



## Health Services Union

**SUBMISSION: Department of**

**Stage 2a release – Funding related  
to Support at Home**

December 2024

## About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 100,000 members working in the health and community services sector across the country.

Our members work in aged care, disability services, community health, mental health, alcohol and other drugs services, private practices and hospitals. Members are health professionals, paramedics, scientists, disability support workers, aged care workers, nurses, technicians, doctors, medical librarians, clerical and administrative staff, managers and other support staff.

You can find us at [hsu.net.au](http://hsu.net.au)

*For questions regarding this submission, please contact:*



## Recommendations

- *Clarity on what Australians are entitled to should be provided and communicated*
- *Hardship policies must be expansive, and proactive.*
- *Section 314CA should be carefully considered to not exclude other redress schemes, particularly those for Aboriginal and Torres Strait Islander peoples.*
- *IHACPA funding must fully fund all labour costs including bargaining and skills and training.*

## Introduction

### Transparency

Transparency and accountability need to be clearly accessible for Australians in accessing aged care when they need it. As a recent news article has stated: “Most older Australians are in the dark about the financial implications of moving into aged care and do not have a firm grasp on the government assistance available to them.”<sup>1</sup>

These rules and the associated service lists and entitlements do not make it any clearer. The mix of fully funded government provision, means tested services and fully private services should be made exceedingly clear to aged care user through government communications. Clarity on these matters would at least help to ensure older Australians are aware of the services they are entitled to.

[REDACTED] funding of aged care should account for all matters including hygiene, as per the HSUs submission on the service list and clinical care. Older people may find themselves impacted on their access to supports and this will then have impacts both on the older person as they will have worse health outcomes, but also will cost the aged care system more, as higher cost intervention, fully funded by the government, will be required. The impacts of this will have a disproportionate effect on older women, who have less in terms of super and assets. This funding model will not gain the efficiencies or full support of universal care, and older Australians should be supported to access the care they need to avoid this.

To avoid this, there must be significant policies in place to avoid hardship for older Australians. This must be proactive from the Government, and not rely on outreach from older Australians to the bureaucracy. Hardship policies should be well communicated and easily accessible. Circumstances can change for older Australians, and there should be no barrier to the right care.

A specific issue remains in regard to section 314CA, which details the amounts to be disregarded. This section should be carefully assessed to make sure it includes all relevant compensation schemes, particularly for those regarding Aboriginal and Torres Strait Islander peoples, including but not limited to the Stolen Generations.

### IHACPA

The price for services on the Support at Home service list must be appropriately costed to include the full costs of labour. This is not just the immediate wage cost, but the costs of training and skills, all appropriate leave, and vitally, the cost of bargaining above the award. Without this, the award becomes the ceiling for wages and conditions. Transport too must be appropriately costed, along with the impacts of split shifts on home care workers, who often face less predictable work patterns.

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<sup>1</sup> <https://www.msn.com/en-au/health/other/financial-confusion-clouding-aged-care-transition/ar-AA1uFCtH>