

Murphy Campaign: Public Evidence Pack

14 October 2026 | Prepared by Stuart Le Gros

Classification 5 approved. Interim funding remains. Full allocation and Urgent priority are being pursued.

Purpose and limits. This is a public summary with selected correspondence excerpts and source links. It is not a clinical report, a final funding reconciliation, an FOI access decision or a finding of legal liability. Home address, date of birth, client ID, private clinical details and bank information are excluded.

23 September: Sheila Murphy was approved for ongoing Support at Home Classification 5. The family seeks preservation of that classification, an expedited High-to-Urgent priority decision and full ongoing funding.

26 September: A priority-only reconsideration was lodged. The Department acknowledged it on 6 October. An expedited decision, actual scoring inputs and named review ownership remain sought.

14 October provider evidence: Dan White supplied a portal screenshot showing High priority, MSO and commitment effective 24 September. The screenshot also shows a 19 November take-up deadline; its practical relevance to the committed place remains to be confirmed.

Provider excerpt, 14 October: "adjusting frequency of non-essential services such as gardening, meal delivery or general cleaning." This describes the proposed January-March response if full funding is delayed, following a December budget review. Dan states current essential services are funded and scheduled.

Current family report: Stuart reports Sheila is already having to forgo services and meal support because of affordability. This is a family report, distinct from the provider's forecast of further reductions. The actual service losses and amounts require reconciliation.

Other unresolved issues: The provider proposes deferring a safety-related gate repair until full allocation. The final mattress invoice, ledger deduction and GST treatment remain requested. The supplied supplier document is a quote; no overcharging finding is made.

FOI 27-3598: Documented Delay

25 August: Request lodged for existing records on priority queues, waiting times, interim allocations, priority changes, deaths while waiting, hospital/residential-care entry, the rapid review, priority methodology and safety impacts.

26 August acknowledgement: The Department advised an original decision deadline of 24 September.

28 August scope response: Stuart agreed to exclude below-SES employee names, direct staff phone numbers and exact duplicates. Substantively different drafts remain within scope.

22 September: OAIC granted 21 additional days under section 15AB, reference RQ26/07923. The Department's current stated deadline is 15 October.

13 October extension request: The Department requested another 21 calendar days under section 15AA, to 5 November. Its email explains that the decision-maker needs to consider business-area comments.

13 October response: Stuart declined consent at that stage and sought request-specific evidence of processing progress, outstanding work and staged-release options.

14 October response: Consent was unequivocally refused. The email requested a decision by the applicable deadline, release of available material, an inventory, processing-status details, preservation and disclosure of any further OAIC application or decision.

Applicant excerpt: "I do not consent to the proposed extension under section 15AA."

Status at preparation: No substantive access decision or requested processing account was identified in the correspondence reviewed. The stated deadline is 15 October unless validly changed. No final refusal or unlawful missed deadline is asserted in this pack. Further lawful extensions remain possible.

Accountability demand: Release available records, explain outstanding processing steps and provide a named decision-maker and dated plan. Review and complaint rights will be considered against the actual decision and legally applicable deadline.

Verification: Original correspondence is retained by the campaign. Appropriately redacted records can be supplied for responsible scrutiny; private clinical and identity records are not part of this public pack.

Public Sources and Evidence Boundaries

Department funding guidance, updated 6 October 2026. Interim funding is 60% of the approved classification. Allocation depends on demand relative to available funding. The remaining funding is allocated when available and is not backdated. Quarterly funding includes care-management funding; 10% is deducted for that purpose.

[Read Department guidance](#)

Waiting deaths. ABC News reported on 8 October, citing Department data, that 6,436 older Australians died in 2025-26 while approved for home care and waiting in the funding queue. This does not establish that funding delay caused every death. The article also notes that year-to-year figures are not directly comparable because of the system transition.

[Read ABC report](#)

Government spending priorities. Official policy material identifies \$76.2 million over five years for measures including international climate-change engagement, and a separate \$45.8 million over six years for a COP hosting bid and participation in international forums. These commitments do not establish travel-only expenditure, holidays, waste or an ability to transfer every dollar directly to aged care.

[Read government funding commitments](#)

FOI process guidance. Applicant consent is required for section 15AA extensions. OAIC guidance addresses request-specific justification for extending an earlier section 15AB period, dated outstanding steps and staged release.

[Read OAIC guidance](#)

Campaign interpretation. Describing the 60% allocation as rationing is a political assessment of the published funding rule. It is not a finding that the classification algorithm was designed to cut costs or that legal liability has been proved.

Immediate requested outcome: Urgent priority decision; 100% ongoing Classification 5 funding; funded care continuity; actual priority inputs and reasons; a reconciled budget; and named accountability.