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2023 Australian Human Rights Awards Winner

Advocacy Tasmania's Submission to the Senate Community Affairs Reference Committee into the Support at Home Program

This submission was authorised by the Chief Executive Officer of Advocacy Tasmania, Leanne Groombridge, on 31 July 2026. For comments or enquiries, please email [redacted]

1. Introduction

Advocacy Tasmania is an independent, not-for-profit, client-directed, rights-based advocacy service that helps older people, people with disability, people with mental health conditions and people who use alcohol or drugs, to access services, resolve problems, make decisions and take back control over their own lives. For over 36 years we have supported our clients to access the services they desperately need, to achieve the outcomes that are most important to them, while helping build their self-advocacy and decision-making skills and confidence.

Advocacy Tasmania is the National Aged Care Advocacy Program (NACAP) provider for the State which has 19.2% of the population aged 65 years and above.[1]

Each year, we work with thousands of Tasmanians who continue to experience widespread and systemic barriers to enjoying life on an equal basis with others. Many of our clients are routinely denied access to essential services that they need to live independently. They are also denied autonomy, dignity and agency in decisions affecting their lives.

Advocacy Tasmania welcomes the opportunity to make a submission to the Senate Inquiry into the *Support at Home Program* (SAH Program) We hope that our submission will further contribute to the discussion and to changing the SAH Program so that Tasmanians can appropriately access the supports they so desperately need.

The information contained in this submission is based purely on our clients' lived experiences and our advocates' experiences trying to navigate the SAH Program on their behalf. De-identified client case studies are included to illustrate the significant adverse impacts the SAH Program is having on older Tasmanians.

2. The ability for older Australians to access services to live safely with dignity at home

Our clients experience significant barriers in accessing services through the SAH Program. The challenges and barriers they face begin from the very moment they decide to access aged care services and continue throughout the entire process.

My Aged Care

Clients constantly tell us that they are incredibly frustrated and confused when dealing with My Aged Care and they will often need an advocate's support at the outset of the process when requesting an assessment for aged care services. When contacting My Aged Care, both advocates and clients report very differing experiences depending on who they speak with. At times, the information provided by My Aged Care representatives is inaccurate, or the representative has not fully understood what the client is seeking.

Requesting a reassessment is also problematic as the process lacks transparency. It is often believed that phoning My Aged Care and requesting a reassessment will automatically result in a reassessment. However, according to the *Aged Care Assessment Manual*[2] published by the Department of Health, Disability and Ageing:

[1] Snapshot-of-priority-populations-in-Tasmania.pdf
[2] *version 8.3* page 101

“the term ‘reassessment’ is used as an umbrella term to describe both SPRs [Support Plan Reviews] and a reassessment for someone already receiving funded aged care services.”

We note:

"All reassessment requests, including reassessments, begin through the SPR workflow in the assessor portal. A reassessment will be requested if required."[3]

Following their request for a reassessment, an older person receives a phone call from an assessor who explains that they are calling to conduct a support plan review. What is not made clear is that the outcome of this ‘support plan review’ could result in the complete closure of the client’s request.

We have supported many clients who believed they were receiving a call to book their aged care reassessment. When checking clients’ My Aged Care portal, advocates discovered the support plan review process actually resulted in the closure of their reassessment request. When this happens, the impacts on older people are catastrophic as they could be waiting indefinitely on a reassessment that will never actually eventuate.

The only option for these clients is to contact My Aged Care *again* to request *another* support plan review - which may then result in them being placed on a waitlist for reassessment.

Integrated Assessment Tool

Once clients have requested an assessment, or reassessment, for aged care services they face another barrier. Although My Aged Care Representatives advise they will be contacted by an assessor within 6 weeks from the date of request, some clients actually have wait times of up to 3 months after requesting the assessment.

The barrier created by the Integrated Assessment Tool (IAT) is arguably one of the greatest barriers older Tasmanians face in accessing the services required to live safely and with dignity at home. Clients consistently tell us they are under prescribed services through this tool as it severely underestimates complex care needs.

Some clients report receiving as many as 12 Commonwealth Home Support Program (CHSP) referral codes instead of a Support at Home (SaH) package. In Tasmania, it is highly unlikely that a person with 12 separate CHSP referral codes will find service providers – either one or several - with availability to accept all 12 codes.

The IAT in its current form is not fit for purpose as it does not provide older people with access to services that would allow them to live safely with dignity at home.

The tool underassesses vulnerability, leaving incredibly vulnerable Tasmanians without vital supports and services. Clients in their 90s, who live alone and have histories of falls and hospitalisations, can attest to this. By under prescribing services and supports, use of the tool increases risk of preventable accidents and results in premature entry into residential aged care.

Internal Review Process

Since 1 November 2025, our organisation has already supported dozens of clients seeking an internal review of an assessment decision. These are clients who are not receiving the level of support

[3] Ibid, page 102

required to remain safe at home, clients who are doing everything they can to remain at home and out of permanent residential aged care.

Clients who find themselves involved in these processes have been forced to live with inadequate levels of supports and services – an already incredibly stressful situation without factoring in the extensive wait times. The impacts on older peoples' mental health should not be underestimated. Clients tell us they 'might as well be dead'. They tell advocates that they feel worthless and abandoned and cannot understand why it is so hard to get the services they need to stay at home.

Wait times do not improve once clients have sought an internal review. Once the review request is lodged, the internal decision reviewer has 90 days to reassess the original decision.

Clients who have waited patiently for the decision have reported receiving a letter from the Delegate of the System Governor, on, or around, the 90th day, asking for further information or documents to support their request. The legislation[4] provides the basis of a *deemed decision*. This reinforces the 90 day legal timeframe and allows clients to progress to external review if a decision has not been made within this time.

To prevent older people from pursuing a deemed decision, the letter reads:

'The decision-making period does not include a day in the period starting on the date this notice is given, being [date], and ending at the end of the day you give the above requested further information or document(s).'

Of significant concern is the paragraph:

'If you do not provide the requested further information within the specified period [being 28 days following the date of the notice]*, the Act requires your application for reconsideration is taken to be withdrawn at the end of the period.'*

Further, the letter reads:

'If you do not wish to provide any further information, you must confirm you do not intend to provide any further information prior to [date] *or your application for reconsideration will be taken to be withdrawn.*'

The onus placed on the older person, as well as the deprivation of the deemed decision pathway, is manifestly unjust. The majority of our clients caught in this process need to make appointments with specialists to gather the further evidence required – which typically cannot be booked within 28 days in Tasmania. Further, the request incurs costs many clients simply cannot afford.

A system that allows older Tasmanians to receive these letters so close to the 90th day – and then have the onus placed on them to respond before the deadline – is undeniably unfair. Clients who have fought through to this stage tell us they feel they are being 'waited out' by the process and will die before receiving the supports they need.

<u>Wait Times and Lack of Service Availability</u>

Extensive wait times don't end once the assessment is complete and the package has been approved; clients then wait a further 12 months – or longer - for allocation of their package.

[4] Aged Care Act 2024, section 565

For older Tasmanians awaiting allocation of their package, there are very few short-term options available.

Accessing CHSP for interim supports is not a realistic option for many older Tasmanians as there is a significant lack of service availability.

Although this is much more apparent in rural and remote areas, many clients in metropolitan areas have also been unable to access CHSP services when these have been urgently needed.

A client who lives in a suburb located just 13km outside of the Hobart CBD was allocated a total of 12 CHSP codes following a reassessment. One of the vital services they sought to access was assistance with hoarding and squalor. Securing this assistance was essential and urgent as other service providers declined attending our client's home due to the presenting work health and safety hazards. Despite contacting several CHSP providers, our client was unsuccessful in obtaining this service.

Our client receives a full age pension and cannot afford to self-fund private hoarding and squalor services. A direct consequence of not having access to this particular CHSP support means our client was unable to access any other in-home aged care services – including SaH.

Service availability for both CHSP and SaH is significantly overrepresented on the My Aged Care Find a Provider tool. Older Tasmanians seeking to understand service availability are directed to use this tool, which is highly inaccurate. The tool tends to show service availability in areas where there are none, and indicates consumers have a choice between many service providers when, in reality, there may be only 1 or less. This tool diminishes the vulnerability of older Tasmanians as it falsely indicates supports and services are readily available when they are simply not there.

Transport remains one of the more challenging services to access – despite it being so important. Clients living in or around Tasmania's capital are told of wait lists extending to 10 weeks or more for one of the major CHSP transport service providers.

The intention of the SaH Program is to help older people stay at home for longer. The Program is clearly failing on this intention. Instead, it provides an assessment system that delays access to the supports older people desperately need. It relies on the IAT which consistently delivers inappropriate assessment outcomes, causing significant trauma, harm and distress to the older person involved. From start to finish, the Program actively discourages and deters older people from seeking the supports they need.

<u>Outcomes Faced by Our Clients</u>

With limited service availability across the in-home support sector, many older Tasmanians rely heavily on carers to keep them safe at home and out of residential aged care. Residential respite should provide an opportunity for older Tasmanians to access a temporary increase in support, particularly when their carers are unavailable or in need of a break. The reality is that accessing residential respite is incredibly difficult in Tasmania, with current wait times of 8 weeks or longer.

Recently, a client in hospital contacted our service for assistance. Our client needed to access residential respite – and was already supported by the hospital social worker, as well as another government funded organisation, to secure a respite allocation. Our client had been supported to contact 30 aged care homes; none had availability. As our client was medically fit for discharge, they were subsequently transferred to another hospital further away from their hometown and family.

Some clients have waited over 6 months for a residential respite placement. Others have been forced to accept residential respite in locations hours away from their hometown, friends and families. One client was forced to move to a hospital over 300km from her family while she waited for placement in her hometown.

During this time, clients are facing immense pressure from hospital staff who need to complete discharge. The process is extremely overwhelming and stressful for older Tasmanians, with some prematurely entering permanent residential aged care as a result.

Medically fit for discharge clients contact our service to help them to fight against applications for guardianship and administration made by our hospitals. The SaH Program is a complex program to understand and navigate. Hospital staff, older people and their families all struggle with the Program's complexity and are unable to easily understand how to access services. Lengthy wait times and lack of service availability make it impossible for older Tasmanians to access immediate supports to return home.

Older Tasmanians in this position are instead pushed to enter permanent residential aged care. This is incredibly distressing and traumatising for older Tasmanians who know they can continue living safely in their own homes if they could access in-home supports and services. As a result, hospital staff are applying for guardianship orders as this is quicker and easier than navigating the SaH Program. We have had clients who have narrowly escaped being placed on guardianship orders who now refuse to go back to our Public Hospitals or to other medical services for much needed medical care.

The SaH Program is difficult to navigate, has made it near impossible to access services when required and has ultimately resulted in guardianship applications becoming the first resort rather than the last resort. This is a significant human rights breach and denies older Tasmanians dignity, agency, liberty and control over their lives. Older Tasmanians have lost their right to their own decision making as a direct consequence of the failings of the SaH Program.

The overall combination of each of these barriers has resulted in older Tasmanians losing the ability to remain in their own homes for longer and instead are being prematurely forced into residential aged care. The barriers that ultimately prevent our clients from returning to live safely in their own homes include;

- Lengthy wait times for assessment or reassessment
- Long wait times for higher package allocation (provided the IAT prescribes SaH or a higher level for reassessments)
- Lack of service availability – Tasmania wide but particularly in rural and remote areas
- Higher hourly service costs under SaH than under HCP meaning the same budget is now funding less service hours
- Increasing service hours means increasing client contributions which may not be financially sustainable
- Wait times for assessment for AT-HM scheme – and if allocated, wait times for OT assessment to prescribe the AT-HM that may be required to facilitate a safe discharge home.

With every step of the process presenting a barrier to older Tasmanians, it is no surprise that we submit that the current SAH Program does not allow older Tasmanians the ability to access services to live safely with dignity at home. Furthermore, due to the SAH Program failings, older Tasmanians have been subject to guardianship and administration applications/orders resulting in them having a substitute decision maker appointed.

3. The impact of the co-payment contributions for independent services and everyday living services on the financial security and wellbeing of older Australians

The introduction of the co-payment contributions for independent and everyday living services is seeing older Tasmanians outright decline SaH allocations; with many leaving the SaH program altogether.

Since the implementation of SaH, clients have been reluctant to move from CHSP to SaH due to the co-payment contributions.

One client requested assistance to understand co-contributions under SaH as a full pensioner. They were currently accessing CHSP services and had been offered a SaH Level 2 and did not meet the grandfathering rule. Our client desperately needed supports but wanted to understand the pros and cons of each program before making a decision.

If our client accepted the SaH package not only would they have received less hours of support than they did under CHSP, but they would contribute $16.32 per hour, compared to $5.50 per hour for the same service under CHSP.

$16.52 per hour, as a full pensioner on a fixed income, is totally unaffordable. Ultimately our client elected to continue with CHSP, forgoing the SaH package.

Many clients have withdrawn from the SaH program completely as they were unable to afford the co-payment contributions. Clients regularly tell us that prior to the roll out of SaH, their provider did not take the time to explain the contributions they would need to make as a non-grandfathered SaH recipient. This issue was further compounded by significant delays in receiving SaH statements after November 2025, resulting in clients only discovering that they had to pay co-contributions in January or February 2026.

We supported one client who elected to withdraw from their SaH package after they realised they needed to pay over $100 per month in co-contributions. Our client explained they could not afford to continue under SaH and sought our support to help them to return to CHSP. Our client explained they did not qualify for financial hardship as they had savings that *just* exceeded the threshold. They live alone and had to retain their savings in case they needed to complete maintenance to their home or needed to replace their old, unreliable car. Drawing down on their safety net to fund aged care services was just not a viable option.

These are certainly not isolated examples – many older Tasmanians are forced to make the same decisions. It is often a choice between co-payments for much needed services or food, heating, medical expenses etc.

4. Trends and impact of pricing mechanisms on consumers

Since the new Act commenced in November, we have received an overwhelming number of clients who have been negatively affected by changes in pricing mechanisms. Grandfathered clients were advised they would be 'no worse off' and were horrified to discover large hourly price increases for their services – drastically reducing the hours their packages can afford; ultimately leaving them significantly worse off.

We supported a grandfathered recipient who transitioned to a HCP level 1. The increase in hourly pricing under SaH meant that they were now unable to access all their regular supports. This meant our client had to make the difficult decision to cease attendance at an adult day centre which was their only social engagement opportunity. Our client had been a regular attendee at the day centre and had many longstanding friendships with other attendees. Being forced to eliminate this much needed social support meant our client lost their connection with their community and their friends and became even more isolated.

On top of this, our client's service provider did not have a gardener employed in their area. Our client elected to broker a gardener who charged $65 per hour. Despite this low hourly cost, the service provider invoiced our client $130/hour as this was the price listed on the service provider's pricing list. This decision by the provider led to a rapid decrease in our client's available funds – leaving our client significantly worse off.

Another client was informed prior to the rollout of SaH that they would receive 6 hours of services per week. However, under the new pricing, their budget could only afford 90 minutes of services per week – leaving our client significantly worse off.

These are not isolated examples. Older Tasmanians impacted by sudden reductions in their services are now seeking professional support for their mental health and wellbeing. Many clients tell us they are forced to forgo essential services and supports such as shopping assistance to purchase groceries and essential medications, personal care or social support.

In some cases, service providers misunderstood pricing obligations and requirements. One client was charged $289 to receive 45 minutes of personal care, twice a week. The service provider was not adhering to pricing guidelines as they were charging a separate direct transport fee of $199 for the support worker to travel to the client, in addition to the $90 fee for personal care. Prior to engaging our service, our client was unaware of the pricing guidelines and didn't know that a service provider could not charge for direct transport. Our client was significantly worse off as the entire budget was being used on two showers per week – leaving no funds for social support or other services.

Frustratingly, even with our advocacy support, it took some time before the service provider acknowledged and rectified their mistake.

Without pricing caps, we are seeing significant pricing increases under the SaH program. Service providers can set their own prices – and if an older person feels the increases are unreasonable, the onus is on them to resolve it. As an example, allied health has attracted significant pricing increases, with clients telling us their hourly rate for podiatry has jumped from $96 per hour to $220 per hour.

Older Tasmanians cannot easily change service providers if they feel the pricing is unreasonable. Pursuing a complaint through the Aged Care Quality and Safety Commission is an option – however many clients report it is 'a total waste of time.'

Although grandfathered clients may not be 'worse off' when it comes to co-contributions, they report they are worse off in every other aspect.

5. The adequacy of the financial hardship assistance for older Australians facing financial difficulty

Applying for financial hardship is an incredibly onerous task for older Tasmanians. For many older Tasmanians, gathering the evidence required to support their application presents significant barriers. Some older Tasmanians are unable to read or write, and don't have friends or family to support them with the paperwork.

If the requirements to complete the form are not a barrier, in many situations the rigidity of the thresholds certainly are. Only older people with remaining disposable income less than 15% of the basic Age Pension may be eligible for financial hardship assistance.

By implementing a nationally consistent approach on *remaining income* after paying essential daily living costs, older Tasmanians are incredibly disadvantaged. There are many rural and remote areas across Tasmania, and many older Tasmanians live in these areas[2]. Aside from generally having a higher cost of living, these areas also do not have the same medical resources and services as metropolitan areas. As an example, most rural and remote areas do not have specialist clinics or fracture clinics. Older Tasmanians living in these areas understand that they will need to travel into larger towns to access many essential services. In rural and remote areas of Tasmania, there is no reliable, readily available, affordable public transport.

Although the application allows individuals to account for medical expenses – such as doctor or specialist appointments, blood tests and x-rays – unless the older person knows they will have these expenses, it is highly unlikely this will be properly taken into account.

Most people can not plan for specialist appointments, tests, scans or x-rays. For older Tasmanians, particularly those living in rural and remote areas, accessing a specialist appointment or getting scans and x-rays completed can become an extremely expensive endeavor. A client living in Ansons Bay explained they needed to attend medical appointments following a fall. They explained the travel time from their home to the specialist clinic was approximately 2.5 hours each way. There is no public transport available from their house. Their options were to drive 45 minutes to the bus stop, where one bus leaves daily at 6am. They would then have to finish their appointments in time to catch the returning bus from 1:30pm. They explained if they missed that bus, they would then have to stay overnight until they could catch the 1:30pm bus the following day. Instead, our client decided to drive albeit this adversely impacted their health, attend the appointments, stay overnight and return the next day.

This is not an isolated example – but it highlights the significant expense to our client. An expense that, by nature of being unplanned and unexpected, would not be captured in their hardship application.

Not only does the hardship application not accurately account for unexpected or unplanned expenses, but it also completely strips older people of the ability to make small savings and financially prepare for these events. Most of our clients are on a fixed income- the Age Pension. They tell us they try to keep some money aside as a safety net in case of emergencies. They tell us they are now being penalised for doing so and are being forced to deplete their small savings in order to access affordable in-home supports.

The application form also fails to take into account other essential expenses such as heating costs. Although there is provision for electricity, many clients tell us they use wood heating as they cannot afford electric heating options. The form does not specify the cost of fuel – which is ultimately higher for clients living in rural and remote areas who have to regularly travel longer distances to access essential services.

Older Tasmanians, particularly those living in rural and remote areas, need the ability to save for unplanned expenses. $161 per fortnight is simply not enough to cover unexpected expenses as well as co-contributions towards SaH services. A client living on the East Coast of Tasmania could easily use that, and more, to attend an unplanned medical appointment in Launceston or Hobart. It is manifestly unreasonable to apply the same level of remaining income to a person living in a MM7 area as a person living in a MM1 area.

6. The impact on the residential aged care system, and hospitals

The extensive wait times to access SaH, or access assistive technology or home modification funds, have caused older Tasmanians to enter hospital, sometimes as result of a fall or due to a deterioration of their health, which may have been prevented had they been able to access an adequate level of care for their individual needs. Some of our clients' hospital stays have lasted months as they find themselves at the junction between two worlds where they are unable to go home and have their needs adequately met, and they are unable to access respite or permanent residential aged care due to extensive waitlists.

We supported a client who had been hospitalised for 6 months prior to our involvement and who was unable to safely remain living at home. He explained he had received HCP transitioned level 4 funding – but the level of services significantly decreased with the rollout of SaH and it was no longer enough to keep him safe. Our client waited in hospital for 7 months before entering residential respite.

The failings of the SaH Program are accelerating entry into permanent residential aged care. Some older Tasmanians choose to enter permanent residential aged care as they have had to abandon their efforts to access appropriate in-home supports and services. Others are forced into permanent residential aged care via an application for guardianship made by hospital staff.

Older Tasmanians who are forced into residential aged care following the appointment of a guardian endure significant distress and trauma. This not only impacts the older person and their families, it also impacts the residential aged care homes' staff and residents. Stripping away a person's human rights should only ever be done as an absolute last resort. With the failings of the SaH Program, this is becoming a first resort.

7. The impact on older Australians Transitioning from the Home Care Package Program

Under the HCP program, clients could supplement services with CHSP services in a range of situations. Under SaH, there are more restrictions on interactions between the programs, preventing many clients from accessing CHSP services to supplement their current supports.

Under the HCP, older people retained unspent funds and could use these to cover additional services and supports if, and when, required. By placing a cap on the accrual of unspent funds, clients are no

longer able to keep a 'safety net' of unspent funds. This means if their care needs suddenly or unexpectedly change, they cannot quickly increase their service hours as required. This in turn leads to hospital, and/or permanent residential aged care admissions.

8. Thin markets including those affected by geographical remoteness and population size

We support many clients living in remote or isolated areas. For older Tasmanians living in regional or remote areas, some of the barriers that they may experience in accessing aged care services include

- Limited number of service providers able to deliver services, sometimes there may only be one or two providers servicing the area
- Limited workers available which may restrict the hours of care they receive and may also mean that clients may only be able to receive care on certain days. If workers are unavailable or sick this may also lead to clients having to miss out on essential services they rely on
- If clients experience issues with their current provider, they do not have the ability to simply change providers due to the limited availability, or absence, of other providers. If changing to a self-managed provider isn't an option for clients, they may have to stay with their current provider due to lack of other options
- Clients experiencing issues with their current providers are reluctant to escalate complaints due to reprisals. Clients can and do experience reprisals for lodging complaints with both the service provider and with the Aged Care Quality and Safety Commission. Clients in rural and remote areas, where there is only 1 service provider, are incredibly vulnerable and are unlikely to raise concerns
- Access to an Occupational Therapist for an assessment or other allied health services may be delayed and may also come at an increased cost due to their remote location. The increased cost may not be able to be included in clients' budgets based on their current level of funding
- Whilst AT-HM remote supplements exist, we have supported clients living in MMM5 areas where the costs of delivery of assistive technology or cost of home modifications is significantly increased due to their location. This may not fit into the client's budget or available HCP grandfathered unspent funds

We supported a client living in MMM6 in the south of Tasmania. Our client is a grandfathered HCP recipient, receiving services from the only service provider available in the area. Our client sought support to understand their aged care fees following the SaH rollout. Our client also requested reimbursement of services they were charged by their provider inappropriately.

Our client self-advocated, but experienced harsh reprisals after lodging a complaint to the Aged Care Quality and Safety Commission regarding the above issues. As a result, our client had to decide to either continue with that particular service provider and accept the reprisals or cease services completely knowing there were no other service providers operating in that area.

9. The impact on First Nations communities, and culturally and linguistically diverse communities

There are no Aboriginal and Torres Strait Islander aged care assessment organisations to deliver culturally safe and respectful aged care assessments for First Nation Elders living in Lutriwita.

There are also limited SaH providers in Tasmania providing culturally appropriate in-home aged care services, as well as cultural events and community connections, to Aboriginal and Torres Strait Islander Elders.

Elders living in Tasmania may not be able to access an Aboriginal and Torres Strait Islander service provider who can facilitate connection to country due to the limited number of providers who are available in Tasmania. Consequently, we have supported clients who have encountered issues in accessing cultural events as they had to sign-up with a "traditional" provider due to lack of Aboriginal and Torres Strait Islander providers in Tasmania.

We supported a client during a re-assessment for a higher level of funding. Our client had an HCP transitioned level 4 which was fully allocated. During the re-assessment, our client explained to the aged care assessor that all of their unspent funds were used to cover essential services necessary for them to remain living at home. Our client wished to receive a higher level of SAH funding to be able to attend cultural events which were important to them and their connection to community. Our client emphasized the importance of this – and that it was not achievable within the current budget.

The aged care re-assessment resulted in the allocation of a SAH level 7 funding, which was actually even less funding than the current HCP transitioned level 4. Our client obviously retained their HCP transitioned funding.

To this day, our client has not been able to attend cultural events, and retain connections to community and country, due to lack of SaH funding available to support them.

10. Any other related matters

Following a successful review of an assessment or reassessment, it is unclear how long older people must wait to have their SaH classification updated accordingly. Once the Review Team have made a determination, and an outcome letter is provided to both the older person and the assessment service, it is unclear which body or organisation ensures the funding is assigned. There is no guidance provided in relation to funding assignment timeframes as a result of a reviewed decision.

We are working with a client who requested assessment for aged care services in June 2024. The assessment service did not complete the assessment until December 2024 – 141 days after accepting the referral. The My Aged Care Assessment Manual states assessments must be completed within 40 calendar days after referral acceptance; the assessment service conceded the client's assessment occurred well outside of guidelines.

Because of the delay, our client did not transition as a grandfathered client and is liable for co-contributions. Our client cannot afford the co-contributions and is seeking to have their status changed to grandfathered. This matter is currently active and has been for some time. It has become

increasingly apparent that there isn't a clear path for escalation – the issue has been passed from department to department without resolution.

11. Conclusion

This submission has been based on the lived realities of our clients who continue to encounter systemic barriers to accessing essential aged care services to live safely with dignity in their homes.

As the SaH Program currently stands, older people cannot access timely, affordable or appropriate supports and are not being supported to remain living safely in their own homes.

Throughout this submission, we have sought to highlight the barriers faced by older Tasmanians to demonstrate the failings of the SaH Program in delivering on its intended purpose.

In Tasmania, the SaH Program is known for its long wait times for assessment, inappropriate and offensive assessment outcomes provided by an IAT that is not fit for purpose, a cumbersome review process that deters many, delays in accessing approved services, means testing and co-contributions that do not differentiate between those living in our most rural and remote regions and those living in central metropolitan areas, and severe lack of service availability across all areas.

The SaH Program is seeing vulnerable older Tasmanians forced to go without essential supports and services because the process is complex, difficult to understand and navigate, and ultimately provides inadequate levels of support at unaffordable prices.

The SaH Program has introduced changes that have negatively impacted the mental health and wellbeing of many older Tasmanians. It has led to the deterioration of our most vulnerable by delaying access to necessary supports and services and imposing unaffordable co-contributions.

The failings of the SaH Program are seeing older Tasmanians, with moderate support needs, forced prematurely into residential aged care. Older Tasmanians are having their human rights stripped through a process that is highly traumatic and distressing and intended only to be used as an absolute last resort.