

### ***Dying while waiting: a national shame***

The media reported recently that almost 5,000 older Australians died while waiting for the home care support they had already been assessed as needing should be a line in the sand for the nation. The accompanying commentary called it what it is: a failure that can't be explained away by another review, another announcement, or another round of finger-pointing.

Behind the numbers are people like Frank and Valma, both 99, who were assessed as needing a higher level of support at home and told they could wait up to 12 months for the additional funding to arrive.

In aged care, 12 months is not an administrative inconvenience. It is the difference between living safely and falling, between coping and crisis, between staying connected to community and sliding into isolation.

The queue is not neutral - it actively causes harm. A long waiting list doesn't just mean people "go without for a while".

It means:

- meals skipped or downgraded because budgets are tight,
- showers avoided because the bathroom has become a hazard,
- mobility shrinking because there is no help to get out,
- carers (often older spouses and adult children) pushed to exhaustion, and
- hospital admissions that could have been prevented with basic supports at home.

Tasmania feels these pressures sharply. We have an ageing population, long travel times, and a workforce that is hard to recruit and retain, especially outside Hobart and Launceston. When home care is delayed, pressure turns up elsewhere - in emergency departments, on hospital beds, and in the lives of families doing their best to hold everything together.

The media is reporting evidence to a Senate estimates hearing that Frank and Valma were "not classed as a priority" because they didn't fall into one of a set of categories. It also reports political comments about how prioritisation currently works.

Let's be clear: protecting equity for groups who face entrenched disadvantage - including Aboriginal and Torres Strait Islander people - matters. And fairness means needs-based triage - not category-based dead ends.

But equity and needs-based triage are not opposites. A system can and should do both: recognise structural disadvantage and respond to immediate risk, deterioration, and safety in the home.

The public should not be forced into a false contest between groups.

The real issue is this: too many older Australians are assessed, approved, and then left waiting so long that the “support” arrives late - or not at all.

The backlog is measurable, so solutions should be measurable too.

We already have some of the key indicators: the number waiting, the proportion receiving partial interim funding, and average wait times to receive even 60 per cent of entitlements. Those figures should trigger urgent action with clear targets, timelines, and accountability — not just commentary.

Here are practical steps governments and the aged care system can take now.

### **What must change - five reforms that can't wait**

- *Set and publish maximum wait times by level of need*  
Australians can understand service standards. If someone has been assessed as needing a given level of support, there should be a clear maximum time to receive it - with public reporting.
- *Replace “nothing while you wait” with an automatic interim funding escalator*  
No one should sit on zero support after assessment. Where interim funding exists, it should automatically increase based on risk and deterioration - not require families to plead their case repeatedly.
- *Fix assessment and reassessment bottlenecks*  
Delays compound when people must navigate a maze of assessment, reassessment, paperwork, and fragmented provider communications. Streamline processes so clinical and functional changes can be acted on quickly.
- *Build a real workforce plan for home care*  
The editorial rightly notes workforce shortages can't be an excuse - but they are a reality that must be tackled head-on. That means better pay and conditions, training pipelines, incentives for regional work, and smarter use of allied health and assistive technology so the workforce we have is used well.
- *Integrate home care with the health system to prevent hospital admissions*  
When people are stuck waiting, hospitals absorb the consequences. Home care should be treated as core health infrastructure: integrated discharge planning, fast-track supports after hospital stays, and practical coordination with GPs, community nursing, and pharmacies.

And one more thing: information must be trustworthy.

The report also notes concerns about the relevance of aged care “Star Ratings”. Older people and families need information they can rely on, especially when they're under stress and making big decisions quickly.

Ratings, quality measures, and provider performance data should be transparent, meaningful, and regularly tested against what consumers actually experience.

A civilised society is judged by how it treats its most vulnerable. If thousands are dying while waiting for support that has already been approved, we are failing that test.

This is not about party politics. It's about priorities, design, and delivery. Older Australians deserve a home care system that acts like an emergency service when it needs to - responsive to risk, fast when time matters, and accountable for outcomes.

Because "you'll get help eventually" is not a promise if you don't live long enough to receive it.

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