Caring for an Ageing Australia

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AGEING IN THE *RIGHT* PLACE

NATIONAL INSTITUTE ON AGEING

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About the National Institute on Ageing

The National Institute on Ageing (NIA) is a public policy and research centre based at Toronto Metropolitan University (formerly Ryerson University). The NIA is dedicated to enhancing successful ageing across the life course. It is unique in its mandate to consider ageing issues from a broad range of perspectives, including those of financial, psychological, and social well-being.

The NIA is focused on leading cross-disciplinary, evidence-based, and actionable research to provide a blueprint for better public policy and practices needed to address the multiple challenges and opportunities presented by Canada's ageing population.

The NIA is committed to providing national leadership and public education to productively and collaboratively work with all levels of government, private and public sector partners, academic institutions, ageing related organizations, and Canadians.

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Introduction

Over recent decades, there has been increasing attention around how Canada can best care for its ageing population. During this time, Canada's long-term care systems have become the subject of several reports, inquiries and reviews. Strategies to address their long-standing and growing inadequacies have been the focus of successive political agendas at all levels of government, and most recently as a result of the COVID-19 pandemic. However, Canada is not alone in striving to continually improve its provision of long-term care. Twelve thousand kilometres away on the other side of the Pacific Ocean, Australia is, too.

Like Canada, Australia is currently grappling with how to best care for its rapidly ageing population made up of an increasingly diverse cohort of older persons who have more complex health and social care needs than at any other point in living history.

Providing culturally safe and appropriate, cost-effective, suitable and sustainable care and support across a variety of settings to meet the needs of their ageing populations represents one of the greatest challenges that both countries are now facing this century.

In March of 2021, Australia's landmark *Royal Commission into Aged Care Quality and Safety* (RCACQS)[1] delivered its final recommendations to the Australian Parliament after a three-year-long inquiry. Marking the two-year anniversary of its completion, this NIA report was developed to better appreciate how Australia currently cares for older persons and how it is adapting to better meet the needs of its ageing population. Specifically, we will detail the history and structure, as well as the logistical and financial aspects, of Australia's long-term care system, and how this is situated alongside the country's broader health-care and social support systems.

Background

Australia's population has undergone significant growth in recent decades, doubling from almost 12.5 million in 1970 to more than 25 million people today.[2, 3]

However, while Australia's population is growing, it is also rapidly ageing and becoming more frail.[4,5]

A person born in Australia today can expect to live to an average of 83 years, which is the highest estimated life expectancy in the country's history[6] and similar to Canada's life expectancy of 82 years.[7] Data from Australia's 2021 Census demonstrates that almost 4.4 million Australians (17.2 per cent or one in six) are 65 years and older,[3] which has more than quadrupled from one million (8.3 per cent) in 1970.[8] Furthermore, the proportion of the population aged 65 years and older is expected to continue rising to more than 20 per cent in the second half of the 21st century.[8] Of today's older Australians, almost two million (7.5 per cent) are 75 years and older and more than 0.5 million (2.1 per cent) are 85 years and older.[3] Like older Canadians, the vast majority (95.3 per cent) of older Australians live in their own private households.[9] **Table 1** and **Figure 1** provide comparisons of Canada and Australia's older populations.

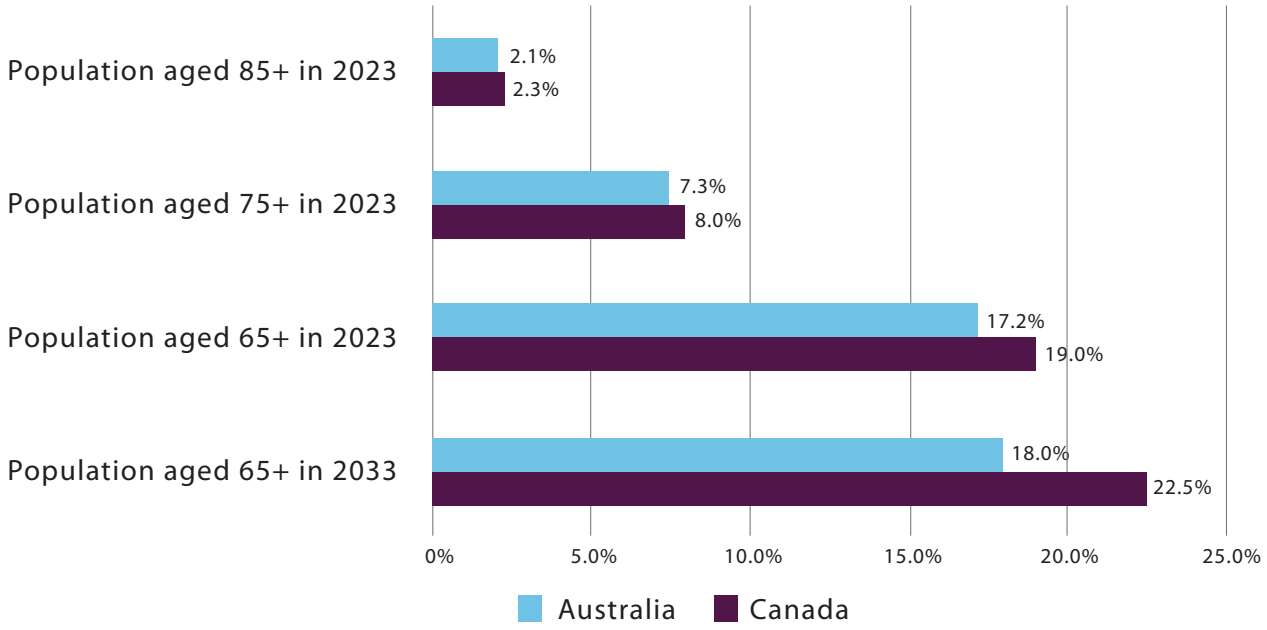
Over the past 100 years, Australia has developed a complex and comprehensive system of social, financial, health-care and long-term care supports for its older adults. While in an ongoing state of evolution and improvement, this paper examines the current approaches in place to care for and support older Australians as of February 2023.

Table 1: Comparing Canada and Australia's Ageing Populations in 2023

	Canada	Australia
Total Population	36.9 million[7]	25.4 million[10]
Population aged 65+	7.0 million (19.0% total)[7]	4.4 million (17.2% total)[10]
Population aged 75+	3.0 million (8.0% total)[7]	2.0 million (7.5% total)[10]
Population aged 85+	0.9 million (2.3% total)[7]	0.5 million (2.1% total)[10]
Older Population 65+ living at home	93.9%[11]	95.3%[12]
Life Expectancy*	82 years[7]	83 years[6]

*For a person born in 2022

Figure 1. Older Adults in Canada and Australia as a Proportion of their Overall Populations[7,8,10,13]



Key Definitions

Long-Term Care (LTC): The NIA defines long-term care as a range of preventive and responsive care services and supports, primarily for older adults, that may include assistance with *activities of daily living* (ADLs) and *instrumental activities of daily living* (iADLs), provided by either not-for-profit or for-profit providers, or unpaid caregivers in settings that are not location-specific. LTC services can be provided in home and community-based settings, or in designated buildings designed for that purpose. The latter includes *long-term care homes*, which are more commonly called *nursing homes* or *residential aged care facilities* in Australia. Because long-term care is the most commonly used term in international literature, it will be used here in place of *aged care*, which is more widely accepted in Australia.

Older Adults: In this report, the NIA defines older adults, or *older Australians*, as people aged 65 years and older. Where data exists, this will also include Aboriginal and Torres Strait Islander peoples aged 50-64 years, given the reduced life expectancy of this population and their eligibility to access LTC services in this age bracket.[14]

A Brief History of Australia's Long-Term Care System

Australia's current LTC system is regulated, accredited and primarily funded by the Australian Government; however, this has not always been the case.

Two hundred years ago, older adults were either cared for by their families or placed in undesirable "asylums" if they were no longer able to live independently.[4] Soon after Australia became a commonwealth in 1901, the federal government began to support its older population by providing an aged pension for those who could no longer work.[4, 15] Subsequently, during the Second World War, the government started subsidizing medications.[4, 15] This ultimately evolved into *Medicare*, the universal health-care system that exists in Australia today.[4, 15]

In the 1950s, the Australian Government began providing grants to non-governmental organizations to create the country's first LTC homes through the Aged Persons Homes Act 1954.[4, 15] Federal grants were given to state and territory governments to deliver home and community care services shortly after.[4] Over the following decades, several different subsidies and schemes were introduced to address the expanding number of LTC home residents and ensure the appropriate use of these resources.

Residential "hostels" were developed as a cheaper alternative to LTC homes for older adults who did not require a high level of medical support.[4, 15] Needs-based assessments for LTC homes were later introduced in the 1980s and the uptake of home-care services increased in the 1990s with the creation of the *Home Care Packages Program* (HCPP).[4, 15] The demand for home-care services has continued to grow since then, with older Australians now increasingly preferring to remain and receive care in their own homes for as long as possible.[4, 16]

Towards the end of the 20th century, the introduction of Australia's current Aged Care Act 1997[17] saw LTC homes and hostels combined into federally subsidized residential aged care settings. In 2011, the Productivity Commission conducted a public review of Australia's LTC services in response to concerns raised about the country's ageing population, changes in care preferences and predicted workforce shortages.[18] In response to this, the Australian Government agreed to shoulder all responsibility for public LTC funding, administration and policy under the new National Health Reform Agreement[19]; however, it wasn't until all Australian states and territories joined this agreement in 2018 that it was fully implemented.[4]

Over the past 20 years, there have been several major inquiries into Australia's LTC sector, culminating in the *Royal Commission into Aged Care Quality and Safety* (RCACQS) that was conducted from 2018 to 2021.[1, 4]

This unmasked numerous inadequacies, such as difficulty accessing LTC services, workforce support and planning issues, the provision of substandard care and multiple systemic problems requiring substantial reform. On March 1, 2021, 148 recommendations made by the commissioners were tabled by the Australian Parliament, calling for an overhaul of the country's LTC system and its governance.[1] Of these recommendations, 126 were accepted or accepted in principle by the federal government at the time.[20]

Occurring concurrently with the latter period of the RCACQS inquiry, the COVID-19 pandemic brought further attention to Australia's strained LTC system. Older adults living in LTC homes were disproportionately affected, making up 75 per cent of total deaths from the virus in the first year of the pandemic.[21] They also faced prolonged periods of forced isolation, which had detrimental effects on their mental health, cognition and general well-being.[21, 22] The LTC sector was additionally affected by staff shortages due to sickness and home quarantine requirements following exposure to COVID-19.[21]

Despite the LTC challenges of a global pandemic, multiple recommendations made by the RCACQS have been implemented in the two years since its completion. These include the introduction of minimum staffing standards,[23] the publication of "star ratings"[24] and the adoption of a new funding model[25] for LTC homes, as well as the release of additional home-care packages to shorten waiting lists.[26] Further major reforms are in progress, including the development of a new in-home aged care program[27] and the creation of a new Aged Care Act.[28] After more than two decades of criticism and scrutiny, Australia has finally committed to reconfiguring its model of LTC to better support its ageing population for generations to come.

Types of Long-Term Care Services in Australia

In 2021-22, approximately 1.5 million older Australians accessed some form of LTC services.[29]

Figure 2 provides an overview of the arrangement of LTC services in Australia that are available in home and LTC home settings. Each will be discussed in further detail below.

There are three main types of public LTC services in Australia, which are highlighted in purple in **Figure 2**. The *Commonwealth Home Support Programme* (CHSP) and *Home Care Packages Program* (HCPP) provide in-home care and community-based supports, while *LTC homes* offer accommodation and 24-hour care.[4, 29] **Figure 3** gives an overview of how many Australians are using each of these services and the numbers of service providers. **Figure 4** shows how the proportional use of supports varies between Australians aged 65 years and older and those 85 years and older, demonstrating that increased age is associated with the greater use of LTC services.

Figure 2. An Overview of LTC Services in Australia

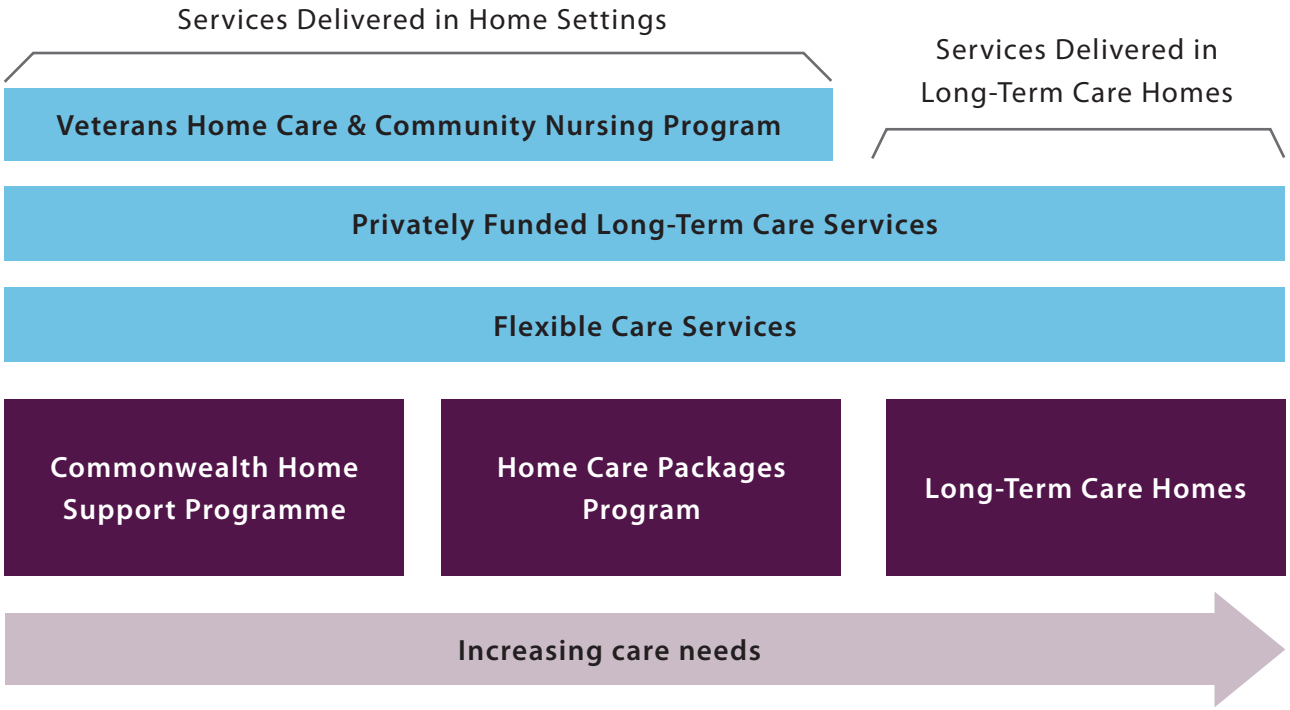
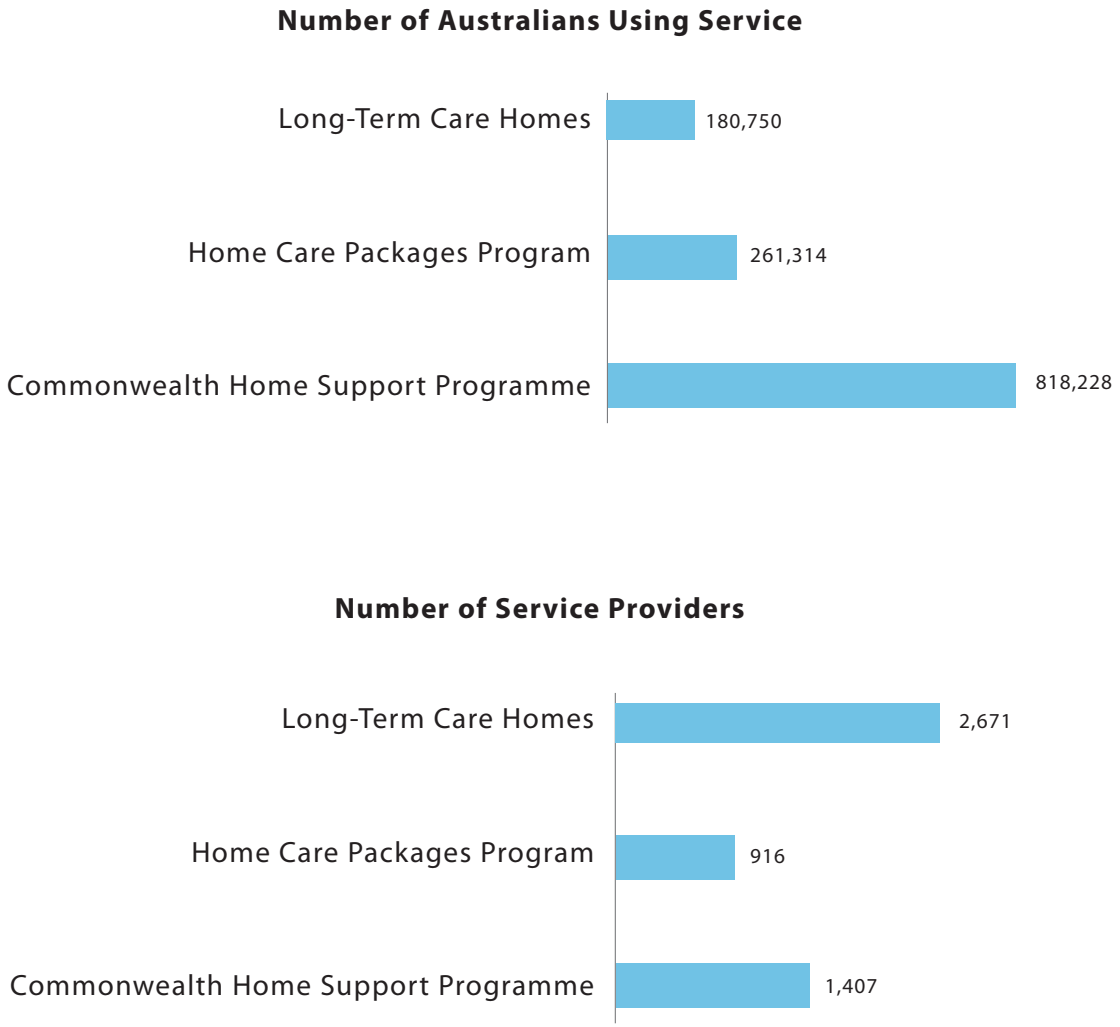
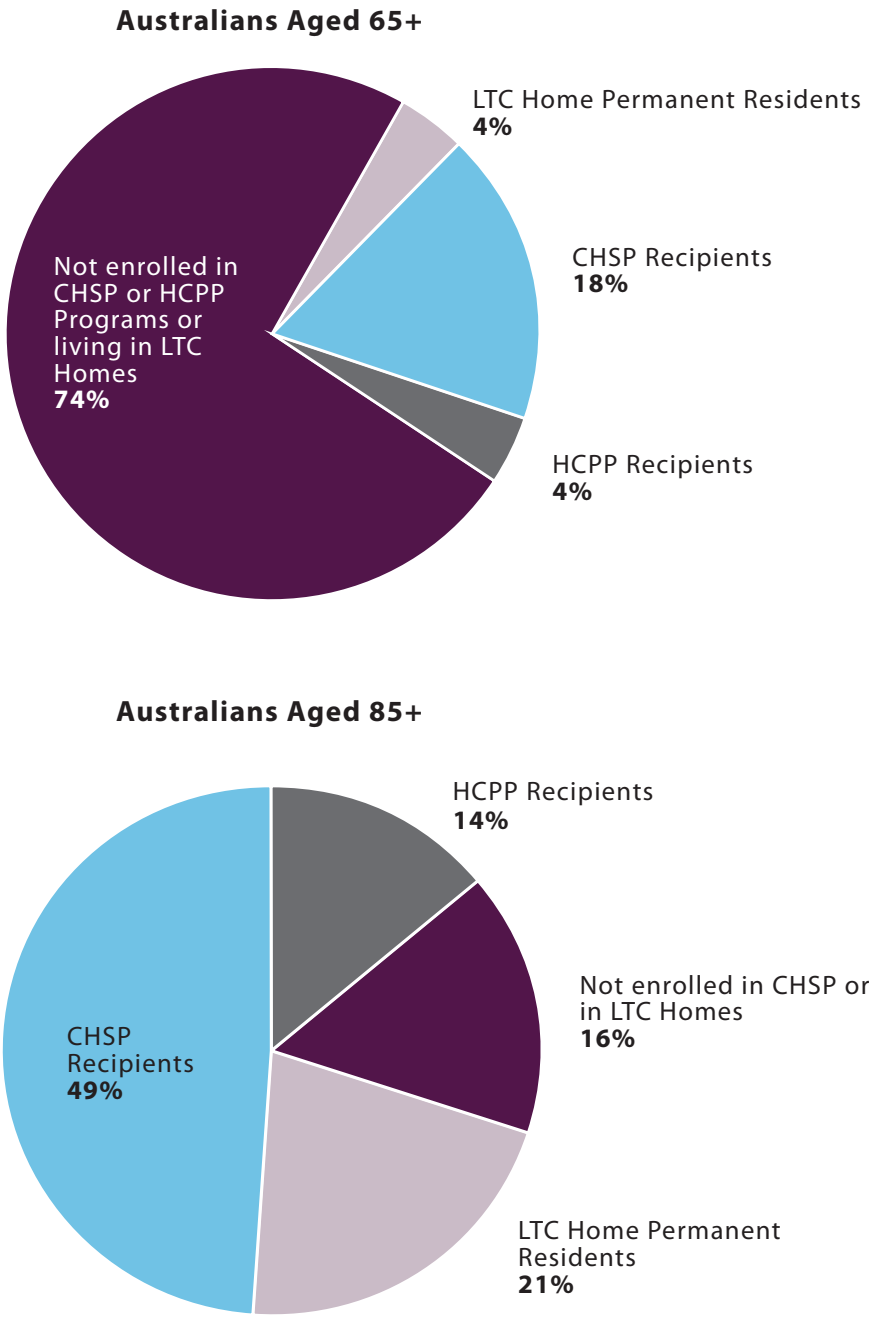


Figure 3. LTC Recipient and Service Provider Numbers in Australia for 2022[29]



*2,671 LTC homes are being operated by 805 service providers

Figure 4. Proportional Use of the CHSP, HCPP, and LTC Homes by Older Australians in 2021



*Data from June 30, 2021 is prior to the Australian government's release of additional home-care packages in response to the RCACQS; figures do not include flexible LTC services, private LTC services or VHC services

The Commonwealth Home Support Programme (CHSP)

Established in 2015,[4] the CHSP is the most accessed program and provides entry-level community-based home supports for older adults and their caregivers on a government-subsidized fee-for-service basis. In 2021-22, 818,228 older Australians received assistance from 1,407 CHSP providers.[29] Available services include support for activities of daily living (ADLs), such as showering and dressing, as well as assistance with instrumental activities of daily living (iADLs), like domestic cleaning, meal delivery and transport. Social support services, allied health care (e.g. physiotherapy, occupational therapy, dietetics) and respite care are also available.[4, 29]. Older adults who are approved for CHSP services can access them at a discounted rate on an as-needed basis. Location-based lists of CHSP providers and services are provided on the *My Aged Care* (MAC) website.[31]

The Home Care Packages Program (HCPP)

The HCPP in its current format was implemented in 2017.[4] It is designed for people living in the community whose care needs exceed what can be provided through the CHSP. In 2021-22, 916 approved providers cared for 261,314 people through the HCPP, [29] a number that has substantially increased over recent years.[29, 32] There are four levels of home-care packages that are allocated on the basis of a person's care needs. A Level 1 package provides just over $9,180 AUD ($8,503 CAD) of government subsidies per year to spend on eligible services and equipment, while a Level 4 package offers more than $53,268 AUD ($49,337 CAD) of support per year.[33] The HCPP is consumer-directed, meaning that government-provided funds are allocated to the individual receiving care, rather than to the care providers. The person receiving care is then responsible for choosing which approved services and service providers they spend their allocated money on.[4, 34] Criticisms of the HCPP have included long waiting times to access services, high costs charged by care providers and large amounts of unspent allocated funding each year.[35]

LTC Homes

There are 805 care providers who operate 2,671 LTC homes in Australia,[29] providing accommodation, ADL assistance, clinical nursing care and social support according to their residents' care needs. On June 30, 2022, there were 180,750 Australians residing in an LTC home on a permanent basis. Over the course of the 2021-22 financial year, there were 245,719 permanent LTC home residents, in addition to 70,993 temporary residents who received short-term respite or restorative transitional care.[29]

Proportionally, more older Australians live in LTC homes than most other Organisation for Economic Co-operation and Development (OECD) nations.[36, 37] Approximately 18 per cent of Australians aged 80 years and older are permanent LTC home residents, compared with 11 per cent in Canada.[37] Over the past decade, the number of people living permanently in LTC homes has increased by 11 per cent, while the number of people using home-care services has increased more than fivefold.[38]

Most Australian LTC homes are operated by not-for-profit groups (56.9 per cent) or private organizations (34.5 per cent),[30] while only a small proportion are run by the government (8.6 per cent).[30] By comparison, providers of home-based care are predominantly not-for-profit (69 per cent) and government-run organizations (22 per cent).[39]

Flexible Care Services

In addition to the above, LTC in Australia is also provided through flexible care services.

- The *Transition Care Programme*[40] is a short-term service available to community-dwelling older adults to restore independence after a hospital admission. It can be delivered in an LTC home or home environment.
- The *Short-Term Restorative Care Programme*[41] is a care intervention for community-dwelling older adults lasting up to eight weeks that aims to slow or reverse functional decline so they may continue living in the community. It can be delivered in an LTC home or home environment.
- The *Multi-Purpose Services Program*[42] is a joint state and federal government initiative that provides integrated health and LTC services for older Australians living in rural and remote locations when small communities do not have the infrastructure or human resources to support both a hospital and a separate LTC home. This program facilitates the local delivery of combined health and LTC services so that older adults can access support without relocating to larger centres.
- The *National Aboriginal and Torres Strait Islander Flexible Aged Care Program*[43] delivers a range of culturally appropriate LTC services to older Aboriginal and Torres Strait Islander peoples in a home or LTC home environment.

Veterans' Home Care (VHC)

The *Department of Veterans' Affairs* (DVA) provides the VHC program and a community nursing program for eligible veterans, their war widows and widowers, and their dependents, for a small co-payment.[44] VHC services can include domestic assistance, home cleaning and maintenance, ADL support and respite care.[44] In 2021-22, there were 33,000 older Australians approved for VHC services and almost 11,000 receiving community nursing services.[14] The Department of Health, not the Department of Veterans' Affairs, covers the costs associated with LTC homes.

The Development of a New Home Support Program

In keeping with the recommendations from the RCACQS, the Australian Government is currently in the consultation phase of designing a new in-home LTC program to replace the CHSP, HCPP and Short-Term Restorative Care Programme from July 2024.[27] Key areas of focus for the new program will be simplifying its navigation, providing timely access to services, ensuring transparent fee schedules, offering a choice of services and service providers, and supporting the LTC workforce.

Private Home Care Services and LTC Homes

Some older Australians receive support from private home-care services and LTC homes that are not government funded or regulated. This may be because they do not qualify for government-subsidized care, are waiting for government-funded services to become available, or want to supplement the government-funded services they are receiving.[45] To access private services, an individual must pay the associated costs in their entirety.

Private Independent Living Units and Retirement Villages

Distinct from LTC homes, more than 180,000 older Australians choose to live in private *independent living units*, which are typically grouped together within *retirement villages*.[46] These are regulated at the state and territory government level and their definition can vary between different jurisdictions. In general, a retirement village is a group of individual dwellings with communal facilities for retired adults over the age of 55 who are reasonably independent.[46] Shared amenities and services vary and may include, for example, a communal dining room, exercise room, hairdresser or community bus. Accommodation may be offered in the form of serviced apartments, units, townhouses, duplexes or stand-alone houses, with buildings and facilities often purposefully designed or modified to be age-friendly. Retirement

villages are run by private for-profit and not-for-profit organizations and do not attract any government funding or subsidies.[46] Occupants must sign a contract with the property manager and typically pay an admission fee, a regular ongoing fee and a discharge fee. It is common for older adults to sell their existing homes when moving into a retirement village to cover the cost of these fees. They subsequently lease and do not own their village residence; however, shared equity deals exist in some cases.[46]

If eligible after an assessment, older adults living in retirement villages can receive government-funded home-care and community-based support services via the CHSP or HCPP like their counterparts living in the wider community. Some retirement villages are associated with or located adjacent to an LTC home and offer village residents priority access to government-subsidized or privately funded respite and permanent placement should they need it. While retirement villages are a good option for some older adults, they have been criticized for their poor affordability and complex contractual arrangements.[1]

Accessing Long-Term Care Services in Australia

Established in 2013, *My Aged Care* (MAC) is the single point of access for LTC services in Australia.[4, 31] It was originally only a website and telephone-based service, although a limited number of Aged Care Specialist Officers can now deliver in-person support by appointment.[47] MAC provides consumer-directed information about LTC services, including LTC homes, and is also the sole means by which older Australians and/or their representatives can commence the process of applying for supports.[31] Following criticisms from the RCACQS, the federal government has implemented changes to improve MAC, such as the introduction of face-to-face support and the publication of "star ratings" for LTC homes and providers.[24]

To access the different types of LTC services available in Australia, an individual must undergo a needs-based assessment requested via MAC. The *Regional Assessment Service* (RAS) can provide approvals for CHSP services but a more comprehensive evaluation by an *Aged Care Assessment Team* (ACAT) is required to access the HCPP, LTC homes and flexible care services.[4, 29] Trained RAS and ACAT assessors use the National Screening and Assessment Form to determine a person's eligibility for services.[48] In 2021-22, 272,793 RAS and 200,562 ACAT assessments were completed nationwide.[29]

Once an individual is deemed eligible for LTC home services in Australia, they could be waiting months to receive them.

While CHSP codes are granted quickly, there may be significant delays to service implementation due to a lack of care provider availability.[49] Individuals approved for the HCPP are placed on a national prioritization list and have historically waited more than 12 months to have access to funding,[4] although the waiting times for all levels of home-care packages are currently estimated at three to six months[33] due to increased provisions in the federal government budget for this program in response to the RCACQS.[50] As of June 30, 2022, there were 49,717 older Australians waiting for HCPP funding.[26] Older adults who are on the HCPP waiting list may be offered a lower-level package if one becomes available and/or receive CHSP services as an interim measure while they wait for their appropriate level of package. A retrospective cohort study published in 2018 found that prolonged HCPP waiting times were associated with both increased long-term mortality and a higher rate of transition to permanent residential care.[51]

In contrast to its shortage of home-care support services, Australia has a surplus of LTC home beds.

On June 30, 2022, there were 219,965 operational LTC home places for 180,750 permanent residents, with an occupancy rate of 86.2 per cent during 2021-22.[29] Over this period, the median time from ACAT approval to entering an LTC home was 153 days, with 41 per cent of older Australians moving into an LTC home within three months of approval.[14] These statistics, however, do not reflect a lack of LTC home beds but are more likely explained by an individual's preference to remain at home for as long as possible, as well as the time taken to find an appropriate LTC home and make financial preparations once a decision to relocate has been made.

Many older Australians can access support much faster by moving into an LTC home rather than waiting for a home-care package, which likely contributes to the country's disproportionate reliance upon LTC home-based care compared with other nations.[52]

The oversupply of LTC home beds may also help to explain why, in 2020-21, the proportion of hospital patient days used by older Australians who were waiting to enter an LTC home was just under one per cent,[14] with only 10 per cent of these patients waiting in hospital for 35 days or longer.[14] Although Canadian data is not available to provide a direct comparison, it is estimated that 14 per cent of Canada's hospital beds are occupied by "alternate level of care" patients, a large proportion of whom are waiting for an LTC home bed or home-care supports to be implemented before they can be discharged.[53]

Government Funding of Long-Term Care Services

The Australian LTC system has become a multibillion-dollar industry. Approximately 20 per cent of total LTC spending consists of personal user financial contributions and public funding covers the rest.[16]

The federal government provides the vast majority (98.6 per cent) of public funding, with state and territory governments contributing the remainder.[14] The federal government primarily funds LTC homes, the HCPP and the CHSP. The Transition Care Programme and Multi-Purpose Services Program are jointly funded by federal, state and territory governments.[14]

In the 2021-22 financial year, government recurrent spending on long-term care was $25.1 billion AUD ($23.3 billion CAD).[14] This is an average of $5,570 AUD ($5,174 CAD) per older person and an increase of $185 AUD ($172 CAD) per person from the preceding financial year.[54] Almost two-thirds (59 per cent) of government money is spent on LTC homes and one-third (33 per cent) on home-care services.[14]

In 2021, Australia's federal treasurer estimated that LTC spending was 1.2 per cent of Australian gross domestic product (GDP).[16] This falls below the OECD average of 1.5 per cent[55] and is also below Canada's spend of 2.0 per cent.[11]

However, it is worth noting that GDP per capita is $61,997 USD in Australia compared with $53,074 USD in Canada.[56] Furthermore, the way in which both long-term care spending and GDP are calculated may differ between countries and sources, meaning that some figures may not be directly comparable. Australia's spending on LTC services is projected to increase over the next 40 years to 2.1 per cent of GDP, costing in excess of $100 billion AUD in today's dollars.[16] **Figure 5** provides a comparison of LTC spending between Canada and Australia.

Figure 5. Comparing Annual LTC Spending in Canada and Australia (CAD)[14, 57]

Government LTC Spending in Australia

Total $23.3 B

LTC Homes $13.9 B (59%); Home Care Services* 7.7 B (33%); Flexible Care Services $0.8 B (4%); Other Expenses** $0.9 B (4%)

Government LTC Spending in Canada

Total $23.7 B

LTC Homes $13.6 B (57%); Home Care Services $10.1 B (43%)

*Includes CHSP, HCPP, VHC, Community Nursing Program

**Includes expenses related to assessment services, information services, the LTC workforce, and service improvement

In October 2022, the *Australian National Aged Care Classification* (AN-ACC) replaced the *Aged Care Funding Instrument* as the instrument used to determine how much money the government provides to LTC homes per resident.[25] The AN-ACC is a custom-designed, evidence-based tool developed in Australia by the University of Wollongong.[58] Instead of focusing on a list of health problems like its predecessor, the AN-ACC better assesses how a person's functional capacity is impacted by their health problems. Funding is then determined based on which resources are required to meet an individual's daily care needs, which is felt to be a more accurate method of determining costs.[58]

Personal Financial Contributions for Long-Term Care Services

All older Australians are expected to contribute to the cost of their government-subsidized LTC services.

Detailed information about fees can be found on the MAC website,[31] which also offers an online fee calculator that can be used to provide a personalized estimate of costs. An income and asset-based personal financial contribution is required to access the HCPP and LTC homes but CHSP services, flexible care services and respite care are not means-tested. For CHSP services, the federal government provides subsidies to approved providers, who then set discounted fees to be paid directly by the service recipient. For support via the HCPP and in LTC homes, there is a basic daily fee paid by all care recipients in addition to an income-tested care fee paid by those whose earnings are above a threshold amount. Income-tested care fees are subject to both an annual and a lifetime cap. For the other short-term programs, there is often a daily fee.[59] Depending on the LTC home or HCPP provider, there may be additional charges set by and paid directly to the provider to cover the costs of extra services.[60] **Figure 6** summarizes the various HCPP and LTC home user contributions and fee caps, as well as their relationship to government funding.

Government contribution amounts are revised annually on July 1 and fee caps are indexed biannually in March and September.[61]

Figure 6. HCPP and LTC Home Government and User Contributions and Fee Caps (CAD)[33, 61]

Home Care Packages Program User and Government Contributions (CAD)

HCPP Recipient Contributions

Basic Daily Fee	Income-Tested Care Fee	Additional Fees	Government Contribution
Level 1: $292/month Level 2: $309/month Level 3: $318/month Level 4: $326/month	$0-936/month Capped at: $5,680-11,263/year $69,560/lifetime	Variable	Level 1: $8,526/year Level 2: $14,997/year Level 3: $32,636/year Level 4: $49,470/year

Total funds available to cover Home Care Package service and management costs

LTC Home User and Government Contributions (CAD)

LTC Home Resident Contributions

Basic Daily Fee	Income-Tested Care Fee	Additional Fees	Government Contribution
$1,585/month (set at up to 85% of the Age Pension rate)	$0-9,991/month Capped at: $28,900/year $69,560/lifetime	Variable	Variable based on AN-ACC

Total funds available to cover LTC home costs

Monthly costs are approximate, calculated by multiplying the daily fee rate by 30 and rounding to the nearest dollar

Australia's Long-Term Care Workforce

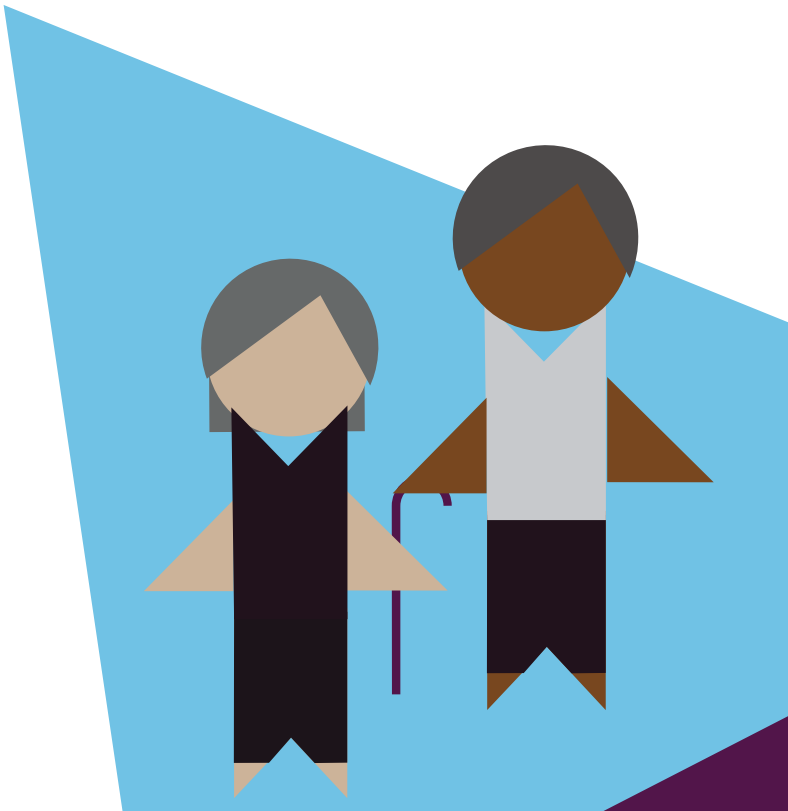
Paid LTC workers make up 3.1 per cent of Australia's workforce and their labour costs form the biggest proportion of overall LTC spending.[4, 62] The vast majority of LTC workers are in the direct care roles of personal support workers (also called personal care assistants and community care workers, among other names), followed by registered and enrolled nurses, then allied health staff. Approximately 277,000 people are employed in LTC homes, 80,000 in the HCPP and 76,000 via the CHSP.[63]

There is growing concern about a developing LTC workforce crisis, with estimates suggesting that an additional 17,000 direct care workers per year will be required to meet demand from 2020 to 2030.[64]

Compounding staff shortages are issues of wage parity and poor working conditions. Both personal support workers and registered nurses (RNs) working in the LTC sector are paid less than their counterparts in the disability and hospital sectors, sometimes by greater than 25 per cent.[65] In 2022, this matter was reviewed by the Fair Work Commission, which granted an interim 15 per cent pay increase for LTC workers in direct care roles.[66] Deliberations will continue into 2023 as to whether this should increase to 25 per cent and extend to LTC workers in other roles. In addition to fairer wages, there are calls to improve LTC working conditions, provide further training and mandate higher-level qualifications for personal support workers.[4, 65]

Historically, there have been no national minimum staffing levels or ratios for LTC homes in Australia.[67] Until recently, the Aged Care Act 1997 stated that LTC homes must "maintain an adequate number of appropriately skilled staff,"[17] but did not specify how and by whom this should be determined, leaving it open to interpretation by individual organizations. In response to the RCACQS, the Act was amended in 2022 to mandate that every LTC home have an RN working on-site at all times from July 2023 onwards.[23, 68] Additionally, as of October 2023, the new legislation requires that each LTC home resident be provided with a minimum of 200 direct care minutes (3.33 hours) per day, with at least 40 of these provided by an RN.[23, 68] From October 2024, this will increase to 215 minutes (3.6 hours) of direct care, including 44 minutes provided by an RN.[23, 68] Although this is seen as a step in the right direction, it still falls below the evidence-based minimum 258 daily direct care minutes (4.3 hours) recommended by the Australian Nursing and Midwifery Foundation in 2016.[69] Furthermore, a recently published retrospective analysis of data from 2016 to 2019 found that only 3.8 per cent of Australia's LTC homes were already

meeting the new minimum standards.[67] While almost 80 per cent of LTC homes were always staffed with an RN, only 10 per cent met the recommended direct care minute requirements.[67] There are concerns that implementing minimum staffing standards may exacerbate the LTC workforce shortage further, particularly in regional and remote areas.[67] Moreover, the new 24-hour RN requirement may favour larger LTC homes as this is does not have a per capita basis.



Australia's Caregivers

In 2018, the Survey of Disability, Ageing and Carers[9] found that approximately 2.65 million, or one in 10, Australians (10.8 per cent) aged 15 years or above are caregivers, providing unpaid care and support to older adults or people living with a disability within the context of an existing relationship.

A subsequent 2020 analysis estimated that the number of carers is closer to 2.8 million and is anticipated to continue rising into the future.[70] Unpaid caregivers are usually family members or friends, are more commonly female and are not formally contracted or employed in their caring role.[9, 70] They are most commonly a spouse, followed by a daughter and then a son of the care recipient.[9]

Australia's unpaid caregivers are officially acknowledged in the Carer Recognition Act 2010[71] and the federal government provides them with some financial support if certain criteria are met. A carer allowance of $144.60 AUD ($137.08 CAD) every two weeks is available as an income supplement if a caregiver with annual earnings of less than $250,000 AUD ($237,000 CAD) provides daily assistance to an eligible older adult.[72] In addition, an individual can receive an income replacement carer payment of up to $1,026.50 AUD ($972.20 CAD) every two weeks if they are unable to support themselves through paid employment due to their caregiving obligations.[73] To receive this payment, a caregiver must provide near-constant care to an eligible person in that person's home.[73] As of September 2020, approximately 294,000 Australians were in receipt of a carer payment and 623,000 were paid a carer allowance, with some qualifying for both.[74] Of people in receipt of a carer payment, 41.6 per cent provided care for an adult aged 65 or older.[74]

A recent estimate of the total cost to replace all unpaid care being provided in Australia was considered to be in excess of $77 billion AUD ($72.8 billion CAD) in 2020, which equated to 4.0 per cent of Australia's GDP that year.[70]

This was calculated by replacing an estimated 2.2 billion hours of unpaid caregiving with paid care at a rate of $36.10/hour. However, this encompassed all unpaid care, including that provided in the disability sector for younger adults and children, as well as older adults.

According to the 2021 Carer Wellbeing Survey,[75] Australia's unpaid caregivers have an increased risk of poor health and well-being, as well as psychological distress, when compared with the general population. This is likely multifactorial, with social isolation, difficulty accessing supports and financial stressors being major contributors. The RCACQS[4]

acknowledged the important role that unpaid caregivers have within Australia's LTC system and the challenges that they face. Included in the commissioners' recommendations were provisions for easier access to respite care, linking caregivers with care recipients within the MAC platform and a review of unpaid carer leave entitlements.[1]

The Quality and Accreditation of Long-Term Care Services

Organizations that provide LTC services in Australia must comply with the Aged Care Quality Standards (**Table 2**)[76] in order to receive government subsidies. LTC homes must undergo an accreditation process and be subject to regular quality reviews. While accreditation is not required for home-care services, a quality assessment must be conducted at least every three years. Accreditation and quality assessments are carried out by the Aged Care Quality Commissioner using information supplied by the service provider and obtained during site visits.[4]

Concerningly, the RCACQS concluded that at least one in three people accessing LTC services have experienced substandard care, both in home-care settings and in LTC homes.[4]

Examples of substandard care included understaffing, difficulty meeting care needs, assault and overuse of physical and chemical restraints.[4] The commissioners commented that it was difficult to establish the extent to which this was occurring due to systemic problems within the LTC system and a lack of quality measurement. They thus called for sweeping proactive reforms across the system with better governance.[4] A government-led revision of the Quality Standards is currently underway.[77]

Table 2. Aged Care Quality Standards in Australia[4, 76]

Standard 1	Consumer dignity and choice
Standard 2	Ongoing assessment and planning with consumers
Standard 3	Personal care and clinical care
Standard 4	Services and supports for daily living
Standard 5	Organisation's service environment
Standard 6	Feedback and complaints
Standard 7	Human resources
Standard 8	Organisational governance

Medical Care for Older Australians

Australia has a universal public health-care system, Medicare, in addition to a private health-care sector that includes private hospital, specialist and other health services.

Medicare has three main components:

1. Public hospitals and associated outpatient services are funded by the state and territory governments at no cost to people who are enrolled in Medicare.[78]

2. The *Medicare Benefits Schedule* (MBS) is a fee-for-service funding model for all federal government-subsized health-care services. This includes general practitioner (GP) and specialist consultations and procedures, private hospital admissions, laboratory and radiological investigations, and some optical, dental and allied health services. The MBS nominates a fee for each service, of which the government pays 75-100 per cent. The remaining balance is paid by the individual up to a cumulative annual *MBS Safety Net* of approximately $500 AUD ($472 CAD). After the safety net is reached, the government pays 100 per cent of MBS fees for out-of-hospital services for the rest of that year. Many providers, including GPs, will charge an additional "gap" fee on top of the MBS fee, which is not covered by the MBS Safety Net.[79] When a provider chooses not to charge a gap, it is colloquially referred to as "bulk billing."

3. The *Pharmaceutical Benefits Scheme* (PBS) subsidizes more than 5,200 listed medications so that an individual only pays a portion of each prescription. The maximum cost to a person enrolled in Medicare is $30 AUD ($28.34 CAD) per prescription up to $1,563.50 AUD ($1,477.31 CAD) annually or $7.30 AUD ($6.89 CAD) per prescription up to $262.80 AUD ($248.31 CAD) annually if they hold a means-tested federal government-issued concession card.[80] Once the annual *PBS Safety Net* limit is reached, the cost of each prescription is reduced to $7.30 AUD ($6.89 CAD) and $0 AUD, respectively.[80]

Australia's private health system is government regulated but run by for-profit and not-for-profit organizations. Australians can either pay upfront for the cost of private services or purchase private health insurance, which may provide hospital cover and/or "extras" cover for services like optical, dental and physiotherapy.[81] Waiting periods and inclusions/exclusions usually apply and are policy-specific. The federal government incentivizes private health insurance for those who can afford it by charging an income-based *Medicare Levy Surcharge* for people who are uninsured

with an annual individual or family income of $90,000 or $180,000 and over, respectively.[81] In 2021-22, 58.8 per cent of Australians had private health insurance.[82]

Older adults are large users of health-care services in Australia. Of people aged 65 years and older in 2021-22, more than 90 per cent saw a GP and more than 50 per cent saw a medical specialist.[82]

On average, 20 per cent were admitted to hospital and 18 per cent visited an emergency department.[82] Adults 65 years and older are also twice as likely to use allied health services than those under 65 years of age but are less likely to access mental health services compared with the younger demographic.[34]

Primary Care for Older Adults

GPs are the first point of contact for older Australians accessing the health-care system in non-emergency situations.[8] Individuals have the right to choose their GP and this decision is often based on several factors. These may include geographical proximity, cost (i.e. whether the GP practice bulk bills or charges a gap), appointment availability, practitioner skill sets and interests, and clinician-patient rapport. A person may opt to change GPs at any time or can see multiple different GPs concurrently, although this is not recommended. Similarly, a GP can choose when they do and do not accept new patients and may decide to move practices, take leave or retire at any time.

Access to GP services within a person's private home or in an LTC home can be challenging as most Australian GPs do not see patients outside the walls of their practices.[4, 83]

This means that when an older adult moves into an LTC home or can no longer travel outside of their own home, they may need to find a new GP. GPs who do perform home or LTC home visits often face a financial disadvantage, as the MBS rebate does not provide adequate remuneration for the time spent travelling, completing paperwork or having discussions with LTC workers, family members and carers.[83] To address this, there now is a Practice Incentives Program[84] in place, whereby a bonus is paid if a certain number of MBS services are provided to LTC home residents by a GP in an "aged care-accredited" practice within a 12-month period. However, this payment is not made directly to GPs but to their practice, requiring a GP to negotiate their contract to receive any financial benefit. Furthermore, GPs working independently or in a non-accredited practice are not advantaged by this program. The Australian Medical Association has called for an increase to the MBS rebates for GP services provided to residents of LTC homes, and for the introduction of an MBS payment for phone calls made by GPs to LTC home staff and residents' families.[83]

Geriatric Medicine

The medical specialty of geriatrics is a relatively new but rapidly expanding one in Australia, with the number of geriatricians doubling over the past decade.[85-87] 'Geriatricians in Australia are physicians who have completed a minimum of six years' training with the Royal Australasian College of Physicians after graduation from medical school and the completion of an internship to specialize in the care of older adults.[87] Geriatricians are usually trained in the public health-care system but can work in the public system, private system or both. They may provide care for hospital inpatients and/or in the outpatient setting through community or hospital-based clinics, or via home and LTC home visits.

A referral from another medical practitioner, usually a GP, is an MBS requirement to access outpatient specialist services, including those provided by geriatricians. In the private health-care system, a person can choose which specialist they see and sometimes also where they see them. In the public health system, a person is usually referred to a hospital or clinic on a geographical basis and is allocated a specialist or supervised trainee specialist based on availability. A recent Australian study proposed a target "specialist to patient ratio" of two full-time equivalent geriatricians for every 50,000 Australians,[87, 88] which would equate to just over 1,000 based on today's population. There are currently 1,079 geriatricians registered in Australia;[86] however, it is presumed that not all of these are actively practising, and many of those who do work are part-time or work in other specialties for which they are also qualified. By comparison, there are only approximately 350 geriatricians in Canada, serving an older population almost twice the size of Australia's older population.[89]

Geriatricians typically provide care for older adults in conjunction with other health professionals such as specialized nurses, physiotherapists, occupational therapists, social workers, dieticians, speech pathologists and chiropodists. These multidisciplinary geriatric teams can exist in a variety of different settings, including acute hospital units, orthogeriatric surgical wards, inpatient and outpatient rehabilitation services, hospital outreach initiatives and within community or home-based programs. In addition to the specialized medical care provided by geriatricians, specialized mental health care for older adults can be provided by geriatric psychiatrists who complete dedicated training through the Royal Australian and New Zealand College of Psychiatrists.[90]

Dental Care for Older Adults

Medicare does not include dental care for the majority of Australian adults. Most pay for this privately out of pocket, with costs varying between dental practices.[91] While state- and territory-administered public dental services are available, these are typically limited to older adults with a federal government concession card and waiting times can exceed 12 months. People with private health insurance may receive a rebate for dental services depending upon their policy, and the Department of Veterans' Affairs (DVA) covers dental services for veterans.[91]

Older adults are more likely to have poor oral health than younger adults and the RCACQS found that routine daily oral care, such as teeth brushing, is often neglected in LTC homes.[4] Compounding this, residents of LTC homes have limited access to dental services and are usually reliant upon their families to arrange appointments and provide transport. The RCACQS has recommended the creation of a Senior Dental Benefits Scheme, whereby dental services are funded for adults who live in LTC homes or have a Commonwealth Seniors Health Card.[1]

Vision Care for Older Adults

The MBS subsidizes an annual comprehensive eye examination with an optometrist for all Australians aged 65 and above.[92] Surgical eye procedures (e.g. cataract removal) and other specialist services provided by an ophthalmologist (e.g. glaucoma treatment) can be accessed through the public or private health-care systems. The cost of prescription glasses and contact lenses is not covered by Medicare, but several schemes exist at a state- and territory-based level to provide low-cost spectacles to older Australians who can demonstrate financial need.[93] Optical services, including glasses, can be included as an "extra" in private health insurance plans[81] and costs are covered by the DVA for eligible veterans.[93]

Hearing Care for Older Adults

Older adults with a Pensioner Concession Card, or who are eligible for DVA services, can access a hearing assessment and fully or partially subsidized hearing aids through the Australian Government Hearing Services Program.[94] Alternatively, a person's private health insurance plan may offer rebates for hearing devices, or they may need to cover this cost out of pocket.

Older Adults and Immunizations

Older adults are more susceptible to and often have poorer health outcomes if they contract infectious diseases compared with their younger counterparts. The Australian Government acknowledges this and recommends several vaccinations

Table 3. Immunizations for Older Adults in Australia[95]

	Recommendation
Influenza vaccination	Annual dose for all adults aged 65 years and older Annual dose for all Aboriginal and Torres Strait Islander adults
Pneumococcal vaccination	Single dose for all adults aged 70 years and older Up to three separate doses for Aboriginal and Torres Strait Islander adults aged 50 years and older
Shingles (herpes zoster) vaccination	Single dose (Zostavax®) for all adults 70-79 years
COVID-19 vaccination[96]*	Two-dose primary course for all adults Third booster dose for all adults Fourth booster dose for all adults aged 50 years and older

*Schedule up to date as of February 2023

for older Australians (**Table 3**). These are provided free of charge under Medicare and can be accessed via a person's GP or sometimes through their local pharmacy or during a hospital admission.

Between March 1 and July 30, 2022, 68.8 per cent of Australians aged 65 and older received an influenza vaccination.[97] As of January 25, 2022, more than 99 per cent of Australians aged 65 and older have received two doses, 92.82 per cent have received three doses and 70.72 per cent have received four doses of an eligible COVID-19 vaccine.[98] Data for pneumococcal and shingles vaccination is less reliable and has historically been gathered from self-reporting via population surveys. Mandatory reporting of vaccinations by vaccination providers to the *Australian Immunization Register* was introduced in 2021 and will provide a more accurate picture of vaccination rates going forward.[99]

Dementia Care and Support

Dementia is both the second leading cause of disease burden[100] and the second leading cause of death[101] in Australia, accounting for just under 10 per cent of all deaths.[100]

While the exact prevalence is not known because there has not been a uniform system for collecting this data, it is estimated that between 401,000 and 487,500 Australians are currently living with dementia, which represents 84 of every 1,000 people aged 65 years and older.[100] Of Australians living with dementia, almost two-thirds are women.[100] One-third live in LTC homes, with the rest residing in the community.[100] Aboriginal and Torres Strait Islander people are three to five times more likely to have dementia than their non-Indigenous counterparts.[100]

The Australian Government funds several dementia services and programs through the *Dementia and Aged Care Services Fund*.[102] These initiatives include:

- The *National Dementia Support Program*, which provides information, education and resources to support people living with dementia, as well as their caregivers and families. It is delivered by the not-for-profit organization *Dementia Australia*.
- *Dementia Friendly Communities* is also run by Dementia Australia and aims to promote understanding and awareness of dementia in the community.
- The *Dementia Training Program* provides accredited education and professional development in dementia care.
- The *Dementia Behaviour Management Advisory Service* and *Severe Behaviour Response Teams* provide practical assistance to people with behavioural and psychological symptoms of dementia and their families and caregivers.
- The *Specialist Dementia Care Program* is currently being implemented and provides short-term care for people with severe behavioural and psychological symptoms of dementia.

Given that age is the biggest risk factor for dementia, and Australia's population is rapidly ageing, it is anticipated that the number of Australians with dementia will more than double over the next 40 years.[100]

This will place an increased demand on the nation's LTC system, health-care system and unpaid carers.

Retirement Income Supports for Older Australians

Australia's average retirement age is currently 55.4 years;[103] however, life expectancy is significantly longer than this at 83 years of age.[6] There are three pillars of retirement income for older Australians:

1. Compulsory employer superannuation contributions
2. Personal savings, including money in bank accounts, investments and/or voluntary personal superannuation contributions
3. The Age Pension

Superannuation

Since 1992, it has been compulsory in Australia for all employers to make regular financial contributions to their employees' superannuation accounts, which then provides employees with income during their retirement.[104] Prior to 1992, voluntary employer superannuation contributions were common in some, but not all, industries. It covered 29 per cent of employed Australians in the 1970s, increasing to 71 per cent by the end of 1991.[104]

Compulsory superannuation contributions are paid in addition to employees' salaries or wages. A person's employer deposits money directly into a superannuation fund that can either be self-managed or operated by an organization.[105] Employer contributions are currently set at 10.5 per cent of an employee's earnings but will increase gradually to 12 per cent by July 2025.[106] Voluntary personal contributions to superannuation can be made on top of this and are often incentivized by the federal government through tax exemptions.

An adult can access the money in their superannuation fund when they reach the "preservation age." This is 55 years for someone born before July 1, 1960 (currently 62 years or older) and increases progressively to 60 for people born from July 1, 1964 onwards (currently 58 years or younger).[105] After reaching the preservation age, superannuation money can be withdrawn as a lump sum or as regular "superannuation pension" payments,[105] which are usually tax-exempt but qualify as income for the purposes of means-testing.

The Age Pension

Australia has had an Age Pension for more than 100 years, although it has undergone significant changes over this time.[104] Today, the Age Pension is funded through taxpayer contributions and is a form of income support for eligible older adults.

Unlike the *Canada Pension Plan* (CPP), *Quebec Pension Plan* (QCC) and *Old Age Security* (OAS) programs, which are available to most older Canadians who live and have worked in Canada, Australia's Age Pension is means-tested and can only be accessed by older adults whose income and assets fall below a threshold amount, similar to Canada's income-tested *Guaranteed Income Supplement* (GIS).

Many older Australians do not qualify for the Age Pension and must fund their own retirement through superannuation and/or personal savings and investments.

To receive Age Pension payments, a person must be of pension age (which is different to the superannuation preservation age), meet certain residence requirements and qualify based on an asset and income assessment. For example, an older Australian who lives alone and does not own a home must have no more than $504,000 AUD ($475,000 CAD) in assets and earn no more than $380 AUD ($353 CAD) every month to qualify for a full Age Pension.[107] Once in receipt of the Age Pension, any monthly earnings above this would incrementally reduce their payments, resulting in a "part-pension."[107] The pension age has been increasing in biennial increments since 2017 and will be 67 years from July 1, 2023.[107] Older adults receiving the Age Pension may also be eligible for rent assistance payments of up to $303.20 AUD ($281.67 CAD) per month, depending upon their circumstances.[108] The maximum Age Pension payment is outlined in **Table 4**. It falls below minimum wage but above the *JobSeeker* payment, which is a form of income support for Australian adults who are looking for work, similar to Canada's Employment Insurance (EI) program.[109]

Table 4. Age Pension Comparisons

	Maximum Monthly Payment*
Full Age Pension (single) [110]	$1,873.60 AUD ($1,740.56 CAD)
Full Age Pension (couple)[110]	$2,824.80 AUD ($2,624.44 CAD) combined
Minimum Wage**	$3,250.40 AUD ($3,019.84 CAD)
JobSeeker Payment***	$1,336.80 AUD ($1,241.90 CAD)

*Calculations based upon four weeks' earnings

**Calculated pre-tax based on full-time work of 38 hours per week at $21.38 per hour[111]

***Maximum payment for an unpartnered adult aged 22-60 years with no dependent children[109]

Approximately 2.6 million Australians receive the Age Pension, which equates to 62 per cent of people aged 65 years and older.[112] Thirty-two per cent of these individuals receive a partial Age Pension.[112] By comparison, 6.9 million Canadians (99 per cent of the population aged 65 years and older) received the OAS and 2.3 million (33 per cent of the population aged 65 years and older) received the GIS in June 2022.[113]

Concession Cards for Older Adults

Australians in receipt of the Age Pension automatically qualify for a *Pensioner Concession Card* (PCC).[114] This entitles them to cheaper medications under the PBS, lowers their PBS and MBS safety nets and provides them with access to the Australian Government Hearing Services Program. PCC holders may also be entitled to reductions in their utility bills, council rates, public transport fares and other state, territory or local government-run services.[114] In addition, discounts may be offered by private businesses, such as grocery stores and cafes.

Retired older adults who are not eligible for a PCC can apply for a *Commonwealth Seniors Health Card* (CHSC)[115] if they are of Age Pension age and have an annual income as a single or couple of less than $57,700 or $92,400, respectively. No assets test is required. The benefits of the CHSC are similar to the PCC, but do not include the Australian Government Hearing Services Program.[115] GPs and medical specialists are more likely to bulk bill older adults who have a CHSC or PCC, although this is not compulsory.[114, 115]

In addition, or as an alternative to the above, most retired or semi-retired older Australians will qualify for a state- or territory-based seniors' card. This typically attracts discounts on various local public and private services but carries no Medicare benefits.[115]

Summary and Comparisons with Canada's Approach to Caring for its Ageing Population

The supports that are available to older Australians can be broadly grouped under the three pillars of LTC, health care and mechanisms of retirement income, as illustrated in **Figure 7**. For the most part, these sectors operate in a parallel rather than in an integrated fashion. While older Australians are expected to contribute to the costs of their care needs if they can afford to do so, government-funded care and support services are structured in such a way that a person's lack of income should not preclude them from receiving a basic level of care and support.

Government-funded long-term care, health-care and financial retirement income programs also exist for older Canadians. There are several similarities and differences between the Canadian and Australian models of support and some of these are highlighted in **Table 5**. From an organizational perspective, Australia has a more centralized approach to governance compared with Canada, where each province and territory has its own distinct LTC and health-care systems. Australia's dual public and private health-care sectors are also a point of contrast with Canada's single-tier systems. Furthermore, Australia's government-funded retirement pension programs are reserved for low-income earners who demonstrate financial need, whereas the Canada and Quebec pension plans and the federal government's Old Age Security programs have been designed to be available to a wider range of beneficiaries.

From a long-term care perspective, Australia underspends in terms of overall percentage of GDP compared with Canada and has a heavy focus on the provision of institutional care in LTC homes. However, although Australia's current model of care isn't perfect, it does have strengths that are worth noting from a Canadian perspective. The simplicity of having a centralized point of LTC services information and access through its My Aged Care platform is attractive, particularly when contrasted with the heterogenous system navigation processes that exist across Canada. Moreover, the transparency of LTC co-payments, capping of some fees and presence of health-care cost safety nets in Australia provides a degree of financial security that many older Canadians would similarly benefit from. Finally, Australia's current commitment to undertake a coordinated, national overhaul of how it cares for its ageing population is to be admired – provided that these good intentions translate into reality.

Figure 7: An Overview of the Supports Available to Older Australians

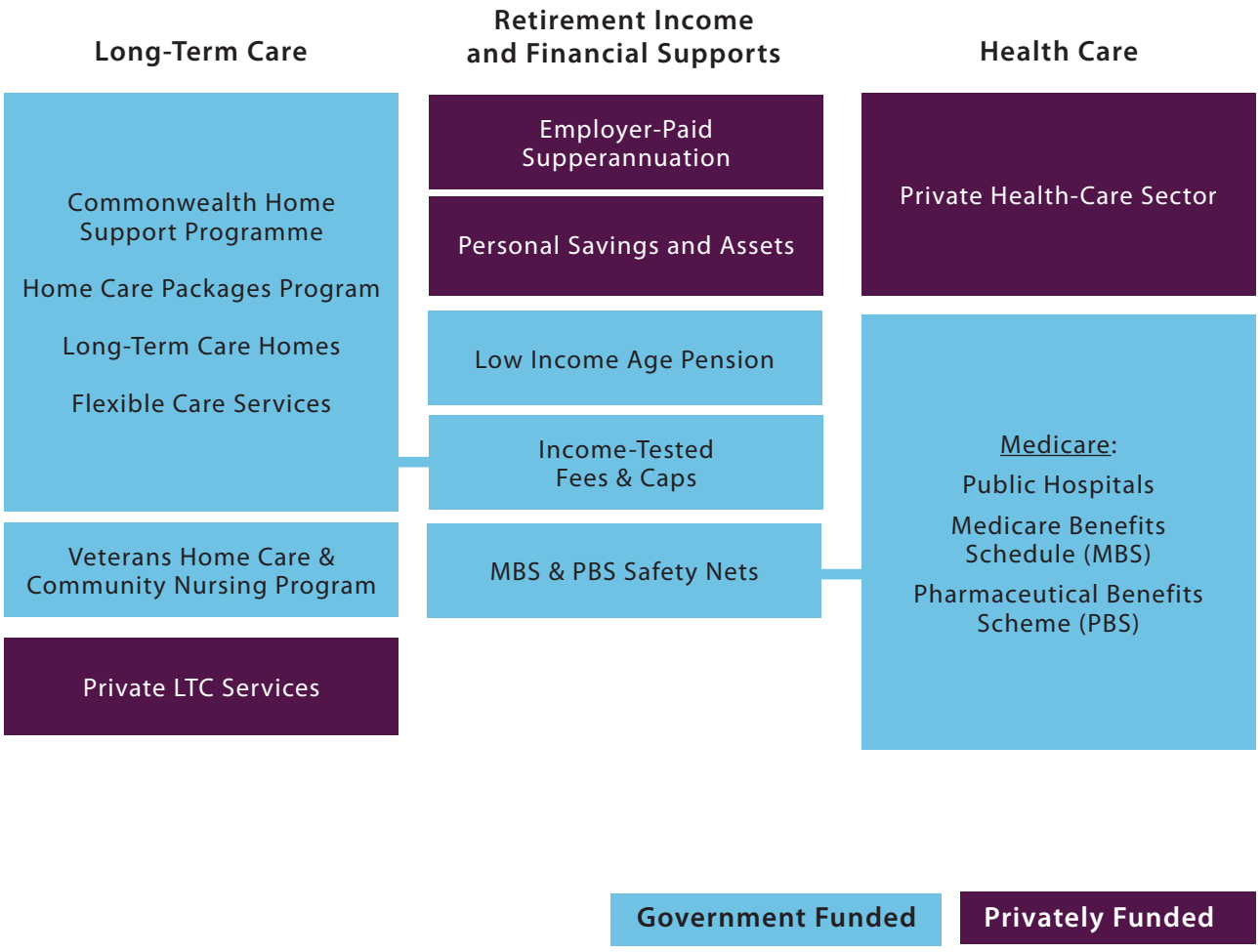


Table 5. Comparing Canada and Australia's Support Systems for Older Adults

	Canada	Australia
Long-Term Care		
Governance and Funding	Provincial & territorial governments	Federal government
System Type	Universal public coverage Some private services	Universal public coverage Some private services
Overall Spending (%GDP)	2.0[11]	1.2[16]
Spending on LTC Homes	$13.6 billion CAD[57]	$13.9 billion CAD[14]
Spending on Home-Care Services	$10.1 billion CAD[57]	$7.7 billion CAD[14]
LTC Home Residents	2.9% population aged 65+ years[116]	4% population aged 65+ years[30] 21% population aged 85+ years[30]
Home-Care Service Recipients	8.6% population aged 65+ years*[11, 117]	22% of population 65+ years[30] 63% of population 85+ years[30]
Health Care		
Governance	Provincial & territorial governments	Federal, state and territory governments
System Type	Universal public coverage (Medicare)	Universal public coverage (Medicare) Parallel private sector
Number of Geriatricians	350[89]	1,079[86]
Retirement Income		
Main Income Streams	Government pension plans Private savings or retirement funds	Employer-paid superannuation Private savings Government pension (if eligible)
Government Pension Plan(s)	Canada/Quebec Pension Plans Old Age Supplement Low-income Guaranteed Income Supplement	Means-tested Age Pension
Pension Uptake	99% population aged 65+ years receive the OAS[113]	62% population aged 65+ years receive a partial or full Age Pension[112]

The Future of Caring for an Ageing Australia

The range of supports that are available to older Australians today have evolved in a piecemeal fashion over the past century.

In principle, the Australian model of care has been designed to facilitate equitable access to most services that are necessary for older adults to maintain a high quality of life as they age. In practice, however, Australia's care and support structures still seem to be unnecessarily complex, often difficult to access, insufficiently supported and significantly underfunded.

From a systems design perspective, Australia could further improve how it cares for its ageing population through better integrating its LTC and health-care sectors.

Despite often having the greatest need for medical services, older Australians have some of the poorest access to them.

The lack of primary care options and inadequate access to dental, hearing and eye care for older adults who are homebound or living in LTC homes should be remedied. Moreover, because Australia's LTC system is federally governed but health care is a shared state and federal responsibility, service provision issues can result in fragmented care. Addressing both medical and functional care needs in a more coordinated way is common sense, while integrating Australia's health-care and LTC systems, rather than having them operate in parallel, has the potential to enhance care outcomes for older Australians.

From a more focused LTC perspective, Australia has a lot to gain by placing greater emphasis on home and community-based care over care in LTC homes.

Despite most older Australians preferring to live in their own homes, its current LTC system appears to be prematurely institutionalizing them.

Government spending in Australia on its LTC homes currently exceeds that of its home-care services by almost two to one. This helps to account for why there currently exists a surplus of close to 40,000 LTC home beds, yet a shortage of 50,000 home-care packages that could enable ageing in place among more Australians. Moving forward, significant changes in both social and health policy, coupled with necessary spending to reverse these trends, will help to bring the LTC system more in line with the growing

Australian and global preference towards wanting to receive care in one's home rather than in an LTC home.

In summary, while some progress has been made in the two years since the RCACQS was completed, Australia is still in the early stages of reforming how it cares for its ageing population. Over the coming years, Canada will have the opportunity to observe how Australia approaches this challenge and can learn from its successes and shortfalls. Both countries, and others around the world, are presently tasked with bolstering their care and support systems for their ageing populations and now have a chance to create meaningful change to benefit current and future generations.

References

1. Royal Commission into Aged Care Quality and Safety. *Final Report: Care, Dignity and Respect Volume 1 - Summary and Recommendations*. 2021.
2. Australian Bureau of Statistics. *Census Snapshot: Australia Has Doubled in Size Over the Last 50 Years*. 2022 [cited 2022 5 July]; Available from: https://www.abs.gov.au/media-centre/media-releases/2021-census-snapshot-australia-has-doubled-size-over-last-50-years.
3. Australian Bureau of Statistics. *Census of Population and Housing: Population Data Summary 2021*. 2022 [cited 2023 1 February]; Available from: https://www.abs.gov.au/statistics/people/population/population-census/2021.
4. Royal Commission into Aged Care Quality and Safety. *Final Report: Care, Dignity and Respect Volume 2 - The Current System*. 2021.
5. Inacio, M.C., et al., *Health Status and Healthcare Trends of Individuals Accessing Australian Aged Care Programmes Over a Decade: The Registry of Senior Australians Historical Cohort*. Intern Med J, 2021. **51**(5): p. 712-724.
6. Australian Institute of Health and Welfare. *Deaths in Australia*. 2022 [cited 2023 1 February]; Available from: https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/life-expectancy.
7. Statistics Canada. *Age Pyramids*. 2022 [cited 2023 13 February]; Available from: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/dv-vd/pyramid/index-en.htm.
8. Australian Institute of Health and Welfare. *Older Australians*. 2021 [cited 2023 1 February]; Available from: https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile.
9. Australian Bureau of Statistics. *Disability, Ageing and Carers, Australia: Summary of Findings*. 2019 [cited 2023 1 February]; Available from: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release.
10. Australian Bureau of Statistics. *Snapshot of Australia*. 2021 [cited 2023 13 February]; Available from: https://www.abs.gov.au/statistics/people/people-and-communities/snapshot-australia/2021.
11. National Institute on Ageing. *Ageing-in-the-Right-Place: Supporting Older Canadians to Live and Remain in the Residences of Their Choice*. 2022, National Institute on Ageing, Toronto Metropolitan University: Toronto, ON.
12. Australian Bureau of Statistics. *Disability, Ageing and Carers, Australia: Summary of Findings*. 2019 [cited 2023 13 February]; Available from: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release.
13. Statistics Canada. *Table 17-10-0057-01 Projected Population, By Projection Scenario, Age and Sex, As Of July 1 (x 1,000)*. 2023 [cited 2023 21 February]; Available from: Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710005701&pickMembers%5B0%5D=1.1&pickMembers %5B1%5D=3.1&pickMembers%5B2%5D=4.81&cubeTimeFrame.startyear=2021%cubeTimeFrame.endyear=2061&referencePeriods=20210101%2C20610101
14. Australian Government Productivity Commission. *Report on Government Services 2023: Aged Care Services*. 2023 [cited 2023 1 February]; Available from: https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/aged-care-services.
15. Cullen, D. *Review of Pricing Arrangements in Residential Aged Care - Historical perspectives : The Evolution of the Australian Government's Involvement in Supporting the Needs of Older People*. 2018.

16. Frydenberg, J. *2021 Intergenerational Report: Australia Over the Next 40 Years*. 2021, Government of Australia: Parkes.
17. Australian Government. *Aged Care Act 1997*. 2017.
18. Australian Government Productivity Commission. *Caring for Older Australians: Productivity Commission Inquiry Report Volume 1*. 2011 [cited 2022 22 August]; Available from: https://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-volume1.pdf.
19. Council of Australian Governments. *National Health Reform Agreement*. 2011.
20. Australian Government Department of Health. *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety*. 2021: Canberra.
21. Australian Institute of Health and Welfare. *The First Year of COVID-19 in Australia: Direct and Indirect Health Effects*. 2021: Canberra.
22. Lion, K.M., et al. *How Did the COVID-19 Restrictions Impact People Living With Dementia and Their Informal Carers Within Community and Residential Aged Care Settings in Australia? A Qualitative Study.* Journal of Family Nursing, 2022. **28**(3): p. 205-218.
23. The Parliament of the Commonwealth of Australia House of Representatives. *Aged Care Amendment (Implementing Care Reform) Bill Explanatory Memorandum*. 2022.
24. Australian Government Department of Health and Aged Care. *Star Ratings for Residential Aged Care*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/star-ratings-for-residential-aged-care.
25. Australian Government Department of Health and Aged Care. *About the Australian National Aged Care Classification Funding Model*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/AN-ACC/about.
26. Australian Government Department of Health and Aged Care. *Home Care Packages Data Report 4th Quarter 2021-22*. 2022: Canberra.
27. Australian Government Department of Health and Aged Care, *A New Program for In-Home Aged Care Discussion Paper*. 2022.
28. Australian Government Department of Health and Aged Care. *Accountability and Transparency in Aged Care*. 2022 [cited 2022 1 February]; Available from: https://www.health.gov.au/our-work/aged-care-reforms/restoring-dignity-to-aged-care/accountability-and-transparency-in-aged-care.
29. Australian Government Department of Health and Aged Care. *2021–22 Report on the Operation of the Aged Care Act 1997*. 2022: Canberra.
30. Australian Institute of Health and Welfare. *GEN Aged Care Data Providers, Services and Places in Aged Care*. 2022 [cited 2023 1 February]; Available from: https://www.gen-agedcaredata.gov.au/Topics/Providers,-services-and-places-in-aged-care.
31. My Aged Care. *My Aged Care*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/.
32. Australian Institute of Health and Welfare. *GEN Fact Sheet 2020-21 People Using Aged Care*. 2022: Canberra.
33. My Aged Care. *Home Care Packages*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/help-at-home/home-care-packages.
34. Australian Institute of Health and Welfare. *Older Australians*. 2021, [cited 2022 5 July]; Available from: https://www.aihw.gov.au/reports/older-people/older-australians/contents/about
35. Australian Government Department of Health and Aged Care. *Support at Home Program Overview*. 2022.
36. Dyer, S.M., et al. *Is Australia Over-Reliant on Residential Aged Care to Support our Older Population?* Medical Journal of Australia. 2020. **213**(4): p. 156-157.e1.
37. Organisation for Economic Co-operation and Development. *Long-Term Care Resources and Utilisation: Long-Term Care Recipients*. 2021 [cited 2023 6 February]; Available from: https://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT.
38. Australian Institute of Health and Welfare. *GEN Fact Sheet 2020-2021 People Using Aged Care*.

2022 [cited 2023 1 February]; Available from: https://www.gen-agedcaredata.gov.au/www_aihwgen/media/2020-21-GEN-Topic-Updates/People%20using%20aged%20care/People-using-aged-care-fact-sheet-2021.pdf?ext=.pdf.

39. Australian Institute of Health and Welfare. *Providers, Services and Places in Aged Care*. 2022 [cited 2023 13 February]; Available from: https://www.gen-agedcaredata.gov.au/Topics/Providers,-services-and-places-in-aged-care#Top%20of%20page.
40. Australian Government Department of Health and Aged Care. *About the Transition Care Programme*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/transition-care-programme/about.
41. Australian Government Department of Health and Aged Care. *About the Short-Term Restorative Care (STRC) Programme*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/short-term-restorative-care-strc-programme/about-the-short-term-restorative-care-strc-programme.
42. Australian Government Department of Health and Aged Care. *About the Multi-Purpose Services (MPS) Program*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/multi-purpose-services-mps-program/about-the-multi-purpose-services-mps-program.
43. Australian Government Department of Health and Aged Care. *National Aboriginal and Torres Strait Islander Flexible Aged Care Program*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/national-aboriginal-and-torres-strait-islander-flexible-aged-care-program.
44. Australian Government Department of Veterans' Affairs. *Help So You Can Stay In Your Home*. 2022 [cited 2023 1 February]; Available from: https://www.dva.gov.au/health-and-treatment/care-home-or-aged-care/services-support-you-home/veterans-home-care-vhc/help.
45. My Aged Care. *Non Government-Funded Providers*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/non-government-funded-providers.
46. Grant Thornton Australia Limited. *National Overview of the Retirement Village Sector*. 2014.
47. My Aged Care. *Contact Us*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/contact-us.
48. Services Australia. *Assessment for Aged Care*. 2022 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/assessment-for-aged-care.
49. My Aged Care. *Assessment Outcome: Commonwealth Home Support Programme*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/assessment-outcome-commonwealth-home-support-programme.
50. Australian Government. *Budget 2022-2023*. 2022 [cited 2022 18 July]; Available from: https://archive.budget.gov.au/2022-23/download/glossy_overview.pdf.
51. Visvanathan, R., et al. *Prolonged Wait Time Prior to Entry to Home Care Packages Increases the Risk of Mortality and Transition to Permanent Residential Aged Care Services: Findings from the Registry of Older South Australians (ROSA)*. J Nutr Health Aging, 2019. **23**(3): p. 271-280.
52. The Medical Journal of Australia. *Provision of Long-Term Aged Care*, in *MJA Podcasts*, C. Swannell, Editor. 2020, The Medical Journal of Australia.
53. National Institute on Ageing. *Enabling the Future Provision of Long-Term Care in Canada*. 2019. National Institute on Ageing, Toronto Metropolitan University: Toronto, ON.
54. Australian Government Productivity Commission. *Report on Government Services 2022: Aged Care Services*. 2022 [cited 2023 1 February]; Available from: https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/community-services/aged-care-services.
55. Organisation for Economic Co-operation and Development. *Spending on Long-Term Care*. 2020.

56. Organisation for Economic Co-operation and Development. *Gross domestic product (GDP): GDP Per Capita, USD, Current Prices and PPPs*. 2023 [cited 2023 21 February]; Available from: https://stats.oecd.org/index.aspx?queryid=61433.

57. Office of the Parliamentary Budget Officer. *Cost Estimate for Motion 77: Improvements to Long-Term Care*. 2021: Ottawa.

58. Eagar, K., et al. *The Australian National Aged Care Classification (AN-ACC): a new casemix classification for residential aged care.* Med J Aust, 2020. **213**(8): p. 359-363.

59. My Aged Care. *Understanding Aged Care Costs*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/understanding-costs

60. My Aged Care. *Aged Care Home Costs and Fees*. 2022 [cited 2023 1 January]; Available from: https://www.myagedcare.gov.au/aged-care-home-costs-and-fees.

61. My Aged Care. *Home Care Package Costs and Fees*. 2022 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/home-care-package-costs-and-fees.

62. Australian Institute of Health and Welfare. *Australia's Welfare 2021 Data Insights*. 2021: Canberra.

63. Australian Government Department of Health. *2020 Aged Care Workforce Census Report*. 2021 [cited 2022 7 July]; Available from: https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census.

64. Committee for Economic Development of Australia. *Duty of Care: Aged Care Sector in Crisis*. 2022: Melbourne.

65. Committee for Economic Development of Australia. *Duty of Care: Meeting the Aged Care Workforce Challenge*. 2021: Melbourne.

66. Fair Work Commission. *Summary of Decision 4 November 2022: Aged Care Work Value Case*. 2022.

67. Sutton, N., et al. *Considering the New Minimum Staffing Standards for Australian Residential Aged Care.* Aust Health Rev, 2022. **46**(4): p. 391-397.

68. My Aged Care. *Nursing and Personal Care in Aged Care Homes*. 2023 [cited 2023 1 February].

69. Australian Nursing and Midwifery Federation. *Meeting Residents' Care Needs: A Study of the Requirement for Nursing and Personal Care Staff*. 2016.

70. Deloitte Access Economics. *The Value of Informal Care in 2020*. 2020: Canberra.

71. Australian Government. *Carer Recognition Act 2010*. 2010.

72. Services Australia. *Carer Allowance*. 2023 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/carer-allowance

73. Services Australia. *Carer Payment*. 2023 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/carer-payment.

74. Australian Institute of Health and Welfare. *Informal Carers*. 2021 [cited 2023 1 February]; Available from: https://www.aihw.gov.au/reports/australias-welfare/informal-carers.

75. Carers Australia Limited. *Caring For Others And Yourself: The 2021 Carer Wellbeing Survey*. 2021: Canberra.

76. My Aged Care. *Aged Care Quality Standards*. 2023 [cited 2023 1 February]; Available from: https://www.myagedcare.gov.au/aged-care-quality-standards.

77. Australian Government Aged Care Quality and Safety Commission. *Strengthened Aged Care Quality Standards Pilot Program*. 2023.

78. Australian Government Department of Health and Aged Care. *The Australian Health Care System*. 2019 [cited 2023 1 February]; Available from: https://www.health.gov.au/about-us/the-australian-health-system.

79. Services Australia. *Medicare Safety Nets*. 2022 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/medicare-safety-nets.

80. Services Australia. *PBS Safety Net Thresholds*. 2023 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/pbs-safety-net-thresholds.

81. Australian Government. *How Health Insurance*

Works. 2022 [cited 2023 1 February]; Available from: https://www.privatehealth.gov.au/health_insurance/index.htm.

82. Australian Bureau of Statistics. *Patient Experiences*. 2022 [cited 2023 1 February]; Available from: https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release.
83. Australian Medical Association. *Putting Health Care Back Into Aged Care*. 2021: Barton.
84. Services Australia. *General Practitioner Aged Care Access*. 2021 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/general-practitioner-aged-care-access-incentive-for-practice-incentives-program?context=23046.
85. Medical Board of Australia. *Medical Practitioner Registrant Data: March 2013*. 2013 [cited 2022 28 July]; Available from: https://www.medicalboard.gov.au/News/Statistics.aspx.
86. Medical Board of Australia. *Registration Data Table - March 2022*. 2022 [cited 2022 28 July]; Available from: https://www.medicalboard.gov.au/News/Statistics.aspx.
87. Maddison, J.B. *EXHIBIT 11-66 - WIT.0484.0001.0001 - Statement of John Brian Maddison*. 2019.
88. Commerford, T. *How Many Geriatricians Should, At Minimum, be Staffing Health Regions in Australia?* Australas J Ageing, 2018. **37**(1): p. 17-22.
89. Canadian Institute for Health Information. *Supply, Distribution and Migration of Physicians in Canada, 2021 — Data Tables*. 2021 [cited 2023 6 February]; Available from: https://www.cihi.ca/en/physicians.
90. The Royal Australian and New Zealand College of Psychiatrists. *Relationships Between Old Age Psychiatry and Geriatric Medicine*. 2022 [cited 2023 6 February]; Available from: https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/old-age-psychiatry-and-geriatric-medicine.
91. Healthdirect Australia. *Cost of Dental Care*. 2021, [cited 2023 1 February]; Available from: https://www.healthdirect.gov.au/cost-of-dental-care#:~:text=In%20Australia%2C%20dental%20services%20are,and%20what%20methods%20they%20use.
92. Australian Institute of Health and Welfare. *Eye Health*. 2021 [cited 2022 18 August]; Available from: https://www.aihw.gov.au/reports/eye-health/eye-health/contents/treatment-and-management.
93. Australian Government Department of Health and Aged Care. *Eye Health Schemes (Aids and Appliances)*. 2016 [cited 2022 18 August]; Available from: https://www1.health.gov.au/internet/main/publishing.nsf/Content/optometry_eye_health#:~:text=Medicare%20Australia%20does%20not%20pay,state%20or%20territory%20government%20responsibility.
94. Australian Government Department of Health and Aged Care. *Client Information Booklet*. 2022 [cited 2022 18 August]; Available from: https://hearingservices.gov.au/wps/portal/hso/site/eligibility/clientinfo/hearing_services_available_through_the%20program/client-information-booklet/!ut/p/z1/pZBPb8IwDMU_UWQnTZr2GI229M-GEIOSXFC6QVVttAihIvj0BIS4QQ_4Zvn59-wHBpZgWts3tT00XWv_Xa-Nv8qnwqcpsjxYTGJU6mteZDFnqCgsQEeg96qTRQ3IkNq4MT4phW7f3CTPCCjughcM7W6QKxaM1DjkNJ1EaYTqI_nOkiBliaRQ9s36CPO222_dg7MrcffT_IlORehL6QlCLWeES0tJxSqP-IjME0iFrEIYDzrINx2ylxG4EMv4EbihsNu2J_K3-Yw8rrP-nF8AxqEApQ!!/dz/d5/L2dBISEvZ0FBIS9nQSEh/.
95. Australian Government Department of Health and Aged Care. *National Immunisation Program Schedule*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule#state-and-territory-immunisation-schedules.
96. Australian Government Department of Health and Aged Care. *Clinical Recommendations for COVID-19 Vaccines*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/our-work/covid-19-vaccines/

advice-for-providers/clinical-guidance/clinical-recommendations.

97. National Centre for Immunisation Research and Surveillance Australia. *National Influenza Vaccination Coverage - All People*. 2022 [cited 2022 3 August]; Available from: https://ncirs.org.au/influenza-vaccination-coverage-data/national-influenza-vaccination-coverage-all-people.

98. Australian Government Department of Health and Aged Care. *COVID-19 Vaccine Roll-Out 25 January 2023*. 2023 [cited 2023 1 February]; Available from: https://www.health.gov.au/sites/default/files/2023-01/covid-19-vaccine-rollout-update-25-january-2023.pdf.

99. Australian Institute of Health and Welfare. *Immunisation and Vaccination*. 2022 [cited 2022 3 August]; Available from: https://www.aihw.gov.au/reports/australias-health/immunisation-and-vaccination.

100. Australian Institute of Health and Welfare. *Dementia in Australia*. 2022 [cited 2023 1 February]; Available from: https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/summary.

101. Australian Bureau of Statistics. *Causes of Death, Australia*. 2021 [cited 2023 1 February]; Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#australia-s-leading-causes-of-death-2021.

102. Australian Government Department of Health and Aged Care. *Dementia Initiatives and Programs*. 2022 [cited 2023 1 February]; Available from: https://www.health.gov.au/topics/dementia/dementia-initiatives-and-programs.

103. Australian Bureau of Statistics. *Retirement and Retirement Intentions, Australia*. 2020 [cited 2023 1 February]; Available from: https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/latest-release.

104. Parliament of Australia. *Major Superannuation and Retirement Income Changes in Australia: A Chronology*. 2014 [cited 2023 1 February]; Available from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1314/SuperChron.

105. Services Australia. *Superannuation*. 2022 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/superannuation?context=22526.

106. Australian Taxation Office. *Super Guarantee Percentage*. 2023 [cited 2023 1 February]; Available from: https://www.ato.gov.au/Rates/Key-superannuation-rates-and-thresholds/?=redirectedSuperRate&anchor=Superguaranteepercentage#Superguaranteepercentage.

107. Australian Government Department of Social Services. *Age Pension*. 2019 [cited 2022 18 August]; Available from: https://www.dss.gov.au/seniors/benefits-payments/age-pension.

108. Services Australia. *Rent Assistance*. 2022 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/rent-assistance.

109. Services Australia. *JobSeeker Payment*. 2022 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/jobseeker-payment.

110. Services Australia. *How Much You Can Get*. 2022 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/how-much-age-pension-you-can-get?context=22526.

111. Fair Work Ombudsman. *Minimum Wages*. 2022 [cited 2022 19 August]; Available from: https://www.fairwork.gov.au/tools-and-resources/fact-sheets/minimum-workplace-entitlements/minimum-wages.

112. Australian Institute of Health and Welfare. *Age Pension*. 2021 [cited 2023 1 February]; Available from: https://www.aihw.gov.au/reports/australias-welfare/age-pension.

113. Government of Canada. *Old Age Security Program (OAS) - Number of OAS Recipients by Type and Gender*. 2022 [cited 2023 13 February]; Available from: https://open.canada.ca/data/dataset/6268b894-5ae7-4203-9ded-131fc872313f/resource/aef3e813-6532-417a-8f08-0bbb1b907ec0/download/20220630-svgendre-oasgender.xlsx.

114. Services Australia. *Pensioner Concession Card*. 2021 [cited 2023 1 February]; Available from: https://www.servicesaustralia.gov.au/pensioner-concession-card.

115. Services Australia. *Commonwealth Seniors Health Card*. 2021 [cited 2022 18 August]; Available from: https://www.servicesaustralia.gov.au/commonwealth-seniors-health-card?context=60044.

116. Canadian Institute for Health Information. *How Many Long-Term Care Beds are There in Canada?* 2021 [cited 2023 13 February]; Available from: https://www.cihi.ca/en/how-many-long-term-care-beds-are-there-in-canada.

117. Statistics Canada. *Data tables, 2016 Census*. 2019. [cited 2023 13 February]; Available from: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.?Lang=e&apath=3&detail=0&dim=0&fl=a&free=0&gc=0&gid=0&gk=0&grp=1&pid=109525&prid=0&ptype=109445&s=0&showall=0&sub=0&temporal=2016&theme=115&vid=0&vnamee=&vnamef.

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