

**Yuwaya Ngarra-li Briefing Paper**

# **Caring for Elders, Community and Culture**

**A study of the potential impact of changes to the funding of home care on the aged care services provided by Dharriwaa Elders Group (DEG)**

**Summary Paper**

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## KEY MESSAGES: Caring for Elders, Community and Culture

The purpose of this paper is to identify how the aged care services currently provided by Dharriwaa Elders Group (DEG) in Walgett may be affected by proposed changes to the system for funding and regulating home and community care services for older Australians. The paper may also assist other Indigenous and locally-based service providers to understand and respond to the proposed changes.

- 1) DEG provides a number of services for local Aboriginal Elders (transport, individual social support, group social support) that are funded through the Commonwealth Home Support Program (CHSP). These services are important to the Elders as individuals, as members of the community, and as local custodians of Aboriginal culture. The success of the services is underpinned by the current arrangements for funding and regulating CHSP services, especially block grant funding.
- 2) The future design of the home and community care system is currently very fluid and uncertain.
- 3) Following the Aged Care Royal Commission, the Department of Health (DoH) has been developing proposals for a single Support At Home Program (SAHP). The proposals they have put forward so far represent a major change from CHSP in terms of philosophy, structures, and program mechanisms.
- 4) The DoH Proposals are problematic in a number of ways. Some do not flow from the findings of the Royal Commission and contradict those findings in some respects. The proposals make no attempt to address the substantial evidence of problems in human services that are created by the measures being suggested. The proposals have been a matter of significant concern across the home care sector, especially among the users and providers of locally-based services. There is a need to pause the development of SAHP and recast its key parameters.
- 5) In particular, there are concerns about introducing (a) a fee-for-service funding model for all providers replacing block grants for the current CHSP services (b) NDIS-like individualised entitlements for all service users (c) less regulation of providers for some services (d) the end of a program focused on the specific circumstances of older people with low care needs, and (e) the payment of providers in arrears.
- 6) The DoH Proposals also include a number of other suggested changes to the administration of home and community care that are less disruptive and which in principle can be an improvement if designed properly, but much more work needs to be done on them.
- 7) From DEG's perspective, the changes proposed by DoH, especially the end of block grants for current CHSP providers, would create a more volatile and uncertain operating environment and one that is inconsistent with the DEG philosophy and goals concerning group and community approaches. In turn, DEG's current capacity to support the well-being of each individual Elder and to enable Elders to contribute to the community and to the strengthening of Aboriginal culture could be threatened.
- 8) However, the DoH Proposals also include a number of measures that are only or substantially for Indigenous users, providers, and services, including Indigenous-specific assessment and care-finder services, and top-up grants for some providers in so-called 'thin markets'. These may temper the negative effects of the broader changes on Indigenous providers and even give them some opportunity to enhance their current services.
- 9) In the above context, DEG may be able to largely continue its current operations and services in the short term, although some organisational adjustments will be necessary. However, the risks and threats for all service providers inherent in the overall DoH Proposals will necessitate further and more significant changes for DEG in the intermediate and longer term.

## A. Introduction

1. This is a summary version of a more detailed briefing paper prepared for the Dharriwaa Elders Group (DEG) in Walgett and its Yuwaya Ngarra-li partners at the University of NSW (UNSW).
2. The purpose of the briefing paper is to identify how the aged care services currently provided by DEG may be affected by proposed changes to the system for funding and regulating home and community care services for older Australians.
3. The briefing paper may also assist other Indigenous and locally-based service providers to understand and respond to the proposed changes.

## B. The Current Situation

### DEG - The organisation and its activities and services

4. DEG is an association of Aboriginal Elders that provides leadership on a range of community development and cultural engagement activities in Walgett. An important aspect of DEG's activities is the long-term Yuwaya Ngarra-li partnership it has with UNSW.
5. An important focus of DEG is to provide a number of aged care services for local Aboriginal Elders who have relatively low care needs, but who nevertheless need ongoing assistance to maintain their social connections and independence. Currently, DEG provides three types of home and community care services that are primarily funded by the Commonwealth Home Support Program (CHSP) - transport, group social support, and individual social support. DEG also provides a range of other services for Elders, some of which are enabled by the CHSP services, including a cultural centre, Elders' meeting place, advocacy with other bodies, and some emergency services. DEG has also identified further services that are required to meet the needs of Aboriginal Elders in Walgett.
6. DEG's aged care services are important to Aboriginal Elders in Walgett at three levels - *as individuals, as members of the community, and as the local custodians of Aboriginal culture*. The services assist individual Elders to maintain their independence and social connections through assistance with their day-to-day lives (e.g. shopping), as well as enabling advocacy and trouble-shooting support on a myriad of matters. Beyond this, the services also enable Elders to come together for group activities that both enhance their own lives and contribute more broadly to the community and the maintenance of Aboriginal culture.
7. Of critical importance to these multiple benefits at the level of the individual, community, and culture is *how* DEG's services are organised. They are not simply atomised transactions for each person, but are *planned by and delivered for the group and the community*. These apparently simple functional services are the key to enabling DEG to facilitate a very meaningful set of structured and unstructured experiences for Elders where they can jointly explore issues of central emotional and psychological importance to them in ways that serve to improve their own individual well-being. Moreover, DEG's work with Elders enhances social capital in Walgett and helps produce a local living environment that improves the well-being of others, old and young, Aboriginal and non-Aboriginal.
8. There are four key structural dimensions of DEG that are important in determining what aged care services it provides and how it provides them. It is a small, community-controlled organisation that serves Aboriginal people in a remote region. These dimensions also partly determine the potential effects of changing the arrangements by which DEG is funded.

## Current funding of DEG aged care services

9. DEG's aged care services are primarily funded through CHSP. The funding has been paid directly to DEG via block grants quarterly in advance. DEG continues to receive its funds each year as long as it provides an agreed minimum level of services (outputs), as defined by the number of transport trips and number of hours of social support. CHSP-funded providers are able to charge service users a fee (co-payment) if they wish, but DEG's policy is firmly against any form of co-payment.
10. The current block grant funding arrangements under CHSP underpin the success of DEG's services. These arrangements have a number of major benefits for DEG.
  - First, they provide *security and stability* for the services because block grants provide certainty about revenue. DEG is thus able to plan ahead and give its staff reasonable income and job security.
  - Second, block grants best *supports the group and community-based approaches* that are central to DEG's objectives and achievements.
  - Third, DEG can *focus on improving services* rather than having to divert time, money, and effort to 'chase customers' in order to obtain its revenue.
  - Fourth, there are some *efficiency benefits* from block grants paid in advance, including lower administrative costs and a smaller financial 'war chest' to cover exigencies.
  - Fifth, the lack of a requirement to impose a co-payment means both lower administrative costs and Elders not financially deterred from using DEG's services.
11. DEG is also limited in some ways by the current funding arrangements.
  - First, as the Royal Commission found for home care in general, there are insufficient funds to enable the most effective response to the range of needs of Walgett Elders, including a significant number unable to participate in DEG's part-time services at all.
  - Second, there are problems stemming from the fixed amounts of block grants. DEG gets no financial credit or recompense for additional outputs, and it cannot significantly respond to extra demand for its services without obtaining DoH approval for extra funds.
  - Third, there are financial and administrative costs in meeting compliance requirements.

## C. Imperatives for Change

12. While the main focus of the Final Report of the Royal Commission into Aged Care (RCAC, February 2021), was on residential aged care, it also identified a number of problems in home care. The Government Response to the RCAC Report (May 2021) accepted virtually all of the recommendations of the Report and presented Five Pillars of Aged Care Reform, one of which was Home Care.
13. The RCAC had major concerns about poor regulation and excessive marketisation in aged care. It recommended establishing a single aged care program encompassing residential and home care to begin from July 2024. It did *not* propose major changes to the CHSP delivery and funding models or significantly less regulation of providers, nor were these measures mentioned in the Government Response to the RCAC Report.

## D. The DoH Proposals for SAHP

### Development of the DoH Proposals thus far

14. Following the RCAC Final Report and Government Response, DoH is currently developing a new Support At Home Program (SAHP) that is aimed at providing a single integrated program for all Commonwealth-funded home and community care services for older people. The DoH proposes to begin SAHP in July 2023. Since January 2022, DoH has been revealing its thinking about the design of SAHP (the 'DoH Proposals') in various papers and forums.
15. However, the future of SAHP and home care funding remains very fluid, uncertain, and complex, and no final decisions appear to have yet been made about SAHP. This uncertainty has arisen primarily because (a) the design of such a system is intrinsically and unavoidably complex (b) much of what is being proposed by DoH not only does not flow from the RCAC Report, but is opposed to that report on some key aspects (c) key features of the DoH Proposals are problematic (d) DoH has not yet presented its intentions on some key elements (e.g. co-payments) (e) there is strong concern and opposition in the sector to some of the key proposals, and (f) the impending national election (now over).
16. Given this very fluid and uncertain context, the paper *begins with three core assumptions*, namely (a) the current DoH Proposals will ultimately apply (b) the DoH Proposals for mainstream services will also apply to Indigenous services, and (c) DEG will seek to continue its current services with as little change as possible. The paper later looks at some alternative approaches if each of these assumptions is changed, but the key focus of the report is on the nature and potential impact of the current DoH Proposals.
17. The DoH Proposals for SAHP represent a major change in terms of philosophy, structures, and funding and other program mechanisms from the CHSP that currently funds DEG. Below we consider the proposals from a number of perspectives - the specific features of the proposals, gaps in the matters they cover, and some of their broader drivers and impacts.

### Specific features of the DoH Proposals

18. In summary, the specific features of the DoH Proposals comprise:
  - four features that represent major changes to the structure and functioning of home care services, funding, and regulation;
  - A number of other features, that, if designed properly, can be positive, but much more work needs to be done on them;
  - two Indigenous-specific features; and
  - two previously announced features (due to begin in July 2022) that will have a significant impact on DEG, one positively, the other negatively.

(Note that is not the form in which DoH has presented its Proposals, but stems from an analysis of what is actually most significant in the Proposals).



## Four Major Changes

19. There are four features of the DoH Proposals that represent major changes to the structure and functioning of the home care service system. They will fundamentally alter how home care services will be funded, regulated, and delivered in future. These features are:
  - a *fee-for-service funding model* will operate for all providers, replacing the block grants that currently support CHSP services;
  - NDIS-like *individualised entitlements* for all service users;
  - '*risk-proportionate*' regulation, where regulation requirements will vary according to the perceived risk of the service type and specific provider in each case; and
  - the *end of CHSP* and hence the end of a specific program focus on people with relatively low care needs.
20. The DOH papers and forums have simply assumed these four features will be introduced, and have largely focused on details of implementation of the other features. There is no or little justification given by DoH for each of them. (The apparent rationale and alleged benefits for each is set out in our full briefing paper).
21. However, each of the four is problematic and all are likely to be steps in the wrong direction if the goal is to improve services for older people. They have been the object of strong criticism in the home care sector, especially from the users and providers of community-based services. In practice, there is much evidence, theoretical and empirical, to indicate that there will be significant problems arising from each of them
22. In summary, while the four features may have some benefits for DEG and its users (see paragraph 33 below), the potential problems they will bring include the following:
  - A *fee-for-service model* will mean (a) increased volatility and uncertainty for many providers (b) (c) services that are more commercialised/commodified and less relational (c) reduced job and income security for staff (d) a reduced emphasis on group and community approaches that are central to the operations and success of providers such as DEG, and (e) a loss of social capital at community level
  - *Individualised entitlements for users* (based on the NDIS model) will, among other things, lead to (a) more centralised control over the services (b) a consequent loss of choice and control for users that each individual receives (c) constant reassessment for many users, (d) arbitrary cuts to entitlements (e) higher administrative costs for all parties, and (f) more inequities between users.
  - A *risk-proportionate regulation* system as envisaged must lead to less regulation of the entry and behaviour of some providers and some service types. In turn this will inevitably lead to (a) the entry of more low quality providers into home care (as the RCAC pointed out) (b) users exposed to greater risk of poor services and abuse (financial, physical, emotional) (c) greater search costs and uncertainty for users, and (d) a major negative change in the profile of providers, and (e) greater potential for fraud. It is the service users - older people - who bear most of the 'risk' in such a system.
  - The *end of CHSP* (which supports 80% of users of home care services) will mean (a) the end of a program focused on people with relatively low external support needs (b) a reduced presence of local non-profit providers, and (c) potentially higher total aged care costs in the longer term. Such a program (first with HACC and now CHSP) has been the

bedrock of aged care in Australia for nearly 40 years, providing easy-to-access, low cost, essential services for people with low support needs, helping to ensure they remain relatively active and independent with the health and financial benefits that brings.

### *Other Features Affecting all Services*

23. The DoH Proposals do include a number of other features that involve changes to the administration of home care that are less disruptive and which in principle can be an improvement if designed properly, but much more work needs to be done on them.
24. These consist of:
- a single common classification system for the assessment of all home care users;
  - a single common service list and classification system for all service types;
  - top-up grants to providers in ‘thin markets...who deliver services to small cohorts of senior Australians who have unique aged care support needs that can’t be met elsewhere’; and
  - a point-of-delivery payment services, the technology for which could possibly still be implemented with block grants in a way that benefits DEG and other providers.
25. The grants to providers in thin markets may in part offset the negative effects of the fee-for-service model as the prime means of funding.

### *New and Expanded Services*

26. These consist of
- some additional and enhanced services in relation to digital services, re-enablement and restorative services, and support for unpaid carers; and
  - separate assessment and entitlements for goods, equipment and assistive technologies (GEAT) and home modifications.

### *Indigenous Services*

27. A relatively positive aspect of the DoH Proposals for DEG is that they contain some features that are only or substantially for Indigenous users, providers, and services. There are proposals for (a) two parallel Indigenous-specific services for user assessment and care-finders, and (b) additional block grants for some providers in ‘thin markets’ (as noted above). In addition, DoH is considering further Indigenous-specific measures suggested by NAGATSIAC.
28. These proposals should temper some concerns about other aspects of the DoH Proposals, and could in fact give Indigenous providers some opportunity to extend their current services.

### *Previously Announced Features*

29. There are two previously announced measures that are due to begin in July 2022, namely:
- a system of unit prices for each service type, with the capacity for providers in remote regions to apply for higher prices (which will assist DEG); and
  - the payment of providers in arrears (which will create cash flow pressures for smaller providers and require them to hold more funds in reserve).

## Gaps in the DoH Proposals

30. A further major concern with the DoH Proposals is that (so far) they do not adequately explain why some changes should be made nor address a number of issues that are central to the design of any effective government-funded human service system. In summary there is:
- a) no or inadequate *justification* for the four major changes, and no attempt to address the substantial evidence showing the problems they have previously caused in other sectors;
  - b) no discussion of some *key issues* that must be part of the final program (e.g. co-payments)
  - c) no recognition of the relevance of *limits on total government funding*, (e.g. no apparent rationing mechanisms to manage total expenditure);
  - d) no recognition of implications of the proposals for *workforce issues* (e.g. the impact of fee-of-for-service models on job and income security of staff, and thus on the capacity to attract staff to the sector);
  - e) no recognition of the long-established *strengths of CHSP and local providers*;
  - f) no recognition of the important *social capital and community development* role played by CHSP and locally-based providers
  - g) no mention of ensuring and improving services for *socially marginalised older people*;
  - h) no recognition of the *problems in the NDIS* that have arisen from features being proposed;
  - i) no recognition of the many *problems and lessons from previous use of market-based systems* (e.g. as identified in the RCAC Report);
  - j) no recognition of the *major leakages of the public and private service dollar* that have grown from marketisation in the last decade (e.g. via user fees, marketing, consultants, IT, legal costs, profits, etc);
  - k) no recognition that some key *problems relating to providers* will be exacerbated by the proposals (e.g. lack of transparency; high search costs and uncertainty for users from the growing 'confusopoly' of providers); and
  - l) no recognition of the major *transition costs* to the new program as it is envisaged.



## Some Broad Drivers and Impacts of the DoH Proposals

31. Flowing from the specific proposed changes and gaps outlined above are a range of broader problems underpinning or flowing from the DoH Proposals. In particular, they:
- a) contradict the RCAC Report in some key respects;
  - b) are based on some perceptions and 'diagnoses' of the home care sector that do not reflect important aspects of the reality for the majority of older people using home care, the majority of longer-term providers, and the way the system operates;
  - c) are based on distorted notions of 'integration' and 'person-centred';
  - d) replicate a number of problematic elements of the NDIS;
  - e) will make home care more commercialised and commodified, with services more transactional and less relational for each user, while promoting more atomised services at the expense of the community and group-based approaches that have underpinned the success of CHSP and HACC for many years and which are central to successful services for Indigenous people;
  - f) will have negative effects for many service users in terms of less genuine choice and control, greater search costs but less certainty and confidence about providers, reduced quality and safety of services from a number of providers, and a reduced capacity to ensure services for socially marginalised people;
  - g) will lead to reduced stability and certainty for providers, combined with more poor and opportunist providers in the sector;
  - h) will lead to less income and job security for many workers and hence greater difficulty for providers (and the overall sector) in attracting staff;
  - i) will lead to the loss of community investment and social capital built up over decades.
32. Taken together, the DoH Proposals contain some perverse and paradoxical aspects, notably
- a) an odd combination of overly marketised and overly bureaucratic measures, with more market-oriented mechanisms used where stronger central control is essential (e.g. in regulating the entry of providers), combined with greater central control where a more decentralised approach is desirable (e.g. assessors will determine the precise services each person can receive);
  - b) a regulation system that will be both more complex and less rigorous;
  - c) an implicit assumption that the operation and outcomes of services will be improved by increasing the number and market share of more commercially focused providers and sole traders that may have little or no experience in human services, at the expense of long established, experienced and successful social-maximising non-profit bodies;
  - d) in spite of the excessive faith in market mechanisms, the proposals will work against key market goals such as efficiency and choice in a number of ways; and
  - e) The program that is basically working well for most users is to be dismantled and replaced by processes that have been very problematic elsewhere.

## E. The Potential Impact of the DoH Proposals on DEG

33. There are both potential positives and negatives for DEG arising from the DoH Proposals.

### Potential Positives and Opportunities

34. From a positive perspective, there may be little real change in the short term in how DEG can operate or in the services that it can provide to Elders, while it may also have some scope to enhance and extend its current services. Specifically:

- First, if the same people who now come to DEG are assessed as needing the same services and they keep coming, there would be little change in DEG's total revenue from the current CHSP block grant.
- Second, DEG is in one of the remote areas where providers are able to negotiate for higher prices.
- Third, the new prices are higher than DEG's current unit costs.
- Fourth, the grants for providers in thin markets open the way for some extra block funding above its fee-for-service revenue.
- Fifth, the Indigenous-specific assessment and care-finder services could lead to extra entitlements for DEG clients, leading to an expansion of DEG's services.
- Sixth, DEG is likely to be able to expand both the volume of its services and the types of services it provides without needing to make submission for funds.
- Seventh, the fee-for-service model will presumably allow Indigenous providers to take on non-Indigenous clients if it wished.

### Potential Risks and Threats

35. On the other hand, there are a number of risks and threats for DEG arising from the current DoH Proposals. Specifically:

- First, there will be more volatility and uncertainty in regard to DEG's revenue (both the week-to-week cash flow and annual total), since it will depend on the fluctuating number of people who use its services and the frequency they use the services rather than a fixed grant. There are a number of reasons why DEG's total revenue could decline over time under a fee-for-service model that are unrelated to the quality of its services. Moreover the instability could ultimately threaten the viability of the services, although the capacity for providers in thin markets to obtain grants may help to offset this threat to some extent.
- Second, the uncertainty about revenue reduces a provider's capacity to confidently plan for the future, give staff guarantees of job and income security, and attract staff.
- Third, the greater volatility of revenue plus funding in arrears means that DEG will need to maintain a larger financial reserve, both as a 'war chest' to cover exigencies and to cover the new delays in cash flow.

- Fourth, the proposed reduced regulation of entry of new providers that DoH is proposing will increase the likelihood of the problem identified by the RCAC of low quality providers entering home care. This is especially likely in Indigenous communities which have long suffered from a range of carpetbaggers and poor providers in other sectors.
- Fifth, the lower regulation of entry would also enable the easier entry of other providers, from larger chains based outside Walgett through to local sole traders with no previous background in home care. Certainly some of these will offer cosmetic incentives to Elders to switch providers. Over time, this will lower the quality and local responsiveness of services at an individual level for some Elders, as well as cutting away at the important community and cultural work being achieved by DEG.
- Sixth, there is a threat to DEG's community and group-based approaches arising from the fee-for-service models and individualised user entitlements.
- Seventh, a fee-for-service model puts pressure on management to give a greater relative priority to obtaining new clients, with less time devoted to actually improving services.
- Eighth, there is the potential for tension or conflict with the two new Indigenous-specific systems if they are seen to impinge on DEG's independence and relationships with its clients.

### Overall Impact on DEG

36. From DEG's perspective, the main concern is that the changes proposed by DoH (especially in relation to block grants) would create a more volatile and uncertain operating environment and one that is inconsistent with the DEG philosophy and goals concerning group and community approaches. In turn DEG's capacity to support the well-being of each individual Elder and to empower Elders to contribute to the community and to the strengthening Aboriginal culture - which has always been hampered by limited funding and staffing - would be further threatened.
37. Notwithstanding that, given all of the above factors, DEG may be able to largely continue its current operations and services, at least in the short term, although some organisational adjustments will be necessary. However, the risks and threats for all service providers inherent in the DoH Proposals will necessitate further and more significant changes for DEG in the intermediate and longer term.
38. The above assessments of the impact of the changes on DEG are necessarily very tentative and are subject to two major caveats, namely that (a) future developments in the design of SAHP may take the program a long way from the current DoH Proposals, and (b) there needs to be further in-depth analysis of DEG's organisation to identify the specific changes that would be required in response to the final design of SAHP.

## F. What Could Happen with SAHP?

39. In order to ensure that DEG and other Indigenous and community-based service providers can continue to best serve older people and their community and cultures, the design of the future system for home care needs to include the following elements:
- a) Retain a specific policy and program focus on people with relatively low support needs.
  - b) Retain block grant funding to providers as the basis for funding services for people with relatively low support needs, at least for locally-based non-profit providers.
  - c) Introduce a fee-for-service arrangement to apply above the level of block grant funding to enable local providers of services for people with relatively low support needs to respond to additional demand in the short-term.
  - d) Do not introduce totally individualised entitlements for users (as per the NDIS), but continue current Package arrangements for people with more extensive and complex needs (whereby people are assigned to a Package level with a maximum financial entitlement and then work out services in detail with their provider(s) and family).
  - e) Introduce a single maximum entitlement for all low need users.
  - f) Maintain (even tighten) the current regulation of the entry and capability of providers of more complex services where care staff are needed.
  - g) Introduce a limited form of 'risk-proportionate regulation' for proven high quality providers in relation to their service *behaviour* to give them greater flexibility in responding to user needs.
  - h) Introduce the two Indigenous-specific proposals contained in the DoH Proposals.
  - i) Explicitly recognise the importance of the social capital and community development role played by CHSP and locally based providers, with additional funding and measures to enable these providers to continue and strengthen this role.
  - j) Additional funding and measures to assist locally-based providers to identify and support socially marginalised older people who may not otherwise seek assistance.
  - k) Return to payments in advance for block granted services (i.e. subject to continuing to achieve contracted outputs).
  - l) Accept in principle the broad goals of the other DoH Proposals (paragraph 24 above), but further clarification and/or development is necessary for each of these.
  - m) Arrangements for co-payments should ensure the viability, accessibility, and equity of services
  - n) Support some of the further Indigenous-specific measures as proposed by NAGATSIAC.

## G. Action Required by DEG

40. Given that there will almost certainly be some change in the funding and regulatory systems for home and community care, DEG needs to consider action at four main levels, namely to:
  - 1) review its service offerings over the intermediate and longer terms;
  - 2) determine organisational development action that may be necessary;
  - 3) determine its position on issues concerning the future design and key features of SAHP (e.g. as suggested in Section F above); and
  - 4) determine action it might take to influence decisions about the final form of SAHP.

## H. Future Development of SAHP

41. Notwithstanding the various potential problems outlined in this paper, we can expect that the four major changes in the DoH Proposals will in fact lead to better services and outcomes for *some* older people, by giving them access to more responsive and higher quality providers than previously as envisaged in the sorts of rationales that are usually given for such changes.
42. The point, however, is that there is now a mountain of theory and empirical evidence from many human services in many places over many years - including in the RCAC Report - to show that excessive marketisation and some of the other change being proposed often lead to poorer services and outcomes for *many and possibly most* service users. This evidence needs to be properly assessed in determining the final design of SAHP.
43. DoH has set out a schedule for future consultation about the future of SAHP on a range of issues, with the aim of starting SAHP in July 2023.
  - However, given the problematic nature of the current DoH Proposals, the widespread concern about them in the sector, and the need for the incoming government to determine its position, the development of SAHP should be paused and the current timetable substantially revised in order to enable more thorough consideration of the parameters and design of SAHP, with its start deferred until at least July 2024.
  - A traditional government Green Paper, developed with significant stakeholder input, and canvassing the full range of evidence and issues would be a valuable step.



## About the Author:

**Dr Bob Davidson** is an Honorary Research Fellow in the Department of Sociology at Macquarie University. He has extensive experience in the government, community, and corporate sectors in Australia across a wide range of economic, social, and environmental fields, including a long background in working with Indigenous people and organisations from community to national level. For the last two decades, his research and consultancy work has centred on the intersection of economics, social policy, and organisational theory and practice, with a particular focus on the economics of the provision of human services, human service markets, and service providers within these markets, especially in home and community care. He also has close family members who have been receiving aged and disability care and support services for a number of years.

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