

National Aged Care Research Roundtable Scoping Paper

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National Aged Care Research Roundtable Scoping Paper

Background

The National Ageing Research Institute (NARI) was commissioned by the Australian Department of Health to work with relevant experts to identify the priority research areas for aged care reforms. These reforms include those announced by the Australian Government in 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.



Figure 1. Description of the Australian Government's five pillars to support aged care reform

Pillar 1 – Home Care: This pillar is aimed at supporting people to remain at home.

Pillar 2 – Residential Aged Care Services and Sustainability: This pillar involves redesign and planning reform for aged care to ensure the delivery of appropriate and effective care.

Pillar 3 – Residential Aged Care Quality and Safety: This pillar aims to improve access to and quality of residential aged care, as well as to increase confidence in aged care more broadly.

Pillar 4 – Workforce: This pillar focuses on growing a skilled and high quality workforce, which will be the powerhouse of the government's reform agenda.

Pillar 5 – Governance: The goal of this pillar is to introduce new legislation and to improve the governance across the aged care system (Appendix 1).

The National Aged Care Research Roundtable Project involves three activities: (i) a scoping paper including background and gap analysis (this paper), (ii) two half day workshops (28th and 29th October 2021), and (iii) a modified Delphi survey to refine the priorities discussed at the workshops. The research priorities identified through this process 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 findings will help to ensure the Australian Government's National Aged Care Research Strategy is led and continually informed by evidence.

This paper outlines the aims and rationale for the National Aged Care Research Roundtable, current investment in aged care research and an analysis of gaps in existing research in Australia and internationally, including in COVID-19 aged care research.

Aims of the National Aged Care Research Roundtable

- To facilitate an exchange of ideas and priorities between key stakeholders and policy makers in order to inform a national aged care research strategy.
- To identify key opportunities and priorities for research in this sector.

What is aged care research?

For the purposes of this 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. However, conceptualisations of health and aged care services should focus on the life course needs and preferences of people; rather than be siloed according to the setting of care. As such, an older person-centred approach has been taken throughout this paper.

Evidence-informed aged care policy

Evidence derived from research has a crucial role in informing Government policy. Research can be used in both the development and implementation of public policy. Evidence-based policy making is '*a process that transparently uses rigorous and tested evidence in the design, implementation and refinement of policy to meet designated policy objectives*'¹. For complex policy areas, such as aged care, it is especially important to ensure that choices are informed by rigorous assessment and evaluation. As the aged care system undergoes substantial change in the coming years, and the Government's reforms are implemented, it will be particularly important for research to be conducted that evaluates the impact of these reforms on older peoples' lives.

Regular communication between policy makers and researchers is required to ensure that research is timely, relevant and accessible (Oliver et al., 2014). The National Aged Care Research Roundtable workshops will provide an opportunity for a conversation between researchers, policy makers and other key stakeholders to identify areas of aged care research that should be prioritised, ensuring that Government has access to high quality and relevant evidence to inform decision-making into the future.

Analysis of current funding for research about aged care

Key sources of Commonwealth funding for research about aged care include:

- The Australian Research Council (ARC)
- The Medical Research Future Fund (MRFF)
- The National Health and Medical Research Council (NHMRC)
- The Dementia and Aged Care Services (DACS) Fund
- The Aged Care Centre for Growth and Translational Research (CGTR)

¹ <https://www.pc.gov.au/research/supporting/strengthening-evidence/25-chapter1-volume2.pdf>

The Australian Research Council (ARC)

On average the ARC, under the umbrella of the National Competitive Grants Program, funds \$800 million per year to research in Australia. Using a key word search of “aged care” in the ARC Grants Search portal, ARC provided \$4.6 million of funding to projects dedicated to aged care between 2016 and 2021. This may not be the full extent of ARC funding for aged care, for example, they have also provided funding to the Centre of Excellence in Population Ageing Research (CEPAR, \$27.25 million over 7 years from 2017) and the ARC Training Centre for Optimal Ageing at Monash University (\$4.58 million), some of which may support research in aged care.

The Medical Research Future Fund (MRFF)

Since inception of the Medical Research Future Fund (MRFF) in 2015, there has been a total of 670 grants, totalling \$1,779.8 million. Of the 670, 25 grants related to aged care, totalling \$43.7 million (2.5% of the total funding). Twelve were a result of the MRFF Dementia, Ageing and Aged Care Mission. It should be noted there is a new Dementia, Ageing and Aged Care Mission funding round open, which expects to provide \$25.5 million over 3 years.

The National Health and Medical Research Council (NHMRC)

In the five years from 2016-2020, NHMRC provided \$203.9 million to aged health research. Figure 2 shows the proportion of funding allocated to the ‘aged health population’ compared to other populations.

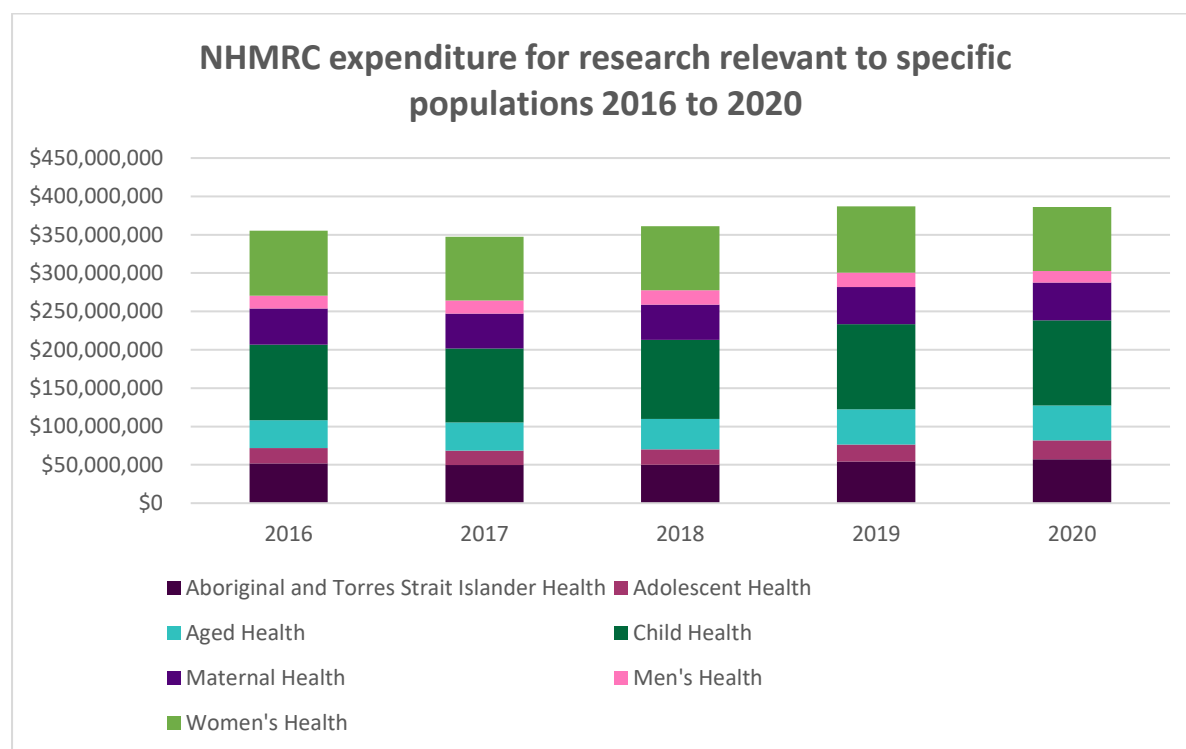


Figure 2. NHMRC expenditure for research relevant to specific populations 2016 to 2020

A key word search of “aged care” found that a small proportion of aged health funding was directed to aged care research during this period. Specifically, \$28.9 million was directed to aged care research, compared to \$203.9 million to aged health (see Figure 3).

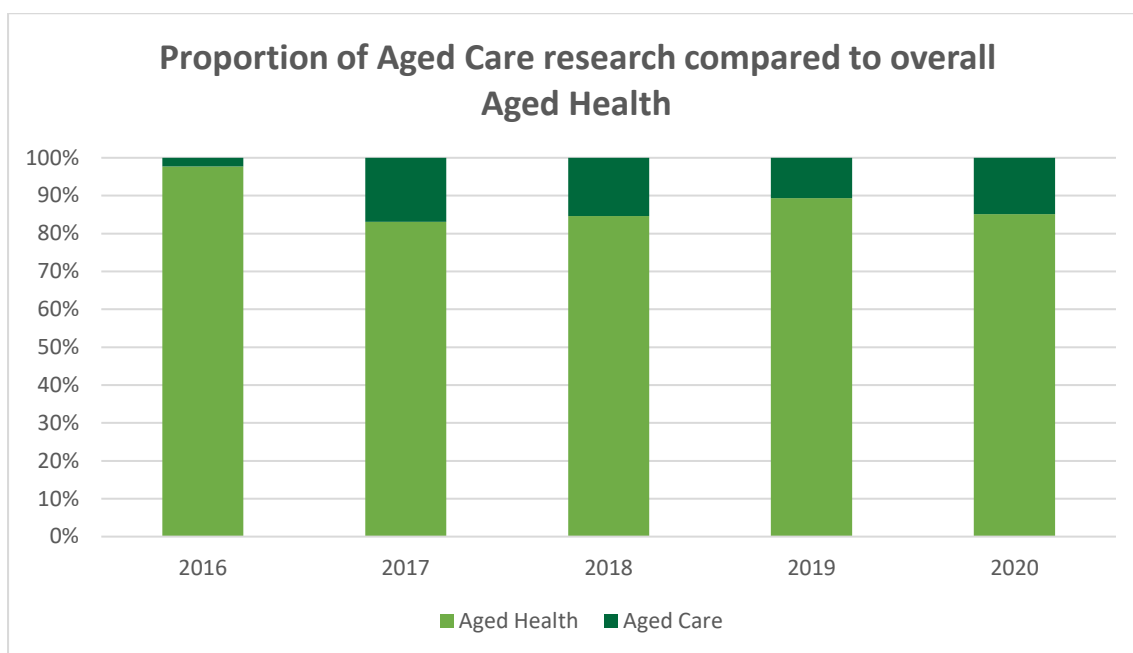


Figure 3. Proportion of NHMRC aged care research compared to overall Aged Health, 2016 to 2020

The Dementia and Aged Care Services (DACS) Fund

The DACS Fund supports activities that respond to existing and emerging challenges in aged care. The DACS Fund has allocated approximately \$331.9 million (GST exclusive) over 4 years to 30 June 2023. \$7.178m is allocated out of the DACS Fund in 2021-22 for a research and innovation round.

The Aged Care Centre for Growth and Translational Research (CGTR)

The proposed Aged Care Centre for Growth and Translational Research (CGTR), which was scheduled to be established in May 2021, will receive funding through to 30 June 2024, after which the aged care industry will identify funding sources for its continued operation.

This analysis of current funding for research about aged care shows that while there is some Commonwealth Government investment in research in the fields of ageing and aged health, it is considerably lower than that provided to other populations. Moreover, as displayed in Figure 3, only a small proportion of NHMRC funding for aged health research is targeted to research about aged care.

Gap Analysis

An analysis of gaps in research about aged care was undertaken. This was based on evidence derived from the following sources:

- A bibliometric analysis of Australian and international research on aged care;
- Reports commissioned by the Royal Commission into Aged Care Quality and Safety;
- Published and grey literature on previously identified gaps and priorities in aged care research;
- 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 survey that was sent out with the invitation to attend the roundtable workshops.

The following sections of this paper provide a summary of each of these sources and Appendices 3-5 provide further detail from the data sources.

A bibliometric analysis of Australian and international research on aged care

To determine predominant topics and gaps in aged care research, a bibliometric analysis of Australian and international peer reviewed literature was performed. Keywords from the titles and abstracts of articles related to aged care from a literature search on Scopus were analysed, with keywords extracted for a visual display using an analysis tool (VOSviewer 1.6.15) (Appendix 2). The image was analysed to identify predominant topics and gaps. Five clusters, or themes, of aged care research were identified:

- Clinical aspects of aged care, including medication, health risk factors, and disease/pathology.
- Health care service delivery, including emergency services, clinical practice and standards, disease outbreaks and infection control.
- Broader aspects of aged care and health care service delivery, including mental health, home care and nutrition.
- Organisational, workforce and caregiver aspects.
- Aspects of care and other factors that contribute to quality of life.

Further to this analysis of aged care research themes, it is clear from the visual display that several key areas are less represented than others. Aspects of home and community care are less represented in the analysis of aged care research than those of residential care. Quality of life and related factors are also less prominent. There is a lack of research around areas relating to funding and governance models, such as regulation, monitoring and data availability. Innovation and innovative models of aged care are also not necessarily adequately represented. There is also a lack of research around workforce issues. These gaps are all aspects of the aged care system that will be in significant need of research and evidence to inform the Government's reform agenda into the future.

An analysis of reports commissioned by The Royal Commission into Aged Care Quality and Safety

The recent Royal Commission into Aged Care Quality and Safety commissioned several consultations and background papers covering a history of aged care reviews, legislative framework, carers, advance care planning, restrictive practices, dementia in Australia, medium and long-term pressures on the system, system navigation, financing aged care and program re-design. We mapped this research to the five pillars of reform established by the government to highlight how the research aligns with its goals as well as to identify gaps and strengths (see Figure 4).

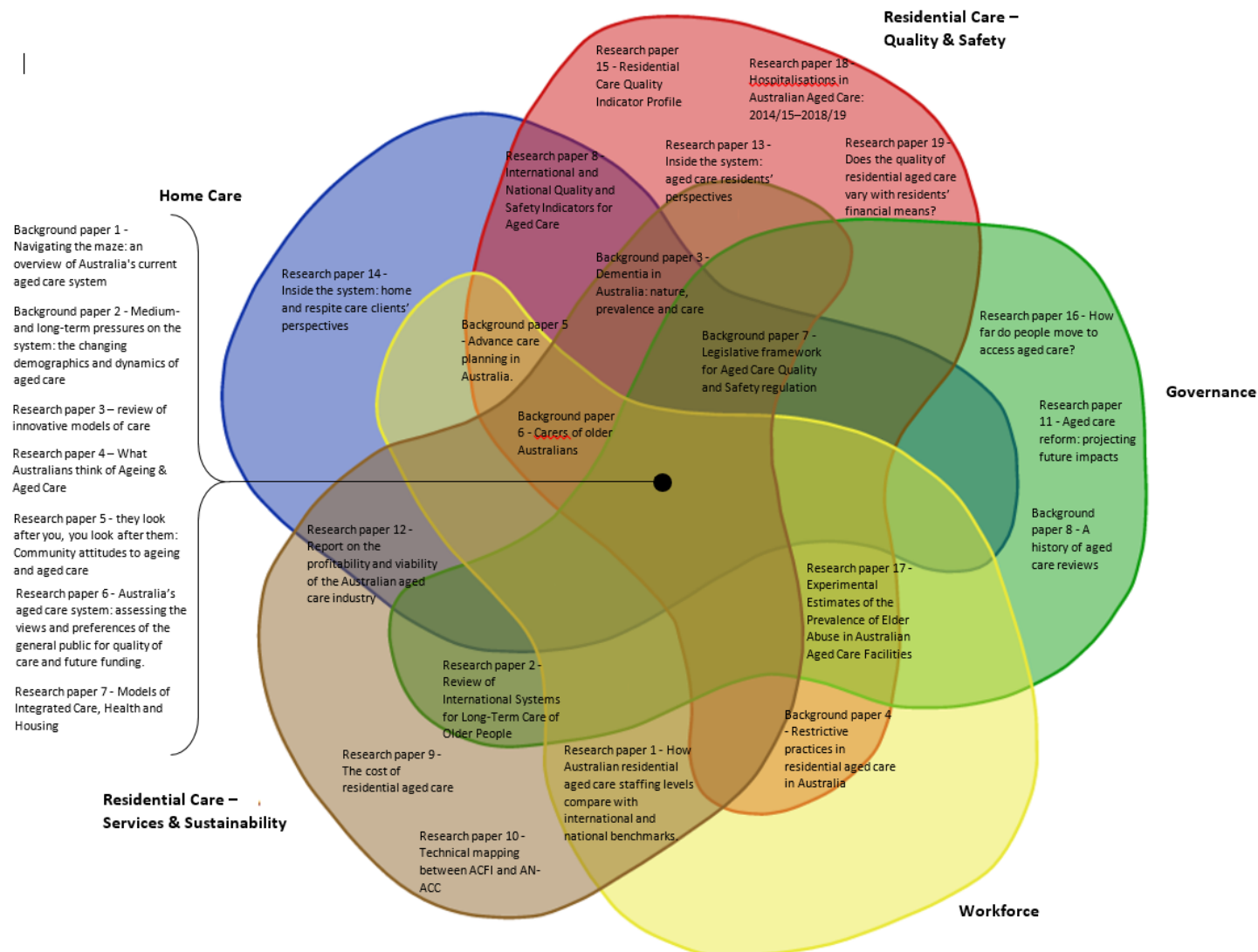


Figure 4. How the Royal Commission research aligns with the 5 pillars

A review of published and grey literature on previously identified gaps in aged care research

In addition to the analysis of Royal Commission reports, several reports were reviewed to collate and describe previously identified gaps about aged care research (see Appendix 3). These included:

- 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

A review of literature on aged care research related to COVID-19

To ensure this was also considered in priority setting for aged care research, we conducted a brief analysis of gaps in existing research in Australia and internationally about COVID-19 in aged care. We drew on our previous work in this area, the NARI COVID-19 Mapping Study undertaken in 2021 to identify existing and ongoing research into COVID-19 in residential care in Victoria, Australia (Ostaszewicz et al., 2021) (Appendix 4).

The NARI COVID-19 Mapping Study comprised both a rapid review of published research on COVID-19 in residential care homes and an environmental scan to identify all audits/research (i.e. case reports, reports, submissions and testimony to the Royal Commission, ongoing current research and completed unpublished research). The rapid review comprised a systematic identification of local and international research through search of academic databases. The environmental scan involved a targeted search of Google, government and other service websites, and personal communications with key individuals in Victorian health and aged care sectors.

Survey and pre-workshop consultations

As further background to the National Aged Care Research Roundtable workshops, we drew information from two additional consultations. One with the Australian Association of Gerontology Collaborating Research Centres (AAG CRCs) and one with the Community Advisory Group of the Melbourne Ageing Research Collaboration (MARC). The notes taken at these consultations informed the gap analysis below. In addition, a survey was sent to the AAG CRC directors and the invitees to the Roundtable workshops. The survey included three questions:

1. What do you see as Australia's strengths relating to aged care research?
2. What do you think are the main gaps in aged care research in Australia?
3. If you had to identify one priority for aged care research, what would it be?

At the time of writing, there were 11 responses to the survey and these also informed the gap analysis below (Appendix 5).

Synthesis of gaps in research about aged care

The data from the sources outlined above were synthesised, and predominantly identified gaps grouped according to an older person's likely journey through components of the aged care system (see Figure 5). Although the journey through the aged care system is presented in a linear way, it must be recognised that in reality this journey is often not linear. The overarching question of our analysis and endeavour to identify gaps and priorities across aged care research is ultimately:

How can aged care services contribute to quality of life in older age and end of life?

Staying healthy and connected

The first priority for most older people is to stay healthy and connected so aged care services will not be required at all or only at a minimum. There were a number of research gaps and priorities identified under this theme, which we have summarised as:

Addressing ageism and promoting awareness of the diversity of our older population

Research and action to overcome negative attitudes and stigma of ageing was suggested to be in significant need of attention. Specifically, there is need for evidence-based, culturally specific, and interpersonal public awareness campaigns that increase all older peoples' voices in wider society and that raise public expectations about quality in aged care services.

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.

Taking a life course approach to ageing and promoting healthy ageing and risk reduction behaviours

The need for better promotion of healthy ageing and a life course approach to ageing well was frequently 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.

Improving health literacy

Related to promoting healthy ageing was the need to improve health literacy amongst older people, including people from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander backgrounds.

Planning for older age

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 long-term care.

Providing unpaid care

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 was identified as a gap.

Accessing and using home care

Home care is often the first point at which older people engage with the aged care system, whether via the Community Home Support Program or a Home Care Package. This was identified as an under-researched area in the Royal Commission reports and the peer-reviewed and grey literature. Gaps in relation to home care were:

Improving data around the characteristics of people accessing home care and services being accessed.

It was noted that there is a lack of data about the characteristics of home care recipients, including data about their health risk, lifestyle factors and more precise care needs. A lack of data regarding the services provided via the home care programs and whether they are effectively meeting the needs of home care clients was identified.

Capturing data about the home care workforce

There is also a lack of data about home care workers, including their education and training needs.

Improving home care workforce education and training, career pathways and remuneration

The need for better leadership development, career pathways and pay for home care workers were identified.

Better understanding quality of home care, best practice, safety and social isolation

In terms of service provision, gaps identified included better understanding of quality of care from the perspective of service recipients, and evidence about what the best practice models of home care are and how these can be implemented in practice. There were also calls for better understanding of how to ensure that service users, their carers and workers are safe in home care. This includes both physical and cultural safety. A further question was whether care at home, rather than in residential care, exacerbates social isolation and if so, how this could be addressed.

Residential care

Although less than 10% of older Australians reside in residential care at any one time, approximately one third of Australians will use residential care at some point in their lives. It is therefore very important that the reputation, quality and experience of residential care are of the highest standard. The gap analysis revealed the following gaps in residential care research:

Improving reputation and reducing stigma

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.

Better understanding resident characteristics and needs

There was an identified need for better understanding of residents' characteristics and needs, including their physical, social and mental health and wellbeing.

Improving workforce conditions, retention, training and satisfaction

As with home care, there was an identified need to improve working conditions, retention, training, satisfaction and status of residential care. There was also a call for research to address gaps in staffing, recognition, training, job security and remuneration of the residential care workforce and further research into staffing levels and how they correspond to level of need in residential care.

Measuring and understanding quality of life

The Royal Commission Reports called for well validated and routinely used resident centred quality of life measures. There was also a call for better understanding of residents' medical conditions and how these impact quality of life.

Exploring innovative models of care

There were numerous calls for research into innovative models of care for residential care including models that are integrated with the community and the health system; that are designed to improve resident's function and quality of life; are culturally appropriate and are co-designed with people accessing aged care. This includes trauma informed approaches to care. This extended to the need for further research into alternative housing and built environment models of residential care to promote optimal independence.

Improving culturally appropriate care

Further to the need for research into culturally appropriate models of care, there was also a perceived need for development and evaluation of culturally appropriate standardised assessment instruments for use in residential care.

Addressing elder abuse

Research to establish the prevalence and prevention of elder abuse in residential care was identified as a gap.

Improving safety and minimising use of restraint

Research to establish the prevalence of physical or chemical restraint in residential care is required.

Exploring assistive technologies

There is likely to be a role for assistive technological solutions in residential care, so this was identified as a priority for future research.

Improving data and evaluation, governance and regulation

There is a need for timely data availability and transparency, regulation, monitoring and evaluation in residential care, including data about hospitalisations from residential care and transition points. Improved governance was identified as a need across most data sources.

End of life

A better understanding of what a good death looks like and what this means for models of both home and residential care was identified as a gap. Culturally responsive end-of-life care and supports for family carers in this area also require further research.

Across care settings

There were a number of issues identified that are relevant across aged care settings.

Improving equity of access

Another prominent issue was the need for equity of access to aged care services. This included geographical access but also access to appropriately designed services for people from CALD backgrounds and engagement with Aboriginal and Torres Strait Islander communities to design aged care supports that enabled connection to community and Country. Research is also required on equity of access to aged care services for LGBTIQI+ older people where fears of discrimination can act as a significant barrier.

Empowering older people and promoting voice

Most prominent amongst issues that span the aged care journey was the need to strengthen the older person's voice in all aspects of aged care. It needs to be ensured that research and reform provides better opportunities for older people to express their needs and preferences and for these to be built into the research and reform agenda.

Implementing research into policy and practice

Notwithstanding all the research gaps identified above, the most prominent research issue identified was the need to translate or implement existing research evidence into policy and practice. This was identified in one form or other in every source of information reviewed in this paper. There is considerable evidence already available about healthy ageing and risk reduction for a variety of chronic health conditions associated with ageing. What is needed are approaches to strengthen proactive health management, including health literacy, for older people.

The need for partnerships between researchers, policy makers and industry is critical to enable translation and implementation to occur.

Integrating care

There were also consistent calls for more research about integrated models of care, including integration between primary care and aged care, between hospital care and both home and residential care and between other community services and supports and the aged care system. There were calls for an aged care model that promotes the engagement and enablement of people accessing aged care.

Exploring the need for a rights-based approach

Finally, there were calls for research into a rights-based approach to care. However, this is currently poorly conceptualised. Research needs to explore: What is a rights based approach to aged care and how could it be implemented?

Evaluating reforms

Another overarching gap identified was the need to evaluate the implementation and impact of aged care reforms.

Reducing stigma

The stigma associated with ageing and aged care negatively affects people seeking health and aged care services and undermines diagnosis, treatment, and services or supports to maintain a healthy quality of life. The stigma extends to people in caregiving roles, and in residential care, is associated with adverse psychological and job-related consequences. Responses to stigma should be underpinned by evidence.

The unexpected – COVID-19

Older people, like people of all ages have to deal with the unexpected. The most extreme unexpected event of recent times has been the COVID-19 pandemic. Research priorities identified via our gap analysis include:

Minimising outbreaks through preparedness

Much of the Australian literature identified gaps in the preparedness of residential care homes to avoid or manage a pandemic such as COVID-19. Attention was drawn to the role that staff play in successfully managing outbreaks and their need to be clinical competent in infection control and symptom recognition, and to be able to access and use personal protective equipment appropriately. Other gaps related to the need for contingency planning, and to improve integration with local health services.

Improving workforce skills and conditions

Workforce issues are a prevailing 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 precariousness, and a lack of staff training or inconsistent training in infection control. There is limited research 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. .

Strengthening co-ordination between aged care, health services and government, such as strengthening communications between health and aged care sectors. Although there is considerable commentary in existing peer reviewed literature about the deployment of staff from acute health services into residential care to provide clinical leadership and to bring outbreaks under control during the pandemic, there is limited research about this initiative. The variability in responses to the pandemic in terms of treating COVID-19 affected residents in a residential care home or in a hospital warrants further investigation, to ensure practices are underpinned by evidence.

Ensuring access to medical care and allied health, including the potential for telehealth and other technologies to facilitate access to health professionals during social distancing. Whilst many commentary papers describe interruptions in access to medical and allied health services during the pandemic, no Australian research on this topic was identified.

Improving impact on residents, minimising social isolation, including strategies to minimise social isolation during lockdowns. At the time of publication, there was no published Australian scholarly literature documenting residents' experiences of the pandemic or associated restrictions. International studies report that residents felt if they were in a prison, and were missing face-to-face contact with family. The impact of the pandemic and associated restrictions on residents' mental wellbeing is emerging as an important topic of research internationally.

Exploring risk characteristics of facilities and communities, such as the risk associated with different models of residential aged care or provider types and associations between outbreaks in residential aged care and the wider community

Safeguarding impact on staff, including the impact of lockdowns/outbreaks on their mental health (morale, post-traumatic stress), routine care practices, staff attitudes towards testing and infection control procedures, and willingness to be vaccinated against COVID-19.

Considering Impacts on family, and consideration of the harm of isolating residents from family. At the time of publication of the mapping activity, there were many editorial and commentary pieces that described the negative impact of lockdowns on visitation, by families or others, but no published Australian research.

Considering long term impacts. We also now need to consider the long-term impacts of COVID-19, especially for older people who have had the virus and people who have been in extended lockdowns. For example, it is anticipated that there will be emerging issues related to elder abuse.

Summary and next steps

Figure 5 provides a summary of all the gaps identified in aged care research via the data sources examined for this paper. The next step is to validate and refine these gaps via further consultation at the National Aged Care Research Roundtable workshops on 28th and 29th October. Each of the six topics listed below in Figure 5 will be discussed using a World Café approach and participants will be asked 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 will be used as prompts for the table discussion. Participants will also be asked to consider.

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

The findings from this gap analysis and the workshops will be collated into a potential list of priorities which will then be sent out to a broad group of stakeholders as a Delphi survey, the results of which will inform the final report for the Department of Health and Ministers Hunt and Colbeck.

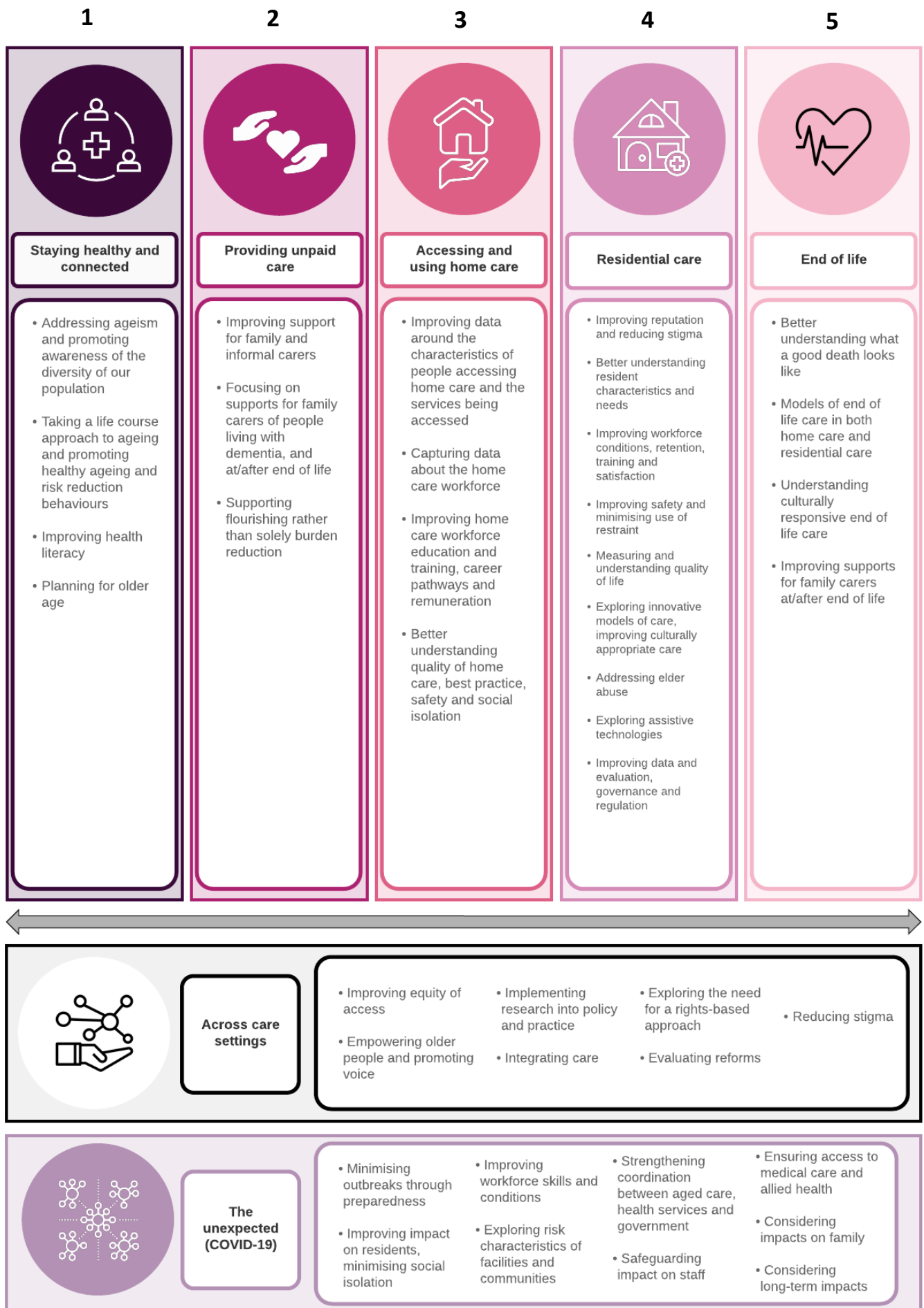


Figure 5: Gaps in aged care research

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Appendices

Appendix 1. The five pillars to support aged care reform

Pillar 1 – Home Care

This pillar is aimed at supporting people to remain at home. Reforms outlined under this pillar include designing and planning for a new and more effective in-home care program that meets assessed care needs with high-quality care. The pillar includes:

- Providing funding for more home care services, including 80,000 more Home Care Packages
- Improving the quality and safety of home care
- Enhancing access to home care services – including the introduction of community care finders
- A new single process for assessment of care needs
- Providing additional support for informal carers, with a specific focus on those providing care for people living with dementia
- Providing additional respite services

Pillar 2 – Residential Aged Care Services and Sustainability

This pillar involves redesign and planning reform for aged care to ensure the delivery of appropriate and effective care. It is ultimately aimed at addressing funding models in residential aged care as well as other aspects of system design, both to improve choice and outcomes for consumers and to support providers and the sustainability of the system. Key reforms under this pillar include:

- A new funding model where residential aged care places will eventually be directed according to consumer preferences
- Improving and simplifying residential aged care services and improving access to value for money services
- Increasing the amount of care minutes which will be mandated at 200 minutes per day, including 40 minutes with a Registered Nurse
- A new financial and prudential monitoring, compliance and intervention framework aimed at supporting providers
- Better reporting of provider performance to help senior Australians make comparisons and choices
- Increases in funding, including a supplement of \$10 per resident per day and annual funding increases
- Introducing a new Australian National Aged Care Classification (AN-ACC) funding model and resident classification system
- Expanding the Independent Hospital Pricing Authority to independently regulate aged care pricing and costs
- A new residential aged care accommodation framework that aims to improve choice, accessibility and dementia – friendly accommodation

Pillar 3 – Residential Aged Care Quality and Safety

This pillar aims to improve access to and quality of residential aged care, as well as to increase confidence in aged care more broadly. There will be a strong focus on ensuring greater transparency, accountability and advocacy to drive improvements in care and care environments. Key reforms include:

- A focus on improving quality of care in dementia including increasing dementia care capability in the immediate future, improved support & training in dementia care and minimising restraint
- Further funding will be directed to the ACQSC, who will conduct more audits, and implement a star rating system
- The development of tools to enable earlier detection of high-risk home care services, including an enhanced risk profiling tool

- Improving access to primary care and other health services, with a focus on integration of services across a continuum of care. This includes;
 - increasing access to GP services
 - funding for expansion of Palliative Care services
 - funding for PHNs to utilise their regional expertise including telehealth and out-of-hours support
- Addressing widespread issues associated with poor medication management
- Development of a National Aged Care Data Strategy to build a better data and evidence base to support and inform various government activities

Pillar 4 – Workforce

This pillar focuses on growing a skilled and high quality workforce, which will be the powerhouse of the government's reform agenda. Key reforms include:

- Training and upskilling the aged care workforce to drive improvements in aged care quality and safety, including:
 - Additional training places for PCWs
 - Improving training in dementia care and restraint
- Growing the aged care workforce including:
 - Providing additional financial support for registered nurses working for the same aged care provider over a 12 month period.
 - Extending the national recruitment campaign
- Introduction of nationally consistent pre-employment worker screening, register and code of conduct for all care sector workers including veterans care, disability care and aged care workers
- Creating a single assessment workforce that will improve and simplify the assessment experience for older people, this will be reduced from the current three assessment streams
- Providing increased recognition and support for family and informal carers as an extension of the aged care workforce

Pillar 5 – Governance

The goal of this pillar is to introduce new legislation and to improve the governance across the aged care system. This will embed respect, care and dignity at the heart of the system, guaranteeing better choice, high quality and safe care for senior Australians. Key initiatives include:

- Establishing new governance and advisory structures, including a National Aged Care Advisory Council, and working towards establishing a new Inspector-General of Aged Care
- Improving access to quality aged care services for consumers in regional, rural and remote areas
- Improving services and outcomes for First Nations people, including measures to improve navigation and access to aged care, and additional funding to people in remote and Indigenous communities
- A focus on placing older people at the centre of governance, including through establishing a Council of Elders
- Finally, a new Aged Care Act will be introduced in 2023 to enshrine the Government's reforms in legislation.

Appendix 2. A pictorial display of a bibliometric analysis of research about aged care

VOSviewer 1.6.15 was used to map keywords in the areas of aged care research, using the search terms “aged care”, “elder care”, and “elderly care”. This free Java software has been widely used to analyse collaborative networks and hot research topics. This analysis was undertaken to determine the predominant topics in aged care research. By analysing the titles and abstracts of 1276 articles, we extracted the keywords with the top 500 occurrence frequencies for a visual display. Figure 2 demonstrates that there are multiple themes within aged care research, but these can be distinguished into five categories, represented by five colours (green, blue, red, purple and yellow).

- Cluster 1 (red) is mainly related to clinical aspects of aged care, including medication, health risk factors, and disease/pathology.
- Cluster 2 (purple) is related to broader aspects of aged care and health care service delivery, including mental health, home care and nutrition.
- Cluster 3 (yellow) is related to aspects care and other factors that contribute to quality of life e.g. exercise, social support, health status etc.
- Cluster 4 (green) is related to organisational, workforce and caregiver aspects
- Cluster 5 (blue) relates to health care service delivery, including emergency services, clinical practice and standards, disease outbreaks and infection control.

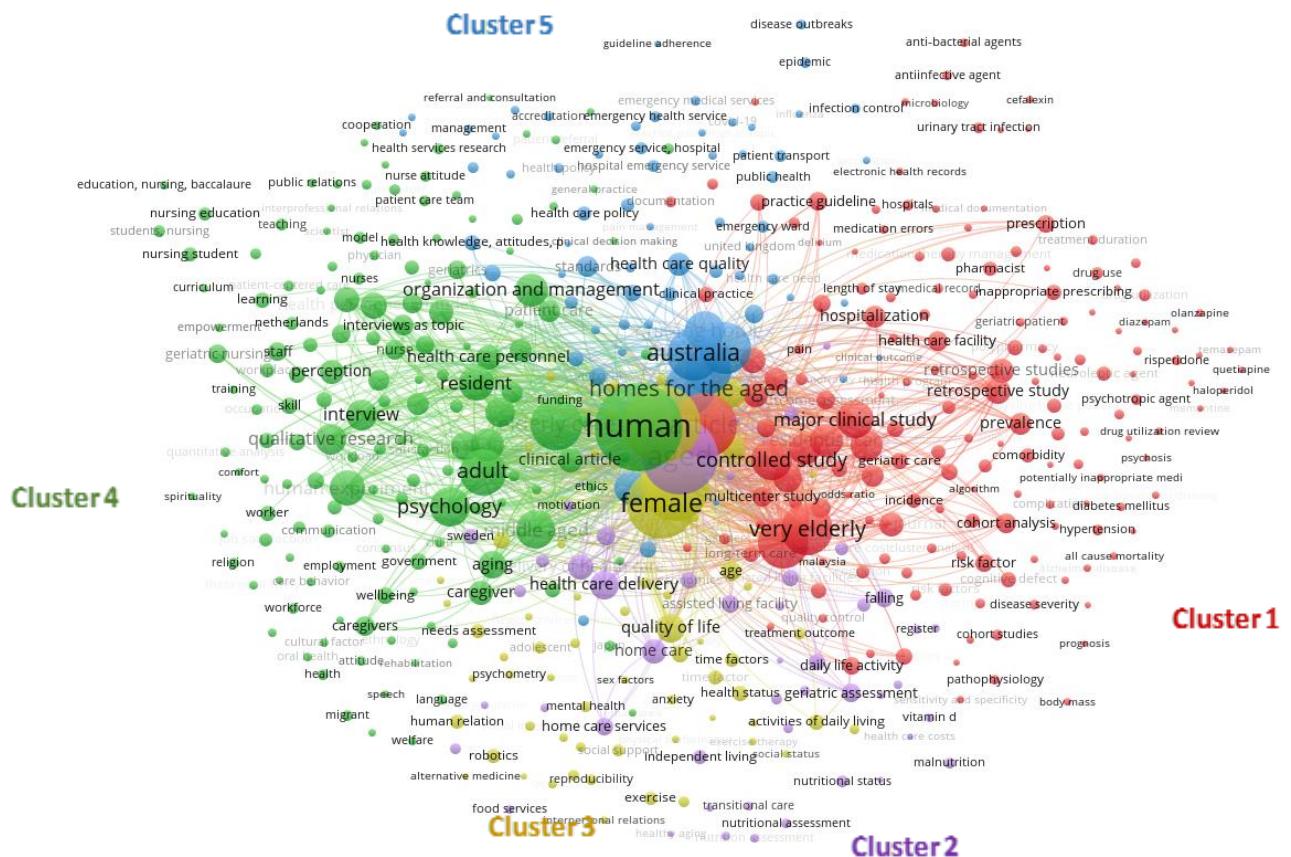


Figure 6: Clustering co-occurrence map of the predominant keywords

Appendix 3. Previously identified gaps in aged care research

Source	Gaps identified	First level of coding
Research reports that informed the Royal Commission into Aged Care Quality and Safety about home care	Several gaps in research were identified in the context of home care. Studies surveying care preferences in Australia consistently report that there is a strong preference to stay living at home (Bardsley, 2020; Elgood & Phan, 2019; Ratcliffe et al. 2020).	Gaps in research about home care despite strong evidence of preference to stay living at home.
	A significant gap identified in several of the reports was the lack of data availability and transparency (Caughey et al., 2020; BDO, 2020; the Office of the Royal Commission for Commissioners, 2020). Caughey et al. (2020) reported, “there are no systematic data collections that monitor the quality of life, consumer experience, or other important consumer or carer assessments about the care that is received in Australian aged care settings”.	Greater availability and transparency of data about quality of life, consumer experience, or other important consumer or carer assessments about care
	Future research will need to explore improved data governance and reporting requirements.	Improved data governance and reporting requirements
	Research should address gaps in effective regulation and monitoring of the sector (Batchelor et al., 2020; BDO, 2020).	Gaps in effective regulation and monitoring of the sector
	While Dyer et al. (2019) identified several innovative models of care in the home care setting; they also highlighted the need for rigorous evaluation of models of care to ensure they are meeting the needs of the community.	Rigorous evaluation of models of care for home care to ensure they meet community expectations and needs
	Gilbert et al. (2020) recommends further research into integrated models of care with a focus on promoting community-level initiatives. The authors stated, “service integrated housing is the ‘third sector’ of aged care and warrants policy and research attention” (Gilbert et al. 2020).	Integrated models of care for RACFs with a focus on promoting community-level initiatives
	Greater consumer engagement will also be essential to inform quality aged care services and this engagement should reflect the diversity of the population (Gilbert et al., 2020; Elgood & Phan, 2019).	Greater consumer engagement to inform quality aged care – that reflects the diversity of the population
	Research highlights the growing number of informal carers in the community (the Office of the Royal Commission for Commissioners, 2019). As such, researchers will need to work with carers to evaluate current supports and design programs to meet growing demand.	Evaluate current supports for informal carers and design programs to meet growing demand.

Source	Gaps identified	First level of coding
	While there is a growing body of work exploring end-of-life-care and the significance of advance care directives there is a gap in uptake, outcomes and utility of advance care planning in Australia (the Office for the Royal Commission for Commissioners, 2019). This suggests a need to focus on translational research in this space.	A gap in uptake, outcomes and utility of advance care planning in Australia
Research reports that informed the Royal Commission into Aged Care Quality and Safety about residential aged care	The research reports collectively highlight a need for further work in residential aged care in addressing data availability and transparency, regulation, monitoring and evaluation (Caughey et al, 2020; Batchelor et al, 2020; BDO, 2020; Dyer et al, 2019).	A lack of data availability and transparency, regulation, monitoring and evaluation
	For residential care specifically, Comans et al (2020) recommend the “routine data collections of inputs, costs, outcomes and quality within facilities, where well-validated quality measures including quality of life become an essential part of the minimum data requirement”.	The routine use of well-validated quality measures, including quality of life measures
	A lack of data on hospitalisations and workforce, which if made available would allow for the examination of technical and allocative efficiencies (Comans et al, 2020).	Data about hospitalisations from residential care
	A gap exists in the regulation and coordination of long-term care providers and other services. Dyer et al (2019) found that many of the policies they analysed on this topic were outdated and recommend the incorporation of a rights-based approach	The incorporation of a rights-based approach
	There is need for research into the attraction and retention of a skilled workforce.	Research into the attraction and retention of a skilled workforce
	Eagar et al (2019) recommend further research into staffing levels and how they correspond to level of need in residential care.	Research into staffing levels and how they correspond to level of need in residential care
	There is a gap in uptake, outcomes and utility of advance care planning in residential care (The Office of the Royal Commission for Commissioners, 2019).	
	More research is required into the prevalence and prevention of Elder abuse/the abuse of older people in aged care institutional settings. Current data on the abuse of older people is limited to estimates only (The Office of the Royal Commission for Commissioners, 2020).	The prevalence and prevention on the abuse of older people in aged care institutional settings

Source	Gaps identified	First level of coding
	The Office of the Royal Commission for Commissioners (2019) found no reliable data that reveals the prevalence of the use of physical or chemical restraint in residential care. The authors of this report recommend a review of state and territory laws concerning decision making to support the development of a consistent decision-making model (The Office of the Royal Commission for Commissioners, 2019).	The prevalence of the use of physical or chemical restraint in residential care.
	Many of the reports investigated quality and safety in residential care providing evidence and case studies from local and international contexts (Caughey et al, 2020; The Office of the Royal Commission for Commissioners, 2020 & 2021). Likewise, several surveys and interviews were conducted to inform an understanding of what quality aged care means to the Australian community (Bardsley, 2020; Batchelor et al, 2020; Elgood & Phan, 2019; Ratcliffe et al, 2020).	Translate existing knowledge about what quality aged care means to the Australian community into practice to improve quality and safety in residential care
	In mapping funding models for residential care in Australia, Kobel and Eagar (2020) suggest further exploration into the impact of funding model transition at the individual and/or organisation level.	The impact of funding model transition at the individual and/or organisation level
	In both home care and residential care, research is required on how to effectively implement reform that accounts for changes in government and policy (Deloitte Access Economics, 2020).	How to effectively implement reform that accounts for changes in government and policy
The Australian Association of Gerontology - National Ageing Research Agenda – August 2015	Increase understanding into multi-factorial geriatric syndromes using multi-disciplinary research methods to consider complex inter-related causation, prevention and clinical management, and undertake a holistic approach to addressing age-related disease and illness.	Multi-disciplinary research on geriatric syndromes
	Develop positive community attitudes to ageing and an awareness of the heterogeneity of an ageing Australia, including issues of diversity (cultural, sexual, spiritual, socio-economic, etc), life course transitions, and social change.	Addressing ageism and promoting diversity
	Promote healthy ageing and a life course approach to ageing well, including prevention and intervention strategies, and the importance of nutrition and physical activity, as well as psychological wellbeing and social participation	Healthy ageing and a life course approach to ageing
	Provide evidence-based, best practice methods in aged care service delivery, including residential care, community care, and carer	Models of care for aged care

Source	Gaps identified	First level of coding
	support, as well as improving the integration of services between aged care, primary care, acute care and disability support.	Integration of services
	Address issues around housing and the built environment, including universal design and assistive technologies in the home, alternative models of residential care, mental health and homeless support services, and transport usage, to better enable older people to live independently for longer in their communities	Housing and the built environment
	Identify technological solutions for older people, including assistive technologies in the home, medical technologies, and technologies in aged care.	Technological solutions for older people
	Identify geographic and demographic patterns of ageing to ensure adequate services and support are available to all older people, particularly for Indigenous communities and those living in rural and remote communities	Demography of ageing
	Estimate the economic impact of an ageing population, including resource allocation and health expenditure, an ageing workforce, retirement and financial independence, welfare and financial security, and the hidden value that older people contribute to the economy (volunteering, familial child care, spousal care).	The economic impact of an ageing population
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)	A worldwide survey of different models of care, nursing home structure, and issues in improving quality of care.	Models of care for residential care
	A worldwide survey of older persons and their families to determine their preferences for long-term care	Preferences for residential care
	A cross-national, prospective epidemiological study measuring function and quality of life in nursing homes	Function and quality of life in residential care
	The development of culturally appropriate standardized assessment instruments, including those involving social participatory methods.	Culturally appropriate standardized assessment instruments for use in residential care
	A function-focused approach to identifying the prevalence of geriatric syndromes, their impact on function, and development of strategies to improve care for these syndromes.	The prevalence of geriatric syndromes in LTC
		The impact of geriatric syndromes in residential care

Source	Gaps identified	First level of coding
		Interventions to prevent and manage geriatric syndromes in LTC
	The impact of different models of care against trajectories of physical and cognitive function.	Association between models of care and physical and cognitive function in residential care
The Dementia, Ageing and Aged Care Mission Roadmap and Implementation Plan National Consultation Report September 2021	<u>Priority areas for investment:</u> Research areas that are high priority for funding include: • interventions that prevent or delay the onset of dementia symptoms • care approaches to manage the impact of dementia on wellbeing and quality of life • care and diagnostic pathways to enable timely diagnosis of dementia • health and medical interventions in mid-life and beyond that will extend healthy, active years of life and compress the period of morbidity • approaches to strengthen proactive health management, including health literacy, for older people • interventions that address social, economic and cultural barriers to healthy ageing to reduce inequality in healthy life expectancy in Australia • models of care that ○ deliver high-quality, culturally appropriate care, informed by life experience, in home and residential aged care settings, that support individuals and their informal/family carers ○ ensure equitable and appropriate access to quality clinical care and minimise avoidable transitions between all care settings ○ maximise medical, nursing and allied health impact ○ maximise social inclusion and multigenerational engagement in long-term care settings	Preventive health interventions especially re dementia prevention Models of care including culturally appropriate care in home and residential aged care Transitions between care settings Medical, nursing and allied health care Social inclusion and IG engagement

Source	Gaps identified	First level of coding
The National Institute for Dementia Research (NNIDR) Aboriginal and Torres Strait Islander Roadmap for Dementia Research and Translation 2019	Awareness and understanding across Aboriginal and Torres Strait Islander communities about dementia	Health literacy
	Validated methods and materials for enhancing health literacy about dementia within Aboriginal and Torres Strait Islander communities, service providers and health care professionals	
	Timely and culturally appropriate dementia risk reduction and prevention strategies and diagnosis that incorporate traditional knowledge and practices for Aboriginal and Torres Strait Islander Australians	Barriers to culturally appropriate care
	Incorporation of culturally appropriate assessment tools in policy and practice	Barriers to culturally appropriate care
	Culturally responsive programs, interventions and policies to reduce dementia risk factors	Barriers to culturally appropriate care
	Barriers to accessing services and supports including a lack of evidence based dementia protocols and guidelines required to address the health needs of this population, difficulty with system navigation and individuals and their carers that may not feel comfortable accessing mainstream services	Barriers to culturally appropriate care
	Availability of culturally informed information, training, community services and other clinical and emotional supports	Barriers to culturally appropriate care
	Trauma informed approaches to care	Person centred care
	Aged Care workforce capacity of Aboriginal and Torres Strait Islander people including the research field	Workforce
	Culturally responsive end-of-life care Health economics research into the costs and benefits of providing end-of-life care services on Country Support for carers to provide this care	End-of-life care
The National Ageing Research Institute. What makes a good old age? Aged Care Roundtable	A better understanding of what good death looks like	End-of-life care
	A better understanding of what good ageing looks like	Health ageing
	An integrated health and aged care system that focuses on health promotion across the life-course	Early prevention

Source	Gaps identified	First level of coding
Discussion Paper, May 2018	Home care packages foster isolation and should be reviewed further to determine if they are the right model	Home care packages
	A skilled workforce is required to meet future demands. Work needs to be done to address gaps in recognition, training, job security and remuneration of the aged care workforce	Workforce
	Quality care to people living with dementia cannot not be provided under current funding models	Dementia care
	Appropriate environmental design and integrated palliative care for people living with dementia	Dementia care
	Better data and access to data for timely analysis and use	Access to better data
	Prioritise translating existing knowledge into practice	Research translation into aged care
	The relationship between spending on aged care (by both government and consumers) and client outcomes	Client outcomes and relationship to expenditure
The National Ageing Research Institute. Submission to the Royal Commission into Aged Care Quality and Safety. February 2020	Priorities from the perspective of residents include: social engagement; good relationships with aged care staff; choice and control over living space and routines; and opportunities to speak out about what is important to them	Research that gives voice to aged care residents' perceived goals, preferences, and values
	A government-funded agency responsible for synthesising evidence and facilitating its translation to policy and practice	Research translation into aged care
	A clear strategy to better translate robust research knowledge into practice	Research translation into aged care
	Priorities to implement innovative new approaches to design, staffing, models of care, workforce planning, community outreach, and advocacy	New approaches to design
		New approaches to staffing
		New approaches to models of care
		New approaches to workforce planning
		New approaches to community outreach
		New approaches to advocacy
	Addressing aged care system issues through evidence-driven, translational research	Research translation into aged care
		Falls prevention and management

Source	Gaps identified	First level of coding
	Falls prevention and management; promotion of physical activity and healthy ageing; pain management; depression management	Promotion of physical activity and healthy ageing
		Pain management
		Depression management
	Research and reform agendas that focus strongly on how high-quality care can be improved through the promotion and implementation of aged care models that afford engagement and enablement of people accessing aged care	An aged care model that promotes the engagement and enablement of people accessing aged care
	Further research and service development to better design aged care to meet the needs of older people from culturally diverse backgrounds	The needs of older people from CALD backgrounds
	Cultural differences and language barriers.	Barriers to culturally appropriate care
		Language barriers
	Further research and engagement with Aboriginal and Torres Strait communities to better understand how to better support Aboriginal and Torres Strait Elders	How to support Aboriginal and Torres Strait Elders in residential care
	Identification of aged care providers delivering high-quality care, and exploration of how their successes could be identified and promoted as benchmarks for the sector as a whole	Benchmarking within the sector
	Establishment of a national aged care workforce research centre with the mandate to generate robust evidence that can be translated directly into practice	A national aged care workforce research centre
	Testing innovative workforce models that improve the working conditions and increments for staff, thus raising job satisfaction, staff retention, and the prestige of working in aged care	Innovative workforce models
	Creating and testing new forms of environmental design to inform the development of innovative residential care models, which better support social engagement and decision making in home-like environments	New forms of environmental design for residential care
	Overcoming the stigma of ageing through evidence-based, culturally specific, interpersonal public awareness campaigns that increase aged care residents' voices in wider society, civic engagement, and raises public expectations about quality in aged care services.	Addressing stigma and ageism

Source	Gaps identified	First level of coding
		Gaps in education to prepare home care workers about best practices for management
The National Ageing Research Institute and the NHMRC National Institute of Dementia Research (NNIDR). (2020). Culturally and Linguistically Diverse (CALD) Dementia Research Action Plan	Increased CALD community knowledge of dementia and awareness of dementia services	Awareness and knowledge of dementia for CALD communities
	Increased awareness and training for GPs, health professionals and service provision staff about the unique issues CALD communities experience in relation to dementia	Education for healthcare professionals about issues for CALD people living with dementia and their communities
	Development of CALD-relevant models of care (e.g. ethno-specific, support for care at home, community support systems	CALD-relevant models of care
	Improved epidemiological data on CALD and dementia to support service planning and resourcing for CALD-appropriate services.	Epidemiological data on CALD and dementia
	Improved understanding of the cultural norms that may influence access to healthcare systems, uptake of care services, and co-development of culturally-appropriate solutions to meet specific care and support needs. Both of these points were seen as essential to respond to the mistrust of, or unwillingness to engage with, health and care systems and services.	Access to healthcare systems for CALD people living with dementia Co-development of culturally-appropriate solutions
	Effective care interventions, including to support language loss and cultural disconnection, and CALD-relevant risk reduction programs	Risk reduction programs for CALD people living with dementia

Appendix 4. NARI COVID19 Mapping study

Source	Gaps identified	First level of coding
Ostaszkiwicz 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	Preparedness, or the measures residential care homes have in place to avoid or minimise COVID-19 outbreaks	Pandemic preparedness of the residential care sector
	Workforce issues, such as the need for clinical skills and employment security among staff	Impact of COVID-19 on employee security
		Residential care staff clinical skills to manage COVID-19
	Access to medical care and allied health, including adoption of telehealth	Residents' access to medical and health care during pandemic
	Co-ordination with health services and government, such as strengthening communications between health and aged care sectors.	Integration of services during pandemic
	Impact on residents, including strategies to minimize social isolation during lockdowns	Impact of pandemic on residents – strategies to minimise social isolation
	Impact on staff, including the impact of lockdowns/outbreaks on their mental health and routine care practices	Residential care staff wellbeing during pandemic
	Impact on family contact, and consideration of the harm of isolating residents from family	Impact of pandemic on residents' families
	Facility characteristics: whether different models of residential care or provider types have higher risk	Residential care and community factors associated with rates of COVID-19
	Community characteristics: associations between residential care outbreaks and the wider community	

Appendix 5. Pre-roundtable consultations conducted by NARI to identify gaps in aged care research

Source	Strengths	Gaps	Priorities
The Australasian Association of Gerontology. Collaborating Research Centres - Round Table (Oct - 2021) unpublished		Participants identified underrepresented populations in aged care research: • Equity of access for rural and regional communities, Culturally and Linguistically Diverse communities, Aboriginal and Torres Strait Islander communities and those living with a disability. • Other vulnerable groups requiring representation in aged care research included care leavers, low-income demographic, homelessness, ageing with chronic disease, prisoners and those who have experienced trauma. • Assistants in nursing were also discussed as have limited opportunities for training and career development while also having low levels of remuneration. Participants were asked to identify enablers for aged care research: • The Royal Commission into Aged Care Quality and Safety	• Better understanding of the underlying health issues (physical, social and mental) that influence the effective delivery of aged care in all settings. Once we have a better understanding we can design better holistic models of care and prepare the sector for change and participation in translational research • Workforce attraction and retention with training available to staff and organisations working at interface between health and aged care, including hospitals. This will involve addressing negative perceptions of aged care for workforce and older people • More consumer engagement and co-design, upskilling of consumers to identify their needs, plan and make decisions about their current and future needs • New and improved integrated models of care to support ageing well across the ageing

		• Increased respect for aged care research, particularly whereby systemic ageism affects the provision of funding and resources to the sector • Reduced timeframes to implement research was seen as a hindrance • Increased opportunities and incentives for researchers to exchange knowledge and collaborate rather than compete • Effective governance Participants also discussed the impact of COVID-19 on aged care research priorities: • Long lasting effects of social isolation • Trust in service providers particularly in the community where services have been withdrawn • Digital inclusion • Human rights and visitor restrictions • Infection control procedures • Aged care sector's ability to adapt and response to emerging issues	trajectory and move away from the deficit model of management • Improved funding models and mechanisms, embedded research institutes work well for their organisation • Early intervention and prevention • Human rights interface and equity of access for all, with consideration of issues surrounding capacity. Advocacy and personal agency is required in this space.
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		Funding limitations and capacity to retain early career researchers	
Pre-Roundtable Workshops Survey	Most frequently cited strength: <i>Australia has a multidisciplinary aged care research community that is well networked and collaborative.</i> Other strengths identified (in order of most frequently cited): 1. Dementia (dementia care, support for carers of people living with dementia, management of changed behaviour) 2. Workforce requirements and analysis 3. Innovative ideas, services and models of care 4. Collaboration between the research and aged care sector 5. Engagement and partnership with consumer groups 6. Falls and falls prevention 7. Aged care quality 8. Healthy ageing 9. Physical activity 10. Reablement 11. Financing projections 12. Aged care demand 13. Actuarial studies 14. Flexibility to adapt to new research challenges (e.g. COVID19)	Most frequently cited gaps: - The effective translation and implementation of research into practice and routine care - Commitment to 'knowledge translation' including education programs, practice, policy - Funding models - Integrated care - Greater focus on aged care as prevention - Representation and support for vulnerable groups Other gaps identified: - Limited data infrastructure - Aged care policy sometimes not informed by research, and likewise, research conducted which is not as relevant as it could be to policy - Limited systems level research - Development of mid-career researchers - More co-design and co-production - Engagement of family in formal care, carer flourishing rather than carer burden - Residential aged care - Workforce	- Co-designing with all stakeholders on how to implement evidence into routine care - Changing the culture around implementation of research findings - Implementation of person centred care - How to better integrate the aged care system with itself and with health care and other services (e.g. housing, benefits) - Integration of informal and formal care - Improved models of care to support ageing well across the ageing trajectory - Funding models - Getting care earlier so it is preventative - Human rights interface - Access to aged care (for researchers?) - Look at opportunities for intersectional collaboration, particularly for Aboriginal communities - Intergenerational learning/support/services

	15. Pockets of strong research relating to improving health for Aboriginal and Torres Strait Islander people 16. Technology	• Community dementia care • Human rights • Improving aged care in hospitals • Reducing stigma • Developing personalised care packages • Models of improved health care support, models for people in residential care • Long term and large vision intersectional collaboration and better stakeholder engagement (including government)	particularly for Aboriginal communities
The Melbourne Ageing Research Collaboration Consumer Advisory Group – consultation (Oct – 2021) unpublished	• Education of the workforce a growing area, particularly at the tertiary level and in geriatric medicine • Aged care act on ageing in place established in 1997 has set good foundation. Smaller percentage of people living in residential care • Continuous improvement is going on all the time, particularly in regards to consumer directed care and active service models • The fact that Australia has an aged care system in which consumers have the opportunity to comment and provide input into services is great when considering the global context • The oversight of the Aged Care Quality and Safety Commission	• Fragmented system • Maintaining quality • Support and leadership for workforce • Increasing privatisation and impact on quality • Lack of Legal conventions and human rights framework written into system • Enabling Involvement of family carers in care • Understanding of and ability to navigate system • Recognition of the economic value of informal carers in community and residential care • Economic analysis of the outcomes of privatisation compared to non-profit Supported Residential Services (SRS)	• Strong and consistent support for ageing in place. • Support for carers after the loss of the care recipient e.g. mental health, employment, return to workforce • Housing options and innovative models for housing • Support for carers, particularly with social isolation and end-of-life care • Addressing the needs of younger people in aged care with diminishing physical ability • Funding models, there is also a need to address the ageism that influences economic decisions in this area • LGBTIQ+ and residential care, fears among communities accessing care

	• The increasing recognition of gerontology as a professional area • Dementia research broadly • The availability of financial support to allow people to be cared for at home e.g. carers payments, home care packages • Ethnic specific residential aged care facilities that are very important for communities • Smaller residential aged care facilities that support the involvement of family carers	• Support for vulnerable populations and low income populations • Alternative and innovative models of care • Person centred care, meeting individual needs • Monitoring and compliance of service providers • Housing models for older people besides at home, or residential care such as smaller scale accommodation. • Homelessness • Support for carers to provide care at home, particularly for people living with dementia • Reliance on anti-psychotic drugs • Meeting the needs of CALD communities in mainstream facilities and at home services • Policy constantly subject to change depending on government of the day	• Ethnic specific aged care facilities and community care • Future planning and preventative aged care research • Digital inclusion
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