

How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

Bo-Leah Strachan

Master of Social Work

University of Sydney

Abstract

The Australian aged care sector has been described as a sector in crisis, with the Royal Commission into Aged Care (2019-2020) bringing to the forefront numerous, disturbing accounts of abuse, neglect and substandard care experienced by older adults and their families. This has been linked to the *Aged Care Act 1997* (Cth) which was a catalyst for marketisation and privatisation of the aged care industry, constructing older adults as consumers over citizens. The conservative 1996 government justified this legislation by framing the ageing population as a financial burden, subsequently promoting a discourse that devalues older adults. Market principles were used to further legitimise this decision making, with the promise that competition would drive quality of services. However, this commodification of care shifted the focus from person to task and saw cost-cutting measures compromise quality and dehumanise care. By confronting the current state of this fractured system, we highlight the lack of value and investment placed on Australia's older adults as a result of valuing neoliberalism over humanity. This article discusses the connections between theory, policy and practice for a nuanced analysis of the systemic issues, multi-layered inequities and key drivers that contribute to the current failures of the Australian aged care sector. Furthermore, it highlights critical social work as a key consideration for the provision

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

of aged care as a social justice issue of ageism, institutional oppression and in order to centre older adults and promote their rights to respect, dignity, autonomy and equitable access.

Keywords

critical social work; social justice; aged care; neoliberalism

Introduction

The landscape of the Australian aged care sector has changed rapidly over the past two decades, leading to what has been described as a sector in crisis (Gilbert, 2021). This has been linked to the *Aged Care Act 1997* which saw the dominating force of aged care providers go from competing not-for-profit organisations to a privatised commercial market. Moreover, it became the catalyst for a cycle of piecemeal reforms, media scandals, accreditation failures and facility closures. Policymakers of these reforms utilised technologies and ethical underpinnings of marketisation, such as consumer choice and competition, with the premise of driving quality and performance for its users. This instead produced a privatisation of the sector resulting in a heavy loss of professional skills, minimum staffing ratios and lowered standards of care (Henderson & Willis, 2019). Furthermore, contradictory to the promise of quality care, national data from 2017 revealed an increase in formal complaints within aged care services (Aged Care Complaints Commissioner, 2017).

Thus in 2018, the Australian Broadcasting Commission's *Four Corners* program (Connolly & Ferguson, 2018) launched a major investigation into residential aged care facilities poignantly titled “Who Cares?” and on the day prior to airing, the conservative government announced yet another Royal Commission into Aged Care, the seventeenth of its kind. In 2021, The Final Report was released and identified substantial issues with the provision of aged care within Australia, including systemic failures and numerous reports of abuse and neglect (Hutchinson et al., 2021; O’Keeffe & David, 2020). Subsequently, the Commissioners reported that the state of the sector reflects a “sad and shocking system that

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

diminishes Australia as a nation” (Tracey & Briggs, 2019, p. 12). It can therefore be argued that the marketisation and privatisation of the Australian aged care sector, have led to changes that have significantly contributed to the system’s failures for older adults and their families. This brings to light the impact of neoliberalism’s commodification of care and questions the value Australia places on our older generations and whether we as a country have accepted this system in crisis. This article will look at the Royal Commission into Aged Care (2019-2020) findings to explore why institutional care and wider aged care services appear to be failing the people they are meant to care for. Furthermore, it will review the literature related to these pressing questions and discuss the implications for older adults, their families, the aged care system and social work.

Literature review

Marketisation and privatisation in the aged care industry

Reviewing the literature in regard to marketisation of the sector, highlighted the conservative 1996 government’s portrayal of older adults. The conservative government of the time, led by Prime Minister John Howard, characterised aged care within an ageing population as a prohibitive cost to the public, and thus the *Aged Care Act 1997* was born. The Act introduced a privatised funding model that featured means-testing, accommodation bonds, government regulation of funding and an accreditation system (Davidson, 2015). Previous to this, charitable and State service providers made up the majority of the aged care system (Dehm et al., 2021) however with these changes the composition of services providers shifted, with an extensive growth of for-profit service providers and a role reduction for not-for-profit organisations (Cochrane et al., 2021). It also changed the responsibility and role of the State, meaning a decrease in government involvement and ultimately, governance from a distance (Moore, 2018; O’Keeffe & David, 2020).

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

It is important to note that each type of service provider holds distinctly different strategies and goals (Davidson, 2015). Research shows that not-for-profit organisations work more closely with their mission and shared values, recording a higher quality of care (Xerri et al., 2019), whereas for-profit organisations maintain key performance goals around efficiency and are accountable to their investors who provide adequate capital (Xerri et al., 2019). In this regard, profit and growth are prioritised over care with research showing that for-profit services record a higher rate of sanctions due to failure to meet minimum care standards (Henderson & Willis, 2019). Privatisation has also seen cost cutting measures compromise workforce skill levels through a reduction in registered nurses with statistics showing that in 2012, care staff made up approximately 70 per cent of the workforce (Henderson & Willis, 2019). And whilst they are a valued and much needed part of the sector, some care staff have as little as six weeks of training, undermining the complexity and value of aged care (Connolly & Ferguson, 2018).

The literature also highlighted how privatisation of the sector has radically altered the discourse around care to include marketisation values of individualisation, choice and competition, in the pursuit of competitive quality services (Moore, 2018; Woods & Corderoy, 2021). These narratives can be seen in the 2010 Productivity Commission Inquiry into Aged Care, which constructed older adults as consumers rather than citizens and in 2013 the government services access portal, *My Aged Care* was established with the premise of providing information to support older adults to be informed consumers. However, this system is simplistic in the sense that it assumes that consumer choice is accessible to all people and that it is an automatic guarantee of quality (Cochrane et al., 2021; Henderson & Willis, 2019). Commissioner Peter Rozen also challenged the standard of this design, stating that this “aged care system is not failing, but rather operating as it is designed” (Peter Rozen QC addressing the Royal Commission, August 2020).

The Royal Commission into Aged Care Quality and Safety

It is important to consider the findings of the Royal Commission into Aged Care Quality and Safety as they provide an independent and evidence-based understanding of the current

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

Australian aged care sector. A Royal Commission is non-partisan and investigates matters of great importance, they hold the power to compel evidence through public hearings and make recommendations to the government in regard to addressing the matter. After its establishment in 2018, the Royal Commission into Aged Care Quality and Safety gathered over 17, 500 submissions from older adults, their families and professionals, with numerous, concerning reports of abuse, neglect, poor communication and inadequate staffing levels (Bonner et al., 2021; Davidson, 2021).

Other than State residential aged care facilities in Victoria, there are no minimum staffing levels mandated within Australian residential aged care facilities. *Four Corners* presented several disclosures from aged care professionals regarding these severe circumstances, with one care worker reporting times where only they and one registered nurse were in charge of seventy-two residents in total (Connolly & Ferguson, 2018). This is in vast contrast to Australian childcare and hospital standards which enforce minimum staff ratios, again bringing into question the value we place on older adults in comparison to other population groups (Brusco et al., 2023). The Commissioners also highlighted intersecting priority population groups as people at greater disadvantage, stating that the existing aged care system acknowledges the needs of diverse groups but is not equipped to provide culturally safe and non-discriminatory care (Pagone & Briggs, 2021).

In addition, the Royal Commission findings highlighted the condition of government provided Home Care Packages as a key issue related to lack of timely availability and being in such disarray that the Commissioners recommended immediate action to increase funding capacity before the report could even be published. These packages fund in-home care for community dwelling older adults, they are much more affordable than residential aged care and support people to maintain independence and remain at home for longer ((Davidson, 2021). The Commissioners reported that the slow release and approval process left over 100, 000 people waiting for Home Care Packages for up to thirty-four months. Consequently, many older adults suffered preventable declines in function, hospitalisations and premature admissions to residential aged care facilities. This significantly decreased the capacity of

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

Australian older adults to remain at home, with many dying on the waitlist before they could receive much needed care (Davidson, 2021). In relation to social work values of social justice, this reveals a system that breaches older adults' human rights to respect, dignity, autonomy and equitable access.

The Final Report was published in 2021 and listed 148 recommendations for a fundamental overhaul of the aged care sector (Gilbert, 2021). The report argued that access issues, systemic problems and substandard care were key drivers for the failures experienced by older adults and their families. To address these failures, the report communicated four key areas of improvement: the workforce skill level and working conditions, a rights-based approach centring older adults, stronger governance and transparency, and a need for more government funding (Woods & Corderoy, 2021). The final two messages in particular recognise the Australian Government's role in the sector's crisis and failures, however despite this, the Morrison Government's (2018-2022) response received significant criticism due to an ambiguous commitment to action the recommendations, as well as further inadequate funding (Richards, 2021).

The Commissioners also reported that the state's ongoing inattention to market structure and abject failure of regulation, have contributed to the failure to protect older adults (Pagone & Briggs, 2021). Government regulation through monitoring and compliance was assessed as poor in the recent Royal Commission, which can be observed by comparing the ratio of compliance officer site visits to complaints between the past decade. Site visits reduced dramatically from over three thousand visits between 2006-2007 to approximately fifty site visits between 2016-2017, despite complaints almost doubling in volume to total over four thousand (Connolly & Ferguson, 2018). In spite of this, 95 per cent of service providers still received a perfect government accreditation score of 100 per cent in 2017 (Connolly & Ferguson, 2018) and their complaints were not listed on *My Aged Care*, despite its purpose being to supply individuals with relevant consumer information such as this. These points evidence the systemic issue of inadequate government regulation in the face of

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

crisis, despite regulation being promoted as a market strategy that would improve services when the *Aged Care Act 1997* was introduced.

Discussion

Commodifying and dehumanising care

The literature has revealed how marketisation has resulted in clinical measures being representative of successful outcomes rather than centring the person and consequently, leading to poorer care (Cleland et al., 2021). In addition, service providers have become more accountable to the government rather than the older adults and families they serve. This amplifies a hierarchical power imbalance between the state, services, older adults, staff and within the workforce. An example of this lies within the numerous reports from older adults, families and staff, in which they express feeling disempowered and intimidated to speak out about incidences of abuse and neglect (Austen & Hutchison, 2021). These conditions blatantly contradict the principles and Royal Commission recommendations of person-centred care, further seen in the aforementioned staff cost cutting measures that increase profits for services, despite the negative impact on the quality of care for older adults and their families. The Royal Commission supported this argument by stating ‘a highly skilled, well rewarded and valued aged care workforce is vital to the success of any future aged care system’ (Pagone & Briggs, 2021, p. 124). Therefore, it can again be argued that direct and indirect impacts of the sector’s marketisation and privatisation have contributed to the apparent failings of older adults and their families.

The marketisation of aged care has also been associated with the rise of neoliberalism, a political ideology and set of practices that are underpinned by a free-market economy with principles of productivity, competition and individualism (Henderson & Willis, 2019; O’Keeffe & David, 2020). The 1990s saw the intensification of this ideology, evident in the increase of privatisation, labour markets and a reduction in the social welfare state (Brown et al., 2022) and under the guise of freedom, autonomy and choice, it transfers risk and responsibility from institutions to the individual, distracting from the broader context

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

(O’Keeffe & David, 2020). Utilising a lens of moral disengagement, we can assess neoliberal values alongside the substandard care outlined in the Royal Commission that highlighted a shift from person-focused to task-focused care (Austen & Hutchison, 2021). Austen and Hutchison (2021) argued that the combination of this dehumanised care and staffing constraints have significantly contributed to the system’s limited capacity for personable and compassionate care. Moreover, this managerial agenda of marketisation whereby aged care has become routinised, further suggests that neoliberal agenda has become justified, legitimised and significantly contributes to substandard care (Austen & Hutchison, 2021).

It is arguable that privatised environments can also enable a culture whereby services disengage from their ethical and moral responsibilities, preventing the needs of individuals and their communities to be met (Austen & Hutchison, 2021). Austen and Hutchison (2021) further discussed how this can result in older adults and their families being problematised and how careless conduct has become normalised. A key example of this, as reported in the Royal Commission findings, is the use of chemical restraints for “challenging” people which can be a result of inadequate staffing numbers to support people experiencing complex needs (Pagone & Briggs, 2021). The *Four Corners* investigation confirmed that antipsychotics should only be used as a last resort for individuals experiencing agitation, and that statistics show they are only effective in one out of five circumstances (Connolly & Ferguson, 2018). However, figures also indicated that they are being used as an earlier intervention, with many reports from families stating that they were not asked for consent prior to administration (Connolly & Ferguson, 2018). Such behaviour again falls outside of person-centred care that encompasses individualised support, value of the person and mutually positive respect (Cleland et al., 2021; Seah et al., 2021) and further suggests that marketisation and its task-focused, dehumanisation of care is failing the people it is meant to care for.

Challenging “consumer choice”

Researchers also highlighted the rhetoric of “consumer choice” as a key narrative of marketisation (Moore, 2018; O’Keeffe & David, 2020). From a theoretical perspective, we can begin to look at this rhetoric through Michael Foucault’s understanding of power, politics

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

and how language is central to producing knowledge (Duffy, 2018). For instance, taking a Foucauldian approach to discourse analysis highlights how narratives of consumer choice, performance and quality standards act as key technologies of marketisation and truth within aged care policy (O’Keeffe & David, 2020). Policymakers have claimed this technology improves outcomes, accountability and transparency however does not acknowledge the complexity of choice or resources needed (O’Keeffe & David, 2020). For example, the limited services, skilled workforce and ageing workforce within rural, remote and regional areas exacerbate structural inequities (Savy & Hodgkin, 2021). This is because limited availability places pressure on individuals to accept an available place out of desperation and limited choice rather than suitability or preference (Henderson & Willis, 2019; Hodgkin et al., 2020).

The Foucauldian concept of technology also analyses means-testing as a stratified system that discriminates against people who are unable to equitably exercise choice or afford it (Henderson & Willis, 2019). It can therefore be argued that power imbalances, lack of resources and the market’s assumption of free will, also impact an individual’s capacity to be an informed decision maker. The government website *My Aged Care* has been criticised as another barrier to informed consumer choice due to being inaccessible to a digitally excluded population and containing restricted information (Davidson, 2021). This emphasises the need for advocacy and guidance for individuals and highlights a lack of transparency within the system (Hodgkin et al., 2020). These factors also suggest that market forces and the pursuit of profits, a key objective of neoliberalism, are not improving quality of care but rather resulting in poorer outcomes (Henderson & Willis, 2019). Therefore, it can be further argued that social change whereby older adults are empowered to have autonomy, equitable access and an independent voice to shape the services designed to care for them, is vital in resisting such institutionalisation (Hafford-Letchfield, 2014).

Intersectionality

Critical social work is a theoretical approach that seeks to challenge oppression such as institutionalisation, through an analysis of power within language, socio-political

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

structures and their interactions, in the pursuit of meaningful, systemic change (Ablett & Morley, 2019). For example, a critical social work perspective is that consumer choice within a marketised aged care sector takes away from seeing an individual as a citizen and fails to acknowledge the complex nature of identity and diversity (O’Keeffe & David, 2020). This also relates to the anti-oppressive social work framework of intersectionality that was conceived by the American civil rights advocate and scholar, Kimberlé Crenshaw in 1989. Crenshaw advocated against a workplace discrimination ruling experienced by a group of Black women whereby the court judge ruled out discrimination as the employer hired separately both White women and Black men. Crenshaw argued that race and gender are not mutually exclusive social categories and highlighted a single-axis analysis that can perpetuate discrimination (Crenshaw, 1994; Weßel, 2022). Intersectionality therefore describes the multidimensional aspects of social identity, such as and not limited to, one’s age, race, gender, ability and sexual orientation, and understands how they can expose a person to overlapping, structural forms of privilege and discrimination within existing power structures (Crenshaw, 1994; Weßel, 2022). Furthermore, intersectionality illustrates how oppression and structural inequities disproportionately impact marginalised people, such as within the aged care system (Crenshaw, 1994; Moore, 2018; Weßel, 2022).

Intersectionality has been critiqued for its inconsistent applications and risk of focusing on investigating social identities over systemic inequalities (Matsuzaka et al., 2021). However, Weßel (2022) highlights its relevance in the context of aged care as the concept of intersectionality highlights older adults as a heterogeneous group of people who have complex needs, rather than an invisible part of the population who are simply old. Utilising a social work lifecourse perspective, the COVID-19 pandemic is a prime example of this as it saw aged care residents treated as second class citizens (Dehm et al., 2021; Hutchinson et al., 2021). Limited access to hospital treatment, extreme social isolation, lack of training for frontline staff and a lack of personal protective equipment, all demonstrated injustice for older adults and contributed to preventable COVID-19 outbreaks within residential aged care facilities (Davidson, 2021). Furthermore, The Aged Care and COVID-19 Special Report (Pagone & Briggs, 2020) stated that by international standards, Australia’s aged care facility

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

death rates were disproportionately high (Davidson, 2021). Reported research raised awareness and concerns around the devaluation, under-investment and neglect of institutionalised older adults within Australia as a result of value being placed on the market over humanity (Dehm et al., 2021; Hutchinson et al., 2021; Jessop & Peisah, 2021).

In addition, intersectionality offers a theoretical understanding to explore care ethics whereby institutional aged care can be analysed as part of an ageist, bio-medical and patriarchal system that places low value on care work (Moore, 2018). The current aged care system can be further examined with an intersectional lens by recognising that the values of cognition, individualisation, property ownership and exchange of goods, are deeply embedded in Western ethics and do not align with the values of other cultures such as Australia's First Nations people (Henderson & Willis, 2019). Therefore, it can be argued that there is a clear need for holistic, right-based, collective and equitable approaches to care that not only acknowledge the needs of diverse groups, but importantly provide more inclusive and non-discriminatory care (O'Keeffe & David, 2020). It also evidences the effective absence of these approaches within the current system, especially within communities where institutions are not relevant (West & Ramcharan, 2019).

Conclusion

Prior research reviewed in this article explains how market structure and privatisation were introduced to the aged care sector and evolved under neoliberal times. The conservative 1996 government's *Aged Care Act 1997* was a turning point in Australian aged care policy and significantly contributed to this shift. Marketisation benefits the government through reduced financial and political exposure, working under the assumptions of free market principles such as choice and a competitive market to produce quality services (Cochrane et al., 2021; Moore, 2018; Woods & Corderoy, 2021). However, by using a Foucauldian discourse analysis it can be argued that such marketisation technologies are more relevant to economic theory rather than the ethics of humanity and care. Consequently, the commodification of care ignores the complexities and nuances of choice and care needed to support older adults within the aged care system. This has resulted in a dehumanisation and routinisation of the

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

sector where profits and growth are prioritised over quality of care, incentivising cost cutting measures such as reduction in staff and skill levels. Furthermore, a neoliberal governmental agenda has justified and legitimised substandard care and created further power imbalances that oppress older adults (Henderson & Willis, 2019; O’Keeffe & David, 2020).

The findings from the Royal Commission into Aged Care Quality and Safety report how the commodification of aged care has resulted in lowered care standards, decreased quality of care and systemic failures. Consequently, this has led to an increase in formal complaints and reports of neglect and abuse (Connolly & Ferguson, 2018; Pagone & Briggs, 2021). However, despite this, the literature highlighted the abject failure of government regulation to address these issues (Moore, 2018; Pagone & Briggs, 2021; Savy & Hodgkin, 2021). The Commissioners also stated that the current system acknowledges the importance of meeting diverse needs however is ill equipped to provide non-discriminatory care, and it is evident that the stratified system design discriminates against people who cannot afford or exercise choice equitably. Intersectionality further illustrates how oppressive practices and structural inequities are discriminating against older adults and moreover, older adults who experience multiple facets of marginalisation.

Ageism has been evident within the literature and Royal Commission findings, acknowledging the lack of worth placed on older adults within Australian society. It has also highlighted a clear need for collective, equitable, holistic and right-based approaches to care, and social work holds a unique position to support this as an important issue of social justice. Furthermore, it can be argued that critical social work can make a meaningful difference with its values rooted in challenging oppression, such as that of the ageism and institutionalisation reported in the aged care sector (Hafford-Letchfield, 2014; Moore, 2018). In addition, broader social policy reforms are needed to address the cultural value and social perspectives of ageing.

This article has explained how aged care policy has impacted aged care services and the care they provide, evidencing the intricate interplay of policy, practice and theory. The conservative government’s neoliberal agenda has painted aged care as a public burden,

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

further devaluing older adults within Australian society and encouraging us to accept a careless system. Therefore, there is a clear argument that the direct and indirect impacts of aged care's privatisation and marketisation have been significant contributors to the apparent failings of older adults and their families. As a society's humanity can be measured by how it treats its most vulnerable, this is an important human rights issue which Australia as a collective needs to address.

References

- Ablett, P., & Morley, C. (2019). Social work as revolutionary praxis? The contribution to critical practice of Cornelius Castoriadis's political philosophy. *Critical and Radical Social Work*, 7(3), 333–348. <https://doi.org/10.1332/204986019X15695800764884>
- Aged Care Act 1997 (Cth). http://www.austlii.edu.au/au/legis/cth/consol_act/aca199757/
- Austen, K., & Hutchinson, M. (2021). An aged life has less value: A qualitative analysis of moral disengagement and care failures evident in Royal Commission oral testimony. *Journal of Clinical Nursing*, 30(23-24), 3563–3576. <https://doi.org/10.1111/jocn.15864>
- Bonner, R., Peters, M. D. J., & Butler, A. (2021). Workforce - The bedrock of aged care reform. *Australian Economic Review*, 54(2), 285–293. <https://doi.org/10.1111/1467-8462.12427>
- Brown, C., Johnstone, M., Ross, N., & Doll, K. (2022). Challenging the constraints of neoliberalism and biomedicalism: Repositioning social work in mental health. *Qualitative Health Research*, 32(5), 771–787. <https://doi.org/10.1177/10497323211069681>
- Brusco, N., Haines, T., Taylor, N. F., Rawson, H., Boyd, L., Ekegren, C., Kugler, H., Dawes, H., Radia-George, C., Graven, C., & Hill, K. (2023). In Australian hospitals and Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

residential aged care facilities, how do we train nursing and direct care staff to assist patients and residents to move? A national survey. *Australian Health Review*.
<https://doi.org/10.1071/AH22296>

Cleland, J., Hutchinson, C., Khadka, J., Milte, R., & Ratcliffe, J. (2021). What defines quality of care for older people in aged care? A comprehensive literature review. *Geriatrics & Gerontology International*, 21(9), 765–778. <https://doi.org/10.1111/ggi.14231>

Cochrane, S. F., Holmes, A. L., & Ibrahim, J. E. (2021). Progressing towards a freer market in Australian residential aged care. *Social Policy and Society: A Journal of the Social Policy Association*, 1–25. <https://doi.org/10.1017/S1474746421000786>

Connolly, A. (Reporter), & Ferguson, S. (Presenter) (2018, September 17). Who Cares? *Four Corners* [Television series episode]. ABC Television.

Crenshaw, K. (1994). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. In A. M. Jager (Eds.), *Living with Contradictions* (pp. 39–52). Routledge.

Davidson, B. (2015). Community aged care providers in a competitive environment: Past, present and future. *Sydney University Press*.

Davidson, C. (2021). The aged scare industry: How privatisation leads to suffering and death. *The Guardian (Sydney)*, (1953), 1.

Dehm, S., Loughnan, C., & Steele, L. (2021). COVID-19 and sites of confinement: Public health, disposable lives and legal accountability in immigration detention and aged care. *University of New South Wales Law Journal*, 44(1), 60–103.
<https://doi.org/10.53637/GELR7037>

Duffy, F. (2018). *Intergenerational perspectives on ageing in Australia “companions on a journey - they did it for you, you do it for them.”* [Doctoral dissertation, The University of Sydney].

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

https://sydney.primo.exlibrisgroup.com/permalink/61USYD_INST/1c0ug48/alma991031441799605106

Gilbert, A. S. (2021). Conceptualising trust in aged care. *Ageing and Society*, 41(10), 2356–2374. <https://doi.org/10.1017/S0144686X20000318>

Hafford-Letchfield, T. (2014). Critical educational gerontology: What has it got to offer social work with older people? *European Journal of Social Work*, 17(3), 433–446. <https://doi.org/10.1080/13691457.2014.885881>

Henderson, J., & Willis, E. (2019). Chapter twelve: The marketisation of aged care: The impact of aged care reform in Australia. *Navigating Private and Public Healthcare*, 249–267. https://doi.org/10.1007/978-981-32-9208-6_12

Hodgkin, S., Savy, P., Clune, S., & Mahoney, A.M. (2020). Navigating the marketisation of community aged care services in rural Australia. *International Journal of Care and Caring*, 4(3), 377–393. <https://doi.org/10.1332/239788220X15875789936065>

Hutchinson, C., Ratcliffe, J., Crocker, M., Kumaran, S., Milte, R., & Khadka, J. (2021). “Knowledge is everything?” How well do the general public understand aged care and how does this affect their attitudes towards quality of care and future funding? *Ageing and Society*, 1–23. <https://doi.org/10.1017/S0144686X21001549>

Jessop, T., & Peisah, C. (2021). Human rights and empowerment in aged care: Restraint, consent and dying with dignity. *International Journal of Environmental Research and Public Health*, 18(15), 7899–7905. <https://doi.org/10.3390/ijerph18157899>

Matsuzaka, S., Hudson, K. D., & Ross, A. M. (2021). Operationalizing intersectionality in social work research: Approaches and limitations. *Social Work Research*, 45(3), 155–168. <https://doi.org/10.1093/swr/svab010>

Moore, S. (2018). From state to market: Reclaiming a critical ethics of elder care. *Critical Ethics of Care in Social Work*, 84–93. <https://doi.org/10.4324/9781315399188-8>

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

O’Keeffe, P., & David, C. (2020). Discursive constructions of consumer choice, performance measurement and the marketisation of disability services and aged care in Australia. *The Australian Journal of Social Issues*. <https://doi.org/10.1002/ajs4.139>

Pagone, G., & Briggs, L. (2020). Aged Care and COVID-19: A Special Report. *Royal Commission into Aged Care Quality and Safety*.
<<https://agedcare.royalcommission.gov.au/publications/aged-care-and-covid-19-special-report>>

Pagone, G., & Briggs, L. (2021). Final Report: Care, Dignity and Respect. *Royal Commission into Aged Care Quality and Safety*.
<<https://agedcare.royalcommission.gov.au/publications/finalreport>>

Richards, D. (2021). Government’s response to aged care reform remains disappointingly lacking. *Australian Nursing & Midwifery Journal*, 27(4), 22.
<https://doi.org/10.3316/informit.883370552540795>

Savy, P., & Hodgkin, S. (2021). Australian rural community aged care services: Precarity and capacity. *Australian Journal of Public Administration*, 80(2), 324–339.
<https://doi.org/10.1111/1467-8500.12480>

Seah, S. S. L., Chenoweth, L., & Brodaty, H. (2021). Person-centred Australian residential aged care services: How well do actions match the claims? *Ageing and Society*, 1–26.
<https://doi.org/10.1017/S0144686X21000374>

Tracey, R., & Briggs, L. (2019). Interim Report: Neglect. *Royal Commission into Aged Care Quality and Safety*. <<https://agedcare.royalcommission.gov.au/publications/interim-report>>

Weßel, M. (2022). Feminist approach to geriatric care: comprehensive geriatric assessment, diversity and intersectionality. *Medicine, Health Care, and Philosophy*, 25(1), 87–97.
<https://doi.org/10.1007/s11019-021-10052-1>

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.

West, R., & Ramcharan, P. (2019). The emerging role of financial counsellors in supporting older persons in financial hardship and with management of consumer-directed care packages within Australia. *The Australian Journal of Social Issues*, 54(1), 32–51. <https://doi.org/10.1002/ajs4.55>

Woods, M., & Corderoy, G. (2021). Improving consumer-centred aged care: Addressing issues of sustainability, service integration and market incentives. *Australian Economic Review*, 54(2), 266–274. <https://doi.org/10.1111/1467-8462.12425>

Xerri, M., Brunetto, Y., & Farr-Wharton, B. (2019). Support for aged care workers and quality care in Australia: A case of contract failure? *Australian Journal of Public Administration*, 78(4), 546–561. <https://doi.org/10.1111/1467-8500.12379>

Strachan: How the commodification and dehumanisation of aged care in Australia appears to be failing older adults and their families.