



6 December 2024

### **Submission regarding Support at Home charging**

This submission raises concerns about unintended impacts of the proposed Support at Home client contribution framework.

We accept that it is reasonable to expect individuals to make a contribution to the cost of their services, as long as it does not lead to older people not receiving the assistance they need. It is in the interests of both the community and the individuals involved, for older people to be supported to live safely, confidently and as independently as possible in their own homes and communities.

We understand that under these draft rules, individual contributions will be determined on the basis of people's means testing class and the category into which the particular service is allocated: *Clinical Care*, *Independence* and *Everyday Living* [s.314AA (2), columns 2, 3 and 4].

Those services classified as *Clinical Care* will not attract a consumer contribution; we support this approach and believe it will have beneficial outcomes.

We are concerned that the current proposals for *Independence* and *Everyday Living* services (for those not covered by the grandfathering arrangements) will lead to a significant percentage of older people not receiving the services required to optimise their physical and psychological well-being. This would be because individuals are either unable to afford the contributions or will not accept the appropriateness of paying the required amount for these services. This rejection of required support will lead to negative outcomes both for individual older people and for the wider aged care and health systems.

We believe that two interconnected issues are involved:

- Some services are being inappropriately classified
- The contribution rates are too high.

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### **Personal care should be a *Clinical Care* service**

Personal care is proposed to be treated as an *Independence* service and will require a contribution of between 5% and 50%. The tasks typically involved in personal care such as showering, dressing and grooming, are activities that older people would have undertaken without assistance throughout their lives. The need for support arises directly from their age-related physical and cognitive impairments.

Personal care services are closely related to people's capacity to remain living at home and avoid unnecessary transfer to residential care or hospital. It is a service that is typically required multiple times per week and therefore the costs would add up quickly, even for full pensioners.

People being assessed as needing personal care but not receiving it face heightened risks. Common examples are falls during unsupported showering, skin irritations/ infections and poor hygiene resulting from decisions to not bath regularly, not being able to put on necessary compression stockings and/or injuries incurred while attempting to put on compression stockings. These situations can result in hospitalisation or the requirement for residential care, outcomes which are unsatisfactory for both the individual and the community.

Personal care is an essential service that should be provided without an individual contribution, so older people can receive this crucial support without fear of the cost.

### **Accompanied shopping should be an *Independence* service**

In the current proposal, accompanied shopping has been grouped with domestic assistance for charging purposes, so consumers would be required to contribute up to 80% of the cost, based on their pension status. Even full pensioners will pay 17.5% of the cost.

In reality, accompanied shopping is overwhelmingly a social engagement service, not a mechanism to collect groceries. The value comes from the interactions the individual has with those they meet in the course of shopping, as well as with the employee supporting them. It is a chance to see others in their community and possibly to enjoy a cup of coffee at a café. For a sizable minority of consumers, this is their only regular activity outside of their home. It has clear psychological benefits as well as providing an opportunity for light exercise. Many people will cease this service and suffer the isolation consequences, if their financial contribution is at such a high level.

Shopping should be classified along with other socialisation options, as an *Independence* service.

## **Meals should be an *Independence* service**

In the current proposal, meals are considered to be an *Everyday Living* service. We recognise that the food component of the meals rightly cannot be charged to Support at Home so it is the assistance in preparing the meal which attracts the government subsidy.

Having regular, nutritious meals is essential to the maintenance of good health but a proportion of older people cannot effectively prepare their own food. This relates to both physical and cognitive reasons.

Again, there will be unintended negative outcomes for the individuals and community if people inappropriately ration this assistance because of cost.

## **Contributions for *Independence* and *Everyday Living* services should be lower**

Many older people in the area we serve [REDACTED] have very limited financial resources after their essential costs are met. This is not only the case for pensioners, but can also be true for self-funded retirees, especially those relying on the private rental market.

We have no doubt that many people cannot pay or will not accept contributions up to 50% for *Independence* services and 80% for *Everyday Living* services. The consequence is that the help people are independently assessed as requiring will not be received. This is not a good result for those people or for the community.

We consider that more affordable and acceptable contribution ranges would be:

- *Independence* – 5% to 35%
- *Everyday living* – 10% to 50%.

With these contribution levels and the more appropriate classification of Personal Care, Accompanied Shopping and Meals, we consider the Support at Home financial framework would achieve a good balance between user contributions and the maintenance of services which enable older people to stay in their own homes and communities.

## **About Flexi Care Inc.**

Flexi Care Inc. is a not-for-profit community organisation that has provided support to older people in Brisbane's southern suburbs to live well in their own homes and communities since 1992. We currently assist approximately 2,500 people annually through the Home Care Package program, the Commonwealth Home Support Program and the Veterans' Home Support program. The concerns we are raising derive from our experience of working with older people over 32 years to assist them to achieve and maintain their best achievable quality of life at home.

Please contact me by email or phone if you would like clarification of any of the issues we have raised.

