



Ageing *in* Australia

Community Expectations Report

2026



Ageing
Australia®

ABOUT THE REPORT

Ageing Australia commissioned SEC Newgate to conduct research to deepen its understanding of community expectations around ageing well, including aged care services, retirement living and seniors housing. Insights from this research will inform Ageing Australia's work to support the delivery of quality aged care services across Australia. This was a broad and long-ranging study, looking at the views of all Australian adults (not just older people). This report combines both qualitative insights and quantitative findings. The qualitative phase of the research comprised workshops with older Australians (aged over 50) and in-depth interviews with service recipients or supporters conducted in June 2025. The quantitative phase of the research was an online survey with 1,010 Australians aged over 18 and was conducted in July and August 2025.

ABOUT AGEING AUSTRALIA

Ageing Australia is the national peak body representing providers across the aged care sector, including retirement living, seniors housing, residential care, home care, community care and related services. We represent the majority of service providers, working together to create a sector that empowers older Australians to age with dignity, care and respect.

We advocate for a sector that champions excellence, sustainability and innovation, ensuring our members have the tools, resources and guidance they need to deliver exceptional services. We use our united voice to amplify our members' contributions and concerns to government, media and the wider community.

We are committed to reshaping the future of ageing in Australia by fostering collaboration and driving meaningful change, making it a celebrated and fulfilling journey.

ACKNOWLEDGEMENT OF COUNTRY

Ageing Australia acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to land, sea, waters and community. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

Artwork: Bultjubul Dungula by Bayadherra

Report attribution

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The report is available at ageingaustralia.asn.au

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Foreword

I am pleased to present the *Ageing in Australia Community Expectations Report 2026*, a landmark piece of research that gives us a clearer picture of how Australians think about ageing, aged care, and what it means to age well in this country.

This is the first report of its kind. It captures the views of Australians aged 18 and over, not just those already engaged with aged care services. If we are serious about building a system that works for the future, we must understand expectations well before people reach the point of need.

Australians want to age with dignity, independence and choice. Most want to remain in their own homes for as long as possible. Many are open to new models of care, new technology and new ways of supporting older people, but only when these changes clearly improve outcomes and respect the human side of care.

This research also tells us something important about trust. Knowledge of the aged care system remains low, and confidence is mixed. Yet where people have direct experience of aged care services, satisfaction is much higher. That gap matters. It highlights both the progress the sector has made, and the work still needed to build understanding, confidence and connection with the community.

The findings come at an important time. Australia is implementing the most significant aged care reforms in decades, including a new rights-based Aged Care Act. At the same time, the sector is grappling with workforce shortages, rising demand and real questions about its capacity for growth. These pressures are not abstract, they affect the quality, availability and continuity of care for older Australians every day.

What this report makes clear is that sound policy cannot be built on assumptions or anecdotes. It must be grounded in evidence, informed by lived experience, and shaped with the people it is intended to serve firmly in mind. That is why Ageing Australia is committed to repeating this research on a biennial basis, to track change over time, test progress, and ensure reform remains aligned with community expectations.

There are challenges in these findings, but there is also opportunity. Australians are looking for leadership. They want a system that works better across health, aged care and housing. They want a skilled, supported workforce. And they want reforms that are implemented carefully, with a focus on outcomes, not speed.

This report informs that work. It is a call to governments, providers and the community to keep ageing and aged care firmly in view, not just as a policy issue, but as a shared responsibility that will touch almost every Australian.

I am confident this research will play an important role in shaping the future of ageing in Australia, and in helping us build a system that older people can trust, now and in the years ahead.

Tom Symondson

Chief Executive Officer
Ageing Australia

Executive Summary



At a glance

Overall, the results told a story of divergent views. Responses to many questions tended to be evenly split across positive, negative and neutral answers from the general population. A feature of the research was the influence of respondents' level of knowledge and engagement with the aged care sector on sentiment and confidence in the system.

- Knowledge about the aged care system was generally low, even among older Australians, including prospective users who were often uncertain about where to seek reliable information.
- Sentiment towards the current system was polarised though it improved with knowledge. Confidence in the system supporting people to age well was low to neutral.
- Perceptions of whether people have choice within the system was polarised, largely due to availability and affordability issues. Ageing with choice and empowerment was seen as a foundational part of ageing well, but often felt outside of people's control.
- Only a small proportion (ten per cent) of our respondents received aged care services. Among people with firsthand experience of aged care, satisfaction was relatively high. Seventy-one per cent of those who had personally used aged care services, and 63 per cent of those who had cared for someone receiving aged care, reported being very or somewhat satisfied with the care provided.
- There was uncertainty about the future, with almost half of respondents (46 per cent) indicating they didn't know whether the aged care system is heading in the right or wrong direction. In qualitative discussions about future trends, including pressure on the system through population shifts and workforce shortages, respondents felt even more concerned.
- Looking to the future of the sector, there was positive sentiment towards the use of new technology (including artificial intelligence (AI)) to support the workforce and free staff up, not to replace them. This was particularly true where people were given specific examples of the uses of new technology, with the exception of using technology for companionship.
- Respondents were also open to providing (and to a lesser extent receiving) informal care. However, there were some boundaries: parents didn't want their children to have to shower them, dress wounds or generally provide 'higher care'. Many saw positives in increasing the migrant workforce, though with some concerns or negative experiences around language barriers affecting care.
- When it comes to funding aged care in the future, respondents generally feel a mix of user pays and taxpayer funding is fair, with younger respondents more supportive of more funding coming from users, while older respondents were more likely to oppose using superannuation to fund aged care.
- More than one in two participants (56 per cent) wanted to stay at home until death, while one in three would like to move to a retirement village or assisted living.
- One in two respondents (50 per cent) expressed some interest in downsizing, but many barriers were identified. These included: affordability and availability of properties, emotional attachment, cost and hassle. Beyond the age of 70, stamp duty and aged pension implications also became prominent barriers.
- Overall, the results show several opportunities for governments and the aged care sector to guide and support older Australians and their families as they navigate the future. These include:
 - strengthening knowledge and understanding of the aged care system, including how it is funded, what it offers, and how it can be accessed. It is also important to clearly demonstrate why system change is needed and the benefits it is expected to deliver;
 - providing greater support and guidance for people to age well;
 - addressing the demand for more holistic support for older people in relation to the healthcare, aged care and housing sectors;
 - addressing barriers to downsizing through relevant policy reforms and expanding affordable housing stock in key markets; and
 - addressing concerns about informal caregiving or the use of technology in aged care.

The current situation

Knowledge about the aged care system was generally low, even among older Australians

- One in three respondents (33 per cent) rated their knowledge as seven or more out of ten, while 38 per cent rated it at less than five. Perceived knowledge increased with age and those with exposure to aged care also rated their knowledge more highly. However, less than half of those eligible for aged care services (47 per cent of those aged over 65) rated their knowledge as seven or more out of ten.
- Respondents who felt they knew more about the system also tended to feel more positively towards it. Qualitative workshops further revealed that, without an informed understanding of the current aged care system, participants were often unable, and in some cases unwilling, to discuss the future of the system.
- In the qualitative workshops (conducted with respondents aged over 50), most approached the discussion with little or no prior knowledge of the aged care system. Many were unfamiliar with where to find relevant information.

The discussions highlighted the importance of planning ahead, with respondents recognising that preparing for aged care earlier will better position them to make informed choices in the future. There was also a belief that the system is too overwhelming and confusing, which has contributed to inaction to date. It is important that older people receive information to promote early planning, particularly given the tendency to avoid engagement with aged care until it becomes immediately necessary.

Key policy takeaway



There is a clear opportunity to better support older people by simplifying the system alongside more accessible information to promote early planning and help improve decision making.



Sentiment towards the current aged care system was polarised and confidence in the system was low to neutral

- Broadly similar proportions of respondents felt positive (31 per cent), negative (36 per cent) or neutral (29 per cent) about the aged care system in Australia. Good experiences, service quality, government focus and funding were the main reasons given for feeling positive, while those who feel negative cite treatment of older people, cost, media stories and staffing issues.
- Around a quarter (27 per cent) of respondents were highly confident (rating seven or more) that the current system can support older Australians to age well. Four in ten (39 per cent) were not confident with a rating of less than five, while three in ten (34 per cent) were neutral with a rating of five or six.
- The small proportion (ten per cent) of respondents with current or recent firsthand experience tended to be more positive, with 71 per cent of those who had personally used aged care and 63 per cent of those who cared for someone who used aged care services very or somewhat satisfied with the care received. The qualitative discussions indicated that some respondents who felt negative towards

the system lacked direct or recent experience, and may have retained legacy perceptions in the absence of contemporary information or personal experience indicating improvements since the Royal Commission into Aged Care Quality and Safety.

- Only one in five respondents (20 per cent) thought the healthcare, aged care and housing systems work well together (with a rating of seven or more) to support people to age well at home or in their community. There was a negative perception of housing, with over half (54 per cent) who rated the housing sector's performance in supporting Australians to age well as poor (with a rating of zero to four). There is value in exploring stronger collaboration between the health, aged care and housing sectors, including more integrated models of care that support older people in a holistic way.

Key policy takeaway



There is community demand for more holistic support for older people across the healthcare, aged care and housing sectors.



Future sustainability and ageing well

Many Australians were unsure about the future sustainability of the system

- Three in ten respondents (30 per cent) felt the sector was heading in the right direction and one in four (25 per cent) felt it was on the wrong track, while nearly half (46 per cent) were not sure.
- In the qualitative workshops with Australians aged over 50, some of the challenges around upcoming funding and workforce solutions were discussed. Even when solutions were presented in the workshops, respondents remained anxious and comparisons were drawn with the National Disability Insurance Scheme (NDIS), the Transport Accident Commission (TAC) and Workcover with a few who noted that while these initiatives were well intentioned at the outset, they have since become overly complex, with their original purpose diluted over time.
- This uncertainty was compounded by low confidence in government stewardship of the sector, frequent changes to funding settings, and ongoing ambiguity about what the future holds and how providers should plan for it. The *Aged Care Act 2024 (new Aged Care Act)*, while provisionally well-received by respondents, also led to concern that the Act could change again ‘before I get there’.
- The qualitative research highlighted that these necessary discussions can leave older people feeling pessimistic and ‘like a burden’. It shows that there is a need for conversations about future sustainability to be handled carefully and respectfully. Respondents emphasised the importance of focusing on solutions, avoiding divisive framing such as “younger versus older”, and ensuring older people feel valued and included in these discussions.

Key policy takeaway



There is a need to reassure the community about the pace of change in aged care by emphasising stable, sustainable supports and services over the long-term.

Ageing with choice and empowerment is critical to ageing well, but felt outside people’s control

- Ageing well was seen to be about maintaining independence. A key aspect of achieving this was preventative health, including mental and physical health, diet, retaining bone density and exercise specifically suited to older people. Older Australians would welcome guidance around how to age better, particularly in relation to tailored exercises and cheap or no cost options.
- Ageing with choice and empowerment was seen as a key part of ageing well rather than a separate entity; you need the former to have the latter. But there was a sense people had less control over this than they do over other aspects of ageing well. They felt restricted by budget and care options available, and their confusion around the system, with some who noted that dementia is also a very limiting factor when it comes to choice. Around four in ten (38 per cent) respondents agreed Australians have choice when it comes to the current aged care system, but a third (34 per cent) disagreed and 28 per cent were neutral.

Key policy takeaway



There is an opportunity to provide greater support and guidance for people to age well, particularly through low-cost strategies. This includes providing information, combined with advice and access to services and initiatives that support maintaining good health at any age.



Aged care providers were the most common source of information for aged care services

- Three quarters (73 per cent) of respondents said they would use information about aged care services from an aged care provider and 58 per cent said they would obtain information from a medical professional.
- Only one in five respondents (21 per cent) said they would use government information. It is unclear whether this is because they were unaware of My Aged Care, or whether it was for other reasons.

Key policy takeaway



There is a need for more community education around what the aged care sector offers and how to access it. There is also a clear opportunity to strengthen public awareness of key information sources, including My Aged Care, and to encourage earlier family conversations about ageing and care.

Views on funding and downsizing

Respondents generally felt a mix of user-pays and taxpayer funding is fair

- Around half of respondents (48 per cent) said there should be an equal mix of user-pays versus government funding of aged care services. One in ten (ten per cent) lean towards it being fully funded by users and 42 per cent lean towards it being fully funded by taxpayers. Those under 65 were more likely to feel more funding should come from users.
- Nearly four in ten respondents (37 per cent) were supportive of an increased reliance on superannuation funds to help pay for aged care in the future. However, a similar proportion were opposed (36 per cent) and 22 per cent were neutral. Respondents aged over 50 were more likely to oppose this. Generally, younger respondents were more supportive of higher user contributions, while older respondents were more likely to oppose using superannuation to fund aged care.
- Workshop discussions highlighted that many older people felt the “goalposts” were shifting in ways they saw as unfair, and left them unable to plan with confidence. There was also strong resistance to the idea of having to contribute more than previous generations.
- There was limited understanding of how the aged care system is currently funded, highlighting a need for clearer public education and communication.

Key policy takeaway



Key perceptions regarding how aged care is funded, included generational expectations, need to be addressed by governments. Many older people feel they supported previous generations with the expectation that they would, in turn, be supported as they age.





Most Australians wanted to age at home and there were barriers to downsizing

- Most respondents (56 per cent) said they would prefer to stay at home for the rest of their lives. Three in ten (30 per cent) said they would prefer to move to a retirement village or other type of seniors housing and three per cent had a preference for residential care.
- Among those who said they preferred to move to a retirement village or other type of seniors housing, 50 per cent indicated a preference for assisted living and 48 per cent preferred a standalone retirement village.
- Half of the respondents (50 per cent) were interested in downsizing in the future, and just over a third (37 per cent) believed the government helps older Australians to downsize. Among respondents aged over 50, this fell to 32 per cent. The most commonly identified motivators to downsizing (based on a list of prompts) were: more affordable, age-friendly housing options (71 per cent), a change to the rules so that people can downsize without risk of losing their pension entitlements (62 per cent) and stamp duty exemptions (57 per cent).
- The main barriers to downsizing (based on a list of prompts) were: the affordability of properties in the area they want to live in (67 per cent), emotional attachment to their current home (64 per cent) and the cost (63 per cent) or hassle (60 per cent) of moving. Older respondents in the workshops also mentioned age as a factor, with those aged over 70 more likely to have felt the prospect had become too difficult.

Key policy takeaway



The key barriers to downsizing require action through targeted policy reform and the expansion of affordable housing supply in key markets. The findings reinforce the need for policy settings that actively support age-appropriate housing and practical downsizing pathways.

Views on informal care and technology

While people were comfortable to be a carer for someone else (with some caveats), there was a bit more reluctance to be cared for by a family member

- Most respondents (71 per cent) felt comfortable with the prospect of being cared for by a relative or friend and most (81 per cent) also felt comfortable providing care to someone else. When asked to choose, they were roughly split between wanting someone they know to care for them (54 per cent) versus receiving professional care through the aged care system (46 per cent).
- In the workshops with Australians aged over 50, respondents expressed greater discomfort at the idea of their children caring for them and worried this would lead to resentment. Participants drew a clear distinction between care tasks they considered appropriate (such as grocery shopping, transport to appointments and help with meals) and those they viewed as inappropriate (including showering and wound care). Those with personal experience as carers described the roles as draining and often thankless, particularly for people also caring for young children.
- If informal care is to become more prevalent, respondents felt a cultural shift would be required to normalise this form of care.
- In the workshops, discussions were held on increasing reliance on a migrant workforce. While many positives were cited around these aged care workers who come from a culture of respect and care for their elders, some of those with experience of services felt language barriers are an issue that needs to be addressed to optimise care.

Key policy takeaway



With informal care an important part of supporting older people in Australia, targeted strategies could help normalise this form of care. These could include more education and support for informal carers, as well as a public campaign of success stories and positive reinforcement of the important role informal carers play. There is an opportunity to normalise conversations about care earlier in life and provide better support for informal carers.

The possibilities of technology were seen as a way to help staff deliver direct care

- Just over four in ten respondents (43 per cent) said they felt positive about the use of new technologies in aged care. Three in ten (28 per cent) felt negative and one in four (24 per cent) were neutral.
- Support for specific uses of technology was significantly higher than for the general concept. This suggests that when people are given concrete examples of how technology can help, they are more open to new ideas. Most respondents were very positive about using technology to detect falls (86 per cent), provide real-time data to carers through wearables (79 per cent), translate conversations (71 per cent) and assist with lifting patients (71 per cent). Respondents were less positive about the use of technology to assist with washing or showering (45 per cent) or providing companionship (32 per cent).
- In the workshops, respondents noted the importance of AI being used to help staff provide direct care, rather than replace these roles. They believed AI can enable more personalised care and social interaction, but wanted protections in place to ensure ethical use of data.
- AI was seen as both a source of reassurance and concern when it came to tackling challenges faced by the aged care sector. In some cases, people clearly appreciated that it can provide enhanced care, but there was pushback against AI as a companion or social support, and concern that technology is being used as a reason to reduce staff numbers.



Key policy takeaway



There is scope for greater public awareness around the use of technology in aged care, including to help support independent living. There is a need for participants to understand how they can access technology to support themselves and loved ones. Clear communication about ethical use, safeguards and benefits will be critical to building trust in new technologies.

Introduction



Background and objectives

Ageing Australia commissioned SEC Newgate to conduct research to achieve its overall objective of deepening its understanding of community expectations around ageing well, including retirement living, seniors housing and aged care services. Insights from this research will inform Ageing Australia's work to support the delivery of quality aged care services across Australia, now and into the future.

This research consisted of two phases (a qualitative and quantitative phase), and represents the first year of a community research program that will be repeated every two years.



Specific objectives were to:

- determine levels of trust, satisfaction and confidence in Australia's aged care and seniors housing sectors
- understand perceptions of the sustainability of the aged care sector
- understand the actual experiences of aged care, retirement living and seniors housing
- determine attitudes and levels of support for aged care, services and housing
- explore attitudes and expectations towards retirement living and seniors housing
- understand key factors informing preferences and decisions about retirement living choices
- understand perceptions regarding the integration of Australia's healthcare, aged care systems, retirement living and seniors housing
- explore attitudes towards informal caregiving roles
- explore attitudes and expectations of working later in life
- explore perceptions of social isolation among older people
- understand the acceptance of technology to help enhance people's ability to age well.

Methodology

QUALITATIVE RESEARCH

Qualitative research consisted of two components: workshops with older Australians aged over 50 and in-depth interviews with service recipients or supporters.

We conducted two in-person workshops in Melbourne (5 June 2025) and Sydney (11 June 2025), with 17 respondents participating each over two-and-a-half hours. Respondents were recruited to ensure a mix of age, gender, metropolitan and regional locations, experience with aged care services, employment and income. There was also representation from culturally and linguistically diverse (CALD) people, First Nations people, and people with a disability.

Additionally, six in-depth interviews were conducted with respondents who received aged care services and housing (n=1), or people who were decision-makers for those receiving these services (n=5). Interviews lasted approximately 45 minutes and were conducted between 10 and 16 June 2025. All respondents in workshops were sourced through a qualitative research recruiter and were paid an incentive for their participation (see Figure 1).

Figure 1: In-depth interview respondents

Key characteristics	Interviews* (n=)
Residential aged care	2
In-home services	4
Metropolitan area	2
Regional area	4

**One respondent receiving in-home services was a First Nations participant (living in a retirement village). Two home care supporters were currently looking into residential aged care. Two supporters lived in a different area from the parent they were assisting.*





QUANTITATIVE RESEARCH

A 15-minute online survey was conducted with 1,010 respondents aged 18 and over across Australia. Figure 2 shows the final (unweighted) sample breakdown for each state. The survey was conducted between 31 July and 12 August 2025, with respondents drawn from a professional online research panel. To enhance accuracy and strengthen confidence that the findings reflect broader community views, the dataset was weighted using population data from the Australian Bureau of Statistics' Census 2021 for age, gender, state and location (metropolitan or regional area). All results presented throughout this report are weighted unless otherwise specified. Results may not always add up to 100 per cent due to rounding or multiple-response questions.

Figure 2: Survey respondents

Total (n=1,010)		Sample size (n=)
Gender	Male	506
	Female	503
State	NSW	258
	VIC	257
	QLD	229
	WA	108
	SA	81
	TAS	37
	ACT	31
	NT	9
Location	Metropolitan	651
	Regional	359
Age	18-34	117
	35-49	131
	50-64	302
	65+	460
Personal characteristics	CALD	84
	Employed or working	485
	Retired	427
	Currently using aged care services personally*	100

**Only three people currently using aged care services personally were using residential aged care, but a larger proportion of people had relatives in residential aged care.*

RESEARCH FINDINGS:

The current situation



Current perceptions of the aged care sector

Overall, the findings tell a story of divergent views, with mixed knowledge and sentiment towards the sector across the sample. They also tell a story of opportunity for the sector to change perceptions.

PERCEIVED KNOWLEDGE OF THE AGED CARE SYSTEM

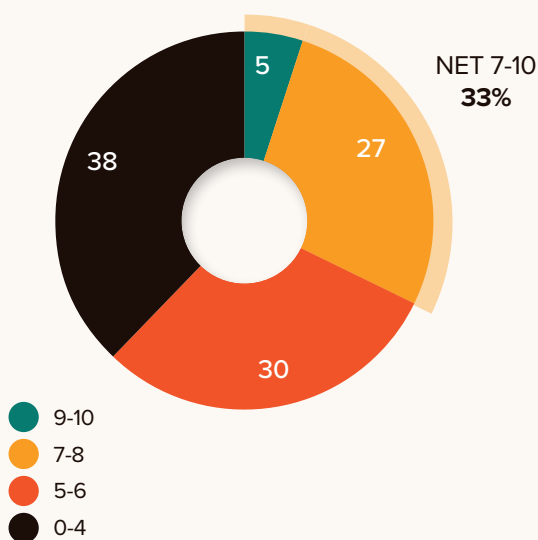
Overall self-reported knowledge of the aged care system was low, with just 33 per cent of respondents rated their understanding at seven or above out of ten. Awareness was higher among older respondents (53 per cent of those aged 75 or over rated their knowledge as seven or more out of ten) and those who were either using aged care services (59 per cent among those who use it personally, 47 per cent among those who care for someone who does) or were considering accessing them (43 per cent).



Figure 4: In-depth interview respondents

Knowledge among older age groups (% NET 7-10)		
Age	50-64	31
	65-74	41
	75+	53

Figure 3: Rating of knowledge about the aged care system in Australia (%)



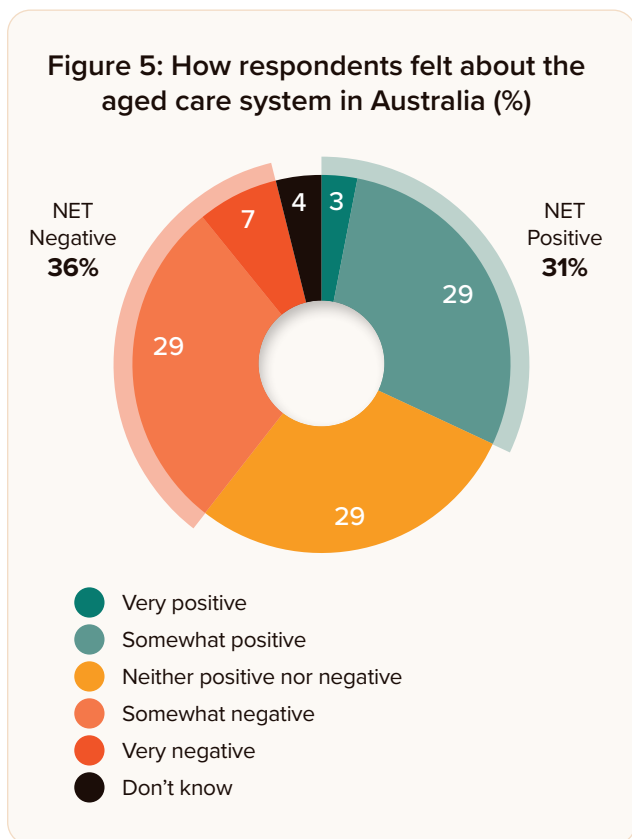
Q1. How much would you say you know about the aged care system in Australia? 0=Nothing at all, 10=A great deal. Base: All respondents (n=1,010).

Although self-reported knowledge rose with age, it was still limited among older cohorts. Only 53 per cent of those aged over 75 and 47 per cent of those aged 65 and over (the eligibility age for services) rated their understanding at seven or above out of ten.

Limited knowledge among younger Australians is largely expected, as aged care is not yet salient for them and other life issues tend to take precedence. However, low knowledge among older respondents is more concerning. Qualitative research, supported by broader evidence, indicated this is driven by multiple factors: avoidance of aged care planning until absolutely necessary, the perceived or real complexity of the system, and the absence of clear, accessible guidance or a single authoritative source of information. These findings suggest there is a need for proactive education rather than crisis-driven engagement.

FEELINGS TOWARDS THE AGED CARE SYSTEM

Sentiment towards the system was very mixed and split almost by thirds into respondents who felt positive (31 per cent), neutral (29 per cent) and negative (36 per cent). Overall, feelings skew towards the negative (see Figure 5).



Q2. How do you feel about the current aged care system in Australia? Base: All respondents (n=1,010).

Figure 6: Feelings towards the aged care system – key demographic differences

More likely to have felt somewhat or very positive (31% total)		More likely to have felt somewhat or very negative (36% total)	
55%	Aged 80+	51%	Living with a disability
46%	Rate their knowledge of the system 7+	50%	Having a lot of difficulty making ends meet financially
43%	Prefer to speak another language	45%	Currently looking into aged care for themselves or someone they care for
39%	Care for someone currently using aged care services	42%	Females
37%	Males	42%	Living alone

Positive perceptions of aged care tended to be associated with older respondents, knowledge and use of the system. Negative perceptions were linked to living with a disability and/or financial strain.

Knowledge and sentiment are intrinsically linked. Forty-six per cent of respondents who rated their knowledge at seven or more felt positive about the aged care system, while only 19 per cent of respondents who rated their knowledge at zero to four did. But it's not a simple correlation; negative sentiment was strongest among those who rated their knowledge at a five or six (44 per cent felt negative).

Those who were already using aged care for a loved one were more likely to feel positive, while those who were currently looking into aged care (but weren't actually using it yet) were more likely to feel negative. Negativity was largely associated with staffing concerns, particularly perceptions of inadequate resourcing and underpayment, alongside challenges related to service availability, affordability, and navigating complex information. This pattern reinforces the value of sharing real-world experiences and contemporary examples of quality care to build confidence.



REASONS BEHIND POSITIVE OR NEGATIVE SENTIMENT

Those who had positive perceptions pointed to good personal experiences, service quality, government focus and funding, and the overall purpose of the system to support older people. Negative views were primarily driven by concerns about the treatment of older people, cost, media reporting, and staffing issues (see Figure 7 and Figure 8).

Figure 7: Top five reasons respondents felt positive about the aged care system (% , coded)

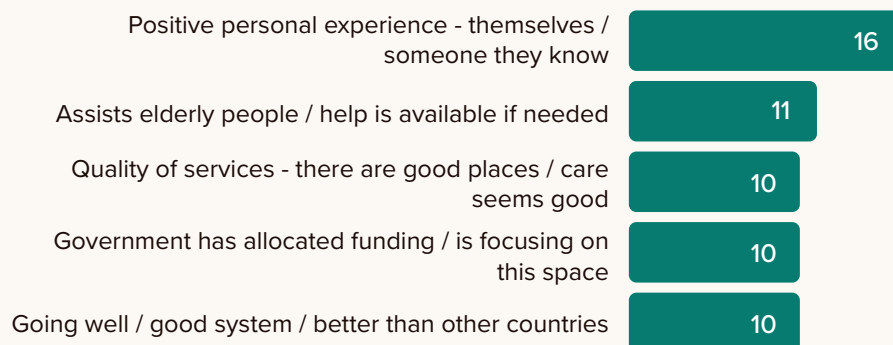


Figure 8: Top five reasons respondents felt negative about the aged care system (% , coded)



Q3. What makes you feel <INSERT> about the aged care system in Australia? Base: Those who feel positive (n=327) or negative (n=383) about the aged care system.

Reasons for negative perceptions appeared more consistent and stronger than reasons for positive perceptions, which were more varied and less consistently held.

The qualitative research indicated that at least some negative perceptions were based on misconceptions or on legacy issues such as experiences before the Royal Commission, or stories heard before successive reforms over recent years. It also indicated that there was very little knowledge about any changes that have been made since the Royal Commission and only three out of the 34 respondents in the qualitative research were aware of the existence of the *Aged Care Act 2024*.

Key finding



These results indicate an opportunity for the government, the sector and the media, to promote positive stories and successes in reforming the aged care system – with the aim of improving both understanding of the sector and overall sentiment.

REASONS BEHIND POSITIVE OR NEGATIVE SENTIMENT: IN THEIR WORDS

Positive



“My mother has been in an aged care facility for the past 5 years, and I have come to know the staff and management and they are truly wonderful people doing a very tough job.”

“I have been incredibly pleasantly surprised by the services offered to people like my parents and extremely grateful for the quality of people that work in aged care. I feel fortunate to live in a country that places so much emphasis on aged care.”

“We are in receipt of their services which help us immensely. They perform tasks around our home that we can no longer do. It was easy to set up with no problems.”

Negative



“I hear a lot about how understaffed a lot [of places] are [and they are] unable to provide the amount of care that they would like.”

“Historically there have been a number of reports of aged care residents being taken advantage of either financially, or even physical abuse or neglect.”

Neutral



“I haven’t had enough experience with it to be able to say I have a positive experience or a negative experience. I’ve heard some horrible things about aged care but I’m also conscious that you never really hear all the good things that happen in there as well, you only ever hear the bad.”

“Aged care is needed and I’m sure there are many aged care facilities that are good, but I have also heard negative things such as them being expensive and some staff being unprofessional or abusing old people.”

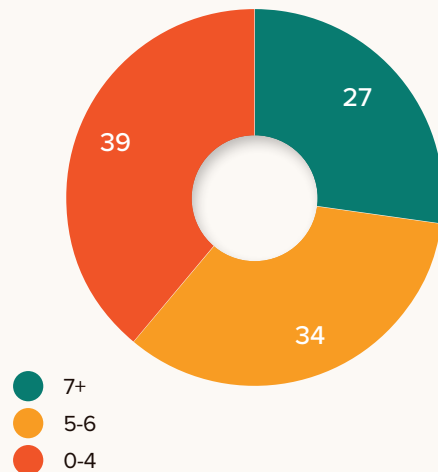
CONFIDENCE IN THE CURRENT AGED CARE SYSTEM

Like knowledge and sentiment, confidence in the system to support older Australians to age well was polarised but again skewed more negative than positive. Notably, confidence in the system increased with age (see Figure 10).

Higher confidence was strongly associated with lived experience and deeper understanding of how the system works.

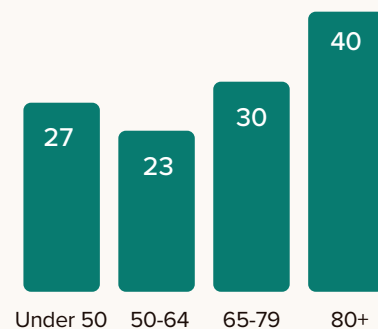
This again points to the importance of building knowledge, strengthening transparency and improving public understanding.

Figure 9: Confidence that the current system can support older Australians to age well (%)



Q5. How confident are you that the current aged care system can support older Australians to age well? 0=not at all, 10=extremely. Base: All respondents (n=1,010).

Figure 10: Confidence by age group (% Rating 7+)



Qualitative reasons for those who provided higher confidence ratings (7+):

- past or current positive experiences (lots of help available, no complaints)
- comparison to other countries
- ongoing attempts to improve quality and services
- having deeper knowledge of the system and services available (e.g. working in government).

Qualitative reasons for those who provided lower confidence ratings (0-4):

- past or current negative experience
- negative media stories
- a lack of availability, resources or funds for services
- uncertainty about funding for the future, due to national debt and the ageing population
- not having had interaction with the system
- frequently changing goalposts or rules regarding aged care (e.g. how fees are calculated)
- loss of independence and having to leave your home
- perceived declining staff-patient ratios
- language barriers between patients and staff
- perceived lack of support from government (a sense of being 'on my own', fighting paperwork, or funding is being spent elsewhere).

Respondents aged 65 or over were significantly more likely to give a rating of seven or more out of ten (31 per cent) compared to those under the age of 65 (23 per cent).

The reasons given for low or high confidence were similar to those given in the survey for negative or positive sentiment.



REASONS BEHIND CONFIDENCE RATINGS: IN THEIR WORDS

High confidence ★★★★★

“I couldn’t fault any of the health professionals or services around who cared for my mum for 20 years as she was ageing. So much help available, no complaints. It felt like she was being overserved on some occasions.”

“I have friends of mine who have had parents gone into aged care and no one’s said a bad thing. They’re well looked after and have had no real issues.”

Low confidence ★☆☆☆☆

“Rules around the aged care system, the goalposts keep changing. Previously your home was exempt from being calculated in fees, now people have to sell up, risk losing their pensions etc. For a lot of people, it’s not doable.”

“Government just keeps changing the goalposts all the time. You’re virtually on your own. The normal Joe has to fight tooth and nail with the government – it’s just paperwork after paperwork.”

Moderate ★★☆☆☆

“It’s very confusing to me, I don’t understand it enough, and there’s not enough information. It was less confusing when my mum was receiving services many years ago. Lots has changed.”

“My sister and I worked in government most of our lives so we had an understanding of what was available. I have friends with ageing parents who have no clue what’s available.”

“My mum is getting reasonable treatment. But when I get to that stage the landscape is going to change significantly.”

THE CONNECTION BETWEEN HEALTHCARE, AGED CARE AND HOUSING

There were mixed perceptions about how well the healthcare, aged care and housing sectors support Australians to age well. However, there was a general view that these sectors are not working cohesively (see Figure 11 and Figure 12).

Housing was consistently rated as the weakest of the three systems, driven by broader concerns about affordability and availability.

There is a clear opportunity to strengthen integration across systems and articulate a more coordinated model of support.

Figure 11: Performance rating of various sectors in supporting Australians to age well (%)

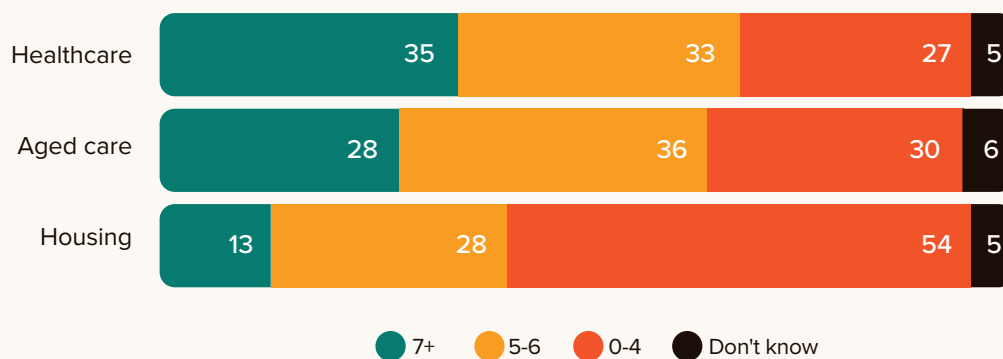
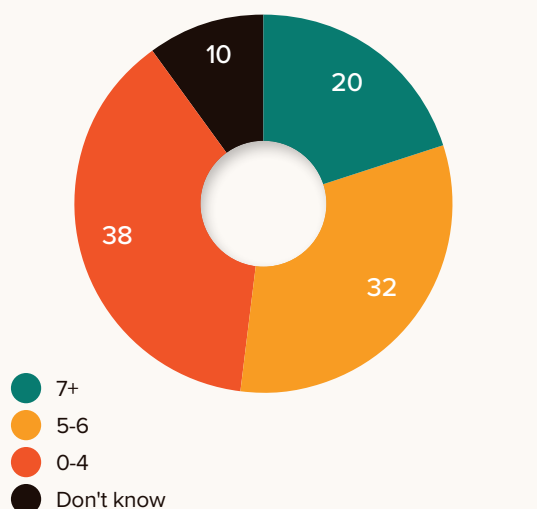


Figure 12: How well the sectors work together to support people to age well (%)



There was a negative perception of housing, with over half (54 per cent) rating the housing sector's performance in supporting Australians to age well as poor (0-4). Discussions from the qualitative workshops indicated that this may be due to the generally negative perception of the current housing market, or due to perceptions of housing accessibility or affordability specifically for older people.

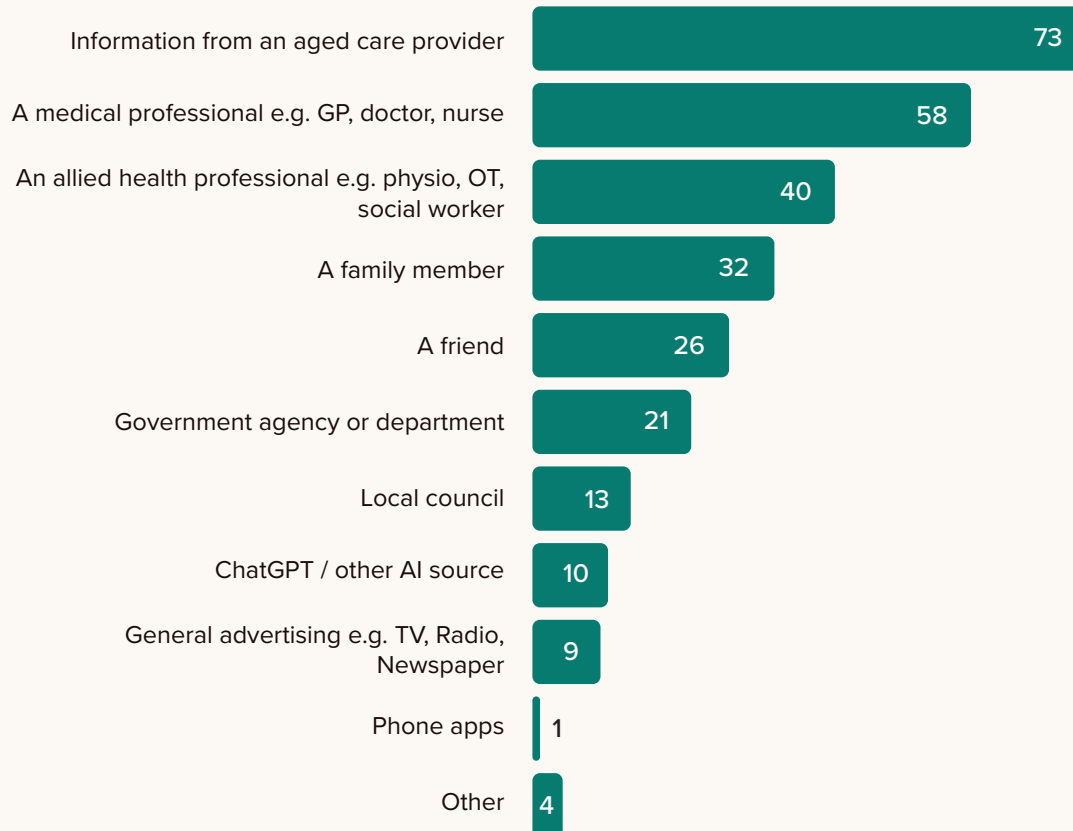
Discussion of alternative housing models in the qualitative workshops revealed very low awareness, alongside uncertainty and scepticism about their costs.

Q18. How would you rate the performance of the following sectors in supporting Australians to age well? 0=very poor, 10=excellent
 Q19. How well do you think the healthcare, aged care and housing systems work together to support people to age well at home or in their community? 0=not well at all, 10=extremely well.
 Base: All respondents (n=1,010).

SOURCES OF AGED CARE INFORMATION

Aged care providers were the most commonly cited source of information, followed by medical professionals. Only one in five participants (21 per cent) indicated they would use government sources (see Figure 13).

Figure 13: Where respondents would get information on aged care services (% , prompted)



Q15. If you needed specific information on aged care services, which of the following sources would you use? Base: All respondents (n=1,010). (Multiple response)

The qualitative discussions revealed that many participants were uncertain about where to seek information on aged care beyond providers, such as details on types of care, processes and funding.

In the qualitative discussions with current service users, most approached the services with zero or very little prior knowledge. This put them at greater risk of misinformation, leading to reduced access to needed services. For example, one respondent reported being told by the hospital their parent was in that there were no social workers in hospitals anymore. However, after being discharged, they discovered a social worker could have been made available prior to check-out and could have helped them with aged care information.

Key findings



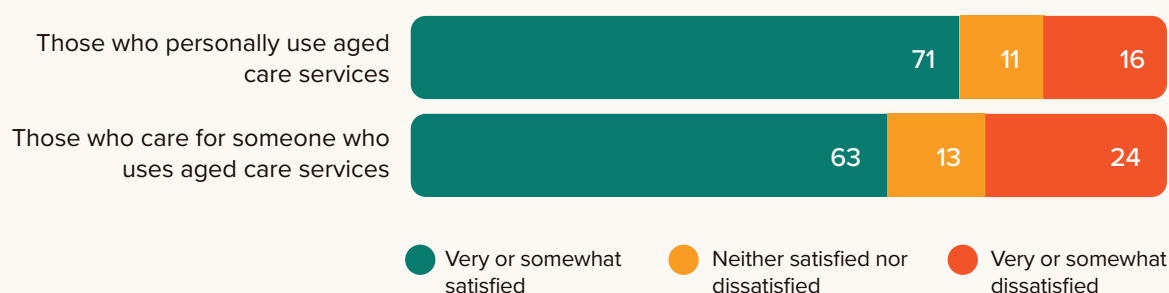
- People were unsure about where to go to find information on aged care, outside of the providers.
- People approached services with limited prior knowledge which puts them at risk of misinformation, leading to reduced access to the services needed.

Current user experiences

SATISFACTION WITH THE AGED CARE SERVICES CURRENTLY BEING RECEIVED

Overall satisfaction with the aged care services currently being received was relatively high, especially for those who were personally using the services. The qualitative component also explored experiences of aged care and seniors housing services and how these differed from expectations, through a small number of in-depth interviews (see Figure 14).

Figure 14: Satisfaction with aged care services currently being received (%)



Q12. How satisfied are you with the aged care services you personally receive? Base: Those personally using aged care services (n=100)

Q13. How satisfied are you with the aged care services your relative or the person you care for currently receives? Base: Those who care for someone who is receiving aged care services (n=215). Q14. What makes you feel that way? Base: Those who gave a satisfaction rating (n=310).

Those who were satisfied said the services they received provided high levels of care and assistance, particularly in terms of cleaning, gardening and personal care. Respondents also reported positive personal experiences with individual staff, describing them as professional, dedicated, friendly, and caring. Providers were seen as helpful in explaining information and outlining available options.

In qualitative discussions most respondents felt that services supported them or their loved one to age well, with a sense of choice and empowerment, and that the government was “doing what it can”. Some also noted that relatives were initially distressed or resistant due to concerns about losing independence but found this had not eventuated in practice.

Those who were dissatisfied attributed this to experiencing poor levels of service and care, lack of staff or inconsistent staff. Some felt services were too expensive or required significant out-of-pocket expenses. Overall, they said there was room for improvement and that better care and service offerings were needed.

Key issues included perceptions of poor access or inability to access aged care services due to lack of availability, combined with long wait times for support. Even among those who had high satisfaction, some raised concerns about service consistency, particularly the use of different staff members across visits, which can undermine continuity in care.

There was concern around staff training in dementia, which included a perceived lack of dementia training for staff involved in dementia care, combined with a lack of flexibility and long waitlists. For example, one respondent with a parent in dementia care was less positive about the services, due to a perceived lack of dementia training for staff. Another with a parent receiving in-home care (in a metropolitan area) was very dissatisfied due to the lack of flexibility and long waitlists.

REASONS FOR SATISFACTION RATINGS AMONG USERS OF AGED CARE SERVICES: IN THEIR WORDS

Satisfied



“Even if physically unable to do one’s own housework and gardening, it is very comforting to know that is taken care of, and at a reduced cost.” - A user of aged care services

“She was looked after extremely well, and they went out of their way to make her comfortable.” - A carer of a user of aged care services

Dissatisfied



“Very limited support, and even then you have to jump through hoops, continually follow up etc. to get anyone to respond or to do their job.” - A carer of a user of aged care services

“It just takes so long to be assessed and then it’s a waiting situation, just takes too long.” - A user of aged care services

“I had to wait over 12 months for garden service. Also, the cleaners don’t do a very good job, sometimes they didn’t show up, sometimes they were hours late and didn’t give us any notice, so I stopped them for now. My daughter now cleans our bathroom.” - A user of aged care services

Neutral



“My parents chose to live in a rural area with limited services. I feel they are getting the care to meet their needs and nothing more. They have a community around them and that helps them with their mental health and connections.”



RESEARCH FINDINGS:

Looking to the future



What 'ageing well' looks like and how the sector can help

IS AGED CARE HEADING IN THE RIGHT OR WRONG DIRECTION?

Almost half (46 per cent) of respondents were unable to answer whether ageing well is heading in the right or wrong direction. Among those who expressed a view, opinions were split, with 30 per cent who felt it was on the right track and 25 per cent who believed it was heading in the wrong direction (see Figure 15 and Figure 16). The findings reflect the level of uncertainty that exists across the community and suggest the need for clearer narrative about reform, progress and long-term direction.

Figure 15: Perceived direction of the aged care system (%)

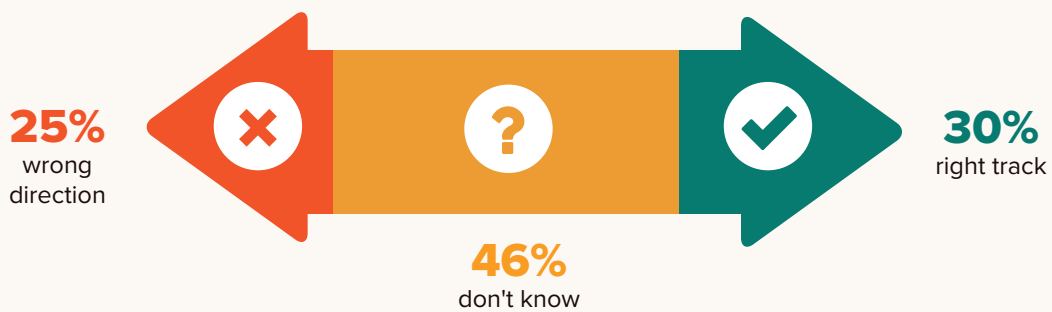
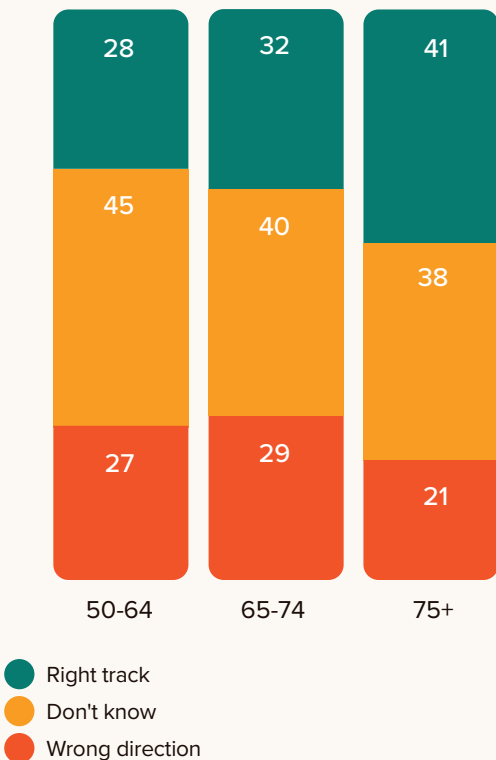


Figure 16: Perceived direction of the aged care system by age (%)



Key findings



When asked what changes would signal progress in the right direction, qualitative workshop respondents identified the following:

- greater inclusivity and affordability;
- a focus on independent living;
- security and ability to plan (i.e. no further changes to the set-up or funding requirements before they need aged care);
- trust in government to provide a stable system and do right by those due to enter it soon;
- a stable workforce that provides patient, sympathetic and loving care; specialised dementia care; and
- mystery visits to check on quality.

Q4. Do you think the aged care system in Australia is heading in the right track or in the wrong direction? Base: All respondents (n=1,010).

WHAT DOES AGEING WELL LOOK LIKE TO THE COMMUNITY?

As part of exploring future needs and preferences, qualitative workshops and interviews examined two pillars of ‘ageing well’ and ‘ageing with choice and empowerment’.

For respondents in qualitative research, ageing well meant living with purpose and connection. It was about having choice in how and where people live, staying involved in their community and accessing the right support to live safely and meaningfully as needs change. A key aspect of achieving this was preventative health, which many participants said they were doing or knew they should be doing (often inspired by an older family member who did not look after themselves). Preventative health was seen as including mental and physical health, diet, retaining bone density, and exercise specifically suited to older people (e.g. the *Living Longer Living Stronger* program).

Ageing with choice and empowerment was seen as a key part of ageing well, with almost one in four respondents (38 per cent) who agreed older Australians have choice in the current aged care system, while one in three disagreed (34 per cent). There was a sense that people have less control over this aspect than they do over ageing well.

Respondents felt choice and empowerment depend on: how financially well off you are (the wealthier you are the more options you have); the care options available in your area; the length of waitlists; and how well you understand the system. Some noted that dementia was also a limiting factor when it comes to choice (i.e. fewer places are available for specific dementia care).

These insights reinforce the value of public education that promotes practical, accessible strategies for healthy ageing.

Key findings



- Respondents expressed a desire to engage more actively in preventative health to support ageing well, and identified scope for a public awareness campaign focused on practical tips, including tailored exercise programs and the availability of broad based programs with low or no cost options.
- Achieving greater choice and empowerment requires people to begin thinking about and planning for ageing earlier. Consistent with themes raised elsewhere in the report, this presents a challenge for a sector that is typically only engaged when care is needed.

WHAT AGEING WELL, CHOICE AND EMPOWERMENT MEANS: IN THEIR WORDS

Ageing well

“Having a good handle on your health, getting to anything that might be going on health-wise early and proactively.”

“Good health.”

“Unlocking my future and being looked after, through saving financially.”

“Sticking around, living to see your family grow, your grandchild.”

“Seasons change, people and animals do as well. Changing with whatever comes our way, rolling with the punches.”

Ageing with choice and empowerment

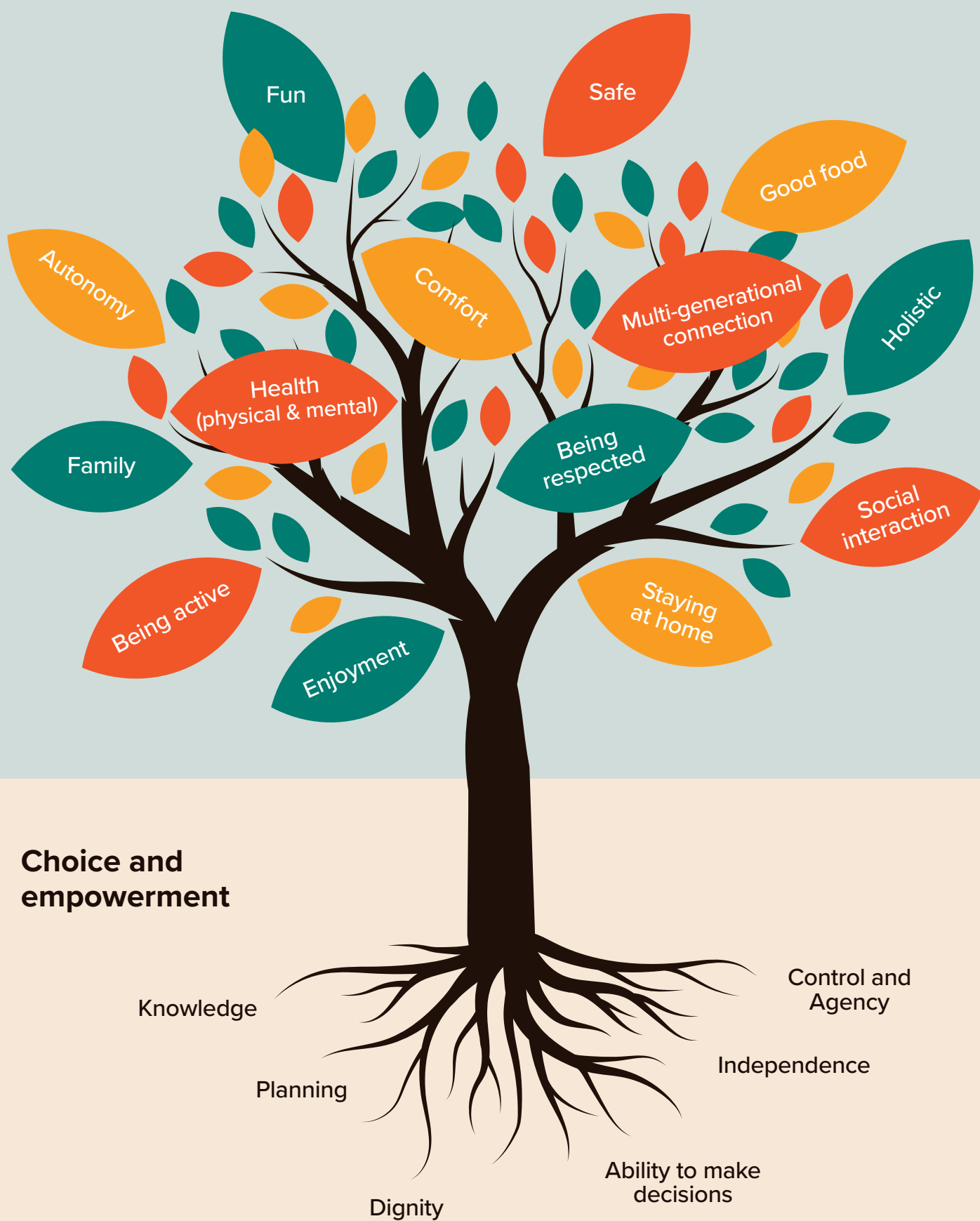
“Receiving good care from services.”

“Being active.”

“Travelling.”

“Learning about the whole process, being fully aware of what’s going on.”

Ageing well

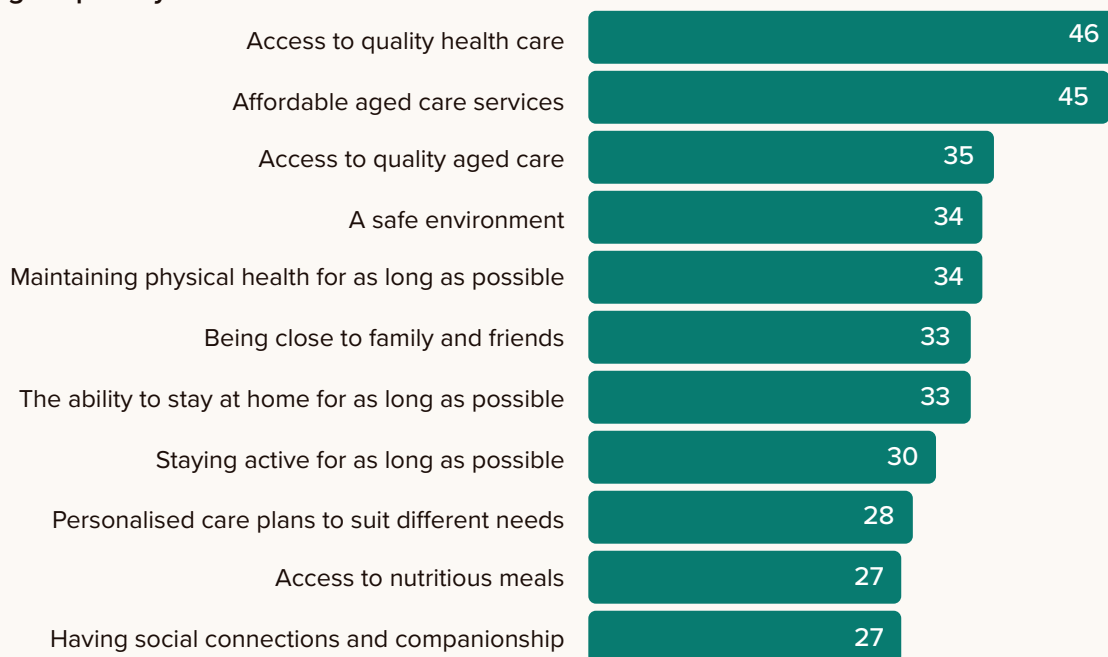


MOST IMPORTANT FACTORS NEEDED TO HELP AUSTRALIANS AGE WELL

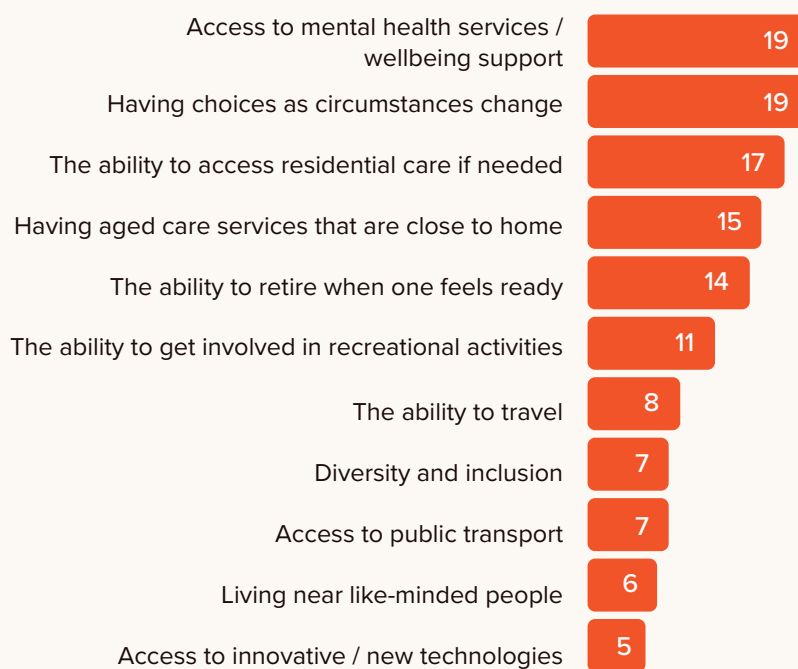
In the quantitative survey, we prompted respondents with a list of factors. Access to quality health care, affordable care and quality care were the top three factors needed to help Australians age well. Based on the qualitative conversations, access and affordability were also considered key parts of choice (see Figure 17).

Figure 17: Factors impacting ageing well (%)

Higher priority



Lower priority



Q17. Which of the following things do you think are the most important factors that are needed to help Australians like yourself age well?
Base: All respondents (n=1,010).



Key findings

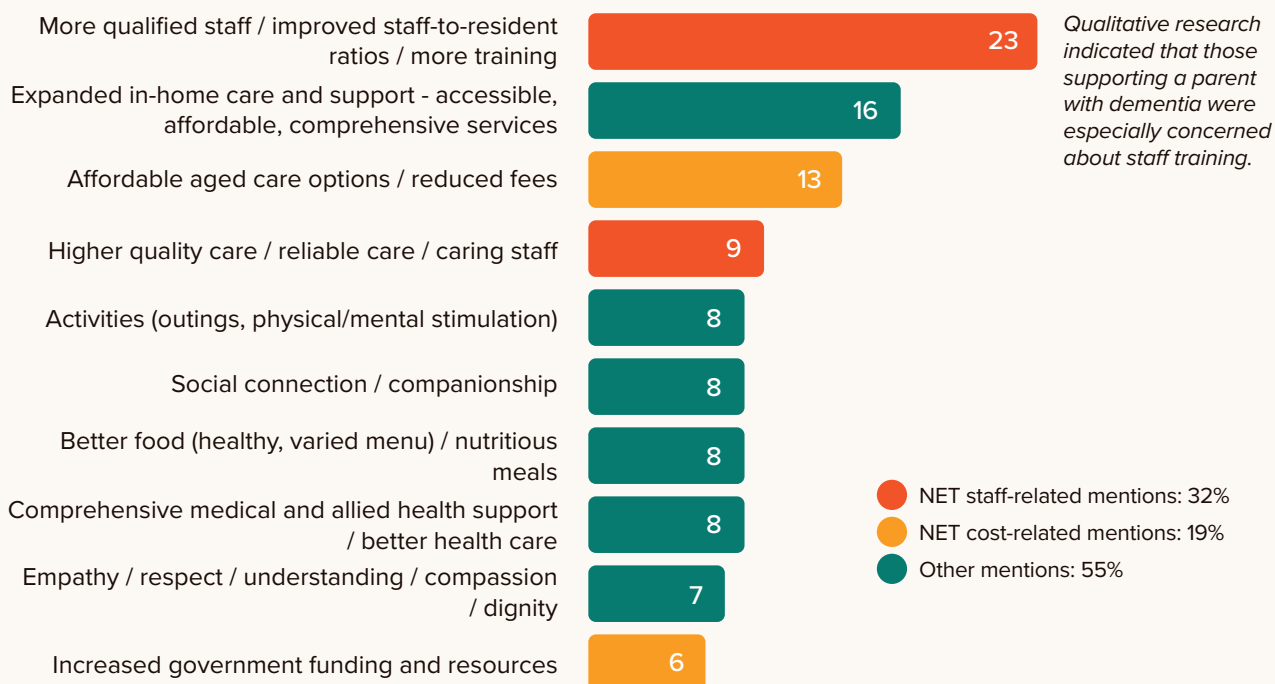


- There was a 25 per cent or greater respondent consensus on the 11 high priority areas for ageing well, providing an important basis for future policy focus and initiatives.
- In line with the qualitative workshops, many also mentioned safety, maintaining physical health, friends and family and staying at home for as long as possible, as important for ageing well - demonstrating that ageing well extends beyond health and aged care services.

AGEING WELL AND THE AGED CARE SYSTEM

Survey findings indicated that respondents saw aged care staff as central to supporting ageing well, particularly in relation to staff-to-client ratios, the quality of qualifications, training, reliability, and care. Qualitative research indicated those supporting a parent with dementia were especially concerned about staff training (see Figure 18).

Figure 18: What the aged care system needs to provide so Australians can age well (%)



Q16. What do you think the aged care system needs to provide to help Australians age well? Base: All respondents (n=1,010).

WHAT THE AGED CARE SYSTEM NEEDS TO PROVIDE TO SUPPORTING AGEING WELL: IN THEIR WORDS

“High quality care with qualified workers, options for staying at home as long as possible, support in the home, clearer information about options available. More government support and financial support to attract and retain good staff in aged care facilities.”

“Services to assist people being able to stay in their own homes and still have independence. Assistance with cleaning, gardening and transportation to appointments.”

“Access to affordable in-home care with no waiting times, well-trained staff, high staff-to-resident ratios, social support, affordable access to health professionals.”

“24/7 all round care with comfortable, cosy accommodation, good meal choices to provide sufficient nutrition based on individual needs. Caring and compassionate staff, plenty of activities and health care on hand at all times.”

“Good nursing care, community access, activities to keep them mentally and physically active. Services in the home to keep them home as long as possible, rebates for home modifications.”

“Timely and adequate services, trained and caring staff, appropriate funding levels.”

FUTURE OF AGED CARE: PREDICTED TRENDS

As part of this research, six trends relevant to the future of aged care were identified and explored. Some were seen as positive – particularly regulatory changes, higher participant expectations and technological advancements. However, several of these trends generated significant concern – notably around the ageing population, rising dementia rates, cost and available workforce (see Figure 19).

Figure 19: Responses to identified trends in the aged care sector (%)

Predicted trends	Good thing for the future of aged care	Will make no difference	Bad thing for the future of aged care
Regulatory changes and compliance e.g. ongoing improvements to / increase in regulation	72	18	10
Changing expectations e.g. people wanting to stay home for as long as possible, growing demand for higher quality and personalised care	69	18	13
Technological change e.g. increase in remote monitoring technologies and AI robotics	61	19	20
Economic factors e.g. the available workforce, the cost of providing care	39	14	47
Changes in demographics and demand for aged care services e.g. the ageing population, the increasing number of people living alone, rising dementia rates, increasing migration rates	35	15	49
Environmental factors e.g. climate change, renewable energy, reducing the sector's carbon footprint	26	53	22

Those aged 75+ years more likely to feel this is positive (81%)

Those aged 18-34 more likely to feel this is a bad thing (24%)

Men more likely to feel this is a positive thing than women (71% vs 52%)

Q20. When thinking about the future of aged care, do you think the following factors will be a good thing, bad thing, or make no difference?
Base: All respondents (n=1,010).



In the qualitative workshops, respondents (all aged over 50) were provided with more detail on the trends before giving their views on what they felt positive and negative about. The discussion also covered population statistics (the growing older population and the proportionately shrinking younger population) and the concept of fairness around who pays. These discussions left workshop respondents feeling concerned about the future of aged care, with limited confidence that conditions will improve.

Attendee responses to six identified trends in aged care



Changing expectations

- Respondents were most optimistic about this trend, seeing it as offering significant opportunity and were looking forward to sector changes that will enable more people to receive higher quality care at home.
- The cost implications of this trend were considered to be unclear – although there appeared to be a general assumption that this trend would result in better service for all.



Technological change

- Technological change was generally viewed positively, but for some respondents, concerns outweighed the positives.
- Overall, there was a sense of cautious optimism, where respondents recognised the value technology can provide to the sector, but had boundaries around what they want it to be used for.



Changes in demographics and demand for aged care services

- Participants expressed surprise at projected population changes, particularly the expected growth in the number of older people and people living with dementia.
- Participants expressed concern about how the sector can support these projections, especially given the challenges it is already facing.



Economic factors

- Respondents recognised the challenges being presented and had significant concerns about workforce shortages and the financial viability of providers.



Environmental factors

- Environmental factors did not appear to be a factor respondents considered as either providing opportunity or a concern for the future.



Regulatory changes and compliance

- Survey data suggests that respondents instinctively viewed increased regulation as positive for the sector. However, they do not appear to understand or accept that this can impose additional cost burdens on providers and affect service viability.
- The regulatory changes and compliance trend had less support in the qualitative discussion (but also not much concern). This was likely because the additional detail we were able to provide in this method clearly outlined both the pros and the cons (e.g. cost and viability).

Key finding



Respondent perceptions are often shaped by values, expectations, and intuition, rather than a detailed understanding of the system and constraints. This highlights the importance of engaging more deeply with the broader community to ensure their views are informed by an awareness of key trade-offs, including overall cost (to both the government and participants), workforce pressures and provider viability.

HOW RESPONDENTS THINK THEIR AGED CARE SHOULD BE FUNDED

Funding discussions raised questions about the fairness of younger people bearing the growing cost of aged care through higher taxes. Most respondents believed that both the government and the user should both contribute to aged care services funding – either as an equal mix (48 per cent) or with the government funding a larger proportion than the consumer (42 per cent). Means-testing had widespread support.

Figure 20: Aged care funding preferences (%)

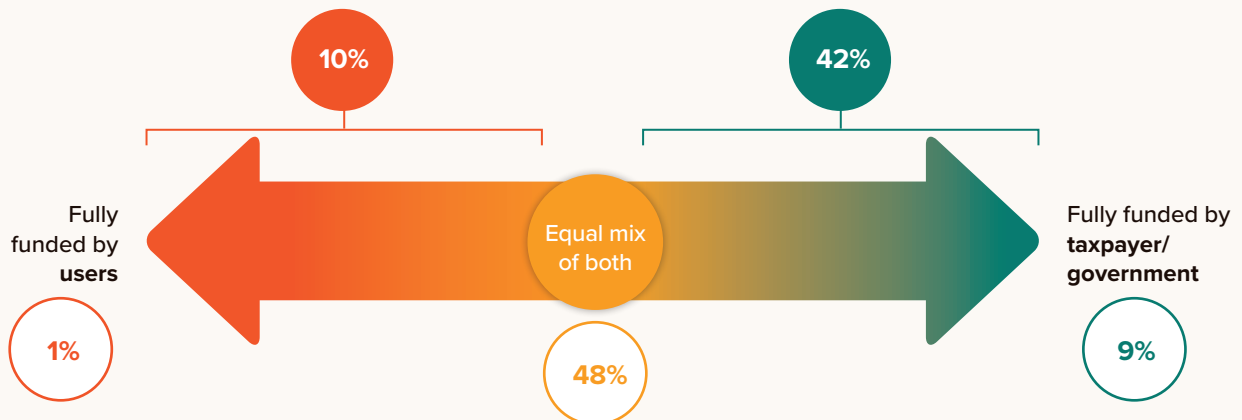


Figure 21: Aged care funding preferences by age (%)

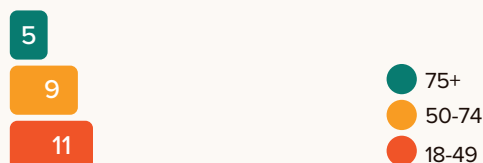
Equal mix of user pays and tax-payer (i.e. government) funded



Fully funded by tax-payers / government



Fully funded by users



In the qualitative research, respondents aged over 50 instinctively felt like the goalposts were shifting on them in an unfair way. They reacted negatively to the prospect of needing to pay more than the generations before them.

A mix of user-pays and taxpayer funding felt fair, but older participants instinctively wanted the government to pay as much as possible, with comments like, “That’s why you pay taxes. I’ve been paying all my life, so we should get something when we’re older”.

Older respondents understood that younger people may be resentful of tougher economic circumstances; but they themselves also felt some resentment that they had done all the right things through their working lives (contributed, supported the generations that went before them) with the expectation that once they hit retirement they would be looked after.

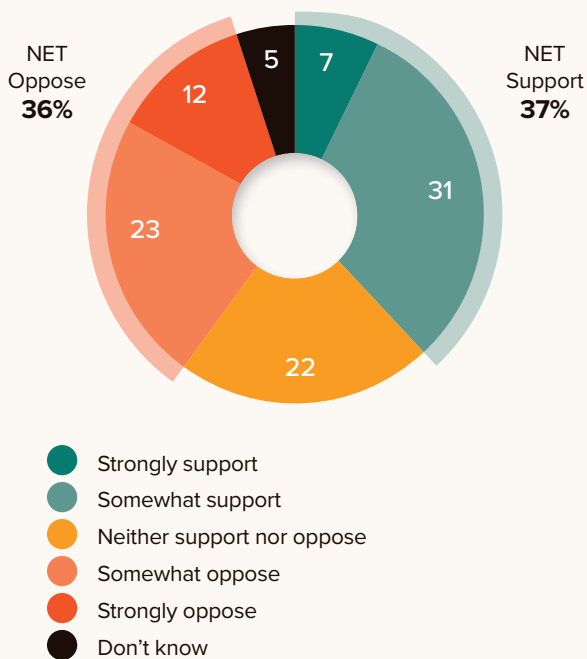
Means-testing was typically seen as the best option, especially for those with significant wealth.

Q21. Using the scale below, to what extent do you think users should contribute towards their aged care services themselves vs it being funded by the Government i.e. using tax-payer money? Base: All respondents (n=1,010).

Superannuation and aged care funding

There were mixed views on increased use of superannuation to fund people’s aged care in future, with roughly equal numbers of support and opposition. Respondents aged over 50 and women (who typically have less super than men) were more likely to oppose accessing superannuation for aged care services (see Figure 22). The qualitative discussions provided deeper insight into the reasons behind mixed views.

Figure 22: Support for an increased reliance on superannuation to help pay for aged care (%)



Q22. To what extent do you support or oppose an increased reliance on an individual’s superannuation funds to help pay for their aged care in future? Base: All participants (n=1,010).

*As evidenced by: <https://smcaustralia.com/improving-superannuation/time-to-secure-a-dignified-retirement-for-more-women/#:~:text=Super%20has%20transformed%20the%20lives,retiring%20earlier%20and%20living%20longer>

Figure 23: Feelings towards superannuation funding aged care – key demographic differences

More likely to oppose (36% total)		More likely to support (37% total)	
41%	Women	51%	Speak a language other than English
41%	Aged 50+	43%	Men
		41%	Doing financially well or ok

Respondents were aware of recent proposals to tax super over \$3 million and felt this was unfair. Some were concerned that the \$3 million is just a first step and that the threshold could be lowered in future.

Some were open, feeling that taking care of people in retirement is what superannuation is for. On the other hand, they noted their care needs were uncertain at this point (and funding arrangements may change again) making it hard to plan. They questioned what would happen if their funds ran out.

Others were resistant, feeling they worked hard for their super and should get to enjoy it from a lifestyle perspective.

Acknowledging funding issues and the struggles young people are having entering the housing market, they felt it is acceptable to means-test (similar to the Aged Pension, so that the very richest i.e. people with significant wealth should pay extra). Some also argued for reviewing regulatory burden (if it’s causing costs to rise) and general government spending.

Quotes



“I thought the whole point of super was to service you after your working life (i.e. including aged care) – though it is hard to predict how long our super will last.”

“Mixed messages – the government told us we should save it, and now they’re going to tax it. It’s a breach of trust.”

Key finding



While there are differences by age, there is significant support across all groups for a mixed funding model for aged care – where both government and individuals contribute. This demonstrates community recognition of shared responsibility as the fairest and most sustainable path forward.

THE SUPPORT AT HOME PROGRAM

In the qualitative workshops, respondents discussed the changes to home care funding. There was broad support for the service category structure and funding allocations, with these changes viewed by respondents as logical and fair.

Information presented in the workshops on the planned new funding categorisation and segmentation for in-home services

The new Support at Home program (launching on 1 November 2025) offers three service categories: clinical care, independence, and everyday living. Clinical care focuses on services like nursing and physiotherapy and is fully funded by the government. The majority of independence services are funded, such as personal care, reflecting their importance in maintaining independence. Everyday living services, like cleaning and gardening, attract higher contribution rates from the individual, with the percentage dependent on means testing.

Overall, these changes made sense to people and felt fair. Specific feedback included:

- It felt right to have clinical care without means-testing.
- The segmentation was seen to take account of individual needs and preferences, given every household is different e.g. not everyone has a garden.
- Participants felt superannuation could cover everyday living costs, especially if these contributions were means-tested.
- Some queried whether cleaning should be an essential, as a health and safety issue.
- There was a concern that outsourcing services, particularly in regional areas, could cause them to deteriorate or disappear. Some believed services should go back to being delivered through councils rather than contractors.

Quotes



“Means tested provides equal access, a level playing field for people.”

“The old model my grandparents used – most of the providers were Catholic or Anglican, they weren’t for-profit and there was more care.”





Key finding



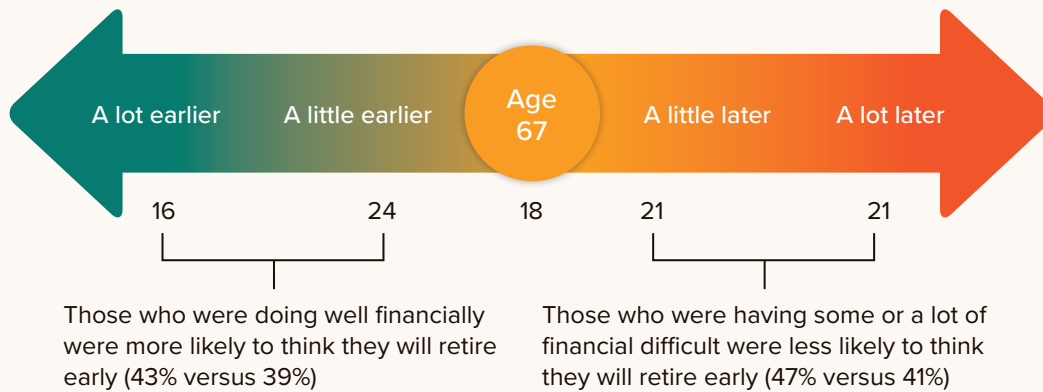
Broad support for the new funding categories suggests optimism for Support at Home. Confidence would further increase if thin-market access is protected and essential supports are recognised as contributing to the health and safety of older people.

Retirement, downsizing and social isolation

WHEN RESPONDENTS EXPECT TO RETIRE

Roughly equal proportions of respondents expected to retire earlier than 67, versus later than 67. Almost half (45 per cent) disagreed that the government supports older people to retire when they want to (see Figure 25).

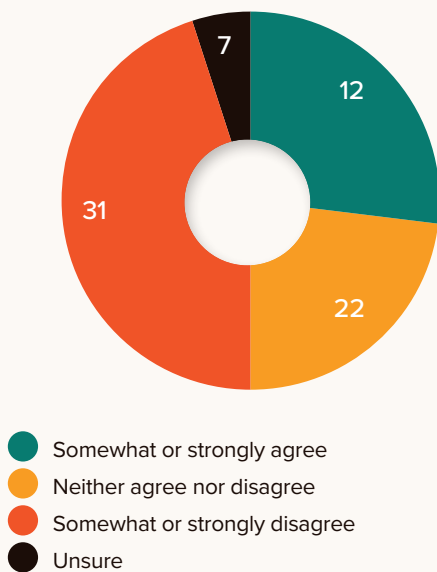
Figure 24: The age respondents expected they will retire (%)



Q34. In Australia, the age at which individuals become eligible for the Age Pension is 67 years old. Do you expect that you will retire...
Base: Respondents who are currently working (n=485).

Figure 25: Perceptions of government support for voluntary retirement (%)

"The Australian Government supports older Australians to retire when they want to"



Q35. To what extent do you agree or disagree that the Australian Government supports older Australians to retire when they want to? Base: All respondents (n=1,010).

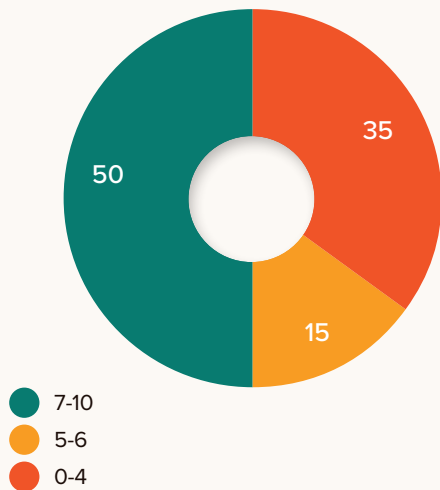


LIKELIHOOD OF DOWNSIZING AS RESPONDENTS GET OLDER

Half of the respondents (50 per cent) were interested in downsizing in future and over a third (37 per cent) felt that the government supports older Australians in doing so if they want to. Please note, only respondents aged 50 or over were asked about their likelihood of downsizing.

Of the respondents aged over 50, 15 per cent had already downsized. Those living alone (27 per cent), aged over 70 (22 per cent) and women (17 per cent), were more likely to have done so.

Figure 26: Likelihood of downsizing to a smaller home when older (% among those aged 50+)



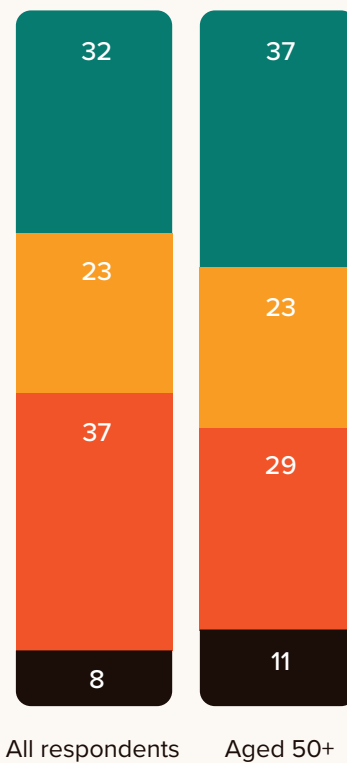
Q25. How likely is it that you will downsize to a smaller home as you get older? 0=not at all likely, 10=extremely likely. Base: Respondents aged 50 or over (n=762).

Figure 27: Likelihood of downsizing – key demographic differences

Less likely to downsize in future (35% total rating 0-4)		More likely to downsize in future (50% total rating 7+)	
47%	Live alone	60%	Aged 50 to 64
46%	Age 65+	58%	Renting
42%	Own their home outright	57%	Paying off a mortgage
		54%	Live with others
		52%	Not personally using aged care

Figure 28: Perceived government support for downsizing (%)

"The Australian Government supports older Australians to downsize to a smaller home if they want to"



- Somewhat or strongly agree
- Neither agree nor disagree
- Somewhat or strongly disagree
- Unsure

Q26. To what extent do you agree or disagree that the Australian Government supports older Australians to downsize to a smaller home if they want to? Base: All respondents (n=1,010), aged 50+ (n=762)



INCENTIVES AND DISINCENTIVES FOR DOWNSIZING

The top incentives to downsizing closely mirror the primary barriers, including: affordability and suitability of properties, consideration of entitlements and tax implications, and practical support with moving (see Figure 29 and Figure 30).

Figure 29: Motivators for downsizing (% , prompted)

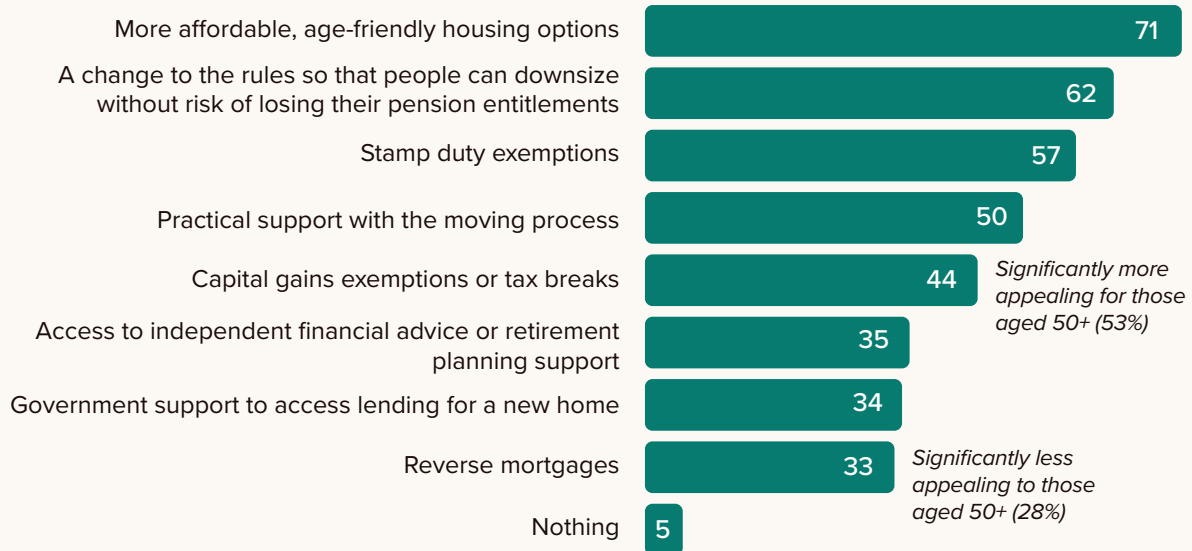


Figure 30: Barriers or challenges to downsizing (% , prompted)



Q28. What do you think might encourage older people to downsize to a smaller home, if anything? Q27. What do you think might be some of the barriers or challenges for older people to downsize to a smaller home, if any? Base: All respondents (n=1,010).

DIFFERENT AGE GROUPS AND DOWNSIZING

The qualitative research included a deeper dive into downsizing and other housing models by age group. Respondents identified a challenge in finding the right timing to downsize, balancing the period after children leave home with concerns about leaving it too late. This window was generally seen as the early to mid-60s.



Ages 50-59

A significant proportion of respondents aged 50 to 59 still had children living at home, meaning downsizing remained a future consideration rather than an immediate option. When weighing the pros and cons of staying in their current home versus downsizing, respondents more often emphasised familiarity and emotional attachment rather than the practical benefits of having extra space. Downsizing appeared less important to those already living in a very central location close to healthcare services.



Pros:

- Potential to save money.
- Potential to move to a retirement village where staff can support wellbeing, meaning less reliance on family members.



Cons:

- Maintaining one's sense of identity, as change can be a big shock and cause quick deterioration.
- Remaining in the same neighbourhood or apartment building means staying close to social networks and friends, providing a sense of safety.
- Staying in the same local area means staying connected with known transport routes and businesses that are of use, enhancing a sense of safety.
- The unknown costs of moving on and the availability of suitable properties.



Ages 60-69

Respondents aged 60 to 69 expressed a strong preference to stay in their own homes, favouring home modifications over relocation. Some respondents had already made modifications, including ramps, widened doorways, handrails, and/or changed layout (e.g. putting a bedroom on the ground floor). They recognised this may be more difficult for those who need strata permission or are renting.

Respondents noted that 'making modifications' could also include reducing physical demands by paying for external support (e.g. gardening and maintenance). However, respondents also noted that there were availability and affordability considerations with this approach.

A small number of respondents from this age cohort had already downsized, including one who had built their dream home to their own specifications.



Pros:

- Help with the housing crisis, given there are many older people living alone or in larger homes than they need.
- Option for multigenerational living, which respondents believed should be encouraged and incentivised by government (including building houses suitable for that purpose).



Cons:

- Insufficient or lack of government incentives for downsizing.
- Potential for disagreement with children (e.g. due to concerns about inheritance or loss of the family home they grew up in).



Ages 70+

Most respondents aged over the age of 70 indicated a preference to stay in their current home. Those who were interested in downsizing felt they should have downsized earlier, given the challenges of uprooting their lives at an older age.

Some respondents had friends who had moved into retirement villages, but negative word-of-mouth acted as a deterrent. Concerns included fees being increased at the owner's discretion, high exit fees that make it difficult to leave, holding only a right to reside which creates a sense of impermanence, and perceived loss of control due to restrictive rules, such as not being able to garden.



Pros:

- Ability to put excess money into superannuation after selling the family home.



Cons:

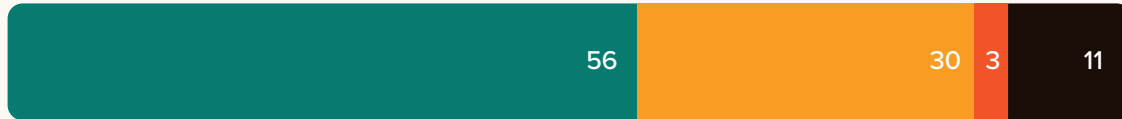
- Too much change and too many challenges to uproot life at an older age, unless it is done earlier.
- Concerns about a lack of transparency in retirement villages, particularly in relation to costs, alongside fears of losing control due to restrictive rules, including how easy it is to leave a village and limits on personal choice, such as growing a garden).



LIVING PREFERENCES WHEN MORE CARE IS NEEDED

Over half of respondents (56 per cent) indicated a preference to stay at home until the end of their lives, with those aged over 60 significantly more likely to have felt this way (67 per cent). Reflecting the growing popularity of retirement villages, almost a third (30 per cent) said they would prefer to move to one of these villages or another type of seniors housing (see Figure 31).

Figure 31: Where respondents wanted to live when they get older and need more care (%)



Those more likely to select this option:

- Stay at home until the end of your life**

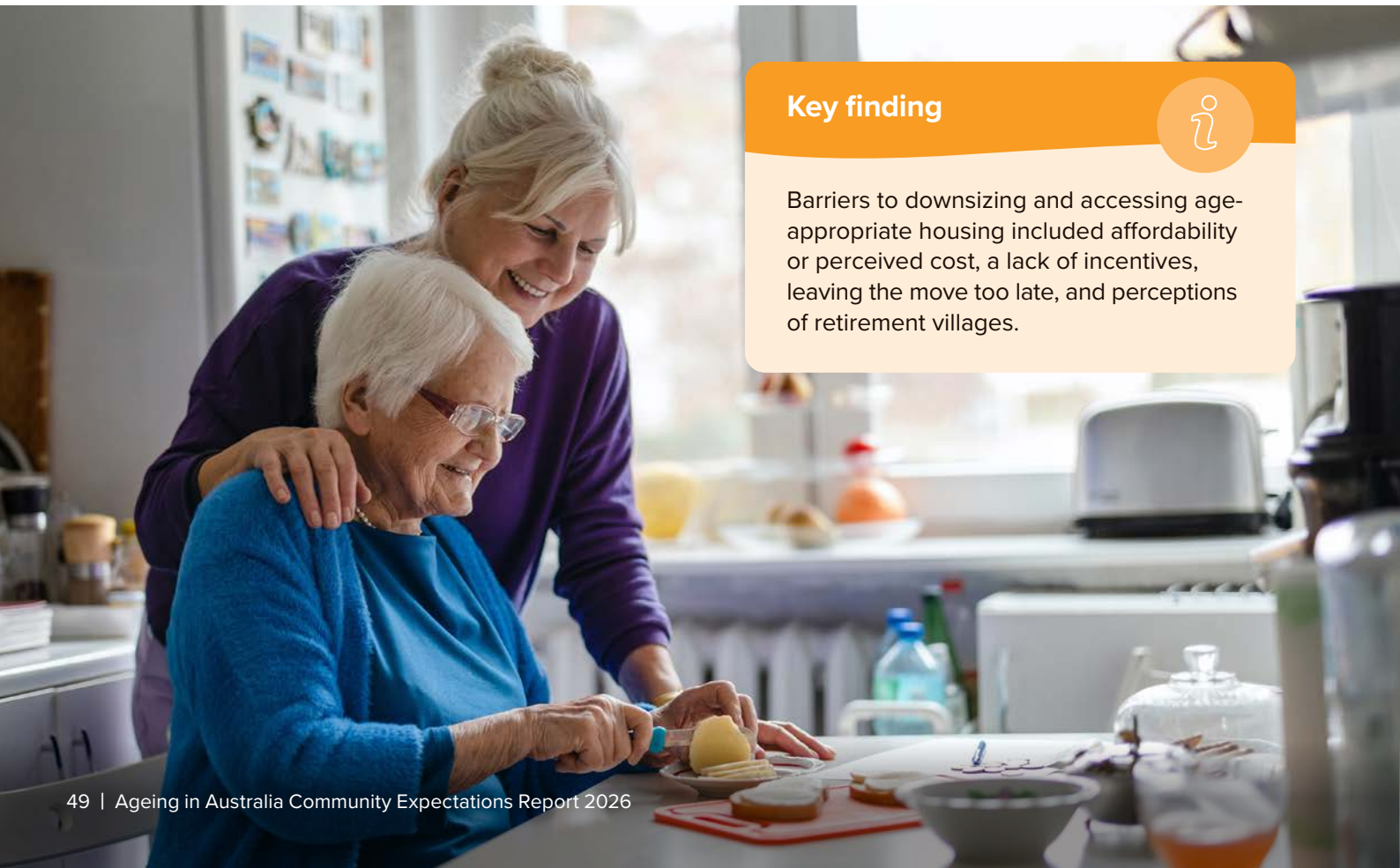
 - those aged 60+ (67%)
 - those who own their own home outright (66%).
- Move to seniors housing**

 - those who are renting (34%) or paying off a mortgage (34%)
 - those aged under 60 (33%).
- Move to residential care**

 - those who prefer to speak a language other than English (8%).
- Unsure**

Q23. As you get older and/or need more care, would you prefer to...? Base: All respondents (n=1,010). Q24. Which of the following types of housing options would you prefer? Base: Those who selected retirement village or other types of seniors housing (n=260).

Among those respondents who preferred a retirement village or other types of seniors housing, 50 per cent said their first preference was to live in assisted living, 48 per cent preferred a standalone retirement village and the remaining one per cent preferred another option such as share housing or guesting with family.



Key finding



Barriers to downsizing and accessing age-appropriate housing included affordability or perceived cost, a lack of incentives, leaving the move too late, and perceptions of retirement villages.

HOUSING MODELS

In the qualitative workshops, respondents were asked to provide feedback on two emerging housing models, Integrated Seniors Housing and Land Lease Communities. Responses reflected a degree of caution and scepticism. However, respondents acknowledged that they had more options than previous generations, who only had access to 'nursing homes' as they aged. Respondents saw an opportunity for the sector to 'think outside the box' and be more creative with housing models for older Australians.

Information presented in the workshops on emerging new housing models

Integrated seniors housing is housing developments for older people that combine independent living units with on-site care and support services. This approach aims to offer a continuum of care, allowing residents to remain in the same environment as their needs evolve.

Land lease communities, also known as lifestyle communities or manufactured home estates, offer a way to live in a secure, often gated community, while owning their home but leasing the land it sits on. This structure can be particularly appealing to those seeking an affordable retirement option, as it allows residents to access Commonwealth rent assistance and keep capital gains from their home.

Key findings



- Retirement villages are growing in popularity, however, there appears to be some negative word of mouth around fees and around loss of control, which affects views on other similar-sounding models.
- Workshop respondents did not view the two models as particularly new, and there was confusion about how they differ from existing retirement village and strata arrangements. The perceived similarity created a sense of caution regarding both models, given uncertainty about ongoing costs and negative stories.
- There was a view that these models should be funded by government and many respondents wanted reassurance that these would operate under strict standards with a focus on quality, not profit.
- These perspectives highlight the importance of transparent information, trust in regulation and consumer safeguards.

Quote



"I had a discussion with an acquaintance who used to work in aged care housing. She was extolling the virtues of the shared housing model she experienced in England where it was possible to have a share in the house purchased and rent back its use from the other mortgagee. She explained this particularly helped women, as most women retiring soon have less super than their male counterparts. Women and people on limited incomes living alone need to make important housing choices while they are working to set themselves up for future security." – Workshop respondent

ADDRESSING SOCIAL ISOLATION

Regardless of living situation, the risk of social isolation was acknowledged by older people. Respondents felt that addressing this problem required a wide range of initiatives to achieve positive change. Solutions identified include directly promoting social interaction, encouraging physical activity, and supporting mental health (see Figure 32).

Qualitative workshop respondents raised concerns that ageing may accelerate when people are surrounded only by other older adults. While recognising that settings such as retirement villages could offer social connection, some worried these environments could become insular or a “gossipy microcosm”. Respondents also emphasised the importance of intergenerational connections, noting the benefits of social interaction with younger people.

Figure 32: Initiatives that would be most helpful to keep older people socially connected (% prompted)



Q29. Which of these things do you think would be most helpful to keep older people connected? Base: All respondents (n=1,010).

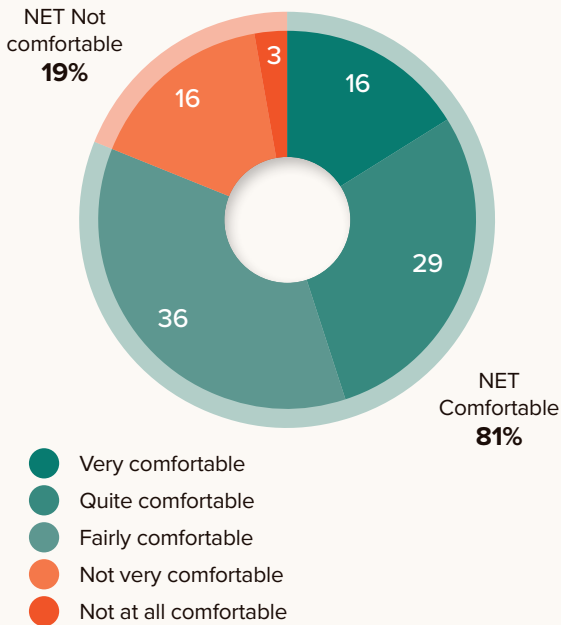
Informal caregiving

ATTITUDES TOWARDS INFORMAL CAREGIVING ROLES

Looking to the future of aged care, most respondents (71 per cent) felt comfortable with the prospect of being cared for by a relative or friend. An even higher proportion of respondents felt comfortable providing that care to someone else (81 per cent).

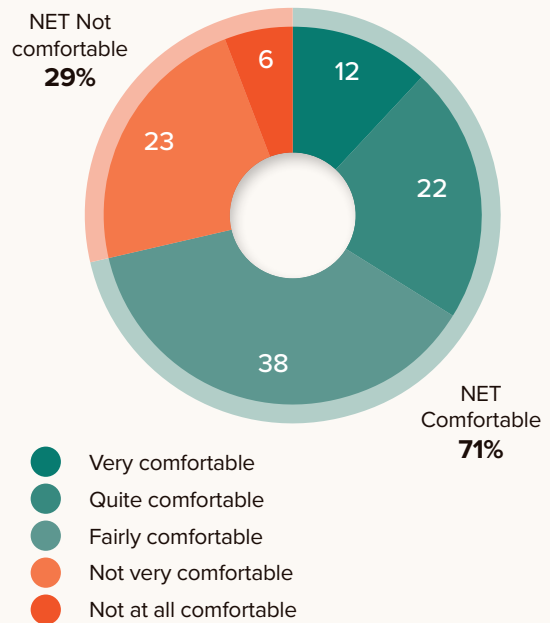
Qualitative findings indicated more nuanced views than those suggested by the quantitative data (see Figure 33 and Figure 34). Some respondents said they do not expect their spouse to provide care, viewing this as the responsibility of a professional carer. Men and those living in metropolitan areas were more likely to express a preference for a professional carer.

Figure 33: How participants felt caring for a relative or friend (%)



Q31. As you get older and need more care, how would you feel about being cared for by a relative or friend? Base: All respondents (n=1,010).

Figure 34: How participants felt about being cared for by a relative or friend (%)



Q32. And how do you feel about providing care for a relative or friend if they needed it in their older age? Base: All respondents (n=1,010).

Figure 35: Comfort being cared for by a relative or friend – key demographic differences

More likely to feel comfortable (71% total)		More likely to not feel comfortable (29% total)	
81%	Aged 18-34	41%	Living with a disability
78%	Have children aged under 18 living with them	40%	Currently using aged care for themselves
74%	Living with others	38%	Live alone
72%	Not currently using aged care	36%	Aged 60+

Figure 36: Preference of who would care for them (%)

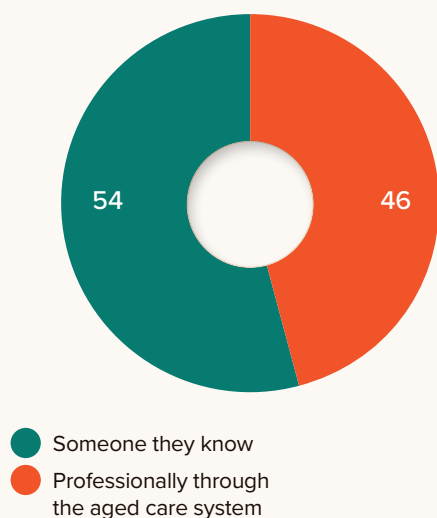


Figure 37: Carer preferences – key demographic differences

More likely to select 'someone they know' (54% in total)		More likely to select 'professionally through aged care system' (46% in total)	
62%	Living in a regional area	51%	Men
61%	Currently looking into aged care for themselves or someone else	49%	Those in a metropolitan area
60%	Women	48%	Not currently looking into aged care

Q33. If you had to choose, would you prefer to be cared for...?
 Base: All respondents (n=1,010).

Older respondents aged over 60 (i.e. those who are close to or in the bracket of needing aged care) were significantly less likely to feel comfortable with informal care arrangements (36 per cent versus 26 per cent of those aged under 60).

The youngest respondent age bracket (18-34) was significantly more comfortable with the concept of seeking informal care arrangements than older respondents.

Respondents were roughly split between wanting someone they know to care for them (54 per cent) and professional care through the system (46 per cent), with men and those in metropolitan areas more likely to want professional care.

Discussion with older people (50+) in the qualitative workshops showed there was a lot more nuance compared to the quantitative data. People were happy to receive informal care up to a point and for certain specific things.

The findings underscore the need to recognise informal carers, provide better support and avoid over-reliance on unpaid care.

ATTITUDES TOWARDS BEING A CARE RECIPIENT

While many respondents indicated a willingness to provide care to others (with some caveats), they were strongly opposed to the idea of their children caring for them. Concerns centred on not wanting to be a burden, impacts on personal pride, and fears that this would fundamentally change the parent-child relationship, potentially leading to resentment or avoidance. In contrast, some respondents aged over 70 said they would prefer this arrangement to being placed in residential care.

One interview respondent, whose mother had dementia, said she was determined not to put her own children through the experience she had as a carer. She stated she would prefer to access voluntary assisted dying.

Key findings



- Respondents wanted to retain choice between relying on informal care and paying out-of-pocket for professional care.
- There was a clear line between acceptable care responsibilities (e.g. grocery shopping, lifts to appointments, feeding, doing research arranging formal care) and unacceptable care responsibilities (e.g. showering, toilet, wound care, daily care).
- Respondents reported that informal care is only appropriate until they require a higher level of care.



ATTITUDES TOWARDS BEING A POTENTIAL CARER

Many workshop respondents were currently, or had previously provided informal care, and noted that this responsibility can fall not just to children but also siblings. They described informal caregiving as demanding, confronting, and tiring. Looking ahead, respondents questioned whether people would have the capacity to take on these roles alongside other work and family responsibilities.

Where there needs to be greater reliance on informal care, some respondents said there should be consideration given to an incentive, reward or recognition for carers. While it was noted that this is unlikely to be feasible, and problematic to manage, support and recognition would go some way to helping informal carers feel more positive and reduce burnout.

Respondents noted that some cultures already focus on providing direct care for their elders. Respondents felt that a cultural shift in the broader community would be required to normalise informal care if it becomes more widespread. They suggested the system would work better if there is broader acceptance that everyone has a role to play, while acknowledging this would take time.

Respondents felt that individuals and their family members should have more conversations about care ahead of time, with one workshop respondent likening it to a fire evacuation plan. There was a general sense that it is important to encourage and normalise early discussion about all aspects of ageing and care for people currently outside the aged care system.

Key findings



- Respondents described informal caregiving as challenging, particularly when the effort is not recognised by the care recipient or other family members. An added difficulty was providing care to someone who does not acknowledge they need support. Those in their 50s reported feeling 'squeezed at both ends' by their responsibilities to their children and parents, lacking time to care for themselves.
- Informal care should be normalised and embraced through a cultural shift in the broader community and recognition initiatives. This could be supported by education (why), support (how), making it visible (here's other people like you doing it, success stories) and positive reinforcement (thank you).
- Informal care is often unplanned and happens suddenly, which can lead to more confusion and resentment than if it had been properly planned. Prompting earlier discussions about all aspects of ageing (including informal care) would be valuable, but needs a clearly structured pathway, potentially via a GP.

The use of new technology in aged care

Almost half of respondents (43 per cent) felt positive about the use of new technology in aged care. Younger respondents were more likely to feel positive and older respondents were more likely to feel negative (see Figure 38).

It is important to note that this research captured instinctive reactions to the concept of new technologies as a whole (AI, robotics, remote monitoring and digital health solutions). While these initial reactions are an important metric to capture, more nuanced responses about the acceptable boundaries around technology and human care were discussed in the qualitative workshops.

Figure 38: How participants feel about the use of new technologies in aged care (%)

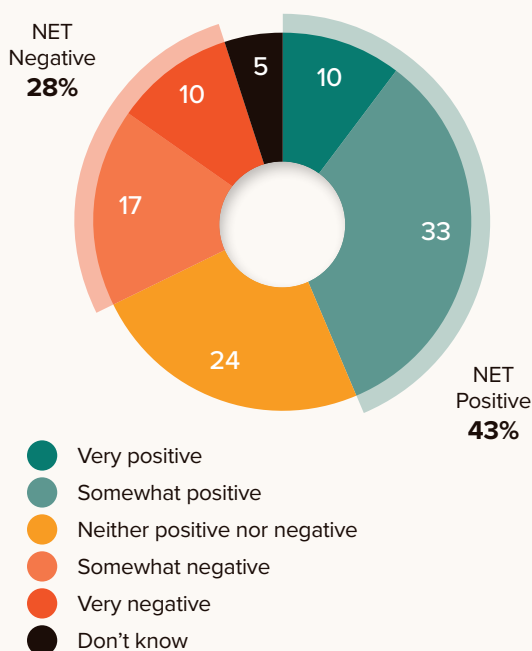


Figure 39: Feelings towards technology – key demographic differences

More likely to have felt somewhat or very positive (43% total)		More likely to have felt somewhat or very negative (28% total)	
52%	Men	37%	Lives with a disability
49%	Aged 35-49	35%	Someone they care for currently uses aged care
		35%	Aged 65+

Q36. How do you feel about the use of new technologies such as digital health solutions, artificial intelligence (AI), remote monitoring and robotics in aged care? Base: All respondents (n=1,010).

Technology was seen as a potential support for the aged care workforce, particularly in helping to free up carers' time.

Older participants in the qualitative research approached this issue with a sense of inevitability, and held mixed views about the potential benefits and drawbacks. This cohort felt that AI and other technology was something that was being forced upon them, as opposed to something that they can choose to make use of. How it is framed in future (i.e. as a choice rather than a requirement), will influence how it is received.

Quotes



“There are some concerns from me about AI and Robotics perhaps reducing the human element. I think some more ruthless operators could harness these to reduce staff. There are some opportunities but coins have two sides to them.” – Workshop respondent

“The most important thing I took away from the workshop? That AI isn't 100 per cent negative.” – Workshop respondent

REASONS FOR SENTIMENT TOWARDS THE USE OF NEW TECHNOLOGY IN AGED CARE

Positive attitudes towards the use of technology in aged care centred around the potential for technology to provide better care, including by reducing workforce burden. On the other hand, negativity related to the risk of losing personal care and social interaction, combined with a lack of trust and oversight of new technology (see Figure 40).

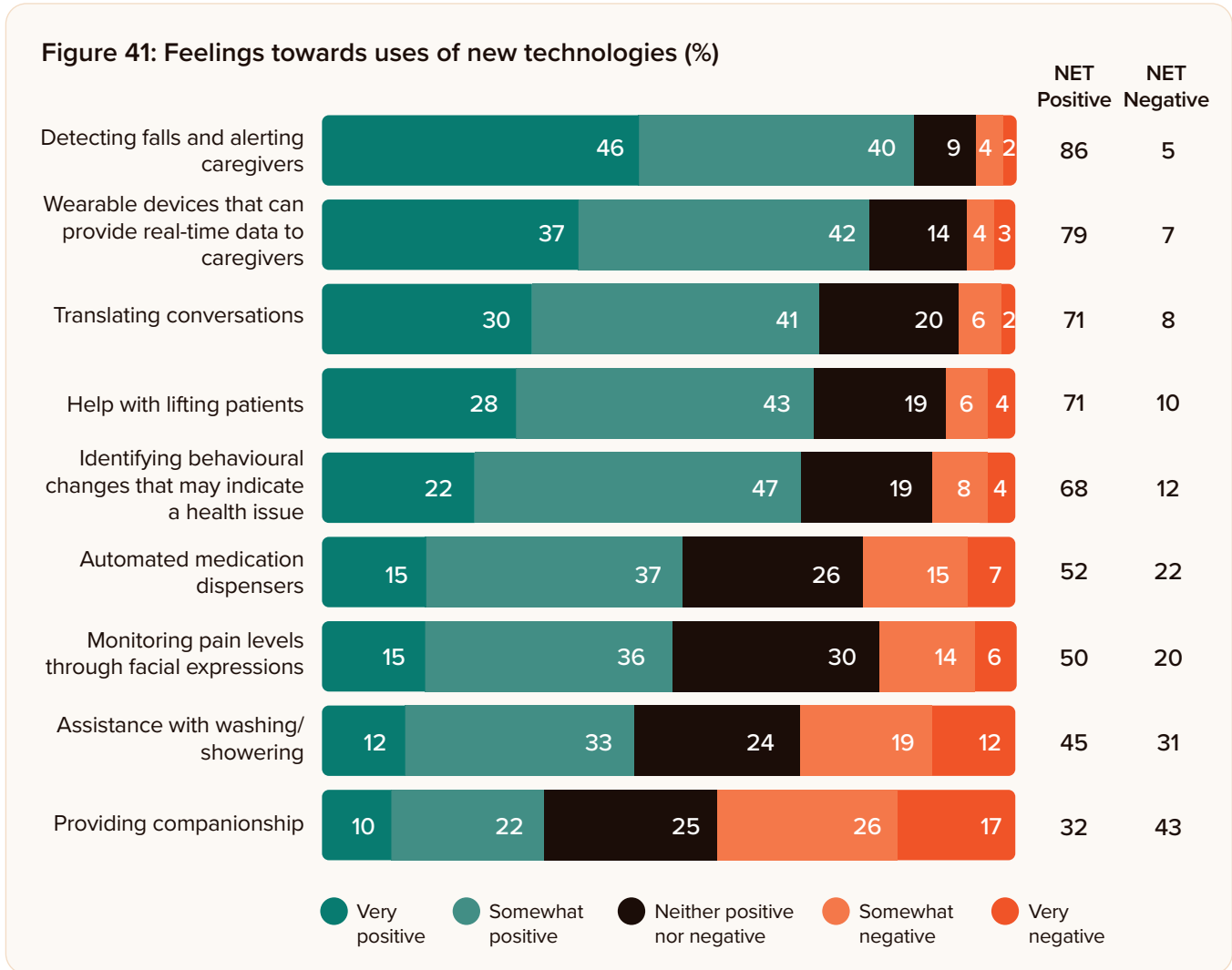
Figure 40: Reasons for sentiment towards use of new technology



Q37. What makes you feel this way about the use of new technologies such as artificial intelligence (AI), remote monitoring and robotics in aged care? Base: All respondents (n=1,010), open ended response thematically coded into key themes.

FEELINGS TOWARDS SPECIFIC TECHNOLOGIES

Positive sentiments were significantly higher for specific technology applications than for the concept of technology in general. When respondents were given clear examples of what AI and other new technologies can do, barriers and hesitations were more likely to be overcome. Respondents in workshops stated that the use of technology for monitoring could increase availability of staff for personalised care and social interaction (see Figure 41).



Q38. How do you feel about the use of new technologies for the following purposes? Base: All respondents (n=1,010).

Key findings

Respondents expressed more negative than positive views about technology for companionship. They felt technology had a role, but only within clear ethical limits, such as safety and monitoring.

Key findings

There were mixed feelings around the use of robotics for personal care such as showering, with some acknowledging it could reduce occupational hazards associated with lifting and moving older people. We also note that given the strong resistance expressed in the workshops to being washed by an informal carer (family member or friend), technology-assisted washing may have more potential than the data indicates, once people understand more about how it would work.





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