

Spring 2026

AGED CARE TODAY

Australia's aged care sector magazine

The next
generation
of reform



INNOVATION IN FOCUS

Post-audit:
a provider's view



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Contents



Opinion

Building on the foundations of reform	8
Reflections from the Ageing in Australia <i>Community Expectations Report 2026</i>	10
Behind the scenes: Federal Budget	22

National Update

State snapshots	12
Federal snapshot	20
Ageing Australia in the media: March to June 2026 snapshot	24
A year of reform for retirement living and seniors housing	26
Getting CHSP reform right	28
Navigating the next phase of aged care reform	30
Governing well - Why evidence, not intent, defines good aged care decisions	31
Reconciliation in action: what it asks of aged care	32

People

Leading with connection	34
Pet friendly aged care a hit in Victorian aged care homes	36
Regional nurse honoured after creating café inspired by resident	38
On the frontline of reform, rural providers hold the line	40

Health & Wellbeing

Care built around dignity	42
Breakfast club tackling loneliness among older men grows rapidly	44
Support the message, don't put up with incontinence – go and start the process	46





Innovation & Technology

Finding solutions at ITAC 2026	48
ITAC Awards 2026	50
What ITAC 2026 told us about the future of aged care	52
Technology shaped by people, culture and community	54
International perspectives on the future of ageing	56
Technology with purpose: Supporting better care through innovation	58

Culture & Diversity

Bringing the world into aged care	60
Connecting regional providers with the people ready to care	62
Social prescribing: the missing piece in Australia's aged care reform	63
Caring for those who cared for us - promoting culture care	64
Beyond recruitment: why workforce retention starts with culture	65
How refugee internships are helping solve aged care workforce challenges	66

Workforce & Training

Reflections for aged care from the 2026 Palliative Care Nurses Australia Conference	68
Advocacy into action	70
Building confidence, capability and careers in aged care nursing	72
Future-ready leadership: building capability that delivers impact	74
NeuroHacks for high-performance care: sustaining the people who sustain care	76

Governance & Finance

What providers can expect from audit: a provider's view.	78
Digital maturity in aged care: what providers need to know now	80
Understanding and adapting to aged care funding reform	82
Beyond the Boardroom: How governance shapes quality in aged care	84
Delivering reform without compromising care	86

Research

Setting the in-home aged care research agenda	88
Research Matters	89
Australians positive and confident about ageing at home, but knowledge and planning gap remains	90

Built Environment & Design

Infinite Care Knoxfield: A purpose-built aged care facility for Victoria's growing needs	92
Designing true homes-for-life: Inside LDK's Amberfield development	94
Retirement reimaged: Seasons living unveils the future of retirement living with care and support onsite	96
Creating connection, care and future living: Summerset Cranbourne North	98



Editorial overview

Welcome to our Spring edition of Aged Care Today. Our front cover features Abi the robot, joining Helen a resident at mecwacare. I chose this picture as a striking image to represent our sector's openness to try new things and to embrace constant change.

In this edition we look at key takeaways from this year's ITAC conference. Here innovation and technology were explored using a distinctly human lens. Whether it's digital maturity, AI or cyber vigilance, technologies should be developed in ways that strengthen dignity, safety and quality for older people.

We meet some inspiring people including Alan Morrison the new(ish) CEO at ECH, a multi-service provider in Adelaide. We hear from Sydney-based community worker Bijinder Dugal, who was awarded the Medal of the Order of Australia (OAM) in the 2026 King's Birthday Honours List, for service to aged welfare. We are also privileged to meet Bryan Lipmann AM, Senior Victorian of the Year, who speaks with us about supporting people who find themselves without a home.

It's inspiring to read about contributions from people working across health, community and workforce programs. It reminds us that progress is not always linear and can't be measured simply in policy but should also be viewed through the lens of relationships, purpose and care.

We learn more about implications from this year's Federal Budget (and find out who was kind enough to share their snacks with Ageing Australia's Nick Elmitt at the lock-in).

There are informative updates about the Aged Care Act, Commonwealth Home Support Program and the Retirement Living sector. Our new state-by-state snapshots acknowledge ageing policy being increasingly shaped not only nationally, but also through local legislative, regulatory and community contexts.

Research about community expectations and consumer choice point to a future in which older Australians want more options, greater transparency and environments that support independence, connection and dignity.

We learn about the exciting new developments from Infinite Care Knoxfield, LDK Amberfield, Seasons Living and Summerset Cranbourne North – all being built with clear intent to create community and belonging.

This edition presents a sector that is adapting with determination. It's exciting to see imagination and passion for new and exciting ideas driving our sector forward.

We are always appreciative of your ideas for stories or feedback so if you have something to share, please reach out to editor@ageingaustralia.asn.au.

In conclusion, we want to ensure that Aged Care Today meets your needs into the future. We ask for your help to fill out a short survey with your suggestions (short survey on page 9). Thank you in advance for your support and enjoy reading.

Kind Regards
Madeline



Helen, a mecwacare resident, with Abi by Andromeda

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.

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Building on the foundations of reform

If the past few years have been laying the foundations for aged care reform, the next few years must be about getting it right.

There is no question that implementing the Aged Care Act remains a herculean effort from providers, government and everyone working across the sector. For many organisations, implementation has been all-consuming. And understandably so. The scale of change has been unlike anything we've experienced before.

But implementation was never intended to be the destination. It is simply the beginning.

Despite the many challenges, one of the things that has encouraged me most in recent months is seeing reform continue to evolve after the legislation has come into effect.

No legislation is ever perfect from day one, least of all the new Aged Care Act. The real test is whether governments are prepared to listen, whether the sector continues to provide practical evidence and strong arguments for change, and whether the political will exists to ensure the system better serves older Australians.

I believe we've already seen the first signs of that happening.

Over recent months we've welcomed commitments to improve the Integrated Assessment Tool, including a new escalation pathway

for complex cases and a process that allows assessment delegates to return assessments for amendment before they are approved – short circuiting the need for assessments that are clearly wrong to go through a lengthy and burdensome appeal and re-assessment process. These are not headline-grabbing reforms, but they are

implementation doesn't have to be rigid. When providers identify unintended consequences, sensible improvements can be made.

There has been positive progress through the Senate Inquiry into the future of the Commonwealth Home Support Programme. The Committee's recommendations closely reflected

One of the things that has encouraged me most in recent months is seeing reform continue to evolve after the legislation has come into effect.

meaningful improvements that should lead to fairer outcomes for older people and things we and our members have been working hard to secure.

We also saw price caps in Support at Home postponed for at least 12 months, following evidence we, the sector, presented to the Government that they would risk making things even worse for older people.

Similarly, the Government's decision to introduce legislative amendments, restoring consumer choice on accommodation payment arrangements, demonstrates that

many of the themes the sector has been advocating for: careful co-design, sustainable funding and a staged approach to reform. While a Senate Inquiry report does not automatically equate to adopted policy, it shows our messaging is getting through and that politicians on all sides are listening.

These examples clearly do not represent the end of the conversation. But together they demonstrate something important: evidence matters, collaboration matters, and constructive advocacy works.



Tom Symondson,
CEO, Ageing Australia

That should give us confidence as we turn our attention to the next phase of reform. Because while implementation remains a priority, we also need to lift our gaze.

Australia's population continues to age rapidly. Demand for care will continue

to grow. Workforce shortages remain a significant challenge. Hospital discharge delays continue to place pressure across both the health and aged care systems. Questions about access, capacity, workforce, housing, dementia care, innovation, investment and financial sustainability are becoming more urgent each year.

These are challenges that require long-term thinking, genuine collaboration and a continuous focus on improving – our sector has shown its willingness to do exactly that.

Time and again, providers have demonstrated they are prepared not only to identify problems but also to bring forward practical solutions. Whether that's sharing evidence from day-to-day operations, participating in consultation processes or working alongside government on implementation, our members continue to make an enormous contribution to shaping the future of aged care.

That spirit of collaboration will become even more important over the years ahead.

At Ageing Australia, our role is to continue bringing providers together, representing your experiences, and ensuring your voice helps shape the policy settings that will support older Australians well into the future.

We'll continue working to improve implementation where it's needed. But just as importantly, we'll also continue leading conversations about the bigger issues that will define the next generation of aged care reform – from the future of home and community care, to workforce capability, investability, innovation, housing and creating a system that truly supports people throughout their ageing journey.

We will also champion initiatives that drive change and impact, such as:

- establishing the Ageing Australia Workforce Hub as a way of building capability, capacity and sustainability
- building useful data sets via a data roundtable series to support the case for planning and investments needed by the sector
- showcasing great innovation and impact and sharing how others can leverage lessons learnt.

The momentum we've created shouldn't slow now. It should be the platform for the next generation of reform – one driven by the sector, with improvements that will not only strengthen providers, but ultimately deliver what matters most: better experiences and better outcomes for older Australians. ■

Tell us your views on *Aged Care Today*

YOUR THOUGHTS ARE **VALUABLE.**

Please take our short survey and tell us what you think about *Aged Care Today*.

This will help us better understand what you want and need to stay connected and informed in the future.

It takes less than five minutes.

Thank you, we appreciate your support.



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Reflections from the Ageing in Australia *Community Expectations Report 2026*

This community expectations report is a vital piece of research that directly contributes to our *Continuum of Ageing 2050* vision and roadmap.

Anne Liddell

Head of Strategic Policy, Ageing Australia

When Ageing Australia launched its first study of its kind earlier this year, the *Ageing in Australia Community Expectations Report 2026*, we set out to answer a simple but important question: what do Australians really think about ageing, aged care and growing older in this country?

Several months on, the report continues to generate discussion across the sector, government and the broader community. It has reinforced the need for a long-term, whole-of-community conversation about ageing well.

Looking at the views of Australians aged 18 and over, one of the most striking findings was the gap between perception and experience.

While many Australians expressed uncertainty about aged care and the future of the system, confidence increased significantly among those with direct experience. Australians who had used aged care services themselves, or supported a family member through the system, reported much higher levels of trust and satisfaction than those relying on second-hand information.

This finding should give the sector, older people and the community confidence.

It suggests that while public perceptions may be influenced by historical issues or media coverage, the lived experience of many people engaging with aged care is considerably more positive. It also



highlights an opportunity – and responsibility – to better communicate the realities of contemporary aged care and the significant reforms underway.

The report also reinforced something many providers see every day: Australians want to age with dignity, independence and choice.

Importantly, ageing well is not viewed solely through the lens of aged care. Respondents spoke about the importance of housing, health, social connection, financial security and community participation. They want a more integrated and person-centred system that supports people throughout their ageing journey, rather than waiting until they require formal care.

These findings strongly align with Ageing Australia's *Continuum of Ageing 2050* vision, which recognises that ageing is not a single event or service interaction, but a lifelong journey requiring coordinated support across multiple systems.

The research also challenged some commonly held assumptions.

While many Australians expressed a desire to remain in their homes as they age, there was significant openness to alternative housing options. Interest in downsizing and retirement living was stronger than many expected, particularly when these options were linked to maintaining independence, lifestyle and social connection.

This highlights an important opportunity for policymakers and our sector to think more broadly about seniors housing and the role it can play in supporting positive ageing outcomes.

Another encouraging finding was the community's openness to innovation.

Australians generally welcomed the use of technology in aged care when it enhanced, rather than replaced, human connection. There was strong support for technology that improves safety, reduces administrative burden,



supports communication and enables staff to spend more time delivering direct care.

At the same time, respondents made it clear that personal relationships remain at the heart of quality care. Technology is viewed as an enabler, not a substitute, for human interaction.

The report also explored attitudes towards informal care. While Australians overwhelmingly support helping family members and friends, there are clear limits to the level and type of care many feel comfortable providing. This reinforces the importance of recognising and supporting informal carers while ensuring access to professional services when needs become more complex.

Perhaps most importantly, the report revealed a community that is engaged, thoughtful and optimistic about the future.

Australians recognise the challenges facing aged care, including workforce shortages, affordability pressures and increasing demand. Yet there is also broad support for reform, innovation and shared responsibility between individuals and government to ensure the system remains sustainable.

Since launching the report, one message has consistently resonated with stakeholders; that understanding drives confidence.

The findings demonstrate that when Australians have greater knowledge of the sector, or direct experience with services, trust increases. This presents a significant opportunity for governments, providers and sector leaders to improve public understanding and ensure people have access to clear, practical information about ageing and aged care.

As Ageing Australia continues to repeat this research every two years, the report will provide an ongoing benchmark of community expectations and attitudes. It will help ensure policy development, service design and reform remain grounded in the views of the people the system exists to support. It forms a powerful contribution to ensuring we collectively design an ageing and aged care ecosystem in Australia that aligns with public needs at the time it is needed.

Most importantly, it reminds us that ageing well is a shared national responsibility – and that building a future-ready system begins by listening to the community. ■

Reimagining ageing: Insights from the *Continuum of Ageing 2050*

What will ageing in Australia look like in 2050, and what changes are needed today to create a better future?

These are the questions at the heart of Ageing Australia's *Continuum of Ageing 2050* project, a national initiative designed to develop a long-term vision for ageing that extends beyond traditional aged care services.

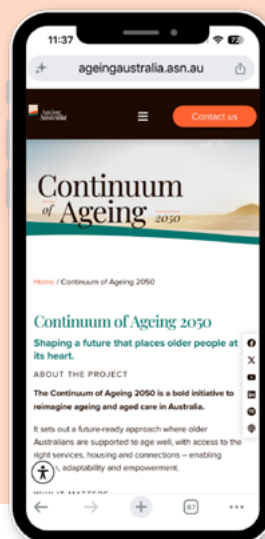
Over recent months, Ageing Australia has travelled across the country to host a series of member roundtables, bringing together providers, sector leaders and representatives from health, community and related sectors. So far, discussions have taken place in South Australia, Tasmania, Victoria, New South Wales and Western Australia.

The conversations have been both candid and constructive, focusing on the constraints facing Australians today while exploring opportunities that will shape the future of ageing. Participants have examined key themes including integration across systems, person-directed care, healthcare and disability, technology and innovation, housing, workforce pressures, demand and supply challenges, and the impact of regulation.

At the centre of the project is a simple but important principle – ageing is not a single event or service interaction. It is a lifelong journey that requires coordinated support across care, health, housing and community life.

To ensure broad participation, Ageing Australia hosted a series of virtual solutions labs through June and July, enabling members to contribute their ideas and experiences.

The insights gathered through these discussions help inform a courageous, evidence-based vision for ageing in Australia, one that supports older Australians to live their best lives while creating a more integrated and person-directed system for future generations.



State snapshots



Victoria

In Victoria, the aged care sector is focussing heavily on the investment and how it can reach the areas that matter most to older people and the providers who support them.

A stronger connection between aged care and health care

The Victorian State Budget has included targeted support for aged care and related health services, particularly through public sector aged care, hospital-connected care and measures designed to ease pressure on the wider health system. These commitments recognise an important reality: when aged care works well, it improves outcomes for older people and reduces pressure elsewhere in the system.

That health-system connection is especially significant in Victoria. Investment in initiatives linked to care closer to home, residential aged care quality and hospital flow shows a growing recognition that aged care cannot be treated as separate from health care. Older people do not experience these systems as separate, and neither do providers working across them.

Older people need more than service funding alone

At the same time, the Victorian picture is broader than service delivery alone. Alongside aged care investment, there is a continuing question about whether the needs of an ageing population are being addressed in a sufficiently targeted way. Older Victorians are not only affected by access to care, but by housing security, cost-of-living pressure, accessibility, transport, social connection and the availability of tailored supports that help people age well in their communities.

Workforce will shape the impact of investment

Workforce also remains a live issue. Providers continue to operate in an environment where expectations are rising, care needs are becoming more complex and regional service delivery remains challenging. Investment in services is important, but without the workforce to sustain those services, the benefits will be harder to realise in practice.

For Victoria, then, the challenge is to ensure that aged care investment forms part of a broader ageing strategy. The

state has made meaningful commitments that recognise the importance of aged care to both individuals and the health system. The next step is to ensure those commitments are connected, targeted and shaped around the lived experience of older people. That is how investment becomes not just a short-term response, but part of a more people-centred and sustainable future for ageing in Victoria.

For Victoria, the next step is to ensure aged care investment sits within a broader, people-centred strategy for ageing well across the state.

Key takeaways:

- Victoria is investing in practical solutions like public aged care support, hospital in-reach and care closer to home.
- Pressure remains, especially in regional services and workforce capacity.
- And beyond aged care itself, older Victorians still need more focused support on issues like housing, cost of living, accessibility, social isolation and elder abuse prevention.

*Workforce also remains
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New South Wales

In New South Wales, the aged care story in 2026 is all about reform. A lot of conversations swirl around whether there is practical capacity to deliver on reform in a way that improves life for older people.

Reform is raising expectations

The introduction of the new rights-based Aged Care Act and the transition to Support at Home are reshaping expectations across the sector. Providers are being asked to adapt to new funding, compliance and service delivery settings while continuing to support older people with increasingly complex needs. Reform is welcome, but reform alone will not resolve the pressures already facing the system.

Capacity gaps are being felt across the system

For New South Wales, the clearest challenge remains capacity. Demand for both home care and residential aged care continues to outpace supply, and that shortfall is being felt not only by providers and families, but across the broader health system. In parts of the state, particularly regional areas and growth corridors, the lack of available aged care places and timely support at home is contributing to delayed hospital discharge and avoidable pressure on acute care.

That is why the NSW budget response matters. State investment aimed at easing hospital pressure acknowledges an important truth: aged care is not a separate policy issue sitting beside health care. It is deeply connected to hospital flow, recovery, independence and quality of life for older people. When aged care capacity falls behind, pressure simply shifts elsewhere.

Workforce will determine whether change succeeds

Workforce remains another defining issue. Providers are navigating higher expectations under reform while continuing to face recruitment and retention pressures, especially in regional and rural communities. Without a stronger workforce pipeline and settings that support service delivery on the ground, reform risks asking more of a sector that is already stretched.

For New South Wales, then, the key task is to turn reform into practical improvement. That means faster expansion of home and residential care, stronger workforce support and investment settings that reflect the scale of demand. Providers are not resisting change – they are calling for the conditions that make change work. If those conditions are in place, reform can support a more sustainable, people-centred aged care system. If they are not, older people will continue to feel the gap between policy ambition and lived reality.

Key takeaways:

- Reform is raising expectations.
- Capacity gaps are being felt across the system.
- Workforce will determine whether change succeeds.





Australian Capital Territory

In the ACT, the aged care story in 2026 is not defined by scale so much as by access. In a smaller market, where service options are fewer and the margin for disruption is narrower, the key question is whether older people and carers can rely on continuity of care as national reform rolls forward.

Respite has exposed the pressure points

That challenge has become especially visible through respite. The recent focus on Burrangiri and local respite access has underlined how quickly pressure can build when policy settings change in a market with limited alternatives. In a larger jurisdiction, service disruption may be absorbed across multiple providers. In the ACT, it is felt more immediately by older people, families and carers.

Reform is testing provider readiness

This is why the ACT should be understood not just as a smaller jurisdiction, but as a place where the practical test of reform is highly visible. The transition to Support at Home and the broader move under the new Aged Care Act place significant demands on providers, systems and workforce readiness.

Continuity of care matters most in a smaller market

Respite is one part of a broader issue. In the ACT, continuity of local services matters because it supports carers, helps older people remain at home longer and reduces unnecessary pressure on hospitals. When access becomes uncertain, the effects extend beyond individual providers and into the wider care system.

The ACT is also a reminder that reform cannot be measured only by new policy architecture. It must be measured by whether local communities can still access care that is timely, practical and close to home. In smaller markets, reliability matters as much as scale.

For the ACT, then, the central issue is resilience. Older people, carers and providers need a care system that can absorb reform, preserve access and maintain confidence during change. If that happens, the ACT can show how a smaller jurisdiction responds well to reform. If it does not, even small service gaps will continue to have outsized consequences.

For the ACT, the next step is to ensure reform strengthens – rather than disrupts – the local care continuity that older people and carers rely on.

Key takeaways:

- In the ACT, even small disruptions in service access can have outsized effects because the market is smaller and local alternatives are limited.
- The ACT's biggest aged care challenge is continuity: making sure older people and carers can still access reliable local care as reform continues.

Reform...must be measured by whether local communities can still access care that is timely, practical and close to home.





Western Australia

In Western Australia, the aged care story in 2026 is not only about rising demand. It is about whether investment and policy settings can match the scale, geography and cost pressures shaping care across the state.

Western Australia faces a distinctive challenge. Its population is spread across metropolitan, regional and remote communities, while providers are working in one of the country's most geographically complex operating environments. For older people, that means access to aged care is shaped not just by demand, but by where they live, how far services must stretch and whether the system has the capacity to respond in time.

When aged care capacity falls short, hospitals carry the pressure, discharge slows and people remain in settings that are no longer right for their needs.

Capacity pressures are being felt across the system

The clearest pressure point remains residential aged care capacity. Existing services are under strain, and the need for more places has become increasingly urgent. That matters not only for older people seeking care, but for the broader health system. When aged care capacity falls short, hospitals carry the pressure, discharge slows and people remain in settings that are no longer right for their needs.

Aged care investment supports more than aged care alone

This is why the state budget response is important. Investment and policy measures designed to support additional beds and improve system flow recognise a practical truth: aged care capacity is not a side issue to health system performance. It is central to it. Supporting older people to

access the right care, in the right place, at the right time improves both individual outcomes and system sustainability.

Regional and remote delivery remains the real test

At the same time, Western Australia's challenge goes beyond bed numbers alone. Providers continue to navigate higher costs, workforce shortages and the difficulty of sustaining services across large distances. Regional and remote communities feel this most sharply, where thin markets and workforce constraints can make access more fragile and choices more limited.

For Western Australia, then, the task is to ensure investment keeps pace with reality. The state has recognised the importance of aged care to both older people and the wider health system. The next step is to make sure those settings are strong enough to support long-term growth, regional service viability and a workforce capable of delivering care across a vast and diverse state. That is how investment moves from short-term relief to a more sustainable, people-centred aged care future.

For Western Australia, the next step is to ensure that aged care investment is matched by the long-term capacity and workforce needed to deliver care wherever older people live.

Key takeaways:

- Western Australia's aged care challenge is shaped by scale, geography and capacity, with pressure felt across both care services and the broader health system.
- State investment matters because aged care capacity directly affects hospital flow, access and quality of life for older people.
- The longer-term challenge is to ensure that investment is strong enough to support regional viability, workforce supply and sustainable care delivery across a vast state.



Queensland

In Queensland, the aged care story in 2026 is not only about pressure. It is also about whether the system can respond at the scale required across a large, decentralised and fast-growing state.

Queensland's population growth, ageing profile and regional spread mean aged care pressures are felt across multiple fronts at once. Providers are working in a system where access to home support, residential care, workforce supply and hospital flow are all deeply connected. When one part of that system is delayed or constrained, the consequences are felt quickly elsewhere.

Aged care pressure is being felt across the system

The clearest example is the link between aged care and hospitals. Delays in access to home care, residential care and other supports are adding to pressure on public hospitals, with older people remaining in settings that are no longer the right fit for their needs. That is why state budget measures and broader investment settings matter. Supporting aged care capacity is not only about care services alone; it is also about improving system flow and outcomes for older people.

Queensland's challenge is also one of reach

Queensland's challenge, however, is not simply one of volume. It is also one of reach. A state as large and decentralised as Queensland cannot rely on solutions concentrated in major metropolitan centres. Providers in regional, rural and remote communities continue to face workforce shortages, service gaps and the practical difficulty of delivering care close to where older people live.

Investment must support long-term delivery

This is where the broader policy task becomes clearer. Investment in aged care needs to support both immediate pressure relief and longer-term sustainability. That means a stronger workforce pipeline, more timely support at home, appropriate residential care capacity and settings that recognise the real operating conditions facing providers across the state.

For Queensland, then, the central issue is whether support can be delivered consistently and at scale. The state's aged care future depends not only on more services, but on making sure those services are available in the places people need them and in a way that reduces pressure on families, providers and hospitals alike. If investment is matched by reach, workforce and practical delivery, Queensland can strengthen outcomes for older people across the whole state.

For Queensland, the next step is to ensure that stronger support reaches every part of the state and translates into timely, practical care for older people.

Key takeaways:

- Queensland's aged care pressures are showing up most clearly in hospitals, where older people are staying longer because appropriate care and support are not available quickly enough.
- Delays in support at home are a major driver of the problem, because when people cannot get timely care at home, pressure grows on both residential aged care and the hospital system.
- The bigger challenge is statewide capacity, with Queensland needing workforce, home support and residential care solutions that reach regional, rural and remote communities, not just major centres.



South Australia

In South Australia, the aged care story in 2026 is not only about system pressure. The system focusses heavily on how care is delivered in a way that delivers better outcomes and eases strain across the broader health system.

Aged care pressure is being felt through care transitions

The clearest issue is transition. Delays in moving from hospital into aged care remain one of the strongest signs that capacity is under strain. When appropriate places are not available, older people remain in settings that are no longer the best fit for their needs, while pressure builds across acute care.

That makes investment in transition pathways and aged care capacity especially significant. It reflects an understanding that aged care is not just a downstream service. It is a core part of how the broader health and care system functions.

South Australia has recognised the need for capacity growth

The state's response has shown a willingness to step in where more capacity is needed. New commitments around additional aged care beds and care precinct development signal recognition that population ageing requires more than short-term fixes.

These measures matter because they acknowledge the scale of demand and the importance of providing older people with more appropriate options beyond hospital.

At the same time, capacity growth is not simply about the number of beds. It is also about whether services are viable, staffed and equipped to meet increasingly complex needs. Without that, expansion on paper will not always translate into better access in practice.

The broader ageing agenda still matters

South Australia's challenge also extends beyond service flow alone. Older people's wellbeing is shaped by cost of living, dementia support, regional access, transport and whether systems are designed to support ageing in a way that is practical, inclusive and dignified. Investment in aged care is important, but it works best when it sits within a broader vision for ageing well.

For South Australia, then, the task is to ensure today's responses become part of a stronger and more connected care continuum. The state has recognised that investing in aged care benefits both older people and the wider system. The next step is to make sure those commitments are translated into sustainable capacity, stronger workforce support and better care transitions for the future.

For South Australia, the next step is to turn today's investment into a more sustainable and connected aged care pathway for the future.

Key takeaways:

- South Australia's aged care pressures are most clearly visible through delayed transitions, especially when older people remain in hospital because more appropriate care is not yet available.
- The state has recognised that aged care capacity is a health system issue, and investment in additional care options is central to improving flow and outcomes.
- The longer-term challenge is to ensure that capacity growth is sustainable, workforce-backed and connected to a broader vision for ageing well.



Tasmania

In Tasmania, the aged care story in 2026 is not only about pressure in the system. It is about whether planning, investment and service delivery are keeping pace with a state where ageing is already reshaping demand.

Tasmania's population profile gives the issue particular urgency. As one of Australia's oldest states, Tasmania is experiencing aged care pressures that many other jurisdictions will increasingly face in the years ahead. That makes the state a clear test of whether aged care systems can respond early enough, locally enough and consistently enough to support older people well.

Longer waits are exposing the pressure

The clearest sign of strain is access. Older Tasmanians continue to experience long waits for residential aged care and ongoing delays in moving to the most appropriate care setting. When access is delayed, pressure is not contained within aged care alone. It is felt across hospitals, families and local communities.

That is why investment in aged care capacity matters so much in Tasmania. It is not only about adding places. It is also about improving flow through the broader health and care system and ensuring older people can remain connected to the places and communities that matter to them.

Geography shapes the Tasmanian challenge

Tasmania's aged care pressures are also shaped by geography. Much of the state is regional, and outside Hobart and Launceston access to providers, health services and workforce can be more limited. In practice, this means older people can face fewer local options and greater barriers to ageing in place, even when that is their clear preference.

This is where Tasmania's challenge becomes broader than residential care alone. Reliable home support, local health access and workforce availability all matter if older people are to stay connected to community and avoid unnecessary movement into crisis-driven care.

Recent investment in additional beds and facility expansion is an encouraging sign, particularly for regional Tasmania.

Investment is important, but preparedness matters most

Recent investment in additional beds and facility expansion is an encouraging sign, particularly for regional Tasmania.

It shows recognition that the state needs more aged care capacity and stronger local options. But capacity growth on its own will not be enough if it is not matched by workforce planning, home support and a clearer long-term strategy for responding to demographic change.

For Tasmania, then, the key issue is preparedness. The state has an opportunity to lead by showing what it takes to support an older and more regionally dispersed population well. The next step is to ensure that planning, workforce and service delivery keep pace with that reality so older Tasmanians can access timely, practical and people-centred care where they live.

For Tasmania, the next step is to turn demographic foresight into practical action so older people can access timely care, close to home, as demand continues to grow.

Key takeaways:

- Tasmania's aged care challenge is being shaped by a population that is ageing earlier and more intensely than many other parts of Australia.
- Long waits and regional service constraints show that pressure is being felt across aged care, hospitals and local communities.
- The long-term task is not only to add capacity, but to ensure planning, workforce and home support keep pace with demographic change.



Northern Territory

In the Northern Territory, the aged care story in 2026 is not simply about expanding services. It is about whether care can be delivered in a way that matches the Territory's geography, communities and cultural realities.

The Northern Territory remains a smaller aged care market than most other jurisdictions, but that does not make the challenge smaller. In many ways, it makes it sharper. Delivering timely and appropriate care across remote and regional communities requires service models that can work across vast distances, in thin markets and in places where workforce supply is limited.

Bed shortages are being felt across the system

The clearest pressure point remains access to residential care. When older people cannot move into the right setting at the right time, the consequences are felt not only by individuals and families, but across the health system. This is why additional investment in residential capacity matters. It is about more than beds alone; it is about giving older Territorians access to more appropriate care and reducing avoidable strain elsewhere.

That makes the commitment to new capacity especially significant. It reflects recognition that the Territory needs stronger infrastructure if it is to respond to rising demand and support older people in the right setting.

Thin markets shape access to care

The Northern Territory's deeper challenge is the fragility of access in smaller and more remote service markets. In many communities, there are few providers, limited local options and a workforce that is stretched across large distances. In that context, even small service gaps can have major consequences.

This is where the Territory differs from larger states. The question is not only whether more services exist overall, but whether the right support is available in the right place, at the right time and close enough to community to remain practical and trusted.

Culturally safe care is essential, not optional

For many older Territorians, especially First Nations Elders, quality aged care must also be culturally safe care. Connection to Country, family, language and community is not separate from good care; it is part of it. That means service design in the Territory cannot simply replicate metropolitan models from elsewhere. It must reflect local realities and cultural expectations if it is to work well.

For the Northern Territory, then, the central issue is equity. Investment in aged care will matter most if it improves access across remote and regional communities, strengthens workforce capability and supports care models that are both practical and culturally safe. The challenge is not only to build more services, but to ensure they are the right services for the people and communities who rely on them.

For the Northern Territory, the next step is to ensure that aged care investment reaches the communities that need it most and supports care that is both locally practical and culturally safe.

Key takeaways:

- The Northern Territory's aged care challenge is shaped by remoteness, thin markets and the difficulty of delivering reliable care across large distances.
- Investment in residential capacity matters because aged care shortages affect not only older people and families, but the wider health system as well.
- For the NT, better aged care depends on services that are equitable, locally practical and culturally safe, particularly for First Nations communities.

Federal snapshot

Federal reform agenda enters delivery phase for aged care sector

Liz Behjat

Director of Government Relations, Ageing Australia

Key takeaway:

- Federal reform is now moving from policy design to practical delivery, and success will depend on whether the settings are workable on the ground. What's in it for providers is greater funding support, stronger recognition of viability pressures, and the opportunity to operate in a more coordinated and sustainable system – provided implementation matches the ambition of the reform.

Australia's aged care sector has moved into a new phase of federal reform: one less defined by policy announcement and more by implementation. The core legislative and policy architecture is now better established, but the real test is whether reform settings translate into a system that is workable for providers, sustainable over time and genuinely person-centred for older Australians.

From the sector's perspective, the federal picture is broad. It includes the continuing transition to the new Aged Care Act, the rollout of Support at Home, budget measures affecting residential care capacity and provider viability, the future of CHSP, and related policy settings that shape housing, workforce and services for older people. These are not isolated reforms. Together, they are reshaping how care is funded, delivered and experienced.

One of the biggest national shifts is the move to Support at Home. The program has replaced the Home Care Packages Program and Short-Term Restorative Care Programme, while CHSP remains on a later transition pathway. This staged introduction has helped avoid a more abrupt change, but it has also prolonged uncertainty for providers that are trying to manage workforce planning, pricing, service design and client communication at the same time. The question for the sector is no longer whether in-home reform is necessary. It is whether implementation settings will support independence for older people without creating unmanageable complexity for providers.

That is why operational issues such as assessment, participant contributions, pricing transparency, assistive technology and home modifications have become so important. They are not administrative details on the edge

of reform; they sit at the centre of whether the model works. If these settings are poorly calibrated, the system risks undermining the very outcomes it is meant to support - early intervention, ageing in place and a more person-centred aged care system.

The federal budget framework is equally significant. The 2026–27 Budget signalled that the Commonwealth understands the scale of demand facing the sector, with measures spanning additional aged care beds, more Support at Home packages, personal care support and funding aimed at quality, safety and provider viability. That investment is welcome, particularly as providers continue to face rising operating costs, workforce shortages and growing service complexity. But the sector also knows that funding announcements, on their own, do not resolve structural pressure. Lasting impact depends on how those measures are designed, sequenced and translated into workable delivery settings.

Residential aged care remains central to this conversation. While there is strong policy emphasis on supporting older people to remain at home for longer, demand for residential care has not disappeared. Providers need confidence that capital, accommodation and operating settings will support future capacity, particularly in thin markets and communities where service continuity is already under pressure. Reform must strengthen the full continuum of care, not simply shift pressure from one part of the system to another.

The same is true of retirement living, seniors housing and veterans' supports. These may sit in different portfolios or policy conversations, but they intersect in the lived experience of older Australians. Federal policy works best when it recognises that ageing does not happen in program silos. Housing choice, community supports, trauma-informed care, allied health access and continuity across service settings all shape outcomes for older people and for the providers supporting them.

The federal reform agenda is therefore at a decisive point. The next chapter is not about whether change is needed; the sector accepts that it is. The challenge now is to ensure legislation, regulation, funding and implementation move together in a way that reduces friction, supports provider sustainability and delivers better outcomes for older Australians.

For the aged care sector, the priority is clear: keep reform practical, keep it coordinated and keep it anchored to what older people, providers and communities need in the real world.

For the aged care sector, the priority is clear: keep reform practical, keep it coordinated and keep it anchored to what older people, providers and communities need in the real world.

Federal reform is now in its delivery phase, and government is signalling that providers are central to making the system work. The expectation is that providers adapt to the new legislative and funding settings, but the accompanying message is that reform also needs to be practical, properly funded and sustainable if providers are going to deliver better outcomes.

What's in it for providers:

1. More funding support and stronger viability signals. The 2026–27 Budget includes investment in more aged care beds, more Support at Home packages, and additional funding aimed at quality, safety and provider viability.
2. Residential care capacity support. Government has committed funding to incentivise construction of up to 5,000 additional aged care beds a year, including capital subsidies and changes to the Accommodation Supplement, which is meant to give providers more confidence to build, expand or maintain residential capacity.
3. Faster demand flow into home care. Government is funding faster access to Support at Home places, which should mean more clients moving into funded services rather than sitting in long waits.
4. A clearer national in-home care framework. Support at Home has already replaced Home Care Packages and Short-Term Restorative Care, with CHSP transitioning later, which gives providers a more unified long-term direction for in-home aged care even if the transition is still operationally demanding.
5. Policy recognition of provider concerns. The budget and ministerial messaging explicitly reference provider viability, quality, thin markets, dementia supports and implementation settings, which means the sector's operational realities are at least being acknowledged in the reform narrative.

There is a real opportunity here – more funded demand, more support for residential investment, and a stronger policy case for sustainable care but only if the implementation settings work on the ground.





Behind the scenes: Federal Budget

Nick Elmitt

Head of Quality & Research, Ageing Australia

Although I'm now based in Sydney, I called Canberra home for most of my life. There is more than a mid-Autumn chill in the air in May each year as people from around the country descend on the Capital for budget. This year, I was one of them as I joined Tom Symondson and the team in Canberra for the 2026–27 budget.

Budget night is one of the biggest events on the policy calendar. The handing down of the Federal Budget by the Treasurer – usually at 7.30pm on a Tuesday night in May – is the culmination of months of work by the government, the public service and advocacy organisations like Ageing Australia. There is significant media coverage and great interest from our members. This year around 500 of you attended our budget webinar.

There is a lot that goes on behind the scenes in preparing our response. Much of it happens in the 'budget lockup' which I attended for Ageing Australia this year.

The budget lockup is a tradition that dates back to the Chifley Government in the 1940s. While things have changed a bit since then, the basic idea is the same: representatives from the media and peak advocacy bodies are given an embargoed copy of the entire budget to view ahead of release so that our response can be ready to go as soon as the Treasurer ends his speech.

The lockup is a unique experience. At 4pm, representatives from peak bodies from every sector start arriving at Parliament House. We shuffle through to the backrooms where we hand over our phones and show that our laptops are on airplane mode. We find a seat in one of these rooms that are alarmingly reminiscent of exam halls and are handed physical and electronic copies of all budget papers. From 4.30pm until the Treasurer hands down the budget we work through the papers, checking and interpreting the announcements relevant to our sectors.

Treasury officials are there to answer questions, as are colleagues from other peak bodies. It's important to share notes (and snacks – special thanks to Tamara Thomas from UnitingCare Australia on both fronts) to try and determine some of the more confusing figures in the papers or to find any announcements hiding in the weeds.

Through conversations with Minister Rae's office and with our contacts at the Department in the weeks leading up to budget, we usually have a rough outline of what to expect. Minister Butler's Press Club address in April and the release of the accommodation pricing review gave us a good idea about much of the residential care funding.

But even with these tips, there is a lot to analyse and the three hours in the lockup passes rapidly.

If you missed our budget coverage, I would summarise our response to the \$3.7 billion as welcome, but clearly not enough to meet growing demand. A more nuanced analysis is available on our website for Ageing Australia members.

We focus a lot on that Tuesday night, but there is a lot more that goes on before and after budget night to progress our policy asks. Many of you will see our visible advocacy in the form of pre-budget submissions, media releases and media interviews, but what is less visible is the significant behind the scenes work with senior department representatives, with Ministers Rae and Butler, and sometimes more importantly with government backbenchers and the Treasury.

Another important event on the calendar for budget week is the Health Minister's post-budget breakfast. These breakfasts are often more useful for networking than for actual policy announcements, but this year there were a few notable statements.

First, Minister Butler's portfolio receives over half of all pre-budget submissions made to the government. Ageing Australia's submission is one of over 2,000 seeking to influence government policy and funding allocation. The takeaway is that we are in a contested environment, and that submissions alone do not achieve policy change.

Second, Minister Butler spoke at some length about the future of aged care. We heard that Ministers Butler and Rae want to see changes in the plans for CHSP, and that they want to work constructively with us to do that.

Finally, it was reassuring to hear Minister Butler say that we should expect to see aged care feature heavily in all upcoming budgets. This means he knows the job is not done. Our job is to make sure the solutions are the right ones. ■



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Ageing Australia in the media:

March to June 2026 snapshot

The aged care reform agenda drove a sharp rise in media attention across the first half of 2026. What stands out, however, is that the conversation did not fade once the initial burst of interest passed.

Instead, the volume of coverage remained strong and the narrative changed. Across March to June alone, Ageing Australia had 2,824 mentions in the media, a cumulative potential reach of 94.7 million, which includes print, TV and online media. What began as intense attention on reform announcements and policy settings became a more sustained discussion about implementation – how the changes were landing, where pressure was building and what older Australians and providers were experiencing in practice.

That shift mattered. In the early phase, the news cycle was driven largely by urgency, system change and headline reform. As the months progressed, the coverage became more grounded in the consequences of those reforms: operational strain, unintended outcomes and the gap between policy ambition and system readiness.

In effect, the debate matured. The question was no longer simply whether reform was necessary, but whether the framework in place could deliver the dignity, continuity and sustainability it promised.

The numbers reflect that sustained attention in media. Media coverage volume climbed from 647 mentions in March to 802 in April and peaked at 823 in May, before easing to 552 in June. Even as the total number of stories softened in June, the underlying issues remained highly visible, suggesting the media conversation was not disappearing, but settling into a more focused and policy-literate phase.

Some of the strongest coverage during this period also pointed to tangible advocacy wins. One of the clearest was the Federal Government's decision to abolish contributions for showering under Support at Home by reclassifying showering as clinical care.

This was significant not only because it addressed a deeply practical issue, but because it aligned with a simple principle: showering is about dignity, health and basic care, not discretionary spending. In media terms, it was one of the strongest examples of advocacy helping to shape a real policy outcome.

A second major win was the deferral of premature price caps for Support at Home services. Coverage across the period showed clear concern about the risks of rushed pricing reform, particularly for continuity of care, regional access and the viability of services supporting people with complex needs.

The eventual deferral represented more than a technical adjustment. It signalled recognition that evidence must come before price-setting and that reform settings need to reflect the actual cost of delivering care.

Capacity remained one of the most persistent themes in the news cycle. Articles repeatedly returned to delayed hospital discharge, shortages in residential care capacity, rising waits for in-home support and the widening mismatch between demand and supply.

These stories resonated because they connected policy settings with human consequences. The stories reflected older people waiting for care, families navigating uncertainty and providers working within increasingly tight constraints.





The media mix also tells an important story. Online coverage overwhelmingly drove volume, reaching 524 mentions in March, 633 in April, 697 in May and 484 in June. But newspapers delivered much of the strongest reach, including 22.1 million in April and 20.2 million in May, while television added significant scale with 5.2 million in reach in March and 5.3 million in May.

That blend mattered. It meant the conversation was travelling not only through high-volume digital reporting, but also through influential mainstream formats that helped carry aged care issues into broader public debate.

The breadth of that presence was equally important. The Weekly Source and Australian Ageing Agenda led by volume, with 106 and 104 mentions respectively, followed by Channel 9 and Mirage News with 49 each, HelloCare with 47 and ABC News with 46. This mix of specialist, trade and mainstream outlets suggests Ageing Australia's messages were reaching both sector insiders and wider public audiences.

Workforce also remained central to media reporting. But the tone of coverage broadened over time. Rather than focusing solely on shortages, the reporting increasingly reflected the wider challenge of workforce sustainability: recruitment, retention, leadership capability, reform readiness and the strain on teams being asked to implement major change while maintaining quality and continuity of care.

Another notable trend was the prominence of practical response stories. Alongside scrutiny of system pressure, the media increasingly highlighted what providers, partners and sector leaders were doing in response through innovation, governance improvement, digital uplift, new service models and stronger collaboration.

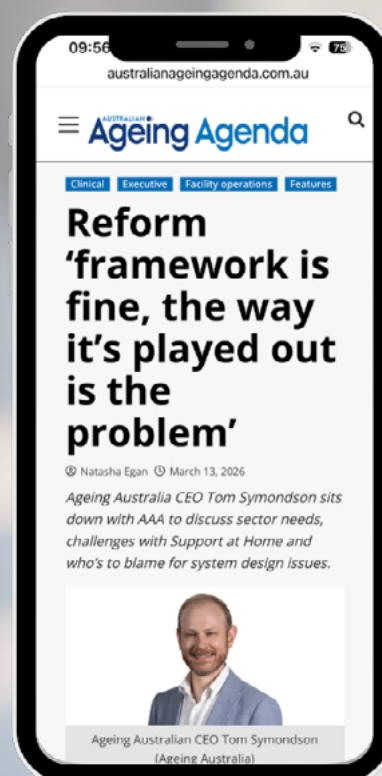
That is an important shift. It suggests aged care is not only being represented in media as a sector under pressure, but also as one working actively to respond, adapt and improve.

For Ageing Australia, the significance of this period lies in both visibility and influence. The organisation featured strongly because the issues it was speaking to were the issues dominating the national conversation: reform implementation, system capacity, workforce resilience and the need for practical, evidence-based solutions.

Just as importantly, the strongest stories were not purely reactive. They showed that Ageing Australia was helping to shape the terms of debate and, in some cases, contributing to real movement in policy.

Overall, the first half of 2026 reflects a media environment still intensely focused on aged care, but increasingly interested in execution, sustainability and what comes next. If the earlier phase of media attention was about urgency, this phase was about credibility.

That is where Ageing Australia's voice remained most valuable, not only elevating pressure points, but helping frame the next chapter and demonstrating that sustained advocacy can translate into practical change. ■



A year of reform for retirement living *and* seniors housing

Mark Prosser

Director Retirement Living & Seniors Housing, Ageing Australia

Mark Berezdecky

Senior Policy Advisor - Retirement Living & Seniors Housing, Ageing Australia

This has been one of the most significant periods of reform for retirement living and seniors housing in Australia, with state and territory governments progressing legislative and regulatory changes designed to strengthen consumer protections, improve transparency and modernise the sector.

Throughout this period of change, Ageing Australia has worked constructively with governments to help strike the balance of strengthening protections for residents while maintaining an environment that enables operators to continue investing in high-quality retirement living communities.

The significance of these reforms is also reflected in the questions and concerns being raised by members of Ageing Australia – importantly, ensuring the reforms remain focused on both resident outcomes and operational realities.

Recent member enquiries have centred on retirement village regulation, pricing, contracts and compliance. Members have sought guidance on issues ranging from emergency response obligations and new anti-money laundering requirements to retirement village documentation, asset management planning, lease arrangements, development approvals and planning processes, and building insurance.

This period of reform comes at a time when community expectations around ageing are also evolving. Findings from the *Ageing in Australia Community Expectations Report 2026* reveal that while 56 per cent of Australians would prefer to remain in their own home for as long as possible, 30 per cent would consider moving to a retirement village or other seniors housing option if they required additional support. At the same time, half of Australians aged 50 and over indicated an interest in downsizing, although affordability, moving costs and a shortage of suitable age-friendly housing continue to present barriers.

Retirement living and seniors housing will continue to play an important part of Australia's ageing future, forming a key part of the continuum of housing and care options for older Australians. The sector is already seeing new and innovative models emerge through planning, design and construction, creating communities that better reflect older Australians expectations.

State and territory updates

Below provides a snapshot of some of the reforms the team has worked through over the past few months.

Victoria

Victoria's new retirement villages legislation commenced on 1 May 2026. Ageing Australia continued to advocate for practical transition arrangements and remains actively involved in the government's transitional stakeholder group. Through ongoing engagement, Ageing Australia has ensured operators' concerns remain visible.

Western Australia

Western Australia has also been progressing significant retirement village reforms. Ageing Australia maintained close engagement with government throughout the process. Much of the feedback has been reflected in instructions provided to the Parliamentary Counsel's Office and is expected to be incorporated into the next draft regulations due for release in August 2026. The Department also accepted most of Ageing Australia's recommendations on transitional arrangements, with some requirements commencing July 2028 to support a practical implementation process.

South Australia

In South Australia, Ageing Australia contributed to the review of revised Codes of Conduct under the draft *Retirement Villages Amendment Regulations 2025*. The updated draft regulations demonstrated that government had listened to feedback, resulting in a more balanced and workable framework for operators. Mandatory online training of the Codes of Conduct will commence December 2026.

Tasmania

Ageing Australia recently provided a submission to Tasmania's review of the Residential Tenancy Act, identifying several reforms that could have indirect implications for retirement villages and seniors housing.

On a national level, expanded AML/CTF requirements took effect from 1 July 2026 impacting retirement living. Ageing Australia received numerous member enquiries about whether the new obligations apply to their business models and what compliance steps may be required. In response, we provided information, facilitated discussions and directed members to relevant resources, while encouraging operators to seek independent legal advice. ■



Getting CHSP reform right

Roald Versteeg

Chief Policy & Advocacy Officer, Ageing Australia

One of the great privileges of working in policy is the opportunity to genuinely improve people's lives. Good policy doesn't exist for its own sake. If done well, it creates better outcomes for older Australians, gives providers the confidence and resources they need, and leaves the system stronger than we found it.

However, not every reform improves the system, and not every existing program needs to be rebuilt from the ground up. Sometimes the greatest contribution we can make is taking the time to understand what already works. I believe that is the case with the Commonwealth Home Support Program (CHSP).

After more than four decades of evolution, CHSP has become a highly effective and efficient entry point into aged care for more than 800,000 older Australians.

However, discussions about reform have often focused on the wrong questions: where CHSP should sit administratively and which funding mechanism it should use. Should it remain a stand-alone program? Should it sit under the Support at Home umbrella? Should funding models change?

These are important questions. But before deciding how the system should be organised, we should first ask what we want entry-level aged care to achieve.

For Ageing Australia, the answer has become increasingly clear through our engagement with providers and other stakeholders.

Entry-level aged care is not simply a smaller version of an individual package. It serves a different purpose. It provides practical assistance before problems become crises. It maintains independence, reduces social isolation, supports carers and delivers services that many communities could not do without. It is preventative, community-based care that helps people remain connected to the places and people around them.

Our position has therefore been more nuanced than some of the public discussion.

We believe entry-level aged care should remain distinct from individual care packages because it serves a fundamentally different purpose. However, we are not prescriptive about whether that ultimately means a standalone program or an entry-level stream within a broader Support at Home umbrella. Our focus is on preserving the characteristics that have made CHSP successful: simple access, local flexibility, fit-for-purpose funding (including appropriate funding for thin markets), and recognition that services such as transport, meals, social support and respite cannot be funded or delivered in the same way as individual packages.

Alongside that longer-term discussion sits a more immediate priority. Providers need adequate funding while



the future model is being designed. Reform cannot come at the expense of provider viability. Whatever the eventual architecture, providers must be able to continue delivering quality, accessible services to older Australians throughout the transition.

We have a rare opportunity to deliberately design Australia's entry-level aged care system for the decades ahead.

Recent reports have reinforced the importance of taking the time to get these decisions right. The Australian National Audit Office (ANAO) identified opportunities to strengthen data, planning, performance measurement and evaluation before future reforms are implemented. Similarly, the Senate Community Affairs Committee called for further consultation and evidence to inform the future of CHSP. Neither report argues against reform. Instead, they reinforce that reform should be evidence-based and thoughtfully designed.

It is also worth remembering that a senate committee report is not the final destination. While the committee recommended, amongst other things, retaining CHSP as a separate block-funded program, the additional comments from government senators highlighted the importance of ongoing consultation and careful consideration of future design.

From Ageing Australia's perspective, the direction of that process is encouraging.

We've had constructive discussions with Minister Sam Rae and his office about the future of entry-level aged care. While it would be inappropriate to pre-empt those conversations, I'm pleased by the way they are progressing. Sitting together in Parliament House, the discussion was less about labels or organisational charts and more about the design principles that should underpin a system that works for older Australians, informed by the evidence emerging from both the ANAO and senate inquiry processes. My sense is that there is a genuine willingness to listen, carefully consider the evidence and work collaboratively with the sector on the future design of entry-level aged care.

Perhaps the biggest lesson from recent aged care reform is that implementation is every bit as important as policy intent. Reform delivered before the design is right, risks creating unnecessary disruption for providers and uncertainty for older people.

We have a rare opportunity to deliberately design Australia's entry-level aged care system for the decades ahead. If we remain focused on outcomes rather than ideology, and on evidence rather than assumptions, I'm confident we can build a system that preserves what works today while evolving to meet the needs of tomorrow. ■



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Navigating *the* next phase of aged care reform

Cassie Mason

State Manager, SA/WA Branch,
Department of Health, Disability & Ageing Local Network

The *Aged Care Act 2024* is strengthening Australia's aged care system. The focus has shifted to the rights, needs and lived experience of older people. Dignity, respect, choice and safety are the foundation of Australian Government-funded aged care. The Support at Home program, strengthened quality standards, a new regulatory model, universal provider registration, a single assessment system and revised funding arrangements make care fairer, more transparent and more sustainable.

Regulation, reasonable pricing and transparency helps the whole sector. But for providers, it also brought substantial change. Providers put national policy into daily practice and changed how they did things. For older people and their families, greater choice and control came with new language and processes and, for some, uncertainty.

The next phase of reform is about making change work. Government is listening to older people, their families and carers, and providers and workers. The decision to fully fund personal care under Support at Home from 1 October 2026 is an example of this.

The Department of Health, Disability and Ageing is monitoring other pressure points. These include funding classifications, assessment outcomes, wait times, pricing transparency and operational impacts of new requirements.

Government has responded with further investment to:

- review Support at Home assessment
- improve access to in-home supports
- strengthen residential aged care accommodation arrangements.

Government has also deferred Support at Home price caps to better understand the true cost of service delivery.

Local intelligence is critical to reform success. The Department's regional stewardship approach makes sure we understand aged care at a local level. With a greater presence across the country, the department works closely with local aged care providers, service delivery partners and communities, as well as cultural and health organisations.

Through this approach, the Department can proactively identify problems and collaborate on solutions for that local area. Regional stewards share those insights with departmental planning and policy areas. This way, the Department is always looking to improve the system and benefit older people.

The reforms are already strengthening the voice of older people, improving transparency and embedding rights more



clearly into service delivery. But reform is not a single event; it is a sustained transition.

Quality, rights-based aged care starts with capable and innovative providers. Navigating the next phase will require honesty, collaboration and persistence. The sector needs to keep strengthening governance, workforce capability, communication with their participants and residents, and ensure service transparency.

Government needs to keep listening closely to operational realities and adjusting where needed.

Most importantly, the sector must stay fixed to the reform's central purpose. Together, we will make sure older people receive safe, quality care that respects their choices, upholds their rights and supports them to live with dignity.

In the coming period, the sector can consolidate the gains already made. The Department must be guided by evidence, local experience and genuine partnership. Then, aged care reform can move beyond transition and towards a stronger, fairer and more responsive system for the long term.

Understand your requirements to lead quality aged care:

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Governing well – why evidence, not intent, defines good aged care decisions

Liz Hefren-Webb

Aged Care Quality & Safety Commissioner



In aged care, intent is rarely the problem. Governing bodies almost universally want to do the right thing for older people and their families, their staff and the broader community. Yet the lived experience shows that good intentions do not reliably translate into good outcomes. In many cases, the difference lies in how decisions are made, what evidence informs them and whether those decisions

can withstand scrutiny after the fact.

For governing bodies, the question is not just what did we mean to achieve? But what did we consider and why did we decide as we did?

Good governance usually begins with disciplined curiosity. When boards confront complex decisions about staffing, clinical risk, financial pressures, or service redesign, they must interrogate the evidence before them. This includes not only internal reports and performance data, but also independent advice, feedback from older people and sector-wide benchmarks. A well-governed Board asks: What is the source of this information? Is it complete? What might we be missing?

The quality of advice matters just as much as its availability. Governing bodies should be clear about the advice they seek and receive. Did they consult clinical experts when considering changes affecting care delivery? Were older people and their representatives actively incorporated into deliberations, or treated as peripheral? Did the Board seek external perspectives when internal data painted an incomplete picture?

The absence of robust advice is itself a governance failure. It can signal either overconfidence or a lack of systems to ensure that decisions are properly informed. Neither is acceptable in a sector where consequences are deeply human.

Balancing competing interests is another defining responsibility. Boards must navigate tensions between financial and workforce considerations, regulatory compliance and most importantly, the rights and wellbeing of older people in their care. This is not a simple equation. However,

the presence of competing pressures does not dilute accountability, they heighten it.

The critical question is how those decisions are made, justified and recorded. Well governed Boards document how they weighed different interests and why certain priorities prevailed.

As a regulator, we are less interested in assurances of good intent than we are in demonstrable proof of good governance and decision making that places older people at the centre.

What will the record show?

Will it demonstrate that directors engaged critically with the information presented? That they challenged assumptions and sought clarification? That risks were identified, debated, and understood? Or will it reflect passive acceptance and superficial discussion?

A strong record of board deliberations shows not only what was decided, but how and why. It shows whether the Board exercised independent judgment and provides evidence that the interests of older people were not abstractly acknowledged but concretely considered in decision-making.

Recently, we issued a notice requiring a provider to give us, amongst other things, demonstrable proof that the Board and management placed older people at the centre of their decision to make changes to their service offering. We sought documentation relating to their decision-making process, including Board papers, emails, minutes and any advice received. The information will form a key part of our investigation into potential breaches of legal obligations.

In an era of increasing community expectations for transparency and accountability, these records are not merely internal documents. They are potential evidence of diligence or neglect, of rigour or complacency.

Ultimately, the legitimacy of aged care governing bodies rests on their ability to make decisions that are informed, balanced, and accountable. Intent may shape motivation, but evidence shapes outcomes for older people. And when outcomes fall short, it is the evidence of decision-making – the questions asked, the advice sought, the consideration given – that determines whether a board has met its duty.

In aged care, where trust is essential, governing well is about making decisions thoughtfully, with a clear line of sight to the people most affected.

Because in the end, it is not enough for boards to care. They must be able to show that they governed with care. ■

Reconciliation in action: what it asks of aged care

Laurance Malmgren

Manager, Growth & Strategic Initiatives, RAP Champion

When Ageing Australia launched its first Reflect Reconciliation Action Plan (RAP), we described it as more than a document. It was a commitment to listen, learn and take practical steps towards reconciliation – within our organisation and through our role as the national peak body for aged care, retirement living and seniors housing.

That work is now actively moving from commitment into action.

For aged care, reconciliation is not separate from quality, safety or person-centred care. It goes to the heart of whether older Aboriginal and Torres Strait Islander peoples feel respected, understood and safe when accessing support.

This matters because trust in systems has been shaped by histories of exclusion, removal, discrimination and institutional harm. These experiences do not sit outside aged care. They influence whether people feel safe seeking services, whether care relationships are built on trust, and whether support genuinely reflects identity, family, community, culture and Country.

Culturally safe aged care asks us to think beyond access alone. It requires attention to relationships, language, cultural authority, local community connection and the way decisions are made. It also requires us to recognise older Aboriginal and Torres Strait Islander peoples not only as recipients of care, but as Elders, knowledge holders, leaders, advocates, family members and community decision-makers.

Over the past year, we have continued to build the foundations for this work through our RAP. This has included

strengthening cultural learning, building staff understanding of cultural protocols, engaging in national conversations through forums such as the AIATSIS Summit and Reconciliation Australia, and drawing on our networks to grow relationships, share knowledge and better understand how our voice, advocacy and sector connections can support more culturally safe and inclusive care.

But the opportunity is much broader than any one organisation.

Our sector has a critical opportunity to embed cultural safety as a core part of quality, dignity and trust. This means listening to Aboriginal and Torres Strait Islander peoples, respecting community-led solutions, supporting First Nations leadership and recognising that culturally safe care is built through consistent action over time.

It also means asking practical questions across our own organisations and services.

How are older First Nations peoples involved in decisions that affect them? How are cultural needs understood and respected? How do services build relationships with local communities? How are staff supported to engage with confidence, humility and respect? How do we ensure cultural safety is not an aspiration, but part of everyday practice?

These questions are not peripheral to aged care. They are central to it.

As the national peak body, Ageing Australia has an important role to play in supporting members and the broader sector on this journey. We do not approach this work as having all the answers. We approach it with a commitment to listening,

learning, sharing what we can, advocating where we should, and helping create the conditions for meaningful change.

*Reconciliation asks
all of us to move
beyond acknowledgement
into action.*

That action begins with respect, relationship and a willingness to see older Aboriginal and Torres Strait Islander peoples not only as people receiving care, but as people whose knowledge, culture, leadership and lives continue to shape families, communities and the future of our sector. ■

We are keen to hear how you are bringing reconciliation to life in your organisations and communities.

By sharing these stories, we can help celebrate good practice, support shared learning and build momentum across the sector.

Please share your story with us at
editor@ageingaustralia.asn.au

Bultjubul Dungula ('Two Rivers' in Yorta Yorta language). Artwork by Bayadherra



Leading with connection

Alan Morrison Chief Executive of ECH's vision for ageing well

For Alan Morrison, Chief Executive of ECH the path to aged care has been anything but linear – yet the common thread has always been people, care and community.

Born in Glasgow, Scotland, Alan left home at 18 to study in Dundee before qualifying as a chartered accountant with KPMG. A two-year opportunity brought him to Australia in the late 1990s; 27 years later, he is still here.

His early career gave him exposure to different industries, organisations, teams and leadership styles, building what he describes as a strong grounding in complex, multidisciplinary environments.

After KPMG, Alan moved into healthcare, joining Sportsmed, an orthopaedics and allied health provider, as CFO before becoming GM and then Chief Executive. He later led significant growth as CEO at Burnside Hospital in the Eastern suburbs of Adelaide.

After more than two decades of experience across hospitals, allied health and community-focused services he became Chief Executive at ECH at the start of the year. ECH provides a range of support at home, community services and retirement living villages across metropolitan Adelaide as well as inner regional areas.

It is his experience across different parts of the care continuum that shapes his view of one of aged care's greatest challenges: helping people navigate a system that can feel fragmented and difficult to understand.

"It's incredibly complex," Alan says. "You've got GPs, specialists, hospitals, aged care, housing and community support all intersecting, but they are influenced by different state and federal funding and regulatory environments."

For Alan, the opportunity lies in creating better alignment across those intersections. He believes government and the sector both have a role to play in simplifying the journey for older people and their families, with peak bodies like Ageing Australia helping to bring people together around shared priorities.

Since he began at ECH Alan has focused on listening and learning. He has visited day centres, homes, villages and wellness hubs, meeting residents, clients, volunteers and team members to better understand what happens at the front line.

"I've really enjoyed the support of the Board and Chair, the passion of our team, the engagement of our clients and residents, and the commitment of our volunteers," he says. "We have more than 100 volunteers, and they are really special."

While he expected aged care work to be demanding, he has been struck by the positivity and commitment of the workforce. "That gives me great hope for the sector," he says. "Without people, you don't have anything."

ECH's strategy, Alan says, is anchored in making ageing well simpler. The organisation has recently refreshed its strategic direction with input from the Board, executive, senior leaders, clients, residents and the broader team. The aim is to provide integrated services and seamless support, while acting as a trusted navigator in a complex environment.

That means supporting staff through a changing landscape, improving technology and data for decision-making, forming strong partnerships and continuing to innovate. "One organisation can't do it all," he says. "We need to partner in ways that are complementary, keep renewing and

regenerating, and always keep a quality lens over what we do."

Looking ahead, Alan frames his hopes for older Australians around connection, integration and respect. He wants to see residential aged care thrive, stronger social connection opportunities for older people, less disconnection across the sector, and greater community appreciation for the contribution older people continue to make.

He is also conscious that more people will remain at home for longer, often with increasingly complex needs. For ECH, this reinforces the importance of timely, easy-to-navigate support that helps people maintain independence as their needs change.

Alan is quick to acknowledge the generosity of peers across the sector as he has settled into aged care. Although organisations may sometimes compete, he believes they are united by a common purpose.

"We are all here for the same reason," he says. "The more we can work together, partner, share knowledge and ideas, the better."

For Alan, the future of aged care will be shaped by collaboration, courage and a relentless focus on the people the sector serves. At ECH, that means helping older South Australians live independently, stay connected and continue to get more out of life. ■



Pet friendly aged care a hit in Victorian aged care homes

A year on from changes that stopped providers from unreasonably banning pets, older Victorians are seizing the moment - bringing dogs, birds, cats and even turtles into aged care homes.

At a residential aged care home in Melbourne's inner north, it's not just nurses making their morning rounds.

There's a dog named Zach padding down the hallway, birds chirping in residents' rooms, and even a turtle forming part of everyday life at Brotherhood of St Laurence's Clifton Hill home.

"It's been amazing for our residents to have animals because they are so much happier. For the past 12 months we have seen a big boost in mood," says Milly Kuranage, Head of Residential Aged Care.

The change comes as more providers focus on delivering care that is both compliant and engaging for residents.

Across Australia, only about 18 per cent of aged care homes currently allow residents to keep pets, despite growing evidence of their benefits.

In Victoria, recent reforms mean

providers can no longer unreasonably ban pets, pushing the sector to rethink long-standing restrictions.

At Clifton Hill, that has translated into a more flexible, resident-led approach.

"We try to really accommodate our residents' needs," Kuranage says. "We had a resident living with dementia who no longer has the capacity to care for his bird independently, but we have staff members who do that for him."

The team's efforts have earned them a nomination for a national You are ACE! Award, recognising excellence in the sector.

Ageing Australia CEO Tom Symondson said a broader shift is underway across the sector towards more dynamic models of care and it is important that the progress is acknowledged.

"In a challenging reform environment, it's important we recognise the effort going into making older Australians' lives as enjoyable as possible," Mr Symondson says.

"We have providers really going above and beyond to make sure residents have a fuller experience in aged care."

"Whether it's arts and music programs, community events, pets in aged care or resident-led initiatives, the change from decades ago is significant."

"I'd love to think that if I go into aged care one day, I could bring my pet

You are ACE!



with me," he says. "That connection it's not a small thing. It's part of who people are."

The home has also introduced the Tovertafel, or "magic table", an interactive light projection system designed for people living with cognitive challenges, including dementia.

The technology projects games onto a table surface, encouraging residents to engage through movement and group interaction.

Staff have observed improvements in mood, reduced agitation and increased engagement among residents using the system.

"You see people light up they're laughing, it's been a real success," Kuranage says. ■





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Image: Maxine, Susie's daughter and a former Care Support Employee at Karinya Aged Care wanted the cafe to honour her mum's rich legacy. Below: Susie.

Regional nurse honoured after creating café inspired by resident

A regional aged care worker who turned a friendship with a resident into a thriving community café is now being recognised on the national stage.

Jennifer Tull has been nominated for an Ageing Australia You Are ACE! Award for her leadership across regional aged care homes, including the Southern Cross Care Karinya Residential Aged Care home where Susie's Café was born.

While working as a facility and later regional manager overseeing 158 beds and 264 staff, Jennifer formed a special bond with one resident, Sue.

"She would talk about the food and how she used to cook for the shearers and the good old Aussie tucker," Jennifer said "She really was passionate about food."

At the time, the home had a small Sunday coffee service. Jennifer wanted something more permanent – a café inside the home that felt like part of the town.

However, Sue became unwell and passed away before the café could take shape. Determined not to let the idea fade, Jennifer shared the vision with Sue's daughter, Maxine, who was also

working at Southern Cross Care Karinya at the time.

"I said, 'Oh I would love to,'" Maxine recalled when asked to help set it up. "I knew that if we're having a coffee shop, we've got to have a real coffee machine."

The pair raised about \$5,000 through a town raffle, sourced donated equipment and transformed an unused part of the home into Susie's Café.

"It just boomed. It really did," Maxine said. "The residents and family friends, it was just awesome."

Maxine believes the café changed the atmosphere of the home and gave residents a chance to unwind. "People would come down just to sit, talk and feel part of something."

She kept a photo of her mum on the fridge in the café kitchen, and because Susie loved owls, small owl ornaments were placed around the space.

Ageing Australia CEO Tom Symondson said strong leadership in regional Australia is vital, particularly given more than a quarter of older Australians live outside major cities while most services remain metropolitan-based.

"Regional providers face increased workforce shortages, distance and

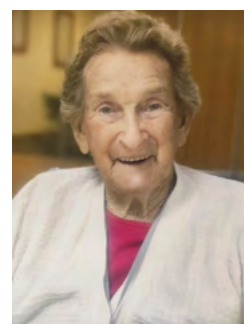
resource pressures that metropolitan services simply don't," he said. "When leaders deliver stability and quality in those environments, that's real achievement."

Even after retiring at 72 due to a knee injury, Maxine hopes to return a few days a week to keep it going. "It's so needed," she said. "Susie will live on."

For Jennifer, her time overseeing multiple regional homes has been defined by her commitment to residents and staff.

"Leadership has always been about relationships," Tull said, who now works for seniors living provider LDK. "If you take the time to really listen to residents and understand who they are, the ideas follow naturally."

"She made me fall back in love with this work," one team member said in her nomination. ■



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On the frontline of reform, rural providers hold the line

Rural aged care providers are stepping up to meet sweeping reforms and in Victoria's south-east, one small service is showing what that looks like on the ground.

In Foster, Prom Country Aged Care sits at the centre of a tight-knit health precinct, where the local hospital, GP clinic and community health service share the same stretch of land.

About 70 per cent of residents come from the surrounding Corner Inlet region with many spending their entire lives in the area.

"We don't have another facility close to us," says CEO Paula Gibb. "So we do have that really local flavour."

For residents Malcolm Ellis and Robyn Speers, that has shaped their experience in aged care.

"It still feels like home," Ellis says. "You're surrounded by people you know... that makes a big difference."

"It's not like you're going somewhere completely new," Speers adds. "There's a sense of comfort in that."

Inside the home, staff are overwhelmingly local, often caring for people they have known for years, or who share mutual ties.

"They know our residents really well," Gibb says. "You can hear them laughing down the corridors... it's really quite fun."

That work has seen Prom Country Aged Care nominated in [Ageing Australia's national You are ACE! Awards](#) in the *Making a Difference* category, recognising the leadership of Gibb and her team through a period of significant change.

Ageing Australia CEO Tom Symondson says rural providers are critical, particularly as the effects of reforms take shape in the years to come.

"These services are absolutely essential," he says. "They are deeply connected to the people they support and often go above and beyond to deliver high-quality care."



You *are* ACE!

“They understand their communities in a way larger systems simply can’t replicate. Without them, people wouldn’t have access to the support they need close to home,” he says.

Like many regional providers, Prom Country Aged Care has been navigating the demands of sector reform with limited resources.

“Being a small standalone not-for-profit, we don’t have the backing of a big central office,” Gibb says.

“A lot of the reform changes and education for the staff have been driven by myself and the executive team... because we didn’t have any other resources to utilise.”

Workforce pressures have also been front of mind, particularly in a regional setting where attracting and retaining staff can be more difficult. In response, the organisation has focused on building its local workforce while also bringing in overseas staff to support care delivery.

At the same time, new systems have been introduced to better understand the experiences of residents and their families, ensuring feedback is acted on.

The approach reflects a broader shift in how the organisation is planning for the future—balancing compliance with care.

“It’s about embedding everything we’ve implemented and making it part of business as usual,” Gibb says. ■

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Care built around dignity

For more than three decades, Bryan Lipmann AM has challenged Australia to think differently about ageing, housing and dignity.

As a young social worker, Bryan saw the conditions many older people experiencing homelessness were living in. That experience helped shape the creation of Wintringham, built around the belief that older people who are homeless, or at risk of homelessness, deserve care, respect and long-term security.

Bryan's work has since been recognised through his appointment as the 2026 Victorian Senior Australian of the Year. His story is about more than personal achievement. It is a reminder that meaningful change starts by listening to people who are too often overlooked, and by designing care around real lives.

At a time when aged care providers are thinking about what comes next, Bryan's experience offers a powerful perspective on how services can respond to disadvantage, improve quality of life and keep people at the centre of care.

What first made you realise that older people experiencing homelessness needed a different kind of aged care response?

Initially, it was not so much that homeless people needed a different aged care response. It was more that they simply needed a response.

Older homeless people found it almost impossible to get into the aged care system.

Wintringham has been built around dignity, respect and long term security. What does that look like in everyday care?

It is very much about winning the trust of our clients, many of whom have learnt through bitter experience to be very distrustful.

We spend time reassuring clients and residents that they now have a "Home 'til Stumps", where they can feel safe, feel loved and can start to enjoy life. Importantly, we attempt to replace absent family and to be an advocate for our clients, and not just a provider.

At this point in the sector's reform journey, what should aged care leaders keep front of mind, so change improves daily life for older people?

The aged care industry has been captured by the industrial concept of quality of care. What we really need to recognise is that what older people are looking for is quality of life. Good care plays an important role in this, but so too does friendship, enjoyment, laughter and fulfilment. For aged care residents who lack a supportive family, these human interactions become even more important.

What do providers, policymakers and communities still need to better understand about older people who are homeless or living with deep disadvantage?

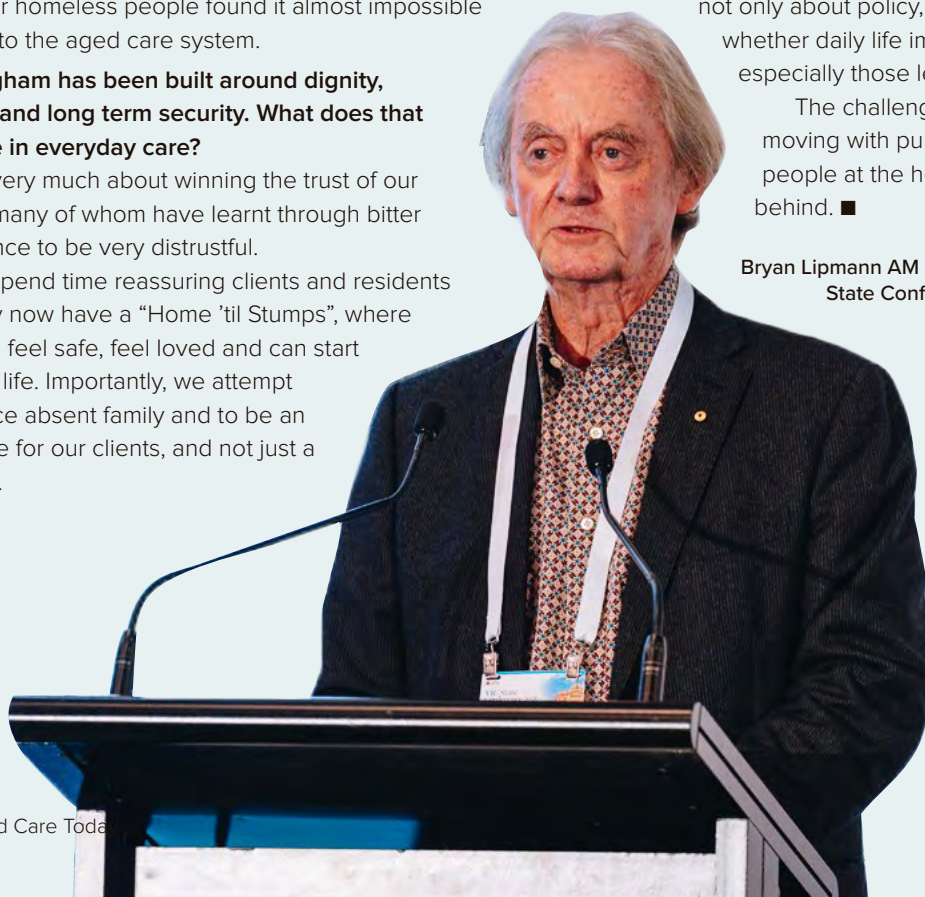
Winning the right for homeless people to access aged care services is an important achievement, but policymakers must make these specialised services financially viable.

With no access to RADs, family financial support or debt servicing capabilities, the small number of providers working with homeless people struggle to find both the capital necessary to build and maintain facilities, and sufficient recurrent funding to remain viable. To have a truly inclusive aged care program, we need to recognise that the current system does not cater well for the homeless, either financially or through its regulatory system.

Bryan's work shows that progress in aged care is not only about policy, systems or reform. It is about whether daily life improves for older people, especially those least served by existing models.

The challenge for the sector is to keep moving with purpose, and to make sure the people at the heart of aged care are not left behind. ■

Bryan Lipmann AM speaking at Ageing Australia's VIC State Conference 2026

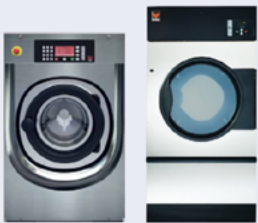




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Breakfast club tackling loneliness among older men grows rapidly

As Australia faces a growing ageing population and rising loneliness among older men, a small weekly breakfast group in Adelaide's south is bringing older Australians together.

Buddies at Breakfast is a Friday morning program run through the Commonwealth Home Support Program (CHSP) via the City of Unley. It is aimed at men over 65 and has grown so popular it now has a waitlist for new participants.

"We had six men that were interested at the start," says facilitator Brett Partington. "Seven years later, we've got 40-50 rolling out most weeks... it's just turned into this amazing brotherhood. It's changed my life and it's changed theirs as well."

After suffering a brain injury in 2017 and spending a year in rehabilitation, Brett was rebuilding his own life when he stepped into the role, determined to create connection for older men who may be isolated or lacking social outlets.

Breakfast club member Jim Stain retired during COVID after a long career running businesses, a shift he found harder than expected.

"You've always have a purpose in life... and then suddenly, it all disappears," says the 75-year-old.

At Buddies, that sense of purpose starts to return. The format centres on a shared breakfast, followed by a loose run sheet – a sports report, a joke of the day, and occasional guest speakers. The group has even attracted a visit from South Australian Premier Peter Malinauskas.

The group's facilitator Brett has now been nominated for a national Ageing Australia You are ACE! Award, recognising his work tackling loneliness among older men.

"His nomination reflects the importance of community-based programs like this," says Ageing Australia CEO Tom Symondson.

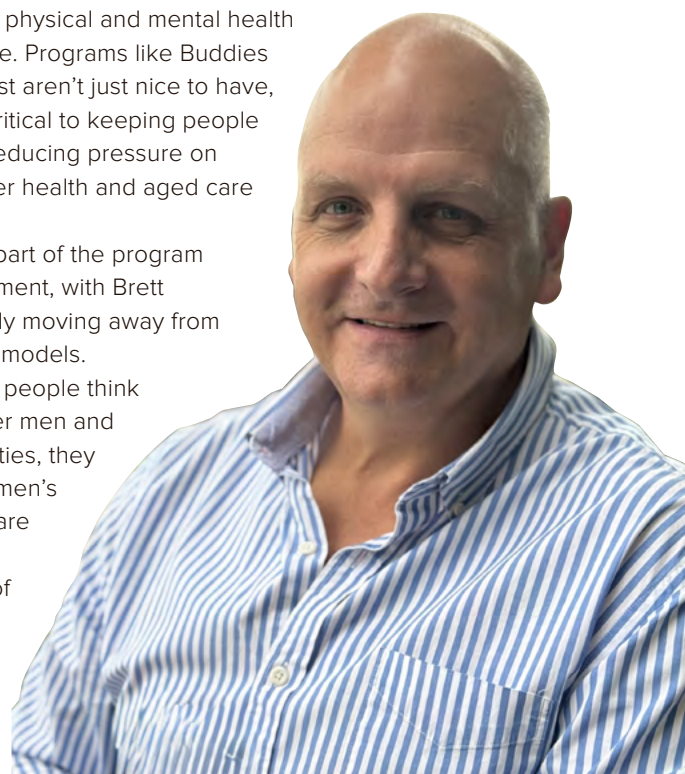
"These kinds of programs are absolutely essential," Mr Symondson. "CHSP services are often the first line of defence against isolation they keep people connected, engaged and living well in their own communities."

Mr Symondson says the impact goes far beyond social connection, helping to prevent more serious health and care needs down the track.

"The longer someone is isolated, the more their physical and mental health can decline. Programs like Buddies at Breakfast aren't just nice to have, they are critical to keeping people well and reducing pressure on the broader health and aged care systems."

A key part of the program is engagement, with Brett deliberately moving away from traditional models.

"When people think about older men and their activities, they think of a men's shed. We are almost the opposite of



You are ACE!

that. We don't fix anything and have never pulled a hammer out and put a nail in wood," he says.

For 83-year-old Bob Byrne, a retired TAFE manager, the group has become part of his routine.

"It's somewhere I look forward to going to every week," he says. "It's an environment where we all support each other... we share our feelings and it can become quite emotional at times."

Brett says the group has also evolved beyond the breakfast table, running regular donation drives for Baptist Care SA's WestCare Centre, supporting people experiencing homelessness, domestic violence and isolation.

"When you see people connect and change... that's everything," he says. ■



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Support the message, don't put up with incontinence – go and start the process

More than one in four Australians experience some form of incontinence and continence management services are offered by many aged care providers. However, for many people in the community it remains one of the most under-discussed health challenges in the country.

Continence Health Australia Managing Director and CEO, Jim Cooper invites everyone working in the aged care sector to play a part in raising awareness and encouraging people to 'go and start the process' to get help.

Jim says the problem isn't just physical – it's deeply psychological.

"The embarrassment comes from the fact that even a child can learn how to stay dry," he explains. "We've built into the psychology of growing up that you're going to be dry. When that fails, it's deeply embarrassing."

That embarrassment has real consequences. On average, it takes six years from when symptoms first appear before a person seeks help. In the meantime, people stay home, withdraw from life, and the anxiety can turn to depression.

Cooper's message is direct: "Don't put up with it. Go and start the process and keep asking."

That kind of support made a profound difference for Muoy Kućan, this year's recipient of CHA's Carer of the Year Award.

Getting the right continence products made a huge difference. I would highly recommend anyone seeing a continence nurse.

Muoy, from the south-east suburbs in Victoria, has spent more than 20 years in caring roles. The youngest of ten siblings, she gradually became the primary support person for her parents – navigating medical appointments, hospital admissions and the complexities of the aged care and disability systems. When her mother was diagnosed with vascular dementia following a fall eight years ago, Muoy stepped back from her career in early childhood education to care for her full time.

Her mother's wish was simple: to stay home. Muoy was determined to honour it.

Continence care became one of the most demanding aspects of that commitment. In the early stages, Muoy relied on supermarket products and managed as best she could. "It's so embarrassing for my mother, and it's not talked about," she recalls. "No one would bring it up – even between sisters – to protect her dignity."

When her mother's needs escalated, a referral from her GP led to a home visit from a continence nurse. The impact was immediate. The nurse assessed her mother's individual needs, trialled suitable products, and taught Muoy practical techniques. Later, when her mother became doubly incontinent, a second assessment introduced a booster product that reduced daily linen changes from every morning to once a week.



"I would never have thought of those things," says Muoy. "Getting the right continence products made a huge difference. I would highly recommend anyone seeing a continence nurse. I'm so thankful as she made all the difference to Mum's quality of life and care so she could stay at home."

Freed from the constant cycle of cleaning and managing accidents, Muoy was able to spend more meaningful time with her mother – taking her for drives, sitting together in the garden, simply being present.

Muoy's mother was admitted to hospital just two days after the Carer of the Year announcement. Facing a long weekend and a medical system reluctant to discharge, Muoy advocated firmly for her mother's right to die at home. With the help of a compassionate hospital nurse and the Hospital in the Home program, her mother was home by Saturday. She spent her final ten days surrounded by family, her hospital bed moved outside so she could rest beneath the apple tree her father had grown in their front yard.

"Death is inevitable. We know that," Muoy says. "But let's die trying. My mother was a beautiful, caring person, who was remembered for helping others and feeding the poor. She gave so much of herself and we wanted to honour and care for her the same way she so lovingly gave to us and others."

The CHA Carer of the Year Award is open for nominations from November to February each year. For support with continence people can call the free helpline on 1800 330066 or visit continence.org.au. ■



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Finding solutions at ITAC 2026

ITAC is Ageing Australia's annual aged care technology and innovation conference. The event brings together sector leaders, innovators and practitioners to explore how digital solutions are improving outcomes for older Australians. Across two days, the conference keynote presentations, interactive panels and a vibrant trade exhibition showcased both cutting-edge research and practical tools that enhance care delivery and operational performance.

For the first time, we also convened a sector-wide forum, bringing together aged care providers, software vendors and senior representatives from the Department of Health, Disability and Ageing (the Department) and Services Australia for an open and constructive discussion about current and future ICT challenges in the Support at Home program.

This session marked the first truly interactive opportunity for all key stakeholders to address the technical realities of the transition in a shared space. Participants reflected on what has worked, what has not, and, importantly, identified practical ways to improve systems and processes.

Issues with planning, reporting and claiming systems remain widespread, with many organisations experiencing similar pressures. While the Department and Services Australia have established multiple communication forums, a lack of coordination and visibility has led to duplicated effort and frequent misunderstandings across the sector.

Providers and vendors highlighted persistent challenges. System fragmentation remains a critical issue, with many organisations relying on multiple, non-integrated platforms. This has led to heavy reliance on manual workarounds, particularly for reporting requirements such as 15-minute service increments. As a result, administrative burden is high, with some providers reporting costs exceeding the 10 per cent care management allowance, placing pressure on financial sustainability.

A strong consensus emerged across all groups. Stakeholders agreed that the same challenges are being experienced sector-wide and that inefficiencies are being compounded by duplicated effort and limited shared visibility of issues and solutions. Importantly, there was recognition that the greatest burden lies not in policy intent, but in the complexity of implementation. Successful reform, it was agreed, depends on aligning workforce capability, operational processes and digital infrastructure – rather than addressing these as separate streams of work.

To address these issues, stakeholders identified several priorities. Improving transparency and shared visibility is essential, including the creation of joint issue registers and clearer guidance on critical reporting requirements. Simplifying administrative processes – such as streamlining care plans, enabling automated claim adjustments and reducing unnecessary documentation – would allow providers to focus more on care delivery.

Finally, strengthening communication across the sector is vital. This includes establishing a single source of truth, standardising outputs such as FAQs and webinar summaries, and tailoring engagement to different provider needs. Better communication with consumers is equally important, ensuring consistent messaging and improving visibility of funding and statements.

While challenges remain, the sector's willingness to collaborate offers a strong foundation for improvement. By working together, providers, vendors and government can achieve a more coordinated, transparent and sustainable Support at Home system – ultimately delivering better outcomes for older Australians. Ageing Australia has committed to facilitating similar forums in the future to maintain this collaborative momentum. ■

Financial

Timeline



TIMELINE ZOOM

1Y
AnnuallyLQ
Last QuarterTQ
This QuarterNQ
Next Quarter1M
Monthly2W
Fortnightly

+

1 Nov 2025 to 31 Oct 2026

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Winners of the 2026 ITAC Awards, recognised for initiatives driving innovation, quality and better outcomes across aged care.

ITAC Awards 2026

The ITAC Awards recognise innovation across aged care, community care and retirement living, celebrating the people, teams and organisations finding better ways to improve care, support staff and strengthen services.

Announced on Wednesday 6 May, the 2026 Awards highlighted practical, measurable and collaborative approaches to sector challenges. From new uses of data and technology to research, workforce development and service improvement, the awards showcase how innovation continues to shape the future of aged care. ■





Capacity Building

Clinical Placements with Older People Program University of Canberra and partner universities

Reframing aged care nursing as skilled, complex and rewarding. The program gives later-year nursing students high-quality placements with older people, helping build interest, confidence and capability in gerontological nursing. More than 1,800 students have completed placements across 208 settings since mid-2023.



Research and Development

ROSA Primary Care Team Registry of Senior Australians Research Centre

Using linked big data to understand how primary care affects older people in aged care. The five-year study examined data from about 480,000 people and found continuity of care and preventive care were associated with lower hospitalisations and mortality.



Data Insights

ELDAC Digital Dashboard ELDAC team, Flinders University

Using existing clinical data to improve palliative and end-of-life care. The dashboard helps staff, managers and boards see care needs more clearly, support earlier planning and strengthen governance, without requiring new data collection or data to leave the provider's system.



Technology Transformation

Optimising Aged Care Transfers project team Monash University

Improving information sharing when residents move between aged care and hospital. The team developed a digital health summary for emergency transfers, helping share key details such as diagnoses, medications, care needs and baseline function more reliably.



What ITAC 2026 told us about the future of aged care

Across the conference, presenters pointed to a sector under pressure, but also one with a growing set of practical tools, partnerships and ideas to respond. The opportunity now is to move from interest to implementation, and from isolated pilots to change what works in real care settings.

Key takeaways from ITAC 2026

1. Put care before technology

Technology should not lead the conversation. Care should. The strongest examples at ITAC showed innovation working best when it supported safer care, better outcomes, stronger relationships and more dignity for older people.

2. Design with people, not just for them

Older people, families, care workers and communities need to shape the tools and systems that affect their lives. Co-design cannot be treated as a consultation step at the end. It needs to be part of how new models, platforms and services are imagined, tested and improved.

3. Make data useful, not burdensome

The sector does not need more disconnected reporting. It needs reliable, interoperable data that reduces duplication, supports decision-making and gives providers meaningful feedback about care quality, outcomes and consumer journeys.

4. Use AI with judgement and accountability

AI has clear potential in aged care, from deterioration detection and decision support to reducing administration and improving service planning. But ITAC also highlighted the risks of bias, overreliance, privacy impacts, de-skilling and opaque decision-making. Human oversight, governance and accountability remain essential.

5. Build digital confidence across the workforce

Digital maturity is not only about buying systems. Staff need the confidence, training and support to use technology in everyday practice. That includes frontline care teams, kitchens, clinical staff, managers and leaders.

6. Make innovation work in real-world care settings

The most useful innovations are designed around the realities of aged care. They need to work in residential care, home care, regional communities, kitchens, night shifts, low-connectivity environments and homes where families and informal carers are part of the support network.

“Care doesn’t protect the asset. Care is the reason for the asset.”

Chris Mamarelis, CEO, Whiddon

7. Treat cybersecurity as part of safe care

As aged care becomes more connected, cyber risk becomes care risk. Connected systems, remote monitoring, digital records and third-party platforms all increase the need for strong governance, shared intelligence and practical protections.

8. Create the culture that helps innovation stick

Innovation does not become sustainable through technology alone. It depends on leadership, purpose, trust, implementation discipline and a culture that gives staff permission and support to work differently. ■

**Data-driven
evidence at
the point
of care**

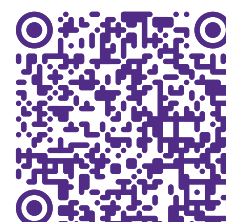
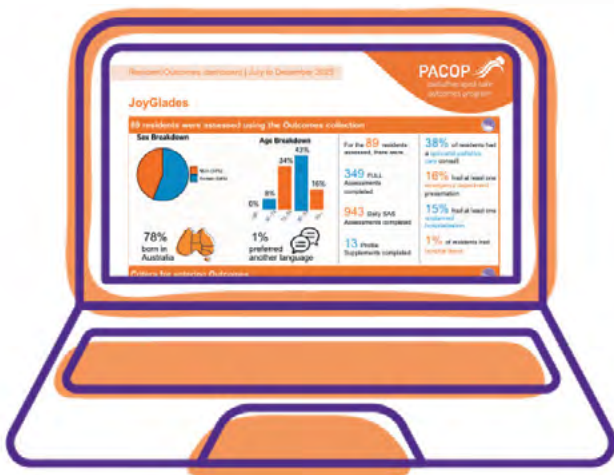
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demonstrate improved outcomes
of care and identify opportunities
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**Achieving measurable, meaningful
outcomes for residents and families.**



Technology shaped by people, culture and community

At ITAC 2026, technology in aged care was explored through the people, cultures and communities it is designed to serve.

Sessions featuring Dr Barbara Barbosa Neves, Lockie Cooke and John Saulo brought different perspectives to a shared idea: technology works best when people have a genuine role in shaping it. Across artificial intelligence, digital inclusion and First Nations health innovation, the strongest ideas were grounded in lived experience, cultural knowledge and the realities of care.

For aged care, this reflects a maturing conversation about digital transformation. Tools are increasingly part of work to address workforce pressure, social connection, care planning and access to information. Their value is strongest when design decisions are informed by the people who will use them, support them and be affected by them.

Dr Barbara Barbosa Neves, an internationally recognised sociologist of technology and ageing, brings a strong focus to this discussion. Her work explores loneliness, social isolation and digital inequalities in later life, including how emerging technologies such as artificial intelligence, virtual reality and robotics can benefit older people.

As these technologies become more common in aged care, inclusive design becomes central to their success. Artificial intelligence, monitoring systems, chatbots and robotic companions may support access, connection and care. They also bring considerations around privacy, trust, choice, accessibility and control.

One practical example is Abi, the personalised robot companion developed by Andromeda for aged care and assisted living. Andromeda says Abi adapts to each resident's personality, ability and language, and was created in partnership with providers to respond to what works best for residents. Abi shows how robotics can be shaped around companionship, wellbeing and care team support. [andromedarobotics.ai]

Older people bring different experiences, expectations and confidence levels with technology. A digital tool may feel useful to one person and confusing to another. Co-design helps surface these differences early and gives people a stronger role in shaping systems and services that may become part of their care.

Digital inclusion reaches beyond access to a device or internet connection. It includes confidence, language, culture, affordability, accessibility and the support needed to use technology well. Design that reflects these realities is more likely to support participation and reduce exclusion.

The same people-centred approach sits at the centre of First Nations-led innovation. In their ITAC session, Lockie Cooke and John Saulo explored how technology, culture and community-led approaches can work together to support better health and aged care outcomes for Aboriginal and Torres Strait Islander peoples.

Cooke, Founder and CEO of iyarn, created a platform to support safe spaces for meaningful conversations. Saulo, Co-Founder of Ngakkan Nyaagu,



brings experience across digital strategy, design, cultural storytelling and systems thinking. Their work highlights the role of relationships, respect and shared leadership in shaping technology that is culturally grounded and community led.

Data sovereignty is part of this conversation. Communities need a genuine role in shaping the technologies, systems and data practices that affect their lives. Technology developed with cultural context and community knowledge is better placed to reflect local priorities.

For providers, co-design can make digital transformation more relevant, safer and easier to embed in everyday care. As aged care continues to reform and modernise, forward momentum can be seen in how new tools support dignity, inclusion, cultural safety and better outcomes. ■



Setting the Standard: Nutrition you can rely on under Support at Home

Developed and assessed by Accredited Practising Dietitians, My Choice Meals deliver evidence-based nutrition, great taste and confidence for providers and clients.

With Support at Home now in place, meal services must consistently meet clear nutrition, safety and accessibility requirements.

Lite n' Easy's My Choice range is designed to support those expectations, with meals that are nutritious, appetising and tailored to the needs and preferences of older Australians, including specialised dietary needs.

Meals are assessed by a dietitian regularly and aligned to evidence-based guidelines and practice - helping providers deliver a reliable, repeatable standard of care through food.



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Meals reviewed for suitability against the latest nutrition guidelines, supporting older adults including those with smaller appetites.



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Ongoing customer feedback and survey insights help ensure meals remain appetising and continue to improve over time.



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International perspectives on the future of ageing

Ageing is a global story. Every country is facing its own version of a shared challenge: how to support people to live longer, healthier and more connected lives as care systems respond to rising demand, workforce pressure, changing expectations and rapid technological change.

At the Innovation Transforming Aged Care 2026 Conference (ITAC), international speakers brought that wider lens into the Australian conversation. Their presentations looked beyond technology as a set of tools and focused on the systems, values and relationships that shape care.

Gregor Sneddon, Secretary General from the International Federation on Ageing, presented on designing systems around people and place. His session explored how communities, services and environments can support people to remain connected, independent and engaged as they age. The focus was not only on care delivery, but on the broader conditions that influence ageing well: housing, local connection, community participation, access to services and the ability to stay involved in everyday life.

His presentation reinforced the importance of place-based thinking. Older people do not experience care as a series of separate systems. They experience it through their homes, neighbourhoods, relationships, routines and the services that touch their lives. Designing around people means paying attention to that full picture, rather than treating ageing as something managed only through formal care settings.

Dr Donald Macaskill, CEO of Scottish Care, presented a perspective from Scotland on ethical and human rights models for AI in care. His session placed dignity, autonomy, responsibility and human connection at the centre of technology use. His message was clear: ethics and human rights need to be built in from the start, not treated as an afterthought.

Macaskill's presentation was especially relevant as aged care considers the growing use of AI, automation, remote monitoring and data-enabled care. These technologies can support better decisions, reduce administrative burden and help care teams respond earlier to changing needs. Their value depends on the principles that guide their use. Privacy, transparency, accountability and human connection

are central to whether technology strengthens care or creates new risks.

Together, Sneddon and Macaskill brought two connected international perspectives. One looked at ageing through the lens of community, place and the systems around people. The other examined technology through

the lens of rights, ethics and responsibility. Both pointed to a future where innovation must remain grounded in the lives, choices and dignity of older people.

For Australia, these perspectives sharpen the local conversation. Reform is not only about responding to immediate operational pressures. It is also about building systems that can keep learning, adapting and improving over time.

They also reinforce the role of collaboration. Providers, technology partners, researchers, policymakers, workers, older people and families each hold part of the picture. Progress depends on shared learning, careful experimentation and a willingness to bring different forms of expertise into the same room.

The future of ageing will be shaped by decisions made close to home. It will also be influenced by ideas, evidence and experience from around the world. Bringing those perspectives together helps the sector see further ahead and imagine care that is more connected, more confident and more human. ■





AI with conscience and care

Artificial intelligence is moving quickly into everyday life, and aged care will not sit outside that change.

For providers, the question is no longer whether technology will shape the future of care. It is whether the sector can shape that technology with enough care, judgement and conscience to make it worthy of trust.

That was the heart of Dr Kobi Leins' presentation, *Care with Conscience: Shaping a Human-Centred AI Future for Aged Care*, at ITAC 2026. Dr Leins is an AI governance strategist and specialist whose work spans international standards, academic research, commercial governance and responsible technology. Her strength is making complex ideas understandable without stripping away their importance.

The sector is already managing reform, workforce pressures, funding challenges and rising expectations from older people, families, staff and regulators. AI may help with some of these pressures, from workforce planning and operational decisions to data analysis and service design. But technology alone will not create better care.

One of the clearest messages from Dr Leins' session was to start with the problem, not the product. AI should not be adopted because it is new or impressive. It should be considered

because it may help solve a real issue for residents, clients, workers or organisations.

That sounds simple, but it is an important discipline. Aged care is built on relationships, trust and human judgement. Any technology introduced into that environment can affect privacy, autonomy, workload, safety and dignity. A tool designed to save time can still create harm when the data is poor, when staff do not understand how the system works, or when no one is clearly accountable for the decisions it supports.

Responsible AI is not about resisting innovation. It is about making innovation safe enough, useful enough and human enough to last.

For providers, this means asking better questions before adopting or scaling AI:

- What care, workforce or business problem are we trying to solve?
- Who will be affected by this technology?
- What data does the system rely on?
- Where is human judgement still required?
- Who is accountable when something goes wrong?
- How will residents, clients, families and staff be included?
- What governance is needed before the tool becomes business as usual?

The phrase '*nothing about us, without us*' is a useful test. AI in aged care should not be something done to older people, or to staff, from a distance. The people most affected by technology need a voice in how it is chosen, tested and used.

Trust also depends on the systems surrounding the technology. As aged care becomes more connected through digital records, platforms, devices and AI-enabled tools, cyber security and data protection become part of care quality. Sensitive information, continuity of services and confidence in digital systems all rely on good governance and shared responsibility.

This does not mean every provider needs to become a technology expert. It does mean boards, executives and care leaders need enough understanding to ask clear questions, challenge assumptions and avoid being swept up by tools that promise more than they can safely deliver.

The future of AI in aged care should not be driven by fear or hype. It should be shaped by purpose, evidence and care.

Forward momentum will come from organisations willing to innovate thoughtfully. Not by letting technology lead the sector, but by making sure technology serves the people at the heart of it. ■

Technology with purpose: Supporting better care through innovation

Technology is playing an increasingly important role in aged care, but its value is not measured by the technology itself. It is measured by the difference it makes to the lives of older people and the staff who care for them.

As resident needs become more complex and expectations around quality and safety continue to grow, aged care providers are looking for practical ways to strengthen care without losing sight of the human relationships at its heart.

At mecwacare, a Victorian not-for-profit aged care provider, technology is being adopted with a clear purpose: to support more proactive, person-centred care by giving staff better information, enhancing resident wellbeing and enabling earlier intervention where it matters most.

The organisation's latest initiative is a pilot of Lenexa Medical's LenexaCARE® technology at its Trescowthick Centre residential aged care home in Prahran.

Pressure injuries remain one of the most common and preventable clinical risks for people with reduced mobility. Using integrated fabric-based sensors, LenexaCARE® transforms a standard mattress into a non-intrusive monitoring system that provides continuous, real-time pressure insights. The technology enables carers and clinicians to identify residents who may be at increased risk earlier, supporting timely repositioning and helping improve comfort, dignity and clinical outcomes.

The pilot will help mecwacare evaluate how real-time pressure monitoring could strengthen existing clinical practices and support future models of care.

LenexaCARE® complements a broader technology strategy already embedded across mecwacare's residential aged care homes.

Earlier this year, mecwacare commenced a staged rollout of IntelliCare's Smart Care platform which utilises analytics, smart contactless sensor technology, proactive event notifications and integrated nurse call across its 22 residential aged care homes following a successful pilot.

The platform provides staff with real-time insights into resident wellbeing, helping improve clinical visibility, streamline workflows and support earlier responses when residents need assistance. By bringing together multiple sources of information into a single platform, care teams are



able to make more informed decisions while also reducing unnecessary manual processes.

Technology is also being used to enhance residents' social and emotional wellbeing. In April, mecwacare completed Australia's largest deployment of empathetic humanoid companion robots, with one Abi companion now living in each residential aged care home.

Developed by Andromeda Robotics in partnership with mecwacare, Abi has been co-designed with clinical and lifestyle teams to support engagement through conversation, music, storytelling and multilingual interaction. For residents living with dementia or those from culturally and linguistically diverse backgrounds, Abi provides another way to encourage connection and reduce social isolation, complementing the work of staff rather than replacing it.

While each technology addresses a different aspect of care, together they demonstrate how innovation can strengthen both clinical care and resident wellbeing.

As Kendall Kilbride, GM IT Transformation at mecwacare, explains, *"We're continuing to explore how data and digital solutions can support more proactive, person-centred care. Better visibility helps our teams respond earlier and make more informed decisions for residents."*

Technology will never replace the compassion, judgement and relationships that define quality aged care. Its role is to support the people delivering that care. By thoughtfully integrating digital solutions that improve clinical visibility, strengthen wellbeing and enable earlier intervention, providers can continue to build care models that are safer, more responsive and centred on the individual. ■

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Che Turner and visitors
inside Olive Express
during Australian
Healthcare Week

Bringing the world into aged care

Travel can hold a powerful place in a person's life. It carries memories of family holidays, long-planned adventures, favourite places and moments of independence. In aged care, those experiences can become harder to reach, particularly for people living with frailty, reduced mobility or dementia.

Olive Express is helping bring some of that world back.

The Brisbane-based social enterprise joined Ageing Australia at the 2026 World Ageing Festival in Singapore, where Australian aged care innovation formed part of a broader international conversation about the future of ageing. The event became a significant milestone for Olive Express, which received two Asia Pacific Eldercare Innovation Awards: *Technology*, *Social Engagement*, and *Social Engagement, Experiential*.

While the recognition was global, the idea began with a deeply personal

question. Che Turner, Co-Founder of Olive Express, was inspired by his grandmother, Olive, who loved to travel. As dementia began to affect her life, travel and the wider world became less accessible. Her experience helped shape a simple but powerful idea: could aged care residents continue to experience the joy and connection of travel from within their care environment?

"My nan and I used to travel together on trains. As she got older, mobility made that impossible. Olive Express was my way of giving that back to her, and now we've shared more than 20,000 journeys with older Australians across the country." Mr Turner said.

Olive Express creates shared immersive travel rooms designed to look and feel like train carriages. Residents take multi-sensory journeys to destinations around the world, with changing scenery, sound and hospitality forming part of the experience. The

model is accessible for people using wheelchairs or daybeds, and suitable for people living with dementia.

The experience is designed around people being together. Residents, families and staff can sit side by side, watch the journey unfold and respond in their own way. A familiar scene might prompt a memory. Somewhere new might spark curiosity. Often, the value is in the conversation that follows.

"University of Queensland research confirmed what we see every week: the experience benefits residents and their families equally. There's something powerful about sitting side by side, watching the world go by together again." Mr Turner said.

The success of Olive Express also speaks to a wider strength in Australian aged care innovation. Ideas developed here are contributing to global conversations about ageing when they are grounded in dignity, evidence and quality of life.



Che Turner and Kim Chatterjee celebrate receiving one of Olive Express' awards at the 2026 World Ageing Festival in Singapore.



Che Turner with the Ageing Australia delegation at the 2026 World Ageing Festival in Singapore.

For Ageing Australia, this kind of work reflects the forward momentum the sector needs. It shows how new thinking can be shaped around older people, tested in care settings and focused on outcomes that matter in daily life.

"Olive Express exemplifies the kind of human-centred innovation that InnovAGEING exists to champion – innovation that preserves dignity, fosters connection and helps older people continue experiencing the moments that bring meaning and joy to their lives. Its international recognition highlights Australia's growing contribution on the world stage and the power of innovation to support Australians to age well." Julie Anderson, Head of InnovAGEING, Ageing Australia.

As aged care continues to adapt to reform, workforce pressures and changing community expectations, stories like this offer a useful reminder. Progress does not always begin with a large system change. Sometimes it starts with a personal experience, a clear unmet need and the willingness to imagine something different.

Olive Express' recognition in Singapore shows that Australian aged care innovation has a valuable role to play beyond Australia's borders. It also shows how innovation can help older people reconnect with parts of life that still matter deeply: a remembered place, a shared moment, a story retold, or the feeling of being somewhere new. ■



BlueCare staff and residents with the Olive Express van



Che Turner with the Ageing Australia delegation at the 2026 World Ageing Festival in Singapore.

Connecting regional providers with the people ready to care

Recruiting and retaining a skilled home care workforce remains one of the biggest challenges facing providers across regional Australia. The Regional, Rural and Remote Home Care Workforce Support Program (RRR HCWSP) is helping to address this challenge by connecting home care providers in eligible regions with work-ready candidates who are eager to build meaningful careers in home care.

Funded by the Department of Health, Disability and Ageing, the RRR HCWSP is being delivered in North West Tasmania and Shepperton, Victoria by Ageing Australia. The goal is to connect 4,000 job seekers to providers to support the regions need for quality aged care.

Through personalised recruitment support, marketing campaigns, candidate matching and ongoing guidance, this program helps providers access a motivated workforce.

One person whose journey highlights the impact of the program is Harpreet.

After recently moving to a regional community, Harpreet had completed her studies in individual support and was determined to begin a career in aged care. She was passionate about helping older people maintain their independence and dignity while remaining in their own homes.

"I really like to help older people. They want to keep their independence but still need support with their daily routines. I love being able to help while keeping their privacy and dignity," she said.

Despite applying for numerous positions, finding employment proved difficult.

"I had moved to a new regional area and had very little experience. I was applying for lots of jobs, but I

wasn't really getting replies back from companies."

Through the program, the RRR HCWSP team were able to promptly assist Harpreet in finding a suitable role with a provider that made sense for her.

Working closely with one of Ageing Australia's Workforce Support Officers, she received personalised assistance throughout the recruitment process. Rather than navigating applications alone, she was connected directly with providers, kept informed of opportunities and supported every step of the way.

"One of the best things is the flexibility. I can work around my availability with my child."

"The help was very fast. My assigned Workforce Support Officer was replying promptly, getting back to the company and then getting back to me if they needed anything. The fast communication made it better for me."

The result was exactly what Harpreet had been working towards: a role with a home care provider where she is now making a difference every day.

She now encourages others considering a career in home care to take the leap.



"It's a really perfect balance between your personal life and your professional life. You're working, you're earning and you're still able to manage your home and your kids as well."

For home care providers operating in Burnie, Devonport and Ulverstone, Tasmania or Shepparton, Victoria looking to strengthen their workforce, the RRR HCWSP can help connect you with supported candidates like Harpreet who are ready to make a lasting contribution to your organisation and the communities you serve.

Find out more and register at: workforcehub.ageingaustralia.asn.au

This program is proudly funded by the Department of Health, Disability and Ageing ■



Social prescribing: the missing piece in Australia's aged care reform

Faye Spiteri OAM
CEO, Fronditha Care

Australia is navigating a once-in-a-generation period of aged care reform, with a necessary focus on quality, safety and compliance. These priorities are essential and must remain at the centre of how we strengthen the system. At the same time, we must keep the human experience of ageing front of mind.

A strong aged care system should not only deliver high-quality clinical care, but it should also ensure older Australians are valued, respected and connected to community services and activities that enhance their quality of life.

Earlier this year, I gained an insight into one of the most exciting programs being implemented overseas, particularly in the United Kingdom: social prescribing.

Social prescribing has gained international recognition, and I believe it should be explored across Australia's health and aged care sectors as a practical strategy to promote healthy ageing while delivering significant economic benefits.

Social prescribing involves healthcare professionals – such as general practitioners, nurses, allied health staff and aged care workers – referring people to community-based programs instead of relying solely on medical interventions. It recognises a simple but fundamental truth: health is shaped not only by medication and treatment plans, but also by whether someone has a reason to leave the house, someone to talk to, a place where they belong and opportunities to continue doing things that give their life meaning.

Programs include exercise groups, gardening clubs, art and music therapy, volunteering, men's sheds, cultural groups, walking clubs, educational workshops and social support services. Their purpose is to address the social determinants of health by reducing loneliness, increasing community participation and empowering older people to play an active role in maintaining their wellbeing.

What particularly resonated with me was that, without knowing the designation of 'social prescribing', Fronditha Care, through the Fronditha Care Foundation, had already embarked on a remarkably similar approach.

In 2025, we developed **Thrive by Design** – a health and wellbeing framework that complements Fronditha Care's clinical services with initiatives spanning physical, emotional, cognitive, social, environmental and spiritual wellbeing for our elders. It reimagines ageing through a wellbeing-focused lens and reflects our commitment to culturally responsive, person-centred care that supports elders to live and age well.

Through initiatives such as cognitive stimulation therapy, art therapy, strength and mobility classes, cultural partnerships such

as Museo Fronditha with the Hellenic Museum, we are already putting the principles of social prescribing into practice. We are connecting elders with memory, language, identity, movement, creativity and community. The program outcomes have been extraordinary. In our virtual reality program, 70 per cent of participants said the sessions brought back special memories, while 76 per cent described the experience as highly relaxing. Our art and music therapy programs have strengthened emotional wellbeing and social connection, while Museo Fronditha brings artefacts, scents and stories to our elders, enhancing memory for those living with dementia and fostering pride in their cultural identity.

The international evidence is equally impressive and extends beyond individual wellbeing. Using the UK Treasury's wellbeing valuation framework, social prescribing is estimated to deliver a £9 return for every £1 invested. By addressing social needs alongside medical care, social prescribing has also reduced pressure on health services, leading to fewer falls and saving hundreds of millions of pounds.

Social prescribing is not only a person-centred approach consistent with the principles of the *Aged Care Act 2024*, but also one that has demonstrated strong economic value.

For Fronditha Care, the multiple benefits of social prescribing matter deeply. Many of our elders carry the grief of migration, language barriers, social isolation and cultural dislocation. Clinical care remains essential, but it cannot restore meaning, identity or belonging on its own.

To improve aged care, we must move beyond models that see older Australians primarily through the lens of medical care needs and instead invest in approaches that help people continue to live rich, connected and meaningful lives as they age.

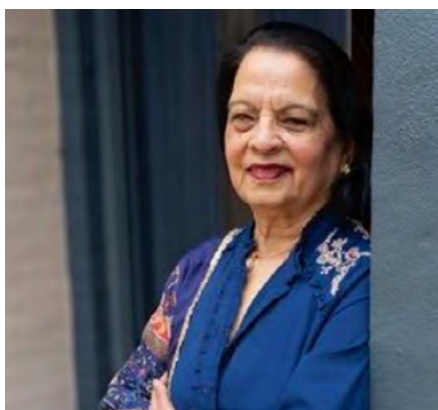
The question is not whether Australia should fully embrace social prescribing, but how quickly we can make it part of our aged care system. ■



Caring for those who cared for us – promoting culture care

Bijinder Dugal OAM

Reflection on Receiving the Medal of the Order of Australia



Receiving the Medal of the Order of Australia (OAM) for services to aged welfare is an honour that I accept with deep humility, gratitude and emotion. It is not an award I hold as an individual achievement alone. Rather, it belongs to every older Australian whose life story has shaped my purpose, every family who has trusted us with their loved ones and every aged care worker who continues to give their heart, strength and humanity to this sector every single day.

I am deeply moved because this recognition reflects something far greater than my personal journey – it reflects the quiet courage of ageing itself and the sacred responsibility we all share in honouring it. I have always believed that how a society treats its older people is the truest measure of its compassion and humanity.

My commitment to aged care has never been just professional; it is personal, moral and lifelong. I have seen firsthand that ageing is not an ending, but a continuation of identity, love, memory and contribution. Every older person carries a lifetime of wisdom, sacrifice, resilience and achievement. They deserve more than care – they deserve dignity, belonging and voices that continue to be heard.

Throughout my journey, I have been guided by a simple but powerful conviction: no older person should ever feel invisible. Aged care must never be reduced to systems and structures alone. It must be built on compassion, respect and genuine human connection. The smallest gestures – a gentle conversation, patient listening, recognition of culture and identity – often carry the greatest meaning.

One of my strongest areas of advocacy has been culturally responsive care. Australia's seniors come from rich and diverse cultural backgrounds and this diversity is not a challenge to manage – it is a strength to embrace. When older people are supported in their language, traditions and values, they do not just receive care; they feel at home and they feel seen. That sense of belonging is as important as any clinical support we provide.

I am also deeply committed to the principle of dignity of risk – the belief that older people have the right to make choices about their own lives, even when those choices involve risk. This principle is at the heart of respect. It reminds us that ageing does not take away autonomy. It strengthens our responsibility to listen, to trust and to honour personal choice with compassion and understanding.

To the aged care workforce, I offer my deepest respect. Their work is often unseen, yet it carries immeasurable value. They are the hands that comfort, the voices that reassure and the presence that brings dignity into everyday moments. Their resilience, especially in times of pressure and reform, is nothing short of extraordinary. This honour also belongs to them.

As a sector, we are living through a time of reflection and change. While challenges remain, I see a growing

national awareness that aged care must be stronger, fairer and more humane. This gives me hope. But hope must be matched with action – through investment in workforce, improved access to services and systems that truly place older people at the centre of care.

My OAM strengthens my resolve to continue advocating not only within the sector, but for the wider community. I want every Australian to recognise that aged care is not someone else's issue – it is everyone's future. When we care for older people with dignity today, we are shaping the way we ourselves will be cared for tomorrow.

This honour is a reminder to keep speaking, keep improving and keep believing in what is possible. I dedicate it to every older person who deserves to age not in silence, but in dignity, respect and love.

Ageing is not the closing of life – it is still life and it must be lived and supported, with humanity at its very core.

May we be judged not by how we speak of our elders, but by how fiercely we protect their dignity, their voice, and their right to live every moment of ageing with respect and love. ■

Beyond recruitment: why workforce retention starts with culture

When aged care providers talk about workforce challenges, the conversation often centres on recruitment. But according to Richard de Haast, CEO of Scalabrini, the sector may be focusing on the wrong end of the problem.

Scalabrini has achieved something many providers aspire to – a workforce turnover rate of around nine per cent, significantly below the sector average. Richard believes the difference isn't simply about attracting more people into aged care; it's about creating workplaces where people genuinely want to stay.

"I can't help wondering that a lot of effort gets put into recruitment but little effort into retention," he says.

"I wonder whether, if people put a similar amount of energy into retention and creating positive work environments where people feel recognised, valued and rewarded, some of those workforce problems would actually reduce significantly."

For Richard, retention isn't an HR initiative – it's a leadership strategy.

His advice to providers is simple: focus on helping employees feel connected to the organisation's purpose and the positive difference they make every day.

"My encouragement to the sector is to focus on retention. Focus on genuinely engaging your teams and your employees so that they feel part of your purpose, part of why the organisation exists and the positive impact you're having."

That philosophy has shaped a workplace culture where investment in people extends far beyond traditional workforce initiatives.

Scalabrini has developed its own leadership program, supporting not only managers but also registered nurses and emerging leaders. Cultural celebrations are embraced as meaningful events

rather than symbolic gestures, with staff encouraged to celebrate important festivals together, even while working. Flexible employment and secure hours reduce reliance on agency staff, while targeted support helps employees overcome practical barriers that can affect both their work and home lives.

For an organisation where 84 per cent of employees were born outside Australia, supporting workers extends well beyond the workplace.

Over the past two and a half years, Scalabrini has sponsored 11 per cent of its workforce through permanent residency pathways, recognising both the personal and organisational value of helping employees build long-term futures in Australia.

"The labour agreement has profound, life-changing impacts for those individuals, their spouses and their families," Richard says.

"But it also has an equally significant impact on their colleagues because they see the difference it makes."

The organisation is now expanding that support further by introducing practical initiatives to help newly arrived migrant workers establish themselves, including assistance with rental bonds, housing references and childcare costs – recognising that removing barriers outside work can strengthen commitment inside the workplace.

Richard believes these investments aren't simply about being generous; they're sound workforce strategy.

Reflecting on conversations across the sector, he recalls providers spending millions of dollars on agency staff while

dismissing migration pathways as too expensive.

"The money you invest in one of your staff, you will recover in two agency shifts," he says.

"It's a long-term strategy."

Beyond individual initiatives, Richard believes aged care must also shift its mindset if it's to meet future workforce demand.

Too often, he says, discussions focus on funding pressures, regulation and external challenges, creating a culture where providers feel that change is something happening to them rather than something they can influence.

Instead, he encourages leaders to recognise the opportunities that still exist.

"If I had a magic wand, I'd help everybody adjust the lens through which they view circumstances in the provision of care to older adults – that there is opportunity and the glass is definitely half full."

It's a message grounded in optimism, but also in action.

Richard is quick to point out that Scalabrini doesn't have all the answers and hopes other providers will adapt ideas that work within their own organisations.

"If somebody reads something or hears me talk and it prompts them to think more closely about their own organisation and do something different, then it lifts the high tide mark so that all the boats in the harbour rise."

For a sector facing unprecedented workforce demand, perhaps the most important lesson is that sustainable workforces are not built solely through recruitment campaigns. They are built by creating workplaces where people feel valued, supported and inspired to build lasting careers.

And that's a strategy every provider can invest in. ■

How refugee internships are helping solve aged care workforce challenges

Roseanne Cartwright

Director, Communications & Sustainability, Opal HealthCare

Australia's aged care sector faces one of the largest workforce challenges¹ in its history, with a potential shortfall of more than 400,000 direct care workers by 2050².

As demand for services grows and providers compete for skilled employees across clinical, technology and corporate functions, many organisations are looking beyond traditional recruitment pathways to build a sustainable workforce.

For Opal HealthCare, one solution has come from an unexpected source – skilled refugees seeking an opportunity to restart their professional careers in Australia.

Since 2019, Opal HealthCare has partnered with CareerSeekers, a national social enterprise that connects refugees with professional employment opportunities to provide 18 refugee internships, creating a pathway into meaningful employment.

The initiative comes at a time when workforce shortages continue to challenge the aged care sector and Australia formally accepts 20,000

refugees per year³, many of whom are looking for a job.

According to the Parliamentary Library's aged care workforce research⁴, Australia continues to face significant aged care workforce shortages, with demand for workers expected to grow in coming years to meet growing demand from an ageing population.

For Yolande Nealon, Opal HealthCare's Director of People and Culture, programs such as CareerSeekers provide access to highly capable candidates whose skills are often overlooked.

"Many refugees arrive in Australia with qualifications, professional experience and a strong desire to contribute, but they often struggle to gain the local experience employers are looking for."

"Internship programs help bridge that gap while also giving organisations access to talented individuals who bring resilience, adaptability and diverse perspectives," Ms Nealon said.

One of them is Ali Ashraf, 29, who arrived in Australia from Afghanistan via Iran, in 2017.

Although he began studying computer science in Iran, financial barriers and limited opportunities prevented him from completing his degree.

After arriving in Australia, he balanced work in construction and manufacturing with further study at the University of Technology, Sydney.

Like many newly arrived refugees, he encountered a familiar challenge – securing relevant professional experience.

That changed when he joined Opal HealthCare through the CareerSeekers program.



Over a 12-week internship at the organisation's home office, Ali worked in a frontline technology support role, gaining practical experience while building professional networks and communication skills.

The experience ultimately led to a full-time position as an Applications Support Analyst.

"Working in a frontline support role gave me the communication skills I needed to progress."

"And I loved it. It's beautiful helping people. It inspired me to keep learning and helped me grow as a person," Mr Ashraf said.

Ali's story reflects a broader opportunity for the aged care sector.

According to UN Refugee Agency, more than 117 million⁵ people worldwide were forcibly displaced from their homes last year.

Since World War II Australia has welcomed almost one million refugees⁶ seeking safety and a chance to rebuild their lives, many bringing professional qualifications and experience.

In 2024-25 the top refugee source countries were Afghanistan (3,995), Syria (2,137), Stateless (<730), Myanmar (646), Democratic Republic of Congo (611), Other (584), Somalia (<285), Iraq (169), Sudan (164), Eritrea (108) and Ethiopia (84)⁷.



For aged care providers navigating workforce shortages, creating pathways into employment for refugee professionals can deliver benefits beyond filling vacancies.

Diverse workforces have been linked to improved innovation, stronger problem-solving and greater cultural understanding – all increasingly important as Australia's ageing population becomes more diverse.

As providers continue searching for new workforce solutions, programs

like CareerSeekers demonstrate that addressing talent shortages and supporting social inclusion do not need to be separate objectives.

For Opal HealthCare, they are creating opportunities for skilled refugees while strengthening the workforce needed to support older Australians into the future. ■

1 Parliament of Australia, Parliamentary Library. **Sustaining aged care** [Internet]. Canberra: Parliament of Australia; 2026 [cited 2026 Jul 13]. Available from:

https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/Research/Issues_and_Insights/2026/SustainingAgedCare

2 Parliament of Australia, Parliamentary Library. **Sustaining aged care** [Internet]. Canberra: Parliament of Australia; 2026 [cited 2026 Jul 13]. Available from: https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/10706109/upload_binary/10706109.pdf (Page 6)

3 Australian Government Department of Home Affairs. **Australia's Offshore Humanitarian Program 2024–25 at a glance** [Internet]. Canberra: Department of Home Affairs; 2025

[cited 2026 Jul 13]. Available from: <https://www.homeaffairs.gov.au/research-and-stats/files/aus-offshore-humanitarian-program-2024-25-glance.pdf>

4 Parliament of Australia, Parliamentary Library. **Sustaining aged care** [Internet]. Canberra: Parliament of Australia; 2026 [cited 2026 Jul 13]. Available from: https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/10706109/upload_binary/10706109.pdf (Page 2)

5 United Nations High Commissioner for Refugees (UNHCR). **Mid-year trends 2025** [Internet]. Geneva: UNHCR; 2025 [cited 2026 Jul 13]. Available from: <https://www.unhcr.org/media/mid-year-trends-2025>

6 Refugee Council of Australia. **950,000 refugee arrivals** [Internet]. Sydney: Refugee Council of Australia; [cited 2026 Jul 13]. Available from: <https://www.refugeecouncil.org.au/950000-refugee-arrivals/>

7 Australian Government Department of Home Affairs. **Australia's Offshore Humanitarian Program 2024–25 at a glance** [Internet]. Canberra: Department of Home Affairs; 2025 [cited 2026 Jul 13]. Available from: <https://www.homeaffairs.gov.au/research-and-stats/files/aus-offshore-humanitarian-program-2024-25-glance.pdf>

About Opal HealthCare

Opal HealthCare is one of Australia's leading national private health care providers. Specialists in residential aged care, it has more than 21,000 dedicated team members caring for 14,000 residents at 146 Care Communities across NSW, VIC, QLD, SA and WA. Its purpose is to bring joy to those we care for.

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Reflections for aged care from the 2026 Palliative Care Nurses Australia Conference

Dr Priyanka Vandersman

Senior Research Fellow, Research Centre for Palliative Care, Death & Dying, Flinders University.

In June, nurses from across the country met in Adelaide for the Palliative Care Nurses Australia Biennial Conference. The theme, “From Ideas to Impact: Innovating Together for Equity and Access,” provided two days of learning that spoke directly to the realities of aged care.

Much of aged care is about supporting people who are aged and frail through the last part of their lives. There is both a science and an art to doing this well and it calls for a particular set of skills. The conference gave us ample space to reflect on that.

At the heart of the conference was a powerful keynote from Dr Kathryn Mannix, who challenged us to rethink how we approach conversations about dying. She spoke about the courage it takes to have honest, compassionate discussions and the confidence that comes from being prepared to have them. When care professionals can sit with a resident or their family and speak openly about what lies ahead, the experience changes. People feel heard, less alone, and better supported to make informed choices about their care.

Dr Mannix also encouraged us to look beyond the dramatic portrayals of death often seen in popular culture and recognise the reality of ordinary dying. For many people, dying is a gradual process that unfolds in aged care homes and in people's own homes every day. It is a deeply human experience and one that the aged care workforce supports more than any other part of the health system.

Being prepared for these moments is not an optional skill. It is core to delivering quality aged care. It also looks different across the workforce. Care workers, who spend the most time alongside residents, are often the first to notice the subtle changes that signal decline. Their observations and communication with clinical teams are critical, enabling timely responses and ensuring residents receive care that is compassionate, coordinated and aligned with their needs. Leading the conversations about death and dying more often falls to registered nurses and senior clinical staff,

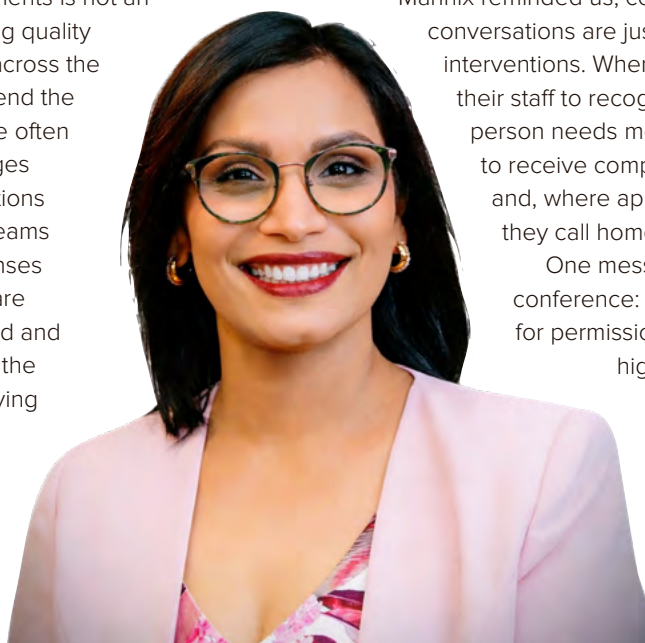
who bring the confidence to name what is happening and the language to talk about it with residents and families. Each part of the team matters and good care at the end of life depends on all of them working together.

That shared understanding also influences how a service responds when a resident begins to decline. Recognising the signs early creates space for meaningful conversations and informed decision-making, giving residents and their families greater choice about the care they receive. In many cases, it means supporting someone to remain in the place they know as home, surrounded by familiar people and routines.

...comfort, presence and honest conversations are just as important as clinical interventions.

While hospital transfer is sometimes the most appropriate course of action, it is not always the best outcome. As Dr Mannix reminded us, comfort, presence and honest conversations are just as important as clinical interventions. When services equip and support their staff to recognise when these are what a person needs most, older people are more likely to receive compassionate, person-centred care and, where appropriate, remain in the place they call home at the end of life.

One message came through clearly at the conference: aged care nurses are not waiting for permission to provide compassionate, high-quality end-of-life care. They are looking for the knowledge, skills and confidence to do it even better. As the sector continues to reform, investing



in that capability will be essential to ensuring older Australians receive the care, dignity and support they deserve. We are caring for older Australians who are living longer with more complex needs and who will need us to support them through dying. Our systems have not always been built for that. The conference made the case that this can change and that it begins with a conversation.

If we equip our workforce with the skills and confidence to have honest conversations about dying, each within the scope of their role, and foster a culture that supports those conversations, we improve how older Australians experience the end of their lives.

That is work worth doing and PCNA 2026 suggested we are ready to start. ■



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Advocacy into action

How the Workforce Hub is supporting aged care's future workforce

For years, workforce challenges have remained one of the most significant issues facing aged care providers across Australia. From attracting new workers and retaining experienced staff to strengthening clinical capability and supporting regional services, building a sustainable workforce continues to be one of Ageing Australia's highest advocacy priorities.

That advocacy is now being translated into practical action through the launch of Ageing Australia's new Workforce Hub – a central platform connecting providers, job seekers and current employees with workforce programs, training, resources and recruitment support designed specifically for the aged care sector.

The Workforce Hub represents more than a new digital platform. It is a practical response to many of the sector's current priorities Ageing Australia has championed on behalf of members.

"For many providers, accessing workforce initiatives can be challenging when information and support are spread across multiple places," says Belinda Allen, Chief Member Experience Officer, Ageing Australia.

"The Workforce Hub brings these opportunities together into one central destination, making it easier for providers to access practical tools, funded programs and resources that support workforce attraction, development and retention. It's a tangible example of how Ageing Australia's advocacy is being translated into practical support for our members and the broader sector."

A central destination for workforce support

Providers have consistently told Ageing Australia that accessing workforce information can be difficult, with programs, resources and initiatives often dispersed across multiple organisations and websites.

The new Workforce Hub addresses this challenge by providing one central, online destination where providers can explore workforce initiatives, access recruitment support, discover learning opportunities and connect with practical resources that strengthen their workforce.

Designed to support organisations of all sizes, the platform brings together workforce information in a way that is simple, accessible and relevant to the day-to-day realities of delivering aged care.

Supporting workforce attraction and retention

Growing the aged care workforce begins with attracting new people to the sector while creating workplaces where employees can build long-term careers.

The Workforce Hub supports workforce attraction by showcasing employment opportunities, career pathways

and funded workforce initiatives that promote aged care as a rewarding profession. At the same time, it helps providers retain staff by connecting them with professional development opportunities that build confidence, capability and career progression.

Programs available through the Hub include the Aged Care Transition to Practice Program, Gerontological Nursing Program and Migrant Immersion Program, supporting workers at different stages of their careers while helping providers develop skilled, confident teams.

Strengthening skills and career pathways

Accessible education and training remain fundamental to a sustainable workforce.

The Workforce Hub provides access to a growing range of learning opportunities, from workforce readiness and cultural capability training to clinical education and micro-credentials. By bringing these pathways together, the platform supports continuous professional development while helping providers build workforce capability and improve care outcomes.

Importantly, the Hub recognises that workforce development is not a one-size-fits-all approach. Whether someone is considering a career in aged care, transitioning into the sector or advancing their clinical expertise, the platform provides resources that support every stage of the workforce journey.

Supporting regional and remote providers

Regional, rural and remote communities continue to experience some of the sector's greatest workforce pressures.

The Workforce Hub supports these providers by promoting initiatives specifically designed to strengthen regional workforce capacity, including the Regional, Rural and Remote Home Care Workforce Support Program. By improving access to workforce programs and resources regardless of location, the platform helps ensure providers across Australia can benefit from practical workforce support.

Turning advocacy into outcomes

A sustainable workforce requires more than policy reform alone. It requires practical solutions that help providers recruit, develop and retain the people who deliver care every day.

As the aged care sector continues to evolve, so too must the way workforce support is delivered. The Workforce Hub demonstrates how advocacy can extend beyond influencing policy to creating practical solutions that strengthen providers, support career development and ultimately improve outcomes for older Australians.

Because when it comes to workforce sustainability, advocacy delivers its greatest value when it leads to action. ■

workforcehub.ageingaustralia.asn.au



Building confidence, capability and careers in aged care nursing

As aged care providers continue to navigate workforce shortages and increasing clinical complexity, supporting graduate and transitioning nurses has never been more important.

Ageing Australia's Aged Care Transition to Practice Program (ACTTP) is helping strengthen the sector's nursing workforce by providing structured education, mentorship and practical support for registered nurses beginning their careers in aged care or transitioning into the sector.

For Benetas Registered Nurse Ilksen Oksuz, the program provided the confidence and practical skills needed to successfully step from an Enrolled Nurse into a Registered Nurse role.

"Although I had several years of experience working in the sector, stepping into the RN role came with increased responsibility, clinical decision-making and leadership expectations. I felt the program would provide valuable guidance and help strengthen my confidence as I adjusted to the role," she said.

The 24-week program is designed specifically for the aged care environment, covering topics such as clinical assessment, recognising and responding to deterioration, communication, leadership and person-centred care. The combination of structured learning and mentoring helps participants translate theory into everyday practice.

For Ilksen, one of the greatest benefits was increasing her confidence in clinical judgement and decision-making.

"I now feel more confident in my clinical judgement, advocating for older people and contributing more effectively within the multidisciplinary team," she said.

The practical focus of the program also equipped her with skills she now applies daily.

"One example of applying what I learned was becoming more confident in identifying changes in an older person's condition and escalating concerns appropriately. The program reinforced the importance of early recognition, communication and critical thinking, which I now apply regularly in my everyday practice."

As residents present with increasingly complex care needs, supporting nurses to recognise deterioration, make informed clinical decisions and communicate effectively is critical to delivering safe, high-quality care. Structured transition programs not only build clinical capability but also

contribute to workforce confidence, retention and long-term career development.

Ilksen believes the program's success lies in its relevance to the realities of aged care nursing.

"What I found most valuable was how relevant the content was for working in aged care. The sessions reflected real clinical situations and provided learning that could easily be applied in practice. I also greatly appreciated the educators, mentors and the wider Ageing Australia team. They were approachable, supportive and genuinely invested in helping participants succeed."

She also acknowledges the support of her employer throughout her professional journey.

"Benetas has always been supportive of my professional growth over the years, and I am grateful for the opportunities and encouragement I have received throughout my journey," she said.

As the aged care sector continues to grow its nursing workforce, programs such as the Aged Care Transition to Practice Program provide providers with a practical way to support workforce capability, strengthen retention and create meaningful career pathways for nurses.

Ageing Australia is currently inviting providers to participate in upcoming ACTTP intakes and explore how the program can support the development of confident, capable aged care nurses within their organisations. ■

nursing.ageingaustralia.asn.au/profile-details/0/19165/aged-care-transition-to-practice-program

Ageing Australia's Nursing Transition to Practice programs are proudly funded by the Australian Government Department of Health, Disability and Ageing.

Ageing Australia, Aged Care Transition to Practice Program



Ilksen Oksuz



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Future-ready leadership:

Building capability that delivers impact

Cher Lopresti

Executive Manager People, Culture & Safety. ACH Group

In aged care, leadership is often viewed as a workforce issue. Increasingly, it is becoming a quality, culture and sustainability issue. The way leaders show up each day influences how employees experience their work, how customers experience care and ultimately how organisations respond to growing complexity, reform and change.

At ACH Group, this understanding has shaped how leadership is approached across the organisation. By connecting organisational purpose to everyday decision making, leaders help ensure teams remain focused on delivering good lives for older people while meeting the quality, safety and operational expectations of a contemporary aged care provider. In this way, leadership becomes a practical driver of workforce performance, customer outcomes and organisational resilience.

Across aged care, organisations are investing significantly in leadership development. The challenge is ensuring those investments translate into meaningful outcomes. Leadership capability is most effective when it is embedded in day-to-day operations rather than delivered through isolated development activities.

For ACH Group, this has meant moving beyond standalone leadership programs towards a connected leadership system that links capability directly to organisational priorities, workforce outcomes and service delivery. Over the past four years,

more than 110 leaders have participated in leadership development activities each year, creating a strong foundation of capability across the organisation.

One of the most important lessons from this journey has been the value of clarity. ACH

Group's
Leadership
Capability

Framework establishes a common set of leadership expectations while recognising that effective leadership can be demonstrated in different ways.

Leaders bring diverse experience from clinical care, allied health, operations, customer experience, finance and corporate services. Rather than prescribing a single leadership style, the framework provides guiding principles that align leaders to ACH Group's culture, values and ways of working while enabling them to draw on their individual strengths and professional expertise.

*Leadership development
is structured around need
rather than assumption.
Different stages of
leadership require
different forms of support.*

The framework provides a consistent foundation for performance conversations, development planning and succession pathways, creating greater accountability and clarity about leadership expectations. It helps leaders translate organisational purpose into everyday practice and reinforces the connection between leadership behaviours, workforce experience and customer outcomes.

Leadership development is structured around need rather than assumption. Different stages of leadership require different forms of support.

For leaders stepping into new roles, early clarity is critical. Structured induction helps leaders understand organisational expectations, operating models and support networks, enabling them to build confidence and become effective more quickly. Leaders consistently tell us they value establishing peer connections early and understanding where to turn for support as they navigate the transition into leadership.



Ongoing capability development remains grounded in operational reality. Learning is informed by workforce feedback and real service challenges, ensuring relevance and immediate application. This includes supporting leaders to manage performance, respond to change and navigate increasing regulatory complexity.

For experienced leaders, development extends beyond capability building to shaping organisational direction. Working across functions on strategic challenges enables leaders to contribute to innovation and service improvement while strengthening collaboration across the organisation.

As these initiatives mature, measuring impact becomes increasingly important. Long term investment in leadership has strengthened ACH Group's workforce. With a focus on career progression, turnover has reduced while attraction rates have increased year on year. Improvements in employee feedback and internal progression provide further evidence that leadership capability is strengthening in ways that matter.

For the sector, the broader lesson is clear. Leadership cannot sit alongside the organisation. It must be embedded within it. When purpose, expectations, systems and support are aligned, leadership becomes a powerful driver of workforce stability, organisational performance and better outcomes for older Australians.■



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NeuroHacks for high-performance care:

Sustaining the people who sustain care

Aisling Smith

NeuroEmpowerment Solutions

Recently, I visited a very special man in a beautiful, aged care home in Victoria.

My ex-husband's great uncle is in his nineties and no longer enjoying the best of health. He is proud, fiercely independent and, like many people of his generation, had always insisted that he never wanted to end up "in a place like this".

I brought my son Daniel and our dog, Biscuit, along for the visit.

From the moment we arrived, we were met with joy, kindness and an unmistakable buzz of excitement. Daniel looked around at several women dressed in sparkling jewellery and asked why everyone was so "bejewelled".

"It's Fashion Show Day," they explained.

Daniel was immediately intrigued. "What did Uncle wear for the fashion show?"

Then he remembered his previous visit. "Last time I came, they had lambs here. I got to pat them!"

Daniel was not seeing an institution. He was seeing a lively community filled with fashion shows, animals, laughter and people who were pleased to see him.

During our visit, Uncle told me stories about how the people who worked there did everything they could to make the days more joyful and fun for all the residents. The same man who had once dreaded moving into aged care was now connected to a community, surrounded by support and experiencing activities and relationships he would never have had living alone.

At home, he may have been isolated, unsupported and increasingly unsafe.

Here, he was engaged.

He was known.

He was still making memories.

On the drive home, Daniel said, "Mummy, I'm so glad Uncle lives in such a great place."

So was I.

But moments like these do not happen by accident. They are created by people.

Someone found the energy to organise the fashion show. Someone arranged for the lambs to visit. Someone took the time to answer an inquisitive child's questions. Someone

High performance care is not created by asking already stretched people to push harder. It is created by supporting the energy, focus and calm of the people delivering it.

helped a proud older person feel safe, known and connected in a place he once feared.

Those moments require far more than task completion. They require presence, patience, creativity, emotional regulation and the ability to connect.

And that raises an important question: **how do we sustain the people who create these experiences every day?**

High performance care is not created by asking already stretched people to push harder. It is created by supporting the energy, focus and calm of the people delivering it.

When I spoke at the Ageing Australia Tasmania State Conference, I shared three practical, brain-based NeuroHacks that individuals and teams can use when their capacity begins to run low.

1. Energy

How do we protect your capacity?

Because the energy people bring into the work shapes how they listen, how they speak, how they notice risk, how they respond to families, how they make decisions, and how they help an older person feel safe, respected and seen.

Use a simple traffic-light check-in.

Green means, “I have capacity.”

Amber means, “I am stretched, I need to protect my capacity.”

Red means, “I need support, recovery or a change of approach.”

Your colour is not a judgement on your commitment. It is information. Leaders can use the same language in team huddles to identify pressure early, rather than waiting until people are depleted.

Ask the question;

“What colour are you operating from today?”

And support accordingly!

2. Focus

How do we create clarity?

In aged care, everything can feel urgent. Staffing. Compliance. Documentation. Risk. Families. Handover. Reform. But when everything is most important, the brain loses its anchor. Focus is not about staring harder at the whole mountain. Focus is giving the brain one clear mission.

When everything feels urgent, ask:

“What matters most right now?”

Then identify what can wait and what needs to be written down rather than held in someone’s head. Clear priorities reduce cognitive overload and help people give their full attention to the older person in front of them.

3. Calm under pressure

How do we stay regulated under pressure?

Breathe!

A ‘Pressure Pause’ is a way to return to the thinking brain. It is small enough to use in a hard conversation, a handover, an incident, a complaint or a moment when your own body is starting to react. Pause before pressure chooses the response.

In a demanding moment, take a deliberate breath, name what is happening and ask: “What is the next safe and useful step?” And think, what might I not be seeing?

Calm does not mean passive. It means creating enough space to respond with clarity rather than reacting from overload. Leaders can model this during difficult conversations, incidents and emotionally intense moments.

These NeuroHacks cannot remove every workforce or system pressure. But they can help people notice when their cup is running low, ask for support earlier and protect the capacity required for meaningful care.

Daniel was grateful that Uncle lived in such a great place. We must be equally intentional about creating great places for the people who work within them.

Because the people who sustain care must also be sustained. ■



What providers can expect from audit: a provider's view.

Australia's aged care sector is moving through major reform, with stronger expectations around quality, safety, rights, governance and financial prudential requirements.

Homewood Care recently went through an audit process. Bronwyn Heard, CEO of Homewood Care, shares what the experience involved, what helped the team prepare and what other providers may find useful.

What was the audit process like for Homewood Care?

Getting the phone call from the Commission was unexpected and when I read the follow up email, I thought "I need a few of us to be able to do this." This was because we:

- had just submitted our EMLA and Investment Management Plan developed by PrideAgedLiving
- use the Department online information as our procedures for managing RADs
- use Policies and Procedures from the Ageing Australia Quality Management System.

Working with our Accounts Officer (for examples of our practice), our General Manager (examples of information on our website and given to new residents), and downloading our documents meant we were able to complete the audit template and send all our documents to the Department. Our team participated in a follow up meeting with the Commission to give clarification and confirm our processes and governance. We received a report soon after to confirm we comply with our prudential requirements and to request some improvements in policies. We worked with our partners, Ageing Australia and PrideAgedLiving, to do that and sent the amendments to the Commission. The process assisted us to review our policies and report to our Board that our policies are strong and our practices secure.

What should providers expect in the current sector environment?

The expectation to maintain *Aged Care and Financial Standards*, support colleagues to meet governance requirements, and be able to provide evidence of everyday work is challenging. Readiness during sector reform is a team effort for effective governance.

As an aged care provider, Homewood Care had to work hard to enable staff members to do their jobs well by

- providing the resources needed (each person has a high workload)
- giving unwavering leadership support
- openly addressing issues so that issues don't have ongoing impacts on anyone's core work.

What helped Homewood Care prepare for the audit?

Our systems: In our continuous improvement plan, business plan and compliance calendar, Homewood Care identified timeframes to implement the reforms. We continue to review these each month through our management meetings to keep us on track.

Our processes: Our internal processes are robust; staff members maintain these processes diligently; and end of month reconciliations and accountant's checks mean that any potential issues are addressed early.

Homewood Care welcomes feedback from our external partners – and an openness that some feedback can be acted on and other feedback is considered and then not taken forward.

What role did staff engagement play in audit readiness?

Each staff member with compliance responsibilities is fully responsible for understanding the relevant policies and has full responsibility for the work required to maintain compliance. A collaborative approach was used so that each person in the team completed their section of the audit in a shared file. One person did the final edit to give flow and consistency to the material provided to the Commission.

What advice would you give other providers preparing for audit?

The Commission assured us that this was an education and learning experience. We treated it as that. As we all do, the information sent to the Commission had already been reviewed to be compliant. It was a mix of policies and examples, including email exchanges.

What advice would I give about examples?

It's good to include straight forward experiences and examples where things were more complex. Where there had been concerns in emails about RAD refunds, we had addressed the concerns in our replies to families, as is our usual habit.

What advice would I give about policies?

Make sure the review dates are clear in policies and the policies clearly articulate process maps/procedures.

Homewood Care's experience shows how audit readiness can be built through shared responsibility, clear evidence, regular review and practical support. As reform continues, providers are being asked to demonstrate not only that policies exist, but that governance and day-to-day practice are aligned. ■

Bronwyn Heard, CEO Homewood Care





The care minutes supplement is live.

Keep calm. Take action.

As of April 2026, the care minutes supplement has replaced a portion of the Base Care Tariff for metropolitan MM1 homes. If your facility is meeting its care minutes targets, nothing changes. If it isn't - funding is already being withheld, on a sliding scale, right now.

This isn't a future problem to prepare for. It's a present one to solve.

What's actually changed

The funding model has shifted in one important way - care minutes performance is now directly tied to what you get paid.

The risk

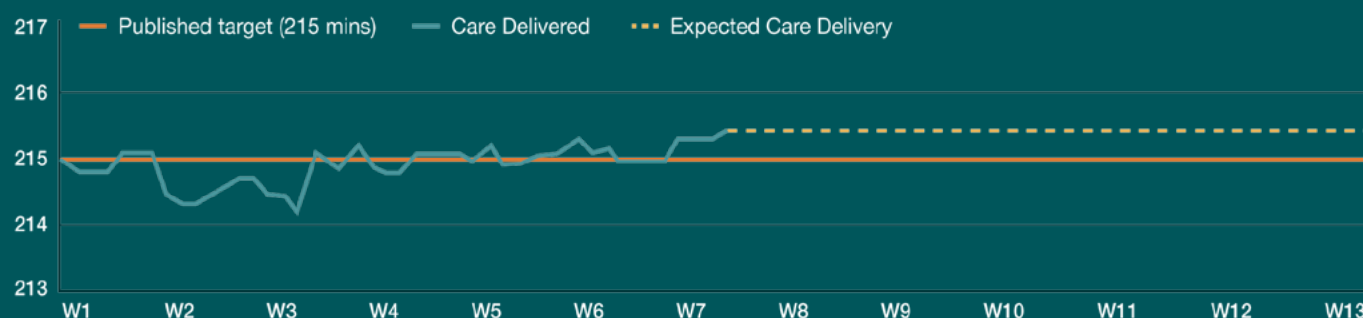
If you're under your care minutes target, you're now receiving less funding than you were. Every day you're under is a day of lost revenue - and it compounds.

The opportunity

If you're over your target, you may be spending more on workforce than you need to - and that spend isn't returning extra funding. It's just cost.

Both are problems. And both are fixable - if you know where you actually stand.

Target Required per Resident vs Care Delivered per Resident



Know where you stand.

Before you change anything - understand your position. The Care Performance Nervous System starts with exactly that. We map your current position across all three levers - funding, workforce and compliance - so you can see:

Whether you're over or under your care minutes target - and by how much | What that means for your supplement entitlement under the new model | Where AN-ACC funding opportunity is being missed | Whether your workforce is truly sufficient - not just on paper | What to fix first - in the right sequence, without destabilising the rest

The supplement is live. Find out exactly where you stand.

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Digital maturity in aged care: what providers need to know now

Greg Moran

Project Manager - Digital & Data, Ageing Australia

Digital maturity is becoming a core part of aged care readiness, not just an IT issue.

As providers respond to the new Aged Care Act, strengthened Quality Standards, broader data reforms and growing expectations from older people and their families, the ability to use digital systems well is becoming central to quality, safety and continuous improvement.

Digital maturity has been defined as:

“The organisation’s ability to adapt so that it can function effectively in an increasingly digital environment.”

Kane et al. 2017

In aged care, this means more than adopting new technology. It includes how organisations collect and use data, protect information, connect with national systems, support staff capability and make decisions that improve care.

The readiness challenge

The Aged Care Digital and Data Strategy and Roadmap 2024–29 identifies digital transformation as essential to meeting growing demand and improving quality of life for older Australians.

This is happening alongside:

- the new Aged Care Act 2024
- strengthened Quality Standards
- broader data reforms
- increased reporting expectations
- growing focus on quality, safety and transparency
- emerging technologies, including artificial intelligence

For providers, digital maturity is becoming part of being ready for the next stage of aged care. It also supports the sector’s forward momentum, with organisations looking for better ways to improve efficiency, quality and outcomes for older people.

What providers are working through

Sector consultation continues to surface common priorities, including:

- Data for reporting
Providers need confidence in how data is collected, checked, stored and used.
- Connection to national systems
Systems such as My Health Record are part of the broader digital readiness conversation.

- Cybersecurity and data protection
Protecting information is part of protecting older people, staff, services and organisational trust.
- Emerging technologies, including AI
New tools can support innovation, but they need clear governance, oversight and appropriate use.
- Staff digital capability
Digital maturity depends on whether staff can confidently use systems in their day-to-day work.

Greg Moran presents to delegates during the Digital Maturity Workshop at ITAC 2026.



Three places to start

1. Get people on the same page

Digital maturity conversations can quickly become technical. There is often assumed knowledge, unfamiliar terminology and wide variation in systems, capability and experience.

A useful first step is creating shared understanding across leadership, clinical, operational, digital and governance teams.

This helps organisations make clearer decisions about what needs to change, what can be improved and where support is needed.

2. Learn from what is already working

Providers do not need to approach digital maturity in isolation.

Shared learning can help organisations understand what others are doing, what has worked and what challenges are common across the sector.

This can include:

- case examples
- access to digital expertise
- webinars and presentations
- online forums
- communities of practice
- peer discussion

This is particularly important in aged care, where providers vary widely in size, systems, resources and digital capability.

3. Measure before deciding what to change

A digital maturity assessment can help organisations understand where they are now and where they need to focus next.

These assessments can look beyond systems and technology to include data management, governance, policy, cybersecurity, workforce capability, staff confidence and readiness for change.

Measurement gives providers a clearer starting point before major decisions are made.

Where to from here

For providers, the first step is not always choosing a new system or tool. It may be asking the right questions:

- Do we understand our current level of digital maturity?
- Are leaders and teams using the same language?
- Do we know where our data, governance or workforce gaps are?
- Are we prepared for emerging technologies, including AI?
- Do staff feel confident using existing systems? ■

Ageing Australia's InnovAGEING program is working with members and the broader aged care sector throughout 2026 to support these conversations through workshops, webinars, shared learning, access to expertise and the upcoming Digital Maturity Uplift Toolkit, developed in partnership with the Australian Digital Health Agency.

For more information, contact Innovageing@ageingaustralia.asn.au or visit the InnovAGEING Hub at ageingaustralia.asn.au/innovageing



National Conference 2026

ICC Sydney
24–26 November

The aged care event of the year.

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conference.ageingaustralia.asn.au/2026-national-conference

Understanding and adapting to aged care funding reform

Stuart Hutcheon

Partner, StewartBrown

Australia's aged care sector is navigating significant funding reform across Residential Care and Support at Home (SAH). *Commonwealth Home Support Program (CHSP)* remains largely unchanged for now, although the program has been brought under the *Aged Care Act 2024* and *Aged Care Rules 2025* for registration, compliance and governance. For aged care providers and other sector stakeholders, the practical challenge is not simply understanding the reforms but translating them into sustainable operating decisions.

Residential care: a shift towards accommodation revenue

Residential care changes broadly follow the Aged Care Taskforce recommendations, which sought to improve the sector's long-term financial sustainability. Key measures include retention from Refundable Accommodation Deposits (RADs), indexation of Daily Accommodation Payments (DAPs), a new hotelling supplement, and replacement of extra and additional services with Higher Everyday Living Fees (HELFF). The maximum RAD cap rose to \$750,000 from 1 January 2025 and is now indexed annually by CPI.

Collectively, these measures are designed to strengthen provider revenue and support longer-term sustainability of the sector. However, it will take some time for these benefits to be realised, and results will vary from one provider to another.

HELFF remains a significant uncertainty moving forward. A key question is how many existing extra and additional service agreements will convert before 1 November 2026. Unlike previous arrangements, HELFF cannot be agreed or charged before a person enters care and cannot be a condition of entry. This creates practical challenges for providers, residents and families, but will remain an important option for providers to achieve reasonable margins.

In the short term, the most pressing issue for residential providers is the pressure on care margins. Care Funding, primarily through AN-ACC subsidies and supplements is being absorbed by fast increasing direct care costs, predominantly employee expenses. This pressure has emerged quickly, while accommodation revenue is only gradually increasing due to grandfathered provisions for existing residents.

Under current settings, care and everyday living funding is largely cost-based, with limited margin. Efficient providers may still create margin through cost control and new innovative service models, although mandated care minutes limit flexibility. HELFF may also help, but its value will depend on resident profile, location and market capacity.

Accommodation revenue will play an increasingly important role in provider sustainability. Providers need to place a greater strategic focus on revenue opportunities, and the core investment in building stock that supports stronger pricing and market appeal.

Support at Home: early financial results raise concerns

The SAH funding changes represent a significant operational and financial shift. Early results are concerning, suggesting significant pressure on revenue and margins. Providers can no longer charge package management fees and have lost up to half of their care management revenue. To offset this, service prices have increased, with average prices rising by 39 per cent since June 2025 simply to maintain existing revenue and margins.

The reforms also introduced co-contributions for all non-clinical services, including for pensioners. Contributions range from 5 per cent to 80 per cent, depending on the service type and the person's means. As a result, non-grandfathered participants are making more choices based on out-of-pocket cost. Early evidence suggests they are using less of their package, reducing service volumes and revenue per client. As volumes fall, the effective cost per unit rises, putting further pressure on margins. The StewartBrown Survey showed the average SAH operating result falling from \$3.98 per client per



day in the September 2025 quarter to \$1.03 in the stand-alone December quarter, which included two months of SAH operation.

What providers need to focus on

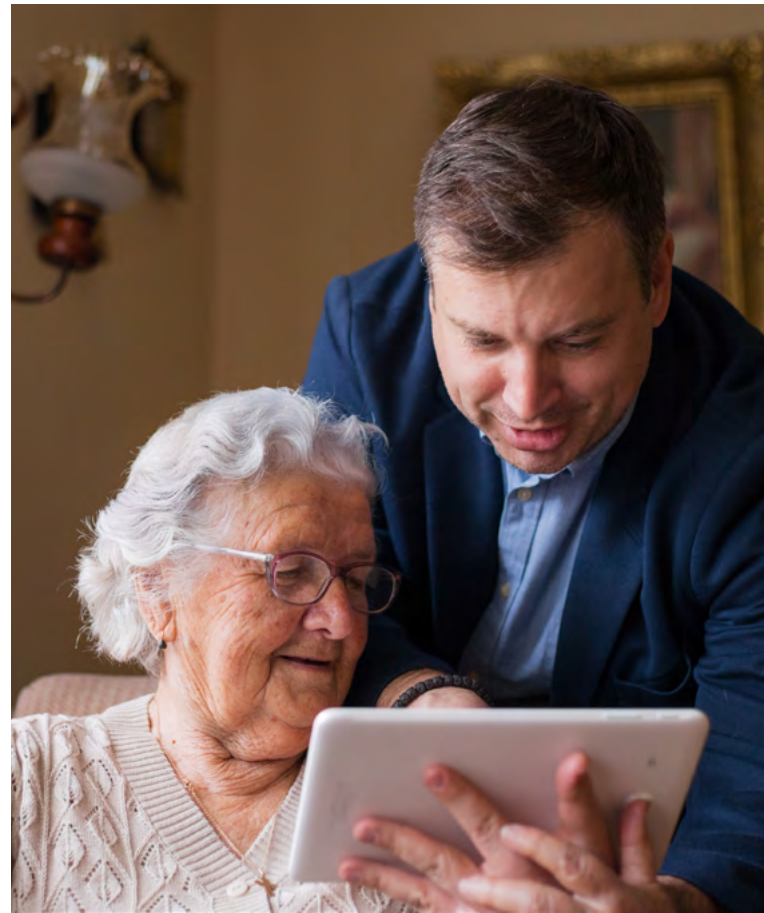
To succeed under SAH, providers will need to focus on execution as much as strategy.

Providers that adapt quickly are likely to be better positioned to maintain financial sustainability. Key considerations include:

- stabilising systems quickly to reduce administration and manual workarounds
- monitoring the services new entrants choose and the volume of care they use
- tracking staff productivity at an individual level
- upskilling the workforce as demand shifts towards clinical and personal care services
- recording all care management time accurately
- setting prices that reflect the true cost of operating under SAH
- strengthening procurement arrangements with associated providers to support continuity, value and fair margins.

Looking ahead

These reforms are significant and structural. Providers that understand the financial signals early, adjust operating models quickly and price services realistically will be best placed to remain sustainable and successful in Australia's evolving aged care environment. ■



Supporting **STRONG** GOVERNANCE *across* the aged care sector

Practical governance resources and programs designed to support governing bodies

Strong governance plays a critical role in delivering safe, high-quality care for older Australians.

Ageing Australia works alongside providers to strengthen capability, offering practical and sector specific resources and programs that support governing bodies from foundational compliance through to sustained excellence.

These include:

- tools, templates and good practice guides
- tailored support and guidance
- skills review and development programs.



Explore Ageing Australia's governance services
ageingaustralia.asn.au/governance

Beyond the Boardroom:

How governance shapes quality in aged care

Amanda Allen

Former Head of Services, Ageing Australia

When people hear the word “governance”, they often picture board meetings, strategic plans and risk registers. Governance can feel distant from the day-to-day reality of delivering care and services.

But good governance is not confined to the boardroom. In aged care, governance influences every aspect of an organisation, from the culture experienced by staff to the quality of care received by older people.

At its heart, governance is about accountability. It is the framework that ensures organisations remain focused on their purpose, manage risks appropriately and deliver on their obligations to consumers, staff, regulators and the community. While governing bodies have ultimate responsibility, effective governance is reflected throughout the organisation.

The connection between governance and quality is becoming increasingly important as the sector implements the new Aged Care Act and adapts to heightened expectations around consumer rights, transparency and accountability. Directors and executives are expected not only to oversee compliance but to be confident that systems are delivering safe, high-quality and person-centred care.

The challenge is that quality outcomes cannot be governed through compliance measures alone.

A board may receive reports showing strong audit results, high training completion rates and acceptable performance against key indicators. Yet these measures do not always reveal what older people are experiencing. They may not identify emerging cultural issues, workforce pressures or gaps between policy and practice.

This is why mature governance focuses on more than oversight. It seeks assurance that quality is embedded in organisational culture, leadership and decision-making.

Consider the organisations that consistently achieve positive outcomes for consumers. They are often characterised by strong communication between the governing body and management, clear accountability for quality, meaningful consumer engagement and a culture that encourages learning and continuous improvement. Their boards ask not only whether standards are being met, but whether people are living well.

Good governance creates the conditions for quality to flourish.

It influences how resources are allocated, how risks are managed, how consumer feedback is used, how workforce challenges are addressed and how strategic priorities are set.

Decisions made in the boardroom shape the environment in which care is delivered every day.

This means governance should not be viewed as a separate function sitting above operations. Rather, it is a critical enabler of quality outcomes. When governance is strong, organisations are better equipped to identify emerging risks, respond to changing consumer needs and drive continuous improvement. When governance is weak, quality issues often emerge long before they become visible through traditional reporting mechanisms.

For directors and executives, the key question is not simply whether governance structures are in place. It is whether those structures are helping the organisation deliver the outcomes that matter most to older people.

Across the aged care sector, organisations are placing renewed focus on governance capability as expectations around accountability and transparency continue to grow. Ageing Australia provides governance resources and guidance to help providers strengthen oversight, improve reporting and support effective decision making. Ultimately, strong governance is not an end in itself. It is a means of creating better outcomes for older people, their families and the workforce that supports them.

At its core, governance is about more than accountability. It is about creating the leadership, culture and systems that enable older people to receive the safe, respectful and high-quality care they deserve. And that responsibility extends far beyond the boardroom.

Ageing Australia provides governance resources, tools and guidance to support governing bodies, directors and executive leaders. Visit the Governance page to explore available resources: [Ageing Australia Governance](#)



Two of the biggest opportunities for residential aged care viability

AN-ACC & Care Minutes

**Just \$1.50 a day per resident adds
\$43,800 a year in an 80-bed home.**

Residents' needs change. AN-ACC
classifications should too.

We help your team make sure every
resident's funding reflects the care
they actually receive.

Every dollar of subsidy is a dollar of
care.

When did you last reassess?



Higher Everyday Living Fees (HELF)



HELF enables person-centred
service delivery, while strengthening
financial sustainability.

We partner with providers to build
compliant HELF programs and
framework.

**Have you launched your
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Delivering reform without compromising care:

How structured portfolio, program and project delivery strengthens governance and financial performance

Dr Britt O'Keefe

Doctor of Philosophy, Deakin University

Australia's aged care sector is undergoing sustained reform, increased regulatory scrutiny and heightened financial pressure. Providers are expected to meet evolving compliance requirements, improve quality of care, manage workforce constraints and maintain financial viability, often simultaneously. In this context, adopting a structured approach to delivery across projects and programs, governed at a portfolio level, is no longer optional; it is fundamental to effective governance and financial stewardship. The challenge for many organisations is not the delivery of individual projects, but the prioritisation, coordination and governance of multiple initiatives to achieve strategic outcomes.

A structured approach to portfolio, program and project delivery provides a disciplined framework to translate strategic priorities, regulatory obligations and operational initiatives into coordinated, measurable action. Without such structure, organisations risk fragmented delivery, duplicated effort, cost overruns and unintended impacts on care quality. For aged care providers, where margins are tight and accountability is high, these risks carry both financial and reputational consequences.

From a governance perspective, structured delivery strengthens oversight, transparency and accountability. It establishes clear decision-making pathways, defined roles and responsibilities, and consistent reporting mechanisms. Boards and executive teams gain visibility over key initiatives, including progress, risks, dependencies and resource allocation. This level of oversight is critical in a highly regulated environment such as aged care, where providers must demonstrate not only compliance, but also robust systems of assurance.

A portfolio-level view enables organisations to prioritise initiatives based on strategic alignment and risk. In the absence of prioritisation, providers often attempt to deliver too many initiatives concurrently, stretching limited resources and diluting impact. A structured approach allows leaders to sequence initiatives and make informed decisions about what to progress, defer, or stop, ensuring that financial and human resources are directed toward areas of greatest value and risk mitigation.

The financial and operational benefits are equally significant. Structured delivery introduces discipline in budgeting, forecasting and cost control, enabling more accurate estimation of resource requirements, timelines and

investment. Ongoing financial tracking ensures that variances are identified early and addressed proactively. In addition, it supports the evaluation of return on investment, benefits realisation and long-term value creation. In aged care, where initiatives often deliver both financial and non-financial benefits, this capability strengthens business cases, informs funding decisions, and enables organisations to demonstrate value to boards, regulators and stakeholders.

A critical, yet often overlooked, consideration is the protection of safe, high-quality care delivery during periods of change. Poorly managed projects can disrupt frontline operations, placing additional strain on staff. A structured approach mitigates this risk by embedding change planning, stakeholder engagement, and impact assessment into delivery, ensuring reform is implemented in a way that is operationally feasible and sensitive to the care environment.

For many providers, the maturity of delivery capability and portfolio governance varies. A fit-for-purpose approach is therefore essential, ranging from supportive models that provide tools and advisory support, to more directive models where a central function assumes accountability for delivery. Regardless of the model, the objective remains consistent: to embed scalable, sustainable practices that enhance governance and financial performance.

In an increasingly complex and constrained environment, structured delivery across projects and programs, governed at a portfolio level, is a critical enabler of organisational resilience. It strengthens governance, safeguards financial sustainability, enables more informed investment decisions and ensures that change initiatives deliver their intended outcomes, ultimately supporting the delivery of safe, high-quality care for older Australians. ■





0 Dioptries



-6 Dioptries

High Contrast. High Confidence.

- Enhances visibility for safer, simpler interactions
- Reduces the risk of accidents in daily use
- Supports independence, giving users confidence in managing routines
- Durable and hygienic, ensuring long-lasting performance
- Delivers peace of mind for both users and carers





Setting the in-home aged care research agenda

Katrina Long, Senior Lecturer, Monash University

Marissa Dickins, Senior Research Fellow, Silverchain

In the midst of significant sector reform and growing demand for services, ‘research’ can often feel like an unnecessary burden for aged care providers – something that sits on top of already stretched workloads. This is especially true when much of the evidence generated does not fully reflect the realities of care delivery or the priorities of those most directly involved. Yet research, when it is shaped by the sector itself, can be one of the most powerful tools we have for improving care, strengthening the workforce and ensuring older people receive the support they value most.

Historically, research agendas have often been shaped by academic, funding or policy interests, with limited input from older people, carers and frontline workers. At the same time, the complexity of the aged care system – spanning health, social care and community services – has made it difficult to

build a coordinated and practical evidence base. As a result, research findings can feel disconnected from day to day practice, and providers are left without the clear, actionable guidance they need.

This disconnect is particularly visible in in home aged care, where services are delivered in highly varied environments, often with limited visibility across the broader system. Unlike residential care, where research infrastructure is more established, in home care has historically lacked a unified voice to articulate what evidence is needed and why.

As the sector continues to navigate significant reform, embedding a diverse range of stakeholders into the research and policy agenda is no longer optional. It is a requirement for the continued success of Australia’s home care sector,

ensuring older Australians can live at home for as long as they wish to do so.

Shaping shared research priorities

In 2023, the National Aged Care Research Network (NACReN), a collaborative network linking aged care providers, workers, clients and carers identified shared [research priorities to transform residential aged care](#). Residents, carers, workers, policymakers and researchers all agreed that research is needed to identify:

1. The best ways to retain workers.
2. How to provide the best end of life care.
3. How to provide high quality behaviour support for residents living with dementia.

(read more at ncha.org.au/nacren)

Building on this work, NACReN and Silverchain have partnered to identify priority areas for in-home aged care research in Australia. This collaboration recognises that in home care faces its own unique challenges that require listening directly to those who experience them every day.

Identifying the issues that matter most to those delivering and receiving care strengthens the link between research, policy and practice. It ensures that evidence is generated in the right places, translated into meaningful action and used to drive improvements that older people and the workforce can genuinely feel. ■

Have your say

You can contribute to building Australia's research and policy agenda for in-home aged care.

Anyone involved in in-home aged care in the last five years in Australia can participate.

To start the survey, visit [Home Care Research](#) or scan the QR code.

Complete the survey before 31 September 2026 and go into the draw to win one of 10 x \$50 eGift Cards.

We encourage providers to circulate the opportunity to staff and care recipients, to ensure that this research is truly representative of all stakeholders.

If you would like support from the project team to disseminate the survey at your organisation, or if you have any questions, please contact ncha.nacren@monash.edu or 03 9904 4822.



Research Matters

The Aged Care Infection Prevention and Control Project



Are you an Infection Prevention and Control Lead or Facility Manager responsible for IPC in residential aged care?

Join us and contribute to a national research initiative that will support you and your everyday practice through developing standards for infection control programs in the residential aged care sector.

This national initiative aims to:

1. Establish core requirements for the elements and governance of ICP programs in residential aged care homes
2. Establish minimum practice requirements and competency standards for ICP professionals in residential aged care settings.

As part of this work, we are seeking to better understand the current scope and structure of IPC programs and governance systems across Australian residential aged care.

It will be invaluable to have real life examples and ideas from people working within residential aged care.

Further information can be found on the [project web page](#), including the published study protocol.

If you would like to be part of the project, please fill out the [expression of interest \(EOI\)](#) and the team will be in touch with next steps. ■



THE UNIVERSITY OF
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Health
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Australians positive and confident about ageing at home, but knowledge and planning gap remains

Benetas recently commissioned research to examine how ready people really are to age well at home, interviewing 2,250 Australians aged 55+.

The *Benetas Ageing in Place: An Australian Perspective report* reveals a confronting truth: while the desire to age in place is near-universal, the practical steps needed to make it happen are being overlooked.

The centrepiece of the report is the new Ageing in Place Readiness Index (AiPRI), designed to measure and benchmark both the practical and emotional aspects of ageing successfully at home across five categories: preparedness, knowledge, attitude, confidence and technology use.

The results show a clear gap between what Australians want and how prepared they are to make that happen. Australians aged 65+ scored 51 out of 100, while those aged 55-64 scored just 48. Among the older cohort, attitudes (61) and confidence (59) were comparatively higher but practical measures - knowledge (50), technology use (31) and preparedness (54) scored lower.

Although the majority (79%) of Australians 65+ maintain regular health check-ups and half (50%) report a healthy diet and exercise routine, far fewer have considered the practicalities of ageing at home. Less than one in three (30%) have made home modifications, only 25% have considered future transport needs, and only 6% have enrolled in fall prevention programs or strength training.

While Australians overwhelmingly want to age at home, the research shows that most are not doing what it takes to make that a reality. The gap between aspiration and action is wide, and it is growing as the population ages.

The research also found challenges with understanding the system, with only 33% of older Australians claiming to have at least a basic understanding of the new Support at Home Program.

Benetas CEO Sandra Hills OAM said the goal of the Ageing in Place Readiness Index is to provide a simple but robust and multi-dimensional metric, to

help industry and government better understand and support older Australians.

“Successful ageing in place is as much about mindset and coping strategies as it is about formal supports and Benetas is proud to play a leadership role in understanding and advocating for the needs of older Australians.

“What we’re seeing right now is that older Australians are more likely to be planning financially for their death, than taking steps and making plans to optimise their health and wellbeing during their golden years.

“With the number of Australians aged 75+ expected to grow by more than one million in the decade ahead, the gap between ageing in place intentions and actions is concerning,” Ms Hills said.

Ms Hills said that the research findings had broader implications for the aged care sector.

“Most Australians want to grow old in their own home. It’s a deeply held aspiration that has underpinned the government’s approach to Support at Home reform.

“But the success of the reform depends on consumers who are informed, prepared and confident in the system.

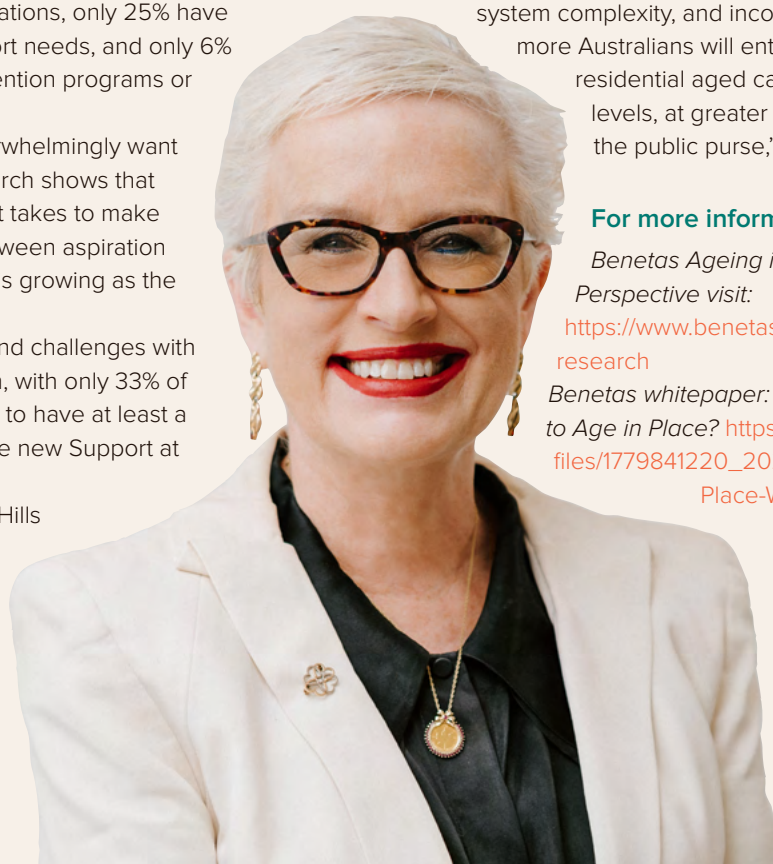
“If we don’t address the barriers identified in our research – optimism bias, cost misconceptions, low service awareness, system complexity, and inconsistent preparedness – more Australians will enter an already-stretched residential aged care system at higher acuity levels, at greater cost to both individuals and the public purse,” Ms Hills said. ■

For more information about

Benetas Ageing in Place: An Australian Perspective visit:

<https://www.benetas.com.au/about-benetas/research>

Benetas whitepaper: Are Australians Ready to Age in Place? https://www.benetas.com.au/files/1779841220_20260501-Benetas-Ageing-in-Place-White-Paper.pdf



INTRODUCING THE AGEING IN PLACE READINESS INDEX (AiPRI)

The index has five key dimensions, each contributing to a score between 0 and 100. The higher the score, the more prepared the individual

OVERALL

Aged 65+ = 51

Aged 55-64 = 48



PREPAREDNESS

Aged 65+ = 54/100

Aged 55-64 = 46/100

- Made changes to home
- Budgeted for healthcare /home modifications
- Explored Home Care packages
- Reviewed super & retirement savings



KNOWLEDGE

Aged 65+ = 50/100

Aged 55-64 = 45/100

- ACAT awareness/use
- My Aged Care (MAC) awareness/use
- Awareness fall detectors, wearable alerts
- Awareness smart medication dispenser



ATTITUDE

Aged 65+ = 61/100

Aged 55-64 = 59/100

- I feel generally ok about getting older
- I feel comfortable receiving paid help at home
- Accepting help feels like losing independence
- Getting older is a privilege
- Getting home help is too complicated



TECHNOLOGY

Aged 65+ = 31/100

Aged 55-64 = 34/100

- Awareness/usage of
- Smartphone & tablet
 - Video calling
 - Digital companions & AI bots
 - Voice to text
 - Telehealth



CONFIDENCE

Aged 65+ = 59/100

Aged 55-64 = 56/100

- Maintain independence
- Maintain health
- Maintain dignity
- Social connections as you age

Quality *and* compliance made easy

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Infinite Care Knoxfield:

A purpose-built aged care facility for Victoria's growing needs

Infinite Care is a national residential aged care provider with over 30 years of experience providing care to elderly Australians. Their Knoxfield aged care development marks Infinite Care's first entry into the Victorian market and represents a significant investment in purpose-built aged care infrastructure.

The development was delivered in partnership with the Australian Unity Aged Care Property Trust (Trust). Established in 2021 within Australian Unity's Wealth and Capital Markets platform, the Trust is an unlisted property trust that partners with residential aged care approved providers to deliver investment capital solutions. The Trust owns 20 residential aged care properties subject to long-term leases to its tenants, Bolton Clarke and Infinite Care.

Project overview

Located approximately 27 km east of Melbourne's CBD, with views across the neighbouring golf course and out to the Dandenong Ranges, this state-of-the-art five level residence offers a unique blend of tranquillity, elegance and clinical excellence to the local community.

Designed for ageing with choice, the home has been purpose built to deliver a premium five-star experience alongside Infinite Care's long-standing commitment to ensuring residents remain at the centre of all decisions on their care.

Considered design and construction

Together with ConnectPM and Infinity Constructions, the Infinite Care team led by Justin Smith (Chief Strategy & Development) considered every element of the build to thoughtfully combine both environment, care and community that supports days filled with comfort and meaning.

Infinite Care Knoxfield residents enjoy premium amenities to rival luxury hotel living while maintaining the warmth and familiarity of home and comfort. Highlights of the home include a Level 5 'Summit Lounge' offering panoramic views, bar and areas for relaxing or entertaining, spacious apartment-style suites that offer privacy and comfort, and expansive





elevated views over the Dandenong Ranges from most rooms, with serene internal garden outlooks from others.

Infinite's 'One Community'

Infinite Care's signature Café Eight is open to the local area community and creates a vibrant hub for both residents and visitors. Their unique 'Street of Life' design concept upon entry brings essential amenities to a single walkable space. This community hub includes internal access to the café, a convenience store, hair and beauty salon, gymnasium and wellness centre, in-house gold class cinema and allied health clinician spaces. Residents never need to leave the comfort of their home.

To further support intergenerational connection, the home includes a children's playground adjoining Café Eight. This area invites families and younger visitors to bring their infectious energy to daily life within the Infinite Care community.

Meeting local needs

Beyond delivering exceptional care, the Knoxfield development has also provided a major boost to the local economy. Over the course of its 23-month build, the project supported more than 280 construction jobs and is expected to create a minimum of 200 ongoing roles across care, hotel services, lifestyle, and support services.

As the population of Knox and its surrounding suburbs continues to age, the need for high-quality residential aged care has never been greater. According to state projections, 2.3 million Victorians will be aged 60 or over by 2046¹. This demographic shift highlights the need for developments like Knoxfield, which aim to provide high-quality accommodation and care services in growth corridors.

Sector significance

The Knoxfield project provides an example of how Australian Unity's wealth management platform has partnered with Infinite



Care to create a high-quality aged care home at a time when additional aged care beds are needed. At the same time, property investors are provided with long term income derived from a broad portfolio of established homes owned by the Trust, that are delivering significant community and social value.

The development marks an important milestone in Infinite Care's national growth strategy, reinforcing its mission to deliver exceptional care experiences across Australia. With future homes planned in Victoria, Infinite Care continues to invest in innovative care models, state-of-the-art environments, and a people first approach that places residents at the heart of every decision.

From its breathtaking views to its thoughtfully designed spaces, Infinite Care Knoxfield represents the next evolution in aged care, where community, wellbeing and contemporary design come together to create a truly exceptional place to call home. ■

1 The projection comes from the Victorian Government's *Ageing Well Action Plan*. [Victoria's seniors | vic.gov.au](https://www.vic.gov.au/victoria-seniors)





Designing true homes-for-life:

Inside LDK's Amberfield development

Australia's ageing population is growing rapidly, and demand for aged care continues to outpace supply. Long wait times, limited residential options and rising expectations are reshaping what older Australians want from later living.

Seniors seek more than traditional nursing homes. They want independence, meaningful connection and the reassurance that care will be available without the disruption of moving.

LDK Seniors' Living's Amberfield development in Canberra responds to this shift.

Responding to a shifting sector

The aged care sector is under increasing pressure. Construction constraints and funding challenges limit delivery of new facilities, particularly residential care. Meanwhile, older Australians evolving expectations seek environments that balance independence with access to care, in settings that feel like home.

Amberfield, LDK's second village in Canberra, builds on the model established at Greenway Views. Central to this approach is LDK's One Move Promise®, which ensures residents can receive all levels of care, including palliative and end-of-life care, without leaving their home.

Enabling continuity of care for life, at home

Delivering care at home for life requires a different approach. Beyond physical design, it depends on robust operational and technological systems.

At Amberfield, care delivery, infrastructure and housing were designed together from the outset.

Integrated technology, including 24-hour emergency response, nurse call systems, intercoms and inactivity monitoring, provide safety and reassurance while maintaining independence.

Services infrastructure of water, power, sewer and communication, is integrated and designed for long-term access and scalability within each home.

Transforming a challenging site

Located in Weston Creek, the Amberfield site was previously used as a motel and equestrian park and was heavily contaminated after years of informal dumping.

LDK undertook extensive remediation works, including the containment of 17,000 cubic metres of material beneath landscaped outdoor areas.

Bushfire risk required a 15-metre buffer zone, while major infrastructure works delivered new water, stormwater and electrical connections.

These works transformed an underutilised site into a valuable community asset in a highly sought-after Canberra location.

Homes designed for life

Stage 1 included 52 single-storey, townhouse style villas, all sold prior to reaching the open market. Stage 2 has 107 apartments and 20 dementia studios, while Stage 3 offers 194





apartments and sky villas. Stage 1 and 2 are complete, Stage 3 is in construction.

Each home supports ageing-in-place, with wide hallways, step-free transitions and flexible layouts that allow residents to live comfortably and safely as their needs evolve.

Interiors are adaptable, with additional rooms suited to guest accommodation, home offices or creative spaces. Residents were able to personalise their homes to suit their preferences, from finishes and colour schemes to technology integrations.

Energy-efficient heating and cooling systems, and large-scale solar generation, support long-term sustainability.

Beyond accommodation, building a connected community

Amberfield has been designed to foster connection, and a strong sense of community.

The central communal building includes a barber, hair salon, gym, restaurant, bar and café, private dining spaces, a grocery with chef-prepared take-home meals, a theatre and flexible spaces for activities and events.

Outdoor amenities include a dog and eco park, barbecue facilities and direct access to the Canberra Centenary Trail, supporting physical, social and emotional wellbeing.



Sustainability and long-term impact

Sustainability has been embedded throughout the project. The transformation of a former landfill site into a thriving community is a significant environmental outcome.

The broader development incorporates large-scale solar generation, with capacity expected to reach 250kW. Environmental management extends to protecting the surrounding landscape, including the habitat of the golden sun moth.

A blueprint for the future

When completed in mid-2027, the \$440 million Amberfield development will deliver around 373 homes across villas, sky villas and apartments.

Strong sales and waitlists reflect growing demand for alternatives to traditional aged care pathways.

LDK demonstrates how integrated design, care and community can support independence while ensuring care is always available. Amberfield provides a practical and scalable example of how older Australians can age-in-place with confidence, dignity and a genuine sense of home. ■





Retirement reimaged:

Seasons Living unveils the future of retirement living with care and support onsite

Queensland, Australia – Seasons Living is setting a new benchmark in retirement living, combining beautifully designed homes, high-quality co-located care and engaging lifestyle opportunities to support seniors to enjoy a fulfilling and connected retirement.

Proudly Queensland owned and operated, Seasons Living continues to expand its portfolio of vibrant retirement communities, with a strong pipeline of new developments designed to meet the evolving needs of older Australians.

The second stage of Seasons Sinnamon Park is expected to welcome residents in early 2027 and will include and additional 145 retirement village units and a 20-bed co-located residential aged care facility, known as Care Suites.

Led by Chief Executive Officer Jodie Gaske, the Seasons Executive Team has developed a contemporary model of retirement living that brings together elegance, comfort, care and lifestyle in one integrated community.

Ms Gaske said Seasons understands the importance of delivering quality homes, care and experiences that support seniors throughout every stage of retirement.

“After a lifetime of hard work, seniors deserve the freedom to spend their retirement in the way they choose – whether that means relaxing, connecting with others or enjoying new experiences,” Ms Gaske said.

“Our model also provides access to care and support services designed to make everyday life easier and provide added peace of mind for residents and their families.”

Trusted by thousands of families over 15 years and employing more than 300 staff, Seasons Living continues to grow as a leading Queensland-owned and operated retirement living provider.

The soon-to-be-completed Sinnamon Park community will feature state-of-the-art facilities, stylish interiors and quality finishes, and has been designed to set a new standard for retirement living in Brisbane’s south-west.

With Stage One at Sinnamon Park sold out (125 units) and a growing waitlist for Stage Two, demand for retirement living in the leafy south-west Brisbane suburb remains strong.

Ms Gaske said the organisation was excited to welcome residents and their loved ones to the new Sinnamon Park community.

“Sinnamon Park is our most impressive community to date and reflects our commitment to creating exceptional retirement living experiences,” Ms Gaske said.

“The strong demand for Stage One demonstrates the value residents and families place on the Seasons offering, and we look forward to continuing this standard through Stage Two.”

In addition to spacious and modern apartments, the Seasons model enables residents to enjoy retirement with confidence, supported by care options that can evolve as their needs change.

With 24/7 onsite care, gated communities and nutritious meals, families can have confidence that their loved ones are safe, comfortable and well supported.

Ms Gaske said Seasons is committed to creating purpose-built homes for seniors, with support available as residents’ care needs change over time.

“Many residents move into Seasons communities as independent retirees, with the option to access home care services and, if required, transition into Care Suites as their needs increase and become more complex,” Ms Gaske said.

“Care Suites provides co-located residential aged care for residents who require full-time assistance or palliative care, while allowing them to continue calling Seasons home.”

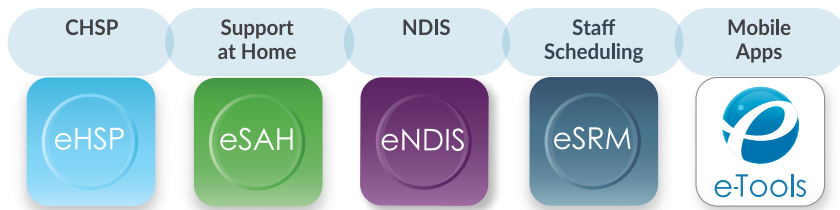
Residents who transition to Care Suites can remain supported by a familiar Care Team they know and trust, helping reduce the stress, cost and disruption that can occur when a move to another aged care facility is required.

Civil works are also progressing well at Seasons Holland Park, a greenfield site planned to deliver 205 retirement village units, with planning also underway for residential aged care at the same location to better serve the Holland Park community. ■

For more information about Seasons Living or to join the waitlist for Sinnamon Park Stage Two, please visit the [Seasons Living website](#).

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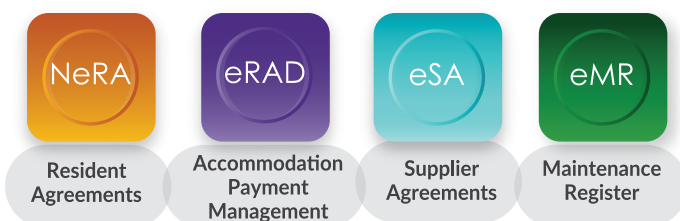
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Creating connection, care and future living:

Summerset Cranbourne North

As the retirement living and aged care sectors evolve, the combination of service excellence and a high-quality built environment is playing a bigger role in resident wellbeing, operational efficiency and long-term sustainability. At Summerset Cranbourne North in Victoria, this is being delivered by integrating independent living, assisted living and aged care in a single community environment.

Summerset is one of New Zealand's leading retirement village and aged care providers, with more than 25 years' experience creating communities where people can live independently, stay connected and access care as their needs change. The company is now growing in Australia, with Cranbourne North its first fully operational village in Victoria.

Summerset's second village at Chirnside Park in the Yarra Ranges Local Government Area will open in August this year with their third village at Oakleigh South in planned to open in mid-2027. As part of the group's long-term commitment to the Australian market other four villages are under development across Victoria at Torquay, Mornington, Drysdale and Mernda.

Cranbourne North shows how Summerset's model responds to the contemporary expectations of today's residents while anticipating the needs of tomorrow. The village brings together independent living, assisted living apartments and a residential aged care home within a cohesive, master-planned environment, supporting residents so they can age in place while maintaining connection to familiar people and surroundings.

"Our focus at Cranbourne North was to create a community where residents can move seamlessly between different levels of care without losing their sense of home," says Stewart Scott, Chief Operating Officer – Australia. "It's about providing certainty and continuity as their needs change."

At the heart of the Cranbourne North village is its village centre, designed as a hub for activity and engagement. Rather than separating care and lifestyle functions, the building integrates shared amenities including a café, residents' bar, gym, hair salon, resident workshop, cinema and indoor pool alongside care services, encouraging interaction across different living types.





“We’ve deliberately brought together lifestyle and care in one place,” says Mr Scott. “It creates more opportunities for connection and supports better social and health outcomes for residents.”

A key focus has been creating spaces that feel residential rather than institutional. Warm materials, natural light, open-plan layouts and strong indoor-outdoor connections enhance comfort and liveability. Apartments are designed with accessibility in mind, incorporating features that can adapt to changing mobility needs.

Innovation also extends to operational design. The care centre draws on small-household living principles, with clustered resident rooms arranged around shared living and dining spaces. This supports personalised care delivery, improves staff efficiency and fosters a greater sense of belonging.

In independent living units and assisted living apartments, residents are supported by Lumin, a simple-to-use system that helps them stay connected with village life, information and services. Personal emergency call buttons are also available, giving residents and their families added reassurance while supporting greater independence day-to-day.

In our aged care home, technology has been thoughtfully integrated to help keep residents safe and give families added peace of mind. A modern nurse call system enables residents to quickly reach staff when they need support, while Vayyar’s AI-based fall detection technology provides an extra layer of reassurance. These systems work together with access control and resident

safety features to support responsive, person-centred care.

Outdoor environments include landscaped gardens, walking paths, pocket parks and communal spaces that encourage movement, relaxation and connection with nature. Pocket parks across the village include garden beds where residents can plant and tend their own flowers, herbs or vegetables.

Sustainability considerations have also been incorporated through energy-efficient systems, water-sensitive design and durable materials that support long-term performance. Practical measures include a recycled water network servicing all gardens and landscaped areas, as well as a 100kW rooftop solar panel system on the village centre.

Importantly Cranbourne North has been developed with a strong understanding of local context. Located in one of Melbourne’s fastest-growing regions, the village is well positioned to meet rising demand for retirement living and aged care services while maintaining links to the surrounding community.

“For us, it’s not just about building homes – it’s about creating communities people are proud to be part of,” says Mr Scott. “Cranbourne North reflects that ambition, combining thoughtful design with a long-term view of care and connection.”

Cranbourne North offers a practical example of how integrated community design can support quality of life, workforce efficiency and sustainable delivery models. It highlights the importance of operational workflow and service delivery informing built form outcomes in shaping the future of aged care and retirement living. ■

<https://www.summerset.com.au/find-a-village/victoria/summerset-cranbourne-north/>



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