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Update: Rapid review of Support at Home prioritisation mechanism & Escalation Pathway

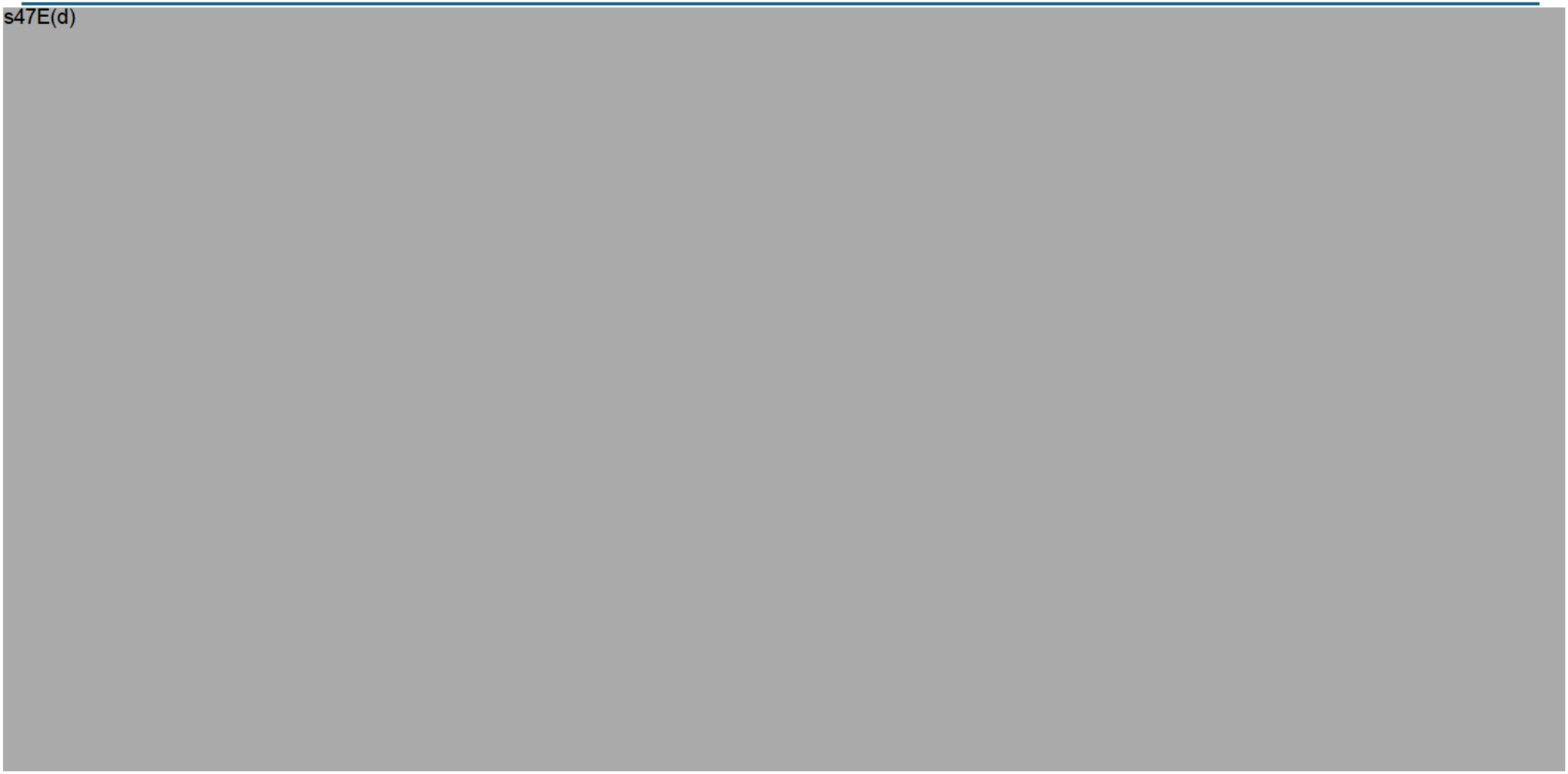
31 July 2026

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Rapid Review of the prioritisation mechanism

s47E(d)



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Rapid Review of the prioritisation mechanism

Key findings

s47E(d), s47C

Options to address – under development

s47E(d), s47C

s47E(d), s47C



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Targeted engagement outcomes

Home Support Classification and Prioritisation Assurance Project

July 2026



OFFICIAL

Purpose

To outline the key themes identified through stakeholder engagement and provide a summary of the views and feedback received from key stakeholders. Insights from targeted engagements will inform the Department's advice to Government on potential adjustments to the Support at Home prioritisation algorithm.

Background

On 3 June 2026, the Minister for Health and Ageing directed the Department to undertake a rapid review of the Support at Home prioritisation algorithm with advice to be provided to Government within 3 months on any adjustments needed. This work was absorbed by the Home Support Classification and Prioritisation Assurance Project, which was undertaking a comprehensive review of the compliance of the home support classification algorithm and the Support at Home prioritisation algorithm with best practice principles for automated decision-making.

To support the objectives of the rapid review, the project team developed a two-phased assurance approach which included targeted engagements with key stakeholders to obtain qualitative information regarding key concerns of the algorithms.

Key Stakeholders

Between 3 and 17 July, the Department conducted small, structured interviews with representatives from the following organisations and agencies:

- s47E(d)
- Professor Michael Kidd, Chief Medical Officer

Key themes

Through conversations with stakeholders and analysis of the feedback received, several recurring themes emerged. These themes capture the current issues and highlight the opportunities and priority areas most important to the aged care sector.

Overarching key message

Across all consultations, stakeholders converged on a common position:

- There is strong support for maintaining the consistency and equity benefits of algorithm-based decisions; however
- current assessment inputs and weighting mechanisms do not adequately capture complexity, deterioration, carer sustainability, cognitive impairment and social vulnerability, resulting in outcomes that may fail to align with lived experience.

Recurring Themes

1. Complexity and vulnerability are not being adequately captured

As outlined in the overarching key message, the most consistently raised issue related to stakeholders reporting that the algorithms do not adequately capture individual complexity and vulnerability markers. Stakeholders reported that the system does not appropriately recognise:

- multiple co-morbidities
- dementia and cognitive impairment
- mental health conditions
- sensory impairment
- social vulnerability
- housing instability and homelessness risk
- frailty and cumulative disadvantage
- First Nations circumstances and remote living challenges.

Raised by: s47E(d) .

2. Carer sustainability is a strong predictor of risk

A highly prevalent theme was that the algorithms do not adequately capture carer sustainability with stakeholders advising that this is the strongest predictor of risk. Stakeholders reported:

- The presence of a carer does not equate to adequate support.
- The breakdown of informal supports, through carer ageing, burnout, illness or death, is a major escalation trigger for increased support.
- Carer sustainability should carry significantly greater weighting in algorithmic calculations.

Raised by: s47E(d) .

3. Dementia, cognitive impairment and progressive conditions are underestimated

Stakeholders held a widespread view that dementia, cognitive impairment and degenerative conditions are not adequately recognised or accounted for in assessment tools and algorithmic decisions. Stakeholders highlighted:

- Current assessment processes do not accurately capture the complexity of dementia, particularly behavioural symptoms and fluctuations in cognitive function.
- Conditions associated with progressive deterioration are poorly reflected in a point-in-time assessment.
- The recent changes to include Motor Neurone Disease as a priority criterion were welcomed however, participants asserted similar approaches should apply to Parkinson's disease, dementia and other degenerative conditions.

Raised by: s47E(d) .

4. Greater clinical oversight is required

There was consistent reporting from stakeholders that aged care assessors should have greater clinical oversight. Stakeholders stated:

- Assessment processes and algorithms should support, not replace, clinical judgement.
- Non-clinical aged care assessors may struggle with complex presentations.
- Broader access to health records, together with greater input from GPs and specialists, would improve the quality and accuracy of aged care assessments.
- Clinical validation and delegate override mechanisms need to be built into the assessment process.

Raised by: s47E(d) .

5. Wait times are driving deterioration and crisis

Stakeholders engaged in detailed discussions about wait times, with many indicating wait times, rather than the prioritisation algorithm itself, as the primary source of concern. Key concerns included:

- Lengthy wait times can result in an older person's needs changing significantly before services commence.
- Aged care assessors may attempt to predict future deterioration when completing the Integrated Assessment Tool (IAT).
- There is increased risk of a hospital admission and early entry to residential care if wait times are excessive.
- Lengthy wait times can leave people in crisis while waiting for support, highlighting a priority system that is focused on responding to crisis rather than preventing it.

Raised by: s47E(d) .

6. Disconnect between assessed need, funding and purchasing power

Stakeholders identified a recurring area of ambiguity concerning the relationship between algorithmic decision-making and the impact on funding allocation and purchasing power. Stakeholders queried whether:

- The classification algorithm is producing the wrong outcome; or
- Support at Home funding is insufficient to meet the needs of individuals; or
- Provider set prices has reduced the value and purchasing power of aged care services.

Stakeholders reported that older people and program participants consistently observing:

- Increased aged care service costs are eroding purchasing power, leading to a reduction in the hours of care and support they can access.
- Perceived insufficiencies to funding are driving more frequent reassessments requests as individuals seek access to additional support.
  Transitioned HCP care recipients appear to be experiencing poorer outcomes under the Support at Home program, suggesting that the 'no worse-off principle' is not operating as intended.

Raised by: s47E(d) .

7. Transparency and explainability are lacking

Stakeholders consistently reported a lack of transparency and explainability, making it difficult to understand how algorithmic decisions are made and justified. Stakeholders identified a lack of transparency and understanding in relation to:

- How a priority category is assigned for Support at Home.
- If and/or how a classification outcome relates to a person's priority category.
- The role and influence of assessor free-text comments within the IAT on the resulting classification outcome.
- Why older people, with seemingly similar aged care needs, may receive different classification and/or priority outcomes.
- The meaning of Support at Home funding classifications and expected care outcomes.

Raised by: s47E(d) .

8. Escalation and override mechanisms are strongly supported

Stakeholders were supportive of the recent Ministerial announcements regarding the rapid review of the prioritisation algorithm and the establishment, through legislation, of an escalation pathway for people with complex circumstances. Specifically, stakeholders supported:

- Increased human oversight of algorithmic decisions.
- The establishment of escalation pathways that enable assessment delegates to refer cases for review where algorithmic decisions are inconsistent with assessed clinical risk.
- The ability to review and update an individual's priority category following changed circumstances and without necessitating a reassessment.

Raised by: s47E(d) .

9. Social determinants and service access

Many participants provided insights about the vulnerabilities of older people which are not adequately reflected in prioritisation outcomes. This included people assessed as having moderate functional ability without regard to compounding social determinants. Examples included older people who:

- were socially isolated with no, or ineffective engagement with informal carer supports,
- do not meet the criteria for homelessness or at risk of homelessness as they are considered to be living in secure accommodation without consideration to tenability or safety issues such as squalor, accessibility or property neglect,
- are living in regional or rural locations and, without access to funded transport services, are unable to access essential items such as food, medications and personal care items, or
- had limited or no ability to access allied health, community based or entry-level services while waiting for funded home supports.

Stakeholders felt these factors can significantly affect risk but are not adequately reflected in prioritisation outcomes.

Raised by: s47E(d) .

10. Consistency and equity are viewed as key strengths

As identified in the overarching key message, stakeholders generally did **not** advocate abandoning the algorithm approach with most agreeing that improvements should focus on targeted refinements while preserving consistency. Stakeholders generally agreed:

- A nationally consistent approach to home support classification decisions is important.
- Prioritisation within the Support at Home program is necessary as government funding and resources are inherently finite.
- When used correctly, algorithms and automated decision-making broadly support equity and transparency.

Next steps

The Department is considering the feedback from these engagements alongside its review and analysis of case studies, correspondence, complaints data and submissions received in relation to algorithm outcomes. This will inform the development of options for future algorithm refinements and to refine policy settings for the proposed escalation pathway.