

# Comprehensive Palliative Care in Aged Care 2024-25 to 2025-26 - Victoria

## FEDERATION FUNDING AGREEMENT – HEALTH

**Table 1: Formalities and operation of schedule**

<b>Parties</b>	Commonwealth Victoria (VIC)
<b>Duration</b>	This agreement is expected to expire on 30 June 2026, or on completion of the initiative, including acceptance of final performance reporting and processing of final payments.
<b>Purpose</b>	<p>This Schedule will support the improved delivery of palliative care services for older Australians living in Residential Aged Care Homes (RACHs) by expanding existing models of care and supporting new approaches to the way care is delivered or commissioned by Victoria.</p> <p>Victoria will deliver two time-limited projects to improve palliative care for Victorian residents living in RACHs:</p> <ul style="list-style-type: none"> <li>• <u>Project 1: Goals of care for RACH residents without decision making capacity:</u> <ul style="list-style-type: none"> <li>○ Implementation of tools and resources for both residents and families as well as RACH staff to support improved decision-making for the resident and the family around planning for end of life, as well as the improved ability for the RACH to proactively partner with palliative care services and other providers to enact those care wishes.</li> </ul> </li> <li>• <u>Project 2: Culturally safe palliative care planning with Aboriginal and Torres Strait Islander people living in RACHs:</u> <ul style="list-style-type: none"> <li>○ Each resident that identifies as Aboriginal or Torres Strait Islander is offered practical support via a trained community peer to develop a culturally safe palliative care plan in partnership with the RACH.</li> <li>○ Support RACHs to partner with the older person and to build culturally responsive and capable RACHs by embedding culturally safe palliative care planning into the normal care processes and embed respect for Elders.</li> </ul> </li> </ul>

Estimated financial contributions	<p>The Commonwealth will match the contribution of Victoria up to a total of \$1.250 million exclusive of GST over two years (2024/25 – 2025/26) in respect of this schedule.</p> <table><tr><th>Table 1 (\$ million)</th><th>2024-25</th><th>2025-26</th><th>Total</th></tr><tr><td>Estimated total budget</td><td>1.500</td><td>1.000</td><td>2.500</td></tr><tr><td>Commonwealth National Partnership Payment (1)</td><td>0.750</td><td>0.500</td><td>1.250</td></tr><tr><td>VIC contribution</td><td>0.750</td><td>0.500</td><td>1.250</td></tr></table> <p>(1) The Commonwealth contribution is contingent on Victoria’s contribution of equal funding. Where Victoria contributes a lesser amount the Commonwealth contribution will be reduced accordingly.</p>	Table 1 (\$ million)	2024-25	2025-26	Total	Estimated total budget	1.500	1.000	2.500	Commonwealth National Partnership Payment (1)	0.750	0.500	1.250	VIC contribution	0.750	0.500	1.250
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Estimated total budget	1.500	1.000	2.500														
Commonwealth National Partnership Payment (1)	0.750	0.500	1.250														
VIC contribution	0.750	0.500	1.250														
Additional terms	<ul style="list-style-type: none"><li>For this Schedule, a RACH is a special-purpose facility, providing accommodation and personal care 24 hours a day, access to nursing and general healthcare services for senior Australians who can no longer live in their own home as described under the Aged Care Act 1997 (Aged Care Act 2024 from 1 July 2025). RACHs are accredited by the Aged Care Quality and Safety Commission to receive funding from the Australian Government through residential aged care subsidies.</li><li>The Health Insurance Act 1973 prohibits the payment of Medicare benefits where other government funding is provided for that service. Victoria will ensure any agreement for the provision of services using funding under this agreement recognises and does not contravene the operation of the Health Insurance Act 1973’.</li><li>The National Health Reform Agreement (NHRA) provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. Victoria will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.</li><li>Project work will be delivered by Victoria based on the principles of self-determination, partnership, co-design as in the Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027.</li><li>Performance reports will be provided by Victoria at the times specified in Table 2.</li></ul> <p>The Parties agree that the May 2025 and April 2026 performance milestone reports will include the relevant data listed below. In the case where targets are specified and not met, Victoria is to provide reasoning for this.</p>																

- Share resources on the projects with 100% of Victorian palliative care services and 100% public sector RACHs.
- Establish partnerships with other aged care peak / key bodies to raise awareness with other RACHs (private and non-government).

### **Project 1 - Goals of care for RACH residents without decision making capacity**

This project will build on and address the gaps in the published Dignified and Respectful Decisions (DARD) website and resources, [www.pallcarevic.asn.au/dard](http://www.pallcarevic.asn.au/dard). Activities and targets include:

- Development of a RACH and community engagement model to co-develop, test, evaluate, and share the new DARD resources. This is anticipated to include:
  - Co-creation of information on decision making, supports and preferences with Aboriginal and Torres Strait Islander community members and carers
  - Co-creation of LGBTIQ+ resources including information booklets and a guide to decision making
  - Co-creation of new resources in additional community languages (prioritised based on sector consultation it is anticipated that it will 8 to 10).
- On-going engagement and education with 10 paired Victorian palliative care services and 10 public sector RACHs to continue to embed existing DARD resources into practice.
- Use the Phased Model of Engagement and Project Implementation to share resources and obtain feedback from 100% Victorian palliative care services and 100% public sector RACHs. Then work with peak bodies and project partners to raise awareness in other RACHs (private and non-government).

### **Project 2: Culturally safe palliative care planning with Aboriginal and Torres Strait Islander people living in Victorian RACHs:**

Activities and targets include:

- Re-establishment of the project with our project partners to finalise the project plan, share existing knowledge, expand partnerships and identify champions.
- Development of a 'train the trainer' model to build capacity with community peers to ensure cultural care planning is done by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people.
- Using a self-determination and co-design approach: develop, refine and test the model of care with a paired group of 3 Victorian

	<p>palliative care services and 5 mainstream RACHs.</p> <ul style="list-style-type: none"><li>• Ensure all Aboriginal and Torres Strait Islander residents who wish to participate are able to prepare a palliative cultural care plan.</li><li>• Provide a suite of resources to support and engage RACHs, community peers, Elders, residents and family members. This includes a website to build awareness in Victorian palliative care services and mainstream RACHs.</li><li>• Use the Phased Model of Engagement and Project Implementation to share resources and obtain feedback from 100% Victorian palliative care services and 100% public sector RACHs. Work with peak bodies and project partners to raise awareness in other RACHs (private and non-government).</li></ul>
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Performance requirements, reporting and payment summary			
Output	Performance milestones	Report due	Commonwealth contribution payment
<p>Demonstrated improvements to delivery of palliative care services for older Australians living in Residential Aged Care Homes (RACHs) in Victoria through two time-limited projects focusing on under-served populations.</p> <p><b>Project 1: Goals of care for RACH residents without decision making capacity:</b>  <b>Key milestones and measures include:</b></p> <ol style="list-style-type: none"> <li>1. Project Steering Group established, activation meeting held to examine the legacy work, project plan and communication plan developed.</li> <li>2. Pilot commenced – to test an approach to embedding the published DARD resources with Victorians RACHs: <ol style="list-style-type: none"> <li>a. Engagement with 12 Victorian public sector RACHs (6 spread across regional Victoria, and 6 within metropolitan Melbourne), as well as the palliative care providers in the catchment areas.</li> <li>b. Initial meeting and preliminary survey of the 12 pilot homes to commence the project, understand current practice and determine gaps.</li> <li>c. Face-to-face information sessions for staff, residents and relatives in the 12 pilot homes to promote awareness of the resources and how they will be shared by staff and how they will be integrated in practice.</li> </ol> </li> </ol> <p><b>Project 2: Culturally safe palliative care planning with Aboriginal and Torres Strait Islander people living in Victorian RACHs</b>  <b>Key milestones and measures include:</b></p> <ol style="list-style-type: none"> <li>1. Establish self-determined Aboriginal and Torres Strait Islander people leadership and Elders group, and with project partners to examine legacy work, develop project and communication plan.</li> <li>2. Pilot commenced – to test an approach to embedding culturally safe palliative care planning with Victorian RACHs: <ol style="list-style-type: none"> <li>a. Engage 3 Victorian public sector RACHs and 3 Aboriginal Community Controlled Organisations (ACCOs) in the pilot; as well as palliative care providers that cover the catchment areas.</li> </ol> </li> </ol>	<p>Provision and acceptance of performance report outlining the activities undertaken to 30 May 2025 against each output.</p> <p><b>Performance report</b> – The report should include data against each of the performance indicators and data items listed in the 'Additional Terms' and 'Outputs' column. In the case where targets are not met, Victoria is to provide reasoning for this.</p>	30/05/2025	<p>Up to \$0.750 million</p> <p>Payment planned June 2025, subject to provision and acceptance of the Performance Report.</p>

<p>b. Information provided to each pilot home and preliminary survey of each facility to gauge standard of practice.</p> <p>c. Process to identify and train five (5) community peers established.</p>			
<p>Demonstrated improvements to delivery of palliative care services for older Australians living in Residential Aged Care Homes (RACHs) in Victoria through two time-limited projects focusing on under-served populations.</p> <p><b>Project 1: Goals of care for RACH residents without decision making capacity:</b></p> <p><b>Key milestones and measures</b> may include:</p> <ol style="list-style-type: none"> <li>1. New resources co-created with our community partners are published on the DARD website, <a href="http://www.pallcarevic.asn.au/dard">www.pallcarevic.asn.au/dard</a></li> <li>2. Expand the project to actively work with 25-40 public sector RACHs to further test the approach to care.</li> <li>3. Impact Evaluation report prepared in collaboration with the project partners, including but not limited to: <ol style="list-style-type: none"> <li>a. Pre and post implementation numbers of palliative care and end of life care discussions and decisions for residents (12 Victorian public sector RACHs participating in the pilot).</li> <li>b. In the 12 pilot RACHs: the numbers of staff, residents and families educated about making informed choices.</li> <li>c. Distribution of resources across Victoria and reach across services.</li> <li>d. Reach when using other methods to share DARD resources (i.e., education sessions, conferences).</li> </ol> </li> <li>4. DARD resources promoted to 100% of Victorian palliative care services (54 services) and 100% of Victorian public sector RACHs (69 organisations, 150 RACHs).</li> <li>5. Work with aged care peak bodies to raise awareness and expand reach into all RACHs (private and non-government sector providers). The resources will be published and available for all RACHs, but we will require an approach to target awareness with services more likely to support Victorians without decision-making capacity.</li> <li>6. Statewide resources developed and incorporated in 100% of Victorian palliative care services, addressing key gaps in information.</li> <li>7. Final report prepared and outcomes and learnings shared with the Victorian palliative care and aged care sector.</li> </ol>	<p>Provision and acceptance of performance report outlining the activities undertaken from 1 May 2025 to 31 March 2026 against each output.</p> <p><b>Performance report</b> – The report should include data against each of the performance indicators and data items listed in the ‘Additional Terms’ and ‘Outputs’ column. In the case where targets are not met, Victoria is to provide reasoning for this.</p> <p><b>In addition, the performance report will also include:</b></p> <ul style="list-style-type: none"> <li>• Case studies that demonstrate activity and benefits of the CPCiAC measure</li> <li>• Challenges and lessons learned about implementation and delivery of the CPCiAC measure.</li> </ul>	<p>30/04/2026</p>	<p>Up to \$0.500 million</p> <p>Payment planned June 2026, subject to provision and acceptance of the Performance Report.</p>



**Project 2: Culturally safe palliative care planning with Aboriginal and Torres Strait Islander people living in Victorian RACHs**

**Key milestones and measures may include:**

1. Website developed to create awareness of culturally safe palliative care planning and promotion of the project to Victorian RACHs, palliative care services, community peers, Elders, residents and families.
2. Impact Evaluation report completed in collaboration with the project partners, including but not limited to:
  - a. Pre and post implementation measures regarding access to and choices made by Aboriginal Residents in RACHs (3 Metropolitan and 2 Rural).
  - b. Partnerships developed, RACHs engaged, and champions identified.
  - c. Distribution of resources across Victoria and reach across services, including number of RACHs engaged.
  - d. Reach when using other methods to share resources (i.e., education sessions, training events, conferences).
3. Expand the number of trained community peers to ten (10).
4. Final resources developed by the self-determined Aboriginal and Torres Strait Islander people leadership group to support culturally safe palliative care planning. This will include a training toolkit to support sustainable after the funding ceases.
5. Promotion to 100% of Victorian palliative care services (54 services) and 100% of Victorian public sector RACHs (69 organisations, 150 RACHs).
6. The resources will be published and available for all RACHs, but we will require an approach to target awareness with services more likely to support Aboriginal and Torres Strait Islander Victorians.

The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the  
Commonwealth of Australia by



**The Honourable Mark Butler MP**  
Minister for Health and Aged Care

[Day] [Month] 2025

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Signed for and on behalf of  
the State of Victoria by



**The Hon. Mary-Anne Thomas  
MP**

Minister for Health

4 June 2025