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BUILT FOR CONNECTED CARE

CareLineLive moa. eCase CHECKED IN care

The future of care is connected

Building visibility, coordination and continuity across the full care journey

Executive summary

Aged care providers are operating in a more complex environment than ever before. Care is now delivered across residential aged care, home care, retirement living and community-based environments, while expectations around quality, transparency, governance and accountability continue to rise.

Yet many organisations are still relying on disconnected systems that were never designed to work together. Clinical data may sit in one platform, workforce and operational data in another, and governance or compliance reporting somewhere else entirely.

The result is limited visibility, duplicated effort and delayed decision-making.

Why connected ecosystems matter

Increasingly, providers also need to manage continuity of care across multiple environments, including home care, retirement living and residential aged care. That requires more than standalone systems. It requires a connected ecosystem that can help providers work towards a more unified view of the care recipient, while supporting stronger governance, workforce coordination and operational visibility across the organisation.

As the sector moves toward stronger reporting obligations, more data-driven models of care and greater scrutiny around quality and accountability, disconnected systems are becoming more than an operational inconvenience. They are becoming a strategic risk.

Across Australia, New Zealand and the United Kingdom, aged care providers are facing significant demographic, workforce and funding pressures.

Australia's population aged 85 and over is projected to more than triple by 2066.[1] At the same time, the Royal Commission into Aged Care Quality and Safety highlighted the need for stronger governance, better visibility and improved care coordination across the sector.[2]

New Zealand faces similar pressures. The population aged 65 and over is expected to exceed one million by 2029, up from around 900,000 today, while residential capacity struggles to keep pace and more care is delivered across home, community and residential settings. This makes the ability to connect clinical, workforce and operational information across the continuum of care a practical necessity rather than an aspiration.[3]

The UK care sector faces similarly acute demographic pressure. In mid-2024 there were 1.75 million people aged 85 and over in the UK, making up 2.5 per cent of the population. By mid-2049, this is projected to have doubled to 3.6 million, representing 4.9 per cent of the total UK population.[4]

In this environment, connected ecosystems are becoming essential. Rather than operating as isolated systems, connected platforms allow organisations to bring together care, governance and operational information into a more unified and usable view of the organisation.

A different approach to care technology

This is where Evaran's approach plays an important role. Evaran is being built around a different model for care technology: not another standalone platform, but an ecosystem designed to better connect clinical care, workforce coordination, governance, compliance and service delivery over time.

Through the alignment of platforms such as eCase, MOA Benchmarking, CareLineLive and Checked In Care, Evaran is working towards a model that supports a more connected view of the care recipient across the continuum of care, from home care and retirement living through to residential aged care. This gives teams and leaders clearer visibility across the care journey, while supporting stronger coordination, more consistent reporting and more informed decision-making.

This guide explores why better care outcomes depend on more than individual system functionality. They depend on a connected digital foundation where systems, teams and information work together to reduce duplication, strengthen governance and support more coordinated care at scale.

[1]Australian Institute of Health and Welfare (AIHW), Older Australians, Australian Government, 2024.
[2]Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, Australian Government, 2021.
[3]Stats NZ, New Zealand's population likely to reach 6 million before 2040, https://www.stats.govt.nz/news/new-zealands-population-likely-to-reach-6-million-before-2040
[4]Office for National Statistics, National population projections: 2024-based, ONS website, statistical bulletin, 28 April 2026.

The expectation of modern care

Care is no longer delivered in one setting, by one team, or through one service model.

Modern providers are managing increasingly complex care journeys across residential care, home care, retirement living, clinical governance, workforce management and regulatory reporting. A person may move between home care, retirement living, community-based support and residential aged care over time, often requiring multiple teams, services and stakeholders to work together around the same individual. This pattern is increasingly common across Australia, New Zealand and the United Kingdom as providers expand care across multiple settings while supporting people to remain independent for longer.

The case for a single care recipient record

As these care journeys become more interconnected, providers need information to move with the person, not remain locked inside separate systems. At the centre of connected care is the idea of building a more consistent, single care recipient record that supports continuity across services, settings and stages of care.

Frontline teams need timely access to care information, quality and governance teams need reliable reporting and management needs a clear view of performance, risk and operational trends across multiple services or locations. When those teams are working from disconnected systems, even routine decisions can become slower, less consistent and more difficult to govern.

For example, a change in a resident's care needs often creates a ripple effect across the organisation, impacting clinical documentation, workforce allocation, family communication, incident monitoring, compliance reporting and management oversight.

Reform is raising the stakes

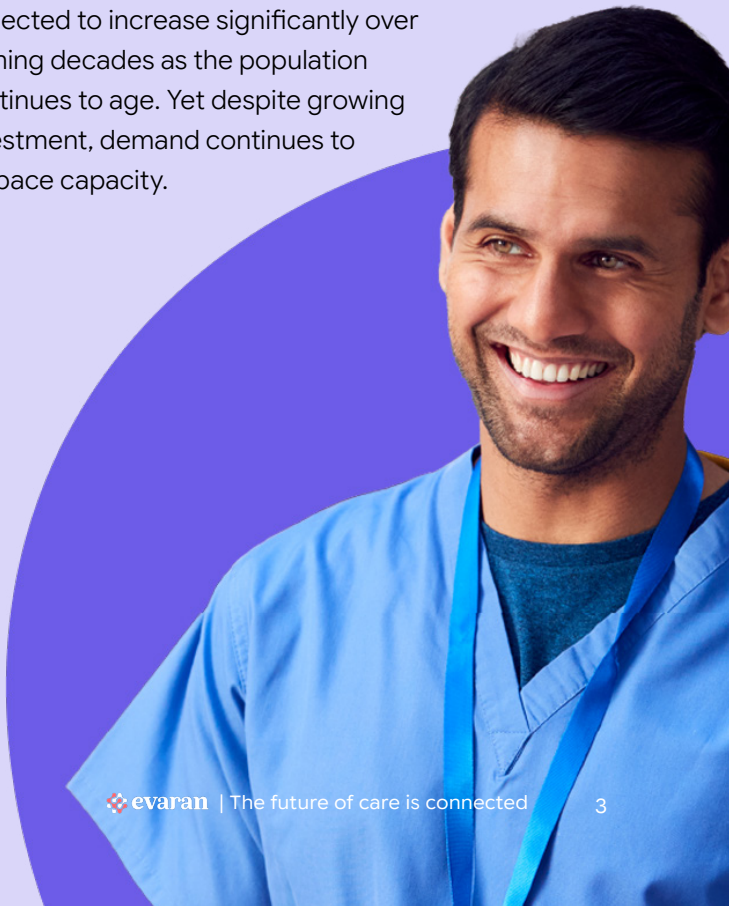
Additionally, the introduction of strengthened quality standards, ongoing reform across aged care and growing reporting obligations are placing further pressure on providers to maintain visibility and consistency across the organisation.

Providers are also operating in an environment shaped by workforce shortages, rising operational costs and increasing demand for services. According to the Committee for Economic Development of Australia (CEDA), Australia could face a shortage of more than 110,000 direct aged care workers within the next decade unless significant action is taken.[5]

Funding pressures are creating a global challenge

The challenge extends beyond demographic growth alone. Governments are facing increasing pressure to fund aged and social care services at a time when demand is rising faster than available resources.

For example, in Australia, aged care is already one of the largest and fastest-growing areas of government expenditure. Federal spending on aged care is estimated at around $40 billion annually and is projected to increase significantly over coming decades as the population continues to age. Yet despite growing investment, demand continues to outpace capacity.



[5]Committee for Economic Development of Australia (CEDA), Australia's Dire Shortage of Aged Care Workers Requires Immediate Action, 2021.

Industry groups have warned that the number of new residential aged care places being funded each year remains well below what will be required to meet future demand.

New Zealand is experiencing many of the same challenges. The Government currently spends approximately NZ$2.5 billion (approximately A$2.3 billion) each year on aged care.[6] Despite this investment, a 2024 Health New Zealand review estimated the country could face a shortage of around 12,000 residential aged care beds by 2032. A 2022/23 survey of residential aged care providers also found that 56 per cent of respondents reported a net loss, leading some providers to close beds or exit the sector entirely. As demand continues to grow, providers face increasing pressure to deliver high-quality care with constrained funding and workforce capacity.[7]

In another example, the UK faces a similar challenge. Local authorities continue to experience significant pressure on adult social care budgets, with many councils reporting ongoing overspending driven by rising demand, workforce costs and increasingly complex care needs. Industry bodies have repeatedly highlighted persistent funding gaps, while independent analysis suggests social care spending will need to grow substantially in real terms simply to maintain existing levels of service.

Demand is growing faster than capacity

For providers, this creates a difficult reality. While demand for care continues to grow, the resources available to deliver that care remain constrained. Workforce shortages, increasing regulatory obligations and rising service complexity mean organisations are being asked to do more with finite funding and capacity.

This is why operational efficiency is becoming increasingly important. Technology cannot replace human care, nor should it. However, connected systems, better visibility and more reliable information can help providers reduce duplication, improve decision-making and make better use of scarce resources. In an environment where every dollar, hour and worker matters, the ability to coordinate care more effectively becomes a strategic advantage.

Growing Demand. Constrained Resources. A Need for Connected Care.

Demand for care is rising faster than available resources. Providers are increasingly being asked to deliver better outcomes, stronger governance and more personalised care within constrained budgets.

As care becomes more distributed and operationally complex, organisations need faster access to information and clearer oversight across the full care journey. But many providers are still working across fragmented systems that were implemented independently over time, often to solve individual operational needs rather than support connected care delivery.

56%

of providers reported a net loss

Visibility
Achieve clearer oversight across the full care journey with better visibility and more reliable information.

Efficiency
Improve operational efficiency to make better use of scarce resources, reduce duplication, and lower costs.

Coordination
Coordinate care more effectively to solve individual operational needs and support connected care delivery.

[6]RNZ News, Ministerial advisory group to look at changes to aged care funding model, 28 October 2025. https://www.rnz.co.nz/news/political/562146/ministerial-advisory-group-to-look-at-changes-to-aged-care-funding-model
[7]Health New Zealand / University of Auckland, A looming crisis means New Zealand must rethink how it pays for aged care, The Conversation, January 2026. https://theconversation.com/a-looming-crisis-means-new-zealand-must-rethink-how-it-pays-for-aged-care-249347
[8]Sabrina Lenzen, Australians wait 12 months for aged care – and the latest budget funding is unlikely to change that, The Conversation, 16 May 2026.

Demand by region

Australia

A$40B

ANNUAL AGED CARE SPENDING

- The Australian Government spends approximately **$40 billion annually** on aged care, making it one of the largest areas of social expenditure.[5]
- Aged care spending is projected to **more than double as a share of GDP** over coming decades as the population ages.[6]
- Industry groups have argued that the number of new residential aged care places being funded each year falls well short of future demand.[7]

New Zealand

12,000

PROJECTED BED SHORTAGE 2032

- The New Zealand Government spends approximately **NZ$2.5 billion** (around A$2.3 billion) annually on aged care.
- A Health New Zealand review estimated the country could face a shortage of approximately **12,000 residential aged care beds** by 2032.
- A 2022/23 survey of residential aged care providers found that **56 per cent** of respondents **reported a net loss**, leading providers to close beds or exit the sector entirely.

United Kingdom

£8.3B

FUNDING GAP BY 2032/33

- **81 per cent** of English councils were forecast to overspend their adult social care budgets in 2024/25.[8]
- The Association of Directors of Adult Social Services has warned of a funding gap exceeding **£1 billion** simply to maintain current service levels.[9]
- The Health Foundation estimates England could face an adult social care funding gap of **£8.3 billion** by 2032/33 if spending does not keep pace with demand.[10]

[9]The Hon Anthony Albanese MP, the Hon Dr Jim Chalmers MP and the Hon Anika Wells MP, Once in a generation aged care reforms, Prime Minister of Australia, media release, 12 September 2024.
[10]Cameron Carr, 'No vacancies': Australia is getting older — and we're facing a 'conundrum', SBS News, 10 May 2026, updated 14 May 2026.
[11]Health and Social Care Committee, Adult Social Care Reform: The Cost of Inaction, Second Report of Session 2024–25, House of Commons, 5 May 2025.
[12]David Foster and Rachael Harker, Adult social care funding in England, House of Commons Library, research briefing, 10 March 2025.
[13]Giulia Boccarini, George Stevenson, Hiba Sameen and Nihar Shembavnekar, Adult social care funding pressures, The Health Foundation, analysis, 25 September 2023.

The cost of disconnected systems

Disconnected systems not only create operational frustration. They create inefficiency, increase risk and make decision-making significantly harder.

In many organisations, teams are still manually reconciling information across multiple systems, duplicating data entry and relying on workarounds to bridge visibility gaps between platforms. That often results in inconsistent reporting, delayed insights and reduced confidence in organisational information.

Why fragmentation creates risk

The impact is not just operational. It also affects governance, compliance and ultimately care outcomes. Increasingly, disconnected systems are becoming a strategic risk. As providers manage expanding reporting obligations, workforce pressure and more complex service delivery models, fragmented information can limit organisational visibility, slow decision-making and reduce confidence in governance oversight.

Example impacts of disconnected systems include:

- Teams spending unnecessary time reconciling information manually
- Inconsistent reporting across departments and sites
- Reduced confidence in organisational data
- Delays in identifying operational or clinical risks
- Duplicated processes and unnecessary administrative effort
- Limited visibility across the full care journey
- Patient safety risks, due to increased likelihood of errors and delays

The evidence is already emerging

Research from Deloitte suggests healthcare workers spend a significant portion of their time on low-value administrative tasks, much of it associated with reporting, documentation and fragmented workflows.[14]

When information sits across disconnected systems, organisations often struggle to establish a single source of truth. Teams may be working from different versions of information, using inconsistent reporting or relying on manual processes to validate data accuracy.

[14] Eileen Radis et al., Restoring Purpose in Health Care Work Through Technology and Workforce Innovation, Deloitte Insights, 2024.

From data to decisions

The value of data does not come from collecting more of it. Rather, it comes from being able to connect, interpret and act on it effectively.

For aged care providers, the challenge is not only whether data exists, but whether it is timely, trusted and available in the right context for the people who need to use it.

Connected ecosystems have the potential to help providers move from fragmented data points to shared operational insight. When care, workforce, governance and operational information can be viewed together, providers are better positioned to identify risks earlier, coordinate teams more effectively and make decisions with greater confidence.

This is the shift Evaran is designed to support: from data capture, to shared context, to actionable insight, to timely intervention.

This creates a shift from reactive management toward more proactive care delivery and governance. Risks and trends can be identified earlier, while operational and clinical decisions can be made with greater confidence.

The ability to connect information across systems also improves the quality of strategic decision-making. Rather than relying on retrospective reporting or manually compiled information, leaders can access more timely operational insight across workforce, governance and care delivery functions. This becomes increasingly important as providers manage growing reporting obligations and more complex regulatory expectations.

Access to connected information not only supports better day-to-day decisions, but also strengthens organisational planning, forecasting and risk management over time.

For example, clinical information becomes more useful when viewed alongside workforce capacity, quality indicators, incident trends and operational performance. In isolation, each data point may only tell part of the story. Connected, they help leaders understand what is happening across the organisation and where action may be needed.

"Connected systems matter because service quality is not determined by one workflow or one dataset. It depends on how well information moves between the people, systems and decisions involved in day-to-day care and operations."

– Associate Professor Lahn Straney, Chief Scientific Officer, Evaran

Building the foundation for connected care

Connected care requires more than implementing individual systems. It requires a connected ecosystem designed to support visibility, coordination and decision-making across the full care journey.

A connected digital foundation creates the conditions for information to move more reliably across care delivery, governance, workforce and operational systems. The goal is not to force every function into a single platform, but to create an interoperable environment where information can move consistently, securely and intelligently across the organisation.

This becomes increasingly important as providers work to coordinate not only clinical care, but also workforce allocation, compliance oversight, care coordination and operational performance across multiple services and settings.

The foundation for connected care

A connected ecosystem also creates the conditions for future innovation. As providers expand services across home care, residential aged care and community-based support, disconnected systems become increasingly difficult to manage at scale.

While AI continues to attract significant attention across health and care, its effectiveness depends on the quality and accessibility of underlying information. Organisations operating across fragmented systems may struggle to generate meaningful insights, regardless of how sophisticated the technology becomes. Connected data foundations will increasingly determine which providers are able to realise value from advanced analytics, automation and AI-enabled decision support.

Connected care starts with systems designed to work together.

How Evaran enables connected care

Evaran is designed around the idea that better care outcomes depend on more than standalone systems. They depend on connected visibility across care delivery, governance, workforce coordination and operational performance.

By bringing together platforms such as eCase, MOA Benchmarking, CareLineLive and Checked In Care, Evaran is laying the foundations for a more connected operational environment across the continuum of care.

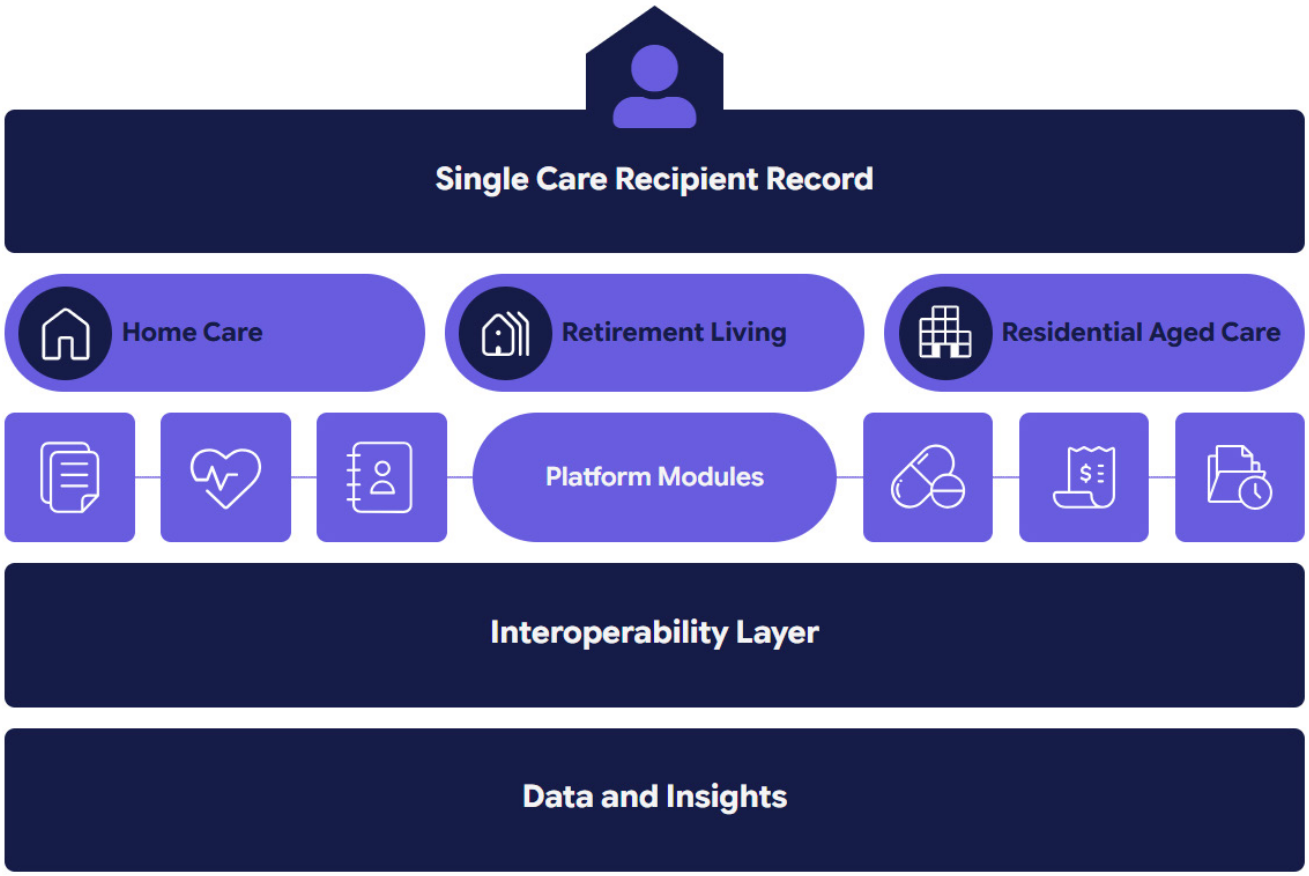
eCase supports care management and clinical visibility across the care journey. MOA Benchmarking provides governance, compliance and quality oversight, helping organisations strengthen accountability and assurance, while CLL supports workforce and operational capability, helping providers coordinate people, services and day-to-day delivery more effectively.

Together, these platforms have the potential to create broader organisational value by linking frontline care delivery with governance, workforce coordination, operational performance and management oversight. Together, the ecosystem is designed to help providers:

- Reduce duplication and disconnected workflows
- Strengthen visibility across care and governance functions
- Improve consistency in reporting and decision-making
- Support stronger coordination across teams and settings
- Create a more connected view of organisational performance

Rather than adding another standalone system, Evaran helps providers build a more connected foundation for care, operations and informed decision-making.

Providers increasingly recognise the benefits that greater visibility, coordination and consistency can deliver across teams and workflows.



Why connected ecosystems create better outcomes

The future of care will not be built around standalone platforms operating independently. It will be built around connected ecosystems where systems, teams and information work together by design.

Connected ecosystems create a more unified operational environment. When information can move more seamlessly between functions and stakeholders, providers are better positioned to respond to risk, maintain governance and deliver more consistent care experiences.

The outcome is greater confidence: teams working with more consistent information, leaders seeing emerging risks earlier, and organisations building a stronger foundation for future models of care.

What leading providers are doing now

Forward-thinking providers are already shifting toward more connected operating models.

Many organisations are auditing existing systems and workflows to identify fragmentation, duplication and visibility gaps. Providers are also increasingly prioritising interoperability, investing in unified data foundations and preparing for more advanced analytics and AI capability.

The focus is moving from simply implementing systems to building connected ecosystems that support better visibility, stronger governance and more coordinated care delivery.

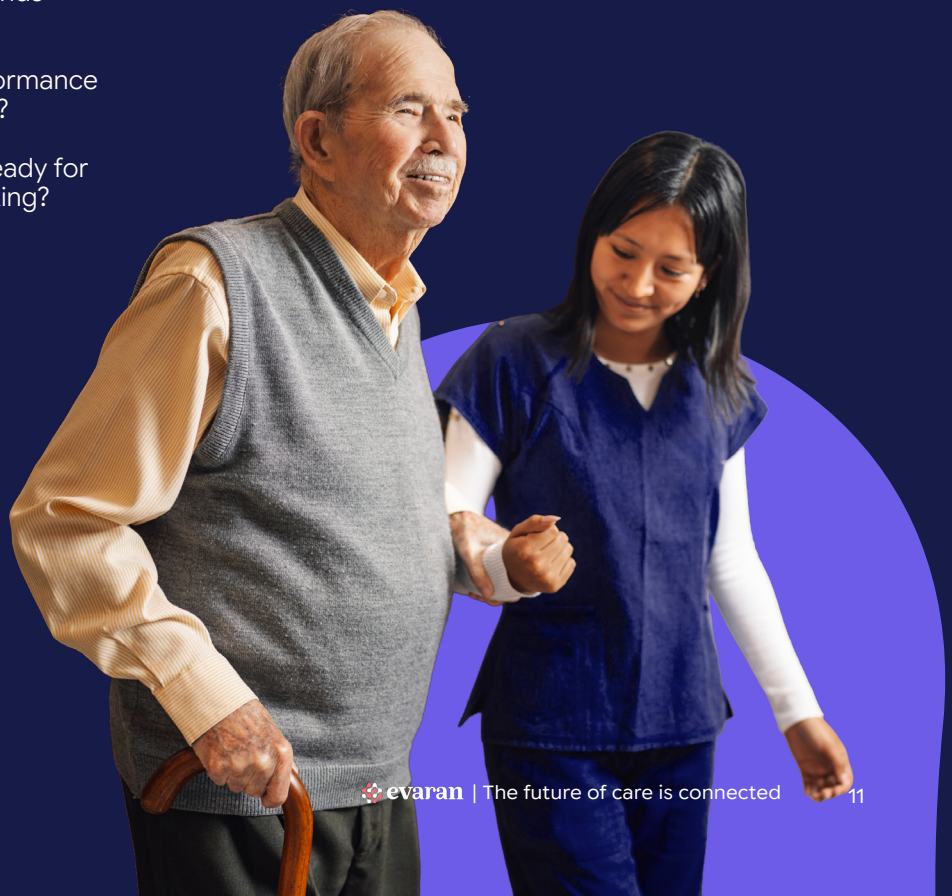
A useful starting point is to ask the following questions:

- Where are teams duplicating data entry or manually reconciling information?
- Which systems hold critical care, workforce, governance and operational data?
- Where do reporting delays or inconsistencies affect confidence?
- Which workflows depend on workarounds between platforms?
- Can leaders see risks, trends and performance across services or sites in a timely way?
- Is the organisation's data foundation ready for analytics and AI-enabled decision-making?

Providers investing in connected systems today will be better positioned to manage future complexity, strengthen governance and deliver more consistent care outcomes at scale.

Ready to build a more connected digital foundation?

Speak with Evaran about how a connected care ecosystem can help create stronger visibility across the care journey, improve organisational coordination and build a more connected foundation for future models of care.



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