

Autumn 2026

# AGED CARE TODAY

Australia's aged care sector magazine

**Audits under  
the new Act**

**Redefining aged  
care living across  
regional Australia**

**Emergency  
preparedness:  
ready when it  
matters most**

**Memories  
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## Is your organisation receiving the AN-ACC funding it deserves for the care it already delivers?

For many aged care providers, small inconsistencies in AN-ACC processes can result in hundreds of thousands in missed funding each year. **Torbay Lifestyles & Care** partnered with Health Generation's Funding Companion service to add structure and proactive oversight to their AN-ACC processes without disrupting existing systems.

### Torbay Lifestyles & Care asked for greater confidence in:



**AN-ACC funding**



**Classification visibility**



**Downgrade risks**



**Team stability**

Importantly, the goal was not to outsource responsibility. The service needed to support the internal team while **keeping clinical ownership in-house**.

### The Outcome for Torbay Lifestyles & Care

The Funding Companion service has achieved an additional annual sustained funding uplift of

**\$847,672**

#### Additional outcomes:



- Improved classification accuracy
- Stronger submission discipline
- Consistent governance
- Reduced staff pressure

#### Enabled by Stronger Funding



- Smarter workforce planning
- Greater confidence in care delivery
- Better alignment of funding and labour costs

### CEO Testimonial: Carrie Chappell, Torbay Lifestyles & Care



"Health Generation allows us to have peace of mind that we are always maximising our AN-ACC funding potential so we can focus on what matters most, providing high quality care to residents everyday."





# Exceptional Care Deserves Accurate Funding

The Funding Companion model strengthens internal teams while preserving clinical ownership, delivering structured AN-ACC funding governance across the organisation.

Delivered at scale - **376 engagements across 77 providers, 138 facilities and 40,500+ beds** - it helps ensure funding outcomes reflect the care already being delivered, supporting accurate classifications and more consistent funding.

## Health Generation's Funding Companion in Practice:

<p><b>Collaborative Support</b> </p> <p>Structured support that works alongside your team without adding workload.</p>	<p><b>Proactive Review</b> </p> <p>Identify funding opportunities and risks before submission.</p>	<p><b>Visibility &amp; Governance</b> </p> <p>Clear reporting and tracking across the funding process.</p>	<p><b>Capability &amp; Continuity</b> </p> <p>Consistent processes that support teams through change.</p>
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<p><b>Uplifts Achieved</b></p> <p><b>1,847</b> </p> <p>Classification Uplifts</p>	<p><b>Confirmed Annual Funding Outcomes</b> <b>\$35M+</b></p> <p><b>4.98x ROI</b> </p>
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<p><b>40,500+</b> </p> <p>Beds Influenced</p>	<p><b>130+</b> </p> <p>Teams Trained</p>	<p><b>\$130K</b> </p> <p>100-Bed Impact</p>
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**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.

# Editor's letter

## Welcome to our Autumn 2026 issue of *Aged Care Today*.

Several months after the commencement of the *Aged Care Act 2024*, the sector is now firmly in the phase that follows major reform: implementation in practice. After years of consultation, legislation and preparation, providers across Australia are now living with the operational realities of the new system – embedding new requirements, adjusting business models and continuing to deliver high-quality care for older Australians.

As Ageing Australia CEO Tom Symondson writes in this issue, reform does not end with the passage of an Act. The legislation laid important foundations for a stronger, rights-based aged care system, but the work of ensuring that system is sustainable, responsive and able to meet growing demand is ongoing. With more older Australians seeking support each year, forward planning, investment and coordination across governments will remain essential if Australia is to deliver the care, services and housing older people deserve.

Across the sector, many organisations are now turning their attention to what comes next. As our contributors

explore, the period immediately following reform has required extraordinary effort from providers: implementing new funding models, regulatory frameworks and operating structures at pace. Now the focus is shifting to consolidation – improving efficiency, strengthening systems and ensuring organisations remain sustainable in a more complex operating environment.

This issue of *Aged Care Today* highlights how providers and partners are responding to that challenge. We feature insights from Deputy Commissioner, Gary Rake, on how the Aged Care Quality and Safety Commission's new audit processes will operate under the Act, providing clarity for providers navigating the strengthened Quality Standards.

Our strategic partners also provide valuable perspectives. In this issue, Russell Kennedy Principal, Victor Harcourt, reflects on the importance of trust, collaboration and practical advice as providers move from preparing for reform to living with it day-to-day.

Workforce remains central to the future of aged care. Research highlighted in this issue from Ageing Australia strategic partner HESTA offers useful insights into workforce sentiment, drawing on its 2024 State of the Sector survey of health and community services workers.



Looking beyond age

Whiddon launches 'More to Me' campaign to challenge ageism

### Ageing Australia contributors

Thank you to our Ageing Australia writers and advisors for sharing your knowledge and expertise: Amanda Allen, Julie Anderson, Tanya Busoli, Danni Campbell-Manley, Carole D'Apote, Derek Dittrich, Nick Elmitt, Beth Excell, Alex Harrison, Anne Liddell, Laurance Malmgren, Abderazzaq Noor, Erica Ramage, Tegan Roberts, Najma Sambul, Francis Truong, Roald Versteeg and Sharon Wilkinson.

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### Disclaimer

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While the findings suggest job satisfaction among aged care workers had been improving in recent years – influenced by wage increases, stronger recognition and the growing use of technology to reduce administrative burden – the sector continues to navigate significant workforce pressures as providers implement major reforms and adapt to new operating environments.

Technology and innovation will also shape the sector's next chapter. Lutheran Homes Group shares how it modernised its core digital systems to support operational resilience and better outcomes for residents, demonstrating how thoughtful investment in technology can help organisations manage complexity while maintaining day-to-day service delivery.

The question of how technology and innovation can help providers do more with less has never been more urgent. In this issue, Julie Anderson, Head of InnovAGEING at Ageing Australia, says that's precisely what delegates will be able to explore at the Innovation Transforming Aged Care (ITAC) Conference. Held in Brisbane on 6 and 7 May, ITAC will bring together leaders, providers, researchers and technology partners to explore what is possible and, more importantly, what is practical.

As always, *Aged Care Today* celebrates the work of Ageing Australia members and the many individuals across the country dedicated to improving care for older Australians.

This issue also marks a moment to acknowledge the contribution of Linda Baracioli, who concluded her time with Ageing Australia in February. Linda worked with Ageing Australia and its predecessor organisations since 2019, leading the publication of *Aged Care Today* and helping to elevate sector thought leadership while amplifying the voices and stories of our members. Through her work with colleagues, members, associates and the broader sector, she played an important role in the evolution of the magazine and its contribution to sector dialogue. We thank Linda for her leadership and commitment to showcasing the innovation and dedication that defines our sector.

If you have feedback on what you've read, or a story idea about an initiative you would like to share with the sector, please contact us at [editor@ageingaustralia.asn.au](mailto:editor@ageingaustralia.asn.au).

We hope you enjoy the read.



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# Ageing well: *a shared national responsibility*

**A**s we approach another Federal Budget, the national conversation is already framed by familiar pressures: cost of living, inflation, global uncertainty and a tight fiscal environment.

We can't ignore the challenges facing Government. Every portfolio and sector will be making its case, and balancing competing priorities is never simple – particularly in a tight economic environment.

But budgets are more than economic statements. They are reflections of national priorities.

And as our ageing population grows rapidly, support for older Australians must remain a central focus.

Over the past several years, we have seen significant and welcome investment in aged care. The *Aged Care Act 2024* marked a genuine turning point. Funding has flowed into long-overdue wage increases for our dedicated and professional workforce. Additional home care packages have been released. Structural reform is underway.

These were essential steps to repair deep cracks in a system that had been under strain for years. Steps that made much-needed progress on longstanding pressures and laid the foundations for a stronger, rights-based system.

But repair of yesterday's problems is not the same as preparation for tomorrow's. Demand for care, services and support across the system continues to grow – and grow quickly.

Today, more than 100,000 older Australians are waiting for home care support. Another 100,000 are waiting simply to be assessed. The median time between approval of funding and receiving support has doubled in recent years. The Royal Commission set an ambition that no one should wait more than a month. That remains an important benchmark for the system to work toward.

We also know that residential aged care capacity is nowhere near keeping pace with demand. Last year, around 800 new beds were built. To meet projected need, we should be building closer to 10,000 each year.

This is not unique to Australia – it reflects the complexity of coordinating health, aged care and housing systems – but

it does reinforce the importance of forward planning and coordinated investment.

The Australian Government has signalled the fiscal environment is tight. That makes prioritisation even more important. Investment in aged care is not discretionary spending, it provides long-term social infrastructure that supports families, communities and the broader health system in an ageing society.

And reform does not end with the passage of an Act.

In recent months, I have been speaking with parliamentarians across all parties. Our message is consistent: implementation matters. Sustainability matters. Capacity matters. The job is not done simply because legislation is in place.

None of this diminishes the progress that has been made. Rather, it highlights the scale of demographic change already underway.

If we do not invest now – in home care capacity, in residential infrastructure and in workforce growth – the pressures will compound across both the aged care and hospital systems.

Ageing policy has traditionally been seen as primarily a Commonwealth responsibility. Increasingly, however, it is clear that effective responses require collaboration across all levels of government.

One issue that continues to illustrate the need for coordination is the growing number of older people experiencing delayed discharge from hospital. This is not a problem owned by one level of government. It sits at the intersection of Commonwealth aged care policy and state-run health systems. It touches housing supply, local planning decisions and community infrastructure.

When an older person cannot leave hospital because there is no residential place available, or because home care support cannot be mobilised quickly enough, that is a shared systems challenge. When housing design and planning decisions do not account for an ageing population, that too has consequences.



Tom Symondson

There are encouraging green shoots. Western Australia and South Australia have introduced zero and low-interest loan schemes to support residential development. Victoria has a long history of direct state involvement in aged

care services for those with higher clinical needs. These are positive examples of what can happen when ageing is treated as a shared responsibility.

At Ageing Australia, we are responding to this by strengthening our engagement at the state and territory level – to reflect this shared responsibility. Our federal advocacy remains critical, but we are investing additional time and effort into ensuring ageing policy has influence in every state capital – particularly where it intersects with hospitals, housing, planning and community services.

This is not a change of direction for our organisation. It is an operational uplift – ensuring we are fully aligned to the issues our members are facing on the ground.

Three and a half years on from our establishment as a unified national peak, our role and influence have grown considerably. Expectations from members, governments and partners have grown too. That is a positive sign of trust and influence. But it also requires us to continually sharpen our focus so we can deliver where it matters most.

Our consistent message at every level remains clear: ageing is everyone’s responsibility.

The aged care sector has shown extraordinary resilience through years of reform and scrutiny. Providers continue to deliver care with professionalism, compassion and commitment, despite financial and regulatory pressures.

The Federal Budget is an opportunity for government to match that commitment with sustained, forward-looking investment – not just to stabilise today’s system, but to prepare for tomorrow’s demographic reality.

Older Australians have contributed to our nation for decades. Ensuring they can access timely care and appropriate housing is not simply a policy challenge – it is a measure of how we value that contribution.

In a constrained environment, priorities matter even more.

This is the moment to show that ensuring everyone in this country is able to age well remains one of them. ■

**Tom Symondson**  
CEO, Ageing Australia

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# Audits under *the* new Act, what providers *can* expect

**O**n 1 November 2025, Australia entered a new era of aged care with the commencement of the *Aged Care Act 2024* (the Act). The new Act embeds the rights of older people in the delivery of care and makes sure they are at the centre of the system that supports them.

This has come with some new and different obligations and conditions providers need to meet. It also impacts the way we at the Aged Care Quality and Safety Commission regulate providers. One of the biggest changes under the new Act is when and how we audit providers.

Making sure providers are suitable and capable of delivering safe, quality aged care is one of our key functions. We do this through our provider registration process of which audits are an important part.

When a provider applies to register, renew or vary their registration to deliver services in categories 4, 5 or 6, we conduct audits to assess if they conform with the strengthened Aged Care Quality Standards. We have developed a new audit methodology to align to the provider registration requirements under the new Act.

Between June 2025 and January 2026, the Audit Branch delivered

engagement sessions with 172 providers to discuss the new audit methodology and approach. We also connected with a further 134 providers to discuss organisational governance under the Act. During this same period, we undertook a range of simulated audits to test our systems and processes.

We gained valuable feedback and information from these sessions and are working hard to ensure it's a streamlined experience for all providers.

with a clear line of sight to resident outcomes".

They thought the process "reinforced the strengthened Quality Standards as a practical blueprint for identifying and addressing risk early, and it validated the direction of their quality and improvement strategy".

Overall Luson found the simulated audit a "constructive and reassuring experience" for their team, particularly in a period of significant sector change.

The simulated audits validated our

*Making sure providers are suitable and capable of delivering safe, quality aged care is one of our key functions.*

Luson Aged Care was one of the providers that took part in a simulated renewal audit of a category 6 provider. Luson Chief Executive Officer, Matthew Filocamo shared with us that they found the audit to be "transparent, proportionate and genuinely risk based,

new process, which is more efficient, consistent and transparent with opportunities for providers to respond to our findings. It includes announced visits and clear communication to providers about gaps and potential non-conformance, with consideration for a willingness and ability to remediate

any gaps when forming a view of non-conformance.

With the new Act now in force, we have rolled out the new audit process, with 20 audits currently underway.

**Audits are done in 3 stages:**

- 1. Audit initiation:** You'll be contacted by a dedicated audit manager to start the audit process. They'll be your point of contact at the Commission throughout the process. They'll ask for key documents and evidence of how you conform with the outcomes of the strengthened Quality Standards, and set up an audit initiation meeting with the audit team.
- 2. Audit delivery:** The audit team collects and assesses evidence you have provided and will meet with the governing body and senior management to gather information about the your governance, systems and processes. We'll test whether these have been embedded and consistently applied in the delivery of aged care services. The team

visits each service if you deliver services in Category 6 and some of your services if you deliver services in categories 4 and 5 in a service environment.

- 3. Audit reporting:** We'll then prepare a preliminary report that summarises the findings of the audit team. You can provide feedback on this preliminary report and will be provided a final assessment report at the end of each audit. You'll also receive a final audit report at the end of the audit program, summarising conformance ratings for all the audits conducted.

We acknowledge there may be challenges ahead, but we are committed to working with you and offer support where needed. In the coming months, we'll ask providers to share their experience with the new audit and registration processes through surveys to help us improve our processes.



Gary Rake

I encourage you to visit our website [www.agedcarequality.gov.au](http://www.agedcarequality.gov.au) for more information or contact us on 1800 951 822 or at [info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au). We've developed audit guides and resources to help you prepare for and take part in an audit, and view the tools that will be used during an audit. ■

**Gary Rake**  
**Deputy Commissioner**  
**of Regulatory Operations,**  
**Aged Care Quality and Safety**  
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# Ageing Australia *in the media*

## Quarterly snapshot

### Media activity highlights

Since our previous edition, Ageing Australia has maintained a strong and sustained presence across national, metropolitan and sector media, ensuring the operational pressures facing providers remain front and centre in public debate.

From January to mid-February, Ageing Australia and CEO Tom Symondson had 607 media mentions, reaching close to 17 million people nationally, with coverage peaking in

concerns and reporting the sector was “nearing national disaster” as pressure intensified. The issue was also examined across *Inside Ageing*, *The Weekly Source*, *Aged Care Insite* and *Australian Ageing Agenda*, where Ageing Australia was widely quoted on the absence of targeted funding to support hospital-to-aged-care transitions.

On *Channel 7*, Mr Symondson highlighted that more than 3,000 older Australians remain in hospital despite



Tom Symondson



**607 media mentions**



**17 million people reached nationally**

late January and gaining strong traction across online, broadcast and print outlets.

Coverage initially focused on escalating wait times. *ABC News Radio* and *Channel 9* reported that service commencement delays have stretched to 245 days in some cases. On *ABC Radio Melbourne*, Mr Symondson outlined the predictable consequences when demand outpaces supply: rising acuity, extended hospital stays and increasing pressure on residential providers already managing workforce and financial constraints.

Debate surrounding the National Health Reform Agreement generated significant coverage, with *The Australian* quoting Ageing Australia’s

being medically fit for discharge. With only 800 new residential beds delivered last year, against an estimated need of 10,000 annually, and more than 100,000 people waiting for home support, he warned the system is under acute strain. “This is really approaching a national emergency. They certainly can’t wait much longer,” he said. The issue was reinforced by broadcasters including *3AW*, *2GB*, *FIVEAA* and *ABC Radio*, with discussions frequently returning to capacity constraints, workforce sustainability and capital investment settings.

Alongside media engagement, Ageing Australia released detailed recommendations ahead of the

Federal Budget, calling for a substantial expansion of Support at Home packages and sustained residential investment to stabilise supply. We also welcomed the South Australian Government’s \$250 million no-interest loan scheme aimed at unlocking additional bed capacity, a practical step in supporting providers navigating development and financing challenges. ■

**Read more about our pre-budget submission and other media releases at [ageingaustralia.asn.au/media-releases](https://ageingaustralia.asn.au/media-releases)**

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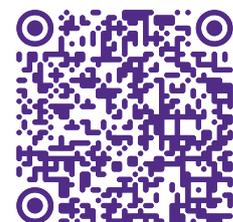
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# Leading through change

After nearly a decade leading Amana Living through one of aged care's most transformative periods, CEO Stephanie Buckland has learned the best decisions aren't always the easiest. Real leadership, she says, is staying connected to the people you work with.

"No year has been the same as the previous year," she says. "Every year has been different." It's a simple sentence, but it captures the reality of guiding an aged care organisation through one of the most challenging periods the sector has ever seen.

From the Royal Commission to the new Aged Care Act, from workforce shortages to digital transformation, the pressure has been constant. Yet Stephanie says the work has energised her and given her purpose.

"What keeps me going is knowing we're serving real people. The feedback we receive is overwhelmingly positive. And when it's not, it's still valuable — an opportunity to do better. In this sector there is no end of need."

That thought — "no end of need" — shapes how she leads. It's why she and her team focus on using limited resources where they can make the greatest difference.

## A career built on community impact

Stephanie didn't follow a traditional path into aged care. Her career spans Pfizer, Bankwest and Tourism WA, where she first became a CEO. Each role taught her something different: financial discipline, service delivery, and the power of work that strengthens communities.

"What I loved most about Tourism WA was the impact the work had on thousands of small businesses across Western Australia. Seeing those businesses grow and the communities thrive was incredibly fulfilling."

It confirmed something important for her: she wanted to lead an organisation where the work directly improves people's lives. Aged care offered exactly that — with the added complexity of a system that is constantly changing.

## Staying connected to the frontline

Every week, Stephanie sends a newsletter to all staff. At the bottom is a button: 'Reply to Stephanie'. When someone clicks it, the message goes straight to her inbox.

"I read it and I respond to it," she says. Some of those messages have led to changes in manual handling training and fire evacuation procedures, with frontline staff now working directly with safety managers.

"People don't want to feel they're talking to a brick wall. It's not just about listening; it's about demonstrating you're doing something with it. You acknowledge the feedback, you work on it, and then you come back and say, 'In response to that, this is what we've done.'"

She's careful not to undermine managers or get pulled into daily operations. She shares the feedback with the right leaders, checks progress, and keeps her executive team focused on strategy.

## "Every person has a story"

Stephanie's motto is simple: "Every person is an individual. Every person

has a story." One story she shares is about a man living in one of the centres who became distressed every evening. Staff couldn't work out why until they spoke with his family and learned he'd worked in security at what is now Crown Casino in Perth.

The realisation: his agitation stemmed from his ingrained work routine. Night time, for him, meant being on duty.

So, his family brought in his old security jacket. Each evening, the staff helped him put it on and walked with him to check the doors and windows. Once everything was "locked up properly," he'd hang up the jacket and go to bed peacefully.

"His agitation was gone and he was living a much happier life, with a renewed sense of purpose," Stephanie says.

For her, it's a reminder of what's possible when you truly understand the person in front of you — their history, their culture, their preferences, their story.

## Courage in leadership

Courage is a quality Stephanie believes aged care leaders will need more than ever. Last year, Amana Living made one of its hardest decisions: transitioning its Kalgoorlie services to Respect Aged Care, a provider specialising in regional aged care.

"That required courage," she says. "To say, we don't think we're the best placed organisation to be providing those services in Kalgoorlie. We think somebody else can do it better."

For her, success isn't about being everywhere. It's about being where you can make the greatest difference.

**The path ahead**

Over the next 12 to 18 months, Amana Living's focus is technology transformation, leadership development and more integrated models of care.

"Success looks like systems that make it easier for our staff to do their jobs and give us insights to make better decisions."

She's also focused on using existing infrastructure more effectively, rather than expanding in ways that aren't financially sustainable.

And she's investing in leaders who can support teams through emotionally demanding work.

"Our managers need to help people stay resilient and positive, play to their strengths, and involve them in creating better solutions."

She also sees service models evolving — away from separated residential care, home care, and

*"Success isn't about being everywhere. It's about being where you can make the greatest difference."*

retirement living, toward integrated models that support people through their entire ageing journey.

**What keeps her going**

Stephanie is clear about balance. She takes her annual leave — "Nobody gets a medal for not using their annual leave" — spends time with family, walks her rescue dogs, and avoids late night emails.

"You can't be there for your people if you're emotionally and physically drained. Making space for my personal life means I respect everyone else needs that too."

Her advice to emerging leaders: spend time on the frontline, take

your leave, and don't shy away from complexity.

"There are a lot of really tough problems that need to be solved in our sector. Dive in there and work with your teams to solve them."

After nearly a decade of constant change, her energy hasn't faded. She says that what truly sustains her is knowing the work matters — that behind every decision, every system, every conversation, there are people living fuller, more dignified lives because someone took the time to listen, adapt and care. ■

**Saleha Singh**



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# *Listening first:* how Gavin Young is reshaping care at Mercy Health

**W**hen Gavin Young stepped in as CEO of Mercy Health this year, he wasn't just taking a new job – he's helping shape a better future for aged care at a time when it matters most. His leadership brings both continuity and fresh energy to a sector that is ready for both.

"In my career I have had the opportunity to work in executive level roles in an acting capacity in residential aged care businesses. I believe now is the right time for me to continue the strategic vision of Mercy Health, which is 'We are a growing recognised leader of compassionate and contemporary care for people of all ages,'" says Gavin.

Before joining Mercy Health Healthy Ageing two years ago, Gavin held senior roles at Australian Unity and Bupa, building operational experience. His leadership philosophy was shaped early at St Vincent's Health, where he completed the Catholic leadership course at Australian Catholic University. "I learned the importance of listening to people and ensuring teams have everything needed for success. I measure my own success by the success of people working with me – principles I've maintained throughout my career."

That belief shows up clearly in how Mercy Health Healthy Ageing designs care. Rather than large, institutional style facilities, the organisation is pioneering small household models, with communities of just eight beds (and medium households of 15), each with its own dining, lounge, and activity spaces. This contrasts with traditional aged care homes featuring long corridors and 30-plus beds. A new 30-bed facility in Edgewater, Western Australia, is being redeveloped into a 128-bed small household home while continuing operations – Mercy's Health's fourth of its kind.

"It's that real homely feel," Gavin says. "We want to take away the stigma of moving into aged care. Your community is eight beds, not a long corridor with 30-plus beds." This model has proven successful in Mentone, Victoria, which reached full occupancy within four months of opening. It offers residents genuine community without compromising care quality.

For Gavin, these environments do more than look different. They change how people feel. He rejects the notion that aged care is "God's waiting room." Instead, he sees residents "bounce back" when they receive consistent medication, regular meals, social connection, and a safe environment. Many arrive from hospital or home situations where they can no longer care for themselves, and the stability of care often leads to improved wellbeing.

However, Gavin notes a shift: residents are entering aged care later, often with dementia, palliative needs, or complex clinical conditions. Exceptions exist, such as Mercy Place Claremont in Perth, where some residents are still well enough to drive.

## **Mission-led strategy**

At the heart of Mercy Health Healthy Ageing's operations is a mission that has guided the organisation for more than 100 years: This mission, paired with a vision of creating a ministry where associates want to work, clinicians want

to practice, people seek wellness, and communities thrive, shapes every aspect of aged care delivery. This underpins not only how Mercy Health Healthy Ageing delivers care, but also how it grows and responds to community needs.

Under Gavin's leadership, the Healthy Ageing division of Mercy Health is operating to a clear strategic framework – one designed to balance growth, quality and sustainability in a changing aged care environment.

The strategy is anchored in four strategic commitments: invest to meet unmet need; offer exceptional, differentiated services of the highest quality; ensure efficient operations and empower our people; and drive sustainable Healthy Ageing growth.

Recent acquisitions in Yarrawonga and Myrtleford, and the expansion of home care services in Newcastle, reflect this commitment to meeting unmet needs. Mercy Health maintains at least a 30 per cent presence in regional centres where aged care is most needed.

*"We're bridging care and services shortfalls where they matter most — regional presence is about meeting unmet need."*



Gavin Young

grounded in what matters most: staying connected to residents, clients, and staff.

He shares a story from Mercy Place Parkville, where a resident arrived high-risk for falls and living in memory support. Within three months, the resident became ambulant, conversational, and was enjoying coffee at the café. This transformation was achieved through proper medication management, consistent meals, socialisation and a safe environment.

“It’s moments like these that remind me why I do this work,” Gavin says. “How lucky I am to lead such wonderful people who can make such a difference.”

Looking ahead, Gavin’s legacy ambition is clear — shifting Mercy Health from compliance-driven to innovation-focused, while maintaining quality

oversight. This includes exploring digital technologies to reduce administrative burden on clinical staff.

“We’re bridging care and services shortfalls where they matter most,” Gavin says. He outlines plans for new developments in Western Australia and Victoria, aimed at strengthening regional reach and introducing new technologies to improve care quality.

He stresses about cultural considerations, recognising the low number of Indigenous residents and Mercy Health’s commitment to improving representation.

**Improving care by empowering people**

Gavin’s operational expertise is evident in his approach to workforce challenges. At Mercy Place Fernhill, a service manager joined Mercy’s transformation and performance improvement program, focusing on reducing agency staff reliance. Within six months, agency usage dropped from nearly \$100,000 monthly to virtually zero.

“Residents having familiar people caring for them really matters,” Gavin says. “It’s not just about the bottom line — it’s about knowing what time you want to get out of bed, what you like for breakfast. And it has a positive impact on the team, because they can rely on their colleagues.”

This example reflects Gavin’s leadership philosophy: listen to frontline staff, give them the tools and permission to innovate, and measure success by their success. “I see my job as making sure they have everything they need to be successful,” he adds.

He values staying connected to frontline staff across all roles — care, clinical, hospitality, maintenance, and administration — as they share insights that strengthen services across Mercy Health’s 30 homes, 10 retirement villages, and nearly 5000 home care clients. Regular visits and events help leaders understand staff experiences and respond effectively. This culture is embedded across Mercy Health Healthy Ageing, with executive and Board members regularly visiting services.

As the sector manages the new Aged Care Act, new standards, and accreditation processes, Gavin remains

New service models — such as free webinars on Living Fees and Support at Home services — have attracted strong engagement, with around 100 attendees per session. Promoted via social media, they reach beyond current Mercy Health clients and reflect a broader commitment to community education.

Gavin also plans to introduce a concierge service where people can call with any aged care question — not just about Mercy Health, but about the sector more broadly. It’s a practical way to live the mission of serving the community.

He encourages emerging leaders to stay true to their values, remain accessible, and listen across all levels to lead with purpose and impact.

“In my career I have worked with, and for, some wonderful people that I have learnt from along the way. They were people that never compromised their values, listened to their people and customers, and aligned themselves with the values and mission of the organisation. I think as an emerging leader if you can do this, and demonstrate your own skills and ability, this will set you up for future success.” ■

**Saleha Singh**



# Victor Harcourt *on* trust, reform *and* strengthening aged care

**A**fter more than three decades working in aged care law, Victor Harcourt returns to one simple idea: meaning.

“I’ve worked in aged care law and the industry for over 30 years,” he said. “What drove me then, and what drives me today, is the connection to people. It’s a human services area and has a very close connection to delivering outcomes for people.”

That sense of meaning also shapes how he sees the role of partners and associates in the sector - not as advisers standing apart, but as contributors working alongside providers to strengthen the system.

Victor leads the Regulatory Compliance – Aged Care / NDIS team at Russell Kennedy Lawyers. He did not begin his career in aged care. He came from a commercial litigation background. But the shift reshaped the focus of his work.

“Being involved in an industry where what you do has meaning drives me,” he said. “While I’m not at the frontline, providing legal advice has meaning to the provider, because it translates into the way they deliver services to their residents or participants.”

For Victor, the work is never abstract. It sits within long-term relationships between providers and people who are often frail and increasingly dependent on care - and it extends to families too.

Looking back, Victor points to two defining periods that shaped how he engages with the sector today.

Early in his career, he worked closely with Victorian providers during a time of intense regulatory enforcement.

“Many providers were being pushed to do better, facing serious

consequences for deficits and gaps. We had to work quickly and closely with them to achieve positive outcomes.”

That meant sitting alongside boards, CEOs and executive teams understanding issues, implementing solutions and dealing directly with regulators. It built what he describes as a strong foundation: practical engagement rather than distant legal commentary.

The second defining period was the Royal Commission into Aged Care Quality and Safety.

“We had opportunities to work with the peak body and a large number of providers involved in the Royal Commission,” he said. “We ended up covering about 18 per cent of the

contributing to submissions and proposing alternative drafting.

“Some of that made a difference to outcomes, with provisions in the Act or rules changed for the better.”

For Victor, this is where partners and associates can have real system impact: helping translate reform into workable practice and feeding lived experience back into policy discussions.

Today, providers face what he describes as the “scale and pace” of reform.

“It started with the Royal Commission and has proceeded through to commencement of the Act on 1 November. Even though it sounds like a long period, there has only been a narrow window to absorb major reform

*“You need to be part of the community, show who you are, and be honest about what you can offer. Nothing speaks louder than a demonstrated long-term commitment.”*

industry by bed numbers in terms of that work.”

The task, he explained, was not simply about responding to scrutiny. It was about helping organisations navigate a process that would reshape the system and ensuring the sector’s experience was clearly understood.

Beyond individual clients, the firm worked collaboratively with Ageing Australia, reviewing draft legislation,

and the detail of changes.”

At the same time, workforce shortages and funding pressures remain constant.

“The gap often comes down to systemic issues like funding and resources. I don’t think reforms have fully answered that,” he said.

In this environment, Victor believes the most meaningful contribution external partners can make is clarity.

“Providers need more clear, practical, solutions-focused advice grounded in an understanding of the sector, not just what legislation or guides say,” he said. “They need less jargon, less complexity that doesn’t add value, and less rehashing of what they can read themselves.”

His leadership style reflects that approach.

“I like to think of myself as collaborative and pragmatic. The most technical, brilliant legal advice is futile if it can’t be applied to real life.”

Trust, he added, is built over time.

“You need to be part of the community, show who you are, and be honest about what you can offer. Nothing speaks louder than a demonstrated long-term commitment.”

Looking ahead, Victor sees collaboration becoming even more important as providers move from preparing for reforms to living with them.

“As providers implement new requirements, they discover how reforms operate in practice where intent aligns with reality and where it doesn’t,” he said. “Shared, real-time learning is where collaboration will matter most.”

He also believes parts of the system must be protected, especially the workforce. Aged care must remain an attractive place to work and to build a long-term career, he said, a sector that encourages people to work in, not drives them away.



Victor Harcourt

On innovation, he is clear where it must begin: with the lived experience of participants. “Good innovation removes barriers,” he said. “It doesn’t create new ones.”

After more than three decades, Victor’s focus remains steady. In a sector navigating reform, scrutiny and growth pressures, a partnership grounded in integrity, clarity and shared purpose is not just helpful – it is essential. ■

**Indira Laisram**

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# Training *that* listens

Making leadership development a priority in aged care

Bruce Williams

**A**t Ageing Australia, we believe it's always possible to do better. That's why continuous improvement strategies are embedded into our learning and professional development program delivery. A key way we improve our offerings is to listen to what aged care providers and our learners tell us; your feedback inspires us to do better.

Instructional design is a kind of alchemy, based on understanding learner needs. Done well, information is transformed into practical strategies, and the knowledge shared is retained and applied. A quality training experience is one that inspires courage to try a different approach to improve the current situation and create new practices.

The challenge when delivering training is to create memorable experiences, so that recall of knowledge lasts longer than a few hours after the event, and motivation is activated to implement strategies. Ideally, learners should leave training with the ability to inspire others and bring them on the journey to effect positive change for everyone.

The testimonials we receive from the aged care sector reflect a high-quality learning experiences with us, with learners telling us they are 'informative', 'practical' and 'relevant' – but there is always room for growth.

Our Leadership Accelerator Program is regularly reviewed to meet changes in demand and the challenges faced by the aged care sector. Since 2021, it has supported over 870 leaders, building their capabilities to drive reform, meet compliance obligations and nurture high performing teams.

Delivered by leadership expert Bruce Williams, the program is contextualised for the aged care sector, underpinned with leading practice models, frameworks and principles and delivered in an accessible, engaging manner that puts the leader in the driving seat.

To build greater impact, we have expanded and enhanced our post session and program resources to help learners put into practice the principles, frameworks and strategies that foster adaptive and resilient leaders.

These resources build on the existing tip sheets and recommended reading lists from recognised thought leaders, to offer practical workplace scenarios showcasing key leadership principles, theories or frameworks. We have also added sample dialogues, applications and relevant 'how to' instructions.

"We know time is precious, especially for our aged care leaders, so these resources are not designed to add extra burden, but rather to offer a self-reflection guide to assess personal progress," said Ageing Australia Senior Manager Learning Quality & Delivery, Tegan Roberts. "The 1:1 check in questions have been designed to support and encourage ongoing development relating to each framework."

"Building leadership capability is both an individual task and a collective responsibility, so aged care providers can meet the diverse needs of older Australians.

"Ageing Australia stands ready to build the level of capability we require to ensure our aged care sector is world-class, delivering the best care and meeting the changing needs of an ageing population."

The Leadership Accelerator Program is available on the Ageing Australia training calendar, or it can be delivered as an exclusive training offering for your leaders. The next program runs 9 to 29 April, with discounts available for Ageing Australia members. ■

## Ageing Australia

<https://ageingaustralia.asn.au/event/leadership-accelerator-program-complete-program/>



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# Dancing *into* South Australia's aged care homes

**A**fter almost 50 years working and volunteering in aged care, 87-year-old Dawn Weyland is still entertaining older people across homes in South Australia's south-east with her New Vogue dancing.

The Murray Bridge volunteer has been nominated for Ageing Australia's national You Are ACE! Award in recognition of her decades of service.

Dawn first joined Resthaven Murray Bridge in 1975 after job-hunting for temporary work.

"My fourth child had just started high school, and it was expensive keeping them all in shoes and uniforms and everything else, so I started looking for a job," she says.

What began as paid work became a 23-year career. When that ended, she simply kept coming back, this time as a volunteer. Nearly five decades on, Wednesday mornings still belong to Resthaven Murray Bridge.

"I've always enjoyed it," she says. "The people and talking to them. That's what keeps you going."

While Dawn knows many residents from her school days and small-town connections at the aged care home, she treats everyone like an old friend and often makes a beeline for newcomers.

"You can see when they're not quite settled," she says. "So, I sit down and have a chat. They brighten up pretty quickly - they're not so mopey after that."

But Dawn's impact has grown even further through her love of New Vogue dancing.

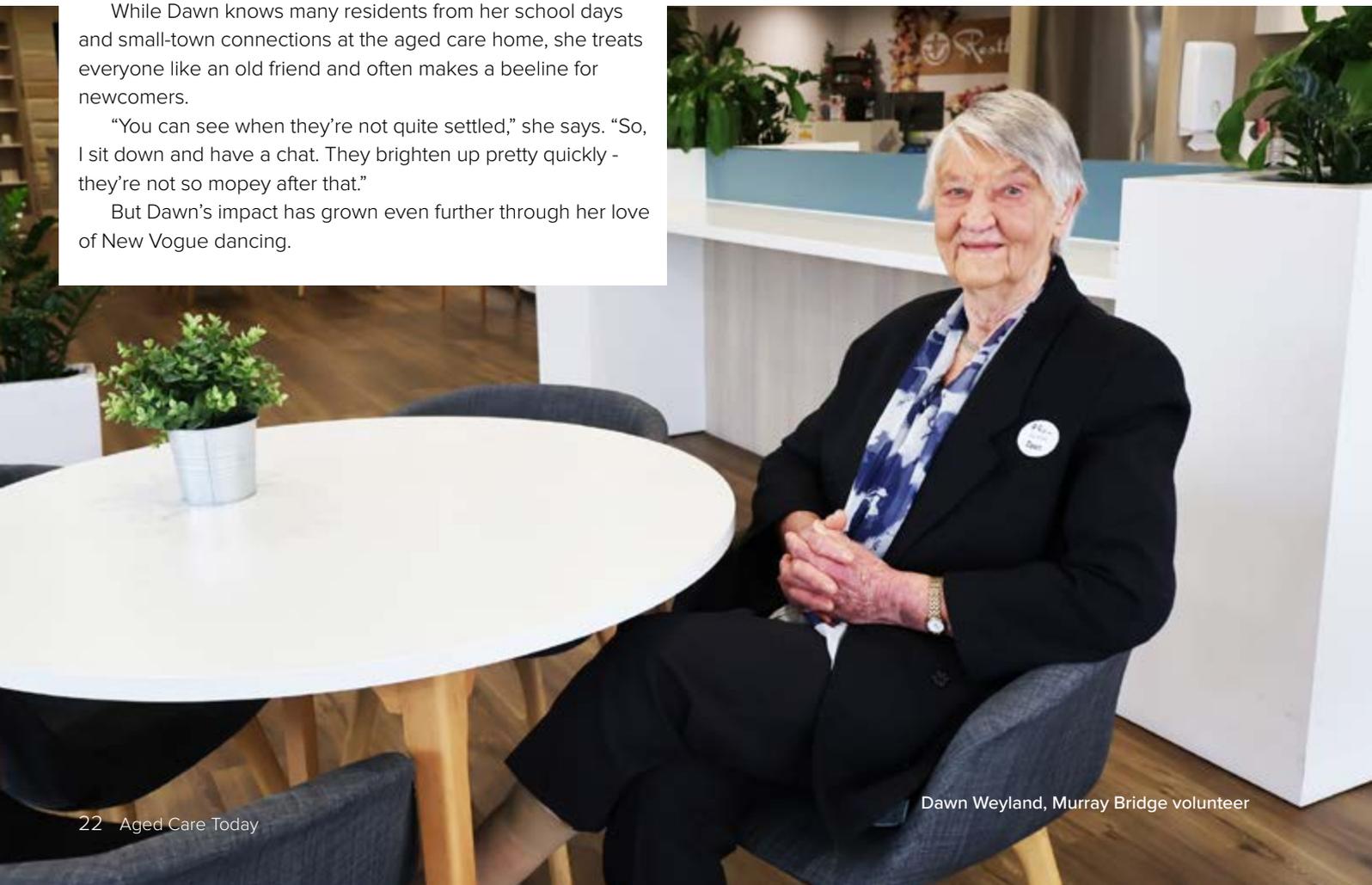
Four times a year at both Meningie and Lameroo, near the Victorian border, she and her New Vogue dance group dress up and perform for aged care residents, turning common rooms into lively little dance halls for the afternoon.

"We dress up and go and dance for them," she says. "They love it. You see their faces change and they smile and some tap along, it takes them back to when they used to go dancing."

Ageing Australia CEO Tom Symondson says Dawn's nomination reflects the extraordinary contribution volunteers make across the sector.

"People like Dawn are the heart of aged care in this country," he says. "Decades of commitment, turning up week after week, and still finding new ways to bring joy into people's lives - that's exactly what the You Are ACE! Awards are about."

"In many regional and rural communities, volunteers are an essential part of the aged care ecosystem," he says. "They



Dawn Weyland, Murray Bridge volunteer

# You *are* ACE!



Dawn Weyland, New Vogue Dancing at an aged care home



Dawn Weyland and Lifestyle Coordinator Soraya

provide continuity, local knowledge and an extra layer of social connection that complements the work of paid staff.”

Over nearly 50 years, she has watched aged care change dramatically. Today’s homes care for residents with far more complex needs, supported by qualified nurses and specialised staff, but more can be done to support connection she says.

“It would be nice if they could have the same people,” she says. “It makes them feel secure.”

Outside volunteering and dancing, Dawn is matriarch to a growing family, including 15 great-grandchildren and counting.

“I can’t keep up with all the birthdays anymore,” she laughs.

Despite her nomination for the You Are ACE! Award, she remains modest.

“I didn’t expect anything like that,” she says. “I just go in and do what I do.” ■

[ageingaustralia.asn.au/sector-recognition-programs/you-are-ace](https://ageingaustralia.asn.au/sector-recognition-programs/you-are-ace)

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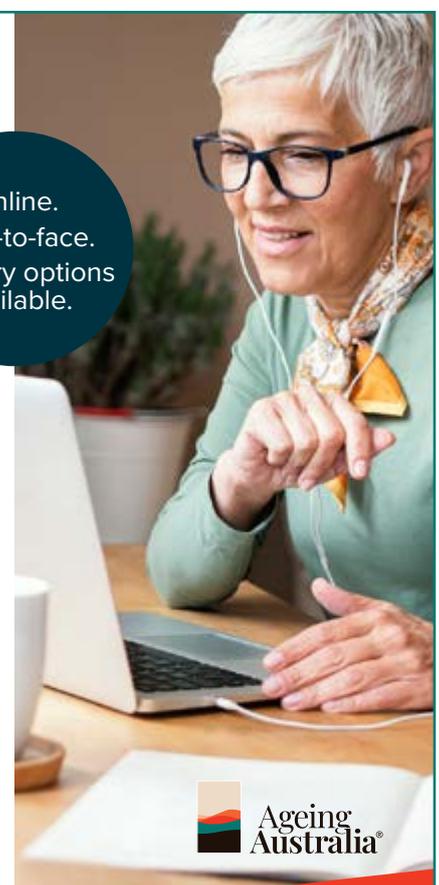
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# Embedding human rights in practice: Governance under the Aged Care Act 2024

**W**ith the commencement of the *Aged Care Act 2024*, the Statement of Rights moves beyond aspiration and into enforceable expectation. For governing bodies, this is more than a compliance shift. It requires visible leadership to ensure human rights are embedded in organisational culture, decision-making and daily practice.

The Statement of Rights affirms that older people receiving funded aged care services have the right to:

- safe, high-quality individualised care
- dignity and respect
- independence and autonomy
- information and support to make decisions
- connection to people and community
- be able to raise concerns without fear of reprisal.

Governing bodies must ensure these rights are not only understood but operationalised and monitored.

Embedding a rights-based approach begins at the top. Boards should articulate a clear commitment within strategic plans, risk appetite statements and quality frameworks. This includes adopting policies aligned to the Act, integrating the Statement of Rights into values and codes of conduct, assigning executive accountability, and receiving regular reporting on rights-related risks and improvements.

Importantly, human rights should not sit separately from clinical governance or financial oversight. They should inform how risks are assessed, how workforce capability is developed, and how service

models are designed. When reviewing performance data, directors should ask how the information reflects the lived experience of older people.

Translating rights into practice means ensuring they shape everyday decisions. The right to independence and autonomy should be visible in care planning processes. Are older people genuinely involved in decisions about their care? Are supported decision-making approaches in place? Do policies and procedures allow reasonable risk-taking, or default to risk aversion? Are the rights of all people and the impact this may have on others (including workers and other members of the community) being considered and treated equally?

Similarly, dignity and respect must be reinforced through workforce training in listening, delivering clear information without jargon and negotiation, supervision and performance management. Governing bodies should seek assurance that staff understand rights-based practice, that restrictive practices comply with legislative requirements, and that complaints mechanisms are accessible and free from reprisal.

The older person's voice is central. Boards should monitor whether consumer advisory mechanisms are representative and influential, whether feedback is incorporated into service improvement planning, and whether outcomes are communicated back to consumers. A low complaint rate should prompt inquiry rather than complacency, as it may indicate barriers to speaking up.

Monitoring through a human rights lens requires proactive oversight. Governing bodies can strengthen assurance by including human rights risks in the organisational risk register, reviewing data on serious incidents and restrictive practices, commissioning independent reviews where appropriate, and ensuring internal audits assess alignment with the Statement of Rights.

Culture remains critical. Boards set the tone through the questions they ask and the behaviours they model. When governing bodies respond to complaints and adverse events with transparency and curiosity, they reinforce expectations of accountability and respect throughout the organisation.

The *Aged Care Act 2024* signals a shift toward a rights-centred system. Embedding human rights is not achieved through policy statements alone. It is evidenced in governance discussions, in the metrics scrutinised, and in the daily experiences of older people receiving care.

For further information, refer to the Statement of Rights under the *Aged Care Act 2024*, available at:

[A new Aged Care Act for the rights of older people – A new law to protect the rights of older people who use aged care services.](#)

Ageing Australia's Consultancy Service can also support providers to review governance frameworks, strengthen rights-based oversight, and build capability across boards and executive teams. Contact us on 1300 222 721 or [consultancy@ageingaustralia.asn.au](mailto:consultancy@ageingaustralia.asn.au).



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# Where innovation *meets* practice

The Innovation Transforming Aged Care (ITAC) Conference returns to Brisbane in May 2026. We sat down with Julie Anderson, Head of InnovAGEING at Ageing Australia, to find out what it is, why it matters, and why aged care providers should be there.

The aged care sector is under more pressure than at any point in recent memory. Demand is rising, the regulatory environment keeps shifting, and the workforce challenge is not going away. Against that backdrop, the question of how technology and innovation can help providers do more with less has never been more urgent.

That is exactly the territory the ITAC Conference covers. Now heading to Brisbane's Royal International Convention Centre on 6 and 7 May 2026, ITAC brings together leaders, providers, researchers and technology partners to explore what is possible and, more importantly, what is practical.

We spoke with Julie Anderson, Head of InnovAGEING at Ageing Australia, about what delegates can expect.

## For readers who haven't been before, what is ITAC?

The Innovation Transforming Aged Care conference is where sector leaders come together to look beyond the pressure of today and focus on what's possible for tomorrow.

What makes ITAC different from other sector events is that it's deeply practical. Yes, we talk about big ideas – AI, digital care models, workforce transformation – but the heart of the conference is about what works on the ground.

It's also a collaborative space so that providers can learn from each other, vendors can demonstrate solutions in the real world, and government can share direction while hearing feedback in real time.

## Why does the sector need a conference specifically focused on innovation and technology?

Engaging with innovation is no longer optional. It's essential for provider sustainability and for delivering the kind of care older Australians deserve. Providers who don't engage risk missing opportunities to continue to drive care that is of the highest quality, more person-centred and sustainable. ITAC focuses on the skills, systems and mindsets providers need to stay ahead: digital maturity, data readiness, change

leadership, cyber resilience, new models of care and the technologies that support them.

## What can delegates expect from the 2026 program?

What excites me most about this year's program is the chance to learn not only from sector leaders but also global experts, industry partners and innovators from other industries. I'm also excited about the Leading for Innovation pre-summit which will challenge and energise leaders to create the conditions where innovation can really thrive.

## The ITAC Awards are also returning in 2026. Why should providers consider nominating?

Submitting an ITAC Award nomination is a powerful way for aged care providers to showcase the incredible work happening across the sector. For organisations doing something innovative, even in small steps, their story deserves to be told.

Ageing Australia's InnovAGEING hub is committed to showcasing Australian led innovation, sharing insights and inspiring others.

## What would you say to a provider who is sitting on the fence about coming?

ITAC is the two days that give you back weeks of clarity, inspiration and practical insight. Every year, people tell me they arrive feeling overwhelmed by pressure and leave feeling energised, connected and far more confident about what's possible. The opportunities to network are invaluable and people comment on how generous the speakers and providers are with real examples of learnings and successes.

## Register now for ITAC 2026

ITAC 2026 takes place 6 and 7 May at the Royal International Convention Centre, Brisbane. Early bird registrations are open now. Whether you are looking to explore new technology, connect with peers or share your organisation's innovation story through the ITAC Awards, this is the event to be at.

Register and find out more at:  
[conference.ageingaustralia.asn.au/2026-itac-conference](https://conference.ageingaustralia.asn.au/2026-itac-conference)



Julie Anderson

# Taking the next step:

## A migrant nurse's Journey



**F**or many international nurses, transitioning to the Australian aged care sector can feel both exciting and daunting. For one nurse from India, Jini Mathew, the move to Queensland marked the start of a journey filled with new opportunities, challenges, and growth supported by Ageing Australia's Migrant Immersion Program (MIP).

With eight years of nursing experience in India, Jini had always dreamed of working in Australia. "Queensland appealed to me because it has a climate similar to my home region," she recalls. However, stepping into the Australian aged care system brought a new set of challenges. "I was most concerned about understanding the rules, laws and legal boundaries in the Australian health setting. The culture here is quite different from what I was used to."

Her curiosity and dedication led her to the Migrant Immersion Program. "I wanted to learn more about the rights of older people and how the aged care environment operates differently from hospitals," she explains. The program offered an opportunity not just to gain knowledge but to reflect on her own practice and communication.

Jini found the program's content highly relevant to her day-to-day work. "I used it as a way of self-analysis to see what I already knew and what I needed to work on, particularly around communication," she shares. Refreshing her understanding of Australian aged care standards, legislation and workplace expectations gave her confidence. "Before coming here, I knew a bit about the health system, but it was invaluable to update my knowledge with recent changes."

The program also helped Jini adapt her communication style to the Australian context. "There isn't always a direct translation for some concepts I needed to know," she says. "The program has helped me change the way I express things, making me feel more confident at work."

Flexibility was key, especially for those balancing shift work and family commitments. "I completed the program over a couple of months during breaks and at home. It fit perfectly around my schedule," she notes. Beyond learning, the program fostered a sense of connection. "It's rare to have a program that explains team dynamics and scope of practice so clearly. I feel supported by my workplace team and the wider aged care sector."

Her message to other migrant nurses is simple: "The program is wonderful. As nurses, we already know about

medicines and procedures, but in Australia, it's essential to understand the legal aspects and the rights of older people. MIP gives you the fundamentals you need to succeed."

Ageing Australia's Migrant Immersion Program is designed to empower international workers to thrive in Australia's aged care sector. With flexible eLearning, practical insights and support every step of the way, MIP helps you build confidence, adapt to Australian workplace culture and provide the highest standard of care to older Australians.

Organisations can enrol their staff to support workforce development, while nurses can also sign up individually to advance their skills and confidence in aged care.

<https://employment.agedservicesworkforce.com.au/migrant-immersion/>

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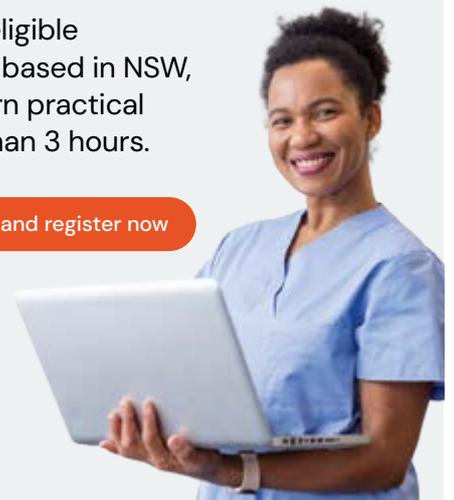


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# Closing the gap between evidence and practice

## Improving dementia care through partnerships

**W**hile Australia punches above its weight in dementia research, it takes an average of 17 years for proven strategies to become routine practice. Even then, only a fraction of successful programs become mainstream. During this time, effective interventions can lose momentum, be delivered inconsistently or incorrectly, or fade away when project funding ends.

Even when dementia care interventions are proven to work, they rarely become ‘the way we do things’ without deliberate strategies to support sustained implementation, organisational readiness and cultural alignment.

In aged care settings – where teams work under significant time and resource pressures – closing the implementation gap provides opportunities for enhancing consistency and quality of dementia care.

### NARI's role

For five decades, the National Ageing Research Institute (NARI) has worked alongside aged care organisations to shape high quality, evidence-informed care for older Australians. A core focus of our work is dementia research co-designed with people living with dementia, caregivers and providers that not only develops and tests effective interventions but also strengthens their implementation in real-world settings.

Our partnerships with aged care providers build on their commitment to high quality care, strong clinical governance and the delivery of consistent best practice under Australia's aged care reforms. By integrating research innovation with structured change management, we help organisations strengthen what they do while supporting meaningful and sustainable improvement.

We use implementation science, organisational change theory, behavioural science, change management and co-design to ensure proven strategies can be adopted, embedded and sustained in everyday practice. Effective change management offers practical processes to enable teams to adopt new evidence with confidence, embed it into their day-to-day, and stay responsive to the evolving needs and preferences of older Australians.

### PITCH program

Our approach has delivered impact through programs such as the Promoting Independence Through Quality Dementia Care at Home (PITCH) program – an Australian

dementia-specific education program co-designed to strengthen home care workers' confidence, knowledge and skills.

Evaluated in a large study involving seven home care providers and 18 service sites across three states, PITCH was shown to significantly improve workers' dementia knowledge, attitudes and sense of competence.

Factors for success were strong stakeholder engagement during co-design, alignment with person-centered care principles and flexible delivery modes accommodating diverse learning needs. Workers valued the real-world strategies and scenarios woven throughout the training.

The evaluation also revealed barriers to impact, including high workforce turnover, technological challenges, limited paid training time, competing organisational priorities and variable managerial support. Despite these challenges, PITCH demonstrated strong acceptability, relevance and durability, with workers continuing to apply their new skills two years after training.

By examining what enabled and hindered implementation, PITCH now provides practical guidance for organisations aiming to scale or embed the program and similar initiatives.

### Aged care providers are key

Aged care organisations are pivotal in closing the evidence-to-practice gap. Successful implementation requires more than evidence: it requires leadership, ongoing training, supportive systems, and workplace cultures that encourage adaptation and continuous learning.

Providers can accelerate the translation of research into practice by investing time, resources and energy into applying research innovation. Practical steps include:

- investing in ongoing workforce development, not just one-off training
- strengthening organisational readiness by engaging leaders early and aligning innovations with strategic priorities
- creating cultures that value evidence-informed practice, open communication and continuous improvement.
- building long-term partnerships with researchers to co-design solutions that work in real-world contexts.

Instead of adopting ‘off-the-shelf’ programs, providers can tailor approaches to their workforce, clients or residents, organisational culture and operational realities.

Partnerships with research institutions can create continuous channels for problem solving, evaluation and refinement. Providers gain up-to-date evidence and practical implementation expertise, while researchers gain insight into the complexities of care delivery. This shared approach means innovations are far more likely to take hold, be scalable and last.

Ultimately, improving dementia care demands shared commitment and partnerships to deliver the best possible care today and to build a stronger, more responsive system for tomorrow. Our collaborative approach turns evidence into real-world practice, helping people with dementia receive high-quality, compassionate care while equipping organisations to embed change and meet reform expectations with confidence. ■

**Associate Professor Anita Goh, Director of Research (Social Gerontology), National Ageing Research Institute, and Dr Stuart and Bonnie Bartle Mid-Career Research Fellow, Dementia Australia Research Foundation**

PITCH is now available for sector-wide rollout. Home care providers interested in accessing this program can email [info@nari.edu.au](mailto:info@nari.edu.au).

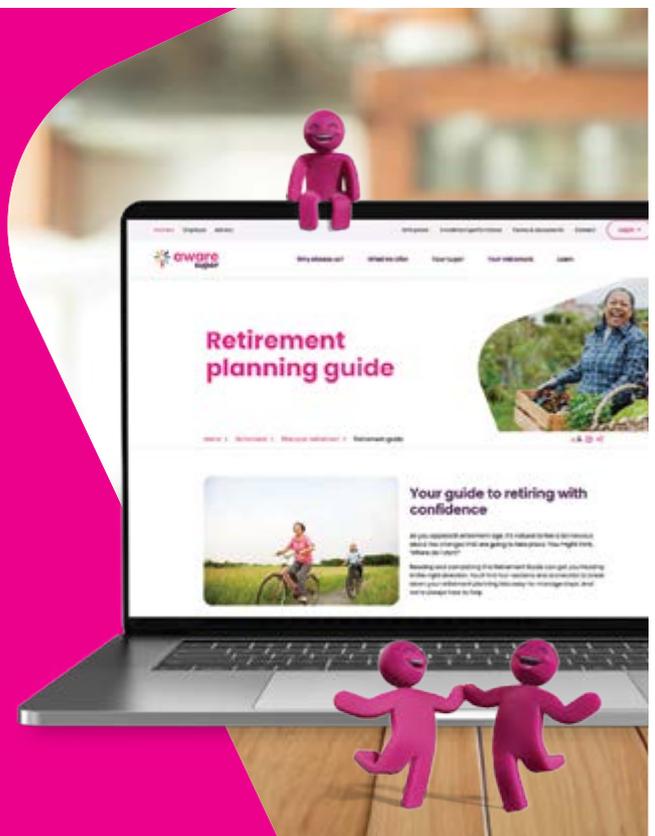
[nari.net.au/pitch](http://nari.net.au/pitch)



## Helping Ageing Australia members find their rhythm of retirement

Check out our digital Retirement Guide which offers plenty of tips, advice and real member stories, plus a helpful checklist to guide you every step of the way.

[aware.com.au/retirementguide](http://aware.com.au/retirementguide)



Consider if Aware Super is right for you and read the PDS and TMD at [aware.com.au/pds](http://aware.com.au/pds) before deciding. Past performance is not an indicator of future performance. Issued by Aware Super Pty Ltd (ABN 11 118 202 672, AFSL 293340), trustee of Aware Super (ABN 53 226 460 365). AS206 03/26



The photography  
series stirring  
memories *at*  
Doutta Galla

In Melbourne’s inner west, Footscray announces itself memorably: the river curling past parkland, the rattle of trains heading toward the city, gritty streets shaped by generations of migration and blue-collar labour. For many older people living at Dousta Galla Footscray, these landmarks form the backdrop to lives lived in the west.

Inside the two-storey aged care home, that connection now lines the walls, with photographs of local places hanging through corridors and common areas. There is Footscray Park in bloom, Whitten Oval, home of the Western Bulldogs (Australian Rules Football), the Maribyrnong River at sunrise, Williamstown’s foreshore, and even an overpass many residents crossed daily on the way to work.

The project has unfolded gradually. It began with twelve photographs, followed by six more, as staff and residents noticed their effect.

For Barbara Duffy, born in 1938, it is the photographs of gardens that stir memories of her late father, an avid gardener and a member of the Royal Australian Air Force.

“He got shot up in Queensland and when he came back, he was in hospital for the rest of his life, but we still always went out in the garden,” she says. “We had a big block of land and it was all gardened.”

“Those pictures remind me of how we grew up with the sprinkler going up and down, the flowers, all of it.”

Barbara has lived at the aged care home for more than a year. She describes herself as “quite happy here” and, like many residents, her days are shaped by the hobbies she loves, including gardening, sewing and photography.

“I’ve got a whole windowsill of flowers I’ve planted in pots,” she says. “I like having things around me that remind me of Dad.”

The photography project began after volunteer Sarah Littleton became involved with Dousta Galla through Mi Care, a community volunteer organisation that supports residents who do not have close family connections.

For more than a year, Sarah visited Pamela ‘Pam’ Newbold, a resident she describes as a go-getter and a natural organiser.

“She’d be running bingo, talking about what else we could do, always thinking of ways to improve things,” Sarah recalls. “She had lived a hard life in many ways, but she was incredibly generous.”

Pam died in early 2025, after becoming unwell the year before. Her death stayed with Littleton.

Around the same time, Sarah’s grandmother, aged 93 and previously living independently, went into respite care at an aged care home in Geelong. The home used photography to soften its environment.

“It didn’t feel clinical,” Sarah says. “The photos on the walls were of local places like the Great Ocean Road, places my Nana knew. She’d point them out and start talking. Even now, as her dementia progresses, those pictures still ground her.”

Sarah had access to a modest inheritance she had set aside for charitable purposes which led to commissioning the photography project.

“I’ve got what I need in my life,” she says. “And I kept thinking that everyone deserves to live somewhere that feels like home.”

At Dousta Galla, Leisure and Lifestyle Coordinator Roshna Dongol, who has worked in aged care for 17 years, 11 of them at the Footscray home, backed the project.

“You don’t need to do big things to make someone’s day,” Roshna says. “Small things matter.”

Roshna’s job involves coordinating and facilitating a calendar of activities, including group exercise sessions with music and movement, intergenerational programs with nearby childcare centres, piano performances by local students, church visits, and community partnerships that reflect Footscray’s diversity.

She is also aware of the challenges posed by the physical environment.

“It’s two storeys, with lots of shared spaces,” she says, gesturing through the building. “We wanted to lift the environment, not just fill the walls.”

When the home underwent painting works, the walls were left bare. The timing aligned with Sarah’s idea.

Together with photographer Nicholas Walton-Healey, a local creative with deep ties to Melbourne’s west, Roshna and Sarah began a collaborative process. They identified places residents might recognise, debated colour, light and tone, and ▶



Dousta Galla residents Hugo, Barbara and Olga with photographer Nicholas Walton-Healey and Leisure and Lifestyle Coordinator Roshna Dongol

*“Our residents are not just people we care for. They are the individuals who built and shaped Footscray, and their families live in the local community.”*



View from Moreland Street

rejected images that felt abstract or confusing.

Walton-Healey says the project affected him as much as the people living in the home.

“I’d hoped the photographs might be inspiring or nourishing for residents,” he says. “But it’s actually had the same effect on me as the photographer.”

At times, he admits, he became caught up in technical precision, worrying whether the lines of a Footscray building were straight enough.

“They said, ‘No, actually, the one that isn’t perfect shows more character,’” he recalls.

That feedback reshaped how he saw the landscape itself, turning the collaboration into a dialogue about imperfection and meaning.

The first series of images featured broader western suburbs landmarks. The second narrowed its focus to Footscray itself, depicting the suburb’s urban grit and industrial heritage.

For residents, the effect was immediate.

Hugo Cuchilla, 68, who grew up in the area, recalls the many times he visited the lush grounds of Footscray Park, opposite Melbourne’s iconic Flemington Racecourse.

“I see places I’ve been,” he says. “It’s good to remember.”

Olga Wilberger, 77, gravitates toward images of nature but also pauses at photographs of the West Gate Bridge.

“I passed too many times,” she says. “We remember where we’ve been.”

Photographs have always been central to Wilberger’s life. Her house was once lined with family pictures of grandchildren, parents, brothers and long past Christmas gatherings.

“Everything is on phones now,” she says, shaking her head. “I like real photos. You can touch and hold. I’m old fashioned.”

For residents living with dementia, the images create openings where conversation might otherwise falter, says Doutra Galla’s Chief Executive Officer, Glenn Rappensberg.

“With the new Aged Care Act taking effect, we are entering an era where a person-centred focus is rightly the order of the day,” he says. “But a compliant space shouldn’t feel clinical.”

“There’s honestly nothing quite like the feeling of seeing a resident’s face light up because they recognise a landmark they’ve known for fifty years,” he adds.

“Our residents are not just people we care for. They are the individuals who built and shaped Footscray, and their families live in the local community.”

For Sarah, the meaning is personal.

“When Pam died, I wanted to do something that mattered,” she says. “This felt right. It’s about dignity. It’s about remembering who people are.” ■



# *iM* HEALTH & AGEING DIFFERENCE 26

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# Looking *beyond age*

Whiddon launches 'More to Me' campaign to challenge ageism



In a sector increasingly focused on enhancing quality of life and delivering person-centred care, not-for-profit aged care provider Whiddon has launched a thought-provoking campaign designed to transform how we view older Australians.

Aptly titled 'More to Me', the initiative shines a spotlight on the extraordinary lives of Whiddon's residential aged care residents and invites the nation to pause, reflect and see the lives behind the years. The campaign issues a poignant reminder: "If you see age, you miss the person. Look again."

Timed ahead of the 2026 NSW Seniors Festival (2–15 March), More to Me celebrates the richness of lived experience and challenges society's assumptions about ageing. Through intimate storytelling, the campaign reminds us that older adults are not a statistic or a stereotype; they are people with histories, passions and stories that can captivate us all.

"Too often, society sees aged care residents through the lens of decline rather than recognising the incredible lives they've lived, and continue to live," said Whiddon CEO, Chris Mamarelis.

At the heart of More to Me are four Whiddon residents whose lives speak volumes. William 'Bill' Kerr, 86, a former

detective whose quiet protection of royalty pales in comparison to the pride he feels in his family. Samuel 'Sam' Darke, 93, a RAAF veteran who witnessed Australia's first nuclear tests and recently received long-overdue recognition for his secret service. Roslyn 'Ros' Stanford, 85, whose decades teaching in a small country town created a lasting community legacy. And Holly Hart, 90, who overcame early hardship, including

being unable to read or write, to become the beating heart of her family.

Each story is brought to life through a series of mini documentaries, complemented by vivid colour and black-and-white photography, capturing both the joy and the resilience of residents' lives. The campaign's design is intentional; its imagery and narratives encourage Australians to connect with, celebrate and learn from older generations, ►



Sam Darke



fostering the empathy and understanding central to Whiddon's award-winning relationship-based care model.

"At Whiddon, relationship-based care has been shaped by almost 80 years of listening to the people we support. It means putting the person first. Their story, their values, their lived experience. When we do that, care becomes more human, more respectful and more meaningful," said Chris.

"I've had the privilege of meeting hundreds of extraordinary residents over the years, I've seen time and again that age tells us almost nothing about who a person really is. Their life experiences, their values and their identity are what matter."

The campaign also responds to a pressing industry challenge and stark reality. Research shows 90 per cent of adults agree ageism exists in Australia, 83 per cent consider it a problem, and 64 per cent of older Australians say

*“Too often, society sees aged care residents through the lens of decline rather than recognising the incredible lives they’ve lived, and continue to live,”*

they've been affected by ageism in the past five years.

Contrastingly, positive perceptions of ageing are linked to tangible health outcomes. Studies show individuals with a constructive outlook on ageing live, on average, 7.5 years longer than those with a negative outlook.

For aged care providers, the research suggests fostering environments that affirm individuality, dignity and purpose is not only a moral imperative, but a driver of wellbeing and quality care.

"For our sector, looking beyond age and recognising the person is fundamental, and that belief sits at the heart of More to Me," said Chris. ■

[whiddon.com.au/more-to-me](https://whiddon.com.au/more-to-me)

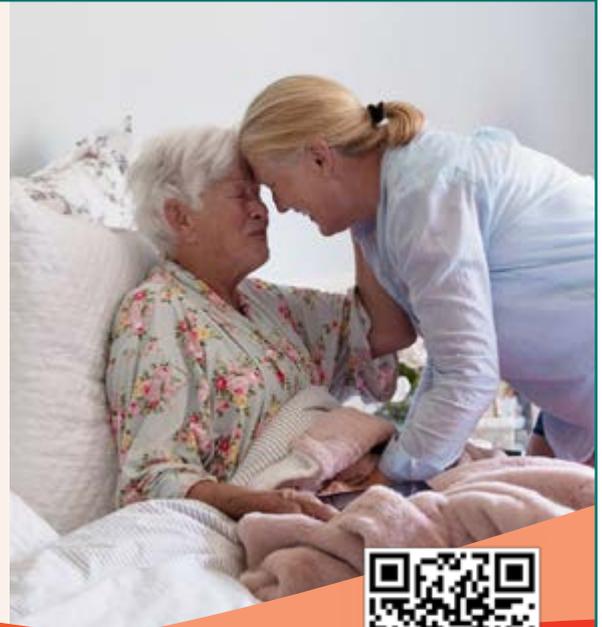
# Quality Use *of* Community Palliative Care Medicines Project

The Quality Use of Community Palliative Care Medicines Project is a national initiative strengthening nurses' capacity to support people receiving palliative care at home.

Ageing Australia invites registered nurses in aged and community care to complete a short survey.

Your insights will guide the development of practical tools and resources grounded in real-world frontline experience.

Please share with your nursing team – their feedback will directly inform future training and support.



Scan to complete the survey

## Take the survey

[employment.agedservicesworkforce.com.au/palliative-care-medicines](http://employment.agedservicesworkforce.com.au/palliative-care-medicines)



# Innovation programs for *aged care* leaders

InnovAGEING connects providers, researchers and innovators to drive practical improvements in everyday care.

[ageingaustralia.asn.au/innovAGEING](http://ageingaustralia.asn.au/innovAGEING)

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- 2–3 June 2026
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LEADING FOR INNOVATION

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# Strong demand *for* pet-friendly aged care

## Why furry friends make housing feel like home

Australia may be a nation of animal lovers, but the latest research from Companion Animal Network Australia (CANA) shows most residential aged care homes don't allow residents to keep their pets, despite overwhelming public support for pet-friendly aged care.

Findings from CANA's 2025 Pet Friendly Aged Care Survey reveal 96 per cent of Australians believe aged care residents should be able to have pets, while 86 per cent describe pets in aged care as 'vitaly important'.

CANA's 2025 survey attracted 2,846 responses – more than double the number received in 2023. In both surveys, more than three in four respondents (78 per cent) believe pets improve both mental and physical health in aged care settings, with companionship and reduced loneliness considered the most highly valued benefits of pet ownership.

However, only around 18 per cent of residential aged care homes allow this – highlighting a clear gap between community expectations and current practice.

In the provider component of the survey, results show half of all respondents rated themselves low on pet-friendliness, with less than one in four (23 per cent) having formal pet policies in place.

"The emotional harm of being forced to give up a beloved animal is profound. Older Australians shouldn't have to choose between essential

care and their pet companion," says Julie Jensen, Acting CEO of CANA, a national animal welfare charity and advocacy organisation representing animal welfare member groups across the country.

"The *Aged Care Act 2024* places strong emphasis on dignity, meaningful relationships, social connection, quality of life and person-centred care. However, the Rules of the Act do not give practical effect to these principles for older Australians who live with companion animals.

"The findings of our survey point to a widening gap between public attitudes and the lived experience of many older Australians entering care. Although providers understand how important pets are to health and happiness, the sector still struggles to turn that understanding into action."

The survey also highlights ongoing challenges for older Australians who are pet owners and receiving care at home. Among respondents accessing government-funded Home Care Packages, many report receiving little to no assistance with pet-related tasks such as walking, grooming or transport to veterinary appointments.

Of the 325 respondents receiving in-home care, less than one in 10 (nine per cent) said their current provider supports pet care, while 22 per cent report delaying their own medical care because they had no one to look after their pet.

### Barriers and opportunities

When asked about barriers to becoming more pet-friendly, aged care providers cited a lack of education (45 per cent), limited resources (42 per cent) and insufficient funding for facility design changes (45 per cent) as the most significant challenges.

Through its Pet Friendly Aged Care initiative, CANA provides resources, including sample policies, risk assessments and best-practice guidelines to help residential aged care providers and home care services manage pets safely and compassionately.

"Education and understanding are key," says Julie. "With 73 per cent of all households now having a pet, keeping pets and people together is more important now than ever before."

"The research shows that companion animals are an essential part of maintaining physical and mental wellbeing for people of all ages. Residential aged care homes that welcome pets often see happier residents and greater community engagement. It's not just good welfare, it's good business." ■

**Companion Animal Network Australia**  
[petfriendlyagedcare.com.au](http://petfriendlyagedcare.com.au)

### A special visitor at Harbison Care: Una and Coco's story

At 88 years old, Una Wettenhall understands the importance of companionship, and for her, that companionship often arrives with a wagging tail.

Originally from a family farm 26 kilometres west of Orange in New South Wales, Una grew up surrounded by animals. Dogs were always part of life on the land, and over the years she has owned eight dogs of various breeds, each leaving lasting memories. That lifelong connection continues today through Coco, a four-year-old black purebred Labrador.

Although Coco does not live permanently at Harbison in Moss Vale, she visits regularly as a luxury doggy guest – a special arrangement that allows Una to continue enjoying the comfort and affection of a beloved pet while living in residential aged care.

"When Coco visits, it means everything to me," Una says. "She's wonderful company and brings back so many memories of my previous dogs."

Una has been living at Harbison Care Moss Vale for 12 months and says the aged care home's pet-friendly



Harbison Care resident Una Wettenhall with her dog Coco

approach has played an important role in helping her feel settled, allowing her to stay close to the rhythms of life she has always known, without feeling like she has missed a thing.

In December 2025, Coco made history as Harbison Care's very first overnight canine guest. The pair enjoy gentle wanderings around Harbison's beautifully maintained grounds, supported by staff who ensure both resident and pet are safe and comfortable.

"The staff are wonderful," Una says. "We can wander with ease, and Coco settles in so well."

Coco's visit brought joy not only to Una but also to other residents and staff,

highlighting the positive impact animals can have in aged care environments.

"Living in a place where pets are welcomed, even as visitors, means everything," Una says. "It's great company and great affection."

Stories like Una and Coco's highlight how thoughtful, pet-friendly initiatives can enrich life in aged care, offering connection, continuity and comfort – one happy doggy stay at a time.

**Interview: Robert Macdiarmid, President of the Resident Association - Harbison Moss Vale and Burradoo and Maddy Castles**

**Words: Maddy Castles, Harbison Clinical Administrator**



### How pets are enhancing daily life at BlueCare

BlueCare Redland Bay Yarrabee in Queensland has embraced the presence of pets as part of everyday life, demonstrating the positive role animals can play in supporting wellbeing, connection and quality of life for older Australians living in residential care.

The home's two resident Chiweenie pups (Chihuahua crossed with

Dachshund) Decy and Mali are much-loved members of the community, creating meaningful moments and anticipated daily routines.

Each morning, Decy and Mali accompany personal carers as they make their rounds, greeting residents and helping start the day on a positive note. Throughout the day, the dogs take part in a range of activities, from morning walks that encourage residents to get active and outdoors to sharing afternoon naps, often nestled on a resident's lap.

"Decy and Mali are always there for the residents, whatever the hour and whatever the need," says Neva Treweek, Residential Service Manager at BlueCare Redland Bay Yarrabee. "They are involved in almost every activity, from live concerts and excursions to activities that help keep residents active, healthy and just as importantly, connected to their local BlueCare community."

Other friendly canine companions, including cheeky Chihuahua cross pup Mischief and Honey the Poodle, also regularly drop by for playtime and cuddles.

"Dogs have an incredible impact on both residents and staff, bringing a constant sense of joy and providing a sense of comfort for many of our residents, particularly those who may feel lonely and receive less visits from family and friends. It can be life-changing in meaningful ways," says Neva.

The benefits extend beyond residents, with staff also reporting a positive impact on workplace culture.

"We are one big family at our BlueCare home," says Neva. "Decy and Mali are an important part of our family, so having them with us and the residents is never a burden and always a pleasure."

**Image: BlueCare Redland Bay Yarrabee Aged resident Kathleen Elms with Decy.**

# Young Australians graduating school with care qualifications under their belt



Wendy Okeny  
(recently graduated trainee)

As the aged care sector workforce faces a serious shortage in the next few decades, high school students are signing on to care.

Last year as many Year 12 students prepared to close one chapter and begin another, a group of Queensland teens already finished school equipped with nationally recognised qualifications and the confidence to start meaningful careers in aged care.

They're part of a service by non-profit community provider Wesley Mission Queensland.

It's a school-based traineeship program, with a unique initiative that allows students to complete a Certificate III in Individual Support while finishing high school.

"We've always supported trainees," says Jo Gair, the traineeship pathways partner, "but this has taken things to the next level large-scale, with a structured

program designed around both student and service needs."

The program now runs across Wesley Mission Queensland's North and South Brisbane campuses, each hosting 15 students who gain hands-on experience in residential aged care while being mentored by qualified staff.

For Wendy Okeny, who recently turned 18 and is preparing to graduate from Glenala State High School, the experience has been life changing.

"My mum works in aged care, so I already knew how important it was," she says.

"Getting that firsthand experience – meeting residents, learning their routines, and being able to care for people who might not have anyone else – has really matured me."

Wendy plans to study nursing and psychology at university while working part-time in aged care.

"I tell my friends to take the chance, even if they don't stay in the field, it's an experience that changes you," she says.

Another trainee, Harry Cooper Kane, 17, from St Patrick's College Shorncliffe, joined the program for the 2026 intake after witnessing the lack of compassion shown to his late grandfather in hospital.

"He was in a dementia ward and staff made him a laughing stock," Harry says. "I want to treat people with the dignity and respect he deserved."

He hopes to move straight into full-time aged-care work after school.

Ageing Australia CEO Tom Symondson said initiatives like this send a powerful message especially as the aged care sector faces a projected shortage of some 400,000 workers by 2050.

"It's wonderful to see young Australians choosing aged care as a career," he says. Programs like this show that aged care is an attractive, valued profession and that the next generation sees the pride in that."

"We know we are facing a projected workforce shortage so any innovative ways to bolster the workforce are welcome."

While programs like this demand considerable investment, Gair says the outcomes are worth every dollar.

Students graduate job-ready, earning trainee wages during the program and have opportunities to step into well paid entry-level care roles upon completion.

"They're finishing school with real qualifications and purpose," she says. "Whether they stay with Wesley Mission Queensland or join another service, they're strengthening the sector from within." ■

# Who's missing?

## PLANNING FOR DIVERSITY eLearning course

OPAN's **free** Planning for Diversity eLearning course is available to all aged care providers.

It offers **practical information, tools and strategies** to help you deliver safe and inclusive services for older people.

**OPAN's Planning for Diversity eLearning course helps aged care providers to:**

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- demonstrate you are working towards **Aged Care Quality Standards** and your commitment to the Statement of Rights
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The course is **self-paced** and **entirely accessible online**.



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Our **eLearning course** is aimed at the people in your organisation responsible for quality improvement, service planning and/or compliance.

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### For more information:

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OPAN is funded by the Department of Health, Disability and Ageing through the National Aged Care Advocacy Program (NACAP).

# PNG PALM scheme workers bring joy to Australia's aged care sector

Jacklyn is caring for Australian seniors while helping her family back home

Women like Jacklyn from Papua New Guinea (PNG) are highly valued in Australia's aged care sector for their caring, compassionate nature.

Jacklyn comes from New Ireland province and is working as a personal care worker as part of the Pacific Australia Labour Mobility (PALM) scheme. The 33-year-old says the PALM scheme provides a valuable chance to help secure her young family's future. She's the family breadwinner and knows what a difference this opportunity brings.

"Before I came to Australia, I had some goals to earn good money and to build a house. I also want to start a business for me and my family," Jacklyn said.

"The opportunity to work at Southern Cross Care has helped me to build my house back home," she said. "It also helps me to support my family. Each week I send money home to parents for my son."

Jacklyn joined the PALM scheme through the aged care expansion (ACE) program, which allows PALM scheme workers to gain their Certificate III in Individual Support (Ageing).

During her first two years on the program, Jacklyn has gained a nationally recognised qualification. She's also learnt valuable skills and gained experience which will benefit her when she returns home at the end of her four-year contract.

"I've learnt a lot of skills since I came here, like nursing and first aid. The company sponsored me to study a Certificate III in Individual Support (Ageing) and I graduated in September.

"Another thing I've learnt is time management. At home we don't take time very seriously, but here, time is very important in the workplace," she said.

Jacklyn's exceptional skills and compassionate nature are valued by her employer, who says the PALM scheme workers from PNG have made a real impact on the lives of residents.

Dawnette Baily, residential manager at the Murgon service is an enthusiastic champion for the PNG PALM scheme workers. She says they have shown themselves to be natural care workers who have brought a 'let's do this attitude'.

With many PALM scheme workers leaving their families at home, Dawnette is aware that some feel out of their own comfort zone while working in a foreign country.

"They are an inspiration," she said. "I have personally



Jacklyn from PNG is a personal care worker in Murgon on the PALM scheme

learned working alongside the PALM workers - they have a lot of resilience, strength and courage.

"The residents respond really well to the PALM workers," she said.

"They seem to get on so well with the residents, have conversations with them and there's lots of laughter and giggles.

"They've got this happiness about them, and when I'm walking through the corridors and hear laughter, it's always the PALM workers," Dawnette said.

"They have brought this culture of motivation and happiness about them."

Jacklyn made many personal sacrifices when she registered to work on the PALM scheme, including being away from family and friends. However, being away from home is made easier knowing her work will have a long-lasting impact on her family.

Not only is she able to support her son and his future needs, but she is also in the fortunate position to help her parents too.

"In the future I hope to build a house for my parents. I'm really proud of myself. My skills and certificate will help me when I go home and look for a job in the health sector."

The total number of Pacific and Timor-Leste workers in Australia is just over 31,000, and more than 1,300 are filling staffing shortages in health care and social assistance. To learn more about employing aged care workers through the PALM scheme, please visit [palmcheme.gov.au](http://palmcheme.gov.au), or [www.labourmobilitypng.com](http://www.labourmobilitypng.com)

# Free Dementia Training Available Nationwide



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Dementia Training Australia is supported by funding from the Australian Government under the Dementia Training Program.

# Securing *the* future

## Why aged care providers must embrace the Aged Care Industry Labour Agreement

**D**erek Dittrich, Director of Strategy and Representation at Ageing Australia, recently highlighted that the national discourse surrounding migration often lacks necessary nuance. In his analysis of the 2025 Population Statement released by Treasurer Jim Chalmers, he observed that while public debate frequently fixates on the perceived strain on housing and infrastructure, the data reveals a far more vital narrative. He argues that migration serves as a critical economic lever for the nation's future, essential for bolstering the working-age population and mitigating the fiscal challenges of an increasingly ageing demographic.

Supporting this view, the 2025 Population Statement confirms Australia is ageing rapidly. By 2035–36, our population is predicted to reach 31.5 million, with those aged 65 and over making up 17 per cent of the population. This figure represents an increase of nine per cent since 1971. Even more starkly, the cohort aged 85 and older is expected to triple to 1.9 million by 2065–66.

As our population ages, the prevalence of chronic conditions will rise, placing unprecedented pressure on the residential aged care sector and requiring more from our workers. For providers, the Aged Care Industry Labour Agreement (ACILA) is the essential strategic tool to bridge this widening workforce gap.

### Eliminating the agency trap and roster juggling

Many aged care employers currently rely heavily on student visa holders. While these workers are a cornerstone of the sector, their 48-hour per fortnight work limit during study semesters creates a roster-gap culture. Managers are often forced to piece together fragmented schedules to cover a single full-time role, leading to administrative strain and high turnover as students seek more stable visa conditions.

This instability drives providers toward exorbitant labour-hire agencies. In the 2026 market, these agencies command premiums on the award rate but more importantly, their presence in the workforce creates a lack of continuity for care.

Transitioning temporary workers to a permanent Subclass 482 visa under the ACILA is a financial game-changer. It



eliminates agency markups and finder's fees, replacing them with a stable, permanent staffing model that allows for improved budget predictions, better workforce satisfaction and improved resident care due to the presence of regular staff.

### Supportive union partnerships

To access the ACILA, employers enter an arrangement by signing a Memorandum of Understanding (MoU) with one of the three designated unions, namely the Health Services Union, United Workers Union or Australian Nursing and Midwifery Federation. While some employers initially fear union interference in daily operations, feedback from providers who have secured an ACILA is overwhelmingly positive.

Experience shows unions are supportive partners and represent valuable partnerships for aged care providers. Once the MoU is signed, the relationship is typically smooth. For most providers, the MoU serves as a simple, effective gateway to streamlined visa processing and labour market testing exemptions.

### The 482 visa

The ACILA allows you to move away from temporary fixes by transitioning your proven, existing staff onto a Subclass 482 (Skills in Demand) visa, offering several key benefits:

- full-time consistency with sponsored workers employed full-time, eliminating the fortnightly cap and ensuring residents receive care from familiar, consistent faces
- retention power through a two-year pathway to Permanent Residency, creating a powerful incentive for long-term loyalty
- tailored access by sponsoring essential roles like personal care assistants, nursing support workers and aged and disability carers, these occupations often excluded from standard migration streams.

Migration is the human capital required to help us care for older Australians with dignity. By leveraging the ACILA, you aren't just filling a shift; you're making a strategic investment in the quality and longevity of your care services. ■

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\*Compared to when healthcare professionals were using a conventional device. ^Based on a study conducted in Australia at a 359 patient-bed hospital providing a large range of acute medical and surgical services.

**References:** 1. McAlister M and Gartland C. Aust Nurs Midwifery J. 2019; 26(8): 18-21. 2. Frid AH, Kreugel G, Grassi G, et al. New Insulin Delivery Recommendations. Mayo Clin Proc. 2016;91(9):1231-1255. 3. Australian Diabetes Educators Association (ADEA). Clinical Guiding Principles for Subcutaneous Injection Technique, December 2019.

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# Food, dignity *and* capability: delivering on the strengthened Standards *in* aged care

As the strengthened Aged Care Quality and Safety Standards come into effect, residential aged care providers need to meet new expectations around quality of life, dignity, choice and wellbeing. For the first time, a new standard (Standard 6) is now wholly focused on food, nutrition and the dining experience as fundamental to everyday living and the resident experience.

Providers are very aware that delivering on these expectations is not simply about compliance. It requires skilled and confident staff, practical systems and an organisational culture that recognises food as a core component of care and wellbeing.

Across the sector, services are working to translate regulatory expectations into consistent daily practice, often while managing workforce pressures and operational complexity. Building capability and confidence across kitchen, care and leadership teams has become critical to achieving sustainable improvements in food quality and dining experience.

The Maggie Beer Foundation's *Improving Food in Aged Care through Education and Training* program is supporting providers to do just this all over Australia. Designed as a practical enabler, the program supports services to strengthen skills, uplift confidence and embed improvements aligned with regulatory requirements and resident needs and expectations.

The program focuses on education, mentoring and hands-on support, encouraging collaboration between kitchen and care teams and supporting services to improve food quality within existing operational environments.

A third-party Year Two evaluation conducted by HealthConsult Pty Ltd confirms that this capability uplift is translating into meaningful outcomes for both residents and staff. The evaluation identified measurable improvements in food quality, workforce confidence and resident wellbeing across participating services, reinforcing provider feedback and lived experience.

These findings are reflected at Cooina Coonabarabran, where Support Services Supervisor and Chef Sue Beeforth has observed tangible changes since participating in the Foundation's Trainer Mentor Program.

"We've seen a clear increase in residents attending the dining rooms and a significant rise in compliments about the food," Sue said. "Importantly, we've also seen increased resident weight gain and reduced weight loss."

For residents, these outcomes align closely with the intent of Standard 6, supporting enjoyment, nutrition and dignity through everyday experiences. The evaluation also highlights improved meal enjoyment, greater choice and stronger engagement at mealtimes – outcomes that are central to quality of life in an aged care home.

The program has also delivered workforce benefits. At Cooina,



Maggie Beer Foundation  
CEO Jane Mussared

practical operational changes have been embedded into daily practice, including the introduction of preparation shifts, greater use of fresh herbs from the kitchen garden, roasting vegetables to enhance flavour and pre-making morning teas to ease service pressures.

"The mentoring has reignited passion and pride within the kitchen team," Sue said. "The team now strives to deliver restaurant-quality meals, and confidence in their skills has grown significantly."

These workforce outcomes were consistent across the evaluation, with staff reporting improved skills, confidence and collaboration between kitchen and care teams. For providers, this capability uplift supports not only better food outcomes, but stronger teams and more sustainable service delivery.

The external evaluation provides important third-party validation,

particularly as providers operate in an increasingly transparent and accountable environment. It confirms that improvements being experienced by services are measurable and aligned with sector priorities.

Maggie Beer Foundation CEO Jane Mussared said the findings reinforce the role of food as both a quality-of-life issue and a workforce capability priority.

“We have a team of 22 staff based across Australia delivering training, mentoring and recipe development. We work with aged care homes in metropolitan, regional and rural locations every day,” Jane said.

“With demand for the program continuing to exceed capacity and growing evidence of positive outcomes for staff and residents, ongoing government investment is vital to enable scale and access. Homes across Australia – including regional, rural and smaller services – want to take part.”

Looking ahead, the Foundation is continuing to adapt and refine our delivery following the evaluation, using provider feedback, and expanding access as part of the broader ecosystem of support for aged care reform.

Providers understand that food is not an adjunct to care, but a powerful lever for purpose, dignity, enjoyment, wellbeing and quality in an aged care home. ■

[www.maggibeerfoundation.org.au](http://www.maggibeerfoundation.org.au)

Image credit: Sam Kroepsh



## 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](http://ageingaustralia.asn.au)

# Technology, training *and* trust drive worker satisfaction

## Survey findings can help employers identify retention strategies

**H**ESTA's third State of the Sector workforce research – drawing on a 2024 survey of over 4,200 members working across health and community services – reveals an increase in satisfaction levels of aged care workers.

Making up a total of 666 respondents, aged care workers had the highest increase in satisfaction since the first study in 2020, compared with other sectors. Reporting the equal third highest levels of workplace enjoyment at 64 per cent, this equates to an increase of 10 percentage points over four years.

Higher wages for aged care workers over this period is likely to have influenced job satisfaction scores, along with greater community support for the valuable role they play.

The application of new technologies – many of them reducing administrative burden and freeing up staff time to enjoy their role as carers and build relationships with older people – could also help explain the uplift in job satisfaction scores.

In the aged care sector, the State of the Sector study found 18 per cent of aged care workers said they had new technology introduced in their workplace, with the majority (67 per cent) having been provided with appropriate training and support.

This was the highest level of technological adoption and preparedness across all health and community services sectors, highlighting aged care providers' innovative approach to service delivery and commitment to enhancing quality care.

In other sectors, the findings show 70 per cent of disability services workers (452 respondents) and 68 per cent of community services workers (533 respondents) enjoy working in their respective industries, with personal reward cited as the biggest driver of role satisfaction.

Workplace enjoyment in the primary health sector (419 respondents) also rose to 64 per cent in 2024, reflecting a four per cent increase since 2022. Separately, 61 per cent of early childhood education and

care workers (421 respondents) reported high role satisfaction. Additionally, these workers expressed a high level of trust in their employers.

The survey also explored the challenges experienced by workers, with hospital workers under the most pressure. While public and private hospital workers reported high levels of personal reward and strong bonds with colleagues as major drivers of enjoyment, they had the lowest role satisfaction at 41 per cent (public) and 44 per cent (private). For public hospital staff, this represents an eight per cent decline since 2022.

Employers should take note of the key driver of lower morale: resourcing. Workforce issues have been an ongoing challenge in the aged care sector over many years, with providers now focused on recruiting, training and retaining high quality workers.

The research – which builds on the 2020 and 2022 surveys – aims to provide insights to employers to help address workforce challenges. The survey findings emphasise the need for employers to prioritise actions that foster a supportive workplace, including investing in ways to make employees feel more appreciated, and addressing key drivers of dissatisfaction like under-resourcing.

“Our aged care and healthcare professionals are the backbone of Australia’s health and social systems, and what stands out in the research is why they are in the industry – to make a difference within our communities,” said HESTA CEO Debby Blakey.

“It has been pleasing to see wage increases in some sectors like aged care, childcare and nursing providing more reward for the incredible work and dedication shown by these professionals each day.

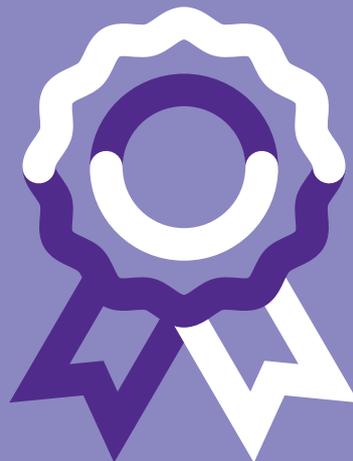
“To ensure they can continue to deliver the exceptional care our communities rely on, it’s critical there is continued focus on delivering safe and empowering workplaces.

HESTA shared the findings with employer groups across all health and community services sectors to ensure they have actionable information. To identify and address the challenges your employees may be facing, and to help improve retention and their preparedness for retirement, read the report at <https://www.hesta.com.au/campaigns/state-of-the-sector-reports>

**HESTA**  
[hesta.com.au](https://www.hesta.com.au)



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a story worth  
celebrating?



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**Nominate now**



# The quiet conversations shaping aged care: finding the new normal after the reform rush

**T**hrough conversations with aged care executives across the country, we're privileged to hear what's happening. This quarter, a consistent and candid story about life after reform.

Residential and Support at Home providers have moved at extraordinary speed. New funding models, a new Act, strengthened standards, new billing rules, entirely new Support at Home business models, workforce pressures and shifting regulatory expectations demanded it and that saw systems implemented, processes redesigned and teams stretched.

Now, a different focus is emerging. "Compliance came first," one executive joked. "Efficiency came a very distant second. Our strategy was to just get to the finish line and make it all work together later." Providers are grappling with the operational reality left behind; fragmented systems, heavy administrative workloads, burnt-out teams and limited real-time visibility across revenue, compliance and workforce performance.

Many leaders describe spending hours reconciling data just to understand where the business truly sits while others note that manual processes (like downloading, scanning, renaming letters) introduced during reform have quietly become permanent. "It feels risky as margins are low due to inefficiencies, but I don't have the data on hand to see risk coming without a mountain more work to get it" a CFO in our Revenue Executive program noted.

So, what are these aged care executives doing about it?

## Automation - and a lot of it - but done properly

One of the strongest shifts we're seeing is the sheer volume of automation providers are now implementing

to varying degrees of success. Not superficial digitisation, but the removal of entire manual workflows that crept in during reform: we've absolutely loved doing this work as we see the huge impact.

We've seen some really impressive internal innovations and our own Digital team, HX Labs, have been thrilled to deliver automation of high-volume processes such as **Fee letters** end-to-end saving hours of time spent on low-value admin and seeing a huge reduction in errors, **automating Care Minute monitoring**, AN-ACC workflows to reduce the time and cost of that function, connecting live clinical and funding data and **using AI** to surface real time insights and alerts.

Leaders stress that automation only works when it reflects real aged care workflows. Generic tech companies and tools layered on without operational understanding often create more complexity. As one put it, "We've had some spectacular failures! If it doesn't match how care actually flows, you end up automating the mess."

## Taking a hard look at true post-reform profitability

Many leaders are stepping back to understand where their operations have landed, analysing the levers they have to pull. After years of rapid change, providers are reassessing revenue performance, the true cost of compliance and how workforce investment aligns with funding outcomes

After we conducted a Support at Home business model and financial review, the CFO noted "we hadn't adjusted our overhead allocations to the new reality. Once we did, we were shocked at areas that had become far tighter on margin than expected. Rising complexity and limited pricing flexibility leave little room for inefficiency".

The most common viability question providers are asking is: "how do you manage AN-ACC and Care Minutes to return Care to a profit?". The true answer is – it's very easy to get it wrong and not so easy to get it right. Delivering over your target; you're losing funds, deliver under and miss your Star Rating and Care Minute Supplement targets - costing your reputation and real dollars each month. Ditching the spreadsheets and automating AN-ACC workflows alongside real time care minute monitoring is the only way to remove the headache. But we can't rely on care funding to bring relief, we need to look to other areas like pricing strategy, billing processes etc.

## Bringing clinical, financial and workforce data together

The third major shift really excites us as we've been big advocates of connected operations and now providers are requesting integrations between clinical systems, financial platforms and workforce tools bringing all critical data into single, real-time operational views. It really is the way of the future. Leadership teams are seeking clearer visibility over performance and compliance rather than piecing insights together after the fact moving from reactive management to proactive decision-making.

The reform years were about speed and survival. This next phase is about integration, efficiency and long-term viability. Providers aren't looking for more initiatives, more tools. They're looking to simplify and consolidate what already exists. Quietly, across the sector, that new normal is already being built. ■

**Peter Morley**  
CEO – Provider Assist  
[providerassist.com.au](http://providerassist.com.au)



# Post Reform: Compliance Got You Across the Line. Digital Gets You Ahead.



In a post-reform aged care world, teams are running faster than ever: just to stand still (or fall behind) to maintain compliance and revenue, manage reporting, and keep up with reform requirements. But even standing still now requires more effort than it used to.

The next phase isn't more manual work or more people. It's structured digital efficiency. At Provider Assist, we design digital solutions built around how aged care actually works, reducing administrative burden, strengthening data foundations, and delivering measurable operational lift.

## Where Digital Can Create Immediate Impact

### PA Letterbox

- Eliminate manual file handling.
- Remove downloads, reduce file chaos, centralise billing and fee data, and save 10–15 admin hours per site per month.

### AN-ACC Navigator & Care Minute Navigator

- Protect funding. Improve visibility.
- A 3-facility organisation can save more than 3 months of admin time annually while strengthening funding accuracy and compliance confidence.

### NQIP & QFR Automation

- Turn compliance reporting into a controlled Workflow.
- Reduce manual data collation, improve reporting accuracy, and simplify preparation for mandatory submissions.

### Automated Fee Reconciliation

- Restore financial control. Reduce revenue leakage.
- Automate fee matching and reconciliation processes, improve cash flow visibility, and reduce month-end processing time.

### Board & Executive Reporting Automation

- From data collection to decision intelligence.
- Consolidate financial, clinical, and operational data into structured board-ready insights, reducing reporting cycles from days to hours.
- Built on clean data structures, integrated systems, and scalable infrastructure, so your digital improvements don't just save time, they stick.

## Book a Digital Health Check

Identify where automation, integration, and infrastructure can deliver the greatest return for your organisation, and what you can confidently manage in-house versus where we can accelerate you.



# Evaluated minimum liquidity amounts and financial governance maturity

The commencement of the Finance and Prudential Management Standards in November 2025 marked a clear shift toward more prescriptive regulation of aged care providers' financial frameworks and capital reserves. Early experience under the new regime is beginning to highlight how well providers' governance, financial discipline and risk management arrangements align with regulatory expectations.

Much of the sector's focus over the past year has been on the **Default Minimum Liquidity Amount (DMLA)**. Under this approach, providers are required to hold liquid assets equal to:

- 10 per cent of refundable accommodation deposit balances
- plus 2 per cent of resident contributions held on behalf of retirement living residents
- plus 35 per cent of the most recent quarter's cash expenses.

Alongside the default sits the option for providers to determine an **Evaluated Minimum Liquidity Amount (EMLA)**. This pathway is most relevant where providers are undertaking construction, refurbishment or acquisition activity, and is also required where liquidity capital will be accessed through an arrangement with a third party.

Where a provider's liquidity falls below the default benchmark, the EMLA option allows flexibility but carries a higher evidential burden. Providers must maintain minimum liquidity, including through third-party arrangements such as loan facilities, and must demonstrate that the evaluated amount has been determined on a robust and well-supported basis.

The challenge with the EMLA is that the onus is on the provider to demonstrate that their calculation is 'robust'. Robustness is not expressly

defined in the regulations, and our experience with the initial lodgements is that the regulator is seeking to ensure that a high-quality financial framework is in place at each provider.

Experience from initial EMLA lodgements points to several consistent areas of focus.

## Robustness must be demonstrable

Providers are expected to consider both historical performance and forward-looking risk. This typically includes analysis of cash flow stability, volatility in capital requirements, and exposure to plausible adverse scenarios. For larger or more complex organisations, this analysis can be detailed and technically demanding.

## Reasonableness remains central

Even where forecasting capability is strong, regulators expect providers to hold an appropriate buffer for unforeseen events. Liquidity settings that appear overly optimistic or finely calibrated leave limited margin for error and are likely to attract closer scrutiny.

## Evidence must align across regulatory data sets

EMLA submissions are reviewed against financial information already held by the regulator. Where figures differ from earlier reporting periods, providers may be asked to explain the drivers of change and provide supporting documentation. In one example, the Commission was holding older data that showed cash balance below the EMLA, and an additional evidence bundle was needed to show the current balance was much higher.

Preparation extends beyond the liquidity calculation

EMLA declarations are reviewed by the Financial Supervision, Risk and Inspectorate Group within the Aged Care Quality and Safety Commission. In practice, this review often extends



Stephen Rooke

across broader compliance with the Prudential Management Standard. When lodging an EMLA, be prepared to lodge: loan agreements; reporting thresholds; and evidence of effective oversight between management and governing bodies.

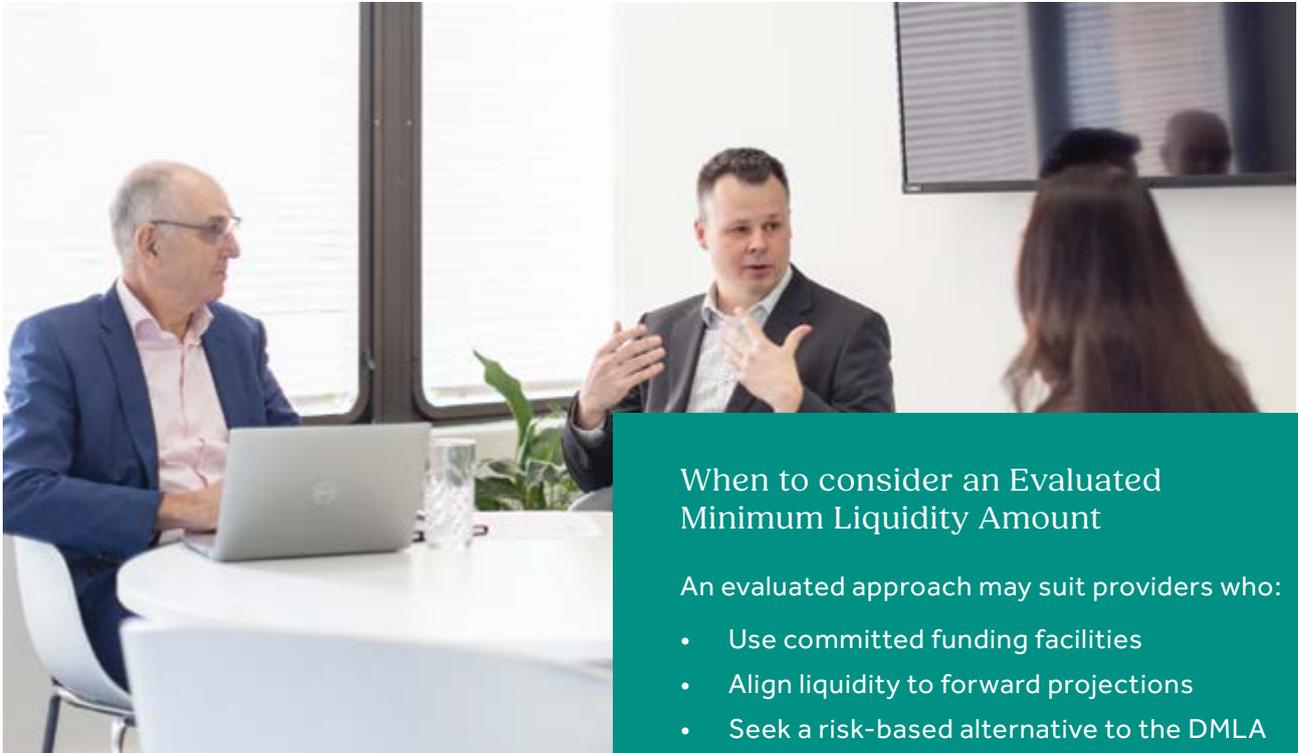
There are circumstances where any provider may need to hold more than the default liquidity amount. Declining RAD balances, refurbishment programs, variable occupancy, or periods of sanction can materially alter a provider's risk profile and warrant more conservative settings.

The legislative framework reflects this by requiring providers to calculate both their Default and Evaluated amounts each quarter, lodging an EMLA declaration where relevant. This embeds regular liquidity assessment into routine financial oversight, regardless of the level of reserves held.

Overall, the EMLA framework provides a practical indicator of financial governance capability. It requires providers to articulate risk clearly, substantiate assumptions, and demonstrate that liquidity settings are embedded in an effective financial framework. ■

**Stephen Rooke,**  
 Director, Pride Aged Living  
[prideagedliving.com.au](http://prideagedliving.com.au)

# Liquidity Management Setting the Right Level



## When to consider an Evaluated Minimum Liquidity Amount

An evaluated approach may suit providers who:

- Use committed funding facilities
- Align liquidity to forward projections
- Seek a risk-based alternative to the DMLA
- Require liquidity aligned to their risk profile

It must be evidence-led and aligned with the Standards.

## Pride Aged Living

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# Unlocking capacity across health and aged care

Australia is facing unprecedented challenges across its health and aged care systems, with a growing number of older Australians being unable to be discharged once they are clinically ready. This is largely being attributed to a lack of capacity within the aged care system, specifically within residential aged care.

However, increasing the number of beds alone will not resolve the pressures facing either aged care or the health system. The evidence is clear: Australia's challenge is not simply population ageing, but of system-wide capacity constraints across both sectors.

Residential aged care is already operating close to full utilisation, with average occupancy nationally at around 94 per cent. Over the five years to 2024–25, operational residential aged care places grew by approximately 3 per cent, while the population aged 85 and over increased by more than 12 per cent. This widening gap has materially reduced system flexibility and surge capacity and continues to widen as the time required for building approvals and the rising cost of greenfield developments increase.

Population ageing is cited as the primary driver of demand for aged care beds. While growth in the older population is a critical factor, it does not fully explain the current pressures. Access to home-based care remains constrained, with wait times for Support at Home packages continuing to increase. The Commonwealth Home Support Programme now supports around 835,000 people annually, effectively acting as a holding mechanism for older Australians rather than delivering entry-level care.

Other contributing factors include:

- delayed discharge planning and the assumption that an older person must be discharged to residential care
- lack of sub-acute and transitional beds for reablement
- challenges with navigating the aged care system for both families and the health system
- the assessment process
- the increasing number of older people with complex clinical needs and/or behavioural and psychological symptoms of dementia
- a range of other issues and legal and guardianship processes.

Expanding residential aged care capacity is an important part of reform, but it is not a complete solution. Even when beds exist, workforce shortages, skill mix constraints and geographic mismatch limit their potential usability. Without addressing these structural issues, additional beds risk becoming another saturated resource rather than unlocking flow across the system.

Commonwealth investment in aged care is essential, but its effectiveness depends on how well it integrates with state-run health services. Aged care and health are not parallel systems – they are interlocking components supporting the same population.

Unlocking capacity will require coordinated action across both sectors, informed by a shared understanding of the problem. Both sectors need shared data, planning assumptions and performance measures that reflect their interdependence. Without this alignment, Australia risks continuing to invest heavily in individual parts of the system while overall capacity remains constrained.

A sustainable response requires a broader conception of capacity that spans people, processes and pathways, not just physical infrastructure. This includes:

- early and strengthened discharge planning that support all options for older Australians
- better navigation support and mutual understanding across both systems
- faster and more flexible assessment models
- expanded access to home-based, sub-acute and transitional care
- workforce strategies that recognise aged care and health draw from the same labour pool
- clear alignment between Commonwealth and state accountability.

For individual providers, understanding the local issues within the health services they interact with is critical. This is at a macro level with executives, as well as the workforce delivering care to support the mutual understanding of each sector. There is also an opportunity to identify local solutions to the challenges being experienced within the health system which may be supported and delivered by aged care providers in conjunction with health services.

This article is based on a series exploring the reasons behind delayed discharge for older people within health and aged care. The three-part report series can be accessed at <https://www.fticonsulting.com/insights/reports/health-aged-care-must-work-together-australia-ages> ■

**Nathan Schlesinger, Senior Managing Director, Head of FTI Consulting Healthcare & Human Services**  
**Nicki Doyle, Senior Managing Director, Head of Aged Care**  
**FTI Consulting**  
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# The evolving risk *for* aged care providers

## Risk management has become a governance responsibility

Following reforms to the Aged Care Act, providers are under increased pressure to demonstrate risk management is being actively addressed at the board level. Governance obligations now include the duty to identify, assess and mitigate risk as part of ensuring the ongoing safety and sustainability of services.

In particular, it is vital to secure accurate insurance valuations with clearly defined coverage. Without them, boards may fall short of their obligations even if no claim has occurred.

### A case study

This is perhaps best illustrated with recent example from rural Victoria involving a residential aged care home that carried out a major building project between 2019 and 2024. The timing of these works coincided with a period when construction costs rose significantly, material supply was protracted and labour shortages were common.

The provider was guided by their insurance broker to recognise the potential risk this posed and secured an updated Reinstatement and Replacement Valuation for Insurance before the new buildings were handed over by the builder. This resulted in a 36 per cent increase in the originally proposed Property Sums Insured, but it was worth it.

Later the same year, an isolated weather event struck the site causing



extensive damage. The reinstatement works associated with this damage exceeded four million dollars. If the Property Sums Insured had not been revised, the Under-Insurance clause would have been triggered and the amount claimable could have been proportionately reduced by the amount the site was found to be underinsured.

### Reinstatement gaps are a silent exposure

Many providers often rely on general property valuations or even real estate valuations which include a suggested

'insurance figure'. However, these estimates rarely reflect the true cost of reinstating aged care infrastructure, particularly when factoring in construction timelines, specialist design requirements or regulatory compliance specific to aged care.

Any shortfall in a claim will inevitably lead to funding gaps that can compromise service delivery, delay rebuilds, prolong care disruption or divert already stretched resources.

The risk landscape for aged care providers is shifting rapidly. As

reinstatement costs continue to rise and regulatory scrutiny increases, many boards are re-evaluating how well their insurance programs align with their operational realities.

Residential aged care providers operate in a uniquely complex environment – one that blends property ownership, clinical care and vulnerable populations. In this setting, accurate risk assessment and insurance adequacy are not just financial decisions, they are governance imperatives.

**Specialist insight makes a measurable difference**

It is not just the amount for which a property is insured that is a cause for concern. Residential aged care homes face exposures that differ significantly from other property-based businesses. From liability considerations to indemnity period structuring, policies that are not tailored to the care environment often

contain gaps that only become visible after a claim is made.

It is important aged care providers engage with insurance professionals with specialist aged care expertise as this can help them identify blind spots by drawing parallels with other providers. Independent valuations, sector-specific cover advice and an understanding of evolving compliance requirements all contribute to stronger program design.

Generally, aged care providers tend to face similar challenges and often have similar claim experiences. An adviser who can illustrate areas for improvement or concerns based on real-life examples can help providers better understand and make informed decisions about the risks they face. While insurance may not be the sole solution, in many cases risk management processes or procedures can minimise or in some instances remove these exposures.

**Considerations for aged care boards**

As aged care providers prepare for accreditation, reporting or facility expansion, insurance should be considered as part of the broader organisational risk strategy. Key questions for decision-makers include:

- Are our building and asset values independently and recently assessed?
- Do our policy limits align with today's reinstatement costs?
- Have we reviewed our coverage with someone who understands aged care risks?

The answers to these questions can determine how effectively boards navigate both expected and unforeseen disruptions.

**Luke Prior and Mark Palframan,**  
**Directors, Atlantic Aged Care Insurance**  
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# Leading through the flames

## About Communities CEO Katherine Burton on leadership, uncertainty, and the lessons learned when fire came to Euroa

**W**hen extreme disruption hits, leadership is tested in real time. For Katherine Burton, CEO of Abound Communities, the recent Victorian bushfires became a lived case study in crisis decision-making at the organisation's Currie Park Village in Euroa.

Through January, Burton and her team had been monitoring weather warnings and VicEmergency updates. Fire danger ratings were high across regional Victoria. When news came of an uncontrolled fire in Longwood, about 15 kilometres from Currie Park, the situation shifted from watchful preparation to immediate response.

"We knew that we needed to take action to ensure the safety of residents and staff," Burton said.

The risks were stark. Loss of life and loss of homes were real possibilities. Many residents did not have vehicles. Some had limited mobility. Evacuation would require coordination, transport and careful communication.

But bushfires bring constant uncertainty. Wind directions shift. Conditions change quickly. No one can say with certainty where a fire will move next.

"The conditions were constantly changing," Burton said. "This made it difficult to know how quickly, or if at all, the fires would reach Currie Park."

In that uncertainty, delay was not an option. Abound activated its Incident Command Team, made up of the executive leadership group. All members had completed the Australasian Inter-service Incident Management System course, which provided a structured protocol to follow. Accommodation was secured in Shepparton for residents and staff. Evacuation plans were organised remotely. Communication channels opened immediately.

That structure proved valuable. But it did not resolve the human complexity of the crisis.

The hardest decisions were not operational. They were personal.

"The most difficult decisions were in how we handled dignity of risk for our residents," Burton said. "Some have lived in the local area for decades and were keen to stay in their homes and not evacuate."

For older residents, home is more than a building. It is history, routine and connection. Together with on-site staff and local authorities, Abound held careful conversations to ensure residents understood the risks if they chose to remain.

Leading remotely added another layer of complexity. Burton and the executive team were coordinating from a distance, unable to be physically present.

"Being remote made this more difficult," she said. "But we ensured multiple check-ins with our residents, those who had evacuated, and those who had decided to stay."

Families were kept informed. Residents who relocated were provided with meals and accommodation.

Keeping staff and residents together in Shepparton helped maintain a sense of familiarity and community, even in displacement.

For those on the ground, the pressure was intense. Staff were managing their own uncertainty while continuing to support residents. Some faced personal risk to their homes and families.

"We were able to offer staff accommodation so they could safely evacuate," Burton said. "We were in constant contact with them so that they knew their safety was our priority."

She remains grateful for the way the Currie Park team responded. "We were, and are, extremely grateful for the compassionate and calm care that our staff provided. It was heartening to see the true community spirit of Currie Park in action."

Throughout the ordeal, Burton found that leadership under pressure often comes down to tone as much as action. "Consistent and clear information was the most important part," she said. "As always, we were determined to lead with kindness and empathy and open communication."

When the immediate threat subsided, the learning began. The experience affirmed the value of preparation – a trained incident team, clear decision-making pathways, rapid mobilisation. But it also revealed gaps.

"It has brought preparedness to the front of mind for all staff and residents," Burton said. "But it has also taught us a lot about how we manage our approach post-event, ensuring that even our more remote or regional communities are supported after the disaster. We have learnt that preparedness doesn't stop once an immediate danger is over."

One practical lesson stands out for the wider sector.





Katherine Burton

“One important learning for the sector is to have all residents fill in their own emergency plan,” she said. “It would have been exceptionally helpful to know in advance how many would plan to stay, how many would go to family or friends, and how many would need accommodation provided.”

Post-event support, she noted, requires sustained attention. Emotional recovery can take longer than physical recovery from the fire itself.

During the fires, sector coordination also played a vital role. Ageing Australia

worked with other providers to source alternative accommodation if required.

“They provided exceptional support,” Burton said. “While we didn’t need to take it up, the knowledge that we had our peak body backing us, as well as other providers, was humbling.”

For Burton, a strong peak body is essential during natural disasters because of its ability to tap into networks quickly and generate real solutions.

There is also a financial dimension that is less visible to the public. As a not-for-profit, Abound bore significant costs in securing temporary accommodation.

“There is very little financial support for organisations who need to organise temporary accommodation for their residents,” Burton said. While funding may be available to individuals who evacuate, organisations themselves carry the burden. “There is a stress that situations like this can place on finances.”

Despite that, the guiding principle remains unchanged. “The safety and comfort of our residents has, and always will be, at the forefront of all decision making.”

Although the fires did not ultimately reach Currie Park, the experience left a lasting imprint on Burton’s leadership.

“It has reassured me that it is so important to lead with kindness, compassion and respect at all times,” she said. “When tough decisions need to be made, it is important to know that there are a team of people around who will back those decisions and put in the hard work.”

For Burton, the bushfires were not only a test of systems, but of culture - how people communicate, how they support one another, and how communities respond when risk becomes real.

“It has taught us all to remember the true value of the knowledge, skills and compassion of the communities and staff that we serve.”

In Euroa, extreme disruption became a lived lesson. Preparedness, clear decision-making, steady communication and collective effort were not abstract ideas. They were the difference between uncertainty and a coordinated response. ■

**Indira Laisram**

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# Support at Home statements: live *and* ahead of the curve

As the aged care sector transitions to the new Support at Home program, one challenge has consistently stood out: delivering clear, compliant and client-friendly monthly Support at Home statements during a period of significant regulatory reform, marked by uncertainty, tight timeframes and evolving guidance.

While much of the public conversation has focused on what is still being developed, Support at Home statements are already being delivered to care recipients across Australia today. In several cases, providers have moved early, offering valuable insights for the broader sector as implementation continues.

Between early December 2025 and mid-January 2026, Airdocs worked alongside care providers to generate more than 200,000 Support at Home statements for over 100 aged care agencies across Australia. These included November statements delivered well ahead of the end of December 2025 deadline. This early delivery did not occur by chance. It was the result of deliberate preparation, sector collaboration and a focus on practical execution rather than theoretical readiness.

## Designed with the sector, not in isolation

Early delivery has reinforced a critical lesson for the sector: compliance alone is not enough. Statements must be technically correct, but they must also be clear, readable and meaningful for older Australians and their families.

Providers involved in early delivery have highlighted the importance of co-design. Input from finance teams, frontline staff, compliance specialists and real client data has shaped statement design through iterative testing and refinement. This approach

has helped ensure statements clearly explain services, funding and charges, while remaining aligned with legislative requirements.

In a period of sector-wide change where transparency and trust are non-negotiable, this focus on the care recipient experience has proven to be just as important as regulatory accuracy.

## Automation as a stabilising force

Another consistent theme emerging from early delivery is that progress has not required replacing core systems or embarking on lengthy technology transformations.

Instead, providers have focused on validating existing data outputs and applying consistent communication rules. Standardised templates, combined with automated validation and generation, have enabled providers to issue compliant statements with confidence, even at scale. Early adopters report that automation has supported accuracy, consistency and timeliness, without increasing staffing burden during an already demanding period of sector change.

## A widening readiness gap

At the same time, concern is growing across the sector that many agencies, and some software vendors, are not yet able to generate fully compliant or client-friendly Support at Home statements.

While some organisations are still developing, testing or troubleshooting their approach, others have already issued multiple months of compliant statements. These providers have met deadlines, avoided manual workarounds, reduced administrative pressure and improved communication with clients.

In a period of major reform, being ahead of the curve is not simply a

convenience. It is a practical way to manage risk.

## Lessons for the transition ahead

What early delivery has demonstrated, based on Airdocs' work supporting providers through rollout, is that progress does not depend on core system replacement. Success has come from validating data, applying consistent delivery rules and prioritising clear communication outcomes.

As part of early delivery, Airdocs sought structured feedback from a group of care professionals working closely on the delivery of Support at Home statements, to better understand their onboarding and delivery experience. The response was strongly positive. When asked whether automating client communications had delivered measurable improvement, the majority rated the impact at the highest level. Common themes included increased confidence in compliance, fewer internal escalations, reduced administrative pressure and greater clarity for clients and families.

## Looking forward

As Support at Home continues to evolve, sharing real-world delivery experience will be critical to sector readiness. Early delivery has shown that compliant, client-friendly statements are achievable today, and that steady, practical progress is possible even amid reform complexity.

For providers still navigating next steps, these early lessons offer reassurance. Support at Home is already happening, and proven pathways exist to support the transition with confidence. ■

**John Anderson**  
Services and Support Manager,  
Airdocs  
[www.airdocs.io](http://www.airdocs.io)

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# AI for better aged care

## Reclaiming the human touch in an era of heightened accountability

In the quiet corridors of an aged care home, the most valuable currency isn't data or infrastructure, it's time. It's the 10 minutes spent listening to a resident's story, the steady hand during a walk in the garden and the empathy that defines quality care.

The delicate balancing act between the duty to provide compassionate care and the weight of a growing administrative burden is evident in the *Aged Care Act 2024*. With its focus on rights-based frameworks and the care minutes mandate, the Act has moved compliance from a back-office function to the heartbeat of clinical safety.

As we continue to face workforce shortages in aged care, it's clear we need to innovate. Streamlining administrative tasks could be the answer – and agentic AI is a top strategic trend providers should be considering.

### An AI agent for care teams

The emergence of agentic AI offers a visionary path forward. Rather than static applications and chatbots that simply repeat information, aged care homes can rely on AI agents that 'live' within the existing rhythm of the facility.

For personal care assistants on the floor, the journey begins with hands-free support. Imagine a worker needing to verify an infection control procedure mid-shift. Instead of leaving the resident to find a supervisor or a lengthy manual, they simply ask the AI agent for voice-enabled policy-backed guidance aligned to infection control procedures.

Moving to the nursing station, the impact deepens. Enrolled and registered nurses often navigate a sea of lengthy documents to find medication management updates. The AI agent acts as a rapid-retrieval engine, turning dense clinical procedures into instant, policy-backed guidance. When an incident occurs, the AI agent ensures

the documentation aligns with both organisational standards and legislative requirements.

### Laying the digital foundation

Adopting this technology is a journey of transformation, not an overnight disruption. It begins with laying a thoughtful foundation, starting with the systems that store care and resident records. For an AI agent to act intelligently, it needs real-time access to structured data. If information is trapped in silos, the AI remains blind. Integration is the essential first step.

Equally critical is the mapping of workflows. Agentic AI thrives on high-volume tasks. By identifying these processes, from referral triage to internal IT support, providers can model the logic into digital workers that perform faster and more consistently than manual efforts.

### The power of a fast start

The secret to a successful rollout is to start small and scale fast. Rather than a massive system overhaul, providers should identify a single high-impact process where delays cause a downstream impact on residents, families or staff.

A smart starting point often involves 'digital doors' that already exist: the portals, apps or phone systems that families and staff already rely on. Layering agentic automation on top of these touchpoints allows providers to prove value quickly without needing to rebuild their entire IT landscape. The partnership between ProcessX and Druid AI will allow providers to quickly



adopt Agentic AI into their everyday activities.

### Orchestrating excellence and governance

The relief provided by agentic automation flows upward to clinical care and facility managers. Their pain point is often audit anxiety and compliance concerns. With a digital orchestrator, they gain assurance that every team member has access to the same verified guidance in real time. During an audit, instead of a reactive scramble, the AI agent provides traceability, verified guidance and consistent policy information.

At the executive level, the conversation shifts to governance. For a chief executive or quality manager, an AI agent offers analytics on policy queries that identify training gaps before they become risks.

Ultimately, using an AI agent is about a fundamental shift in how we value carers' time. By automating the shadow work of administration, we are reclaiming the essence of care. We are building a future where every resident receives the high-quality, person-centred attention they deserve. ■

**ProcessX**  
**Brendan Snowden**  
[process-x.com.au](https://process-x.com.au)

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# Bringing 100 years of service *into* the future

## How Lutheran Homes Group seamlessly transformed its core systems



LHG CEO Tim Chia (left) with LHG COO Kristian Roocke

Australia's aged care and retirement living sector has spent several years navigating the intersection between consumer expectation, quality of facilities and level of service, driving providers to make significant improvements and embrace modernisation. The need for widespread operational change has also gained pace, inspiring future-focused providers like Lutheran Homes Group to embark on its largest digital transformation to date.

### Decision-making drivers

“For over 100 years, we've strived to offer the highest level of customer experience for our residents and provide quality services to as many communities as possible,” explained Tim Chia, Chief Executive Officer, Lutheran Homes Group (LHG), a not-for-profit provider of home and community support, retirement living and residential care.

However, as expectations evolved, priorities changed and resources stretched, it became clear LHG's existing digital architecture was no longer fit-for-purpose. “Our ongoing success required a disciplined operating model that enabled us to focus on commercial strategy, heightened regulatory requirements and financial sustainability so that we could continue to scale and invest in our 3,500 strong community,” he said.

### Cost and performance considerations

LHG embarked on a project to modernise and consolidate its two

core systems, providing seamless functionality that would improve efficiency and resilience, enhance the experience of staff members, and provide better quality services – all at the same time.

When it came to selecting the right technology partner in a not-for-profit context, long-term cost was a key consideration. By opting for TechnologyOne's Enterprise Resource Planning (ERP) platform and its all-inclusive delivery model, LHG secured a partner that not only understood the unique needs of Australia's aged care sector but also took full, ongoing responsibility for the solution under a single annual fee.

“We knew the simultaneous upgrade of our core systems was going to be inherently complex, and several challenges emerged that required careful management,” said Kristian Roocke, Chief Operating Officer, Lutheran Homes Group. “However, the most important non-negotiable of the large-scale transformation was ensuring business-as-usual operations were not impacted. Enabling delivery of the project while maintaining organisational stability and performance was imperative – and we achieved it.”

### Prepare for the unexpected

According to Kristian, investing dedicated resources to maintain momentum and avoid dilution of accountability was critical to the success of the project. The proactive decision to invest early in the right capability and capacity also made the entire process smoother.

“My advice to others considering the leap forward is to leverage the experience of technology partners, peer organisations and specialist advisers who can anticipate and help navigate complexity,” said Kristian. “Work with them to plan for inevitable challenges by building appropriate contingencies into budgets, timelines and delivery expectations.”

### Building internal alignment

Both LHG executives credit the following steps with helping the organisation sustain engagement, morale and confidence throughout the transformation:

- Ensure the leadership team conveys a strong sense of shared purpose and optimism about the project, before, during and after completion; visible sponsors are so important.
- Clearly articulate objectives, define deliverables and provide staff with certainty about when changes will occur, how they will affect their roles and what the impact will be on day-to-day work.
- Prioritise consistent and transparent organisation-wide communication around project momentum and progression, while recognising and celebrating progress along the way.
- Build internal capabilities through knowledge, skills and ownership so the benefits of the transformation evolve beyond the life of the project. ■

Lutheran Homes Group  
[lutheranhomes.com.au](http://lutheranhomes.com.au)



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**Thomas Griffiths** Head of Strategy & Investments for BaptistCare NSW, ACT and WA

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# AI done right in aged care: Starting small, scaling smart

**A**l is everywhere now, but for many organisations the real question isn't whether it is coming but how to adopt it safely, practically and in a way that genuinely supports people.

Done well, using AI in your business can reduce administrative pressure and improve precision and consistency while freeing up staff to focus on what matters most. Done poorly, AI could risk creating confusion, compliance concerns and add another layer of work for already stretched teams.

Businesses seeing real value from AI aren't chasing big, flashy transformations. They're taking a more grounded approach, starting small, learning what works and scaling with intent.

## Start with what hurts

The most effective AI initiatives start with automating simple, familiar tasks. In most industries including aged care, that often means the everyday work that quietly consumes hours, managing emails, chasing invoices, compiling reports or pulling information together from multiple systems. Even small improvements can make a real difference.

Making information easier to find or automating straightforward administrative steps builds confidence early and shows staff that AI isn't about replacing roles or adding complexity, it's about improvement.

Tools like Microsoft Copilot are particularly useful in this space. Embedded in familiar applications like Outlook, Word, Teams and Excel, Copilot supports people in their everyday flow of work. It can summarise online meetings, long email threads and draft documents and pull key points from reports. All without requiring teams to learn new systems or radically change how they work.

## Keep people firmly in the loop

AI should never operate as an authority. The most effective approach is human-centred, where AI supports the work, but people remain responsible for judgement, decisions and outcomes.

AI might help draft a handover summary, structure an incident report or surface key information from a care plan update. Managers may use it to prepare a first draft of communications to families or assemble audit evidence more efficiently. In every case, staff review, refine and approve the output.

**Ben Ffrench**



*"Used this way, AI doesn't replace professional expertise, it supports it. It reduces rework, saves time and gives teams a little more breathing space in busy days." - Ben Ffrench, General Manager – Clients & Markets, SOCO*

## Information matters more than technology

One of the biggest barriers to effective AI isn't the technology itself, it's the information underneath it. If records, policies and operational knowledge are scattered across shared drives, inboxes and disconnected systems, AI tools will struggle to deliver reliable results.

This is where work modernisation and information management become critical foundations. Ensuring the right people can access the right information at the right time is not just a compliance exercise, it's essential for safe decision-making and quality care.

SOCO sees this challenge regularly across all organisations. By helping organisations improve their information quality, build practical intranets and strengthen internal governance, we build digital workplaces that work in real-world situations, whether it's a small company or complex, multi-site providers. When information is well structured and easy to find, tools like Copilot become integral in everyday productivity.

**Lead with outcomes, not tools**

Successful AI adoption starts with clarity. Rather than asking "How do we use AI?", leaders should be asking "What are we trying to improve?"

That might be reducing time spent on documentation, improving access to policies and procedures, creating more consistent reporting or ensuring staff can quickly find accurate information when it matters most. Once the outcome is clear, it becomes easier to identify appropriate AI use cases and introduce change in a controlled way.

This mindset helps avoid adopting technology for its own sake. AI becomes a means to an end, not the end itself.

**Build confidence over time**

It's normal for staff to feel cautious about AI, particularly in a highly regulated environment like aged care. Our AI specialist teams understand that clear guidance, targeted training and open conversations help people understand how to support their important work and where human sign-off is always required.

AI isn't a one-off project you roll out and move on from. It's something that

grows over time. Providers who start small, get their information foundations right and stay focused on real outcomes are in a much stronger position to scale safely as their organisations grow. ■

**About SOCO**

SOCO is an Australian consulting firm specialising in work digital modernisation, information management and business systems for regulated sectors, including aged care. With capabilities across AI, Modern Work, Business Applications, Cyber, Strategy and Advisory, SOCO helps organisations adopt technologies such as Microsoft Copilot with confidence, ensuring information environments are compliant, secure and ready for future growth. Visit us at [www.soco.com.au](http://www.soco.com.au)

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# From data rich *to* insight ready: The ELDAC Digital Dashboard

## Aged care is entering a new era of accountability in end-of-life care

Since 1 November, the Strengthened Aged Care Quality Standards have made palliative and end-of-life care explicit and mandatory. The right to palliative and end-of-life care is embedded in legislation, reflected in the Statement of Rights, and articulated in Outcome 5.7 of the *Strengthened Aged Care Quality Standards*. Alongside this, the *Aged Care Data and Digital Strategy 2024 to 2029* call for stronger digital capability to enable high quality, connected care. Expectations have shifted, providing compassionate care is no longer enough; services must also demonstrate that care is timely, evidence informed and consistently applied.

Across the sector there is genuine concern about data burden, and that concern is well founded. Residential aged care services document substantial clinical information every day, from weight changes and mobility decline to appetite shifts, incident reports, medication adjustments, and family discussions. The challenge is not a lack of data but its dispersion across platforms which limits visibility of patterns over time.

When documentation remains fragmented, early signs of deterioration

may not translate into coordinated care. Day-to-day information that is captured do not consistently connect to evidence based end-of-life care practice. Managers carry accountability for quality outcomes, and boards need reassurance, yet structured insight into end-of-life care is often limited by the lack of practical ways to consolidate and visualise information.

High quality palliative care depends on timely recognition of decline, structured advance care planning, proactive symptom management, and coordinated communication. The practical task for providers is to identify which data elements signal these practices and bring them together in ways that support clinical decision making while strengthening governance oversight.

The End of Life Direction for Aged Care (ELDAC) Digital Dashboard was developed in response to this need.

Designed through extensive co-design with aged care providers and now delivered as a Power BI model, the dashboard organises routinely collected data into a structured view of end-of-life care. It draws together key clinical indicators to support earlier identification of end-of-life trajectories, prompt advance care planning, and provide visibility over whether palliative approaches are embedded in care delivery.

The dashboard's strength lies in its practicality. The model does not require new clinical systems or workflow change. It works with existing data, translating documentation into clear visual insight. Services configure it to suit their local context and reporting requirements. Power BI is already widely used across aged care and familiar to IT teams, enabling capability to be

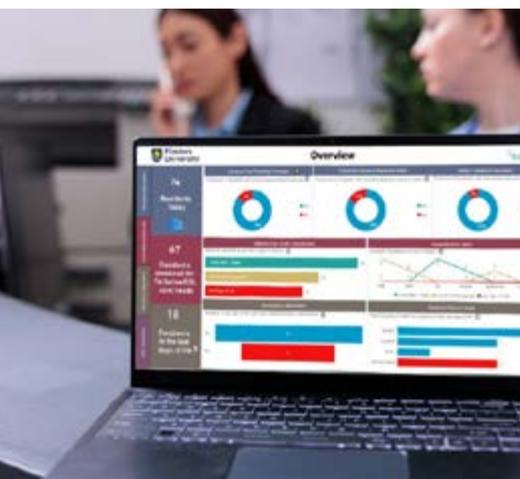
developed and sustained internally where possible.

The practical value of the dashboard became evident during implementation trials across 14 residential aged care sites in 2020. Staff reported that the dashboard surfaced patterns of decline that had previously been difficult to see across shifts and documentation sources. Recognition by one clinician could be understood and acted upon by the wider team. Conversations about goals of care occurred earlier. Managers gained a consolidated view across units. End-of-life care became more coordinated and proactive.

From a governance perspective, the impact is equally important. The dashboard aligns directly with relevant outcomes within the Strengthened Aged Care Quality Standards, offering structured evidence for audit and accreditation. Each visual element maps to quality standard outcome(s), strengthening transparency and oversight. Where possible, alignment extends to other data/outcomes programs, supporting more purposeful use of existing data.

The dashboard's real strength lies in being more than a tool: it sits within a support framework of the ELDAC Program that gives services the guidance and resources to act on the insights the dashboard reveals. When gaps are identified via the dashboard, services can draw on the ELDAC Linkages Program, the Knowledge Hub, and ELDAC toolkits to translate data insights into practical improvements. The value for the sector is that data becomes a driver of evidence-informed improvement rather than a static compliance exercise.

This structured approach scales across services, enabling consistent oversight and benchmarking



opportunities where multiple sites are involved. Performance can be compared, areas of strength identified, and targeted investment directed toward training or clinical support. End-of-life care becomes visible at organisational level, supported by shared metrics and clearer accountability.

The dashboard is provided at no cost to the sector, though implementation requires considered planning. Services implementing the dashboard need to ensure their clinical platform capture the required data and then map the dashboard's points within Power BI. Engagement with clinical platform vendors is an important part of this process. Vendors can work with us to incorporate the dashboard's trusted list of evidence-based data points where these elements are not already captured. This represents a broader opportunity for the aged care IT sector to strengthen their platforms, embedding evidence-based data elements that not only support high-quality end-of-life care, but also enable their customers to achieve better outcomes.



End-of-life care in aged care is central to quality, rights, and governance. Delivering high quality end-of-life care requires the ability to see, interpret, and respond to patterns of decline. The ELDAC Digital Dashboard provides a structured, sector-tested solution to support this work. It brings fragmented data together, creating shared insight that informs timely and coordinated action across the care team. In an environment where transparency

and accountability are paramount, investing in this capability goes beyond meeting standards. It ensures that people approaching the end-of-life receive care that is coordinated, timely, and compassionate, supported by systems that make good practice visible.

*The current model is designed for residential aged care, with adaptations in progress for Support at Home to reflect its unique needs. ■*



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# How AI is *reshaping* aged care operations

**A**cross Australia, aged care providers are navigating one of the most complex operating environments the sector has ever faced. Workforce shortages, rising acuity, increased regulatory scrutiny and higher expectations from residents and families have placed unprecedented pressure on care teams and leadership alike. While digital transformation has long been discussed as part of the solution, artificial intelligence is now moving from concept to practical infrastructure within aged care settings.

AI adoption in healthcare has accelerated rapidly, but not evenly. Some parts of the care continuum, particularly acute and primary care, have seen faster innovation, while aged care has historically lagged. This imbalance has real consequences. When certain sectors benefit from time-saving tools, better documentation and decision support while others do not, inequity emerges for both providers and residents.

The challenge is not whether AI has a role to play, but how it is adopted responsibly, equitably and in ways that

genuinely improve care delivery rather than add complexity.

A resident's journey often spans general practice, allied health, hospitals and aged care, yet the tools supporting those settings are rarely aligned. Each transition introduces risk. Information is re-entered, context is lost, and staff must compensate with manual workarounds. Over time, these gaps may contribute to documentation errors, missed follow-ups and staff burnout.

AI, when designed appropriately, offers an opportunity to reduce this fragmentation. Not by linking data indiscriminately, but by improving the quality, structure and usability of information at each point of care.

In aged care, the most meaningful AI applications are not futuristic or abstract. They are practical, operational and focused on everyday realities. Automating resident intake documentation, structuring progress notes in real time, supporting accurate incident reporting and improving shift handovers all directly address known risk points in facilities.

These applications do not replace clinical judgement or human connection. Instead, they remove repetitive administrative load so staff can focus on residents. For example, AI-assisted documentation can reduce the time nurses spend after hours completing notes, while improving consistency and audit readiness. Multilingual handover tools can improve communication in diverse workforces. Automated compliance reporting can help facilities stay ahead of audits rather than reacting under pressure.

Importantly, these benefits are scalable. What saves minutes for one staff member can save thousands of hours across a facility or network each year.

Despite growing interest, trepidation around AI in aged care is understandable. Leaders are rightly cautious about privacy, data sovereignty and clinical responsibility. These concerns must be addressed head-on.

AI in aged care should always be assistive, not autonomous. Human oversight remains essential, and accountability must stay with the provider and clinician. Systems should be transparent, explainable and designed for Australian regulatory

frameworks. Local data hosting, clear consent processes and strong information governance are no longer optional. They are prerequisites for trust.

“Aged care teams are carrying one of the heaviest compliance and documentation burdens in the entire healthcare system. AI should not replace human judgement or compassion, but it can remove the repetitive administrative load that takes time away from residents. Our focus at MediQo is building technology that strengthens governance, improves documentation accuracy, and gives staff back time to deliver the quality of care every resident deserves. When AI is implemented responsibly, it becomes a safeguard for both residents and providers,” said Arash Zohuri, CEO, MediQo Health.

Crucially, AI literacy is becoming a leadership requirement. Understanding what tools do, where they add value and where their limits lie is now part of delivering safe care. Gaps in

understanding can lead to misuse, misinterpretation of outputs and erosion of trust among staff and residents alike.

The conversation around AI in aged care is shifting. It is no longer about experimentation for its own sake, but about building reliable digital foundations that support quality care, workforce sustainability and compliance.

Providers who succeed will be those who take a measured, system-wide view. They will evaluate AI not as isolated tools, but as part of a broader operational ecosystem. They will prioritise solutions that integrate into

existing workflows, respect professional judgement and deliver tangible outcomes for residents and staff.

AI is not a silver bullet for the challenges facing aged care. But when applied thoughtfully, it can become a backbone rather than a burden. The opportunity now is to ensure the sector moves forward together, so that innovation enhances care for every resident, in every setting. ■

**Arash Zohuri, CEO  
MediQo Health**

<https://mediqo.health/audiences/aged-care>

#### About MediQo Health

MediQo Health is an Australian AI healthcare platform supporting aged care, primary care and allied health providers to streamline documentation, strengthen compliance and improve continuity of care. Designed with clinical governance and data security at its core, MediQo delivers AI-assisted intake, progress notes, incident reporting, compliance, revenue and reporting tools that reduce administrative burden while supporting safer, more consistent resident care.



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# Ahead *of* the reform: *redefining aged care living*

**Across four different communities, from the Snowy Mountains to the Western Australian goldfields, Respect is investing in aged care and creating modern spaces that feel like home**

**A**ustralia's aged care sector is in the middle of its most significant reform. The new Aged Care Act has set a clear standard: every resident deserves their own private space, an environment that feels like home, access to the outdoors and genuine connection to community. For many providers, these are new obligations. For Respect, they are a description of work already underway.

Across four regional and rural communities in New South Wales, Victoria and Western Australia, Respect has committed tens of millions of dollars to aged care infrastructure that puts residents first. These projects did not begin because legislation demanded it.

They began because the people who live in these homes deserve modern comfort and upgrades and because the communities that built them deserve an operator who will honour that legacy.

Jason Binder, CEO & Managing Director of Respect, and Board Director of Ageing Australia says, "The way we design and build aged care homes has to change. The new standards are clear – every resident deserves their own private space and an environment that feels like home - not a hospital. That's what is driving every one of these projects. We're not just upgrading buildings – we're moving away from institutional models that defined aged care for far too long."

## **Hudson House – Cooma, NSW**

Hudson House has been part of the Snowy Monaro community for more than 40 years. Built in 1982 through a grassroots fundraising campaign honouring Sir William Hudson, chief engineer of the Snowy Mountains Scheme, it has served generations of Cooma families. In 2023, it joined Respect and a refurbishment is now underway.

The change residents will feel most immediately is also the most fundamental. Shared rooms are being converted into individual rooms, each with its own ensuite, giving every person their own private space. A new wellbeing office, an upgraded hair salon and improvements to the central courtyard will transform the home, due for completion by the end of 2026.

"Hudson House's refurbishment will convert shared rooms into private rooms with ensuites, giving every resident their own space and a more comfortable, modern home," Jason says. "After more than 40 years serving the Snowy Monaro region, Hudson House deserves this investment and so do the people who call it home."

## **Cohuna Village – Cohuna, Victoria**

Cohuna Village doesn't stand still. The 2024 expansion brought the home to 50 beds with the construction of a newly built wing, introduced a dedicated memory support unit, added a new café and upgraded outdoor



spaces. That investment continues with a two-year refurbishment of 34 resident rooms.

What sets this project apart is its care for continuity. Rooms are upgraded five at a time. Residents move into the newly built five-bed wing with the same neighbours, the same staff, the same familiar rhythms around them. The design is changing but the sense of home is not.

“We’re doing the Cohuna Village refurbishment five rooms at a time, so residents can move into the new wing with their neighbours and the same staff around them,” Jason says. “That familiarity matters and it’s the right way to do it.”

**Edward Collick Home – Kalgoorlie, Western Australia**

Edward Collick Home has been the Goldfields’ own since it opened in 2003, named after a priest known for his generosity and built by a community and volunteers. A \$5 million redevelopment, supported by \$4.4 million from the Aged Care Capital Assistance Program, is expanding that legacy in a way the region has needed for years.

Forty-five resident rooms and 34 en-suites are being refreshed with new finishes and fittings. Capacity grows from 50 to 89 beds, 39 new aged care places for older Australians in a remote community. Communal areas are being renovated, courtyards improved with native plantings that build on the home’s existing First Nations-themed garden, and a backup generator installed so the home is never left vulnerable.



“Edward Collick Home’s redevelopment will see capacity expand from 50 to 89 beds - creating 39 new places for older Australians living in the Goldfields,” Jason says. “This home was built by the Kalgoorlie community and this investment ensures it continues to serve that community for years to come.”

**Avonlea – Nhill, Victoria**

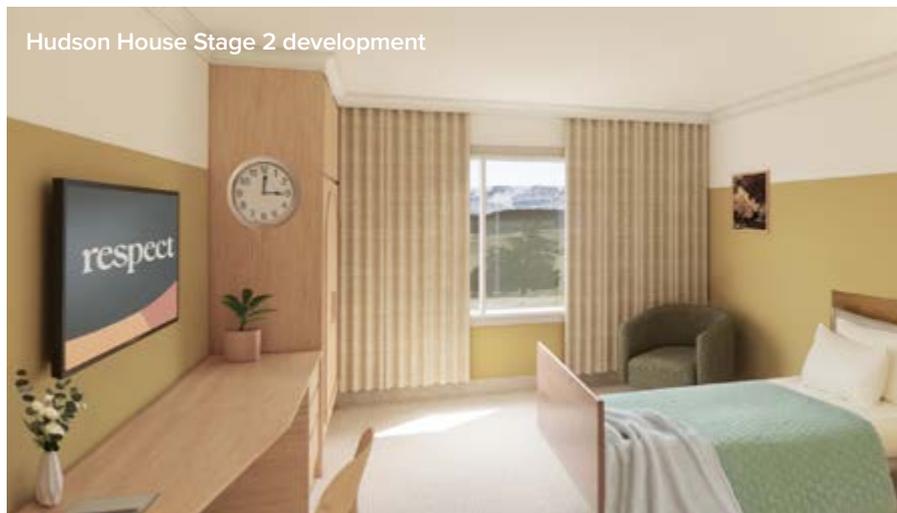
Avonlea was built by the town of Nhill. Founded in 1959 in a motel-style design that prioritised privacy and dignity decades before those words entered aged care policy. It grew through the efforts of local clubs, families and volunteers whose involvement has remained strong. That community spirit is not a footnote to Avonlea’s story – it is the story!

A \$17 million redevelopment, backed by \$8 million in government funding, now meets that legacy with serious investment. Thirty-three of the existing 45 beds are being rebuilt, and three new ones added, bringing the total to 48. New lounge, sitting and activities rooms will enrich daily life. Enhanced outdoor spaces will extend the home beyond its walls. Solar panels connect the project’s ambition to the future the Nhill community can be proud of.

“Avonlea’s redevelopment will rebuild 33 of the existing 45 beds and add three new ones, bringing the total to 48,” Jason says. “Nhill built this home from the ground up in 1959 – that community spirit is still very much alive, and this \$17 million investment honours everything they started.”

Four different homes, four different communities, four different projects and briefs that together represent a provider making good on its promises before the law required it.

The new standards are clear, and they are right. But standards only mean something when they are backed by genuine investment and genuine belief. At Respect, the design principles embedded in the new Aged Care Act – enable the person, cultivate a home, access the outdoors, connect with community – are not new instructions. They are a confirmation of the direction Respect was already heading in, and these projects are evidence. ■



# Sunshine Coast partnership strengthens post-discharge support

A new Sunshine Coast partnership is set to help hospital patients return home earlier, freeing up beds and easing pressure on the region's busy health system while supporting safer recovery in the comfort of home.

Prestige Inhome Care has partnered with local health charity Wishlist to spotlight one of healthcare's most pressing challenges – ensuring patients can transition safely from hospital to home once they are medically ready for discharge.

Across the healthcare industry, similar issues tend to arise including:

- patients remaining in hospital longer than necessary due to a lack of coordinated at-home support
- hospitals facing immense pressure when patients are clinically ready for discharge
- families being unsure of the available options to facilitate the transition from hospital to home.

The new partnership with Wishlist aims to make a meaningful difference. Prestige Inhome Care identified the opportunity as a natural alignment, with both organisations sharing missions focused on improving health outcomes and strengthening community wellbeing.

The collaboration was launched at a relationship-building morning tea and panel discussion on 26 February 2026, where Mark O'Brien, CEO of Prestige Inhome Care and Brendan Hogan, CEO of Wishlist spoke about the growing need for stronger post-discharge support across the Sunshine Coast.

"When proper in-home care is in place, it bridges the gap between the hospital and the home," says Mr O'Brien. "We assist patients post-discharge with everyday tasks, such as personal care, meals and household maintenance to help them improve their confidence and reach their independence goals sooner."

"We discuss practical ways to ease pressure on hospitals while improving



**L to R: Wishlist CEO Brendan Hogan and Wishlist Events Lead Kristen Vautier, Prestige Inhome Care CEO Mark O'Brien and National Growth Manager Brooke Norrie.**

outcomes for patients and families – a win-win approach that supports the health system and the community it serves. Earlier discharge and supported recovery at home can become the norm, not the exception," he adds.

Prestige Inhome Care will provide tailored post-discharge support designed to prevent avoidable readmissions and ensure a safe recovery pathway at home. Operationally, this process can begin while the patient is still in hospital. Nursing support is also available. The care team aims to assist with creating tailored care plans so that everything is in place by the time the client walks through their front door.

This proactive approach supports a wide range of people who are medically stable and no longer require acute hospital care but will benefit from additional assistance as they recover in the comfort of their own homes. That can include older patients, people living with complex or multiple conditions, or anyone who simply needs support to safely regain their independence.

Earlier discharge with professional in-home support delivers real benefits for both patients and the health system. For patients, returning home sooner reduces well-known risks such as deconditioning, loss of mobility and the decline in independence that can come with extended hospital stays.

Recovering in familiar surroundings also helps people reconnect with their usual routines, their families and their support networks. All these aspects play a key role in building confidence and supporting better outcomes.

At the same time, enabling safe discharge generates more hospital bed availability and clinical resources for those in need of acute care, improving overall patient flow and easing pressure on the system. Timely discharge is about supporting the best outcomes for patients while maintaining a health system that can respond quickly and effectively to the needs of the whole community.

Wishlist and Prestige Inhome Care share a common commitment to quality health care on the Sunshine Coast. "As the Sunshine Coast's local hospital charity, Wishlist supports the delivery of even better health care close to home, including when that care can be delivered at home," Mr Hogan says.

As demand for healthcare services continues to rise, innovative partnerships like this one are becoming increasingly important. Enabling patients to return home earlier allows them to reconnect with family and recover in familiar surroundings, while hospitals can redirect beds to those requiring urgent care, improving patient flow across the Sunshine Coast health network. ■

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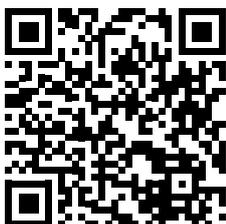
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