After the Royal Commission

From reform to reality: what's changed in aged care?

Juniper's Royal Commission Report Card

October 2026

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“Australians must be able to trust that their loved ones will be cared for appropriately and the community should have confidence in the system.”

Scott Morrison, former Prime Minister, following the release of the Final Report from the Royal Commission into Aged Care Quality and Safety, 1 March 2021

Measuring progress

Grade	What this represents
A	Delivering meaningful improvements for older people.
B	Clear progress, but key gaps remain.
C	Limited progress and outcomes remain mixed.
D	Little evidence of improvement for older people.

Executive summary

Eight years after the Royal Commission into Aged Care Quality and Safety was established on 8 October 2018, and more than five years since it exposed a system in crisis, too many older Australians are still waiting for the meaningful change they were promised.

In July this year, then Inspector-General of Aged Care Natalie Siegel-Brown challenged the sector, policymakers, advocates and the broader community to assess reform not by what has been promised, but by what has been achieved.

As the Royal Commission's recommendations continue to shape a rapidly changing aged care system, and with the new Aged Care Act approaching its first anniversary on 1 November 2026, now is the right time to take stock of what has changed and, more importantly, whether those changes are making a meaningful difference to the lives of older Australians.

Juniper's Royal Commission Report Card asks a simple question: has aged care reform actually improved the lives of older Australians?

There has been significant reform. The Commonwealth Government has introduced a new rights-based Aged Care Act, increased funding, mandatory care minutes in residential care, stronger star ratings, greater transparency, higher wages for aged care workers and major regulatory changes.

These are important steps forward. But structural reform does not automatically translate into better care.

Juniper's assessment finds that many of the transformational changes envisaged by the Royal Commission have yet to reach older Australians in meaningful ways. In some areas, progress remains limited or uneven, while other reforms risk creating new barriers or unintended consequences.

This Report Card assesses progress across eight areas: rights-based care, home and residential aged care, the workforce, dementia care, First Nations communities, diversity and inclusion, and regulation and accountability.

Grades are based on the extent to which reforms are delivering better outcomes for older Australians: from strong evidence of meaningful improvement, through to areas where progress has been made but important gaps remain, progress is limited or uneven, and there is little evidence of real-world improvement.

We have drawn on publicly available data, government reports, independent reviews, inquiry submissions and sector research, alongside the lived experiences of Juniper staff, customers and their families.

We are not questioning whether reform has happened. We are questioning whether reform is working.

As Siegel-Brown observed in her National Press Club address, the success of aged care reform will not ultimately be measured by legislation, policy announcements or implementation milestones. It will be measured by whether older people are able to live with the dignity, connection, independence and meaning envisaged by the Royal Commission.

Eight years on, that is the test that matters.

Russell Bricknell
CEO, Juniper

Overall assessment

While important reforms are under way, too many older people are yet to experience meaningful improvements in their daily lives. Many of the challenges identified by the Royal Commission persist, and the scale of change promised has yet to materialise.

	Grade
1. Rights-based aged care	C-
2. Home care Grade:	D
3. Residential aged care	C+
4. Workforce	C
5. Dementia care	C
6. First Nations aged care	D
7. Diversity and inclusion	C
8. Regulation and accountability	B-

Overall grade:

C-

> “Overall, I sense a growing distrust in the aged care system amongst older people, families and the community, exacerbated by an absence of clear information from the Commonwealth. I urge the Commonwealth to meaningfully engage with older people, both those who access Support at Home and those who have yet to seek support. It is vital that older people are properly informed, have choice over their care, and can engage with services without fear. I know we all want to be cared for with dignity, choice and trust as we age, and I stand ready to work with the Commonwealth to support older Western Australians and their families to age in place, safely for as long as possible.”
>
> **Hon Simone McGurk MLA, WA Minister for Aged Care and Seniors – Submission to Senate Standing Committee on Community Affairs Inquiry into the Support at Home program.**

1. Rights-based aged care

Grade: C-

The new Aged Care Act 2024 was introduced in response to findings from the Royal Commission into Aged Care Quality and Safety, which concluded the previous Aged Care Act 1997 was no longer fit for purpose.

The new Act was intended to shift from a provider-focused system to a rights-based system with older people and their needs at its core.

Progress made

The new Aged Care Act, which commenced on 1 November 2025, established a Statement of Rights outlining the rights that older people in the aged care system should expect when seeking or accessing government-funded aged care services.

The introduction of a Statement of Rights is an important structural reform. The more significant test is whether older people can understand, exercise and enforce those rights in practice. This requires accessible information, effective advocacy, meaningful complaints and review pathways, and confidence that concerns will result in action.

The new Act also enforces obligations of aged care providers and workers through:

- A Code of Conduct for Aged Care
- Strengthened Aged Care Quality Standards
- Ensuring providers have systems in place for complaints management and information disclosure.
- Obligations for providers to demonstrate continuous improvement in care quality.

Together, these measures were intended to strengthen accountability, improve transparency and embed a culture of continuous improvement across the aged care system.

Progress underway

Rapid review of the Integrated Assessment Tool.
In June 2026, the Commonwealth Government announced a three-month rapid review of the prioritisation component of the Integrated Assessment Tool (IAT), following concerns the automated process was not appropriately capturing the circumstances of some older people.

New priority pathway for people living with Motor Neurone Disease (MND)
A specific priority pathway was announced by Minister for Health and Ageing Mark Butler on 3 June 2026 when the Commonwealth Government said it would amend the aged care rules to recognise MND as a condition warranting urgent priority access to Support at Home funding.

Development of new escalation pathway for home support assessment decisions.
In September 2026, the Commonwealth Government announced moves to establish a new review pathway for some aged care assessment decisions. The Aged Care Legislation Amendment (Aboriginal and Torres Strait Islander Aged Care Commissioner and Other Measures) Bill 2026, would introduce an additional review process for certain home support classification and priority decisions made using the IAT.

Progress outstanding

Rights without direct government accountability.
While the Statement of Rights establishes important rights for older people and creates clear obligations for providers, it does not create an equivalent, directly enforceable duty on the Commonwealth Government, as steward of the aged care system, to uphold those rights in its policy and funding decisions. As a result, older people have limited avenues to challenge government decisions that may adversely affect their access to care or the practical enjoyment of those rights.

Rights-based reform has not been fully embedded.
The Government's obligation to uphold the rights of the older person has not yet been fully realised.

Algorithm-driven assessments are determining funding outcomes that do not reflect older people's real needs and undermine the rights-based approach that sits at the heart of aged care reform.
Rather than placing older people, their circumstances and their choices at the centre of decision-making, these assessments are producing 'robo-aged care' automated decisions that cannot be adequately explained and lack transparency. In many cases, they cannot be overridden by assessors, even when their clinical judgement indicates a different outcome.

While the Government has committed to introducing some human oversight of the IAT, as of 1 October 2026, assessors still cannot override the algorithm's decisions. Until that changes, there will continue to be concerns the system places too much weight on the algorithm and not enough on professional judgement.

Complaints and accountability systems are inconsistent with the Royal Commission's vision for a rights-based, person-centred system which provides universal entitlement to high-quality care.
At the Canberra hearing of the Support at Home inquiry on 22 September 2026, the Department of Health, Disability and Ageing shared there have been 2,208 review-of-decision requests in relation to the IAT – 644 of which are in progress and 1,564 are finalised.

The Department took on notice questions about the final outcomes of the reviews and the average time between a review request and reassessment.

Freedom of Information documents show the Department was alerted to concerns about the IAT before and shortly after its introduction, including reports algorithm-generated outcomes did not align with some older people's needs and concerns about the removal of assessor override.

Despite being promoted as a consumer-directed model, aspects of the Support at Home program have reduced rather than enhanced consumer choice.
As outlined in Juniper's submission to the Support at Home inquiry, older people are being prevented from accessing the full level of support they have been approved for, face affordability barriers that force them to turn down services, and have limited flexibility to direct funding towards the supports they value most.

These restrictions undermine the rights-based intent of the reforms by reducing an older person's ability to make meaningful choices about their care.

The restrictions focus on responding to declining capacity, rather than encouraging a reablement approach where providers and older people work together to maintain independence and improve outcomes.

The introduction of mandatory co-contributions for independence and everyday living services is putting essential care out of reach.
The means-tested co-contributions for non-clinical care are contrary to the Royal Commission's intent and risk vulnerable people choosing not to seek care they can't afford. In effect, it embeds inequity as a person's entitlement is tied to their ability to pay.

Complex hardship processes are creating barriers to support.
The hardship provisions have been designed so the application process is complex and difficult to understand, let alone navigate for disadvantaged people. The risk is the most vulnerable people are now being excluded from the supports they need.

“Almost 200,000 older Australians are waiting either to be assessed or for the package they have been approved to receive. And one in four assessments is now conducted over the phone, with no in-person contact, before a computer decides their fate.”

Hon Anne Ruston, Shadow Minister for Health and Aged Care – Media statement, July 16, 2026

2. Home care

Grade: D

Progress made

Support at Home was introduced on 1 November 2025 as a cornerstone of the Government’s aged care reforms.

It was intended to help older Australians remain independent and living at home for longer.

Progress underway

The Commonwealth Home Support Program (CHSP) was originally due to be rolled into Support at Home by 1 July 2027, but has now been extended until 30 June 2029, providing much-needed certainty for 830,000 older Australians and the aged care sector.

It followed widespread calls from providers and advocates to delay the transition until the system is better prepared, waiting times for assessments are reduced, vulnerable older people can reliably access support, and the low-level services that help people stay well and independent are protected.

However, funding in CHSP has been inadequately indexed over the last decade and as a result the number of services delivered has reduced significantly.

Both indexation and base funding need to be addressed to enable an increase in services offered to occur as a priority. The consequence is that many older people cannot access the entry-level supports they need when they need them.

Providers are operating at capacity and services are increasingly being used to support people waiting for Support at Home funding. Without access to early intervention, people’s needs are more likely to worsen, increasing pressure on the broader aged care system.

Progress outstanding

Demand-driven access to aged care, a key aspiration of the Royal Commission, has not been achieved. Despite repeated commitments to reduce wait times and make aged care needs-based rather than rationed, older Australians are still waiting around 10 months on average to access ongoing in-home care. It is estimated 200,000 older Australians are either waiting to enter the system or waiting to receive the support they have been assessed as needing.

In 2018–19, the wait times between being assessed as eligible for a Home Care Package to being assigned a package ranged from seven months for a Level 1 package to 34 months for a Level 4 package. As at 30 June 2020, 102,081 older people were waiting for a package at their approved level. These figures were key evidence underpinning the Royal Commission's recommendation to significantly expand access to home care.

Without a concerted commitment from the Government this will continue to grow as the ageing population shift begins to impact demand.

True wait times remain unclear. Current reporting does not clearly show how many older people are waiting for their full approved level of care. By reporting those awaiting funding separately from those receiving interim funding, the true extent of unmet demand is obscured.

Regular, comprehensive reporting would provide a clearer picture of waiting times and progress towards reducing the home care queue.

Concerns remain about whether the aged care assessment process is delivering fair, accurate and consistent outcomes for older people. The assessment process can be complex and difficult to navigate, with concerns assessments do not always adequately capture an individual's needs, circumstances, preferences or clinical situation.

This can result in funding and support decisions that are difficult to understand or challenge, and that do not always reflect the person sitting in front of the assessor.

These shortcomings raise broader questions about whether the assessment system is delivering the individualised, rights-based approach at the heart of aged care reform.

The appeals process appears to be designed to reinforce the original decision rather than examine whether it is fair and how it affects the older person.

The Minimum Service Offering (MSO) is providing significantly less support than many older Australians have been assessed as needing. Under the interim arrangements, funding is capped at 60% of an individual's assessed support budget, resulting in fewer hours of essential care. For example, for someone previously receiving a Level 4 Home Care Package, this can mean around 235 fewer hours of care a year – a reduction of approximately 45%. This suggests the focus has shifted from meeting assessed needs to managing Government expenditure.

Furthermore, providers are being encouraged to supplement a person's care from CHSP during the period the reduced funding is provided.

While this may help some individuals, it limits the program's capacity to provide preventative support to others.

These challenges are not limited to care hours. They also affect access to the broader range of supports older people rely on to remain independent and continue living at home.

Access to assistive technology and home modifications is a key example. Funding alone is not enough. Older people must be able to access the equipment, modifications and support they need in a timely manner.

Ultimately, the success of home care should be judged by whether it helps older people maintain their independence and quality of life.

Concerns about wait times, affordability, assessment processes, access to assistive technology and home modifications, and the MSO suggest there remains a significant gap between the intent of the reforms and the experience of many older people.

3. Residential aged care

Grade:
C+

> **“The Royal Commission made it clear that older people have a right to high-quality, timely care and support, and that the system should help them live independently and with dignity. We have an opportunity now to learn from that experience and not repeat the failures of the past.”**
>
> **Russell Bricknell, Juniper CEO – Opening statement to Senate Standing Committee on Community Affairs Inquiry into the Support at Home program, 27 August 2026**

Progress made

Mandatory care minutes have been introduced.
New requirements for minimum care minutes and 24/7 registered nursing have been introduced to help ensure residents receive more consistent clinical care.

Greater transparency and public reporting.
Providers are now subject to increased public reporting requirements including quarterly financial reporting, care-minute reporting and the strengthened star-rating system.

Progress outstanding

Care minutes have not resolved the broader capacity and sustainability challenges facing residential aged care.
Increasing mandated care without addressing the wider workforce, funding and infrastructure challenges does not necessarily translate into better outcomes for customers.

While care minute targets have largely been achieved, this has not been accompanied by a clear improvement in performance across the Mandatory Clinical Indicators.

Providers are now also reporting tighter margins with sustainability a very real issue for the sector.

Regional and remote communities are particularly vulnerable.
High construction costs, workforce shortages and difficulty accessing capital are making it increasingly hard for providers to keep residential facilities open and build new ones.

The supply of residential aged care places is falling behind demand.
In 2025, WA recorded its first decline in residential aged care bed numbers in more than a decade, while aged care construction has fallen by 75% since 2019-2020.

A WA Government-commissioned analysis estimates the State will need between 1,600 and 2,700 additional residential aged care beds by 2030.

Current funding settings are making new facilities difficult to build.
The cost of constructing a new residential aged care bed in WA is around $650,000–$750,000, while the accommodation supplement does not adequately cover the cost of capital.

This is particularly problematic for facilities serving concessional residents and for providers, particularly not-for-profits, operating in regional and remote communities.

Funding settings are making it harder to expand residential aged care capacity.
The Government’s decision on 2 September 2026 to increase the Australian National Aged Care Classification (AN-ACC) price by 2.55% from 1 October 2026, while leaving the hotelling supplement unchanged, has raised concerns that funding is not keeping pace with rising operating, workforce and construction costs, reducing the financial viability of some proposed residential aged care developments. This risks further limiting the number of new places available, particularly in regional areas where demand is already outstripping supply.

At the same time, providers are now forced to lower concessional resident numbers in order to increase revenue from Refundable Accommodation Deposits (RAD) paying customers to maintain viability. This is adversely impacting the number of people in hospital awaiting placement.

4. Workforce

Grade: C

Progress made

New staffing requirements and care-minute targets.
Mandatory staffing standards are now helping to drive improvements in care quality and accountability.

Progress underway

Narrowing pay gaps threaten recruitment and retention.
The Fair Work Commission wage increases have delivered important pay rises for many aged care workers.

However, where equivalent increases have not flowed through to other roles, including Allied Health and management positions, the pay gap between these roles has narrowed.

This can make it harder for providers to recruit and retain skilled staff and leaders across the workforce.

Progress outstanding

Support at Home is causing administrative complexity across the aged care system.
Excessive compliance requirements are diverting clinical and care staff away from direct service delivery and reduce organisational efficiency reducing productivity.

No long term workforce plan in place.
The last national Aged Care Workforce Strategy, *A Matter of Care*, was released in 2018 and was designed to guide workforce development through to 2025.

With that strategy now expired, and no plan in place, a new long-term Aged Care Workforce Strategy must be developed in collaboration with providers, the State and Commonwealth Governments.

This is even more essential in light of the Commonwealth Government's own 2023 Intergenerational Report which forecasts the number of Australians aged 65 and over will more than double, while the number aged 85 and over will more than triple by 2062-63, underscoring the growing demand for aged care and support services in the decades ahead.

Recruitment and retention remain major challenges, particularly in regional and remote areas.
Workforce shortages are consistently identified as a key barrier to delivering safe, high-quality care outside metropolitan areas, with providers reporting particular difficulty attracting and retaining nurses and other skilled workers.

Housing shortages, geographic isolation and competition for workers make the challenge even harder in regional, rural and remote communities.

Growing dependency on agency staff to fill in the gaps.
To meet mandated care minutes and 24/7 registered nurse requirements, many providers, particularly in regional, rural and remote areas, are increasingly relying on expensive agency staff.

Agency staffing is costing some providers millions of dollars on top of existing recruitment expenses, highlighting a workforce crisis that continues to drive up costs and undermine the sustainability of care delivery.

In addition to agency fees, providers often bear the cost of accommodation, travel and other incentives needed to attract temporary workers to regional, rural and remote areas.

Potential migration changes should be carefully assessed for their impact on health and aged care workforce sustainability.
Aged care continues to rely on skilled migrant workers to fill critical nursing, personal care and support roles, particularly in regional and remote areas where workforce shortages are acute.

The aged care sector employs a highly diverse workforce. A snapshot of workforce under the umbrella of Advance Ageing WA (AAWA) – a collective of seven aged care providers serving more than 24,000 older Western Australians - shows with 113 nationalities represented. Australians comprised the largest group (28%), followed by Bhutanese (24%), Indians and Filipinos (12% each), Nepalese (9.1%) and British workers (5.3%).

As governments consider changes to migration settings, it is important that potential impacts on essential services such as aged care are fully tested and understood before announcements are made.

Without an Aged Care Workforce Strategy, or measures to address existing shortages, there is a risk that reducing access to skilled workers could make it more difficult for providers to meet growing demand and deliver care for older Australians.

Australia already needs to find up to 50,000 additional aged care workers each year to keep pace with an ageing population.

The need for a new Aged Care Workforce Strategy should always be divorced from the highly politicised immigration debate.

5. Dementia care

Grade: C

Progress made

The Royal Commission placed dementia care at the centre of aged care reform, acknowledging that people living with dementia make up a substantial proportion of aged care recipients.

Since then, the Government has introduced:

- 24/7 registered nurse requirements in residential aged care
- New Star Ratings arrangements
- Strengthened regulation of restrictive practices
- New workforce training resources, including dementia-related training modules

Increased focus on human rights and reducing restrictive practices. Successive reforms have placed greater emphasis on reducing restrictive practices and ensuring care is rights-based and person-centred. This was a major concern of the Royal Commission, particularly for people experiencing behavioural and psychological symptoms of dementia.

Progress outstanding

Dementia is still often treated as a specialist "add-on". Providers continue to view dementia care as separate from mainstream aged care rather than an essential capability across the system.

According to the Inspector-General, this contributes to:

- Providers refusing or avoiding people with more complex dementia-related needs
- Unnecessary hospital admissions
- Limited respite options
- Difficulties accessing residential care for people experiencing changed behaviours

No mandatory dementia training despite Royal Commission intent. The Royal Commission identified workforce knowledge and capability as a major issue.

While new training modules have been developed, there is still no mandatory dementia-specific training requirement for all aged care workers.

The Inspector-General of Aged Care has specifically called for mandatory trauma-informed and dementia-specific training.

Dementia-specific funding in home care has been withdrawn.
The Dementia and Cognition Supplement for people with the highest needs has been removed from Support at Home. It now continues only for grand-parented participants diagnosed before 1 November 2025, and it ceases if they are reassessed into a Support at Home classification.

Respite is hard to access, and carers and people with dementia are paying the price.
Respite is difficult to obtain, particularly emergency and short-term respite.

Dementia Australia's national Support at Home survey found costs rising and access falling. Since November 2025, 60% of carers reported strain or burnout, 26% of respondents reported an emergency department presentation, 26% a hospital admission, and 45% increased support needs. Nearly half of the survey respondents said changes to Support at Home had contributed to these outcomes.

Continued use of hospitals when aged care providers cannot manage dementia.
There are increasing instances where people with dementia who exhibit changed behaviours are transferred to hospital or acute care because providers lack the capability or confidence to support them.

There are also concerns about providers refusing to readmit residents following hospital stays. This is often because hospitals use medication to treat the behaviours while homes cannot.

According to Dementia Australia's Support at Home survey, 29% reported providers unwilling to accept people with dementia or lacking suitable services, 32% reported providers with no capacity for new clients, and 24% reported no providers in their area.

Disconnect between hospital and aged care approaches to restraint.
People living with dementia are frequently prescribed psychotropic medications in hospital settings to manage behaviours such as agitation, wandering or confusion.

They often arrive or return to residential aged care on new sedating medications, sometimes with limited information provided about why they were put on the medication, whether informed consent was obtained or whether it was intended as a short-term measure.

Funding arrangements remain problematic.
Identified shortcomings in the AN-ACC funding model mean the additional costs of supporting people with complex dementia are not always fully recognised.

This may discourage providers from accepting or retaining residents with higher dementia-related support needs, particularly where behaviours create significant workforce or care demands.

> **"Right now, the plumbing of the reforms is undermining the poetry of the Act. Unless we heed the evidence and change course, that legislated promise will slip out of reach."**
>
> **Natalie Siegel-Brown, former Inspector-General of Aged Care - National Press Club address, 15 July 2026**

“Not enough has changed for Aboriginal and Torres Strait Islander people since the Royal Commission into Aged Care Quality and Safety (Royal Commission) four years ago. The aged care system has failed, and continues to fail, older Aboriginal and Torres Strait Islander people. The system is still not providing culturally safe care and is poorly placed to meet projected growth in demand of aged care services for older Aboriginal and Torres Strait Islander people.”

Andrea Kelly, former Interim First Nations Aged Care Commissioner – *Transforming Aged Care for Aboriginal and Torres Strait Islander People*, November, 2024

6. First Nations aged care

Grade: D

Progress made

The Interim First Nations Aged Care Commissioner role was established in response to Royal Commission Recommendation 49.

Interim First Nations Aged Care Commissioner Andrea Kelly delivered her report, *Transforming Aged Care for Aboriginal and Torres Strait Islander People* (2024), outlining recommendations for systemic reform and a culturally safe, community-led aged care system.

An Aboriginal and Torres Strait Islander Aged Care Framework 2025–2035 was developed in partnership with the sector and communities. It is intended to drive culturally safe, culturally appropriate, trauma-aware and healing-informed care.

Cultural safety now embedded more explicitly in the reform agenda. The new aged care system places greater emphasis on care being culturally safe, trauma-aware and healing-informed, and on older people being able to remain connected to family, community and Country.

Progress underway

The Government introduced legislation on 1 July 2026 to establish a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner. Jodi Cassar commenced as the Interim First Nations Aged Care Commissioner on 1 July 2026, succeeding Andrea Kelly, who was the inaugural interim commissioner.

The delay in making this position permanent is disappointing and sends a message to First Nations people that the system is not focused on their rights as older people.

Greater engagement with First Nations communities. During her tenure, Ms Kelly undertook 135 in-person engagements and met more than 1,000 people**,** including Elders, families, communities, carers and providers, representing a significant shift towards co-design and listening directly to First Nations communities about what aged care should look like.

Progress outstanding

As of September 2026, a permanent Aboriginal and Torres Strait Islander (First Nations) Aged Care Commissioner has not yet been appointed.
While interim arrangements remain in place, the absence of a permanent statutory Commissioner means a key mechanism for Indigenous leadership and accountability in aged care reform has yet to be fully realised.

The Government's response in relation to Aboriginal and Torres Strait Islander aged care falls well short of the broader intention of the Royal Commission.
The Government's framework still does not deliver the strategic vision or long-term plan for the co-designed, culturally respectful, trauma-informed and high-quality care recommended by the Commission.

Cultural safety and access barriers persist.
Older Aboriginal and Torres Strait Islander people continue to face significant barriers to accessing culturally safe, timely and appropriate care. Long waits for assessments and services, challenges navigating a complex system, and processes that do not adequately recognise the importance of culture, family, community, Country and Island home can all undermine access to care and affect outcomes.

A one-size-fits-all aged care system continues to overlook cultural differences.
Assessment processes, care models and workforce arrangements are largely built around mainstream approaches that do not always reflect the needs, values and lived experiences of Aboriginal and Torres Strait Islander communities. This undermines the Royal Commission's vision for culturally safe and person-centred care.

Limited transparency and reporting on First Nations outcomes.
A lack of publicly reported First Nations-specific data makes it difficult to assess whether aged care reforms are improving outcomes for older Aboriginal and Torres Strait Islander people.

First Nations older people do not always have a genuine choice of culturally appropriate care.
A largely standardised aged care model, combined with a limited number of providers with specialist First Nations capability, can make it difficult to access services that understand and respond to culture, family, community and Country.

Some reforms may unintentionally create additional barriers in remote communities.
Concerns have been raised that worker screening requirements can disproportionately affect Aboriginal people in remote areas, where informal community networks and local workforce participation are critical to service delivery.

This risks limiting the available workforce and further reducing access to culturally safe care in areas already experiencing significant service gaps.

The Support at Home hardship application is becoming a significant barrier for First Nations older people, particularly in remote communities.
To access financial hardship assistance, people must navigate complex forms and provide personal financial information, often through online systems that can be difficult to access.

For many who do not speak English as a first language, have limited documentation, or are uncomfortable sharing financial details, the process requires extensive one-on-one support. Without that support, many are unable to access the services they need, increasing the risk of reduced care, food insecurity and poorer outcomes.

Rather than improving access, the system risks widening existing disadvantage and undermining efforts to close the gap for Indigenous Australians.

7. Diversity and inclusion

Grade:
C

Progress to date

Greater recognition of diversity within the aged care system.
The new Aged Care Act 2024 strengthened Aged Care Quality Standards and the Aged Care Diversity Framework have reinforced expectations that aged care providers recognise and respond to people's identity, culture, language, circumstances and life experiences.

This includes a stronger focus on culturally safe and inclusive care for people from Culturally and Linguistically Diverse (CALD) backgrounds, LGBTIQ+ people, those ageing with a disability, veterans and other groups who may experience barriers to accessing care.

Diversity is more visible in aged care policy and regulation.
There is now greater recognition that some cohorts require tailored approaches to care, including people living in rural and remote communities, those experiencing social disadvantage, care leavers, veterans, people experiencing homelessness, and people with mental health conditions.

The aged care system increasingly acknowledges that equitable access may require different responses for different groups.

Progress outstanding

Recognition has improved faster than access to tailored services
While diversity is increasingly reflected in legislation, policy and quality standards, many older Australians still struggle to access services that genuinely meet their needs.

People from CALD backgrounds, those ageing with disability, people experiencing hardship, and older Australians in rural and remote areas continue to face barriers to accessing appropriate care and support.

A one-size-fits-all approach continues to limit genuinely inclusive care
While the aged care system increasingly recognises diversity, specialist expertise and tailored service options remain limited across many cohorts.

The complexity of the specialisation framework has reduced the number of providers willing or able to maintain specialist status, meaning access to culturally appropriate and inclusive care remains inconsistent.

Too often, older people are expected to fit within mainstream models of care, rather than the system adapting to meet their individual needs and circumstances.

A national aged care system needs to provide consistent rights and protections while allowing sufficient flexibility for different communities and models of care.

For First Nations older people, culturally safe care may require different approaches to assessment, service delivery, workforce and community engagement.

The test is therefore whether the system can deliver equitable outcomes without requiring every community to fit the same model.

The increasing recognition of diversity in legislation and policy is an important step. However, recognition alone does not create inclusion.

The measure of progress is whether older people can access services that understand their circumstances and whether the system can adapt its approach when mainstream models do not meet their needs.

Many LGBTIQ+ older people still fear discrimination when accessing care.
Despite policy improvements, many LGBTIQ+ older Australians continue to worry about discrimination, mistreatment and a lack of understanding from providers. Some delay seeking care altogether, while others feel pressured to conceal their identity when entering the aged care system.

While diversity is increasingly reflected in legislation and standards, implementation remains inconsistent across the sector.

> **“When the Government’s own independent watchdog stands up at the National Press Club and says the math ain’t mathin’, it is time for Anthony Albanese to stop defending a broken system and start fixing it.”**
>
> **Hon Anne Ruston, Shadow Minister for Health and Aged Care – Media statement, July 16, 2026**

8. Regulation and accountability

Grade: B–

Progress to date

Establishment of a stronger regulatory framework.
The new reforms have created a more rights-based framework and provide a clearer basis for holding providers accountable for the care they deliver.

Improvement in independent oversight.
The establishment of the role of Inspector-General of Aged Care has created an independent mechanism to scrutinise government performance and assess whether reforms are actually delivering on the Royal Commission’s vision.

This level of independent accountability did not exist before the Royal Commission.

Greater transparency around provider performance.
Tools like Star Ratings, public reporting and enhanced quality monitoring have made it easier for older people and their families to see how providers are performing and make informed choices about care.

However, reporting requirements do not always translate into better care outcomes. They can be duplicative, create additional administrative burden and be difficult for older people and their families to interpret.

Greater emphasis on measurable outcomes may deliver more meaningful improvements in care quality.

Progress outstanding

Rising number of complaints.
The Aged Care Quality and Safety Commission has seen a rise in the number of complaints since the introduction of the new Aged Care Act.

The Commission received 2,553 complaints in the first two months of the Act, an average of 1,277 complaints per month across November and December. This compares to an average of 1,053 complaints per month for the preceding four months, which saw 4,212 complaints.

The complaints received in November and December 2025 alone represented almost a quarter of all complaints lodged in the previous financial year.

Subsequent Commission reporting suggests complaint levels remained elevated into 2026, although changes to reporting categories make direct trend comparisons more difficult.

The complaints process is too complex.
While oversight has improved, many older people and families still find the complaints process difficult to navigate and aren't always confident issues will be resolved quickly or effectively.

Questions remain about whether rights can be effectively enforced.
Concerns remain about how the human rights and quality-of-care obligations set out in legislation will translate into real-world outcomes for older people.

Implementation of the Royal Commission is still not on track.
Reforms have largely addressed individual issues rather than delivering the systemic transformation envisaged by the Commissioners. The report warns that significant structural weaknesses remain despite the volume of reform activity.

Government accountability remains a concern.
There are ongoing questions about whether reforms are improving the lives of older Australians.

Stronger regulation can improve provider accountability, but the outcomes experienced by older people are also shaped by government policy, funding, workforce supply, assessment processes and system design.

A meaningful accountability framework therefore needs to distinguish between provider compliance, regulatory oversight and the responsibility of governments as stewards of the aged care system.

Ultimately, accountability should extend beyond whether providers and regulators have complied with new requirements to whether the system as a whole is delivering the outcomes promised to older people.

Summary

The aged care reforms have delivered significant structural change. A new rights-based legislative framework, strengthened Quality Standards, increased transparency, mandatory care requirements, independent oversight and greater recognition of First Nations and diverse older people are important steps forward.

But reform on paper is not enough.

The evidence considered in this Report Card shows that too many older Australians are still not experiencing the meaningful improvements promised by the Royal Commission.

Access remains difficult, wait times are too long, affordability is creating new barriers, workforce pressures continue and regional and remote communities remain particularly vulnerable.

Too often, older people are still unable to exercise genuine choice and control over their care.

The next phase of reform requires clear strategy, sustained investment and effective implementation to turn reform into reality and deliver better outcomes for older Australians.

Juniper remains committed to working with governments, older people and the sector to build an aged care system that is accessible, sustainable and worthy of the trust older Australians place in it.

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This report has also been shaped by the lived experience of Juniper customers and their families, together with the knowledge and expertise of our dedicated team, who work alongside older Australians every day and witness firsthand the impact of aged care policy and practice.

We extend our sincere thanks to all those who shared their experiences and perspectives, and to those who continue to advocate for better outcomes for older Australians.

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