workforce planning in their organisation.

ACWIC also facilitated stakeholder discussions to develop a consensus statement concerning work value applications before the Fair Work Commission, which was a recommendation of the Royal Commission. This statement was delivered to the Fair Work Commission on 17 December 2021.

In December 2021, Flinders University was announced as the successful tenderer to establish the new Centre for Growth and Translational Research (CGTR), recommended in the Strategy. A total of \$34 million, over the three years to 2024, has been committed to the establishment of the Centre. From 1 July 2024 onwards, the aged care industry, through the CGTR, will be expected to identify alternative funding sources for its continued operation.

In 2020–21, \$10.8 million over four years was provided to increase the skills and capabilities of the aged care workforce. This included the establishment of an Aged Care Transition to Practice Program; additional funding to expand the Australian College of Nursing scholarship program; and the establishment of a skills development program for nurses and personal-care workers in aged care.

Three suppliers were selected to deliver Aged Care Transition to Practice Program in May 2021, which aims to support new aged care registered nurses and enrolled nurses by developing their knowledge, skills and competences in the delivery of quality aged care services. Over 400 participants commenced in the program in 2021–22.

\$26.2 million was provided in the 2021–22 Budget to expand the Aged Care Nursing Scholarship (ACNS) Program to include more aged care nursing scholarships and introduce Allied Health Scholarships with a focus on dementia care, over the next three years. The funding will support 400 additional scholarships each year for three years (total of 1200 new places) for personal care workers and nurses and 100 scholarships each year for three years (total of 300 new places) for allied health professionals. The first round of applications for these scholarships closed in May 2022 with over 550 applications and 474 scholarships were offered.

In February 2022, a supplier was engaged to establish the skills development program for aged care staff. The Equip Aged Care Learning Packages will provide training to nurses, personal care workers and allied health workers to help ensure they have the skills required to deliver quality care in contemporary aged care settings. This training will also be available to volunteers, informal carers and others who have an interest in aged care.

In addition to these measures, in August 2021, the Australian Government launched the 'A Life Changing Life' campaign, which highlights the many, varied and sustainable job opportunities available in the care and support sector. The campaign, and its website, feature real care and support workers, as well as their clients. By May 2022, the campaign website had been viewed more than 2.6 million times and over 5.7 million people had seen campaign Facebook content.

In October 2021, the Government released the free, independent and confidential Workforce Advisory Service, provided by PricewaterhouseCoopers, to support eligible aged care providers with best practice workforce planning advice. At 30 June 2022, 154 aged care providers applied for best practice advisory support through the program.

The Home Care Workforce Support Program was launched in April 2022, representing a \$91.8 million investment to grow the home care workforce by around 13,000 workers, to ensure older Australians can live independently in their home for longer.

Registered nurses who work for the same aged care provider for a six or 12 month period, may also be eligible for the Aged Care Registered Nurses' Payment. This \$148.7 million investment aims to reward aged care nurses for their clinical skills and leadership, and an additional bonus will be available to nurses who work

in a rural or remote area, hold a postgraduate qualification, or take on additional training responsibilities. Applications for the first year of funding for the Aged Care Registered Nurses' Payment open in November 2022.

The Australian Government recognises that addressing low pay is critical to recruiting the workforce needed to provide safe, quality care to the growing number of older Australians. The Government will support workers' calls for better pay with a submission to the ongoing Fair Work Commission work value case.

In response to Recommendation 77 of the Royal Commission, the 2021–22 Budget provided \$105.6 million over four years for a care and support sector code-of-conduct and a nationally consistent pre-employment screening process. The funding covers:

- ongoing resourcing for the Aged Care Quality and Safety Commission (ACQSC) to administer the Code of Conduct
- preparatory modifications to the NDIS Worker Screening Database and other Commonwealth ICT systems to support expanded worker screening for aged care
- sector communication and engagement
- changes to legislation, policy and business processes at the Commonwealth level to support worker regulation.

The *Aged Care and Other Legislation Amendment (Royal Commission Response No 2.) Bill 2021* was introduced to Parliament in September 2021. The Bill included the legislative framework for a code of conduct and the introduction of worker screening to aged care. The Bill lapsed at dissolution of the 46th Parliament.

Between November and December 2021, the department undertook public consultation on a draft code of conduct, with five targeted stakeholder forums held.

The Australian Government is committed to implementing urgent reforms that respond to the recommendations of the Royal Commission into Aged Care Quality and Safety. The Government has committed to introducing a new Bill when Parliament resumes from late July 2022.

## 9.2. Dementia and Aged Care Services Fund

The Australian Government has allocated \$324.4 million over the 2021–25 financial years for the Dementia and Aged Care Services (DACs) fund. The DACs fund provides support for existing and emerging priorities in dementia care, special measures to support Aboriginal and Torres Strait Islander people, and initiatives to ensure people from diverse backgrounds receive the same quality of aged care as other older Australians.



Three key initiatives funded through DACS are the National Dementia Support Program<sup>15</sup> (\$25.5m in 2021–22), Dementia Training Program (\$14.5 m in 2021–22), and the Dementia Behaviour Management Advisory Service (\$13.9m in 2021–22).

### The Dementia Training Program

The Dementia Training Program (DTP) offers a national approach to accredited education, upskilling, and professional development in dementia care. Additional funding in 2021–22 was provided to improve access to training in rural and regional locations, more training for GPs and GP Registrars, and development of a Dementia Training and Education Standards Framework and training pathways. Funding was also provided for the development and delivery of training on managing behavioural and psychological symptoms of dementia (BPSD) and how to prevent the use of restraint (restrictive practices) through appropriate behaviour supports.

In 2021–22, the DTP provided more than 21,333 occasions of targeted dementia training for staff in residential and in-home care, as well as in the acute and primary care health sectors.

### The Dementia Behaviour Management Advisory Service

The role of DBMAS is to provide support and advice to service providers and individuals caring for people living with dementia where behavioural and psychological symptoms of dementia are affecting a person's care or quality of life. DBMAS aims to understand the causes and/or triggers of behaviours and develop strategies to optimise function, reduce pain or other unmet need and improve engagement.

In 2021–22, DBMAS provided support for 31,978 cases (a 12.3 per cent increase on the previous year).

Additional funding of \$7.8 million was provided in 2021–22 to expand the existing DBMAS to manage increased demand for the service. This funding also increased access to behaviour support for informal carers in the community.

## 9.3. Severe Behaviour Response Teams

Complementing the DBMAS, the Severe Behaviour Response Teams (SBRT) support residential aged care providers with residents experiencing more severe behavioural and psychological symptoms of dementia. In 2021–22, the Australian Government provided \$15.6 million for the SBRT.

<sup>15</sup> For details of this program, please see Chapter 1.7 Support for older Australians

Additional funding of \$2.5 million was provided to expand the existing SBRT to manage increased demand for the service. The additional funds will establish a specialist advice line to provide clinicians with support with complex BPSD treatment decisions. Funding will develop new resources for aged care providers and improve and update existing reference materials.

The SBRT service provided case management to 2,152 cases (a 46 per cent increase on the previous year). This involved a mobile workforce providing detailed clinical assessment and recommendations for intervention across multiple on-site visits.

Both DBMAS and the SBRT are delivered by Dementia Support Australia, which ensures close coordination between the programs. Feedback via surveys found 98 per cent of clients were satisfied with DBMAS and SBRT services. Approximately 69 per cent of referrals were from major cities and 31 per cent from regional and remote areas.

During the COVID-19 pandemic, DBMAS and SBRT remained open to support the aged care and health sectors and carers in the community. Dementia Support Australia have actively reached out to aged care providers with information and advice on caring for people living with dementia in lockdown situations.

## 9.4. Specialist Dementia Care Program

The Specialist Dementia Care Program (SDCP) is an Australian Government program that funds specialist dementia care units in residential aged care homes. The units provide specialised care to people with very severe behavioural and psychological symptoms of dementia, with the aim of reducing or stabilising symptoms so that people can move into less intensive care settings. Clinical in-reach to the units is facilitated through agreements with the state and territory governments.

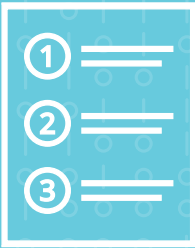
Ten operational units have been established across Australia since 2019, with an approach to market in 2021–22 to establish further units in 2022–2023. The care-setting for the SDCP is a dedicated dementia friendly environment, operating as a unit within a larger residential aged care facility, and therefore operates under the *Aged Care Act 1997*.

The SBRT provide needs-based assessment of referrals to the program. From the program's inception in September 2019, to 30 June 2022, there have been 347 eligible referrals made, with 158 of these referrals placed within SDCP units.

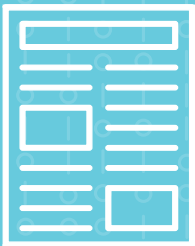




**Aged care regulatory functions transferred to the Aged Care Quality and Safety Commission**



**Service Compliance Rating for residential aged care services introduced**



**Serious Incident Response Scheme commenced 1 April 2021**

10

**Quality and Regulation**

## 10. Quality and Regulation

### 10.1. Approved provider regulation

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

On 1 January 2020, legislative authority for the approval of approved providers of aged care, and compliance arrangements, transferred from the Secretary of the Department of Health to the Commissioner of the Aged Care Quality and Safety Commission (the Commission). More information is available from the Commission's Annual Report.<sup>16</sup>

### 10.2. The Aged Care Quality and Safety Commission

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

#### The Commission's roles

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

- approve providers' entry to the aged care system
- to accredit, assess, investigate and monitor aged care services against requirements
- to hold services to account for meeting their obligations.

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

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

<sup>16</sup> <https://www.agedcarequality.gov.au/about-us/corporate-documents#annual-reports>.

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

### The Commission's functions

The Commission's functions are set out in the ACQSC Act and the Rules, and drive its priorities under the Corporate Plan<sup>17</sup>. The functions of the Commission are:

- protecting and enhancing the safety, health, well-being and quality of life of people receiving aged care
- approving providers of aged care
- imposing sanctions on approved providers, and lifting sanctions
- ensuring compliance with the aged care responsibilities of approved providers
- promoting the provision of quality care and services by:
  - approved providers of aged care services
  - service providers of Australian Government-funded aged care services.
- developing, in consultation with people receiving aged care and their representatives, best practice models for the engagement of providers with their aged care recipients and promoting those models to providers
- dealing with complaints made, or information given to the Commissioner in accordance with the Rules, about an approved provider's responsibilities under the *Aged Care Act 1997* or funding agreement
- regulating aged care services according to the Rules by accrediting, conducting quality reviews, monitoring the quality of care and services and registering quality assessors
- providing education and information about matters relating to one or more of the Commissioner's functions to people receiving aged care and their representatives, providers of aged care services and the public.

<sup>17</sup> <https://www.agedcarequality.gov.au/about-us/corporate-documents#corporate-plan>

## 10.3. National Aged Care Mandatory Quality Indicator Program

From 1 July 2019, the *Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019* took effect, and the National Aged Care Mandatory Quality Indicator Program (QI Program) began. The QI Program was expanded and updated from July 2021, requiring all government-subsidised residential aged care services to collect, and submit to the department, data against five quality indicators:

- pressure injuries
- physical restraint
- unplanned weight loss
- falls and major injuries
- medication management.

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

## 10.4. Compliance

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

When non-compliance is identified, appropriate regulatory action is taken to bring providers back into compliance as quickly as possible. This action may include imposing sanctions or issuing various formal notices.



## Access to compliance information

Information is available on the My Aged Care website in relation to compliance action taken against aged care providers of residential and home care services. This information is published so that older Australians can make informed choices about their care needs and having these needs met.

Information about compliance action taken by the Commission in 2021–22 is available in its Annual Report<sup>18</sup> and Sector Performance Reports<sup>19</sup>.

## Service compliance ratings

On 1 July 2020, the Service Compliance Rating for residential aged care was released on the My Aged Care website. The rating reflects the current compliance status of each service, provides information on the most recent assessments against the Quality Standards, and, allows people to compare services on a regional basis.

# 10.5. Protecting residents' safety

## Serious Incident Response Scheme

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

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

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

<sup>18</sup> <https://www.agedcarequality.gov.au/about-us/corporate-documents#annual-report>

<sup>19</sup> <https://www.agedcarequality.gov.au/sector-performance>

Information about the number of serious incidents reported to the Commission in 2021–22 is available in its Annual Report<sup>20</sup> and Sector Performance Reports<sup>21</sup>

## 10.6. Prudential

An approved provider is required under the Act to comply with the Prudential Standards as set out in the *Fees and Payments Principles 2014 (No. 2)*. The four Prudential Standards (Liquidity, Records, Disclosure, and Governance) seek to:

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

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

- systematically assess their future RAD refund obligations and ensure they have sufficient cash (or equivalents) available to meet these obligations
- establish and document governance arrangements for the management and expenditure of RADs so that they are only used for permitted uses and are refunded to care recipients as required by law
- establish and maintain a register that records information about who the provider owes RADs to, and the value of each RAD owed.

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

The Disclosure Standard requires relevant providers to submit an audited Annual Prudential Compliance Statement (APCS) within four months of the end of their financial year (31 October for most providers). The APCS discloses the provider's RAD holdings, its compliance with charging, managing and refunding RADs against the prudential requirements and its broader prudential compliance. In 2020–21, 846 providers were asked to complete and lodge an APCS by 31 October 2021.

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

<sup>20</sup> <https://www.agedcarequality.gov.au/about-us/corporate-documents#annual-report>

<sup>21</sup> <https://www.agedcarequality.gov.au/sector-performance>

## Financial Monitoring and Business Assistance Program

The Financial Monitoring and Business Assistance Program (program) has been established to work with aged care providers that are experiencing financial viability issues. The program helps providers to identify and address emerging financial risks and assists them to operate in a financially sustainable way over the long term. The program aims to work closely with providers and expert partners to minimise the risks of a service having to close. During 2021–22, the program worked closely with over 230 providers to understand their financial issues, plan and develop options to manage these issues and reduce risks, and maintained contact with those providers to monitor their ongoing performance.

## Business Improvement Fund (Round 1)

The Business Improvement Fund (BIF) was established to provide support to residential aged care providers experiencing financial difficulty, including prioritisation for small to medium sized providers in regional, rural and remote areas.

The BIF (Round 1) was a targeted, non-competitive grant opportunity aimed at supporting each eligible residential aged care provider to implement business improvement activities and better manage costs without compromising the care of residents. BIF Round 1 resulted in just over \$100m in grant funding being awarded to support 201 residential aged care providers to improve longer term sustainability and ensure that safe, high quality care can continue to be delivered for older Australians.

## Structural Adjustment Program

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

- The BIF – Round 2 was a targeted competitive grant opportunity undertaken in 2021–22. Funding was again prioritised for small to medium sized residential aged care providers (i.e. 7 or less facilities) that are facing financial pressures which may impact on their ability to offer care to residents in regional, rural and remote locations. Grant funding will support providers to implement business improvements to improve financial and operational viability in order to continue to deliver quality care
- The Structural Adjustment Fund, which opened in January 2022 and closes on 30 June 2023, is designed to support providers to exit the market through transitioning ownership to a new approved provider or wind down operations in an orderly closure.

## Accommodation Payment Guarantee Scheme

The Accommodation Payment Guarantee Scheme (Guarantee Scheme) was established in 2005 under the *Aged Care (Accommodation Payment Security) Act 2006 (Payment Security Act)*. The Guarantee Scheme ensures that the Australian Government will pay Refundable Accommodation Deposits (RADs), with interest if applicable, if an approved provider becomes insolvent and unable to repay accommodation payments.

The Guarantee Scheme can be activated in two ways:

- the provider is being externally administered or has a personal insolvency agreement in place, and at least one refundable accommodation payment balance is overdue to be refunded by the provider; or
- the provider is subject to one defined insolvency event referred to in the Payment Security Act and at least one refundable accommodation payment is overdue to be refunded by the provider.

Since the Guarantee Scheme was introduced, it has been activated 15 times with refunds to 512 residents totalling approximately \$168.9 million. The Guarantee Scheme was activated twice in the 2021–22 financial year, with refunds totalling approximately \$64.8 million to 178 residents.

## Validation of providers' appraisals under the Aged Care Funding Instrument

Approved providers receive Australian Government funding for aged care service-provision based on ACFI appraisals of their care recipients' level of care need. To protect public expenditure, the department conducted 1,127 reviews of ACFI claims in 2021–22. Of these reviews, 407 (36.1 per cent) resulted in reductions in funding and seven (0.6 per cent) resulted in increased funding.

If a provider is dissatisfied with the outcome of a review decision, they can request reconsideration. In 2021–22, providers requested reconsiderations of 54 review decisions. Of these, 53 requests were finalised in the financial year. The outcomes of these finalised reconsiderations were: 30 (56.6 per cent) confirmed the department's review decision; 10 (18.9 per cent) reinstated the provider's original classification; 13 (24.5 per cent) resulted in a new decision that reduced the original classification.

# Appendix A

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

The Act specifies the following annual reporting requirement:

63-2 Annual report on the operation of the Act

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

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

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

The Australian Government's needs-based planning framework is designed to increase the supply of residential and home care places in line with the growth in the aged population. In calculating this growth, the Australian Government takes into account population data from the Australian Bureau of Statistics and demographic data on previous years' utilisation. This produces a national provision target.

For residential care, the places are allocated through an open, competitive round where aged care providers apply for the available places. This allocation process aims to ensure a sufficient supply of residential aged care places, and achieve equitable access to services between metropolitan, regional, rural and remote areas. There is strong demand among providers to supply these places. (See 1.2 Managing supply and demand).

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

This process is subject to review and is responsive to adjustment when required. While this does not guarantee that every individual will be able to immediately access the particular service of their choice, at a population level, it has been shown to be a robust and effective method for identifying and managing demand.

From June 2011 to June 2022, residential aged care occupancy in Australia has fallen from 93.1 per cent to 86.2 per cent.

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

The average level of Australian Government payments for permanent residents in aged care in 2021–22 was \$73,400 per resident, an increase of 2.1 per cent per resident from 2020–21.

**Table 22: Average Australian Government payments (subsidies plus supplements) for each permanent aged care resident 2017–18 to 2021–22**

2017–18	2018–19	2019–20	2020–21	2021–22	% Change 2020–21 to 2021–22
\$65,600	\$69,100	\$69,055	\$71,900	\$73,400	2.1

Note: The arrangements for the calculation of the subsidy differ for continuing care recipients (pre-1 July 2014) and new residents (post-1 July 2014).

**Table 23: Summary of Australian Government payments by subsidies and supplements for residential aged care, 2017–18 to 2021–22**

Type of payment		2017–18 \$M	2018–19 \$M	2019–20 \$M	2020–21 \$M	2021–22 \$M
Basic subsidy	Permanent	11,163.5	11,947.4	12,012.7	12,392.2	12,623.9
	Respite	312.3	348.8	371.3	401.6	439.9
Primary Care Supplements	Oxygen	18.3	18.3	16.8	16.1	14.7
	Enteral Feeding	5.9	5.2	5.0	4.5	3.9
	Respite Incentive	34.6	40.6	46.8	51.9	64.6
Other Supplements	Viability	55.8	62.0	82.3	99.7	99.9
	Veterans	1.6	1.7	1.5	1.3	1.2
	Homeless	8.6	9.8	13.3	18.4	18.0
Hardship	Hardship	4.0	3.9	6.5	15.7	16.9
	Hardship Accommodation	2.6	2.5	1.9	1.6	1.0
Accommodation Supplements	Accommodation Supplement	1,029.6	1,134.2	1,225.1	1,277.9	1,271.0
Supplements subject to grandfathering	Concessional	55.6	51.3	40.2	33.8	26.2
	Transitional	4.8	3.8	2.6	2.2	1.7
	Accommodation Charge Top-up	1.4	1.0	0.4	0.3	0.2
	Charge Exempt	2.0	1.8	1.4	1.2	1.1
	Pension	27.2	20.7	12.8	10.1	8.0
	Basic Daily Fee	0.4	0.3	0.1	0.1	0.1
	Transitional Accommodation Supplement	10.7	7.6	5.4	3.8	6.1
Reductions	Means Testing Reduction	-564.0	-627.2	-648.2	-655.2	-681.3
	Other	42.0	-9.1	231.7	396.2	731.6
<b>Total (\$M)</b>		<b>12,204.2</b>	<b>13,014.5</b>	<b>13,429.7</b>	<b>14,073.4</b>	<b>\$14,648.7</b>



**Table 24: Summary of Australian Government payments by subsidies and supplements for home care, 2017–18 to 2021–22**

Type of payment		2017–18 \$M	2018–19 \$M	2019–20 \$M	2020–21 \$M	2021–22 \$M
Subsidy	Home care subsidy	2,074.8	2,586.0	3,498.4	4,389.0	5,468.9
Supplements	Oxygen	3.1	3.7	4.5	5.4	5.9
	Enteral Feeding	0.9	0.9	0.8	0.9	1.0
	Dementia and Cognition	29.3	36.2	49.5	62.0	74.5
	Veterans	0.3	0.4	0.5	0.7	0.8
	Hardship	0.3	0.2	0.1	0.2	0.2
	Viability	16.0	18.1	25.1	33.3	32.0
Reductions	Income testing reduction	-36.2	-48.8	-65.9	-73.3	-94.6
	Other	-56.2	-127.4	-163.1	-225.0	-1,086.7
<b>Total (\$M)</b>		<b>2,032.1</b>	<b>2,469.3</b>	<b>3,350.1</b>	<b>4,193.1</b>	<b>4,401.9</b>

Note: The 2021-22 expenditure figures for Home Care Packages are not comparable to previous financial years due to new payment arrangements introduced in 2021-22. Since 1 September 2021, Home Care Package providers are paid only for the care, services and goods they deliver to care recipients. In 2021-22, \$5.5 billion in Government subsidy was made available. Once supplements, the income tested care fee and unspent funds held in care recipient Home Care Accounts were factored in, \$4.4 billion was expensed to providers.

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

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

Providers who have charged RADs are required to complete and submit an Annual Prudential Compliance Statement (APCS) within four months from the end of their financial year. In 2020–21, 846 providers were asked to complete and lodge an APCS by 31 October 2021.

The ACQSC is responsible for the regulation of approved providers in relation to their prudential responsibilities. Historical APCS outcomes for 2019–20 and earlier are reported in the relevant ROACA.

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

The closing balance of RADs held by providers at 30 June 2021 was \$33.6 billion. There was a \$1.4 billion (4.3 per cent) increase in RADs held by aged care homes across the 2020–21 financial year.

### **63-2 (2) (cb) the amounts of those accommodation payments and accommodation contributions paid as refundable deposits and daily payments<sup>22</sup>**

In 2020–21, a total of \$2.1 billion was paid to providers in accommodation payments and accommodation contributions.

A total of \$828 million was received in Daily Accommodation Payments (DAPs)/ Daily Accommodation Contributions, and approximately \$1.3 billion was received in net RADs. The 821 providers who held RADs at 30 June 2021 reported through their APCS that they held a total of 97,527 RADs with a total value of approximately \$33.6 billion. These figures include the RADs held by five providers who reported on an alternate financial year. This is an increase of almost 918 RADs. The average RAD holding per provider was 119 RADs valued at \$40.9 million.

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

The average accommodation price agreed with a new non-supported resident in 2020–21 was a RAD of \$459,589, equivalent to a DAP of \$50.49 at 30 June 2021. Thirty nine per cent of non-supported residents chose to pay by RAD, 35 per cent by DAP, and 26 per cent by combination of both.

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

Table 25 shows the proportion of residents placed in permanent residential care within a specified time period after assessment (and recommendation for residential care) by an ACAT.

<sup>22</sup> When available, 2021–22 data will be published on GEN, in the Financial Report into the Australian Aged Care Sector (FRAACS), and in the 2022–23 ROACA.

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

**Table 25: Proportion of new entrants to permanent residential care entering within a specified period after an ACAT assessment during 2021–22**

2 day or less	7 days or less	Less than 1 month	Less than 3 months	Less than 9 months
1.5%	4.6%	17.3%	40.8%	58.1%

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

Estimated building works completed during 2020–21, or in progress at June 2021, exceeded \$4.7 billion, down from \$5.6 billion in 2019–20. When available, 2021–22 data will be published on GEN, in the new Financial Report on the Australian Aged Care Sector 2020–21<sup>23</sup>, and in the 2022–23 ROACA.

**Table 26: Consolidated building activity report 2016–17 to 2020–21**

	2016–17	2017–18	2018–19	2019–20	2020–21	
	Estimated building works completed during the year or in progress at June 30 (\$M)	\$4,715.4	\$4,912.0	\$5,334.0	\$5,661.3	\$4,684.7
Building work	Proportion of homes that completed any building work during the year	20.8%	19.2%	19.4%	14.7%	9.8%
	Proportion of homes with any building work in progress at the end of the year	13.1%	13.9%	14.5%	10.0%	8.9%

<sup>23</sup> <https://www.health.gov.au/sites/default/files/documents/2022/11/financial-report-on-the-australian-aged-care-sector-2020-21-financial-report-on-the-australian-aged-care-sector-2020-21.pdf>

		2016–17	2017–18	2018–19	2019–20	2020–21
New building work	Proportion of homes that completed new building work during the year	2.2%	2.6%	1.7%	1.5%	1.0%
	Proportion of homes with new building work in progress at the end of the year	2.2%	2.3%	1.7%	1.8%	1.7%
	Estimated new building work completed during the year (\$m)	\$1,198.5	\$1,243.0	\$1,721.2	\$1,468.0	\$1,006.6
	Estimated new building work in progress at the end of the year (\$m)	\$1,042.0	\$1,086.0	\$1,005.8	\$1,739.8	\$1,549.0
	Proportion of homes that were planning new building work	2.2%	2.7%	2.7%	1.5%	1.4%
Rebuilding work	Proportion of homes that completed rebuilding work during the year	1.0%	0.9%	0.7%	0.8%	0.4%
	Proportion of homes with rebuilding work in progress at the end of the year	1.5%	1.2%	1.6%	1.2%	1.1%
	Estimated rebuilding work completed during the year	\$403.9	\$497.0	\$353.0	\$398.5	\$268.6
	Estimated rebuilding work in progress at the end of the year (\$m)	\$650.0	\$649.0	\$932.2	\$1,037.1	\$962.5
	Proportion of homes that were planning rebuilding work	2.0%	1.8%	1.2%	0.7%	0.7%

		2016–17	2017–18	2018–19	2019–20	2020–21
Upgrading work	Proportion of homes that completed upgrading work during the year	17.8%	16.2%	11.5%	12.6%	8.6%
	Proportion of homes with upgrading work in progress at the end of the year	10.0%	10.8%	5.3%	7.3%	6.5%
	Estimated upgrading work completed during the year (\$m)	\$539.7	\$666.0	\$638.9	\$384.1	\$436.8
	Estimated upgrading work in progress at the end of the year (\$m)	\$881.4	\$770.0	\$691.9	\$633.7	\$461.2
	Proportion of homes that were planning upgrading work	8.8%	5.4%	5.3%	3.9%	3.5%

Note: The above does not include the SACH data from those providers with a December year end.

# Glossary

# Glossary

Term	Definition
ACAP	Aged Care Assessment Program
ACAR	Aged Care Approvals Round
ACAT	Aged Care Assessment Team
ACCAP	Aged Care Capital Assistance Program
ACFI	Aged Care Funding Instrument
ACNS	Aged Care Nursing Scholarship
ACQSC Act	<i>Aged Care Quality and Safety Commission Act 2018</i>
Act, the	<i>Aged Care Act 1997</i> , the primary legislation governing the provision of aged care services
ACWIC	Aged Care Workforce Industry Council
ADF	Australian Defence Force
Aged Care Principles	Subordinate legislation made by the Minister under subsection 96 1 (1) of the Act
AIHW	Australian Institute of Health and Welfare
AN-ACC	Australian National Aged Care Classification
APCS	Annual Prudential Compliance Statement
BIF	Business Improvement Fund
BPSD	Behavioural and psychological symptoms of dementia
CALD	Culturally and Linguistically Diverse
CGTR	Centre for Growth and Translational Research
CHSP	Commonwealth Home Support Programme
COTA	Council on the Ageing
CVS	Community Visitors Scheme
DACS	Dementia and Aged Care Services

Term	Definition
DAP	Daily Accommodation Payment
DBMAS	Dementia Behaviour Management Advisory Services
department, the	The Department of Health and Aged Care
DTP	Dementia Training Program
EACHD	Extended Aged Care at Home Dementia
FECCA	Federation of Ethnic Communities Councils of Australia
FRAACS	Financial Report into the Australian Aged Care Sector
GEAT	Goods, Equipment and Assistive Technology
HCP	Home Care Package
IPC	Infection prevention and control
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other diverse sexualities
Minister, the	The Minister for Aged Care
MPS	Multi-Purpose Services
MYEFO	Mid-Year Economic and Fiscal Outlook
NACAP	National Aged Care Advocacy Program
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care
NDIS	National Disability Insurance Scheme
NDSP	National Dementia Support Program
NMS	National Medical Stockpile
NPS	National Priority System
OPAN	Older Persons Advocacy Network
PHN	Public Health Network
PICAC	Partners in Culturally Appropriate Care
PPE	Personal Protective Equipment



Term	Definition
RAD	Refundable Accommodation Deposit
RAS	Regional Assessment Service
RAT	Rapid Antigen Test
ROACA	Report on the Operation of the <i>Aged Care Act 1997</i>
SBRT	Severe Behaviour Response Teams
SDCP	Specialist Dementia Care Program
SIRS	Serious Incident Response Scheme
STRC	Short-Term Restorative Care
TCP	Transition Care Programme
TIS	Translating and Interpreting Service

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