

National Aged Care Research Roundtable Consultation Paper

November 2021

Prepared by:

Professor Briony Dow
Dr Joan Ostaszewicz
Marcia Fearn
Kayla Lock
Anabelle Peck

CONFIDENTIAL

This document is confidential and the property of National Ageing Research Institute. No part of it may be transmitted, reproduced, published, or used without prior written authorisation from the institution.

Funded by the Australian Government Department of Health.
All work produced by NARI is editorially independent from its funding source.

Contents

Background.....	3
The National Aged Care Research Roundtable Project	3
What is aged care research?	3
Activity 1. Gap analysis	3
What we did.....	3
What we found	4
Activity 2. National Aged Care Research Roundtable Workshops	6
What we did.....	6
What we found	6
Section 1. Principles	7
Equity and rights.....	7
Involvement and engagement of end users	7
Policy and practice relevant research	8
Section 2. Research priorities to address the identified gaps	9
Research about older people and carers' experiences and expectations about caregiving and care receiving	9
Research that is designed for diversity	9
Research to translate principles about older people's rights and choices into practice	10
Research to address structural inequities to older peoples' health, connectedness and access to services	10
Research to address ageism and stigma.....	11
Research to help older people stay healthy	11
Research about models of care	12
Research to support a capable and resourced aged care workforce	12
Research about home care	13
Research about enabling technology.....	13
Research to promote a holistic integrated approach to end-of-life	13
Section 3. Research infrastructure and capability.....	15
Collaboration	15
Data collection, access and integration.....	15
Knowledge hub.....	16
Research ready aged care sector.....	16
Next steps.....	16
Reference list.....	17

Background

The Australian Government Department of Health commissioned the National Ageing Research Institute (NARI) to undertake a National Aged Care Research Roundtable Project to identify priority research areas for aged care reforms. These reforms include those announced by the Australian Government in the 2021-22 Budget, in response to the recommendations of the Royal Commission into Aged Care Quality and Safety (hereafter referred to as the Royal Commission).

The aged care reforms build on five pillars over five years and represent a substantial structural increase in the level of funding for aged care. The identified research priorities will be provided to the Minister for Senior Australians and Aged Care Services, and the Minister for Health and Aged Care, for consideration in the design of the National Aged Care Research Strategy.

The National Aged Care Research Roundtable Project

The National Aged Care Research Roundtable Project involves three activities:

- (i) A gap analysis (review and consultation) to identify gaps in research about aged care in Australia
- (ii) Two half day National Aged Care Research Roundtable Workshops
- (iii) A survey to validate and refine the priorities discussed at the workshops.

To date, NARI has completed the first two activities. This report describes the methods and findings from these two activities and outlines the next steps in the project to inform completion of the survey.

What is aged care research?

For the purposes of the project, aged care research is defined as research that relates to residential or in-home care (including informal care), the aged care workforce, aged care regulation or policy, preventing premature admission into residential care, and the interface between aged care and health systems in Australia or internationally.

Activity 1. Gap analysis

What we did

NARI undertook a desktop analysis of gaps in research about aged care in Australia. The gap analysis was based on evidence from the following sources:

- A bibliometric analysis of Australian and international research on aged care
- Reports commissioned by the Royal Commission
- Published and grey literature on previously identified gaps and priorities in aged care research, including:
 - The Australian Association of Gerontology - National Ageing Research Agenda – August 2015
 - The International Association of Gerontology and Geriatrics, 2011. Global Agenda for Clinical Research and Quality of Care in Nursing Homes (Rolland et al., 2011; Tolson et al., 2011)
 - The Dementia, Ageing and Aged Care Mission Roadmap and Implementation Plan National Consultation Report September 2021
 - The National Institute for Dementia Research (NNIDR) Aboriginal and Torres Strait Islander Roadmap for Dementia Research and Translation 2019

- The National Ageing Research Institute. What makes a good old age? Aged Care Roundtable Discussion Paper, May 2018
- The National Ageing Research Institute. Submission to the Royal Commission into Aged Care Quality and Safety. February 2020
- National Ageing Research Institute ARI and the NHMRC National Institute of Dementia Research (NNIDR). (2020). Culturally and Linguistically Diverse (CALD) Dementia Research Action Plan
- Published and grey literature on aged care research related to COVID-19
- A survey and pre-workshop consultations:
 - A consultation with the Australian Association of Gerontology Collaborating Research Centre leads
 - A consultation with the Melbourne Ageing Research Collaboration Community Advisory Group

A copy of the gap analysis can be obtained from the [NARI website](#).

What we found

Depicted in Figure 1 are the gaps in research identified in Activity 1, and how they apply to an older person's likely interaction with the aged care system. These are grouped according to the following five core topics:

1. Staying healthy and connected
2. Providing unpaid care
3. Accessing and using home care
4. Residential care
5. End-of-life care

Additional topics of consideration that affect all five of the above areas include:

6. The unexpected (COVID-19)
7. Themes that emerge across all care settings

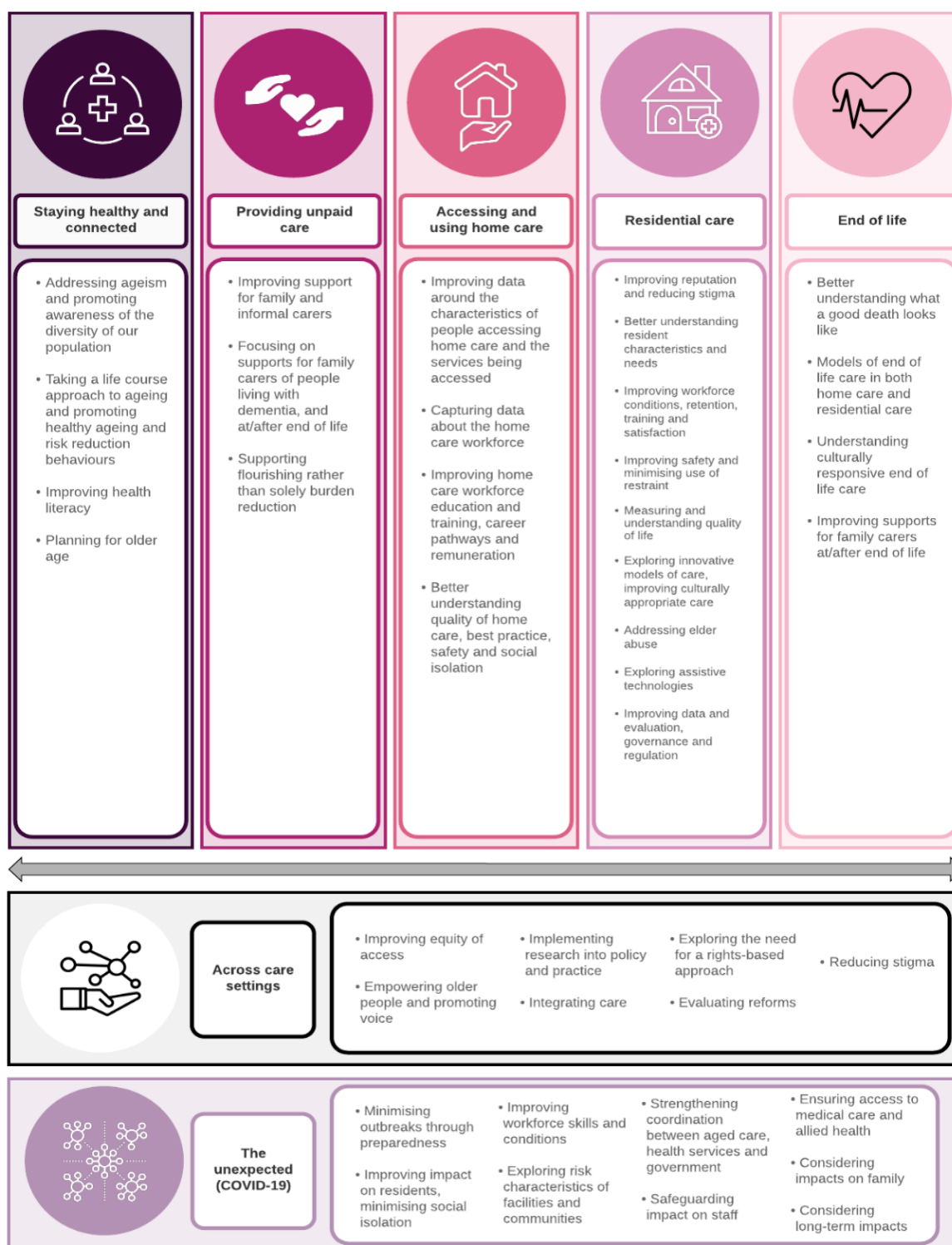


Figure 1. Gaps in aged care research identified from Activity 1

Activity 2. National Aged Care Research Roundtable Workshops

What we did

In November 2021, NARI convened two half-day National Aged Care Research Roundtable Workshops via Zoom to facilitate an exchange of ideas and priorities between key stakeholders and policy makers in order to inform a national aged care research strategy with key opportunities and priorities for research in this sector. The workshops were attended by 11 representatives from the Australian Government Department of Health, 6 additional participants from the Government and policy sector, 28 aged care researchers from universities and research institutes with representation from all states, 3 consumers and 11 participants from peak bodies and service providers in the aged care sector and 15 NARI researchers.

Using a World Café approach, six topics from Figure 1 were discussed. These included the 5 key topics and consideration of COVID-19, while “across care settings” was treated as an overarching theme across all other topics. Participants were invited to consider the following in relation to each topic:

- What do you see as the strengths in existing knowledge/research in this area?
- What do you see as the gaps in knowledge or in translation of knowledge into policy or practice?
- What do you see as the most urgent priorities for research/data in this topic area?

The gaps identified within the six topic areas as well as the gaps across care settings were used as prompts for the breakout room discussions. Participants were asked to consider.

- Priority topics
- Priority populations
- Enablers and barriers
- Feasibility and costs

What we found

The information from Activities 1 and 2 was triangulated and categorised into three areas, noting that there is some overlapping themes. In this document, the findings are presented under the following three main topics:

- Principles for conducting research on ageing and aged care (Section 1)
- Research priorities to address the identified gaps (Section 2)
- Research infrastructure and capability (Section 3)

Section 1. Principles

In addition to the need to comply with ethics principles as stated in the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research (2007) - Updated 2018, several themes were identified about principles that should be embedded across all areas of aged care research.

In summary, the following were identified as principles that should be incorporated where possible across all areas of aged care research.

- Equity and rights:
 - Research is consistent with a rights-based framework
 - Ensuring equity of participation for all research populations (older people, carers, staff) is prioritised, optimising representation from underrepresented populations, and designing for diversity
 - Research participants and advisors are adequately prepared, recognised and remunerated
- Involvement and engagement of end users:
 - Involvement and engagement of older people and carers (formal and informal) in the research design and delivery of research, and as research participants
 - Involvement and engagement of the aged care sector in the research design and delivery of research, and as research participants
- Policy and practice relevant research:
 - Research outputs/outcomes are relevant to policy and practice
 - Research outputs are timely and persuasive
 - Financial considerations, including economic and cost-effectiveness studies, are incorporated into research
 - Research proposals and findings are effectively/efficiently communicated to policy makers
 - Research is contextually appropriate and can be translated into policy and practice

Equity and rights

A rights-based approach must underpin research, meaning that research should protect and promote the rights of older people accessing aged care.

While engaging older people and others in aged care research, it is crucial to ensure that all populations, including those underrepresented, are included. Equity of participation should be prioritised. Research participants and advisors should be adequately prepared, recognised and remunerated.

Involvement and engagement of end users

Consistent with the NHMRC statement on Consumer and Community Involvement in Health and Medical Research (2016), efforts should be made wherever possible to involve older people, carers of older Australians, and aged care staff in the design and delivery of research about aged care, and not just as research participants. Research should consider what is important to older Australians, carers and aged care staff, and which areas of aged care need to be addressed according to their priorities.

Policy and practice relevant research

There is a need to better integrate research, policy and practice. Policy makers exist both within and outside of Government. For example, many aged care organisations and peak bodies are highly engaged in the policy process. To optimise impact, researchers should consider the relevance of outputs and outcomes to policy makers and the priorities of Government. Clarity is needed around which policy outcomes are important to measure, and these need to be measured consistently.

Timing and persuasiveness of research findings affect the extent to which they are considered by policy makers. Understanding cost effectiveness is of high priority to policy makers, and policy makers have highlighted a strong need to incorporate financial aspects of aged care service delivery and design into research where possible. Therefore, embedding economic and cost effectiveness into research studies is important. Demonstrating and applying an understanding of the financial context in which the aged care sector is situated as well as relevant business drivers for providers will improve the relevance and likelihood that findings will be applied by stakeholders including policy makers and aged care providers.

To improve the alignment between research and the work being done by policy makers, research proposals and findings should also be presented in a way that enables effective and efficient communication across stakeholders.

To deliver fit-for-purpose outcomes that older people, carers, aged care providers and policy makers can adopt, researchers should employ strategies that are informed by implementation science. This includes methodologies that take complexity into consideration – both in study design and outcome measurement. Research should be collaborative and multidisciplinary. This research should explore and address barriers to the use of evidence. Furthermore, Roundtable participants highlighted that the capacity of the aged care sector to apply research findings to practice and thereby improve outcomes for older people needs to be increased. Engagement with aged care providers in research has the potential to improve the translation of evidence into practice. Research can benefit aged care organisations and help them to meet their priorities and objectives; such benefits need to be emphasised throughout the sector.

Section 2. Research priorities to address the identified gaps

Eleven key research priorities were recommended to address the gaps identified through Activities 1 and 2.

Research about older people and carers' experiences and expectations about caregiving and care receiving

The concept of care warrants further research, as do older people and carers' experiences and expectations about caregiving and care receiving in different cultural contexts, in both formal and informal care settings.

To better understand these experiences and expectations, the Royal Commission Reports called for well-validated and routinely utilised resident-centred measures designed to monitor the quality of life, consumer experience, and other important consumer or carer assessments about the care that older people receive at home and in residential aged care. For residential care specifically, routine data collection of inputs, costs, outcomes and quality within facilities, and the use of well-validated quality measures including quality of life measures should be an essential part of the minimum data requirement.

Older people are often the ones that provide care to other older people and/or family members with a disability. Research into better supports for family carers, including family carers of people living with dementia and supports following the loss of the care recipient was identified as a gap. Family carer research that supports flourishing rather than just burden reduction is important.

Appropriate programs are required to support carers to coordinate and manage both the practical and psychological aspects of caregiving. Moreover, as there are many and varied care relationships and types of care (both formal and informal), there is a need for research that goes beyond carer/care recipient dyad. There is a need to invest in health economics research that evaluates the benefit of investing in carer health and well-being on outcomes related to carers and care recipients.

Finally, caregiving and elder abuse is another important, but significantly under-researched and stigmatised topic. Further research about the prevalence and prevention of elder abuse in both residential care and community care settings is needed.

Research that is designed for diversity

In undertaking any research, including research on aged care, participants identified the need to embed responsiveness to diversity at the outset. As noted under principles (Section 1), consumer engagement is essential to inform quality aged care research and this engagement should reflect the diversity of Australia's older population.

Specifically, consideration should be given to equity of participation for all research populations (older people, carers, staff), optimising representation from underrepresented populations, and designing for diversity. Examples of underrepresented groups include:

- Aboriginal and Torres Strait Islander Peoples
- Culturally & linguistically diverse (CALD)
- LGBTIQ+
- People living with dementia

- Rural, regional & remote areas

There are significant gaps in information about the experiences of people from underrepresented groups in relation to COVID-19 and their access to culturally appropriate support, advocacy, specialist support, and decisions about end of life care and admission to residential aged care. Similarly, there are gaps in information about the best ways to support bi-cultural and community workers during a pandemic. Further to this is the need to develop and evaluate standardised assessment instruments for use in residential care as well as models of care that are culturally appropriate.

There is also a need to better understand the barriers and enablers to translating the growing research and policy knowledge base on population diversity into implementation and action in aged care, and to identify what can be done to overcome and leverage these.

Research to translate principles about older people's rights and choices into practice

Research should underpin and inform policies that aim to translate older peoples' rights and choices into practice in aged care. Participants of the workshops pointed out the experience of COVID-19 in residential aged care homes suggests an older person's rights can be easily eroded in formal care settings. There is an urgent need for research to establish how to involve older people living in residential aged care homes in decision-making processes, including residents with dementia and how best to uphold the principle of dignity of risk in a communal environment. This includes evidence to underpin policies related to transfers to hospital, and to ensure that age is not a discriminating factor in decisions about access to care. Given the findings of the Royal Commission, further attention needs to be paid to the effectiveness of the aged care standards in upholding older peoples' rights.

Further research about the impacts of COVID-19 on staff, residents and family members is required to ensure all rights are upheld. For example, a critical analysis to identify the interests of various stakeholders could be undertaken to reveal those who benefited from the restrictions in residential aged care and whose choice was being protected.

The barriers and enablers to embedding a rights-based approach across aged care need to be identified and strategies to address these prioritised. This research could support operationalising a rights-based approach in policy, program and pathway design, funding design and service delivery.

Research to address structural inequities to older peoples' health, connectedness and access to services

There is need for research to better understand and address structural inequities to older peoples' health, connectedness and access to services. Workshop participants called for a better understanding of the impact of a current "consumer-driven and market-based" system of aged care on older people (Commonwealth Government, 2016). They also called for research into the impact of state/federal differences in relation to health and aged care provision and how to bring the disparate parts of the system together to make it a seamless experience for older people. Research that explores transitions between settings and interfaces with other health systems could inform policy measures to improve integration of the health and aged care systems so that older Australians can experience more seamless care that optimises their health. A seamless system should minimise the need for older

people to undergo multiple assessments. It should also ensure they can access specialist support such as medical and allied health when needed. Such research could draw on international models of care. Reforms to aged care should be independently evaluated to ensure that key objectives are being met. The question of what it takes to keep older people connected was canvassed, with calls for research into the role of advocacy and public institutions e.g. libraries, community groups and volunteers.

Research to address ageism and stigma

There was a consistent call for research to tackle the damaging effects of ageism and stigma that exists at all levels of society, including among older people themselves, as well as among researchers. Stigma extends to aged care employees, who can also internalise negative stereotypes that can affect them at an individual level as well as organisational retention and recruitment strategies. The need to improve the reputation and reduce the stigma associated with residential care was noted. This extends to the workforce, whose value and status should be acknowledged and appropriately remunerated.

Ageism and stigma may create divisions between older and younger people and may impact on informal caring in the future. Participants called for research that aims to:

- Disrupt the intergenerational divide/stereotypes.
- Reduce stigma related to caring for an older person/receiving care as an older person.
- Improve recognition of the value of older people through things such as intergenerational programs.
- Identify drivers and impacts of ageism in the aged care system

It was suggested that research on the economic impact of an ageing population would be one way to better understand older peoples' positive contribution to society. This may include research around factors such as: resource allocation and health expenditure; the ageing workforce; retirement and financial independence; welfare and financial security; and the hidden value that older people contribute to the economy of volunteering, familial child care, and spousal care.

Research to help older people stay healthy

The need for better promotion of healthy ageing and a life course approach to ageing well was often noted. This may include prevention and intervention strategies, and the importance of nutrition and physical activity, as well as psychological wellbeing and social participation. This requires an integrated health and aged care system that focuses on health promotion across the life course. The need to focus on dementia risk reduction and fall prevention were also emphasised.

There is a need for people to understand the importance of looking after themselves as they age to reduce comorbidities that negatively affect many older people's lives. Research can help address questions about how to ensure all people take greater responsibility for their own health and therefore care about their healthy ageing. This requires access to information about healthy ageing, courses and/or strategies and an understanding of how to get the information to the people for whom it was created, particularly for vulnerable groups where information access is a barrier. The question of what healthy ageing means at

different ages and stages in life, and in different cultural contexts, also warrants consideration. For example, what gives life meaning and purpose in the context of frailty and care-dependence and what are the barriers, enablers and strategies to supporting this in the aged care system?

The need to plan for older age and potential service use was also noted across a number of information sources, particularly the need for better evaluation of uptake and utility of advanced care planning. There is also a need for a better understanding of older persons' preferences for residential aged care.

Research about models of care

The question of what is required to enable and promote a good old age was central to the discussion, leading to recommendations about the need to develop and evaluate innovative and evidence-based models of care that afford engagement and enablement of people accessing aged care.

There was a call for a 'strengths-based culturally appropriate model of care' that could guide care across all aged care sectors and service, i.e. integrated with the community and the health system; designed to improve resident's function and quality of life; and are co-designed with people accessing aged care. Concepts such as well-being, restorative care, and reablement were thought to be central to the model. A 'maintenance model' and a 'multidisciplinary model of care' were also advocated. One participant called for a model of care for residential aged care that ensured residents were not locked in their rooms during pandemics.

There was also a recommendation for research to investigate how to improve models of residents' advisory groups. Trauma informed approaches to care need to be considered in the model of care. Further to this was the need for models of alternative housing and built environment models of residential care to promote optimal independence.

Research to support a capable and resourced aged care workforce

In order to provide quality care for older people who require support, participants called for an aged care workforce that is capable, appropriately trained, and well resourced. The Royal Commission illuminated the need to build a skilled aged care workforce that can meet the growing demand for services, particularly home care. There was also a call for research to underpin policies and practices related to staffing, recognition, knowledge, skills, training, working conditions, job security, leadership, workforce planning and remuneration of the aged care workforce. For example, further research could address questions about the relationship between staffing levels and characteristics in residential aged care and residents' actual care needs, as well as quality of care, quality of life and satisfaction.

Workforce issues were a key concern within the body of literature about COVID-19 in the residential care sector. International research identifies more serious outbreaks are associated with staff movement between sites, poor working conditions, employment instability, and a lack of staff training or inconsistent training in infection control. There is limited research data on these workforce risks in Australian research as well as gaps in evidence about the psychological implications of COVID-19 on the aged care workforce, particularly in the longer term. The moral and psychological impacts of COVID-19 on staff

warrant consideration, as well as the effects of casualisation and workforce conditions on COVID-19.

Finally, research could play a key role in ensuring that education for the aged care workforce is underpinned by the best available evidence, not only about clinical care, but how to better advocate for residents and to work in partnership with families (how to support them with difficult decisions).

Research about home care

Research into home care was identified as a broad gap in itself through both the consultation process and gap analysis. Workshop participants recommended a targeted call for research about home care as a priority in order to support this industry. Findings from the Royal Commission also emphasised the urgent need for research in this area to meet the growing demand for home care services in Australia and consequently the skilled workforce required to provide these services. The availability and consistency of data across the sector has been identified as a significant gap at each stage of consultation. Workshop participants advocated for improved harmonisation of data by strengthening partnerships with service providers and involving them in research. A national data linkage could be investigated to address this gap.

Research is also required to determine how effective the current home care system is in meeting the needs of older people. This includes data about informal and formal supports used, decision-making processes, and how to create an ecosystem of care.

There is a need to ensure the system is driven by evidence from both Australian and International literature on best practice. Additionally, the impact of COVID-19 on older people living in their homes is in need of investigation. Research should explore older peoples' experiences of home care service provision during the pandemic, including the impact of not accessing aged care services.

Research about enabling technology

Technology was identified as a potential enabler for older people and one way to reduce their experiences of social isolation. Simultaneously, it was acknowledged that not all people are capable to use such technology. Hence, there is a need to consider how to overcome the digital divide. What does digital literacy require and look like in local contexts and what are the implications of the aged digital divide for aged care?

Assistive technologies also warrant further investigation. For example, research into building standards in relation to technology in new facilities. Technology should also be evaluated to see if it improves communication processes (e.g. advanced care planning systems across residential aged care, ambulance service and hospital so everyone knows priorities for end-of-life care).

Research to promote a holistic integrated approach to end-of-life

There is a considerable body of evidence-based models of care and training materials about end-of-life care, but there is gap in terms of translating this evidence into practice across the country. There is a need to scale up coordinated models of care led by primary health and

implemented through national health reform. All primary health network and residential aged care models for end-of-life need to be reviewed to see what works best.

Research should be undertaken to better understand grief (pre-death grief and anticipatory grief) and provide grief support to family before and after death, and other residents and staff particularly in residential aged care where they may have developed bonds with residents. Studies are required to compare alignment between staff and family in terms of their perceptions of what is important.

Older people should be involved in decisions about research on end-of-life care i.e. included in the next national Palliative Care Strategy. There is also a need for mandatory indicators and readily accessible data for benchmarking – and research investment to analyse it. Learning from research conducted on quality indicators could be applied to the Australian context. Finally, further research is required on assisted dying and the impact on quality of death and to examine how difference in laws across Australian States and Territories impact on quality of end-of-life care.

Section 3. Research infrastructure and capability

Equitable and evidence-based aged care depends on strong research infrastructure and capability. Policy levers could strengthen Australia's research infrastructure to promote an evidence-informed approach to aged care.

Collaboration

These levers should promote collaboration between researchers rather than competition. Participants described a siloed and competitive approach to research. This could be addressed by incentivising research that is collaborative, multidisciplinary, and that involves all key stakeholders i.e. consumers, researchers, clinicians, services, and policy makers in aged care. Policy makers in aged care exist across sectors. Many stakeholders are influential in the policy process, including those working for Government and policy officials employed by aged care organisations, peak bodies and consulting organisations. It is important that networks across these stakeholders and researchers are formed and maintained to enable a collaborative approach to facilitating research informed policy as well as policy informed research.

Data collection, access and integration

Projecting the future needs of older people and populations requires sound data to allow modelling and scenarios to be developed. Whilst the aged care sector was perceived as being capable to collect data, there are large gaps in the availability and quality of these data. For example, whilst ACAS data includes comprehensive information about older peoples' health and functional and social status, it is not available for research use. In order to make informed judgements and plan for the future, there is need to improve access to appropriate and useful minimum datasets that provide information about older peoples' characteristics, experiences, and use of aged care services, and to identify gaps in services. Specifically, there was a call for a National Minimum Data Set (i.e. standard data collection) to provide a better understanding of the characteristics of older people who use aged care services, particularly in residential aged care homes where residents' physical, social, and mental health and wellbeing is poorly understood. The data needs to be obtained from all relevant stakeholders (residents, staff, families, partners, friends, etc) to obtain a more accurate picture. The National Minimum Data Set should be extended to older people who use home care services, where there are major gaps in their characteristics and healthcare needs. This has significant implications in terms of the inability to make informed decisions about the quality of care and future needs. The data set should be linked to other national datasets. Both qualitative and quantitative data should be systematically collected, reported and accessible. There is also a lack of data about the aged care workforce, particularly in relation to home care workers, including their education and training needs, career pathways and remuneration.

The need for consistency and harmonisation of data, definitions, language and outcomes was a strong theme. There is a need for routine and systematic data collection across the sector. Research and data needs to be integrated. Researchers should consider how research output can contribute to and be integrated with the new National Aged Care Data Set. A cohesive approach to collecting and utilising data (e.g. for benchmarking) will be important into the future.

The use of language, terms and definitions also needs to be standardised, for example, older people are referred to many different terms including older Australians, senior Australians, clients, consumers etc. Operational definitions are widely inconsistent, for example, in what quality of care means. This makes it difficult to pool data and compare outcomes across groups.

There is a need for better national data linkage as well as proper evaluation of what national data linkage can provide. However, the current administrative data was seen as messy and it was suggested that resources might be better used to develop a cohort study.

Data is critical to being able to respond effectively to crises such as pandemics, to make workforce projects and plan and reduce workforce vulnerabilities. To enable sharing and reduce the current siloed and disintegrated system, the aged care sector needs a consistent integrated IT platform and system.

Knowledge hub

There were also calls to improve public access to data. As such, a knowledge hub of aged care research that contains dynamic real time publicly assessable data that is developed with consumer input was proposed.

Research ready aged care sector

An additional critical component of strengthening research infrastructure and capability in aged care is the need to address system barriers to building and implementing evidence. The aged care sector has been slow to adopt an evidence based approach to care compared to the healthcare system more broadly. Research and researchers can and should play a key role in supporting the aged care sector to embrace evidence-informed practice. This can be done by incentivising aged care engagement in research, e.g. making research part of core business by funding translation, facilitation and implementation research in aged care and by ensuring evidence-based practice is a requirement of the Aged Care Quality Standards.

Some infrastructure solutions that were suggested include:

- A national up-to-date knowledge hub for healthy ageing and aged care research.
- A longitudinal study of ageing, similar to those conducted in the UK, Canada, Brazil, USA.
- A central repository of information about research groups/centres and their capabilities.
- A consistent integrated information technology platform and system for aged care enabling real time data collection and timely access.

Next steps

This paper is designed to inform completion of the accompanying survey. The survey will be sent to all Roundtable workshop participants and a wider group of stakeholders with the aim of validating and refining the research principles, priorities and infrastructure solutions derived from the first two activities in this National Aged Care Research Roundtable project.

Reference list

Australasian Association of Gerontology (2015). *National Ageing Research Strategy*.
<https://www.aag.asn.au/documents/item/1023>

Bardsley, G. (2020). *What Australians think of Ageing and Aged Care*. Roy Morgan, Melbourne, Australia.

Batchelor, F., Savvas, S., Dang, C., Goh, A.M.Y., Levinger, P., Peck, A., Katz, I., Dow, B. (2020). *Inside the system: aged care residents' perspectives*. National Ageing Research Institute: Parkville, Victoria, Australia

BDO (2020). *Report on the profitability and viability of the Australian aged care industry*. BDO, Australia.

Caughey GE, Lang CE, Bray SC, Moldovan M, Jorissen RN, Wesselingh S, Inacio MC. (2020). *International and National Quality and Safety Indicators for Aged Care*. Report for the Royal Commission into Aged Care Quality and Safety. South Australian Health and Medical Research Institute, Adelaide, Australia.

Comans, T. Nguyen, K. H. Zelenyuk, V. Gray, L. Tran, A. Nguyen, B. Wang, Z. Moretto, N. (2020). *The cost of residential aged care*. University of Queensland, Australia.

Commonwealth Government, Department of Health (2016). *Aged Care Roadmap*. Aged Care Sector Committee. <https://www.health.gov.au/resources/publications/aged-care-roadmap>

Commonwealth of Australia (2021) *2021 Intergenerational Report: Australia over the next 40 years* https://treasury.gov.au/sites/default/files/2021-06/p2021_182464.pdf

Cullen, D. (2019). *Medium- and long-term pressures on the system: the changing demographics and dynamics of aged care*. Royal Commission into Aged Care Quality and Safety. Australia.

Deloitte Access Economics (2020). *Aged care reform: projecting future impacts*. Deloitte Access Economics, Australia.

Dyer SM, van den Berg MEL, Barnett K, Brown A, Johnstone G, Laver K, Lowthian J, Maeder AJ, Meyer C, Moores C, Ogrin R, Parrella A, Ross T, Shulver W, Winsall M, Crotty M (2019). *Review of Innovative Models of Aged Care*. Flinders University, Adelaide, Australia.

Dyer SM, Valeri M, Arora N, Ross T, Winsall M, Tilden D, Crotty M (2019). *Review of International Systems for Long-Term Care of Older People*. Flinders University, Adelaide, Australia.

Eagar K, Westera A, Snoek M, Kobel C, Loggie C and Gordon R (2019) *How Australian residential aged care staffing levels compare with international and national benchmarks*. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

Elgood, J. and Phan, K. (2019). *They look after you, you look after them: Community attitudes to ageing and aged care*. Ipsos, Sydney, Australia.

Frontier Economics (2020). *The required return for aged care service providers*. Frontier Economics, Australia.

Gilbert AS, Owusu-Addo E, Feldman P, Mackell P, Garratt SM, Brijnath B. (2020). *Models of Integrated Care, Health and Housing*. Report prepared for the Royal Commission into Aged Care Quality and Safety, National Ageing Research Institute: Parkville, Australia.

Hughes M., Bigby C., Tilbury, C. (2018). *Australian social work research on ageing and aged care: A scoping review*, Journal of Social Work, 18(4):431-450.

Kobel, C. and Eagar, K. (2020). *Technical mapping between ACFI and AN-ACC*. Australian Health Services Research Institute, University of Wollongong, Australia.

Medical Research Future Fund (2021). *Dementia, Ageing and Aged Care Mission Roadmap and Implementation Plan National Consultation Report*.

<https://www.health.gov.au/resources/publications/medical-research-future-fund-mrff-dementia-ageing-and-aged-care-mission-roadmap-and-implementation-plan-national-consultation-report>

NHMRC (2016). *Statement on Consumer and Community involvement in Health and Medical Research, Consumers Health Forum of Australia*. Consumers Health Forum of Australia. <https://www.nhmrc.gov.au/about-us/publications/statement-consumer-and-community-involvement-health-and-medical-research>

NHMRC, the Australian Research Council and Universities Australia (2007) updated 2018. *National Statement on Ethical Conduct in Human Research*. Commonwealth of Australia, Canberra. <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>

NHMRC National Institute for Dementia Research (2019). *Aboriginal and Torres Strait Islander Roadmap for Dementia Research and Translation*. <https://www.nhmrc.gov.au/research-policy/research-priorities/dementia-research>

Oliver, K., Lorenc, T., & Innvaer, S. (2014). *New directions in evidence-based policy research: a critical analysis of the literature*. Health Research Policy and Systems, 12(1), 34.

Ostaszkievicz J., Gilbert A., Fraser S., Garratt S., Dow B. (May, 2021). *What worked well? Lessons learnt from the second wave of COVID-19 outbreaks in Victorian aged care services: Mapping activity*. National Ageing Research Institute

Ratcliffe J, Chen G, Cleland J, Kaambwa B, Khadka J, Hutchinson C, Milte R (2020). *Australia's aged care system: assessing the views and preferences of the general public for quality of care and future funding*. Caring Futures Institute, Flinders University, South Australia.

Rolland Y, et al., (2011). *Identification of the main domains for quality of care and clinical research in nursing homes*. J Nutr Health Aging. 15(5):410-24. doi: 10.1007/s12603-011-0091-8.

Royal Commission into Aged Care Quality and Safety. (2021). *Final Report. Care, Dignity and Respect*. <https://agedcare.royalcommission.gov.au/publications/final-report>

Smith, C. (2019). *Navigating the maze: an overview of Australia's current aged care system*. The Office of the Royal Commission for Commissioners, Royal Commission into Aged Care Quality and Safety. Australia.

The National Ageing Research Institute (2018). *What makes a good old age? Aged Care Roundtable Discussion Paper*.

The National Ageing Research Institute (2020). *Submission to the Royal Commission into Aged Care Quality and Safety*.

The National Ageing Research Institute and the NHMRC National Institute of Dementia Research (NNIDR). (2020). *Culturally and linguistically Diverse (CALD) Dementia Research Action Plan*

The Office of the Royal Commission for Commissioners (2019). *A history of aged care reviews*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2019). *Advance care planning in Australia*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2019). *Aged care program redesign: Services for the future*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2019). *Carers of older Australians*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2019). *Dementia in Australia: nature, prevalence and care*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2021). *Does the quality of residential aged care vary with residents' financial means?* Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2020). *Experimental Estimates of the Prevalence of Elder Abuse in Australian Aged Care Facilities*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2020). *Financing aged care*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2021). *Hospitalisations in Australian Aged Care: 2014/15–2018/19*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2020). *How far do people move to access aged care?* Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2019). *Legislative framework for Aged Care Quality and Safety regulation*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2020). *Residential Care Quality Indicator Profile*. Royal Commission into Aged Care Quality and Safety. Australia.

The Office of the Royal Commission for Commissioners (2019). *Restrictive practices in residential aged care in Australia*. Royal Commission into Aged Care Quality and Safety. Australia

Tolson, D et al., (2011). *International Association of Gerontology and Geriatrics: A Global Agenda for Clinical Research and Quality of Care in Nursing Homes*. Am Med Dir Assoc. 12:184–189