



The aged care workforce and quality care: Older people's views

2025

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Introduction

National Seniors Australia, or NSA, is a member based, not-for-profit research and advocacy organisation representing Australians aged 50 and over.

Every year we survey thousands of older people on diverse topics relevant to lifestyle and wellbeing.

This report is based on a 2025 survey module about the aged care workforce and its relationship to quality aged care.

The 2020s have been a critically important decade for aged care in Australia.

The Royal Commission into Aged Care Quality and Safety published its final report in 2021, initiating sweeping changes to aged care.

In 2024, the Commonwealth Government passed its new *Aged Care Act* with a focus on quality and safe aged care for consumers. A suite of accompanying changes is slated for implementation in 2025.

It was in this context of this period of big changes that, in 2024, the Department of Health and Aged Care asked National Seniors Australia to survey older Australians about their expectations for the aged care workforce in terms of attributes, minimum qualifications, and completed training.

The result was a survey module entitled 'Quality in aged care services' that asked respondents to rate the importance of 14 items related to aged care workers or the aged care workforce as a whole and also gave respondents the opportunity to comment.

Over 5000 Australians aged 50 or older participated in the survey, with 4425 of them answering one or more questions in this module.

Many of the respondents drew attention to the experiences they had had with aged care that provided context for their responses – some as facility residents or home care clients; some as former or current aged care workers, nurses, or volunteers; and others as relatives or friends of people accessing aged care.

They were overall very clear in their esteem for high quality aged care workers and their views on how to achieve that quality.



Summary and recommendations



Summary

This document reports on a survey of 4425 older Australians, asking their thoughts about aspects of the aged care workforce and how those aspects relate to quality in aged care. Survey respondents were asked to rate the importance of 14 points relevant to the aged care workforce and were given an opportunity to write a comment. This section provides a discrete summary, followed by key recommendations and then full details of participant responses.

Worker pay and conditions

The survey showed clearly that older Australians consider aged care workers to be valuable contributors to society. Accordingly, the majority want to see workers' situation improve in terms of pay, conditions, career development, professionalisation, and public esteem – both for workers' own benefit and for the benefit of their clients.

Around two-thirds of respondents considered higher pay, improved conditions, and career development to be 'very important', while less than 3% of those surveyed considered all these items to be 'not at all important'.

Some respondents commented on the need for governments to rebrand or reframe aged care work to attract and retain quality workers, in acknowledgement of the importance of doing this work well.

Around 30 of the 634 commenters advocated close managerial scrutiny of workers to ensure quality care. One person advocated monitoring workers via CCTV.

However, around the same number placed more responsibility on managers, wanting to see them do better by both workers and clients, and wanting providers to be more tightly regulated by government authorities.

Worker training and qualifications

Survey respondents overwhelmingly want aged care workers to be well trained in all aspects of the job.

A large 91.5% rated relevant training prior to commencing in the job as 'very important' and a further 7.6% rated it 'somewhat important', leaving less than 1% who felt it was 'not at all important'.

Workers receiving support for further training on the job was also considered important by over 98% of respondents, 77% of whom felt it was 'very important'.

This emphasis on training includes training in dementia care for all aged care workers – a measure that 61% considered 'important for most aged care services', and a further 37% considered 'desirable where possible'.

One reason commenters offered in support of this is the fact that the number of people with dementia continues to increase, and, consequently, there are no longer enough specialist facilities to care for everyone with dementia separately.

However, formal qualifications were considered less important than training. Indeed, 150 commenters expressed the view that inherent personal traits – a 'calling' to the work – are more important than qualifications and cannot really be taught. They therefore wish to see the right kind of people recruited to aged care work.

Related to this, there was some concern that the aged care workforce is overpopulated with people who simply need a job and are not really suited to the work. Some commenters attributed this fact to the low pay and low training requirements of personal care work that has resulted in workforce shortages.

Workforce roles and stability

There was strong support for the current policy to have a registered nurse on duty 24/7 in every residential aged care facility, with 85% of respondents rating this important for most aged care services.

The policy was supported for a range of reasons, including dealing with medical problems as they arise, and taking pressure off emergency services and hospitals by treating residents in-house if they have non-urgent medical needs.

At the same time, some respondents expressed hesitation about the policy because of the disadvantages it has created in regional, rural, and remote locations, where the lack of available registered nurses or the inability to pay them 24/7 has resulted in closure of aged care facilities and concomitant pressure on hospitals.

Overall, older Australians want to ensure there is a big enough aged care workforce to meet current and future needs, so that clients receive quality care and workers experience quality working conditions. This point was expressed by 99 commenters, even though it was not one of the 14 points the survey asked about.

Some commenters advocated employing diversional therapists or dieticians in residential facilities to ensure residents are offered a range of fun activities and high-quality food. A few emphasised the need for facilities to plan more strategically regarding the potential employment of palliative care and intensive care specialists in-house.

Beyond the mix of roles, there was strong agreement that receiving care from the same individual or the same small group of carers is extremely important for clients. This is valued because it helps build trust, lowers anxiety for clients, and better enables staff to pick up on changes in a client's wellbeing. Less than 1% felt this was 'not at all important' while 61% felt it was 'important for most aged care services'.

Worker personal characteristics

The survey revealed a strong consensus that workers and clients should speak the same language. Two-thirds (65%) rated this 'important for most aged care services' and 33% 'desirable where possible'.

Commenters emphasised that, in practice, this means workers should speak the common language fluently, and with mutually comprehensible accents. They see this as critical to ensuring mistakes are minimal, communication is clear, and quality interpersonal relationships can develop between clients and staff.

In contrast, the survey revealed mixed views on the relevance of workers' cultural background and country of origin. Only 25% felt it was important for most aged care services that workers and clients come from the same background, though 57% felt this was desirable where possible. On the other hand, only 15% felt it was important for most aged care services that workers come from a variety of social and cultural backgrounds, but 48% felt this was desirable where possible.

This suggests workforce diversity in general is important, to be able to cater to different communities' needs, including providing culturally appropriate care. It may be the case that each facility, service, community, or client group will benefit from deciding on the specific mix of worker backgrounds that suits their clients' needs best.

The least supported item was that workers should be close to clients in age, with 74% rating this 'not at all important'. It is worth noting that this is not the same as opposing older people working in aged care, with only a few commenters arguing against employing older people. Indeed, some commenters highlighted the benefits older workers can bring to the role. Realistically, a mix of ages is likely ideal for the different qualities younger and older workers offer.

Recommendations

The views of the older Australians surveyed on this topic suggest the following actions be considered for the aged care workforce.

1. That governments and aged care providers continue to increase aged care workers' pay and improve their working conditions and career opportunities, commensurate with the importance of their work to older people, and to help attract high-quality employees to the sector in greater numbers.
2. That governments, providers, and workers' organisations unite to improve the image of aged care work in the public eye to ease worker stress and attrition and to attract more high-quality employees.
3. That educational institutions and providers work together to ensure aged care workers receive comprehensive training in all areas of aged care prior to commencing in the job, along with support to undertake further training throughout the duration of their employment in the sector.
4. That providers exercise active discernment when recruiting employees to ensure they have inherent traits that make them suited for the work, including but not limited to compassion, patience, empathy, and respect for elderly people.
5. That governments resource residential care facilities to strategically evaluate the services they need to provide high level care, including but not limited to diversional therapy, dietician oversight of food, palliative care, and intensive care.
6. That governments continue to require most residential aged care facilities to have a registered nurse on duty 24/7, or more wherever possible if the number of residents necessitates more.
7. That governments make continuing (not time-limited) exemptions to the 24/7 registered nurse requirement for facilities outside metro areas that would otherwise be forced to close, and work with those facilities to ensure there are suitable alternatives in place or to grant them extra funding to meet the requirement.
8. That governments incentivise aged care providers to continue employing the same group of carers so that clients can form relationships of trust with the people caring for them.
9. That governments assist aged care providers to recruit a workforce that is culturally and linguistically appropriate for their actual and potential client base.
10. That governments, providers, and educational institutions work together to find a suite of solutions to the problems posed by language differences between aged care workers and clients, potentially including paid language training for workers and uptake of effective communication technologies.

Survey questions about the aged care workforce



Survey questions

Matrix question 1

The NSSS-25 'Quality in aged care services' module first asked participants, 'How important to you personally are each of the following, regarding the aged care workforce?' The items were:

1. Relevant training prior to commencing in the job
2. Relevant formal qualifications prior to commencing in the job
3. Support to undertake further relevant training while in the job
4. Higher pay for workers
5. Much improved conditions for workers
6. Career development pathways for workers.

Participants were asked to rate each of these 'very important', 'somewhat important', 'not at all important', or to select 'unsure'.

Matrix question 2

The next question asked participants, 'How important are each of the following to achieving high quality aged care services, in your view?'

The items in this question can be split into two groups: worker traits and workforce traits.

The worker trait items were:

7. Workers who come from the same culture or community as clients
8. Workers who speak the same language as clients
9. Workers from a variety of social and cultural backgrounds
10. Workers close to clients in age

The workforce trait items were:

11. Clients receive care from the same carer or small group of carers
12. All personal care workers to have training in dementia care
13. All aged care services to have access to some dementia care specialists
14. Every residential care facility to have a registered nurse on duty 24/7.

Participants were asked to rate each of these 'important for most aged care services', 'desirable where possible', 'not at all important', or to select 'unsure'.

Comment question

After the two matrix-style questions, the final question invited comments, with the prompt:

'If you would like to, please tell us more about your answers to the aged care workforce or quality in aged care services questions. If you don't have anything to add, please leave blank.'

For each matrix question there were more than 4000 responses even after excluding 'unsure' responses. In total, 4425 people answered one or more questions in the module.

Older Australians' priorities for the aged care workforce



Matrix question responses

Matrix question 1: Training and employment conditions

Figure 1 summarises respondents' views on the importance of various training and employment conditions for aged care workers (matrix items 1-6).

Training prior to the job received almost universal support. Training while on the job was the second-most supported item.

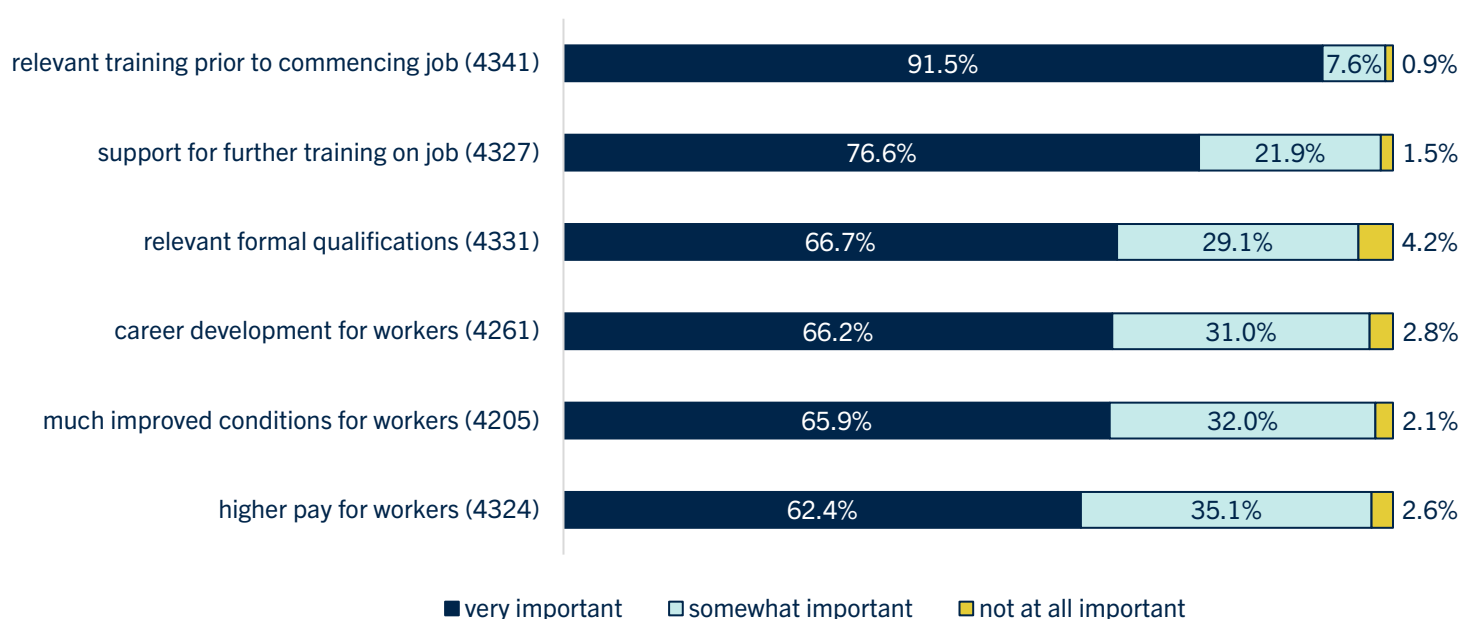


Figure 1. The importance of aged care workforce training and employment conditions. The sample size for each item is listed in brackets. Unsure responses excluded.

Matrix question 2: Worker traits and workforce traits

Figure 2 shows the priority respondents gave to characteristics of the aged care workforce when thinking about the quality of aged care services (matrix items 7-14).

Among the four 'worker trait' items (7-10), 'workers who speak the same language as clients' was rated important for most aged care services by almost two-thirds of the sample. Two traits were more strongly rated as 'desirable when possible' ('workers coming from the same culture or community as clients' and 'workers coming from a variety of social and cultural backgrounds'). The item 'workers close to clients in age' was considered not at all important by three-quarters of the sample.

In contrast, all four of the 'workforce trait' items (11-14) were considered important by a clear majority of respondents. The proposal that all aged care facilities should have a registered nurse on duty 24 hours per day, 7 days per week, which is now a federal government requirement, received the highest level of support among these items. In each workforce trait tested there was majority support for this being 'important for most aged care services'.

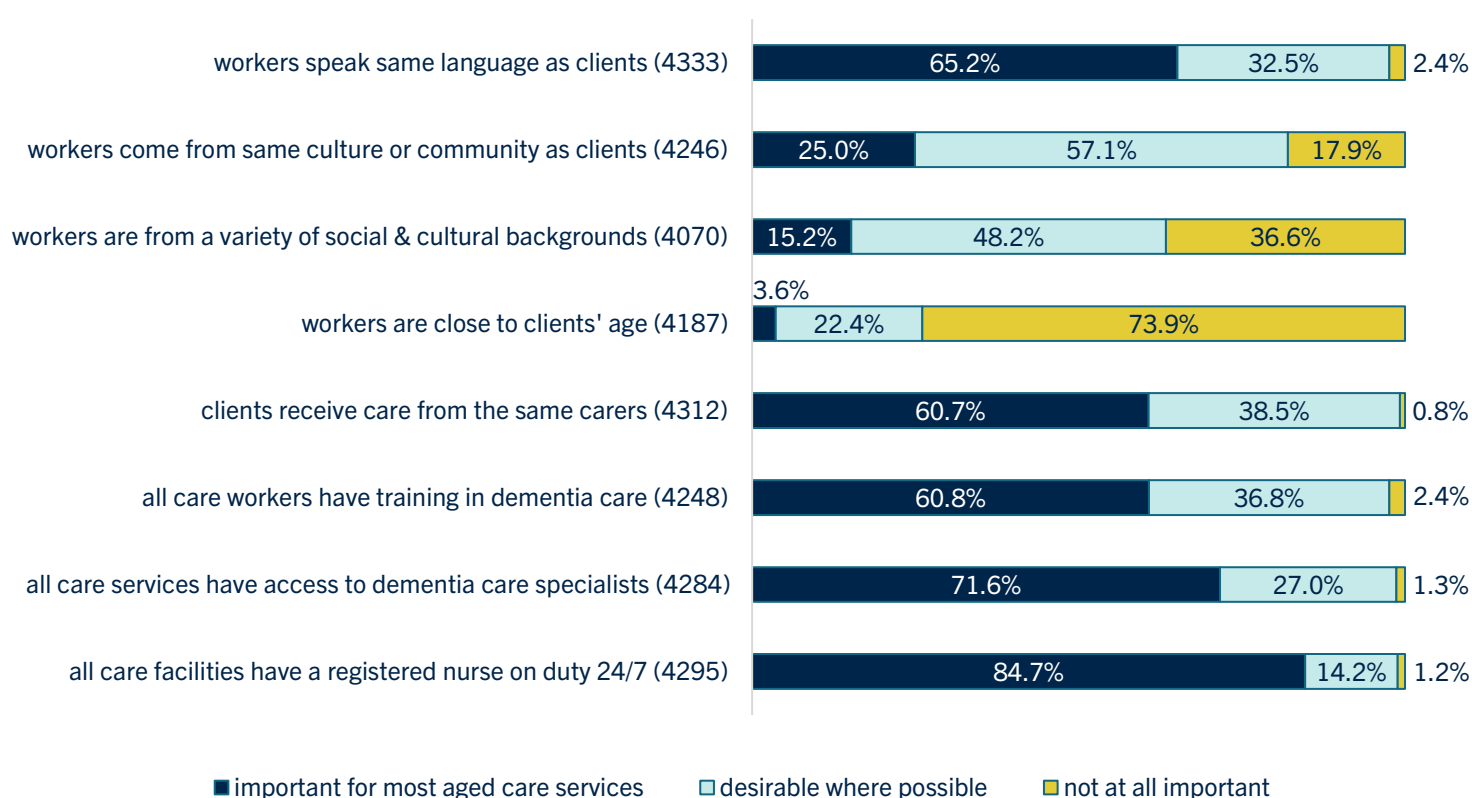


Figure 2. Importance of aged care workforce characteristics to providing quality aged care services. The sample size for each item is listed in brackets. Unsure responses excluded.

Socio-demographic differences

We used statistical models to test whether people's responses to each of the statements about the aged care workforce differed according to relevant socio-demographic characteristics. An [online appendix](#) provides methodological information and numerical results from the statistical models.

The characteristics tested were:

- binary gender
- age group
- receipt of government funded aged care services
- caring responsibilities
- belonging to a diversity group
- having a religious belief that is meaningful
- number of chronic diseases.

Binary gender

Comparisons by binary gender were significantly different for most items. Women were more likely than men to endorse the importance of all the training and employment items in the first matrix question (Figure 3) and more likely to endorse six of the eight items in the second matrix question, with higher proportions of women than men rating each 'important for most aged care services' (Figure 4).

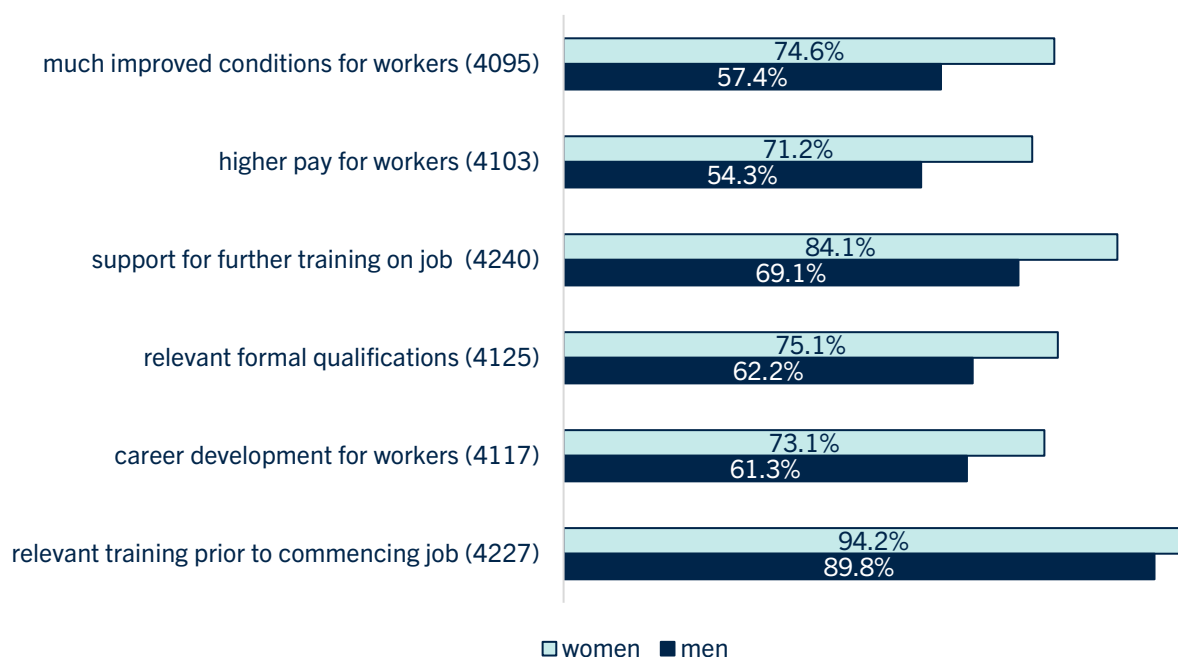


Figure 3. Binary gender differences in rating aged care workforce training and employment conditions as 'very important'. The sample size for each item is listed in brackets. Sorted top to bottom from largest gender difference to smallest.

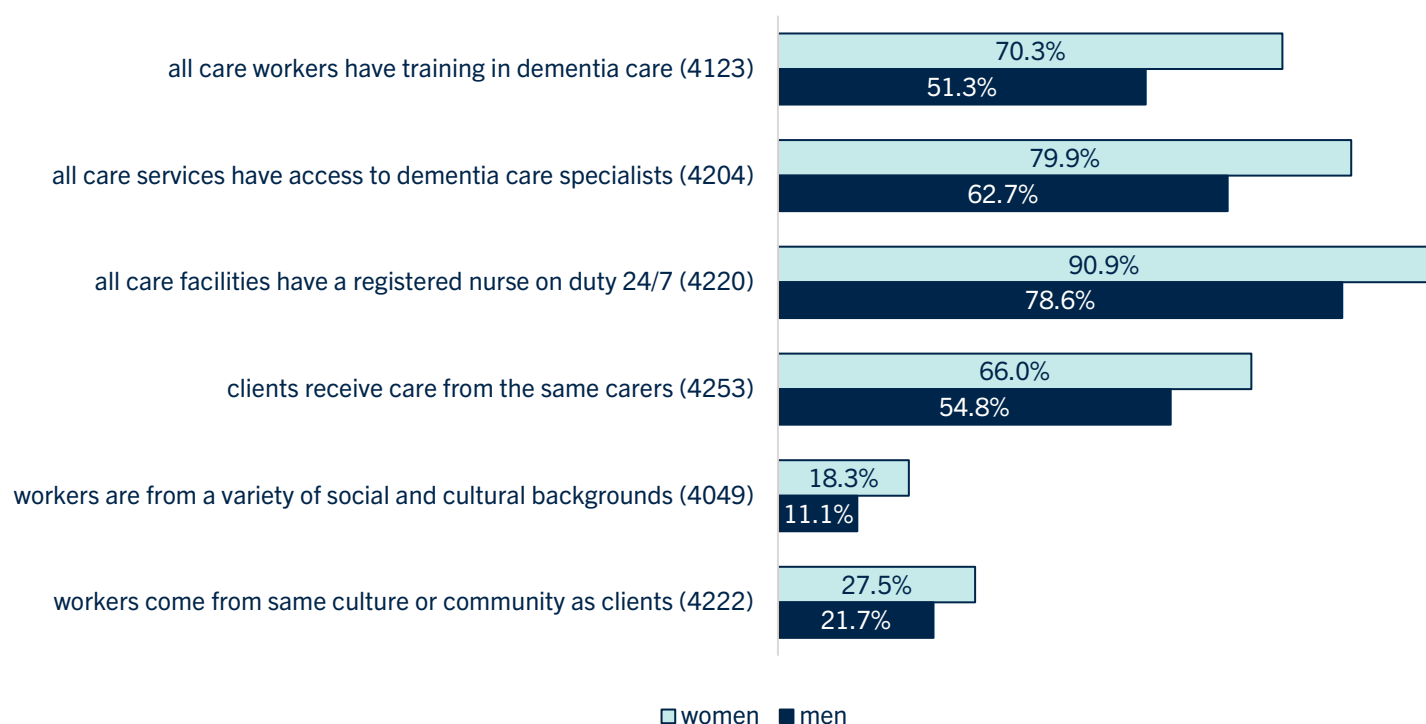


Figure 4. Binary gender differences in perception of workforce characteristics that are 'important for most aged care services'. The sample size for each item is listed in brackets. Sorted top to bottom from largest gender difference to smallest.

The consistently higher proportions of women endorsing items addressing quality of worker conditions and capacity to deliver quality care speak to the dominance of women in aged care roles. In 2023, 86% of all aged care nursing and personal care services were carried out by women. Outside the workforce, 6% of women compared to 3% of men are primary carers of another adult, and 72% of all primary care, including childcare, is provided by women. It is likely for women participating in the survey that their experiences of providing care informed their responses to these statements.

Other socio-demographic traits

There were fewer differences in responses according to the other socio-demographic factors. Figure 5 (next page) presents the statements where the importance given to items significantly differed according to age group, holding religious beliefs or not, the number of chronic conditions a person had, whether they belonged to one or more diversity groups, or if they were receiving government aged care services.

Although these other socio-demographic differences were statistically significant, they were numerically smaller than the binary gender differences found across nearly all the items. The exception was age group: much smaller proportions of people aged 85-plus endorsed the importance of improved worker conditions and some worker characteristics, compared to the younger age groups.

Statements endorsed according to AGE GROUP	50-64	65-74	75-84	85-plus
much improved conditions for workers	71.7%	68.1%	62.3%	56.8%
workers are from a variety of social & cultural backgrounds	16.7%	17.3%	12.8%	7.3%
all care workers have training in dementia care	64.3%	62.7%	58.4%	51.2%
all care services have access to dementia care specialists	75.3%	74.8%	67.9%	59.6%

Statements endorsed according to HOLDING RELIGIOUS BELIEFS	Religious belief important	Religious belief not important
higher pay for workers	60.0%	63.9%
receive care from same carers	63.6%	58.6%
workers are from same culture or community as clients	28.1%	22.0%
receive care from workers close to clients' age	4.9%	2.8%

Statements endorsed according to NUMBER OF CHRONIC CONDITIONS	No conditions	One condition	Two-plus conditions
Receive care from workers of same culture or community as clients	57.1%	58.7%	64.8%
workers speak the same language as clients	62.3%	66.9%	66.0%
all care workers have training in dementia care	56.4%	60.6%	64.1%

Statements endorsed according to MEMBERSHIP OF ONE OR MORE DIVERSITY GROUPS	Diversity group Yes	Diversity group No
receive care from same carers	64.8%	60.0%
workers come from a variety of social & cultural backgrounds	18.1%	14.7%

Statements endorsed according to RECEIVING GOVERNMENT AGED CARE SERVICES	Receives services	Doesn't receive services
all care workers have training in dementia care	58.2%	61.4%

Figure 5. Sociodemographic differences in endorsement of statements about aged care training, employment or workforce characteristics.

Diversity group membership included: First Nations, Aboriginal and Torres Strait Islander people, LGBTI+ people, people from a CALD background, people living with disability, and veterans.

Older Australians' comments about the aged care workforce



Themes raised in comments

After offering their ratings for the items in the matrix questions, survey respondents were invited to write a comment elaborating on their views. The comments are detailed in the following pages.

In total, 991 people wrote a comment. However, around a third of the comments were not analysed in depth for one of three reasons:

- 97 comments solely expressed sentiments about the prospect of needing aged care services, or positive and negative prior experiences with aged care services. As is often the case when NSA asks survey questions about aged care, numerous respondents said they would rather take their own lives than enter a residential care facility. As important (and alarming) as this is, it does not speak to practical questions about the aged care workforce, so such comments were not analysed further.
- 50 more comments were excluded from further analysis as they only remarked on one aspect of aged care: finances. Some of these comments expressed the view that all aged care should be not for profit, or that it should all be run privately for profit. Others sought cheaper fees, more funding, or greater financial transparency. Aged care financing is undoubtedly a critically important aspect of policy debates and does relate to aged care quality. But the issues raised in these comments were not directly related to the aged care workforce so were excluded from a more detailed analysis.
- 210 comments were uninformative in other ways, and thus not analysed further either.

This left 634 comments for more detailed analysis.

In framing their comments, many respondents drew on their experiences as an aged care client, as the relative of an aged care client, or as a current or former aged care worker, nurse, volunteer, or adjunct professional.

Just under two thirds of the comments (n=409) were relevant to one or more matrix items, and they are discussed in the next section. To analyse their themes, the matrix items were sorted into like groups:

- Items 1, 2 and 3: Training and qualifications
- Items 4, 5 and 6: Pay, conditions and career development
- Items 7, 8 and 9: Carer language, culture and background
- Item 10: Carer age
- Item 11: Care from the same carer
- Items 12 and 13: Dementia care
- Item 14: RN on duty 24/7.

Just over half (n=352) commented on another specific matter directly relevant to the quality of aged care services as provided in the home or in a residential facility. The 352 comments that were not directly related to the matrix-style questions' content are grouped into four topics:

- Staff ratios and time spent with clients
- Traits that aged care workers need
- Improvements to management processes and facility offerings
- Making aged care work more attractive to workers and the public.

Training and qualifications

In total, 123 people wrote a comment about the value of training and/or qualifications.

Training

Respondents more often commented on training than qualifications. This usually applied to personal care workers but sometimes applied to other staff including nurses, cleaners, kitchen staff, and management.

Most prominently, 60 people simply made general comments about the value of training. They saw it as important for aged care quality but also worker morale, worker mental health, and commitment to the job. Staying abreast of changing knowledge about ageing topics such as dementia was another reason given.

Some commenters emphasised how important aged care is and therefore the importance of a highly trained workforce.

“We entrust our loved ones to aged care and expect them to be looked after at a very high standard, therefore the carers should be well trained”

“while I accept this will mean 'users' will need to pay more perhaps, I feel strongly that the standard of caregivers has to increase significantly and that appropriate accreditation of those caregivers is maintained.”

“this is not only important for the client but also for the worker themselves. People with the best of intentions can still find themselves providing inadequate care through ignorance, insufficient knowledge or inadequate support in developing their skills and experience.”

“Training in Aged Care Services is as important as training in childcare services and should never be glossed over or skimped on. You have another person's life in your hands.”

“The right people need to be attracted to work in Aged Care - it is an important job. It is not a job for untrained people who can do nothing else. I would think that higher pay, training and career paths might assist with this.”

The bottom right comment above is an example of different themes being linked in comments, which was not uncommon. Poor training and low pay were often linked.

Twenty-one people wrote about the need for staff to have ongoing training, with a few wanting this to be mandatory and a requisite of ongoing employment, or as a condition of further pay rises for the sector. Others put more emphasis on ensuring there was proactive management support for staff to undertake further training.

Reasons for supporting ongoing training included that it *“breeds confidence in the worker”, “to ensure care standards understood and adhered to”, and “a trained carer may pick up on health issue quickly in comparison to untrained carers.”*

Thirty-five people wrote about specific topics that they felt workers needed training in (aside from dementia, discussed separately below). These included:

- Physical, psychological and sociological concepts
- All aspects of aged care and disability care
- Managing specific disabilities, including blindness and deafness
- Use of mobility equipment, hoists and lifters
- Health conditions that often affect elderly people, including Parkinson’s disease
- Being attuned to the signs of new health issues by monitoring clients’ moods
- The ageing process, including differences between being 60 and being 80
- How to best assist resistant clients with personal hygiene
- Trauma-informed care and why some older people are frightened to be re-institutionalised as they get older (e.g. Forgotten Australians)
- How to interact with older people, communication skills, respect, and empathy
- When to report a problem or get help for a client
- Australian culture
- For homecare providers, how to achieve high standards of housework and garden care.

Qualifications

Only 20 people described the qualifications and education standards they felt aged care staff needed to attain.

Four said staff need a minimum of 6 months of training or a Cert III, and three said the minimum should be 12 months or a Cert IV.

Two people wrote about the country of training. One said all staff should be trained in Australia and the other said Australia should train more workers, as they were concerned that the Australian aged care system was draining other countries of aged care workers and nurses.

Three people expressed concern about online training and courses taught without exams, wanting to ensure the worker-in-training was completing assessment themselves.

Six mentioned the importance of realistic training including placements, though one expressed concern that *“Unpaid placements are a financial imposition and double whammy as they can’t work elsewhere while fulfilling placement hours.”*

Lack of access to mentors and poor access to TAFE in rural or remote areas were also raised as issues.

In contrast, eight respondents downplayed the importance of qualifications. Six of them made the point that at this time, with workforce shortages, we should prioritise getting people into the jobs and then training them, or that people can be great carers or have a strong sense of vocation without a qualification (example comments next page).

“Training is essential. Formal qualifications would ensure some form of training and evidence of commitment and ability (at least in theory if the qualification didn't include practical experience). However, those that cannot afford formal qualifications should not be excluded if the type of work is their passion - which is where some forms of training may be an alternative.”

“Often people can be very good at their job without formal qualifications. Consideration must be given to these people who generally are experienced but lack the credential. Years ago we called it R P L, recognised prior learning and we signed off on that after a brief interview”

“I believe we get worse service since every job needs formal qualifications. A degree doesn't make a person a better nurse or carer. On the job training was much better and weeded out those who needed a different career path.”

Another respondent made the similar point that having a qualification doesn't mean a person is good at their job. The eighth noted that the more qualified a person is, the less hands-on work they tend to do.

Many more respondents (n=151) commented on the inherent traits they believe aged care workers need, with some saying these traits are more important than any qualifications or training. Their views are discussed separately later in this report.

Pay, conditions and career development

Seventy-three people commented on one or more of pay, conditions, and career development.

Most wrote in favour of increasing pay or improving conditions and career development opportunities for aged care workers. Their reasons included:

- To improve care levels
- To value this important work as a legitimate vocation
- To avoid the situation where aged care is considered a job of last resort, a stop gap measure, or a tick box exercise performed solely for the pay without much effort put in
- To avoid attracting poorly trained staff
- To improve staff satisfaction
- To enhance workforce retention and reduce shortages
- To reduce staff burn out, stress, and absenteeism
- To avoid overworking the staff who care so much that they put in volunteer hours as well
- To prioritise both quality and safety and avoid a situation where poorly treated workers in turn treat clients poorly.

Comments supporting better pay and conditions included:

“Some establishments are better than others but the quality of care trickles down from the top. If staff are treated with respect by management they will in turn treat each other and residents with respect. Management culture is so important. If staff feel important they pass that on to those they care for. If management all have huge egos that becomes the focus of money spent to show off their importance but if ward staff are made to feel important and valued they treat residents with dignity and kindness and respect!”

“Having regulations that mean workers need to work across a number of facilities in order to earn a decent income is just plain wrong.”

“My wife, a RN, worked in aged care for over 35 yrs, The treatment of staff, residents and the food supplied was diabolical. Poor HR led to high turn over of staff. Most suggestions for improvement were ignored, faults and problems were always blamed on staff. Management were untouchable.”

“workers in age care must be well trained and well supported to meet the needs of age care recipients. Only then will there be continuity of care and a dedication to the job. People who are underpaid and undervalued cannot possibly be dedicated carers for the aged. Making it possible for old people to remain in their own home for as long as possible means that carer support is crucially important.”

A few people expressed the view that funds were not being adequately apportioned to workers.

“The pay is abysmal.”

“It’s not more money needed in the sector, but the system of course is top heavy and the money doesn’t go to the coalface”

“As is usual in this topsy turvy world of oligarchs, the most important people are never paid enough”

“pay them double the average cost of living”

“I believe most my age care providers are ripping off their customers the government and lining their own pockets. I think the gap between what they charge the customer and what they pay the workers is too large.”

Just eight commenters questioned the need for increased pay, with comments like these:

“The problem with increased wages for workers - who may well deserve them - is the dog chasing its tail as wages go up so costs of age care until it may indeed be unaffordable to many people and then what?”

“Just paying more money does not make for better staff.”

“AGED CARE WORKERS HAVE RECENTLY HAD A GOOD PAY RISE AND THEY GET A VERY GOOD HOURLY RATE OF PAY”

Carer language, culture and background

Just under a quarter of commenters (n=155) discussed some aspect of workers' language, culture, community, or background.

All but a few of their comments related to carers' language, ethnicity, or country of origin rather than other aspects of diversity. Among the few exceptions, seven comments highlighted the importance of carers and clients having a common gender or sexual identity.

Language

The most common sentiment in this theme, mentioned by over 100 respondents, was the importance of workers and clients having a common language to ensure communication flows well and is clear. A few commenters discussed this in the context of clients whose primary language is not English. More wrote of the importance of carers speaking fluent English, either on the assumption that most aged care clients only speak English or because it is the main language spoken in Australia. Many commenters wrote about carers' accents as well as their language proficiency, or they conflated these things.

“Workers need to be understandable by clients from all backgrounds, it's not their first language that matters. They need to speak the client's language, but it may be the carers second or third language.”

“I have also had the experience of managing a large aged care home with 30% Chinese residents. I employed Chinese speaking staff to make these residents more comfortable. It made a difference to their care and wellbeing as well as to the anglos needing to know what residents were trying to say to them. My Chinese cleaner spoke Mandarin, Cantonese and a few of the different dialects. She was an amazing support.”

“I think for the workers to be able to speak fluent English but for some who are bilingual English must be very good.”

“they need to be able to speak the English language clearly and be easily understood. My parents both had issues in being able to understand their carers in aged care as they were from different cultural backgrounds and English was not their first language”

“I volunteer in the Aged Care Volunteer Visitor Scheme. I see a key problem play out when the carer does not communicate well in the main language of the older person (and of course vice versa). Mostly this has occurred in my experience when the carer has poor English language skills, or does not understand day-to-day practical, culturally specific terminology used by the older person. People living in resi care have very limited energy to breach communication difficulties with those who take care of them. I think a good level of English language competency should be built into worker training and registration, and a priority placed on innovative ways to offer as much interaction as possible with non-English speakers in their own languages.”

Numerous commenters detailed the reasons they placed such high importance on a shared language and accent, including the following:

- Older people often have difficulty understanding unfamiliar accents, especially if the speaker is talking fast
- The hearing and vision impairments many older people experience make it particularly difficult to understand unfamiliar accents
- Carers wearing masks can also make speech comprehension difficult
- People can become more impatient with communication difficulties as they age
- Later in life people can reduce or lose their ability to communicate in a second language
- Clients can feel isolated if they cannot communicate fluently and freely with carers, including mutually understanding the vernacular or names of specific things such as food items
- Poor language proficiency can lead to errors, e.g. if one party does not know “left from right” as one commenter put it, or it can lead to healthcare problems if a carer does not understand when a client tries to tell them they are unwell.

Culture

More than 80 respondents discussed the topic of workers’ cultural backgrounds, but views were much more divided than they were for the comments on language.

Some commenters did not consider a carer’s cultural background important, for different reasons:

- Cultural background is irrelevant to the job
- Australia needs more aged care workers so we should not impose limits such as this
- Having similar interests matter more than a person’s culture or country of origin.

Other commenters considered a multicultural workforce desirable, again for different reasons:

- Australia is an inherently multicultural place
- Many older people enjoy interacting with a diverse group of people
- A more diverse workforce is better able to cater to a diverse client group
- One person noted that sometimes people do not want to be cared for by someone from their own culture if their community is “*small and gossipy*”
- Some commenters expressed the view that workers born overseas are more caring than workers born in Australia.

Still others felt that a multicultural workforce is not desirable, because:

- A culturally specific workforce is best for providing a culturally appropriate service; e.g. a First Nations respondent noted they “*can’t find culturally appropriate workers*”
- Some older people do not like people from countries, cultures, or ethnicities different from their own, at times feeling afraid of them
- Some older Australians are racist, making working with them unsafe for some staff
- Some commenters expressed the view that workers born in Australia are more caring than workers born overseas
- Some respondents’ comments were openly racist towards non-white people, people born overseas, or specific ethnic groups. NSA does not endorse such views, but we report this fact for completion’s sake.

Carer age

Nineteen people commented on the question of carers' age and whether it should be close to that of clients. Their views differed on this point.

Six said they thought age was irrelevant. Four said age is irrelevant but younger people must be well trained and/or interested in older people.

"I have observed that elderly enjoy being cared for by young carers. My mum loved her young carers. They had different conversations and it added variety. The older carers were more liberal with big hugs and she enjoyed that too."

"At 20, person can't understand situations of a 70 year old, so needs education in this area."

Nine people felt that having younger aged care workers was a good thing. Reasons they gave included their views that:

- Younger staff may be more physically able to help lift and support clients safely
- Younger staff may *"create a lively atmosphere"*, and older clients may *"enjoy their youthful outlook"*
- Workers in their 80s and 90s would find the work too difficult.

"I feel that many older people are burned out"

"I currently have engaged a 31 y o to spend 2 hours per week socialising, talking (listening and suitably asking) my spouse. This has been marvelous as the youth is so empathetic, attentive and innovative, energetic yet not overpowering or dogmatic. A real FIND. (Gem). So, age and experience not an issue as she gaining confidence as she goes."

Six people felt having older workers was a good thing. Reasons included their views that:

- Older staff can relate better to what clients are going through
- Older staff are more likely to listen patiently and treat clients with respect and affection
- Older people are better at handling the emotionally difficult aspects of aged care.

"They need to employ more staff in age care homes especially older staff who have more in common with clients who have special needs"

"It is very hard for my partner to accept help from young adults, who do not look at him to speak, do not speak slowly or listen to him."

"Worked in aged care for 10 years loved every minute [...] I was 55--65, I found younger workers appallingly disconnected from OLD PEOPLE. No patience or understanding OF BEHAVIOURS, LIKES AND DISLIKES of older people"

Care from the same carer

Fifty-five people commented on the need for clients to have the same carer or small group of carers providing care to them. Only one commenter felt this was not important.

Commenters felt consistent carers would:

- Ensure clients have familiar faces around them so they can form quality relationships with staff, build trust and understanding, and receive care from non-strangers
- Reduce clients' anxiety and stress, and the anxiety family and friends may feel about their loved one's care quality
- Reduce clients' sense of confusion, especially for clients with dementia
- Know the medical history of clients intimately, thus ensuring high quality healthcare
- Know clients' standard patterns of behaviour so that anomalous behaviour or gradual changes can be detected, especially if changes are a sign of a new medical problem
- Know how best to communicate with each individual client to facilitate quality care
- Know the details of what personal assistance or home help clients need without them needing to explain it each time
- Ensure clients feel it is safe to let the carer into their home and that their home doesn't feel like a public place with strangers coming and going
- Have a more caring attitude than agency staff
- Know how to use a residential facility's system, policies, and procedures, whereas agency staff who don't know these things must spend longer on administrative tasks.

One person pointed out that the caveat to this is, *"It would be nice to have a small group of regular people caring for you only if you got on with them!"* Another similarly mentioned the importance of matching staff to clients.

"My mother is in residential aged care and there seems to be a high turnover of staff. For elderly residents needing a regular routine, it's important that they see regular faces. I would like to see more funding for full time staff and less use of agency staff who don't have the same connection with the residents."

"Lack of willingness from providers to supply a group of regular workers for my husband who since his Dementia diagnosis has been diagnosed with a late onset vision issue. Untreatable. No central vision at all. He needs a groups of regular workers to build trust to establish rapport & encourage trust so he is compliant for workers"

"Have worked in aged care in the community and volunteered at an aged care facility. The people just want to see the same faces all the time not different people every time. They can strike up a friendship with their carers. If new people come in all the time this does not happen. Over time they know they can trust their carers and this also helps the family know they are being looked after properly. At the aged care facility when one of the residences is on palliative care they have the same carers coming in to check on them and their families. This helps the families knowing that the carers care about their loved ones. When they pass they are given an honour guard as they leave the facility for the last time. A lot of the staff go to the funerals as well. I have been there on many occasions when this has happened. It is always hard to say goodbye to someone that has come to mean a lot to you."

Dementia care

Twenty-eight people offered their thoughts on dementia-specific care.

Most notably, many offered reasons why they thought all staff should be trained in dementia care, including:

- There are a large number of people with dementia receiving aged care, many others will develop dementia while receiving aged care, and the numbers are likely to increase
- Because of these numbers, many people with dementia are cared for in general sections of residential facilities, as there are not always enough beds available in dementia-specific sections
- People with dementia need to be assisted in particular ways, and may need extra assistance, and carers need to know how to provide care to them appropriately as well
- All residential aged care staff need to be trained in how to respond appropriately to challenging behaviours such as violence without the need for police involvement
- It is important for all aged care staff to be able to tell the difference between dementia and conditions that may, superficially, have similar presentations, such as urinary tract infections, autism, stroke, brain injury, and mental illnesses.

Four people felt dementia was a more specialised area, to be left to designated staff or staff with a particular talent for this work, or that some staff may like to make it their specialisation.

Contradicting the views expressed by others, one person argued that dementia wards or blocks are separate from other areas of residential care, so the other wards or blocks need little in the way of dementia skills.

There is a definite need for at least some dementia training, as many residents eventually get dementia, and as there are very limited dementia beds available, they remain in the general residential area, and need extra assistance.

High quality training in how to handle dementia clients. There is no need to call police.

They are approximately 100 different forms of dementia so it is so hard to train a person specifically for this task. One nearly needs to be cut out for the task of caring for people with dementia. The skills include patience, understanding, kindness and the importance of trying to let them come to the decisions themselves. letting them feel they still have worth as an individual. Group training maybe the answer where carers can pick up tips from other carers working in the field rather than hearing a lecture from someone who may or may not have actually had such experience

RN on duty 24/7

Forty-seven people made comments on the requirement for every residential aged care facility to have a registered nurse (RN) on duty 24 hours per day, 7 days per week.

Around two-thirds of commenters were in favour of it – or supported an even larger number of high-level medical staff being on duty 24/7 – for the following reasons:

- More junior medical staff or aged care workers should not be relied upon to dispense medications or provide wound care or pain management
- Because most people these days prefer to age at home, when the time comes that they do enter aged care facilities it is often with high level, complex medical needs, so they need highly trained professionals present
- Hospital overcrowding and ambulance ramping would be reduced if residents were treated in the facility and seen by health professionals with the qualifications to make informed decisions about whether hospitalisation is needed
- Having a nurse present can improve health outcomes given there is often a wait for emergency care, whether from ambulances or emergency departments
- Nurses are needed to deal with acute changes in residents' condition, sudden pain, falls, or other unforeseen emergencies
- Having an RN present at all times is also about leadership to other staff
- Agency nurses do not know the residents, potentially increasing the risk of errors
- Telehealth nurses may find it difficult to assess a situation, resulting in unnecessary hospitalisations because they are cautious.

Some respondents said the number of RNs should be determined by the number of patients/clients, not just one per facility, or that it should be the same as the accepted number of RNs for a hospital ward.

Two respondents added caveats to this policy:

- The RNs need certification in aged care so that, if they are in a solo situation, they can recognise symptoms for referral
- The RNs need to be empowered to make decisions rather than just calling an ambulance.

In contrast, around a third of those commenting on the 24/7 RN policy disagreed with it, for various reasons:

- RNs are expensive
- The policy has forced the closure of residential facilities in rural and remote areas
- The policy may just result in RNs *"sitting in offices doing paperwork"*
- Residents need social connectedness not more intensive medical care
- An enrolled nurse is sufficient
- 18 hours a day is sufficient
- An on-call RN is sufficient
- An on-duty RN shared between nearby facilities is sufficient.

Comments on each side are presented on the following pages.

Example comments in favour of the 24/7 RN policy:

“My mother’s facility had no evening RN on site. It was disastrous.”

“I used to work as a telehealth nurse and we provided Registered Nurse back up for several aged care facilities. It was actually hard to be a remote signature to the facilities' policies. A local employed Reg Nurse who knows the facilities, and the residents has a better chance to assess the resident's condition and especially to assist with pain medication when they are unwell. Often the resident was required to be transferred to the local ED for immediate care which was often more discomfort for the resident, and extra pressure on the local ED when it would be possible for an RN onsite to attend to many clinical conditions.”

“As people age & require care services they naturally have the desire to stay in their own homes for as long as possible. This then means people are often requiring high level & complex care when admitted to a Residential Care Facility. It then follows that staff should be properly equipped to care for people with high level needs i.e. Nursing at least at RN / EN with experienced AINs. Facility Manager also need to be Medically / Nursing trained in order to properly supervise the staff & provide the necessary support & management of operating a very complex care facility. One would not expect Nurses to be in charge of an Accountancy business & so it follows that it is NOT appropriate to have an Accountant / Business Manager in charge of an Aged Care Facility!!!”

“I believe that much of the overcrowding of hospitals and ambulance ramping could be alleviated if Aged Care Facilities were supervised by nurses and health professionals with the qualifications to make decisions, and there was ready access to palliative care nurses and doctors who could decide exactly when a hospital visit was necessary, and when the client would be better off given comfort and care in the facility.”

“Registered Nurse needs to be on duty in each care facility, to ensure that proper assessments of residents can be made in a timely manner, and emergency care given whilst waiting for external supports to arrive, such as doctors and ambulance. It is critical, as the knowledge and skills of a registered nurse are far beyond carers and assistants, and this timely assessment and intervention and overseeing of the care given by careers, can improve quality of life.”

“Registered nurse available 24/7. I had an elderly sister with severe diabetes type 1 in care and with no nurse overnight medication was not available. Pain, distress and worsening conditions result.”

Example comments against the 24/7 RN policy:

“this has forced the closing of many aged care residential homes in rural towns - RN were on call but not in a facility 24/7 - so now local hospitals are full of aged / dementia care - as these homes had to close down due to these mandatory rules & regulations”

“Unrealistic expectations set both the workers and the aged people in care up for failure. If there is a hospital within 200 metres of the aged care service, then a nurse is quickly accessible. Given the difficulty [of] having sufficient nurses in general health care let alone aged care, it is unrealistic to expect 24/7 nursing staff in situ especially in non-urban areas.”

“Regarding access to a registered nurse on duty 24/7, this just makes care more expensive. Most of us living in our own homes don't have that access, we rely on the telephone. Age care workers will generally pick up on clients needs and recognise when medical urgency is required. Then call the cavalry the same as the rest of the population.”

Staff ratios and time spent with clients

As noted above, around 350 commenters wrote about issues related to the aged care workforce beyond the topics covered in the matrix questions.

One such topic was staff ratios. In total, 99 people wrote a comment on this topic.

Many commenters simply pointed out that one of the biggest problems in aged care today is poor staff-client ratios, caused by understaffing as well as too much administrative work, and leading to carers spending little time with each client.

Some discussed the impact of this on clients. Impacts they mentioned included:

- Clients feeling frustrated and neglected
- Clients waiting long times to be assisted with getting out of bed, toileting, showering, eating, or taking medication
- Carers needing to rush through these tasks to get to every client
- Carers and clients having no meaningful communication because of the rush
- More incidents occurring because of dangerous response times
- Clients being vulnerable to invasions of privacy or assault from other clients at night, or clients wandering out of the residence inappropriately on weekends, if there are insufficient staff to supervise and prevent this from occurring
- Staff attrition because of the stress and displeasure at the situation
- Unqualified staff being given responsibilities beyond their job descriptions, or some staff being overworked.

"I'm in an aged care facility now. Staff are wonderful that stay but I think a high turn over of newer staff."

"Unfortunately lack of staff numbers working with the vulnerable - elderly, little children, the disabled, leads to corners being cut and unsuitable (or worse) people being employed in these care roles. The target groups are totally vulnerable and usually unheard. It's frightening."

"I worked for short time in aged care facility and staff numbers were inadequate and therefore the best care required to clients was not possible. This made me very sad and was the reason I left the employment as I could not give the care i wanted to give. This is also the reason I was the primary carer to mum as I did not want to know she would not get the care she needed because too few staff."

"More nurses - catastrophe reins when the one person is working with high needs and another patient requires immediate assistance - call buttons are not getting answered"

"There should be sufficient time allocated to each client to not just provide the services required but to also time for some social interaction, a chat, a cup of tea. That emotional sustenance is just as important as physical well-being."

Traits aged care workers need

A total of 151 people commented on the traits they believe aged care workers should have. The traits were often framed as qualities inherent to high quality staff members, in contrast to formally trained skills that anyone can learn. Some commenters suggested these traits are more important than formal training, likening aged care work to a vocation or calling.

The traits mentioned included being:

- Naturally caring, kind, compassionate, supportive
- Considerate, patient, gentle
- Understanding, empathetic
- Respectful, not patronising, attuned to clients as individuals
- Good at listening, attentive, engaged, genuine
- Open minded, tolerant, good humoured
- Sociable, willing to chat, able to get close to older people, a 'people person'
- Happy in disposition, pleasant, warm, welcoming
- Enthusiastic, lively, energetic without being overpowering
- Trustworthy, honest, a person of integrity
- Reliable, punctual, careful
- Innovative, invested in the work, willing to help, passionate
- Committed to clients' dignity, self worth, and agency
- Eager to work with elderly people and appreciative of them.

"I have been told by an aged care worker that some carers had to take on that role because otherwise they would not be able to receive Centrelink payments. It is important that carers have empathy and an understanding of what it means to be less physically agile, less mentally agile and therefore slower than someone younger. Many years ago I did some volunteer work in an aged care facility and was appalled at the way people were treated. For example young carers ridiculing people because they had soiled themselves and another older carer forcing breakfast down a sleeping woman's throat causing her to choke. And this was at a nursing home in an affluent suburb where people were probably paying top dollar for their care."

"It's the quality of care and the empathy which makes a good carer. I've seen RNs who couldn't give a damn about a dying client. Ignoring pleas for analgesics."

"Having experience with aged care homes, they have been some amazing workers who have empathy without any training, they are the ones that should be treated like gold. When you see a worker that has come into aged care because [they] couldn't or didn't get into any other courses, that is the wrong reason to be in that area of work. As a child of a parent who needed a little bit more empathy and respect, I think [they are] qualities that can't often be taught. I think the interview process is important."

"Quality of care is important for health and wellbeing. Vulnerable people need to feel seen, heard and respected as there is little else left. Respect is the currency. I have seen the results where the conditions above do not prevail and the result for clients is devastating."

Management processes and range of offerings

A set of topics that around 114 respondents wrote about was improving workforce management processes, and better planning of the range of supports aged care services and facilities can offer (with consequent workforce implications).

Over sixty people said they want to see stricter monitoring of the care provided in facilities. Around half of these commenters wrote of their desire to see individual staff more closely supervised and assessed, with competencies regularly completed and accreditation enforced. One of these advocated the use of CCTV in residential facilities for loved ones of residents to check on them at any time, noting *“this puts workers on notice too.”* With specific relevance to home care workers, commenters said they want providers to implement processes to check that scheduled work has been done. They want this to be proactive, without clients having to first make a complaint about a worker, which many would find difficult to do.

The other half of this group of commenters put more emphasis on monitoring management rather than workers. They want more independent quality audits and surprise reviews of providers, with conditions standardised across the industry, facilities monitored for compliance, shortcomings published, and improvements enforced.

In addition to this, 23 people wrote specifically about the need to improve the range of activities offered in residential care and therefore the number and range of staff employed. They want more diversional therapists, more fun and stimulation to be offered, more quality social interactions, and less use of TV as a *“babysitter”*. Some spruiked the value of staff actively involving residents in activities and in the *“every day operation of their facility, assisting where they can, whether it’s in the kitchen, garden, garage, arts, music, exercise, etc.”*

Other matters commenters variously raised under the management processes topic included:

- Improving communication between clients, personal care workers, medical staff, managers, and relatives/friends, so that everyone knows what is happening and can speak up to discuss changes if needed
- Making 24/7 access and contact available to residents’ relatives/friends
- Undertaking more strategic planning re the level of care that facilities can offer residents, including how much intensive care or palliative care can be provided
- Providing more assistance to residents who do not have family to assist them with tasks such as seeking a dentist or helping them eat
- Employing dieticians on site to ensure food is tasty, varied, nutritious and well-presented
- Implementing better supervision of laundry staff to ensure residents’ clothes are cared for and returned intact
- Ensuring an advocate is accessible to all residents
- Enabling more accommodation of pets in the aged care sector, including providing workers to assist with pets’ care
- Formalising volunteer services more, with paid staff supervising volunteers
- Raising the quality of cleaning by home care workers, and allowing workers to complete a wider range of cleaning tasks (i.e., not so restricted by WHS rules)
- Making care services more professionally outfitted, reliable, and punctual.

Making aged care work more attractive

Finally, around 20 people commented on the need to reframe or rebrand aged care work as a highly valued, important profession, so that it is seen as a more attractive option to workers. Some of these comments linked this to increases in pay and improved conditions, but this was not always the case, with commenters also seeing inherent merit in giving aged care workers the recognition they deserve. Some in turn linked this recognition to improved quality of care.

“Aged care workers should be entitled to the recognition they deserve for their hard work and dedication. It is not a glamorous job”

“Care services are not attractive to the vast bulk of the workforce. How to change the profile of (aged) care and make the profession more attractive to more of the workforce.”

“For too long aged care services are treated as second class citizens.”

“more work done so it is perceived by the wider community as a credible, respected, desirable, aspirational career”

“Being treated as honoured assistants rather than feeling enslaved.”

“Recognition/respect of the value of both the aged care workforce and aged residents must be greatly improved.”

Methods

The information in this report comes from the 12th National Seniors Social Survey, which was conducted in February 2024. Anyone aged 50 or older who resides in Australia is welcome to participate in the NSSS. The survey received ethics approval from Bellberry Ltd prior to implementation (approval 2023-11-1424-A-1).

The survey included a module entitled ‘Quality in aged care services’, with two matrix questions and an invitation to comment, as described in this report. Comments were analysed for this report using the thematic analysis framework described by [Braun and Clarke](#). We identified

themes via inductive analysis guided by a critical realist approach that aimed for accuracy and objectivity in interpreting respondents’ views. The number of comments comprising any given theme was estimated to give a sense of its prominence. The data were not cross-coded so numbers should be treated as estimates only.

Quotes from survey respondents were selected to illustrate some of the variety and prevalence of ideas expressed. Where possible they were reproduced verbatim, occasionally omitting or altering parts for clarity or anonymity (indicated with

square brackets []). Minor typos were corrected for readability (no brackets). We retained all other phrasing idiosyncrasies.

When inviting people to participate, we strive for greater inclusivity and maximising participation, rather than numerical representativeness. This is especially relevant to open-ended questions because people’s unique experiences are the focus, not statistical patterns, and some groups are more likely than others to write a comment.

Sample

The percentages below characterise the demographic traits of the 4424 respondents who answered one or more questions in the module. No question was compulsory, so some rows do not add up to 100%. For statistical analyses, ‘prefer not to say’ responses were excluded, but they are included in calculations below.

Age group	50-64 years 10%	65-74 years 49%	75-84 years 35%	85+ years 5% (oldest 97)
State or territory	ACT 3% SA 10%	NSW 23% TAS 2%	NT 1% VIC 18%	QLD 32% WA 9%
Gender	Female 56%	Male 43%	Non-binary 3 people	
Education	School up to Year 10 15%	Year 12 or cert/dip 41%	Degree or higher 43%	
Not metro	Regional 27%	Rural 11%	Remote 1%	
Diversity groups	First Nations 1% Living with disability 6%	CALD background 3% Veteran 5%	LGBTI+ 2%	
Number chronic health conditions	None 28%	One 31%	Two or more 41%	
Provides care	Is or was primary carer 27%	Provides care at time of survey 18%		
Has a religion important to them	Yes 32%	No 58%		

Data unweighted

The head office of National Seniors Australia is located in Brisbane/Meenjin but we represent older people from across this great continent.

We acknowledge the traditional custodians of the land and waters in which we operate, the Turrbul People, and all other First Nations, Aboriginal, and Torres Strait Islander people.

We honour and value their continuing cultures, contributions, and connections to Country, and pay our respects to Elders, past and present.

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