# Enhancing Care for Older Adults in Canada and Down Under: What Canadian and Australian Long-Term Care Systems Can Learn from Each Other

NATIONAL INSTITUTE ON AGEING

AGEING BEYOND BORDERS

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# National Institute on Ageing

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**Mailing Address:**

National Institute on Ageing
Ted Rogers School of Management
350 Victoria St.
Toronto, Ontario
M5B 2K3
Canada

# About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

# Authors

**Anna Grosse, MBBS, GradCertClinEd**
Associate Fellow,
National Institute on Ageing, Toronto Metropolitan University, Canada;
Clinical Lecturer,
The University of Adelaide, Australia;
Advanced Physician Trainee in Geriatric and General Medicine, Central Adelaide Local Health Network, Australia

**Kristina Kokorelias, PhD, MSc**
Associate Fellow,
National Institute on Ageing,
Toronto Metropolitan University, Canada;
Senior Academic Program Coordinator,
Healthy Ageing and Geriatrics Program,
Sinai Health and University Health Network, Toronto, Canada;
Assistant Professor, Department of Occupational Science and Occupational Therapy and Rehabilitation Sciences Institute, University of Toronto, Canada

**Alyssa Brierley, MA, JD**
Executive Director,
National Institute on Ageing,
Toronto Metropolitan University, Canada

**Samir Sinha, MD, DPhil, FRCPC, FCAHS, AGSF**
Director of Health Policy Research,
National Institute on Ageing, Toronto Metropolitan University, Canada;
Director of Geriatrics, Sinai Health System and University Health Network, Canada;
Professor of Medicine, Family and Community Medicine, Health Policy, Management and Evaluation, University of Toronto, Canada

# External Reviewers

**Suzanne Dyer, BSc (Hons), GradCert PH, PhD**
Senior Research Fellow,
Rehabilitation, Aged and Extended Care, College of Medicine and Public Health, Flinders Health and Medical Research Institute, Flinders University, Adelaide, Australia; Senior Research Fellow,
NHMRC Centre for Research Excellence on the Prevention of Falls Injuries, Australia

**Len Gray, MBBS, MMed, PhD, FRACP, FACHSM, FAAG, FANZSGM**
Professor in Geriatric Medicine,
Centre for Health Services Research,
Faculty of Medicine, The University of Queensland, Brisbane, Australia

**Maria Inacio, PhD, MS, FAAG**
Mid-Career Fellow,
The Hospital Research Foundation,
Adelaide, Australia;
Emerging Leadership 2 Fellow, National Health and Medical Research Council, Australia; Director, Registry of Senior Australians, South Australian Health and Medical Research Institute, Adelaide, Australia; Adjunct, Allied Health and Human Performance, University of South Australia, Adelaide, Australia

**Duncan McKellar, BMBS, FRANZCP, CertOldAgePsych, MTh, BMus(Perf) (Hons), BA, DipED**
Clinical Specialist, Dementia Centre,
HammondCare, Adelaide, Australia

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# Introduction

## Although located on opposite sides of the world, Canada and Australia share many demographic similarities and comparable challenges in meeting the growing demands for Long-Term Care (LTC) services from their ageing populations with increasingly complex needs.

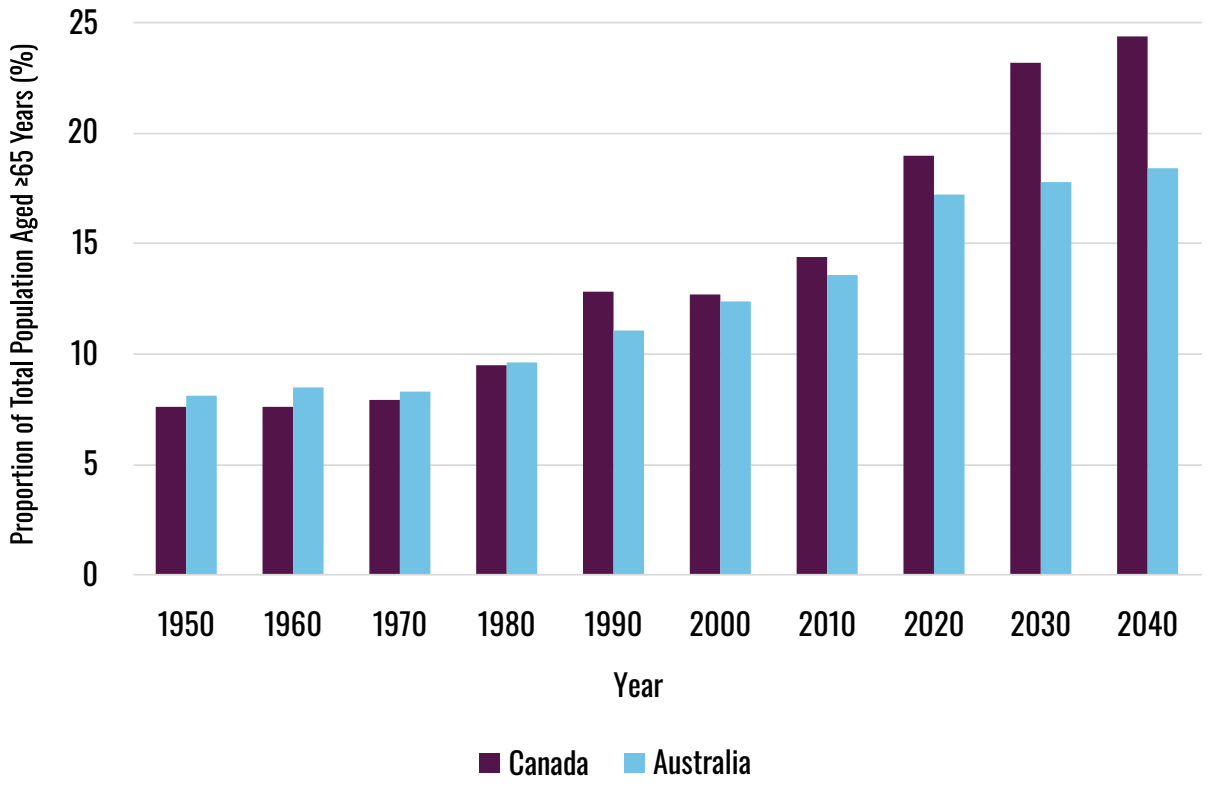
Indeed, with the first members of their baby boomer generations expected to begin turning 85 years of age in 2031, both countries are being challenged to expand and reform their LTC systems.

In both countries, the current average life expectancy exceeds 80 years[3] of age and the proportion of Canada's populations aged 65 years or older is expected to surpass 20%, allowing it to be considered a 'super-aged' nation in the near future[4-6] (**Table 1, Figure 1**). Most people live in cities, concentrated along the US border in Canada and the coastline in Australia, with vast and sparsely-populated rural areas in between that pose additional logistical challenges for the equitable provision of both health and LTC services.[7]

### Table 1. A Comparison of Demographics Between Canada and Australia

| | Canada | Australia |
|---|---|---|
| **Total population in 2022** | 38.9 million[8] | 26.0 million[9] |
| **Population identifying as Indigenous** | 1.8 million (4.6% total)[10] | 0.8 million (3.1% total)[11] |
| **Population aged 65+** | 7.3 million (19.0% total)[8] | 4.4 million (17.0% total)[9] |
| **Population aged 75+** | 3.1 million (8.0% total)[8] | 2.0 million (7.6% total)[9] |
| **Population aged 85+** | 0.9 million (2.3% total)[8] | 0.5 million (2.1% total)[9] |
| **Older adults living at home** | 94%[12] | 95%[13] |
| **Average life expectancy from birth in 2021** | 81.6 years[3] | 83.3 years[3] |
| **Women** | 84.0 years[3] | 85.4 years[3] |
| **Men** | 79.3 years[3] | 81.3 years[3] |
| **Average life expectancy from age 65 in 2021** | | |
| **Women** | 22.3 years[14] | 23.0 years[14] |
| **Men** | 19.5 years[14] | 20.3 years[14] |

## Figure 1. Older Persons in Canada and Australia as a Proportion of Their Total Populations Over Time[4, 5]




Canada and Australia's populations are both characterized by significant ethnic, cultural and linguistic diversity that translates into differing preferences, priorities and values that must be incorporated into the design and delivery of appropriate and responsive LTC services. In Canada's 2021 census, more than 450 different ethnic or cultural origins were reported[15] and, if current trends continue, more than 50% of Canada's population will be comprised of immigrants and their Canadian-born children by 2041.[16] Similarly, as of 2021, more than 300 languages other than English are spoken in Australian homes and 37% of older Australians were born overseas.[17] Furthermore, as a result of colonization and various governmental policies over the past 150 years, Indigenous peoples in both Canada and Australia continue to experience poorer health outcomes than their non-Indigenous counterparts and require unique care considerations.[18, 19]

**The challenge for both countries is thus to not only create LTC systems that have the capacity to co-ordinate and provide the care that millions of older Canadians and Australians will rely upon over the coming decades, but to also create systems that recognize, appreciate and accommodate individual and special group needs, values and preferences.**

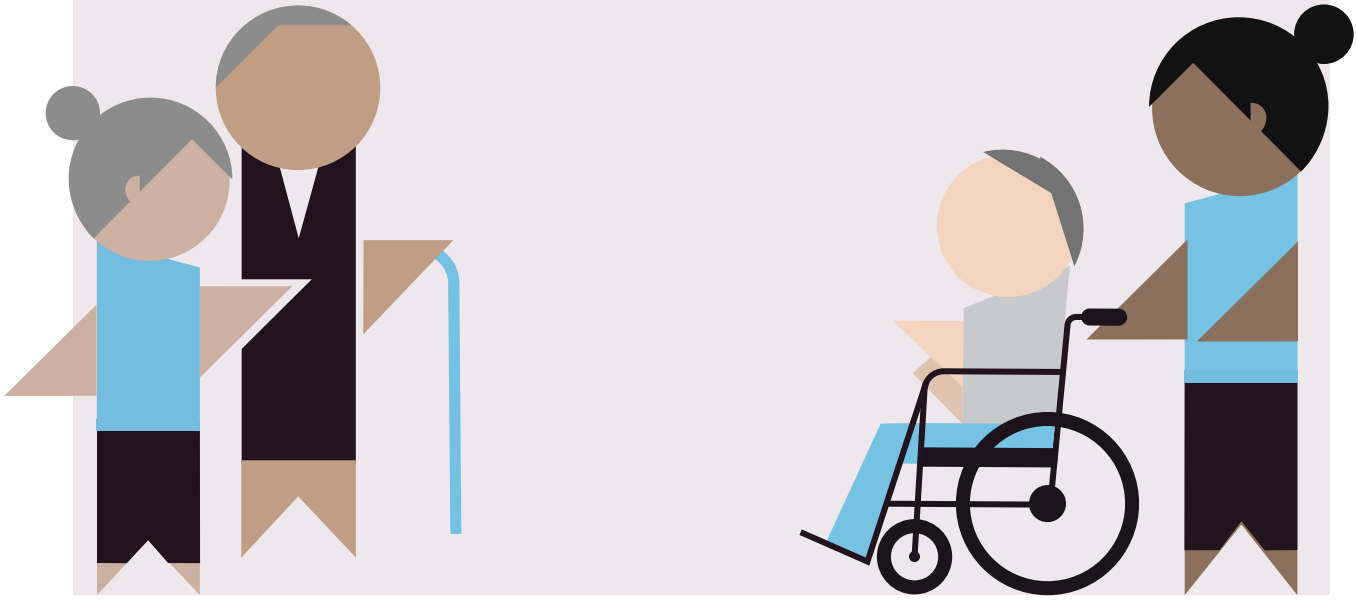
Both Canada and Australia offer publicly-funded health care and LTC services. Furthermore, their LTC systems, in particular, have been under significant scrutiny in recent years. In Canada, the COVID-19 pandemic thrust its LTC systems into the spotlight, exposing several pre-existing problems that had previously received less public attention.[6, 20] During the first wave of the pandemic, there were 74 times more deaths from COVID-19 experienced by older Canadians living in LTC and retirement homes compared to those living in the community.[21] Furthermore, long-standing vulnerabilities in Canada's LTC sector, related to a lack of funding, oversight and overall planning, as well as quality-of-care criticisms[6, 22, 23], were exacerbated by LTC home staffing shortages and policies restricting the presence of family caregivers and visitors during the pandemic.[24] This resulted in several enquiries and commissions that have led to the development of new national LTC standards and additional reforms and investments around the provision of LTC services.[6]

While the COVID-19 pandemic also affected older Australians disproportionately, issues surrounding the country's LTC system were already receiving significant attention due to Australia's Royal Commission into Aged Care Quality and Safety (RCACQS) that was conducted from 2018 to 2021.[25, 26] The RCACQS was initiated following several reported incidents of sub-standard care in LTC homes, which sparked public interest and outrage. It unmasked numerous inadequacies within the country's LTC system, including difficult access to services, poor working conditions and workforce management, unsatisfactory standards of care, a lack of future planning and multiple systemic problems requiring significant reforms.[25] In total, the commissioners made 148 recommendations calling for an overhaul of Australia's LTC system and its governance.[26] Some of these recommendations are now in the process of being implemented by Australia's federal government through a National Aged Care Reform plan, which was announced in 2021.[27, 28]

## 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:** For this report, the NIA defines *older adults*, *older Canadians* or *older Australians* as people aged 65 years and older. Where data exists, the terms *older adults, older Canadians* or *older Australians* will also include Indigenous, Aboriginal and Torres Strait Islander peoples aged 50 to 64 years, given the reduced life expectancy of this population and their eligibility to access LTC services in this age bracket.[14] Of note, like in Canada, the age eligibility for LTC services in Australia is not restricted and younger adults can access them if needed, although a minimum age requirement exists for accessing Australia's Commonwealth Home Support Programme (CHSP).[29]



# Comparing Canadian and Australian Long-Term Care Systems

## The History and Organization of LTC Services in Canada and Australia

### The provision of LTC services is a relatively new concept in the broader Canadian and Australian health care context.

Over the past century, the provision of health care has been traditionally focused on the delivery of hospital and physician services.[30] However, by virtue of both medical and societal advancements, people are now living longer and with a greater number of complex and often inter-related health and social issues.[20, 31] Furthermore, instead of living together as multi-generational family units or communities, where older family members could be more readily supported, it is now more common for adult children to live separately, and sometimes very far away from their parents, grandparents and older relatives.[31] In addition, people are having fewer children, leading to an overall reduction in family size and a diminishing pool of potential future caregivers.[31, 32] These changes have resulted in a growing demand for access to formal, paid LTC services and the need to create affordable and sustainable publicly-organized LTC systems.

### While Canada and Australia both offer publicly-funded health and LTC services, they have each taken a different approach to the organization, administration and funding of their systems.

In Canada, health care has been formally administered by the 13 provincial and territorial governments as well as the federal government for certain Indigenous and other populations since Confederation in 1867[33]; however, the development and administration of LTC services have developed in a more piecemeal, patchwork fashion.[34] While the Government of Canada generates revenue through taxation to provide some funding for the delivery of health care services, each province and territory has the autonomy to develop and administer their own medical and LTC programs and services to best meet the needs of their populations.

Under the Medical Care Act of 1966, also known as Medicare, and the subsequent Canada Health Act of 1984, each provincial and territorial Ministry of Health is required to deliver consistent levels of hospital and physician services across the country that are provided for free at the point of service.[33] However, there are no similar legislation or

regulations to govern the provision of LTC services.[34] This means that each province and territory can determine who is eligible to access their LTC services, how their needs are assessed and what the associated costs are for care recipients. Provincial and territorial Ministries of Health are also responsible for the licensing, regulation and quality control of their respective LTC homes and home care services. Therefore, their decisions affect wait times, service availability and the composition of their overall LTC workforce.

**While the provincial and territorial administration of LTC services in Canada does allow for services to be tailored to specific regional needs, having 13 different systems has resulted in there being no common national definition or criteria for the provision of them.**

Therefore, Canadian LTC service inclusions, data collection, staff training and regulatory processes vary across the country's internal borders, making research efforts difficult and often causing confusion for the people it is designed to support.[34, 35] Even basic terminology — like whether institutional LTC settings are called nursing homes, LTC homes, continuing care or residential care facilities — is not consistent across the country.[12]

**In contrast to Canada, Australia has established a single LTC system that is regulated, accredited and primarily funded by the Australian Government from revenue generated through national taxation.**

This unified Australian LTC services arrangement, however, has not always been in place. In the 1950s, the federal government began providing grants to non-governmental organizations to create the country's first LTC homes, with payments subsequently made to state and territory governments to provide home and community care services.[36, 37] Over the following decades, several different subsidies and schemes were introduced.[25, 36, 38] For example, residential 'hostels' were developed as a cheaper alternative to 'nursing homes' for older adults who required less support[36, 38], and needs-based assessments were later introduced in 2018.[36] Towards the end of the twentieth century, the Aged Care Act 1997[39] was established. This introduced significant changes, such as combining hostels and nursing homes under the umbrella of 'residential aged care' and creating new care and accreditation standards.[36] The consolidation of funding arrangements and shifting government subsidies to align with resident needs, rather than facility type, fostered the concept of 'ageing in place' within hostels and progressively broadened their capacity to cater to a diverse range of needs.

In 2011, the funding of Australia's public health care system was overhauled through the National Health Reform Agreement,[40] with a move towards activity-based rather than block funding of its public hospitals. As part of this agreement, the Australian Government agreed to shoulder responsibility for the previously state- and territory-administered home and community care programs for older adults to create a nationally-unified and federally-administered LTC system.[25, 40, 41] However, it wasn't until all states and territories joined this arrangement in 2018 that this agreement was fully implemented.[25] While the Australian Government now oversees the provision of most LTC services in home, community and institutional settings, the Commonwealth, state and territory governments share responsibility for transitional care and the continuity of care between the LTC, health care and disability sectors.[42] Similar to Canada, it remains unknown how many older Australians privately source and fund their own care and support services outside the government-subsidized system.

## Accessing LTC Services in Canada and Australia

### By virtue of having several different systems, there is no national universal point of access for LTC services in Canada.

There currently exists no consistent entry pathway nor any platform providing comprehensive information about Canadian LTC services at a national level.[12, 34] Furthermore, local services, facilities and resources can vary on a jurisdictional and geographical basis between, and even within, each province and territory, as do the needs assessments which are typically required to access services.[12]

Older Canadians can be referred for LTC services by a care provider or may request an assessment to receive LTC services. This assessment is usually conducted by an assessor who will determine both eligibility for LTC services and what kind of LTC services a person will receive and re-assess as required. Each province and territory provides information about which LTC services are accessible in different ways. For example, in some jurisdictions, people will be asked to contribute to their home care costs through a provincially-determined income-based home system. Unfortunately, no provinces or territories in Canada guarantee access to services nor do they guarantee a particular level of service and usually what people can receive will be determined by what is available.[12, 34]

The standardized interRAI assessment systems (RAI-MDS 2.0 or interRAI LTCF for LTC homes and RAI-HC 2.0 or interRAI HC for home care) are used in multiple — but not all — jurisdictions across Canada to assess the care needs of individuals in both community and LTC home settings. Nevertheless, all provinces and territories (except for Quebec, Nunavut and the Northwest Territories) use some form of interRAI assessment for the provision of home care and LTC home services.[6] Additionally, the interRAI data that is collected through assessments is uploaded and stored centrally by the Canadian Institute for Health Information (CIHI) and has become an incredibly valuable resource for LTC system analysis and improvement efforts.[34, 43] However, the non-participation of some jurisdictions prohibits the creation of a comprehensive national database, making inter-provincial and territorial comparisons difficult, and the number of recipients of publicly-funded LTC services in Canada not definitively known. While it was estimated that 511,500 older Canadians used LTC home care services in 2016,[12] more recent figures from 2020 to 2021 suggest that over 449,000 older adults accessed home care services in the province of Ontario alone,[12] meaning the overall national figure is likely to be much higher, highlighting how unreliable estimates of LTC use may be.

Canada has an overall shortage of both home-based LTC services and LTC home beds.[20] While reliable figures about unmet home care needs amongst older Canadians are not readily available, the NIA's 2023 Ageing in Canada Survey recently reported that among those who required home care in 2023, only 45% said they were able to access needed services all or most of the time.[44] Furthermore, 52,000 Canadians were estimated to have been waiting for a LTC home bed in 2021, which exceeded the number of available LTC beds in that year by 26%.[45] Older Canadians throughout the country face extended waiting times to move into an LTC home, with the average wait time as high as six months in Ontario[46] and ten months in Quebec.[20]

## My Aged Care (MAC)[47] is Australia's nationwide single point of access for all publicly available LTC services, including home-based LTC and care in LTC homes.

Established in 2013,[48] MAC is primarily a website and telephone-based platform that provides information about LTC services and also the sole means by which older adults and/or their representatives (e.g., family members) can request assessments for service eligibility.[25]

To access the different LTC services available in Australia, an individual must undergo an eligibility assessment requested via MAC. An evaluation by an Aged Care Assessment Team (ACAT) is required to access LTC services at home through the Home Care Packages Program (HCPP), as well as respite or permanent care in LTC homes. The Regional Assessment Service (RAS) determines a person's suitability to access basic home support through the Commonwealth Home Support Program

(CHSP).[49] In 2022-23, more than 504,000 ACAT and RAS assessments took place,[50] which represents approximately 115 assessments per 1,000 people aged 65 years and above.

Although it is a well-intentioned concept, multiple issues with MAC have been identified, including difficulties navigating the online digital system and a low level of awareness that it exists.[25, 26] Consequently, face-to-face aged care support with Aged Care Specialists Officers has recently been introduced at 68 Services Australia services centres across the country as well as through a national call centre.[51]

As of June 30, 2023, there were 185,000 Australians living in LTC homes and in September 2023 there were 264,000 people receiving home-based LTC through a home care package. An additional 816,000 people were determined to be eligible for basic home supports through the CHSP in 2022-23 **(Table 2)**.[50] Australia has a shortage of home-based LTC services and waiting times to access them can be prolonged.[37] However, while there were almost 42,000 older Australians waiting for a home care package in September 2023,[52] there exists a surplus of LTC home beds with an occupancy rate of 86.1% during 2022-23.[50]

The Australian Government provides funding for subsidized LTC services according to a national target provision ratio, which was 72.8 residential LTC places per 1,000 people aged 70 years and over as of June 2023.[50] This is based on demographic estimates of LTC requirements, rather than demonstrated need, and a move towards needs-based service planning rather than rationing may be adopted in the future.[28] By comparison, Canada's LTC home occupancy rate is closer to 100%,[20] with an estimated 52,000 Canadians on LTC home wait lists.[45]

## In both Canada and Australia, many older adults remain in hospital beds while waiting for a place in an LTC home or for the availability of home-based LTC services to facilitate a safe discharge from the hospital following treatment.

This appears to be a much bigger issue in Canada, where approximately 14% of hospital inpatients have an 'alternate level of care' designation, although not all of these cases represent older adults waiting for LTC services.[34] In Ontario, a controversial bill was recently passed to address this, allowing eligible hospitalized older adults awaiting an LTC home bed to be placed in a facility that has a vacancy without their consent.[53] Furthermore, the shortage of home-based LTC services has been identified as significantly contributing to older Canadians prematurely moving into LTC homes.[20]

By contrast, in Australia, approximately 1% of hospital inpatient days in 2020-21 were taken up by older Australians waiting to enter an LTC home;[54] however, the availability of LTC home beds may not be the primary contributing factor

to this delay. Other reasons include: an individual preference to remain at home for as long as possible, the time needed to make financial preparations (such as selling property) and the time taken to find an appropriate care home that is acceptable to the person in terms of cost, location, care provision and personal preference. As is the case in Canada, the shortage of home-based LTC services and extended waiting times to access them are anecdotally thought to also result in older Australians prematurely moving into LTC homes.[55]

## Home Care and Support Services in Canada and Australia

### The vast majority of older Canadians (94%) and older Australians (95%) live in private households and would like to continue living in their homes for as long as possible.[12, 13, 25, 48]

To support them in doing so, both countries offer publicly-funded LTC services that are delivered in home-based settings (**Figure 2**). In Canada, these are typically categorized by service type. 'Home care services' include medical care (e.g., wound dressing) that is provided by trained health professionals. 'Home support' services are usually delivered by Personal Support Workers (PSWs) who provide assistance with personal care and basic Activities of Daily Living (ADLs). 'Community-based' support services help with instrumental ADLs (e.g., transportation, meals) and facilitate social activities.[12] While all Canadian provinces and territories have publicly-funded home-based LTC programs, the type, cost and availability of these services varies.[6, 12] Veterans Affairs Canada contributes towards some LTC costs for eligible veterans.[56]

### The number of older Canadians with unmet home care needs is high.[6, 12]

Most provincial and territorial governments continue to announce additional investments in their home care programs to address the shortage of home-based LTC services. In June 2022, the Government of Canada also announced funding for a new Age Well at Home initiative,[57] which will provide $90 million in grants and contributions over four years[58] for organizations to upscale existing services and provide new in-home volunteer-based support services to older adults living in the community across several provinces and territories.

In Australia, home-based LTC services are currently provided through the Home Care Packages Program (HCPP) and depend upon the *level* of support required, rather than the *type* of services used[59, 60] **(Figure 2)**. In addition to the HCPP, the Australian Government also subsidizes basic home support through the Commonwealth Home Support Programme (CHSP) and there are flexible care programs available for older adults with a re-ablement and restorative care focus. As is the case in Canada, Australia's

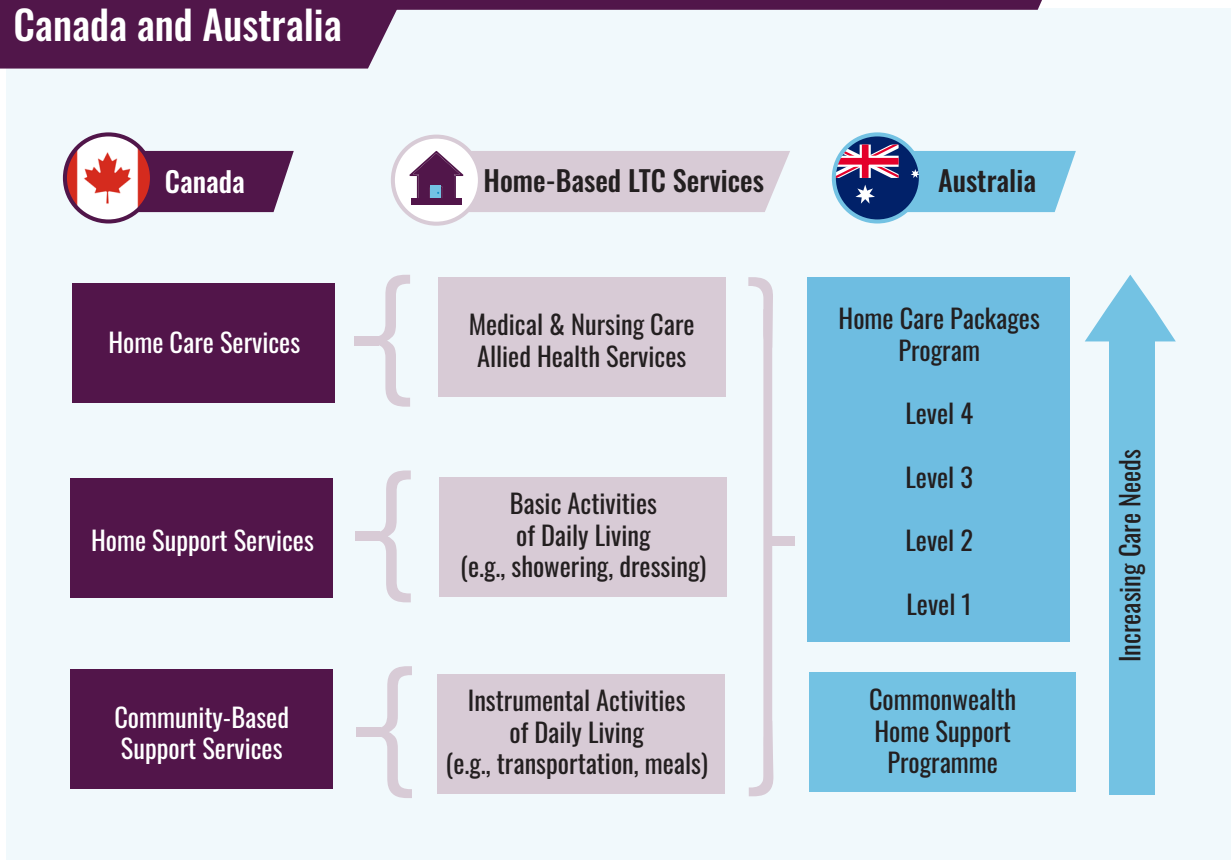
Department of Veterans' Affairs provides additional support for eligible veterans.[61]

The HCPP is designed for community-dwelling older adults whose care needs exceed what can be provided by the CHSP. There are four levels of home care packages which are allocated on a care needs basis and attract an increasing amount of government funding. The HCPP program is consumer-directed, meaning that funds are allocated to the individual receiving care, who then chooses which approved services and service providers they use. A daily fee must be paid by all HCPP recipients with an income and asset-based personal financial contribution also being required, with the latter subject to annual and lifetime caps.[60]

The CHSP provides limited entry-level home support services for older adults and their caregivers. Through CHSP, eligible older adults can access domestic assistance, meal delivery, transport, personal care, social support and allied health treatments on a fee-for-service basis at a government subsidized rate, without an asset or income assessment.[59]

The number of older Australians using home-based LTC has tripled in the past 10 years.[62] Australia's home-based LTC system is currently undergoing review and reform, with a proposed plan to create one unified 'Support at Home' program that incorporates CHSP, the HCPP and flexible care programs in the near future.[63]

## Figure 2. The General Organization of Home-based LTC Services in Canada and Australia



## LTC Homes in Canada and Australia

LTC homes in Canada are regulated at the provincial and territorial level. There are currently 2,076 Canadian LTC homes providing approximately 200,000 beds[64] (**Table 2**). Most of these (54%) are privately owned by for-profit or not-for profit organizations, although a significant proportion (46%) are publicly owned and there is considerable variation between jurisdictions[64] (**Figure 3, Table 2**). For example, only publicly-owned and -operated LTC homes are available in Canada's territories and the province of Saskatchewan, and they make up the majority (88%) of Quebec's LTC homes.[64] Conversely, only 16% of the LTC homes in the country's most populous province of Ontario are publicly owned.[65]

### A lack of available LTC home placements and home-based LTC services has resulted in prolonged hospital admissions for thousands of older Canadians at a significant cost.[12]

High LTC home occupancy rates with staggering waiting lists have removed competition and made it challenging for older adults to move to a different LTC home if they are dissatisfied with the one in which they reside.[20] Furthermore, because many LTC homes are operating at their maximum capacity, their revenue does not depend on residents' satisfaction with or the quality of services provided.[20]

Although LTC homes in Canada must have a licence to operate, requirements for them to be accredited against a set of standards varies between jurisdictions. Accreditation is mandatory in some provinces, such as Quebec, yet voluntary in others, such as Ontario.[66] Moreover, how accreditation is implemented and enforced, and what the consequences are for LTC homes that do not meet accreditation standards, are not clear or uniform throughout the country.[66]

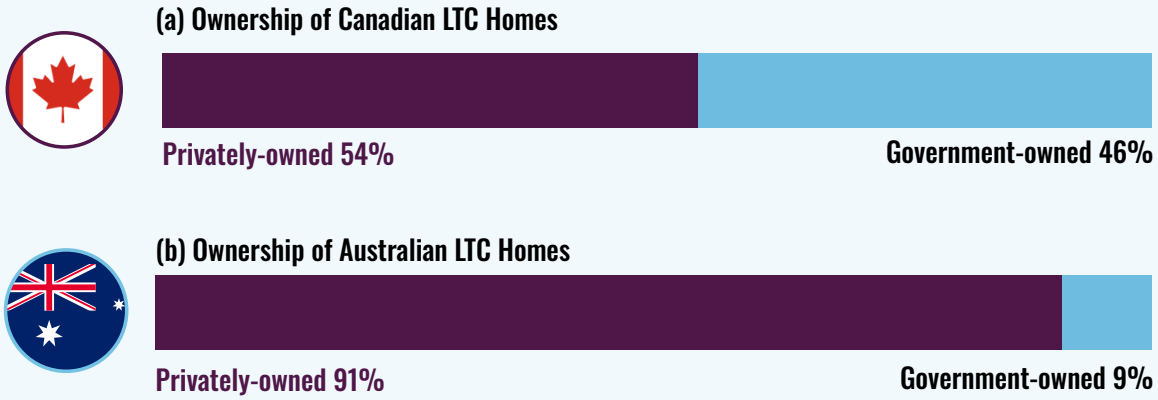
As with the rest of its LTC system, Australia's LTC homes are subsidized and regulated at the federal level. To receive government funding, they must pass an accreditation process and be subject to regular quality reviews by the Aged Care Quality Commissioner or their representative. The Commissioner audits compliance with eight specified *Aged Care Quality Standards*[25] using information that is supplied by service providers and obtained during site visits.[25] The substandard quality of LTC services has received significant attention in Australia in recent years and a review of accreditation processes is in progress in response to the RCACQS.[28] The landscape of aged care assessment and quality monitoring has evolved significantly with the introduction of mandatory programs like the National Quality Indicator Program initiated in 2021,[67] the debut of Star Ratings in 2022,[68] and the implementation of the Registry of Senior Australians (ROSA) Outcome Monitoring System (OMS),[69] collectively reshaping the evaluation and oversight within the aged care sector.[70]

Unlike Canada, most of Australia's LTC homes (91%) are run by private organizations operating on a for-profit

or not-for-profit basis, with only a small proportion (9%) owned by the government[1] (**Figure 3, Table 2**). Private LTC homes can exhibit varied organizational structures, objectives and care outcomes. This has important ramifications for the quality of care provided, as government-run services have been found to perform better than privately-run facilities, with for-profit LTC homes most commonly associated with poor performance.[25]

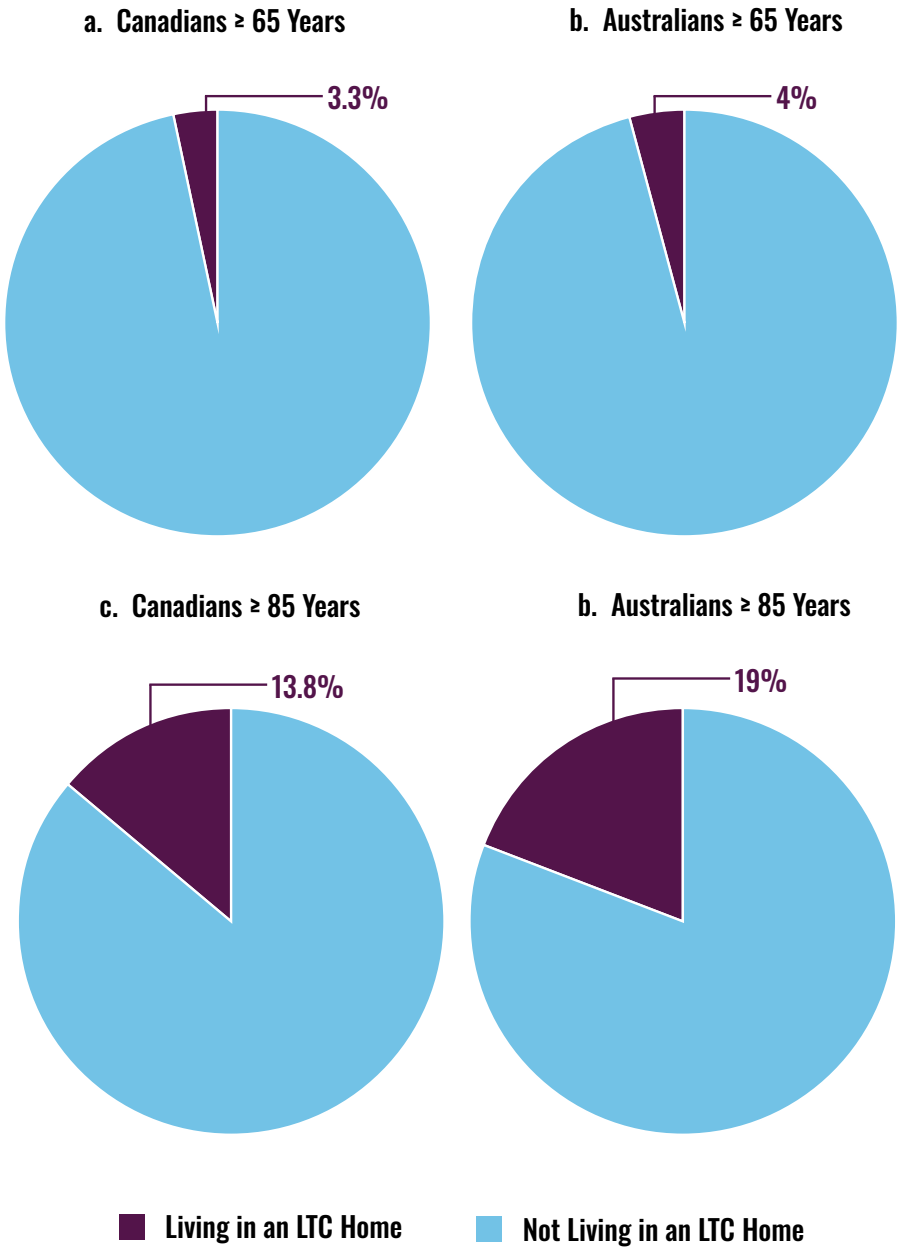
One in five Australians aged 85 years and above currently live in LTC homes, which is higher than in Canada and other comparable countries.[71]

## Figure 3. Comparing Government and Private Ownership of LTC Homes in Canada and Australia[1, 64]



On June 30, 2023, there were 2,639 Australian LTC homes[50] that accommodated more than 250,000 permanent and 79,000 temporary residents in the 2022-23 financial year, with 185,127 permanent LTC residents as of June 30, 2023[50] (**Table 2**). **Figure 4** provides a comparison of the proportional LTC home use by older adults in Canada and Australia.

## Figure 4. The Proportion of Older Canadians and Older Australians Living in LTC Homes[1, 2]



## LTC Services Funding in Canada and Australia

Both Canada and Australia fund their LTC systems through a combination of taxation and private user contributions. Canadian governments appear to spend more money on the provision of LTC services than that of Australia, both as a total figure and as a proportion of Gross Domestic Product (**Table 2**).

### Both Canada and Australia spend more money on providing care in LTC homes than on home care services, despite the latter being more cost-effective in the context of cost to government and consistent with the care preferences of older adults.[6, 12, 72]

For example, a recent NIA policy proposal highlighted that in Ontario, Canada, LTC home-based care costs around $200 per day, while home care for an LTC-eligible person costs only $103 per day. This not only reflects significant savings, but also ensures that individuals can receive care in familiar surroundings (i.e., with, or close to, their own families).[73]

In both countries, older adults using LTC services must contribute to the costs of providing them. While Canadians in some provinces and territories are not charged for accessing publicly-funded home-based LTC services, some provinces charge income-based co-payments to access them, and all charge co-payments to live in LTC homes.[6, 74-76] In 2019, Canadians were estimated to spend $9.4 billion CAD in out-of-pocket LTC co-payments in addition to the $38 billion CAD of government spending that year.[6] Similarly, personal out-of-pocket financial contributions make up approximately 20% of LTC spending in Australia.[77] In 2018-19, Australians directly contributed $4.9 billion CAD to the cost of LTC services, with 93% of this going towards care provided in LTC homes.[25] (**Table 2**).

In Canada, publicly-funded LTC services vary between jurisdictions and often do not provide sufficient support to meet the overall needs of older adults on their own. Older Canadians and their families may thus need to source and pay for additional private services, either by paying out-of-pocket or by purchasing private LTC insurance schemes.[31] Most older Canadians accessing publicly-funded services also rely on unpaid caregivers (e.g., family, friends) to provide additional support, often at a significant personal and financial cost to the persons providing this care.[12, 34]

In Australia, all older adults living in LTC homes or receiving assistance through a home care package must pay a daily care fee.[78] An additional means-tested care fee exists for some recipients based on an income assessment, but this is subject to both an annual and a lifetime cap.[78] LTC homes may also charge residents 'accommodation' or 'extra service' fees to cover their costs, which may be substantial.[78] However, despite this, almost two thirds of Australian LTC homes are operating at a financial loss.[79]

Furthermore, as in Canada, older Australians can opt to pay for private LTC services independent of, or in addition to, the public system. There are private home care services and LTC homes in Australia that are not government-funded and for which the individual must pay the associated costs in their entirety. This can be used as a care option for older adults who do not qualify for government-subsidized care or who are waiting for government-funded services to become available.[80]

## The LTC Workforces of Canada and Australia

The paid LTC workforces in Canada and Australia share many organizational and demographic similarities. The two workforces also face comparable challenges, including undesirable working conditions, inadequate training, staffing shortages, societal stigma and wage disparities within the broader health care and disability sectors.[6, 25, 34, 81, 82] As with data on the users of Canada's LTC services, data on its LTC workforce is not routinely collected, making it difficult to access reliable and accurate information in this regard.[6, 83] In Australia, paid LTC workers make up 3.1% of the country's workforce;[84] however, many LTC workers are part-time employees and may be employed in other sectors concurrently.[25, 84, 85]

Personal support workers (PSWs) are also called personal care assistants, community care workers and health care aides, among other names and comprise the greatest proportion of the LTC workforce in both Canada and Australia.[82, 86]

Nurses, nurse practitioners and allied health professionals like physiotherapists, occupational therapists and dieticians, are also employed in the Canadian and Australian LTC sectors.[34, 87] In both countries, more staff work in LTC homes than community or home care services[86, 87], and professionals working in direct care roles are more likely to be female.[25, 31, 87]

The Canadian and Australian LTC workforces are culturally and linguistically diverse.[88,89] International migrants comprise approximately one third of Canadian (34%)[88] and Australian (29%)[90] LTC workers, which are some of the highest rates among the Organization for Economic Cooperation and Development (OECD) countries.[88]

Despite providing the majority of direct care, personal support workers in Canada are not regulated or licensed health professionals, typically have limited training, and receive the lowest wages in the health care sector.[6, 83] This is similar to Australia, where both personal support workers and registered nurses (RNs) in the LTC sector are paid less than their counterparts in the disability and hospital sectors,[25, 91] sometimes by greater than 25%.[91] However, wage disparities are not the only challenge encountered by LTC workers. In both countries, caring for older adults is often stigmatized[6, 25, 34, 91] and not typically considered to be a rewarding professional career.[34, 91] LTC workers may have no pre-existing qualifications nor receive formal training[25, 92] for sometimes physically and emotionally demanding roles.[34, 81] A lack of support and recognition,[25] compounded by the pressures of staff shortages[25, 91, 92] and unsociable working hours,[91] have led to burnout and job dissatisfaction[34, 81] which translates to difficulties in attracting new LTC workers and retaining current ones.[25, 34, 82]

**Both Canada and Australia are facing projected workforce shortages[6, 25, 34, 82, 85, 91] that must be proactively addressed, so as not to compromise on each country's ability to provide safe, high-quality care.**

In Canada, there are no national minimum staffing ratios or requirements for LTC homes, although some jurisdictions have introduced these locally.[93] The Health Standards Organization has recently produced a new national LTC services standard which recommends that Canadian LTC home residents receive a minimum of 4.1 hours of direct care per day.[23] To date, only two provinces (Nova Scotia and Ontario) have pledged to staff their LTC homes to meet this new staffing standard in the coming years.[66]

Until recently in Australia, the Aged Care Act 1997 stated only that LTC homes must 'maintain an adequate number of appropriately skilled staff'[39] but had not specified how and by whom this should be determined, leaving it open to interpretation by individual organizations. In July 2022, the Australian Government passed a bill to amend the Act, mandating that every LTC home have an on-site RN working at all times.[94] Additionally, from October 2023, LTC home residents must be provided with 200 direct care minutes (3.33 hours) per day, including 40 care minutes provided by an RN.[94-96] This figure represents the necessary daily average per resident, adjusted for case mix, to ensure that facilities managing more complex cases offer correspondingly increased or decreased care minutes, aligning with funding obtained through the case mix payment system. These care minutes, reported quarterly, are showcased in Australia's Star Rating system and empower consumers to assess staffing provisions when choosing a facility.[68] While these numbers are set to increase in 2024, they still fall below

the Australian Nursing and Midwifery Foundation's 2016 recommendation for a minimum of 258 daily direct care minutes (4.3 hours).[97]

## The Role of Unpaid Caregivers in Canada and Australia

### Both Canada and Australia rely heavily on unpaid caregivers to supplement their paid LTC workforces and support their older adult populations.[6, 25, 34]

In Canada, it is estimated that 75% of the home support that older adults receive is provided by their family and friends, who serve as unpaid caregivers.[12] Similarly, in Australia, 73% of older adults who live at home and require assistance with specific activities receive help from family, friends or neighbours.[13] Over eight million Canadians perform unpaid caregiving duties,[6] with most of them identifying as female and one third balancing their unpaid caregiving responsibilities with paid work.[34] There are an estimated 2.65 million unpaid caregivers in Australia (11% of the population),[32] although this number may be low given that not all people performing a caregiving role choose to identify themselves in this way.[98] As in Canada, most unpaid caregivers in Australia are female.[13, 25, 99] They are most commonly a spouse, followed by a daughter and then a son of the care recipient.[13, 25, 99, 100]

Almost 15 years ago, the economic contribution of unpaid caregivers supporting older Canadians was estimated to be $25-26 billion CAD annually.[101] This figure is almost certainly much higher today and will likely continue to rise in the future as more older Canadians require support.[6] Similarly, in Australia, the total cost to replace all unpaid caregivers was considered to be in excess of $77 billion AUD in 2020[102]; however, this includes all unpaid caregivers and not just those caring for older adults.

### While unpaid caregivers are providing significant economic value and may find their role personally rewarding, they also frequently report negative financial, social, physical and mental health consequences related to being caregivers.[6, 98]

Many caregivers forego or reduce their involvement in paid work and social activities,[98] suffer from burnout[34] and have poor health outcomes as a result. They often have little formal training relevant to their caregiving role and many have difficulty navigating and accessing formal LTC supports when they need assistance.[25, 34, 103]

Acknowledging their societal contributions and personal sacrifices, both Canadian and Australian governments provide some financial

assistance for unpaid caregivers. In Canada, there is a patchwork system of benefits, primarily consisting of tax credits; however, these are often non-refundable and may only be available to those caring for an immediate family member.[12] This means that support is provided to caregivers only if they earn sufficient taxable income and, caregivers will not benefit at all if they provide care for a distant relative or an unrelated neighbour or a friend.[12, 104] In 2019, only 535,000 people were entitled to the Canada Caregiver Credit in 2020 at a total cost of $240 million CAD, which represented a minority of all caregivers.[105]

Conversely, in Australia, unpaid carers are officially acknowledged in the Carer Recognition Act 2010[106] and can receive a federal means-tested income replacement carer payment and/or a smaller carer allowance if they meet eligibility requirements.[98] As of December 2022, however, only 303,500 people accessed the carer payment and 628,800 received the carer allowance,[32] representing a minority of all caregivers. In both Canada and Australia, unpaid caregivers may also be eligible for non-financial supports, such as carer's leave, respite services, counselling and skills courses.[12, 32, 107, 108]

## Table 2. Long-Term Care Comparisons in Canada and Australia

| | Canada | Australia |
|---|---|---|
| Older adults living at home | 94%[12] | 95%[13] |
| Home-based LTC | | |
| Number of users | Unknown | 816,312 in CHSP in 2022-23[50]<br>264,160 in HCPP at 30 Sep 2023[52] |
| LTC homes | | |
| Number of institutions | 2,076[64] | 2,639[50] |
| Government owned | 46%[65] | 9%[1] |
| Private for-profit | 29%[65] | 34%[1] |
| Private not-for-profit | 23%[65] | 57%[1] |
| Private (other) | 2%[65] | Not applicable |
| Number of permanent residents | Not reported | 185,127 at 30 Jun 2023[50] |
| Occupancy rate | Not reported | 86.1% at 30 Jun 2023[50] |
| Number of people accessing respite care | Not reported | 79,544 in 2022-23[50] |
| Number of LTC home beds<br>Total<br>Per 1,000 persons 65+ years | 198,220 in 2021[65]<br>29[65] | 221,467 at 30 Jun 2023[50]<br>50^ |
| Annual LTC Spending (CAD) | | |
| Total as % GDP | 2.2[109] | 1.1[109] |
| Total government spending | 41.6 billion forecasted for 2023[6] | $23.3 billion in 2021-22[54] |
| Home care services spending | $13.1 billion (31% total)[6] | $13.9 billion (59% total)[54] |
| LTC home spending* | $28.5 billion (69% total)[6] | $7.7 billion (33% total)[54] |
| Sum of individual user co-payments | $9.4 billion in 2019[6] | $4.9 billion in 2018-19[25] |
| LTC workforce | | |
| Estimated number of employees | 530,000[86] | 434,107[87] |
| Employed in LTC homes | 256,825 (48% total)[86] | 277, 671 (64% total)[87] |
| Employed in home-based care services | 144,690 (28% total)[86] | 76,096 in CHSP (18% total)[87]<br>80,340 in HCPP (18% total)[87] |
| Unpaid caregivers | | |
| Estimated number | 8 million[34] (22% total population) | 2.65 million[32] (11% total population) |

GDP; gross domestic product

^Authors' calculations based on the reported total number of operational residential aged care beds at 30 June 2023[50] and the number of Australians aged ≥65 years in 2022.[9]

*Canadian figure may represent total spend (i.e. government and user co-payments) while Australian figure represents government spend only.

## Access to Medical Services in Canada and Australia

Older adults are frequent users of health care services due to the higher prevalence of chronic disease and multi-morbidity associated with advanced age.[34, 110-112] While both Canada and Australia have publicly-funded universal health care coverage, the provision (along with payment, administration and governance) of medical and LTC services are often not delivered in an integrated way.[111]

As is the case with the provision of LTC services in Canada, the provincial and territorial governments are responsible for the delivery of publicly-funded health care under the Canada Health Act.[113] Access to medical professionals within LTC systems and the availability of general medical, mental health and palliative care services thus varies between provinces and territories. In general, Canadians living in LTC homes have their medical care needs met by the home, which is expected to provide primary care for those living in the home. Home-Based Primary Care (HBPC) initiatives, like Toronto, Ontario's 'House Calls' program,[34, 110] exist in some jurisdictions. HBPC is usually co-ordinated through a person's community-based primary care provider and delivers in-home interprofessional services to older adults who cannot access traditional office-based appointments, and for whom house calls become a necessity rather than a convenience.[110] These programs may also offer an after-hours on-call contact number for emergencies and may be integrated with the provision of home-based LTC services.[110]

Australia has a national publicly-funded health care system, Medicare, that operates alongside its private health care sector. Public hospitals and associated specialist services are administered by state and territory governments who receive activity-based federal funding.[42] Community-dispensed medications are federally-governed and subsidized through the Pharmaceutical Benefits Scheme (PBS, Repatriation Schedule of Pharmaceutical Benefits (RPBS) and private specialists, including General Practitioners (GP), receive federal fee-for-service renumeration through the Medicare Benefits Schedule (MBS).[25] Optometry services are also included in the MBS; however, the cost of glasses and contact lenses, as well as community-based allied health services (e.g., physiotherapy, podiatry) are not covered by Medicare and must be paid for out-of-pocket or through private health insurance plans. Most dentistry and oral health services are privately-run, with limited coverage under Medicare for select populations.[112] Approximately 58% of Australians have private health insurance,[112] although this decreases to 52% for Australians aged 85 years and over.[112] Private health insurance plans typically cover private hospital services and/or health-related 'extras' (e.g., dentistry, physiotherapy) that can be accessed instead of, or in addition to, public health care.

GPs provide the bulk of non-emergency medical care for older Australians; however, accessing GP services in a private home or LTC home can be challenging.[25] Most GPs do not consult outside of their office-based practices, and those who do perform home or LTC home visits are not adequately compensated for their time.[111] Access to other specialist physicians, such as geriatricians, psychiatrists and cardiologists, is similarly difficult for older adults who cannot travel to hospital or clinic appointments, despite often having complex care needs.[25, 114, 115] For over two decades, some public hospitals have offered short-term 'Hospital in the Home'-type outreach programs which can deliver specialized, multidisciplinary, in-home care to prevent acute hospital admissions or facilitate early discharges.[116] While these are generally cost-effective and achieve high patient satisfaction,[116] they are not available nationwide and may be complicated by state and federal government funding arrangements.[111]

# Future Directions for the Provision of Long-Term Care in Canada and Australia

## In both Canada and Australia, action is currently needed to safeguard the future of their ageing populations.

There are policies and approaches that each country could adopt and adapt from the other, as well as strategies that would be of benefit for both to consider.

Users and stakeholders of the system have different priorities **(Table 3)**. From a consumer perspective, LTC services should be readily available and straightforward to access, regardless of geographical location or personal wealth. Additionally, LTC systems should provide safe, high-quality care that aligns with the needs and preferences of older adults. From an organizational care provider standpoint, LTC services must be financially viable and sustainable in terms of both human and material resources. Furthermore, the contributions of LTC workers and unpaid caregivers must be clearly recognized and adequately supported. Finally, from the viewpoint of governments, LTC system efficiency, quality and taxpayer affordability are paramount and reliant upon the consistent collection of accurate data.

Summarized in **Table 4** are several opportunities for improvement in the provision of LTC services across both countries and an exploration of how this could be achieved in both Canada and Australia learning from each other's strengths and shortcomings.

## Table 3. The Anticipated Priorities of Various LTC Stakeholders

| Stakeholder | Anticipated LTC Priorities |
|---|---|
| **Older Adult Consumers** | Service availability<br>Preferred location<br>Affordable cost<br>Reasonable waiting times<br>Straightforward access and information<br>High quality care<br>Person-centred care |
| **LTC Organization Providers** | Financial viability<br>Sustainable human resources<br>Sustainable material resources |
| **LTC Workers** | Adequate financial compensation<br>Improved working conditions<br>Training and career advancement opportunities<br>General recognition and support |
| **Unpaid Caregivers** | Support for physical, mental, emotional, social and financial wellbeing<br>Flexible working arrangements<br>Education and training |
| **Governments** | System efficiency<br>Taxpayer affordability<br>Favourable care outcomes |

# What Canada Can Learn from Australia

## Achieving Greater Consistency in Information Provision and Service Delivery

### The development and implementation of a consistent approach towards funding, eligibility, access and service delivery have become strengths around the provision of LTC services in Australia.

Being funded, governed and administered at a national level provides older Australians with consistency around the provision of government-funded LTC services across state and territory borders. This has also led to greater consistency in the information being provided to older Australians and their caregivers, and affords opportunities to achieve efficiencies in the administration of LTC services where it may otherwise be challenging to do, with multiple system and variation in services, assessment processes, funding models, staffing arrangements and quality assurance mechanisms.

With no established minimum standards for the delivery of LTC services across Canada, there remains a provincial and territorial patchwork of LTC programs and variations in funding levels, service availability, eligibility criteria and out-of-pocket costs for older Canadians.

A more consistent approach to the delivery and administration of LTC services would also support more consistency in data collection about LTC recipients, workers, service quality and spending, which, in turn, could better ensure further system improvements, such as the implementation of Canada's new national LTC and accreditation standards.

Australia's ambitious efforts to transform their system from one that is funded, governed and administered by its states and territories to one that is nationally-led — as well as Australia's stronger performance than Canada in providing consistency in eligibility, access and service delivery — should serve as an inspiration to Canadian policymakers. While shifting to a nationally-administered system in Canada in the same way that Australia did is likely not possible, given current constitutional arrangements, all governments in Canada should take into serious consideration the need to consider bold and creative policy options that drive towards the same strong outcomes and patient experience that Australia has been able to achieve and should, in particular, strive to provide clarity and consistency in eligibility criteria, access, and service delivery, as well as implement Canada's new national LTC and accreditation standards.

## Co-Payment Cost Transparency

### Compared to older Canadians, older Australians have a reasonable idea of how much their publicly-subsidized LTC services will cost them if, or when, they need them.

Although the fees set by individual LTC homes and providers in Australia are not always easily accessible, a reasonable degree of cost transparency is achieved by publishing the minimum co-payments for government-subsidized LTC services online via MAC.[47] Furthermore, the annual and lifetime capping of income-tested co-payments in Australia provides an added layer of financial security for those reliant upon LTC services, though not all co-payments and fees are capped.

By contrast, many older Canadians are both financially underprepared for retirement and unaware of, or underestimate, their personal costs associated with their receipt of LTC services.[6, 117] Unlike in Australia, there is no central platform on which Canadian LTC services co-payments are published, nor any system for the annual or lifetime capping of LTC fees. While programs such as the Canada/Quebec Pension Plan, Old Age Security and Guaranteed Income Supplement provide some financial support, these payments alone are not usually sufficient to sustain an older adult's cost of living throughout retirement, particularly if they need to access LTC services.[31] Additional personal savings, therefore, are required but often inadequate[6, 31, 34], especially if LTC services costs need to be privately-funded because government-subsidized services are not available, are inadequate to meet their care needs, or if waiting lists are prohibitive in length.[117]

### Without an appreciation of how much their future LTC services could cost them, it is not surprising that many Canadians struggle to make adequate financial provisions for them.

Canadian governments at every level should provide accurate and readily available information about the personal financial contributions required to access publicly-provided LTC services, and it is in their best interests to do so. If more Canadians can financially support themselves to age at home and avoid a premature transition to live in a publicly-funded LTC home, then LTC systems, governments, and ultimately taxpayers, will save money.[34] In addition, Canadian governments should consider an annual and lifetime fee-capping system, as in Australia, which could further enhance the health and financial security of older Canadians. Initiatives such as these would not only reduce financial anxiety among current and prospective LTC recipients, but may also reduce the burden faced by unpaid caregivers on whom older adults often depend, when additional paid services are unaffordable or inaccesible.[34]

# What Australia Can Learn from Canada

## Robust Methods of Needs Assessments and Data Collection

The interRAI assessment systems, which are used in many parts of Canada for clinical assessment, quality improvement and general data collection related to the provision of both home-based care and care in LTC homes, are tools that could add considerable value to Australia's LTC sector. Although progress has been made regarding the public reporting of quality indicators and provision of 'star ratings' for LTC homes, it remains difficult to measure the overall quality of LTC services in Australia because there is no standardized system of data collection or centralized storage of information about LTC needs, service use or care outcomes.[26, 43, 70] While much of this data is routinely collected through ACAT and RAS assessments, by LTC homes and home care providers, or through hospital and government spending records, it is not done so in a co-ordinated or integrated fashion and is thus not readily available for analysis to support quality improvement efforts.[26]

**Without consistent measurement and cohesive data, it is difficult to identify and address LTC issues such as the provision of substandard care.[26, 104]**

While organizations like the Registry of Senior Australians (ROSA) have started integrating national aged care data collection with federal- and state-based health care data collection for the purpose of quality and safety monitoring, this is an independent reporting system run by collaborating academics, aged care providers and clinicians and is not a governmental initiative.[118]

In addition to better data collection for research and quality improvement purposes, an integrated multi-purpose and well-structured system with features like those of interRAI could be used in Australia for LTC needs assessments. Australia's current ACAT and RAS processes have been criticized, as they require older Australians to undergo different assessments to access the CHSP and HCPP, and repeat assessments are needed to transition to higher levels of support.[25, 38] As demonstrated in Canada, interRAI systems are well-suited for both home care and LTC home needs assessments and are also a valuable repository of data. Furthermore, they can be integrated with data collection efforts in hospitals and other health services to provide a more co-ordinated picture of care across the continuum.[43] The national organization and governance of LTC services in Australia makes it an ideal setting in which to implement centralized assessment and data collection tools, and this should be considered as part of ongoing LTC reforms so that good data can lead to better care.

## Home-Based Primary and Acute Care Services

In some Canadian jurisdictions, older adults can access Home-Based Primary Care (HBPC), whereby health care services that usually require attendance at a GP clinic can be accessed from within a person's home. When appropriately designed and implemented, HBPC can increase care satisfaction and quality of life for recipients and their carers.[66] It can also reduce hospitalizations and LTC home admissions, thus decreasing associated costs and system strains.[66, 110] HBPC has been successfully implemented within universal public health care systems in Canada,[110] as well as the Department of Veterans Affairs in the USA.[66] Its core model components include having a primary care provider situated as the key home visitor and leader of a multidisciplinary team, holding regular team meetings to discuss and c-oordinate care, and providing on-call support outside of regular working hours.[34, 66]

**The provision of Home-Based Primary Care has the potential to benefit older Australians who struggle to access health care, such as those who are homebound or who live in LTC homes.[25, 111]**

While, historically, it was commonplace for physicians to provide in-home medical care, this has been superseded by office-based primary care and large, subspecialized, acute hospitals.[110] Older Australians who cannot travel to attend scheduled appointments are therefore left without appropriate medical care or are reliant upon the limited numbers of GPs and locum doctors who perform home visits, ambulance services and/or emergency departments to address arising health concerns.[25, 111] Providing timely and accessible primary health care is important for preventing adverse health outcomes and unnecessary hospital presentations.[111]

While GPs are likely best suited to co-ordinate the longitudinal care of older Australians, home and LTC home visits are not financially viable for them within the current billing system[111], although phone consultations continue to be funded through the MBS following the COVID-19 pandemic.[119] Moreover, while Australia's 'Hospital in the Home' programs are beneficial, they tend to be short-term and operate alongside GP and LTC services, rather than incorporating them into a unified model of care. Implementing appropriately-funded and supported multidisciplinary HBPC systems, akin to the programs in Canada and elsewhere, could further transform the health care experience for some of Australia's most vulnerable older adults. This has the potential to both improve the quality of life for individuals living in LTC homes and help more older adults 'age in the right place' in their own homes.

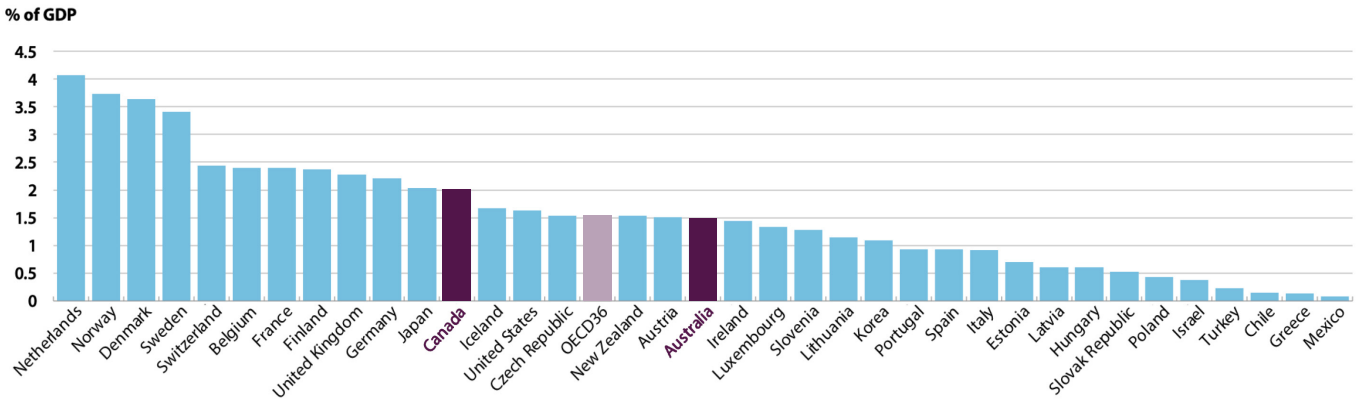
# What Both Canada and Australia Can Learn from Other Countries

## Appropriately Investing in the Provision of LTC Services

In the global context, Canada and Australia both appear to underspend on the provision of LTC services and have not prioritised it in budgets to the extent of other countries like Denmark, Germany, Japan, the Netherlands and the United Kingdom **(Figure 5)**.[38, 71] Following Australia's RCACQS, there has been a substantial increase in spending; however, it remains uncertain whether this surge would elevate Australia's position in the overall rankings of OECD countries.

Adequate funding is important for providing universal, equitable and timely access to LTC services, and for delivering a suitably broad range of services of an acceptable quality across different settings.[38] As their populations age, both Canada and Australia will need to spend more money on the provision of LTC services by virtue of there being more older adults requiring support, as well as fewer younger adults able to provide unpaid care.[31]

### Figure 5. Canada and Australia's Long Term Care Spending as a Proportion of Gross Domestic Product Compared to Other Countries[120]



In countries that dedicate a greater share of spending in their budgets on the provision of LTC services, they have achieved significant savings elsewhere in their health care spending by preventing unnecessary hospitalizations, long hospital stays and premature institutionalization in more expensive LTC homes.[12]

The need for Canadian and Australian governments to increase LTC spending should thus be seen as a valuable opportunity for each country to invest in the provision of more sustainable health and social care systems, as LTC services are a combination of both. However, money alone will be ineffective without robust underlying policies that are based on evidence and that are held accountable by rigorous monitoring methods.

## Prioritizing the Provision of Home and Community-based Care and Reablement Services

In both Canada and Australia, the focus of the provision of LTC services must continue to shift away from their historical emphasis on providing care in LTC homes and towards the provision of more effective and sustainable care in community and home-based settings.

As previously noted, LTC spending in both countries remains dramatically skewed towards the provision of care in LTC homes than home-based care and support, despite the fact that most older adults want to age at home.[12, 25] When older adults are supported to live safely in their own homes for as long as possible, it is likely to enhance their quality of life, particularly when compared with living conditions in large-scale institutional and medicalized facilities where there may be limited autonomy and choice.[38]

While the arguments for providing more home-based care appear to be straightforward, neither Canada nor Australia have made this a key priority, although other countries have, and they continue to be over-reliant upon the provision of institutionally-based LTC services.[71] Though the need to prevent unnecessary LTC home admissions was identified as early as 1970 in Australia, the development and implementation of its home care services have been slow and

disjointed.[26] Furthermore, it is currently faster in some cases for older Australians to access care by moving into an LTC home than it is to wait to receive a Home Care Package,[55] although the number of packages available has dramatically increased over recent years.[50, 121] While this may seem to suggest additional support is being provided, it does not inherently imply that needs are being adequately met, especially considering the substantially reduced number of care hours delivered by the HCPP compared to previous years.[79]

Denmark, which faced a similar LTC services challenge to Canada and Australia over 30 years ago, deliberately created and supported a new LTC policy to prioritize the provision of home and community-based care services for its citizens. The Danish government now not only spends more money on the provision of home care than on care in LTC homes but has created subsequent additional policies that promote preventative, restorative and reablement-focused care.[34, 71] Both Canada and Australia should look to examples such as this in their future LTC system reforms that aim to promote the provision of more dignified and sustainable care.

## Adopting 'Small Home' LTC Home Models

In both Canada and Australia, large institutional style residential care facilities have become the standard design template used for the development of LTC homes. This format encourages the prioritization of the delivery of cost-efficient care over resident-centred care in a more sterile and uniform environment akin to that of hospitals. However, there exists an emerging body of evidence that smaller LTC homes and formats that group fewer residents together, that operate more like a household or collection of households, result in better resident, staff and system outcomes.

Since the 1990s, there has emerged a growing movement to develop smaller LTC homes. The most successful and widespread example has been the Green House Project that led to the building of nearly 400 small LTC homes primarily across the United States.[122] A recent US National Academies of Sciences, Engineering, and Medicine Consensus Study Report on Nursing Home Quality,[123] the Canadian Standards Association (CSA Group) new national LTC home operations and infection prevention and control standard,[124] as well as Australia's new National Aged Care Design Principles and Guidelines[125] have recently provided several in-depth recommendations to support the greater development of small-home alternatives to traditional LTC or nursing home facilities.

While there is growing interest in supporting the development of smaller LTC homes in both Australia and Canada, approaches to date have been varied, thus impacting their overall success. As Canadian provinces and territories look to significantly increase their numbers of LTC home beds, and as providers in both countries approach the redevelopment of older existing LTC homes, both countries should work to incentivize and support the development of smaller LTC homes models. The Quebec government has begun to construct and open new smaller format LTC homes called "Maisons Des Aînés" and Alberta is now pledging to do the same. However, ensuring that these new homes encapsulate the specific design, staffing and operational elements that demonstrate their integral ability to deliver better resident, staff and system outcomes will be essential.

## Creating Sustainable Workforces

### Establishing robust, resilient and sustainable workforces is essential for the future provision of LTC services in both Canada and Australia.

Although both countries' ageing populations are becoming increasingly medically complex, the overall LTC workforce is less able to meet their care needs. Low wages, societal ageism and ableism and undesirable working conditions make LTC careers less attractive, translating to difficulties in recruiting new workers and retaining existing staff.[25, 34] Workforce shortages in Australia are currently managed with a reliance on agency workers and paid overtime[79], which is not sustainable or cost-effective in the long term.

Establishing a reasonable minimum wage for LTC workers and achieving wage parity with other health care sectors is a strategy that has been adopted by countries like New Zealand[126] and Singapore,[127] and one that Canada and Australia may also want to consider. However, adequate renumeration is only one part of the equation. Regulating safe working conditions, enforcing minimum staff-to-patient ratios, and formalizing the training required to work in the LTC sector are also key steps needed towards supporting better workforce sustainability.

### In both Canada and Australia, there must be an intentional cultural shift towards valuing LTC professionals and validating their choice of career, as well as providing them with better opportunities for promotion and advancement.

The COVID-19 pandemic has highlighted how vulnerable LTC sectors can be when their workforces are under pressure, particularly for those working within LTC homes[21, 92] but also in the community. Both Canada and Australia can implement human resource strategies to ensure that their LTC workforces are not only large enough but are adequately prepared to deal with future challenges.

## Supporting Unpaid Caregivers

### Unpaid caregivers remain fundamental to the overall provision of long-term care in both Canada and Australia; however, there is growing concern about the sustainability of this voluntary resource.

Demographic changes are likely to reduce the number of unpaid caregivers available to assist older adults, owing to trends such as living in smaller family units, having fewer children, international migration away from older relatives and a reduced ability and willingness to provide unpaid care.[34, 83, 100] Furthermore, the support that unpaid caregivers currently provide to maintain current LTC systems is not proportionately reciprocated by governments, which potentially jeopardizes their continued contributions. While both Canada and Australia provide some form of financial assistance to caregivers, these policies are not all-inclusive and offer little in the way of genuine financial security. Moreover, while non-monetary supports do exist, these have been criticized for being insufficient, difficult to access and too heavily focused on the person receiving care, without considering the caregiver as an individual.[103]

### Canadian and Australian governments must create better policies to support existing unpaid caregivers and develop human resource strategies to address future anticipated shortages.

Legislation should support more flexible working hours and job protection through paid and unpaid leave,[103] as well as easy and timely access to home support, respite services and education programs. Furthermore, policymakers should also encourage the development of more local initiatives that address caregivers' practical, emotional and educational needs, and consider them holistically.[103] For example, in one Brazilian city, a successful caregiver support scheme has paired paid professional LTC workers with families to provide home-based practical assistance, education and respite to unpaid caregivers.[12] The importance of unpaid caregivers in the viability of LTC systems cannot be overstated and concerns about the sustainability of this societal resource must not be ignored.

## Better Integrating the Provision of Health and LTC Services

The provisions of traditional health care and LTC services are often interdependent. Access to adequate home care services and high quality LTC homes can significantly reduce hospital admissions and prevent adverse health outcomes. Similarly, the effective medical management of chronic diseases and timely access to health care services in the community may maintain older adults' independence and reduce their future and current LTC needs.

> In Canada and Australia, the funding and organization of health care and LTC services have largely been kept separate since their inception, but better integration of these two sectors is imperative to support the well-being of older adults.[128]

Both countries need to re-orient their health care systems to be more effective within and need to be more accessible from home and LTC home settings. Having a holistic, restorative and reablement focus in the provision of medical care and long-term care of older adults, with greater emphasis on proactive and preventative interventions — rather than responsive measures — should be the goal. The World Health Organization (WHO) has developed a framework for countries to follow in this regard and has identified six key elements for achieving the integration of health care and long-term care.[128] Of particular note is that WHO highlights the need for strong governance with a designated entity to co-ordinate various stakeholders. In Canada, the provinces and territories are responsible for the provision of both publicly-funded LTC and health care services. Therefore, this governance and stakeholder co-ordination would happen primarily at the provincial and territorial level.[128] In Australia, the more complex state and federal government service responsibility divide poses a challenge to health and LTC integration. This could be overcome with a well-considered governance plan that prioritizes the provision of person-centred care.

## Enabling More Resident-Centred Care

> Finally, and most importantly, older adults must remain at the centre of the provision of LTC services and be empowered to make informed decisions surrounding their care.

To achieve this, older adults need to be aware of and understand their LTC options. They should know what is available, how much it costs, how it can be accessed and how long it will take to be implemented. Careful consideration must be given as to how this information can be made available to older adults in a timely and user-friendly fashion, allowing for the significant heterogeneity that exists within this demographic. Linguistic, ethnic, cultural and religious differences

must be taken into account, along with a broad range of functional, sensory and cognitive abilities. There is likely no 'one size fits all' solution, and a combination of approachable information technology, community care navigators and educational campaigns may be required.

Furthermore, in both Canada and Australia, there needs to be a cultural shift in attitudes towards older populations. Systemic ageism and ableism, although often unintentional, portray older adults as a burden to society and 'passive recipients of care'[38] (pp. 32). As a consequence, they may have little choice over what support they receive, where it is delivered, who provides it and how the schedule is arranged. Countries such as Germany and Belgium, who have adopted a human rights-based approach[38] to the delivery of their LTC services, can act as positive examples for Canada and Australia to follow in this regard. Respecting older adults' autonomy by providing them with genuine choice and supporting their active involvement in communities will not only enrich individuals' lives, but also enrich our societies as a whole.

## Table 4. Long-Term Care Lessons and Recommendations for Canada and Australia

### What Canada Can Learn from Australia

1. Each Canadian province and territory should provide easily-accessible, publicly-available information about LTC services, including the types of services provided, how to access them, their estimated waiting times and anticipated costs.
2. Canadian governments should consider implementing fee-capping arrangements for some or all LTC costs.

### What Australia Can Learn from Canada

1. A national, multi-purpose (i.e., care needs assessment, care planning, financing, quality monitoring) comprehensive and integrated data collection toolkit system, such as InterRAI, should be implemented.
2. The Australian Government should explore the viability of a national home-based primary care program for older adults who are homebound or living in LTC homes.

### What Both Canada and Australia Can Learn from Other Countries

1. Canadian and Australian governments should strategically invest more money into their LTC systems to ensure their future sustainability.
2. Canadians and Australians should be supported to live in their own homes for as long as possible if they desire to. Existing home support and reablement programs, and new home-based services, should be prioritized.
3. Canada and Australia should prioritize the future development of 'small home' LTC home models over larger scale and institutional like facilities.
4. Canadian and Australian LTC workers should receive compensation that is comparable with their counterparts in other sectors and should be supported through regulated working conditions, adequate training and opportunities for career advancement.
5. Canadian and Australian governments should develop policies to better support unpaid caregivers and promote their physical, mental, emotional, social and financial wellbeing. Caregivers should be recognized as individuals and not be defined solely by their relationship to care recipients.
6. All levels of government should work together to integrate health care and LTC services for older adults in Canada and Australia and ensure that health care is accessible in both home and LTC home settings.
7. Older Canadians and Australians should be empowered to make informed decisions pertaining to their health and well-being, and there must be intentional efforts to address systemic ageism across governmental and non-governmental domains.
8. There must be intentional efforts to address systemic ageism across governmental and non-governmental domains.

# Conclusion

## As two nations on the opposite sides of the world, Canada and Australia's populations are ageing in a similar way and their LTC sectors are grappling with comparable dilemmas.

Older adults in both countries deserve to have comprehensive health, functional and social support services that can meet their increasingly complex care needs.

Several opportunities exist to improve the organization, governance, and delivery of LTC services in both Canada and Australia, and support the people who work in paid and unpaid caregiving roles. While a summary of the recommendations made throughout this report can be found in **Table 4**, these simply serve as a starting point and stand to highlight what Canada and Australia can learn from each other, and from other countries around the world, to strengthen their delivery of LTC services. Indeed, innovative LTC reforms, greater investment in the LTC sector and expanded research into LTC outcomes and models of care are needed in both countries.

## Future LTC developments must be person-centred, take a holistic approach to care and align with the preferences and best interests of older adults. Policies should be evidence-based where possible, with a sustainable, long-sighted focus.

While changes to the LTC systems in Canada and Australia will require significant effort and be expensive, neither country can afford to continue with the status quo. Their governments and broader societies have a duty to support older adults to not only live longer lives, but to live with better health and overall quality of life.

# References


1 Australian Institute of Health and Welfare. GEN Aged Care Data Providers, Services and Places in Aged Care. *Australian Government*. 2023. Available from URL: https://www.gen-agedcaredata.gov.au/Topics/Providers,-services-and-places-in-aged-care. (accessed 30 May, 2023).

2 Statistics Canada. Type of Collective Dwelling, Age and Gender for the Population in Collective Dwellings: Canada, Provinces and Territories. *Government of Canada*. 2022. Available from URL: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810004501. (accessed 25 May, 2023).

3 Organisation for Economic Co-Operation and Development. Life expectancy at birth (indicator). 2023. Available from URL: https://data.oecd.org/healthstat/life-expectancy-at-birth.htm. (accessed 31 December, 2023).

4 Australian Institute of Health and Welfare. Older Australians Demographic Profile. 2021. Available from URL: https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile. (accessed 30 May, 2023).

5 Statistics Canada. Age Pyramids: Historical Age and Sex at Birth Pyramids. *Government of Canada*. 2022. Available from URL: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/dv-vd/pyramid/index-en.htm. (accessed 30 May, 2023).

6 Flanagan A, Dunning J, Brierley A, et al. Enabling a More Promising Future for Long-Term Care in Canada. *National Institute on Ageing, Toronto Metropolitan University*. 2023. Available from URL: https://www.niageing.ca/long-term-care-paper-3.

7 Woodward C. Home Care in Australia: Some Lessons for Canada. McMaster University Centre for Health Economics and Policy Analysis,. 2004. Available from URL: https://healthsci.mcmaster.ca/docs/librariesprovider68/chepa-working-papers-1988-2008/04-02-home-care-in-australia---some-lessons-for-canada.pdf?sfvrsn=d23d0e7d_2. (accessed 20 May, 2023).

8 Statistics Canada. Population estimates on July 1st, by age and sex. Government of Canada. 2022. Available from URL: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501. (accessed 21 June, 2023).

9 Australian Bureau of Statistics. National, state and territory population, Dec 2022. Australian Government. 2023. Available from URL: https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/dec-2022/31010do001_202212.xlsx. (accessed 31 December, 2023).

10 Statistics Canada. Indigenous identity population by gender and age: Canada, provinces and territories, census metropolitan areas and census agglomerations. 2023. Available from URL: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810029201. (accessed 31 December, 2023).

[11] Australian Bureau of Statistics. Australia: Aboriginal and Torres Strait Islander population summary. 2022. Available from URL: https://www.abs.gov.au/articles/australia-aboriginal-and-torres-strait-islander-population-summary. (accessed 31 December, 2023).

[12] National Institute on Ageing. Ageing-in-the-Right-Place: Supporting Older Canadians to Live and Remain in the Residences of Their Choice. National Institute on Ageing, Toronto Metropolitan University. 2022. Available from URL: https://www.niageing.ca/airp. (accessed 10 December, 2022).

[13] Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings. Australian Government. 2019. Available from URL: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release. (accessed 13 February, 2023).

[14] Organisation for Economic Co-Operation and Development. Life expectancy at 65. 2023. Available from URL: https://data.oecd.org/healthstat/life-expectancy-at-65.htm#indicator-chart. (accessed 31 December, 2023).

[15] Statistics Canada. The Canadian census: A rich portrait of the country's religious and ethnocultural diversity. 2022. Available from URL: https://www150.statcan.gc.ca/n1/daily-quotidien/221026/dq221026b-eng.htm. (accessed 4 April, 2023).

[16] Statistics Canada. Canada in 2041: A larger, more diverse population with greater differences between regions. 2022. Available from URL: https://www150.statcan.gc.ca/n1/daily-quotidien/220908/dq220908a-eng.htm. (accessed 4 April, 2023).

[17] Australian Institute of Health and Welfare. Older Australians: Culturally and linguistically diverse older people. 2021. Available from URL: https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians/australias-changing-cultural-linguistic-profile. (accessed 4 April, 2023).

[18] Australian Institute of Health and Welfare. Indigenous health and wellbeing. Australian Government. 2022. Available from URL: https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing. (accessed 21 June, 2023).

[19] Government of Canada. Key Health Inequalities in Canada: A National Portrait – Executive Summary. 2018. Available from URL: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/hir-executive-summary-eng.pdf. (accessed 21 June, 2023).

[20] Yanick Labrie. Rethinking Long-Term Care in Canada: Lessons on Public Private Collaboration from Four Countries with Universal Health Care. Fraser Institute. 2021. Available from URL: https://www.fraserinstitute.org/sites/default/files/rethinking-long-term-care-in-canada_0.pdf. (accessed 13 Februaey, 2023).

[21] National Institute on Ageing. Pandemic Perspectives on Long-Term Care: Insights from Canadians in Light of COVID-19. National Institute on Ageing, Toronto Metropolitan University. 2021. Available from URL: https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/60428c8d3c118d6237a6ac11/1614974093703/English+NIA+CMA+Report.pdf. (accessed 30 September, 2022).

[22] Wong EKC, Thorne T, Estabrooks C, Straus SE. Recommendations from long-term care reports, commissions, and inquiries in Canada [version 3; peer review: 2 approved, 1 approved with reservations]. *F1000Research*. 2022; 10: 1-17.

[23] Health Standards Organization. National Standard of Canada: Long-Term Care Services. Canada, 2023.

[24] Canadian Institute for Health Information. The Impact of COVID-19 on Long-Term Care in Canada Focus on the First 6 Months. Ottawa, ON, 2021.

[25] Royal Commission into Aged Care Quality and Safety. Final Report: Care, Dignity and Respect. Volume 2, The Current System. 2021. Available from URL: https://agedcare.royalcommission.gov.au/publications/final-report-volume-2. (accessed 30 September, 2022).

[26] Royal Commission into Aged Care Quality and Safety. Final Report: Care, Dignity and Respect. Volume 1, Summary and Recommendations. 2021. Available from URL: https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-1.pdf. (accessed 30 September, 2022).

[27] Strivens E, Stirling C. Following the aged care Royal Commission, have we finally found solutions or just created new problems? *Australasian Journal on Ageing*. 2023; 42: 275-7.

[28] Australian Government Department of Health. Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety. 2021. Available from URL: https://www.health.gov.au/sites/default/files/documents/2021/05/australian-government-response-to-the-final-report-of-the-royal-commission-into-aged-care-quality-and-safety.pdf. (accessed 10 December, 2022).

[29] My Aged Care. My Aged Care Assessment Manual for Regional Assessment Services and Aged Care Assessment Teams. 2023.

[30] Government of Canada. Learn about health care in Canada. 2023. Available from URL: https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants/new-life-canada/health-care.html?utm_campaign=ircc-ircc-newcomer-services-23-24&utm_medium=sem&utm_source=bing&utm_content=ad-text-en&utm_term=canadian%20healthcare&adv=2324-489300&id_campaign=698169112&id_source=1254544075171643&id_content=78409131345873&g-clid=e2e61262b32d1ea854c877db-28258fb0&gclsrc=3p.ds&. (accessed 31 January, 2024).

[31] MacDonald B, Wolfson M, Hirdes J. The Future Co$t of Long-Term Care in Canada. *National Institute on Ageing, Ryerson University*. 2019. Available from URL: https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5dbadf6ce6598c340ee6978f/1572527988847/The+Future+Cost+of+Long-Term+Care+in+Canada.pdf. (accessed 15 November, 2022).

[32] Australian Institute of Health and Welfare. Informal Carers. Australian Government,. 2023**.** Available from URL: https://www.aihw.gov.au/reports/australias-welfare/informal-carers. (accessed 30 December, 2023).

[33] Government of Canada. Canada's Health Care System. 2023**.** Available from URL: https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html. (accessed 30 January, 2023).

[34] National Institute on Ageing. Enabling the Future Provision of Long-Term Care in Canada. *National Institute on Ageing, Toronto Metropolitan University*. 2019. Available from URL: https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5d9de15a38dca21e46009548/1570627931078/Enabling+the+Future+Provision+of+Long-Term+Care+in+Canada.pdf. (accessed 10 September, 2022).

[35] Funk LM. Relieving the Burden of Navigating Health and Social Services for Older Adults and Caregivers. IRPP Study 73. 2019**.** Available from URL: https://cnpea.ca/images/irpp_study_no_73.pdf. (accessed 10 September, 2022).

[36] 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**.** Available from URL: https://www.researchgate.net/profile/David-Cullen-3/publication/322305918_Historical_perspectives_the_evolution_of_the_Australian_Government's_involvement_in_supporting_the_needs_of_older_people/links/5a52e002458515e7b72e63f0/Historical-perspectives-the-evolution-of-the-Australian-Governments-involvement-in-supporting-the-needs-of-older-people.pdf. (accessed 10 December, 2022).

[37] Visvanathan R, Amare AT, Wesselingh S, 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). *The journal of nutrition, health & aging*. 2019; 23: 271-80.

[38] Duckett S, Swerissen H, Stobart A. Rethinking Aged Care: Emphasising the Rights of Older Australians. Grattan Institute. 2020**.** Available from URL: https://grattan.edu.au/wp-content/uploads/2020/10/Rethinking-Aged-Care-Grattan-Report.pdf. (accessed 30 January, 2023).

[39] Australian Government. Aged Care Act 1997. Canberra, 2017.

[40] Council of Australian Governments. National Health Reform Agreement. Commonwealth of Australia. 2011. Available from URL: https://federalfinancialrelations.gov.au/agreements/national-health-reform-agreement. (accessed 30 January, 2023).

[41] Commonwealth of Australia Senate Select Committee on Health. Chapter 2 Background to Hospital Funding Reform. 2016. Available from URL: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Health/~/media/Committees/health_ctte/Final_Report/c02.pdf. (accessed 30 January, 2023).

[42] Council of Australian Governments. Addendum to the National Health Reform Agreement 2020-2025. Commonwealth of Australia. 2017. Available from URL: https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHRA_2020-25_Addendum_consolidated.pdf. (accessed 30 January, 2023).

[43] Gray L. Improving the Quality of Care in Aged Care: An Introduction to the interRAI Suite of Systems of Comprehensive Assessment and Care for Australia. InterRAI Australia. 2019. Available from URL: https://agedcare.royalcommission.gov.au/system/files/2020-06/LGR.9999.0001.0001.pdf. (accessed 13 February, 2023).

[44] Iciaszczyk N, Neuman K, Brierley A, et al. Perspectives on Growing Older in Canada: The 2023 NIA Ageing in Canada Survey. Toronto, ON, 2024.

[45] Office of the Parliamentary Budget Officer. Cost Estimate for Motion 77: Improvements to Long-Term Care. 2021. Available from URL: https://distribution-a617274656661637473.pbo-dpb.ca/46d6a48451ea460cb-2beefb46620819308f-298940c57227ea95ae03edd39f61d. (accessed 15 November, 2022).

[46] The Ontario Long Term Care Home Association. The Data: Long-Term Care in Ontario. 2023. Available from URL: https://www.oltca.com/about-long-term-care/the-data/#:~:text=Today%2C%20almost%2040%2C000%20people%20are,and%20reaching%2048%2C000%20by%202029. (accessed 31 December, 2023).

[47] Australian Government. My Aged Care. 2023. Available from URL: https://www.myagedcare.gov.au/. (accessed 25 May, 2023).

[48] Productivity Commission. Housing Decision of Older Australians: Productivity Commission Research Paper. Australian Government. 2015. Available from URL: https://www.pc.gov.au/research/completed/housing-decisions-older-australians/housing-decisions-older-australians.pdf. (accessed 21 June, 2023).

[49] Australian government Department of Health and Aged Care. About the Home Care Packages Program. 2023. Available from URL: https://www.health.gov.au/our-work/home-care-packages-program/about. (accessed 31 January, 2024).

[50] Australian Government Department of Health and Aged Care. 2022–23 Report on the Operation of the Aged Care Act 1997. 2023. Available from URL: https://www.gen-agedcaredata.gov.au/resources/reports-and-publications/2023/november/2022%E2%80%9323-report-on-the-operation-of-the-aged-care-act-1997. (accessed 30 December, 2023).

[51] Australian Government My Aged Care. Contact us. 2023. Available from URL: https://www.myagedcare.gov.au/contact-us. (accessed 21 June, 2023).

[52] Australian Government Department of Health and Aged Care. Home Care Packages Program Data Report 1st Quarter 2023-24. 2023. Available from URL: https://www.gen-agedcaredata.gov.au/getmedia/f8607ab4-2568-438d-9d3a-2744a18238ea/Home-care-packages-program-data-report-1-July-30-September-2023.pdf. (accessed 30 December, 2023).

[53] Legistlative Assembly of Ontario. Bill 7, More Beds, Better Care Act, 2022. 2022.

[54] Australian Government Productivity Commission. Report on Government Services 2023: Aged Care Services. 2023. Available from URL: https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/aged-care-services. (accessed 1 February, 2023).

[55] MJA Podcasts 2020. In: Swannell C, ed. Provision of long-term aged care, with Dr Suzanne Dyer and A/Prof Craig Whitehead: Medical Journal of Australia, 2020.

[56] Government of Canada. Long-term care. 2019. Available from URL: https://www.veterans.gc.ca/eng/housing-and-home-life/long-term-care. (accessed 10 January, 2024).

[57] Government of Canada. Backgrounder: Age Well at Home. 2022. Available from URL: https://www.canada.ca/en/employment-social-development/news/2022/06/backgrounder-age-well-at-home.html. (accessed 17 October, 2022).

[58] Government of Canada. Minister Khera announces launch of Age Well at Home initiative. 2022. Available from URL: https://www.canada.ca/en/employment-social-development/news/2022/06/minister-khera-announces-launch-of-age-well-at-home-initiative.html. (accessed 17 October, 2022).

[59] My Aged Care. Commonwealth Home Support Programme. Australian Government. 2022. Available from URL: https://www.myagedcare.gov.au/help-at-home/commonwealth-home-support-programme. (accessed 13 February, 2023).

[60] My Aged Care. Home Care Packages. Austalian Government. 2022. Available from URL: https://www.myagedcare.gov.au/help-at-home/home-care-packages. (accessed 13 February, 2023).

[61] Australian Government Department of Veterans' Affairs. Help so You Can Stay In Your Home. 2022. Available from URL: https://www.dva.gov.au/health-and-treatment/care-home-or-aged-care/services-support-you-home/veterans-home-care-vhc/help. (accessed 2023, 1 February).

62 Australian Institute of Health and Welfare. GEN Fact Sheet 2020-21 People Using Aged Care. 2022. Available from URL: 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. (accessed 13 February, 2023).

63 Australian Government Department of Health. Support at Home Program Overview. 2022. Available from URL: https://www.health.gov.au/sites/default/files/documents/2022/01/support-at-home-program-overview.pdf. (accessed 1 February, 2023).

64 Canadian Institute for Health Information. Long-Term Care Homes in Canada: How Many and Who Owns Them? 2021. Available from URL: https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them. (accessed 29 May, 2023).

65 Canadian Institute for Health Information. How many long-term care beds are there in Canada? 2021. Available from URL: https://www.cihi.ca/en/how-many-long-term-care-beds-are-there-in-canada. (accessed 30 May, 2023).

66 Stall N, Nowaczynski M, Sinha SK. Systematic Review of Outcomes from Home-Based Primary Care Programs for Homebound Older Adults. *J Am Geriatr Soc*. 2014; 62: 2243-51.

67 Australian government Department of Health and Aged Care. About the QI Program. 2023. Available from URL: https://www.health.gov.au/our-work/qi-program/about#about-the-program. (accessed 31 December, 2023).

68 Australian government Department of Health and Aged Care. Star Ratings Provider Manual 1.2. Canberra, 2022.

69 Registry of Senior South Australians. ROSA Outcome Monitoring System (OMS). 2023. Available from URL: https://rosaresearch.org/rosa-oms. (accessed 31 December, 2023).

70 Australian Institute of Health and Welfare. Australia's Welfare 2023 Data Insights. 2023.

71 Dyer SM, Valeri M, Arora N, et al. Is Australia Over-Reliant on Residential Aged Care to Support our Older Population? *Medical Journal of Australia*. 2020; 213: 156-7.e1.

72 Caughey G, Lang C, Bray S, et al. Quality and safety indicators for home care recipients in Australia: development and cross-sectional analyses. *BMJ Open*. 2022; 12: e063152.

73 Kokorelias K, Flanagan A. Bringing Long-Term Care Home: A Proposal to Create a Virtual Long-Term Care @ Home Program to Support a More Cost-Effective and Sustainable Way to Provide Long-Term Care that Can Tackle Canada's Wait Times Crisis and End Hallway Medicine. Toronto, ON: National Institute on Ageing, Toronto Metropolitan University, 2023.

74 Government of Nova Scotia. Continuing Care: Home Care. 2023. Available from URL: https://novascotia.ca/dhw/ccs/home-care.asp. (accessed 26 June, 2023).

75 Government of Ontario. Paying for long-term care. King's Printer for Ontario,. 2023. Available from URL: https://www.ontario.ca/page/paying-long-term-care. (accessed 26 June, 2023).

[76] Government of British Columbia. Who Pays for Care? 2023. Available from URL: https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/who-pays-for-care. (accessed 26 June, 2023).

[77] Australian Government. 2021 Intergenerational Report. 2021. Available from URL: https://treasury.gov.au/publication/2021-intergenerational-report. (accessed May 20, 2023).

[78] My Aged Care. Aged Care Home Costs and Fees. Australian Government. 2022. Available from URL: https://www.myagedcare.gov.au/aged-care-home-costs-and-fees.

[79] StewartBrown. Aged Care Financial Performance Survey Sector Report (December 2022). Chatswood, 2023.

[80] My Aged Care. Non Government-Funded Providers. Australian Government. 2022. Available from URL: https://www.myagedcare.gov.au/non-government-funded-providers. (accessed 1 February, 2023).

[81] Ontario Centres for Learning RIiL-TC. PSW Perspectives on the Staffing Challenge in Long-Term Care. 2021. Available from URL: https://clri-ltc.ca/files/2021/02/PSW_Perspectives_FinalReport_Feb25_Accessible.pdf. (accessed 13 February, 2023).

[82] Dhakal SP, Nankervis A, Connell J, Burgess J. Challenges of Caring for the Aged: Attracting and Retaining Aged Care Assistants in Western Australia. *Australasian Journal on Ageing*. 2020; 39: e573-e7.

[83] Estabrooks CA, Straus SE, Flood CM, et al. Restoring Trust: COVID-19 and the Future of Long-Term Care in Canada. *FACETS*. 2020; 5: 651-91.

[84] Australian Institute of Health and Welfare. Australia's Welfare 2021 Data Insights. Australian Government. 2021. Available from URL: https://www.aihw.gov.au/getmedia/ef5c05ee-1e4a-4b72-a2cd-184c2ea5516e/aihw-aus-236.pdf.aspx?inline=true. (accessed 10 September, 2022).

[85] Australian Government Productivity Commission. Aged care employment: Study report. Canberra, 2022.

[86] Government of Canada. A Profile of Nursing and Residential Care Facilities, 2019. 2021. Available from URL: https://www150.statcan.gc.ca/n1/daily-quotidien/210916/dq210916c-eng.htm. (accessed 13 February, 2023).

[87] Australian Government Department of Health. 2020 Aged Care Workforce Census Report. 2021. Available from URL: https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census?language=en. (accessed 10 December, 2022).

[88] Llena-Nozal A, Rocard E, Sillitti P. Providing long-term care: Options for a better workforce. *International Social Security Review*. 2022; 75: 121-44.

[89] The Federation of Ethnic Communities' Councils of Australia. The Future of the Aged Care Workforce: Issues Arising from the Aged Care Workforce Deficit and the Increasing Reliance on a Migrant Workforce. 2020. Available from URL: https://agedcare.royalcommission.gov.au/system/files/2021-02/AWF.650.00096.pdf. (accessed 13 February, 2023).

90 Australian Government Department of Health. 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016. Canberra, 2017.

91 Committee for Economic Development of Australia. Duty of Care: Meeting the Aged Care Workforce Challenge. 2021. Available from URL: https://cedakenticomedia.blob.core.windows.net/cedamediacontainer/kentico/media/researchcataloguedocuments/recent%20research/pdfs/aged-care-workforce-2021-final_1.pdf. (accessed 13 February, 2023).

92 National Institute on Ageing. An Evidence Informed National Seniors Strategy for Canada - Third Edition. 2020. Available from URL: http://nationalseniorsstrategy.ca/wp-content/uploads/2020/09/NSS_2020_Third_Edition.pdf. (accessed 20 October, 2022).

93 Legistlative Assembly of Ontario. Bill 37, Providing More Care, Protecting Seniors, and Building More Beds Act, 2021. 2022.

94 The Parliament of the Commonwealth of Australia House of Representatives. Aged Care Amendment (Implementing Care Reform) Bill Explanatory Memorandum. 2022. Available from URL: https://parlinfo.aph.gov.au/parlInfo/download/legislation/ems/r6874_ems_4bab6124-1060-4786-849e-41d705e51605/upload_pdf/JC006962.pdf;fileType=application%2Fpdf. (accessed 13 February, 2023).

95 Sutton N, Ma N, Yang JS, et al. Considering the New Minimum Staffing Standards for Australian Residential Aged Care. *Aust Health Rev*. 2022; 46: 391-7.

96 Australian Government Department of Health. Residential aged care services and sustainability (Pillar 2 of the Royal Commission response) – Mandatory care time standards and reporting. 2021, 11 May. Available from URL: https://www.health.gov.au/sites/default/files/documents/2021/05/residential-aged-care-services-and-sustainability-pillar-2-of-the-royal-commission-response-mandatory-care-time-standards-and-reporting.pdf. (accessed 30 September, 2022).

97 Willis E, Price K, Bonner R, et al. National Aged Care Staffing and Skills Mix Project Report 2016: Meeting Residents Care Needs - A Study of the Requirement for Nursing and Personal Care Staff. 2016. Available from URL: https://agedcare.royalcommission.gov.au/system/files/2020-08/ANM.0001.0001.3151.pdf. (accessed 30 September, 2022).

98 Royal Commission into Aged Care Quality and Safety. Background Paper 6: Carers of Older Australians. 2019. Available from URL: https://agedcare.royalcommission.gov.au/publications/background-paper-6-carers-older-australians. (accessed 1 February, 2023).

99 Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings. 2019. Available from URL: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release. (accessed 1 February, 2023).

[100] Productivity Commission. Caring for Older Australians. Australian Government. 2011. Available from URL: https://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-volume1.pdf. (accessed 1 February, 2023).

[101] Hollander MJ, Liu G, Chappell NL. Who Cares and How Much? The Imputed Economic Contribution to the Canadian Healthcare System of Middle-Aged and Older Unpaid Caregivers Providing Care to The Elderly. *Healthcare Quarterly,*. 2009; 12: 42-9.

[102] Deloitte Access Economics. The Value of Informal Care in 2020. 2020. Available from URL: https://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-dae-value-of-informal-care-310820.pdf. (accessed 1 February, 2023).

[103] Beach B, Bélanger-Hardy L, Harding S, et al. Caring for the caregiver: Why policy must shift from addressing needs to enabling caregivers to flourish. *Front Public Health*. 2022; 10: 997981.

[104] Inacio MC, Lang C, Caughey GE, et al. The Registry of Senior Australians Outcome Monitoring System: Quality and Safety Indicators for Residential Aged Care. *Int J Qual Health Care*. 2020; 32: 502-10.

[105] Government of Canada Department of Finance. Report on Federal Tax Expenditures: Concepts, Estimates and Evaluations 2023. 2023.

[106] Australian Government. Carer Recognition Act 2010. 2010.

[107] Fair Work Ombudsmen. Sick & Carer's Leave. Australian Government,. 2022. Available from URL: https://www.fairwork.gov.au/leave/sick-and-carers-leave. (accessed 7 November, 2022).

[108] Australian Government. Carer Gateway. 2023. Available from URL: https://www.carergateway.gov.au/. (accessed 21 June, 2023).

[109] Organisation for Economic Co-Operation and Development. Health Expenditure and Financing. 2022. Available from URL: https://stats.oecd.org/Index.aspx?QueryId=30140. (accessed 25 May, 2023).

[110] Smith-Carrier T, Nowaczynski M, Akhtar S, et al. Home-Based Primary Care for Frail Older Homebound Adults: An Innovative Solution for a 21st-Century Challenge. *CGS Journal of CME*. 2012; 2: 26-9.

[111] Australian Medical Association. Putting Health Care Back Into Aged Care. 2021. Available from URL: https://www.ama.com.au/sites/default/files/2022-10/Putting%20health%20care%20back%20into%20aged%20care.pdf. (accessed 22 November, 2022).

[112] Australian Bureau of Statistics. Patient Experiences. 2023. Available from URL: https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release. (accessed 30 December, 2023).

[113] Government of Canada. Canada Health Act 1985. 2017.

[114] Inacio MC, Collier L, Air T, et al. Primary, allied health, geriatric, pain and palliative healthcare service utilisation by aged care residents, 2012-2017. *Australas J Ageing*. 2023; 42: 564-76.

[115] Cations M, Collier LR, Caughey G, et al. Government-subsidised mental health services are underused in Australian residential aged care facilities. *Aust Health Rev*. 2022; 46: 432-41.

[116] Montalto M. Hospital in the Home. *Aust Prescr*. 1997; 20: 88-9.

[117] Iciaszczyk N, Feil, C., MacDonald, B.J., Nicin, M., Sinha, S,. Canadian Perspectives on the Financial Realities of Ageing in Place: Practical Considerations, Strategies & the Need for Policy Reform. National Institute on Ageing, Ryerson University and HomeEquity Bank. 2021. Available from URL: https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/616c6fc29b1b4148077cb3d0/1634507595342/FinancialRealitiesAgeinginPlace.NIA.pdf. (accessed 22 November, 2022).

[118] Registry of Senior South Australians. What is ROSA? 2022. Available from URL: https://rosaresearch.org/the-facts. (accessed 7 November, 2022).

[119] Australian Government Department of Health and Aged Care. MBS Telehealth Services - from 1 January 2024. 2023. Available from URL: https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Telehealth-Updates-April%202023. (accessed 31 December, 2023).

[120] Organisation for Economic Co-Operation and Development. Health at a Glance 2021: OECD Indicators. Paris: OECD Publishing, 2021.

[121] Australian Government Department of Health and Aged Care. 2021–22 Report on the Operation of the Aged Care Act 1997. 2022. Available from URL: https://www.gen-agedcaredata.gov.au/resources/reports-and-publications/2022/November/2021%E2%80%9322-Report-on-the-Operation-of-the-Aged-Care-Act-1997. (accessed 20 May, 2023).

[122] The Green House Project. Who We Are. 2023. Available from URL: https://thegreenhouseproject.org/. (accessed 16 January, 2024).

[123] National Academy of Sciences. The National Imperative to Improve Nursing Home Quality: Honoring our Commitment to Residents, Families and Staff. Washington, DC, 2022.

[124] Canadian Standards Organization. CSA Z8004:22 CANADA: Long-term care home operations and infection prevention and control. 2022.

[125] Australian Government Department of Health and Aged Care. Final report on the development of the draft National Aged Care Design Principles and Guidelines. Canberra, 2023.

[126] McGregor J, Davies SG. Achieving Pay Equity: Strategic Mobilization for Substantive Equality in Aotearoa New Zealand. *Gender, Work & Organization*. 2019; 26: 619-32.

[127] Ministry of Health. More Than 25,000 Nurses to Receive 2022 Nurse Special Payment Package. 2022. Available from URL: https://www.moh.gov.sg/news-highlights/details/more-than-25-000-nurses-to-receive-2022-nurse-special-payment-package#:~:text=31st%20Jul%202022,months%20of%20their%20base%20salary. (accessed 1 February, 2023).

[128] World Health Organization. Framework for Countries to Achieve an Integrated Continuum of Long-Term Care. 2021. Available from URL: https://apps.who.int/iris/bitstream/handle/10665/349911/9789240038844-eng.pdf?sequence=1&isAllowed=y. (accessed 23 May, 2023).

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