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## Reforms not grounded in evidence will recycle more of the same

THE AUSTRALIAN Association of Gerontology reiterates its call for aged care reforms grounded in evidence, including continuous monitoring and evaluation.

The impact of these reforms should be transparent to all stakeholders to support policy development and ensure public accountability in delivering safe, high-quality funded aged care services to older people. Without this transparency, we risk cycling through repeated reviews, inquiries and policy adjustments.

This is particularly important because the current aged care reforms are not solely based on an evidence-based process. In a royal commission, evidence refers to what is presented to the commissioners, as in a court of law.

However, the commissioners were not required to verify the accuracy of claims made by witnesses, submissions, or

counsel assisting. Consequently, the Royal Commission into Aged Care Quality and Safety's recommendations were influenced by a mix of opinion, experience, aspiration, and research, resulting in significant differences among commissioners in their final proposals.

Substantial changes have occurred since the royal commission, thanks to government investment aimed at enhancing policy and program evaluation, building capacity, and supporting thorough stakeholder consultations, including with older people and their carers. This progress is most welcome and vital for ensuring evidence-based reform implementation.

However, many reforms originated from government processes and priorities established before the royal commission, leading some to question whether they fully



Anita Westera, president of the AAG

address longstanding issues faced by older people. The interface between health and aged care, especially residential care, exemplifies this concern.

While reforms to improve the clinical capacity of residential care – such as mandatory registered nurse and care staff minutes – are promising, workforce challenges persist across both aged care and health sectors.

Given that older people

are the largest users of health services in Australia, shortages will inevitably impact the health and wellbeing of older people, regardless of whether they live in the community or residential care. These workforce shortages are most acutely felt in services that support some of our most vulnerable citizens, including those living in regional and remote communities.

Despite being presented with models showing how a shared health and aged care system could improve outcomes for older adults, communities, and providers, as well as offer systemic efficiencies, the commissioners did not explore these options.

As a sector, we must advocate more actively to ensure these concerns are negotiated in the next National Health Reform Agreement. ●

