

Case Study 1: HCP to SaH (non-fee paying)

Demographics

- Single female, lives with her daughter, has a dementia diagnosis
- Speaks a language other than English.
- Resides in a home owned outright
- Received care through HCP since 2007.
- Receiving HCP level 4 since 2023, no co-contribution
- Transitioned client as level 4 and her package amount sitting within SaH level 7-8
- Full pensioner

Overview of Care Needs

As a grand-parented participant, under the no worse off principle, the participant will not pay a participant contribution under Support at Home (SaH). However, their care and services must fit within their budget using the providers pricing structure.

Comparative HCP services vs. SaH services

HCP Services	Hours / Frequency	HCP replicated to SaH Services	Hours / frequency	SaH Service	Hours / Frequency
Personal Care	1 hours / 3 day/week	Personal Care	1 hours / 3 day/week	In-home respite*	2 hour / 5 days/week
In-home respite	11.5 hour /week	In-home respite	11.5 hour /week	In-home respite*	1.5 hours / 1 day/week
Continence Aids	\$260/month	Continence Aids	\$260/month	Continence aids	\$260
Webster Packs	\$12 / week	Webster Packs	Not funded	Webster Packs	Not funded
Total monthly budget	\$5,407.00	Total monthly budget	\$6,760.00	Total monthly budget	\$5,410.00

**Service now inclusive of personal care*

Financial Impact

Under SaH, the participant remains financially protected, but the shift to a single transparent hourly fee caused her budget to blow out by \$1,353 every month. To stay within budget, her weekly service hours were cut from 14.5 hours to 11.5 hours, and the provider reduced the advertised hourly rate by \$10.

Risks and Emotional Impact

This reduction is not just numbers—it's life-changing. Her daughter, the primary carer, expressed deep concern about the cut in hours, fearing “impending carer burnout.”

Every hour lost means more pressure on her to manage personal care, cleaning, and meal preparation while juggling her own life.

- **Loss of essential support:** The participant's dementia is progressing, and her English is fading. Without adequate in-home respite, her daughter cannot leave the house for basic errands or rest.
- **No alternative respite options:** Despite searching for months, there are **no respite beds available** in their region that cater to her mother's language needs. The home care provider is the only one who can communicate with her effectively.
- **Risk of breakdown:** If the daughter burns out, the participant faces a real possibility of premature residential care placement—something both desperately want to avoid.

Outcome: The provider worked to soften the impact by reducing hourly rates and using unspent HCP funds for extra hours temporarily. But this is not sustainable. Without a long-term solution, the daughter's wellbeing—and her mother's ability to remain at home—hangs in the balance.

Case Study 2: HCP to SaH (Fee paying)

Demographics

- Male, Diagnosis of dementia
- Lives with his wife in their owned home
- Speaks a language other than English
- HCP level 4, income tested fee \$1.17 per day
- Wife received HCP level 1
- Transitioned client as level 4 and his package amount sits within SaH level 7

Overview of Care Needs

HCP Service	Hours / Frequency	SaH Service	Hours / Frequency
Personal Care	45 mins / 3 days/week	Personal Care	2.25 hours / week
In-home respite	2.5 hours / 4 days/week	In-home respite	2.5 hours / 4 days/week
Social support	2hrs / week	Social support	2hrs / week
Continence aids	\$150 / month	Continence aids	\$145 / month
Gardening	\$100 / month	Gardening	\$110 / month
Total contribution	\$46.28 / month	Total contribution	\$46.28 / month
Total budget	\$5,742.06/ month	Total budget	\$6,360/ month
Total with discounted rate			\$5,407.65 / month

If the participant was provided with the same level of services with the advertised hourly rates, the participant would have approx. \$618.00 overspend every month.

The provider reduced the rates for independent living and everyday living by \$30 or more off the advertised price and the budget came inline.

Risk

This couple's situation is fragile. The participant's dementia means he requires consistent personal care and respite to maintain safety and dignity. His wife, who is his primary carer, is already under immense strain. If services were reduced:

- **Immediate risk of carer burnout:** His wife relies on in-home respite to manage her own health and wellbeing. Without this, her ability to continue caring for him at home would collapse.
- **Language barrier intensifies isolation:** The participant cannot speak English, making external support options extremely limited. He has been on a waitlist for a culturally appropriate respite bed for over six months.
- **Safety concerns:** Reduced personal care could lead to hygiene issues, falls, and hospital admissions.
- **Emotional toll:** Social support is one of the few ways he stays connected and engaged. Losing this would accelerate cognitive decline and depression.

Outcome: By reducing the advertised rates the provider ensured the couple could remain within budget without cutting essential care hours. This intervention prevented a situation where the wife would have faced an impossible choice: reduce care and risk her husband's health—or give up caring altogether.

Key Pricing Issues – Why It Matters

These cases show that the **one-hourly-rate model under Support at Home is failing:**

- It forces all provider costs—transport, overheads, onboarding—into each hour of care.
- Costs that were once spread proportionally through package management fees now hit those needing the most care hardest.
- Vulnerable participants assessed for high-level support face unmet needs, risking dignity, independence, and health.

The consequences are real:

- **Providers:** Financial losses, sector exits, liability from reduced services, and being priced out by larger competitors.
- **Participants:** Cuts to essential care, more hospital admissions, and mounting pressure on already scarce respite and residential facilities.

Bottom line:

This pricing model doesn't just strain budgets—it **puts lives and providers at risk.**