

RESEARCH ARTICLE OPEN ACCESS

Will 'Support at Home' Deliver What Older People Want?

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ABSTRACT

Objectives: This paper reviews Australia's aged care *Home Care Package* program to assess the ability of its replacement, the *Support at Home* program, to deliver on its stated principles of independence, autonomy, empowerment and freedom of choice for older people. The program is reviewed from the perspective of older people who wanted maximum independence and control over their support packages.

Methods: The findings from a qualitative study of the *Home Care Package* program in 2023–2024 involving 30 participants are used as a lens to review the *Support at Home* program. The two programs are sufficiently similar that findings based on the earlier program are relevant to the latter one. Semi-structured online interviews were conducted with older people who self-managed, their family representatives, support workers, service providers and aged care professionals. A combination of inductive and deductive analytical methods was used.

Results: Older people wanted programs that promoted their autonomy and allowed them to select support workers and negotiate services. However, structural barriers limited opportunities. Insufficient funding, workforce shortages and restrictive regulations were constraining factors. Restrictive regulations limited service providers from giving older people the agency they wanted over their lives.

Conclusions: The *Support at Home* program's legislation and guidelines are constraining the independence, autonomy and empowerment of older people who want greater agency over their lives. Reforms are needed to address an absence of rights, funding shortfalls, workforce shortages, and policy and regulatory inflexibility. Although inadequate funding and workforce shortages are structural constraints difficult to overcome, a renewed focus on the rights of older people is feasible and necessary. A more flexible and client-focused approach will help the program give older people what they want.

1 | Introduction

The Australian Federal Government initiated the *Support at Home* [1] aged support program in November 2025 in response to the 2021 *Royal Commission into Aged Care Quality and Safety* [2]. The Royal Commission identified major failings in residential and home support services for older people. The two Commissioners agreed that major changes were needed but disagreed on the best way forward. Commissioner Pagone recommended that an independent, dedicated statutory body called the *Australian Aged Care Commission* be created to govern,

administer and regulate the aged care system [2]^(p. 84). In contrast, Commissioner Briggs argued for government ministers to continue to be responsible for aged care as is consistent with the Westminster system of government [2]^(p. 87). Commissioner Briggs' view prevailed, and no structural changes were made.

An outcome from the Royal Commission was the 2024 Aged Care Act [3] (Act) that underpins all aged care services, including *Support at Home*. The Act gives people the right to 'Independence, autonomy, empowerment and freedom of choice' [3]^(S23), and directs the aged care system to be 'person-centred' [3]^(S.25). This

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Policy Impact

This paper contributes to aged care policy by identifying how the *Support at Home* program is not upholding older people's right to autonomy and choice. Although insufficient funding and workforce shortages are systemic problems difficult to overcome, procedural and attitudinal changes can uphold people's rights and address overregulation and inflexibility.

paper examines the *Support at Home* program from the perspective of older people who want maximum control over their lives. It uses findings from a study of people who self-managed their *Home Care Packages* in 2023–2024 [4] to review the *Support at Home* program as the programs are similar in all material aspects. The older people self-managed because they wanted maximum choice and control over their support services and their lives.

The aim of this paper was to consider whether the *Support at Home* program is likely to live up to its rhetoric and offer older people 'Independence, autonomy, empowerment and freedom of choice'. It is not suggested that all older people want to self-manage their home care supports or have the capacity to do so.

2 | Methods

The University of Melbourne Human Research Ethics Committee reviewed and approved the study of the *Home Care Package* program in 2023 (reference number: 2023-27262-44561-5). The *Self-managed Home Aged Care Support* [4] research was conducted in 2023–2024 by the two authors of this paper, who are senior PhD qualified researchers and were employed by the auspicing University. Both had extensive training and decades of experience conducting interviews.

The study was funded by *Empowered Ageing*, an approved home aged care service provider. The provider wanted to better understand what older people from across Australia wanted from self-management. The study was conducted independently of the agency, with the provider having no influence on the research design or reported outcomes. Although three interviewees had links to *Empowered Ageing*, all interviews were confidential, and no information was passed to the service provider. The study invited older people to express their expectations of home support and why they chose to self-manage. It also interviewed family representatives who managed on their behalf, support workers, service providers and other aged care professionals.

A demographically diverse sample of older people who self-managed was sought, with participants from different ethnic backgrounds coming from urban, rural and remote areas. A combination of purposive and snowball recruitment techniques was used. A *Plain Language Statement* containing detailed information about the study was distributed through professional networks and industry contacts to all categories of participants. Interviewees working with the National Disability Insurance Scheme (NDIS) were included to gain a wider perspective by comparing the two fields. Interviewees who self-managed were

given the opportunity to invite their support workers to participate in the study. These invitations resulted in four support workers being recruited, and the remaining three were recruited via other interviewees. This method ensured that all support workers interviewed had experience of self-management. The interviewer was unknown to most interviewees. She had email contact with all participants prior to the Zoom interviews to present her expertise in researching self-management and to ensure that participants understood the *Plain Language Statement*. This explained the purpose of the study and that interviews would be 30–60 min duration, audio recorded and transcribed. People who self-managed, their family carers and support workers were given a A\$50 digital prepaid Visa card in appreciation of their time.

Thirty semi-structured interviews were conducted online using Zoom by Dr. Laragy and the data were reviewed by her male colleague. Most interviewees were alone when interviewed. The interviewee categories are shown in Table 1.

The interview questions were tailored to the different stakeholder groups:

Older people who self-managed or their representatives were asked: their reasons for self-managing; outcomes achieved—positive, negative and risks; administrative requirements and supports available.

Contracted support workers and an enrolled nurse were asked: why they chose to work for people who self-managed; outcomes achieved—positive, negative and risks; workplace conditions.

Aged care service providers were asked: why they chose to support people to self-manage; outcomes achieved for consumers and workers—positive, negative and risks; challenges faced compared with agency managed supports.

All other professionals were asked: about their role; why they chose to support people to self-manage; outcomes achieved for consumers and workers—positive, negative and risks; challenges faced compared with agency managed supports.

The interviews were audio recorded. The interviewer categorised the transcriptions using the qualitative software NVivo and reviewed the findings with the co-researcher. A combination of inductive and deductive methods was used to organise the content. Themes identified in previous reports and papers, such as the desire for choice and control, risks and workforce issues were used as a framework, and new themes were added when introduced by interviewees. Because of the small sample size, only descriptive analysis was used. A copy of the final report was distributed to all participants. Some responded to express their agreement and appreciation, and no one expressed any disagreement.

3 | Results

Reviews of the interviews identified the importance older people placed on principles of autonomy and control, and factors that promoted and inhibited them. Factors that promoted autonomy

TABLE 1 | Interviewee categories ($n = 30$).

Older people who self-managed their aged care package (5), NDIS package (1)
Female 6 One older person was First Nations
Location: ACT (2), Melbourne VIC, Rural NSW, Sydney NSW, SA
Family representatives who managed for older people (3), for NDIS participants (2)
Female 4, male 1
One woman also worked as coordinator for an aged care provider supporting consumers to self-manage
Location: ACT, Perth WA, Rural WA, QLD, VIC
Contracted support workers in aged care (2), in NDIS (2), in both aged care and NDIS (3)
Female 7
One woman also worked as coordinator for aged care provider supporting consumers to self-manage
Location: ACT, Melbourne VIC (3), Perth WA (2), Sydney NSW
Contracted enrolled nurse in aged care (1)
Female 1
Location: Sydney NSW
Aged care service providers supporting self-management (3)
Location: National, NSW, WA
Aged care planner/coordinator (2); aged care consultant (2); NDIS staff trainer (1); manager online platform connecting support workers and consumers (1); technology company CEO (1); policy academic (1)
Female 7, male 1
Location: ACT (2), Melbourne VIC (2), Brisbane QLD, Rural QLD, Sydney NSW (2)

Note: Six professional interviewees also managed a package for a family member. They provided insights from multiple perspectives.

and control included being able to choose support workers and negotiate tasks to meet their present needs instead of having rostered staff working to a written plan that was created months beforehand. Limiting factors were inadequate funds, inflexible spending guidelines that thwarted innovation, administration challenges and workforce issues. These factors provide a lens through which to assess the *Support at Home* program's potential to deliver on its stated principles. Table 2 summarises four major themes identified in the study with representative quotes.

3.1 | Autonomy, Control and Flexibility

The reasons older people and their families choose to self-manage their home aged care packages were strikingly similar. Although their circumstances varied greatly, the common motivating factor was a desire to have greater autonomy and control over services. Older people felt empowered when they could select their support workers, negotiate salaries and tasks, and set schedules. They felt a sense of dignity that was absent when traditional providers had previously managed all their supports. Although they appreciated having extra funds for services by self-managing, flexibility and independence were valued along with cost efficiencies.

All except one older person was a client of a traditional aged care provider before moving to self-management. Those with traditional service providers recalled many restrictions being placed

on the duties support workers were allowed to do. For example, in accord with industrial agreements support workers were not allowed to clean windows or lift items when cleaning, which were the very jobs older people wanted done. By self-managing, they could contract companies with skilled workers allowed to undertake these tasks. Importantly, they could negotiate with workers to come at convenient times instead of being on a worker's roster with priorities determined by others.

When new to self-management, older people typically recruited support workers through an online platform, such as *Mable* (<https://mable.com.au/>). As they became more confident, they often recruited support workers independently because it saved them money. Although self-management required them to do more administrative tasks, they overcame initial uncertainties and preferred the flexibility and control it offered.

3.2 | Funding

Service providers supporting self-management generally charged lower administration fees than traditional providers because clients sourced and managed their own support workers and services. Interviewees welcomed lower fees because it left them with more funds to buy goods and services. However, although cost efficiencies were important, occasionally some paid a higher combined fee to the provider and the online platform to recruit workers than they would have paid to a traditional service provider. In

TABLE 2 | Summary of key interview themes.

Theme	Findings	Illustrative quotes
Autonomy, control and flexibility	Older people and their families chose self-management so they could select their support workers, negotiate duties and schedule services. They gained a strong sense of control compared with working with traditional providers. (Older people, families, providers, planners and policy academic)	'I think the main thing is having control. And they [support workers] always turned up when they were meant to, unlike with the provider'. (Wife, 1)
Funding	Lower administration fees usually allowed more hours of support, although occasionally no savings resulted. Autonomy and 'dignity of risk' were valued alongside financial efficiency. (Older people, families, providers and consultants)	'I found I could get a lot more hours and more flexibility being able to manage it myself'. (Wife, 2)
Workforce relationships	Older people valued selecting their workers and higher retention was reported when conditions and pay were directly negotiated. Support workers also preferred flexible arrangements over rosters. (Older people, families, providers, support workers and consultants)	'People have the right to choose who sees them naked'. (Aged care consultant, 1)
Challenges and risks	Inadequate package funds limited support and community participation. Older people accepted daily living risks and rejected being overprotected. Service providers felt over-regulated and blamed for factors beyond their control. (Older people, families, providers, support workers, consultants, NDIS trainer and academic)	'We can easily get to the point where we're so paralysed by risk that we can barely support someone in their own home'. (Aged care consultant, 2) 'It's a matter of getting that beautiful balance between duty of care and dignity of risk'. (NDIS trainer)

Note: Classes of respondent which identified this theme are shown in brackets.

these instances, they considered that having autonomy, control and 'dignity of risk' was more important than costs.

3.3 | Workforce Relationships

Workforce relationships emerged as central to people's satisfaction and the quality of care. Older people and their families stressed the importance of trust, familiarity and continuity in their relationships with support workers. Conversely, workforce instability under provider-managed systems generated frustration for both older people and workers.

Traditional service providers had not allowed older people to select their support workers. Older people did not like strangers coming to their home with no understanding of their needs, be this for intimate personal care or domestic work. The converse was also true for support workers. They did not like being on a roster and being directed to work with clients they did not know. Both parties reported benefitting when they established good working relationships. It was widely reported that support workers had higher retention rates when they and the older person negotiated working conditions and pay rates.

Finding suitable support workers was a challenge for some interviewees who self-managed and not for others. Many used an online platform, such as *Mable*, while others recruited through community networks. Some support workers supported only

one or two clients and would never register with a service provider to be rostered to support unknown clients. One example was an award-winning author who completed the required police check and supplemented her income supporting two clients. She only worked with vision-impaired people she knew through her social networks. By drawing upon this informal workforce, the employment pool was enlarged. Typical sentiments expressed comparing traditional service providers with self-management were:

You don't know who's coming into your house. You don't know their skill sets. You are relying entirely on your service provider...Self-management is choice... Since we moved to self-management there has been no confrontation... I will choose self-management every day.

(Older person)

3.4 | Challenges and Risks

Older people noted the inherent challenges and risks of self-management. They often found recruiting workers, negotiating technology, managing support workers and submitting invoices demanding. However, over time they learnt the procedures and found it easier to self-manage than to work with service providers who were inflexible and unresponsive.

Interviewees spoke of the inherent challenges and risks for all older people living at home regardless of their support model. Accepting that they faced risks every day, older people did not want to be infantilised with overly restrictive rules and oversight. However, balancing protection and care with the person's right to choice and their 'dignity of risk' was acknowledged as a challenge.

A major risk identified was having inadequate funds to meet personal care needs and maintain community activities. The importance of having social networks was widely mentioned. Strong social networks beyond service providers were thought to safeguard against isolation, neglect and abuse. Numerous interviewees referred to the tragic death of Ann Maree Smith [5] who was left sitting in a chair for over a year as an example of traditional service providers not guaranteeing safety.

Service providers who supported self-management were concerned that the regulator, the Aged Care Quality and Safety Commission [6], was at times overly prescriptive and directive in ways that restricted service flexibility and innovation without increasing effectiveness or client safety. For example, spending limits were imposed on travel and cab charges that restricted older people prioritising their needs and spending. Older people were often incensed by the restrictions imposed. There was no appeal mechanism for service providers when they considered the regulator acted contrary to the legislation and program guidelines. A related concern was that the Government was transferring responsibility and blame to them for factors outside their control. For example, they could be held responsible for any adverse event that happened to an older person while the support worker was in their home, even when the incident was outside their remit.

4 | Discussion

The study's findings provide a useful lens through which to examine the *Support at Home* program because the interviewees were strongly committed to the Aged Care Act principles of 'Independence, autonomy, empowerment and freedom of choice' [3]^(S23). Their experiences and preferences provide a yardstick by which to examine the *Support at Home* program. Although not all older people want independence and autonomy or are capable of asserting their right to these principles, this study reports on people who were actively seeking agency in their lives. A limitation of the study is the non-randomised small sample. Consequently, the findings cannot be generalised to the wider population. However, as all interviewees had a deep understanding of self-management and client empowerment and choice, the findings provide valuable insights.

Four features stand out when reviewing the *Home Care Package* program that are relevant to the *Support at Home* program. One is having no entitlement to receive services. The second is inadequate resources with limited funding, co-payments and long waitlists. The third is workforce issues, and the fourth is prescriptive compliance versus flexibility, innovation and dignity of risk.

4.1 | Rights

Although the Aged Care Act states that older people have a right to independence, autonomy, empowerment and freedom of choice [3]^(S23), it does not ensure that people have the means to exercise these rights. The Act does not include the right to adequate funding, information and support to exercise these rights. Additionally, the Inspector-General of Aged Care [7] noted that the Act does not include the right to liberty, freedom of movement and freedom from restraints. In contrast, these principles are enshrined in Commonwealth disability legislation and the associated regulations are overseen by the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission [8].

Making a formal complaint is the sole mechanism older people have to protect their right to services. This negative concept of rights is not seen as an effective way of protecting people's rights. In her Annual Work Plan 2025–2026 [9], the Inspector-General argued that it is essential to:

... determine how the Statement of Rights can be both embedded and enforced to ensure the system truly provides the correct policy settings to bring rights in aged care to life.

[9]^(S5.1)

Stephen Duckett, Emeritus Professor of Health Policy [10], gave a sharp critique of the new Aged Care Act. His assessment related to the draft version of the Act and remains relevant to the final version. He noted that the Act emphasises older people's right to a needs assessment that is culturally safe and appropriate, trauma-aware and healing-informed. However, following an assessment, the Act does not guarantee access to services to meet identified needs.

So, an individual has a right to assessment, and a right to palliative care, but nothing in between.

[10]^(p. 1)

Duckett argued that the Act places no obligation on the Government to develop necessary services to meet people's needs, and it has abdicated its duty to do so with the expectation that market forces will fill this gap. He points out that because the Government has no obligation to inform older people of the services available, they remain uninformed and disempowered. They cannot be active consumers without information. In a further stinging rebuke of the new Act, Duckett describes it as 'rights washing'. He says that it placates consumers and advocates by mentioning rights, although the Government is under no obligation to create and steer a consumer-focused service system.

Nothing in this (aged care rights division of the new Act) creates rights or duties that are enforceable by proceedings in a court or tribunal.

[10]^(p. 2)

To compound the difficulties for older people, the Act protects the Government and service providers from being scrutinised when it states:

Nothing in this Division creates rights or duties that are enforceable by proceedings in a court or tribunal A failure to comply with this Division does not affect the validity of any decision, and is not a ground for the review or challenge of any decision.

[3](s.26)

Older people interviewed found it difficult to negotiate with traditional aged care providers to clarify their rights and often felt disempowered. Although they were not commenting on the new Aged Care Act, there is nothing in the Act that will strengthen their position.

4.2 | Funding

An expanding ageing population is placing increasing financial pressures on the Government to fund aged care services. The percentage of the population aged 65 years and over increased from 12% to 17% between 1994 and 2024 [11]. The *Royal Commission into Aged Care Quality and Safety* [2] reported on severe underfunding in all aged care support, a finding reinforced by the personal stories of older people interviewed who had insufficient funding to meet their needs. Inadequate funding led to compromises being made and priorities decided to make optimum use of the resources available. This led to principles of independence and empowerment being aspirational rather than achievable. Service providers, planners and consultants considered that most older people used their funds efficiently and effectively.

As discussed above, the Aged Care Act does not give older people an entitlement to supports and services. Contrarily, it authorises the rationing of financial resources:

Funding by the Commonwealth for funded aged care services supports the delivery and regulation of those services to the individuals who have been prioritised on the basis of need for funded aged care services, taking into account the availability of resources and the needs of the individuals relative to other individuals.

[3](s.25.9)

The Government has a number of ways to manage and limit the *Support at Home* budget. One strategy is to control the number of aged care packages available. A Federal Government Senate hearing in September 2025 heard that 121,596 older Australians were waiting to be assessed for homecare support, and a further 87,000 had been assessed as eligible and were waiting for funding to be allocated [12]. These figures indicate major underfunding. The Government announced that an additional 83,000 Home Care Packages will be released by June 2026 to reduce these waiting lists [13]. As welcome as this will be, this new supply will not be sufficient to meet demand.

A second strategy the Government uses to limit the aged care budget is to cap the funding allocated to each of the eight

classifications of need [13]. A third strategy is requiring participants to make a co-contribution to their support services if they 'have the financial means to do so' [13]^(s25.10). Deciding whether an older person has the financial means to pay a co-contribution is a contested issue. Older people on the *Support at Home* program receiving a full age pension are required to pay from their pension or savings 5% of the cost of 'Independence' supports and 17.5% of the cost of 'Everyday living' supports [1]^(p. 36). 'Independence' supports include personal hygiene, such as showering and social engagement, and 'Everyday living' supports are domestic cleaning, gardening and shopping. People on a full age pension who are struggling to make ends meet, especially the marginalised and most disadvantaged, will struggle to pay these compulsory contributions. If they go without services, their needs are likely to escalate, and they may need residential care. The Government will pay a high price financially if this scenario eventuates. The Inspector-General of Aged Care noted the possibility of these unintended consequences when she reported:

The Office has consistently heard concerns about the way in which co-payments under Support at Home will be implemented, and the potential for those with limited means or particular vulnerabilities to forego care.

[7](p. 12)

The Inspector-General is concerned that the *Support at Home* program is breaching the human rights of older people by demanding co-payments and depriving them of services. The rationing of support to older people contrasts with the National Disability Insurance Scheme where participants have an entitlement to supports once they are assessed as eligible.

4.3 | Workforce

Interviewees stressed the importance of a stable workforce with trusted support workers to meet people's needs. Workforce shortages will constrain the *Support at Home* program's effectiveness.

There is an estimated shortfall of over 30,000 direct care workers in aged care [14]. These positions will not be easy to fill as support work is challenging with relatively low pay. Workers have taxing demands when they are required to respond to the needs of older people who come from a wide range of social demographics and have varied functional, physical, cognitive, behavioural, psychological and psychosocial care and support needs [15]. Workers face a wide range of workplace hazards [16]. These include abuse and aggressive behaviour by some clients, demanding workloads, unsuitable workspaces, heavy manual labour and difficulty maintaining clear professional boundaries. Notably, this study found few differences in the hazards faced by workers in the aged and disability sectors, or between those working for standard service providers and online platforms. The *Support at Home* program will struggle to meet the needs of older people while workforce shortages continue.

4.4 | Compliance Verses Flexibility and Innovation

The *Royal Commission into Aged Care Quality and Safety* [2] held the Federal Government responsible for many of the aged care system failures. The Government is responding and managing future criticisms by transferring more responsibilities to service providers. They have to comply with an array of legislation and guidelines. The *Support at Home* Program Manual for registered providers [17] says:

Providers are solely responsible for complying with all relevant legislation when delivering funded aged care services.... In addition to legislation referred to in this program manual, other Australian Government portfolios and state and territory jurisdictions may have separate legislation relevant to providers' operations as a registered provider. It is the provider's responsibility to understand and meet their obligations as they relate to all applicable legislation. [17](p. 3)

There is no disputing that service providers have to conform to standards that keep older people safe. There are disputes however about regulations and guidelines that service providers see as contradictory and counterproductive to offering flexible, innovative, person-centred services. The example cited of spending limits being imposed on travel and cab charges that removed older people's ability to prioritise their spending is indicative of restrictions imposed that limit people's autonomy.

There are no mechanisms for service providers to appeal decisions made by the aged care regulator, the Aged Care Quality and Safety Commission. If service providers persist with their disagreement, they can be found negligent and formally sanctioned. Service providers and older people are left feeling frustrated by the heavy imposition of rules and regulations, supposedly for the wellbeing of the older person.

Empowered Ageing closed its doors in March 2024. It did so because it could not continue to give older people a high level of choice and control under the new regulations.

5 | Conclusions

After reviewing the predecessor of the *Support at Home* program from the perspective of older people who want independence, autonomy, empowerment and freedom of choice, the analysis indicates that the program is unlikely to meet its stated goals. It is hampered by insufficient funding, workforce shortages and inflexible guidelines. Although the systemic funding and workforce limitations are hard to overcome, there are opportunities to make the program more flexible, responsive and innovative by focusing on the rights of older people. The aged and disability sectors could work together and learn from each other, especially as both sectors compete for the same limited workforce. Changing the *Support at Home* program guidelines to give older people greater autonomy and choice would go a long way to relieving frustrations and giving older people what they want.

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Ethics Statement

The University of Melbourne Human Research Ethics Committee reviewed and approved the study design (reference number: 2023-27262-44561-5).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request. The data are not publicly available due to privacy or ethical restrictions.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Appendix S1:** [ajag70130-sup-0001-AppendixS1.pdf](#).