Support at Home

A Political Choice

Compiled and written by Peter Willcocks, with a lot of help from fellow advocates struggling to understand how support at home will do just that, support them in their homes.

To the Support at Home Team,

Support at Home was always a political choice and we all in our own way have contributed to this outcome. I thank all at the department of health who were so supportive and inclusive in their actions to me and other older people during the time tabled periods of consultation.

In the following pages, I have not attempted to validate alternative models, such as vouchers, scripts and PBS style subsidies that could provide for greater self-management and independence. Many of these models were presented as alternatives to the Aged Care Royal Commission. I understand that it is your job to follow the directions of the government of the day. I am sure had the department been given total control from the start, a kinder and less financially risky outcome might be before us now.

Support at Home is not a program that will support our most vulnerable elders to have input into the supports to be received nor over how those supports will be delivered. Consumer Directed Care was a 2016 amendment to the current 1997 Aged Care Act; it is missing from the proposed bill.

I fear for those who will be unable to maintain their independence and dignity in their own home. For many vulnerable people this will mean a 'refocus' with a further loss of their liberty in institutionalised care.

I ask as a matter of urgency for a significant extension for consultation to the closing date of 16 February 2024. *The exposure draft Aged Care Bill 2023 was presented to the community on the 14 December 2023. Over 8000 people attended the Webinar. Time is not the issue for those who will be affected by Support at Home.*

Older people, peak bodies, specialist age care consultants, suppliers and our elected members of parliament deserve the best advice available before signing off on this Bill.

'Some parts of the Bill, such as fees, subsidies and means testing, are also under active consideration by the Aged Care Taskforce, so further changes may be included following decisions of Government' source A new Aged Care Act: Exposure Draft– Consultation paper no.2 Summary pg. 8

The government and the department obviously need more time to get their Act together.

Yours in good faith,

Peter Willcocks 3 January 2024

[redacted]

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Introduction

I never thought as I entered my mid 70's that I would become so engaged with aged care policy and change. I am not, as represented by the Department of Health, a sprightly and agile older person, able to stand by a stove whilst preparing a meal for my aged care funded carer. I work from my powerchair. I manage periods of fatigue, pain and short-term memory loss. I am one of the 40,000 or so people of higher need living with disability receiving aged care support. Many of the 40,000 were over the age of 65[1] when the NDIS began.

So, what do I want from you, the reader? It is my hope that you will take on board the information below and share it with others. I am seeking public conversation that will highlight the challenges for government to find balance between the outsourcing of aged care services and creating programs that address real need and will not as has been the case with the NDIS become a costly beast to tame.

Our governments have had the opportunity to reign in the export and profiteering of services. We all must demonstrate to our government regardless of philosophy that enough is enough.

The thing that makes me angry is that it is a political choice.

Further Reading
Care Policies: Fiona Macdonald Policy Director, Industrial and Social in the Centre for Future Work at The Australia Institute https://www.ppesydney.net/content/uploads/2023/12/6-Macdonald.pdf

Support at Home: Overview

On the 14 December 2023 the Department of Health provided an Update[2] on the Support at Home Program[3] and an Exposure Draft of the New Age Care Act. The model of Support at Home is not what would be expected from the values and principles of a Labor Government. For many older voters a Labor government[4] has a critical role in ensuring fairness by: ensuring equal opportunity; removing unjustifiable discrimination; and achieving a more equitable distribution of wealth, income and status.

The Howard Government of 1996-2007[5] accelerated a global trend of outsourcing services from government agency to non-government contractors. Following governments increased this trend and also included contracting out the design component as well.

The Support at Home program was intended to commence in July 2024. The Labor Government rescheduled the start date to July 2025 and later delayed the merging of the Commonwealth home Support Program until July 2027.

There is a feeling that the Labor government has realised that this program of blatant privatization of Aged Care and Health services is likely to set up a NDIS model of unconstrained cost blow outs. The aged care task force was set up to specifically look at the financial viability of the program. I doubt that the public will have full access to their report. A bigger challenge for government is to reduce the high levels of reliance upon private service providers to provide services. My guess is that consultancy costs over the last few years to reform my aged care is now in excess of a billion of dollars.

In May 2023 the Albanese Labor Government delivered an election promised audit

> *… the Australian Public Service (APS) workforce under the Coalition Government was 37 per cent larger, or 53,900 full-time equivalent (FTE) workers more, than the direct employment of public servants in the agencies during 2021-22 than the 144,300 public servants actually employed within the service.*
>
> *It was found that the predominate external labour employment type used by entities was Outsourced Service Providers (OSPs – which accounted for 68.9 per cent of total spending)*
>
> *"The Morrison Government maintained its artificial cap on public servant numbers, promoting a mirage of efficiency, but were at the same time spending almost $21 billion of public money on a shadow workforce that was deliberately kept secret..."*[6]

The Labor government is struggling to find a solution, now that the fox has been put in charge not only of the hen house but also paid handsomely for its design.

Added to this struggle for the Labor government, many of the early supporters including older people, advocacy groups and not surprisingly bricks & mortar suppliers and are having second thoughts after realising that the biggest winners are not likely to be them or those that need the most support.

Well respected advocates and service providers are demanding the program be put on hold until their questions can be answered.

People receiving services are angry that services are not mandated to be appropriate to the individual needs of older people and provided with high levels of flexibility and respect. Statement

of Rights included in the New Age Care Act[7] states that 'an individual has a right to exercise choice and make decisions that affect the individual's life, including taking personal risks'.

Bricks and mortar service providers (many of which are not for profits) want solutions that provide ongoing economic security and service lists that support their clients. Franchisor group and their like, that rely upon on-line portals to engaged with their clients and workers only want to get started with guaranteed profits and easy to manage lists of services.

Support at Home: The 14 December 2023 Update

The program is a one size fits all merging current in-home support programs, Short-Term Restorative Care (STRC) and Home Care package (HCP) with proposed commencement in July 2025. Due to a variety of concerns the merging of Commonwealth Home Support Program (CHSP) is being postponed until July 2027.

The proposal is that Support at Home will include in-home personal care provision, palliative care, low level supports such as gardening and cleaning and a separate program for assistive technology.

The draft copy of the New Aged Care Act is proposed as having a rights-based approach was shared with the public on 14 December 2023. The intention is that this New Aged Care Act will be passed by parliament by June 2024.

The Exposure Draft Aged Care Bill 2023

The Aged Care Bill 2023 [8] consultation period must be extended well beyond the 16 Feb 2024 deadline.

The Department of Health told us older people not to worry too much about all this legalese, but to concentrate on A new Aged Care Act: exposure draft – Consultation paper no. 2[9]. Fair enough but really, we are expected to have our heads around a major change to policy supported by a new aged care Bill when we have not been provided with all of content and intent.

This exposure draft was released on a pre-set timetable. It incomplete and a rush job with a closing date for consultation 16 February 2024. No, not good enough more time is needed for the government and the department to get their Act together.

> *Aspects of the Bill not included in the Exposure Draft will reflect existing arrangements under the current aged care legislative framework, and are not the focus of this consultation process. Existing provisions will, however, need to be re-drafted to fit into the new legislation. Some parts of the Bill, such as fees, subsidies and means testing, are also under active consideration by the Aged Care Taskforce, so further changes may be included following decisions of Government*[10]

On pages 9 and 13 of the consultation paper reference is given to an OPAN / COTA, Australia wide consultancy. Over 2,000 people engaged in consultation activities and events to discuss the foundations of the new Act. There were over 100 submissions and nearly 300 survey responses.

> *The proposed purpose was to facilitate access by older people to quality and safe, funded aged care services, **based on their individual needs**, with the aim of assisting them to continue to live active, self-determined and meaningful lives as they age. **Feedback indicated that this statement duplicated the Objects and did not add significant value. As a result, a purpose statement has not been included in the Exposure Draft**.*

Well really, I was one of those 'consulted' and spoke widely with other attendees from around Australia. Perhaps some of our concerns were lost in translation because all I spoke with insisted the services be based on their individual need.

However, had we known about the end to Consumer Directed Care (CDC) we might have understood what was designed into Support at Home and into the supporting New Aged Care Act.

Consumer Directed Care: it's gone...

Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016 included in the current 1997 Age Care Act seems to be missing from the exposure draft of the Aged Care Bill 2023.

The human side of CDC and ageing is magnificently captured on the COTA Australia Website.

https://cota.org.au/information/aged-care-for-providers/home-care-today-providers/consumer-directed-care/what-is-cdc/

> *What is CDC?*[11]
>
> *The 'Home Care Today' project ran from 2013 to June 2017. COTA Australia continues to provide access to Home Care Today resources which were current at June 2017.*
>
> *Consumer Directed Care (CDC) is a way of delivering care that gives **individuals choice and flexibility.***

I ask you to watch the short video of on the COTA web page or via this link https://youtu.be/STFhyuQOTDI

Carers talk about CDC, their partners Bob, Dominic and Nick. Steady yourself, think of joy and try not to tear up. In the words of these carers…

> *'flexibility and control I can choose what services were required and when they would be done*
> *If we were given a generic package, there would have been a waste of everybody's time. It really wouldn't have, because Nick got a bit of his life back.'*

I ask you to consider the following from academia.

- Consumer-Directed care A way to empower consumers?[12]

> *Despite the challenges, people with dementia and their carers are capable of participating in CDC programs. Carers benefit from the ability to tailor care to the needs of their loved ones and their own needs for support. In addition, people with dementia retain the ability to indicate who should make decisions on their behalf and to make their preferences about services known and to identify someone they wish to have handle health and personal care decisions for them.*

- Impact of consumer-directed care on quality of life in the community aged care sector[13]

  Conclusions

  Although no discernible differences in overall quality of life were found, higher levels of self-reported control and independence for those in receipt of CDC suggest that the main policy objectives of transferring "choice" and "control" away from the aged care provider and to the individual are being met.

- Home Care Packages Program Manual for Care Recipients Version 1.4 – January 2023[14]

  9.1 What help is available for people with diverse needs?

  Aged Care Services support diversity of all older Australians. The Home Care Package Program supports senior Australians with complex ageing related functional decline care needs and goals. The delivery of care and services is Consumer Directed Care (CDC) meaning you have more control over your own care.

I am really struggling to understand why the government has changed its position from Consumer Directed Care to a rights-based approach. My only conclusion is that CDC would be in conflict with the automatization of Support at Home and the integrated assessment tool. Added to this service providers demanded simplification for supply supported by predictability from service lists that provide assured margins of profits.

Whatever the reason the use of an automated integrated assessment tool and service lists do not support CDC and services that are tailored to individual need.

But to hide the demise of CDC with premise of rights-based approach is a bit chunky to swallow.

Chapter 1 Introduction
Part 1 Preliminary
Section 6

This Act provides for the delivery of funded aged care services to individuals under the Commonwealth aged care system. ***The services are included in the aged care service list*** *and grouped into service types which are delivered through service groups.*

The objects of the Act, the Statement of Rights and the Statement of Principles underpin the system and ***are aimed at ensuring quality and safe care for individuals****.*

Supporters and representatives may be appointed to assist individuals with navigating the system and are required to act in accordance with principles that promote supported decision making

Eligible individuals undergo an aged care needs assessment which identifies which funded aged care services are needed*. Services are delivered in an approved residential care home, or a home or community setting, and are delivered by entities known as registered providers*

For certain service groups, there are mechanisms for prioritisation and allocation of limited places.

What Preliminary Section 6 tells me is that I have a right only to services on the service list that I am identified as needing and those services are to be delivered only via (approved) service groups.

I have no right or input into what would work for me, nor what I need, nor on how those services are to be delivered; nor do my medical experts or anyone else for that matter. Did [redacted] write this Bill as a joke!? Or was the philosophy of Support at Home and the New Aged Care Act, outsourced to the same financial wizards that turned homes into investments?

Support at Home will not achieve its primary aim to support people to stay in their homes. Heaven help us if the next mandate by default, is to reverse mortgage the house to die in someone else's home while investors get rich on the percentages. Never mind those who cannot afford shelter whether by a life time bondage to financiers, excessive rent in boxes hours from place of work, or for the registration and insurance for the car that has become your home. People are seriously hurting and many of them are our most vulnerable elders and our young (older people in waiting).

This Aged Care Bill needs a massive revision in objects and principle. This Bill in its current form diminishes the rights of the individual and the only way it will pass to law is by hoodwinking the public and senators of good faith.

Engaging the Public

The challenge for older people with disability is to get the general public interested. Following the 14 December 2023 Exposure Draft of the New Age Care Act and the Aged Care update did anyone hear anything in the media? So far, I have not seen mention or analysis in the more supportive media such as The Conversation, The Guardian or the ABC.

Most people including many who receive low level support think of aged care support as a bonus, a generous thing for government and something that caring society does. Just as is the case with the NDIS most people do not want to know the details, better left to those who know what's best as long as it doesn't get too expensive.

A media beat up is that the majority of older people are all wealthy and that Baby Boomers should pay is not what the Aged Care Royal Commissioners found or recommended.

> *"..Tony Pagone, proposed either an income tax increase of 1 per cent so those on higher incomes paid more, or an increase to the Medicare levy.*
>
> *Lynelle Briggs, argued for a Medicare levy increase but said it should not be hypothecated towards aged care. She said when people entered the aged care system they should not be required to help pay for care, saying "such payments amount to a tax on frailty…"*[15]

For the realistic care and support that is required to support people in their own homes, we all need to engage the general public. We need to inform them that just like many aspects of commerce, older people and people with disability are marketed as a commodity. Services are used by the government to stimulate the economy. Businesses are not too tied to the product 'us' they are more bonded to subsidy and payment for profit driven services.

I do not believe that the public is not interested or concerned. The majority of Australia have had their minds set to personal financial, housing and health challenges. Although most people have older relatives, the perception is that their loved ones have lived a good life and although challenged at times; they are OK. And justly so, most older people will be OK.

The majority of people will not require long-term high-level support to remain in their home, but are likely in the last 3-6 months of their lives benefit from palliative care. Palliative care can be provided in the home, but for many it is likely to take place in residential care. The majority of people do not have time to wait for assessment, support plans and eligibility to 'Support at Home' type programs.

The numbers

Of the 4.2m[16] people over the age of 65, there fewer than 200,000[17] people living in residential care, 280,000[18] supported by home care packages and a further 816,000[19] provided with low level support such as bit of home maintenance and social support via CHSP.

Of the 1.2 million people receiving aged care services there are less than 300,000 people who require levels of substantive of support at home or residential care. Of the 280,000 who receive home support packages less than 100,000 of this number receive higher levels of support. In this mix of numbers there are some 40,000 people with complex needs and chronic disability who struggle to remain in their own homes. For many their support is so underfunded that without enormous compassion from carer families and mix of program supports they would be languishing in residential care.

Support at Home: Design Flaw

The Support at Home Program is designed and targets support for the 1 million or so who require medium to lower levels support. To date no clarity has been provided on supports people for with 'cognitive and physical issues with higher levels of complexity' (Health speak?). What about the principle of looking after those with the greatest need first?

The merging of the Commonwealth Home Support Program (CHSP) with the new Support at Home to has been rescheduled to 2027. One of the reasons given was that CHSP Service Providers had pointed out that they would need more money to meet the standards and governance of Support at Home. Service providers are reimbursed for management fees on a scale of lower to levels to higher levels of payment for managing services to people of higher need.

I also suspect there is a certain amount of apprehension of future NDIS cost style blowouts. All of the 816,000 people receiving CHSP were planned to join Support at Home in the lowest levels 1 and 2. Common sense tells us once you in a program you will be able to be re-assessed and received higher levels of service as needs increase.

Furthermore, all participants of the proposed Support at Home could be assessed as having a need for Assistant Technology (such as walkers to powered scooters, wheelchairs to whatever else of higher cost was included in the program). Added to this is home modifications (such as hand rails to full bathroom modifications. In short, some 280 home care package participants grew to well over 1 million people. It is no wonder the 2027 delay.

There are only 40,000 or so, people with higher needs truly hurting through lack of services. They too have the right to be treated with the same dignity and respect and receive appropriate support as the rest of the community. The majority of this 40,000 are people who live with significant disability and are ineligible to receive support from the NDIS if they apply after the age of 65.

What is being said about Support at Home

People are seriously concerned that the program will not achieve its primary aim to support people in their own homes and to reduce the need for long term residential care. The following are just some of the concerns brought to attention of Support at Home Reform team.

- People are not treated as individuals.
- People are not feeling valued as individuals to receive the services they need.
- Loss of control over their lives and funding that meets individual and real need is too hard to access.
- The loss the right to self-determine now we live our lives who provides the service, when and how.
- Older people may have decision making authority to refuse treatment but not on how they receive support via my aged care - Support at Home - rights based approach – absolute rubbish.
- Why is the program NOT targeting those most at risk before providing support to those with lesser needs?
- The integrated assessment tool and processes were built around serving the greatest number of participants. The tool does not flag people with disability or higher needs until the low-level assessment process is completed. You might think fair enough – but what of the ethics of caring for those most in need first.
- Lack of flexible with hours of support to meet episodic and urgent need.
- Lack of input by the individual and their medical specialists to tailor services to meet specific and individual need.
- General Practitioners and specialists have no meaningful input with clinical assessment to help design relevant programs that will support their patients to remain in their own homes.
- List of services is built around ease of implementation by outsourced service providers
- Many older people of higher need are made to feel that they are stealing from government when they currently seek support from services.
- Access to the Support at Home is more automated and digitised with care-advisors taking an even lesser role. Older people cannot be expected to access and monitor services via phones, iPads, computers. This becomes a greater issue in moments of stress and poor health. Consequence is that many older people rely upon the assessor and service provider to be informed and do the right thing.
- Lack of informed case management to reduce risks factors that lead to falls, ambulance call out, hours of emergency and the early transfer to residential care.
- Lack of government honesty and transparency about cost cutting that still supports private enterprise with profitable models
- Need to get allied health approval often from people who are expensive and in many instances are not available in rural and remote areas
- Advocates and specialist consultants being asked to comment on parts of the program that have not been fully developed and later finding consultancy has been ignored.
- In too many instances expert consultants were left with the feeling that their work and input has been a waste of time as commercial interests took precedence over best practice. (The AMA and senior Allied Health consultants have voiced many of their concerns with regard to this)
- Over the last two years more and more services have been added to ‘an exclusion list’. New restrictive and interpretations guides to the services available in the current Home Care

Program. This seems to many as prerequisite of what will be available under the new Support at Home.

- There has been an over emphasis on only supporting services where it can be demonstrated that they are needed due to age related decline, not disability, injury or chronic conditions. We can only imagine that these changes are in line with the much talked about but not yet seen service list.
- The Royal Commission's recommendation was very clear that assessors must be independent from providers because they are effectively deciding on a person's level of funding for aged care services like home care packages, among other things
- The AMA pointed out in 2021 If an older person becomes unwell because their condition changes, something is missed during an assessment or the services they are referred to are not adequate, they will most likely end up in a public hospital and need to go through the same assessment process all over again.

  This adds extra bureaucracy, fragments care, and means poorer outcomes for patients. It would also put extra pressure on our already over-stretched public hospitals with older Australians waiting longer in hospital beds while an assessment with an external company is arranged.
- Service Provider management costs and guaranteed profits built into Service Price
- Case Management only available for higher levels of support and only if need is identified during assessment process.
- Wait times for increased participant to be assessed for higher levels of support
- Very limited flexibility for short term crisis support for period of illness including management for episodic conditions such as MS
- Self-Management will no longer have the potential for funds to go further as management costs are built into service price.
- Co-contribution – who will collect the income assessed fees? Currently Income assessed fees are deducted from management fees that are paid each month to service providers.
- There is talk of but no details of higher levels of support than the current HCP Lv4 is $60,000 ($60,000 equates to less than $35,000 of service costs once management fees and cost of doing business (labour hire) are deducted)
- People with disability are losing faith with promises of care relevant to their needs. "From 1 January 2025, the Disability Support for Older Australians (DSOA[20]) Program will refocus to support older people with disability who cannot be supported by the in-home aged care system" (refocus = transfer to residential care)
- People are pointing out that there is little value for money from the current home care model. In spite of the recommendation of taxation or levies by the Age Care Royal Commission, some people are so desperate for services that they say they would pay for services if it was true value for money. I am income assessed and contribute to my home support. I cannot and the commissioners agree I should not be asked to pay more for less. Service provider fees, cost of service and profits from subbing out work has more than doubled in the last 5 years and services supporting best practice are harder to gain approval via my aged care.
- Questions are asked about how much of government money is finding its ways to overseas franchisors and from questionable business just as has been discovered with NDIS.

- Perhaps the most damming. This government has cavalierly ignored the Royal Commission and subverted the original decent motivation, risk turning it into a mechanism to enable foreign and local corporations to gouge money out of helpless vulnerable people.

My personal experience of podiatry costs and Home Care Package since 2018 (5 years)

> 2018 HCP Lv. 2 funding $1277 per mth true case / management fees $329 per mth podiatry $76 per session
>
> 2023 HCP Lv. 4 funding $ 4,898.10 per mth care-advisor only fees $1,077.60 per mth podiatry $160 per session
>
> Note A $160 for a 15-minute toe clip: The worker, the podiatrist is paid $360 or less per day with the remainder of the $1300 to $1900 income from the 8 to 12 daily home visits per day picked up by the service provider as costs and profits of doing business. Who's the winner?

In short older people are being poorly served by this proposed Support at Home. Why should people pay for in-home support from a model that does not recognise them as an individual, let alone provide the individual support that they need.

From January 2021 to August 2022, I was a consumer advocate member of review panel of industry and health experts working with Flinders University to develop, consult and trial a one size fits all integrated assessment tool. Since then I have contributed to several aged care and health department consultancies. I found my engagement with the Australian Commission on Safety and Quality in Health Care during the reviews of clinical standards a more constructive process.

Not surprising, like many I sometimes felt my input was valued and on other occasions that decisions had already been made and that I was no more than a 'test' for public opinion. What was surprising however was the lack of access to and transparency around submissions and comments by expert groups. Though we chatted amongst ourselves, members are not in a position to disclose what was thought or said for the obvious reasons of commercial in confidence. The Australian Medical Assn (AMA) is one the few groups that were able to raise their concerns publicly, as in many instances it was not the AMA but their members who were a part of the process.

In September 2021 the AMA[21] wrote to Minister for Senior Australians and Aged Care Services, the Hon Senator Richard Colbeck. The AMA that were very critical of many aspects of the privatisation of services, particularly the key to automation of the program[22] and the privatisation of the integrated assessment tool. On the 29 November 2023 released information pack for potential tenderers for the single assessment system[23] – It is expected that the tender process via Aus Tender[24] will open in January 2024.

In March 2022 AMA announced modelling[25] estimated that over four years (2021-22 to 2024–25), $21.2 billion could be saved from avoidable public and private hospital admissions, presentations and stays from older people in the community and in nursing homes:

- $1.4 billion for potentially preventable hospitalisations from nursing homes
- $18.2 billion for potentially preventable hospitalisations from people aged 65+ in the community (excluding those in nursing homes)
- $497 million for people who are taken from nursing homes to emergency departments but never admitted

- $138 million for the transport costs of people who re-present at emergency departments within 30 days
- $887 million for people waiting in a hospital for a place in a nursing home

Many expert members of the review panel were at odds with the program design and lack of clarity around how services would be allocated. The AMA were ahead of the game. I now suspect why the AMA were not at the fore of those discussions. The AMA they got it right before the program was supposedly designed, trialled and costed.

The new Support at Home program is designed to support people with lower need via on-line automated systems that reduce human specialist contact. Further to this there are list of services with service provider costs and profits as component of the service subsidised price. This model works extremely well for service providers that use on line portals to sub out work to underappreciated and realistically unsupervised work force.

Support at Home: Co-Design?

This model of support at home is not what we would expect from the founding principles of a Labor government. In essence contractors are paid to provide government services. This has been the case in healthcare for too many years, sort of under control in the hospital sector, but the same cannot be said for aged care, big pharma and allied health.

We need to ask who is the architect of Support at Home? It is not the senior bureaucrats whose careers and survival skills were developed under a succession of previous governments. It can be argued that most handpicked senior public servants agree with the principles of government programs that are supportive of private enterprise and of creating perception of non-intervention. The outcomes of this design or intent did not come from the public service.

So, hands up please to all who supported this program that at best can be seen as supporting a global economy. My best guess is that we all unwittingly became bit players directed by a philosophy of powerful think tanks intent on plotting a way for commercial interests to be at the core of the design. At worst Support at Home is a complete abandonment of the principles of directing community and social supports where the bulk of the money goes to the service and not to the provider.

The Amazon of Health and Aged Care

The proposed model is so attractive to contractors that agencies have been established by global franchisors[26] in a race to attract the unwitting but well intended franchisee. Global financial empires are at the ready, to grab a guaranteed percentage of the health care and age care budget. The deliciousness of the health care dollar is that the service type and stable market volume is guaranteed. Even more exciting is potential for growth as supply is underpinned by gatekeeping that is vulnerable to lobby from both commercial and advocacy interests.

A feature of this exciting economic model is that successive governments engaged

contractors to develop a program,
contractors to audit the program design
contractors to sell the design
contractors to trial the program
contractors to consult with suppliers
contractors to consult with older people
contracted advocacy to guide and inform
contractors to inform older people
contractors to develop a gate keeper tool to assess and manage eligibility
contractors to use the gate keeper assessment tool
contractors to advise on service lists
contractors to collect income assessed fees from older people in the program
contractors to sub out services to deliver workers
contractors to audit efficacy
contractors to …

The input from a contractors and outsourcing programs to private enterprise is not out of step with practice over the last 30 years of government, but what is, is the power that lobby groups and large global financial groups brought to the outcome of the design of Support at Home.

Quite correctly input was sought from large number of consultancy groups[27] such as, economists, lawyers, academics, health specialists, I.T. and A.I. specialists, older people, think tanks, suppliers, business associations and advocate groups. Many of whom now feel that their time and input has not found balance and equity it the design of proposed program for Support at Home.

The irony of Support at Home program is the re-scheduling of the inclusion of 816,000 CHSP recipients until July 2027. Support at Home was designed to streamline services that included a one size fits all integrated assessment tool for the provision of lower level services. Essentially the program is proposed to commence without tools in place provide services to those with higher needs.

To ensure that the program is further attractive to the mass market there are built in margins for management profit on each and every service. There are of course a few thousand government workers engaged in providing support to contractors to ensure compliance and viability.

The reality is that every time a service is outsourced contractors pick up a labour hire component which increase the end cost of the service. The trick for the franchisors is that they are able to set up global management systems for use by their franchisees who are provided with on line tap and go programs to engage sole trader workers. Some are poorly paid gig-workers and some are highly paid health workers who do not need to work that many hours to sustain a high standard of living.

This outsourcing model has created worker hour shortage and cost blow outs as that many of professional workers such as nurses, physios and OT opt to work as sole traders with reduced hours. They are able to expect the same rate of renumeration as infrastructure solid service providers and NFP’s who manage direct engagement of their workforce.

It is a shame or deliberate that so much of the cost of services leads to personal wealth for the few who control the market. The Amazon of healthcare?

It is no surprise that there is bit of scramble to be first in to complain that there is not enough profit and shortage of worker hours. There is a stack of well-rehearsed suppliers/ contractors ready for their slice of the Australian Government's budgeted[28] $101.0 billion in health, $36.0 billion in aged care and $563.1 million in sport and a total four-year commitment of $580 billion.

The Labor government will struggle to get the New Aged Care Act through the senate. The inbuilt failure to provide a sustainable model for aged care will be as haunting for older Australians just as Robodebt[29] was for the young. The Labor government by abandoning their first principles will pay a heavy electoral price for signing off on this program, designed by consultants with vested interests and the now discredited previous LNP government.

Older people, advocates and a large number of experts and service providers are all saying the same thing Support at Home is not ready. The program will not meet significant budget savings and will have cost blow outs.

The only way forward is to

- The Aged Care Bill consultation period must be extended well beyond the 16 Feb 2024 deadline.
- Stop the merging of Home Care Packages (HCP) with Commonwealth Home Support Program (CHSP)
- Keep the Short-Term Restorative Care (STRC) as stand-alone source of emergency funding for chronic and episodic need.
- Instead of closing the Disabled Support for Older Australians reopen the program to manage all people requiring the highest levels of support.
- Reinforce what is working with the current programs.
- Include medical history and diagnosis in the integrated assessment tool with early flags in the process to transfer people with higher needs to assessor with relevant skillsets and specific knowledge of the persons condition and needs.
- recognise existing conditions such as permanent and significant disability.
- stop the need for HCP funds to be banked funds for emergency care.
- Support Chronic and episodic need on an as needs basic via local GP networks. This will mean for many higher levels of short-term support, but for majority it may mean receiving lower levels of ongoing CHSP support from a standalone program.
- Re-engage with local councils and GPs to support grant funding to work with and monitor community groups such as the Red Cross, Brotherhood of St Laurence, and like peak bodies to provide lower level of support to those most in need.
- Support services that are truly appropriate to support the individual and their specific need

Whatever system that is finally put in place it must not be one that feeds and supports commercial growth to monitor a 'match and nay' portal with an on- line list of one size fits all services.

Peter Willcocks
3 Jan 2024

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