

The Home Care AI *Playbook*

What providers, operators and the people who advise them are learning about putting AI to work under Support at Home.

12

questions to ask before any AI goes live — a scorecard you can use on any idea, or any vendor



With contributions from Blue Bike, ThreeDigital, Alyve, Benetas, Kinyara Health, LPA and Lookout.

Time is the *one resource* home care can't make more of.

Every provider we work with is doing more with the same hours. Support at Home has changed how money moves, how services are proven and who is accountable for what. Margins are tighter than they've been in years. And into all of that has arrived a technology that promises to give time back.

Some of that promise is real. Some of it isn't yet. Most boards we talk to are trying to work out which is which, with very little to go on except vendor claims — including ours.

So we put operators, advisers and our own team on stage in Brisbane and Sydney to talk about what's actually working, and asked them to help us write it down. This playbook is the result: a practical guide, and a scorecard you can use to test any AI idea or any vendor.

It isn't a pitch. The first four parts are useful whatever software you run. The last part shows how we apply AI at Lookout, and we hold ourselves to the same scorecard we give you.

Thank you to everyone who contributed. We hope it saves you some time.



Shaun Cornelius, Chief Executive
Officer, Lookout

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Read it front to back, or go straight to your page.

Every page opens with three takeaways. If you only have five minutes, read page 03 and the takeaway boxes.

If you're	Start with	Why
A board member or CEO	03, 07, 22, 27	What the rules ask of the board, and the questions to hold AI to
A CFO or finance lead	04, 07, 08, 19	Where the hours and the money go, and how to tie AI to a number
Running operations or rostering	12, 14, 19, 20, 21	What peers are trying, and how to find your first use case
Responsible for quality or clinical care	05, 16, 23, 25, 27	Where AI sits close to the client, and how to govern it
Comparing software vendors	27, 29	A scorecard and a process to test any vendor — including us

If you read nothing else.

- 01 Point AI at a problem you already have.**
Under Support at Home that's usually seeing the money clearly — every service planned, delivered, proven and claimed.
[→ p04](#)
- 02 AI is part of the technology story, not a separate one.**
Ask how the systems you already run can do more of the work before you shop for something new.
[→ p04](#)
- 03 Know how close an idea sits to client care.**
The closer it is to a care decision, the more governance it needs. Luke Benson's piece gives you a simple way to sort them.
[→ p05](#)
- 04 Tie every AI idea to a number the board already watches.**
If nobody can name the number, park the idea.
[→ p07](#)
- 05 Start with where your team's time goes, not with a tool.**
The most repetitive, high-volume work is your base case.
[→ p19](#)
- 06 AI supports, people decide.**
Human judgement and accountability stay where care decisions are made.
[→ p14](#) [→ p16](#) [→ p23](#)
- 07 Plan for the people side.**
Train for judgement — when to trust, check and override — not just for the buttons.
[→ p20](#) [→ p23](#)
- 08 Governance is a board job now.**
The Aged Care Act, the strengthened Quality Standards and new Privacy Act disclosure rules all land on the organisation, not the IT team.
[→ p22](#)
- 09 Tell clients and families before they ask.**
If AI touches someone's care, they should hear about it from you, in plain language.
[→ p25](#)
- 10 Ask every vendor the same questions — us included.**
Use the scorecard [→ p27](#)
We score ourselves [→ p29](#)

Support at Home raised the bar on proof. That's the problem AI has to be pointed at first.

KEY TAKEAWAYS

- > Every service now has to be planned, delivered, proven and claimed against a client's budget – with one provider accountable for all of it, associated providers included.
- > When those steps don't line up, the hours go into reconciling them. That's where much of the early, lower-risk AI value sits.
- > Start with that problem, not with the technology.

Support at Home has changed what it takes to run a home care business. Every service has to be planned, delivered, proven and claimed against a client's budget. Single-provider accountability means that holds for the services your associated providers deliver, not just your own team.

When those steps don't line up, the cost shows up twice: once in the hours spent reconciling, and again in services approved but never delivered.

That's the context AI has arrived into. It isn't short of promises. The useful question for an operator isn't "what can AI do?" but "which of our problems is it pointed at, and how will we know it worked?"

The rest of this playbook is built around that question.

FROM HOME CARE PROVIDER PULSE 2026

4.43 /5

Member budget management – leaders' biggest time-cost

4.71 /5

Technology and digital enablement – leaders' top investment priority for the next 12 months. AI specifically: 4.00

See full findings from 140 people across 77 providers [here](#)

"The biggest opportunity for home care providers over the next three years is to streamline processes, reduce duplication, better understand and use their data, and capitalise on growth opportunities such as CHSP expansion."



– Shey Schillaci, General Manager Home Care, Benetas

HOW LOOKOUT HELPS

Our budget utilisation agent flags clients who aren't using approved services, or are on track to run out, so care managers can act this month, not at reconciliation. See p28.



Luke Benson

Principal Consultant, Blue Bike

Contributor · views are their own



AI in care, AI on care: where to invest first.

KEY TAKEAWAYS

- > The best AI investments right now are the ones that reclaim the time lost to additional admin and compliance.
- > AI in care and AI on care need very different tools — from your frontline to your head office.
- > Ask tougher questions the closer AI gets to clients. The middle and back office can be the place to experiment.

In care · close to the client

On care · back office

As AI takes hold in our everyday lives, there will be an array of choices of where aged care providers can invest. The reforms have overwhelmed our people with ‘transactional’ work, so the best solutions right now will be those that reclaim the time lost to additional admin and compliance.

There are opportunities to benefit right across your client journey. We call this ‘**AI in care versus AI on care**’, recognising there are very different tools available, from your frontline to your head office. Here are just a few examples.

WORKING IN CARE · SMART ROSTERING

Honouring continuity of care and client preferences. Use an algorithmic approach for your new clients and ask your existing clients if they are willing to ‘move the shopping to Thursday’. Over time, our schedules will get smarter, but not all at once.

WORKING IN CARE · QUALITY AND RISK

Quality and Risk teams stand to benefit from accelerated investigations and audits, where the time to compile can be drastically reduced, alongside observations detected from the hundreds of progress notes recorded every day.

WORKING IN CARE · BUDGET DECISIONS

Increase confidence in the budget decisions clients are making with their funding. AI assistants can answer complex questions like “how long until my HCP unspent funds run out?”, and model different scenarios, providing answers that will help to overcome the fear and uncertainty the reforms introduced, which have resulted in low utilisation.

WORKING ON CARE • AR AND AP

Your AR and AP teams hold the keys to getting paid on time and paying suppliers on time. Your co-pilots can proactively diagnose data issues that could prevent processing and unblock the claiming pipeline, alongside auto-matching the thousands of supplier invoices.

WORKING ON CARE • ANALYSTS AND MANAGERS

Business Analysts and Managers are finding tasks take 5–10x less time when they take advantage of the various ‘co-pilots’. Choose an enterprise-grade option, put policies and processes in place that prohibit the use of ‘free tools’ to manage security risks, and invest in coaching and change management. This is a technology that people have strong feelings about – some individuals will thrive, but we can’t let others fall behind.

What matters most is how you govern and guide your uptake of AI. We are rapidly moving from the age of “AI shy” to “AI proud” – you can role-model for your staff that using AI is encouraged, as long as the guardrails are in place and individuals always remain responsible for their own output. It is *never* the AI agent’s fault when something goes wrong.

Pointedly, boards should be asking tougher questions when it comes to AI capabilities that are closer to your clients, recognising that data privacy and your duty of care are non-negotiable, and the standards for AI from government are still emerging. The middle and back office can be a place for more experimentation and innovation.

“It is never the AI agent’s fault when something goes wrong.”



— Luke Benson, Blue Bike

TRY THIS

Ask each team “what are the top 10 things that take up most of your time?”. Then ask your IT team and vendors “what can you, and AI, do to help?”.

[Read more from Blue Bike →](#)



Boards don’t approve AI. They approve a change in a number they already watch.

KEY TAKEAWAYS

- > Start every AI idea with the measure it’s meant to move, and where that measure sits today.
- > If nobody can name the measure, park the idea until they can.
- > Write it down before anything is switched on. Otherwise review time brings opinions, not evidence.

Most home care providers already track the numbers that matter: hours spent reconciling budgets each week, services approved but not delivered, days from service to claim, roster changes reworked by hand. A good AI idea moves one of them. A weak one can’t say which.

AI idea	The measure it should move	Where it is today	Where it should be, by when	Who owns it
<i>e.g. Flag clients heading for budget exhaustion</i>	<i>Clients reviewed before their budget runs out</i>			<i>Clients reviewed before their budget runs out</i>

IN PLAIN ENGLISH

If the number doesn’t move, the AI didn’t work — however good the demo was.

**Luke Benson**

Principal Consultant, Blue Bike

Contributor · views are their own



What AI really costs, and how to fund it without a perfect business case.

KEY TAKEAWAYS

- > Create a budget envelope from which AI investments can be drawn down.
- > Avoid making every investment an exercise in the perfect business case.
- > Individuals will benefit first and fast. Organisation P&L benefits should flow within six months.

Understand how AI investments are priced.

For CFOs, expect OPEX, not CAPEX, as the ask. You are unlikely to be asset-building — more like enhancing your existing tools.

Per-seat licensing is most typical for the ‘co-pilots’. In 2026, \$40–\$50 per person, per month, is a typical cost.

Tokens. Your Business Intelligence and Data Integration teams may need to ‘buy tokens’ and have budget for ‘top-ups’. Monitor usage monthly so you don’t pay for things you aren’t using, but watch out for ‘token sprawl’. Technical teams need

the know-how to manage token budgets well, and the tools to monitor them regularly.

Uplift fees. Client management system, finance and CRM vendors will likely charge a flat monthly uplift fee on your base licence subscription. They are unlikely to want to commit to multi-year locked-in prices, as the ‘AI economics’ picture is changing every year. They must pay AI vendors for premium services, and face unknowns when it comes to usage and future pricing. Most AI uplifts will be ‘opt-in’, not ‘built-in’ (so there’s no free lunch).

“The P&L will benefit when your organisation can grow with increased demand without adding new admin staff to take on more manual work.”



— Luke Benson, Blue Bike

Funding it

Over the next two to three years, consider setting aside an AI investment envelope. Treat it like you would a training or IT lifecycle budget, where needs emerge through the year and can't all be planned for in advance. There is an opportunity cost to not being able to adopt or trial a new capability when your teams are struggling to manage their existing workload and need help quickly. Unlike other technology, AI vendors are not providing roadmaps of upcoming features — expect the unexpected, as we've learned since 2023.

Knowing it paid back

When you've acquired tools, managed the change and monitored the metrics, you should be confident that time is being saved. Don't let those savings disappear into the ether — keep a record of historical budgets for caseloads, utilisation of frontline staff and the roles you won't backfill.

The P&L will benefit when your organisation can grow with increased demand without adding new admin staff to take on more manual work. Project costs should also reduce as you deliver faster and do more with less (expect better value for money from your project delivery partners too).

30–35

minutes spent in the business to deliver one hour of direct care — don't be surprised if that's your number today

TRY THIS

Ask your CFO to model the number of minutes spent in the business to deliver one hour of direct care. Then set targets to reduce that number year on year, identifying where the time saving will come from when approving AI investments.

Turn your time saving into a measure the board already watches with the worksheet on p07.

[Read more from Blue Bike →](#)





Glenn Payne

Managing Director, ThreeDigital

Contributor • views are their own



Why most AI pilots stall, and what the ones that stick do differently.

KEY TAKEAWAYS

- > Start with where the organisation is losing the most time, capacity or money.
- > Work in short cycles. Solve one problem, measure it, then move to the next.
- > Give capable people room to experiment within sensible guardrails.
- > Don't wait for perfect data. AI can help improve the foundations as you go.

Most AI projects do not stall because the technology is not capable. They stall because we often try to run them like traditional software implementations.

We build long roadmaps, project plans, committees and future state designs before we have proved enough value. AI is moving too quickly for that. An 18 or 24 month roadmap can be overtaken before you get halfway through it.

Home care providers also do not have unlimited time or money to experiment. Teams are stretched, margins are tight, and every new investment needs to solve a real operational problem.

So I would start somewhere simpler:

Where is the organisation losing the most time, capacity or money?

Look at the areas creating the greatest operational friction. Billing. Budget management. Scheduling.

Claims. Supplier invoices. Reconciliation. Data quality. Repetitive administration.

Start with the problem, not the technology.

Then work in short cycles. Test something useful. Measure what changed. Improve it. Scale it, change it or stop it, then move to the next problem.

The other thing we need to do better is give people room to experiment. Some of the best ideas come when technical people work directly alongside the people doing the job, with appropriate access to systems and data and sensible guardrails around them. Governance matters, particularly as AI gets closer to client care, but it should enable safe experimentation rather than stop it.

And we should be careful about telling providers they need perfect data before they can start. AI can actually help improve the foundations by finding anomalies, identifying missing information and reconciling records between systems.

A REAL EXAMPLE

One provider allowed AI to securely compare information across its client management and finance systems. It identified a significant amount of CHSP activity that had been delivered but had not been billed correctly.

They did not replace either system. They used AI to find the exceptions, improve the underlying data and solve a very real commercial problem.

TRY THIS

1. Pick one back office process consuming significant staff time.
2. Write down what it costs today in hours, capacity or money.
3. Give a small team permission to test a better way.
4. Measure the result.
5. Then decide: scale it, change it or stop it.

“That is a much better starting point than a three-year AI roadmap.”



— Glenn Payne, ThreeDigital

[Read more from ThreeDigital →](#)



What operators said about getting AI off the slide and into the week.

KEY TAKEAWAYS

- Start with the work that's eating the most hours, not the most exciting use case.
- Smart rostering is everyone's wish and nobody's quick win. Treat it as a journey.
- Budget utilisation and clinical oversight are where data starts paying back first.

WHERE TO START

"We deliberately haven't built a big three-year AI roadmap. The technology is moving too fast for that. Instead, we're starting with practical use cases, proving the value and learning as we go."



— Zama McLoughlin, Kinyara Health

BUDGET UTILISATION AND BI

"I can't wait six weeks after month end to find out how we went. I need that data daily."



— Shey Schillaci, Benetas

SMART ROSTERING

"Everyone wants AI to fix the roster. But the relationship between a client and their care team is the constraint no algorithm should optimise past. The real opportunity is setting new clients up well from day one."



— Tate Johnson, Lookout

CLINICAL OVERSIGHT AND AUDIT READINESS

"AI doesn't get to change care on its own. What it can do is surface the patterns and get the right information to the right person faster — then a human decides."



— Daniel Cameron, Alyve



Marisa Galiazzo

CEO, LPA (Lorraine Poulos & Associates)
Presenting a client case study

Contributor • views are their own



How Focus Care is putting AI to work across policy, notes and morning reviews.

The problem

Each day, staff opened every care note one client at a time in the scheduling system and checked it for risk. This took staff time before the working day could start, and the result depended on how each reviewer read the notes. Focus Care wanted a consistent daily risk review that missed nothing, kept client data secure and kept people responsible for every decision.

What they tried

Using AI to develop a policy and practice guide, and across operational functions including note taking and morning progress note review.

Focus Care built the solution in house so it could keep improving the process as AI and the standards change. A 600-line prompt sets out what the AI must and must not do and applies NDIS and aged care standards. Old and new processes ran in parallel until output quality was consistent.

What changed

A risk-flagged report on the previous day's care notes is ready each morning before staff start work. Every care note is analysed and included with its original text, and none are removed. Risks are categorised and prioritised, so reviewers see high-priority notes first. The person responsible still reviews and signs off every note. Staff no longer open each note one client at a time.

What they'd do differently

Set up the environment before the tool. Focus Care's 2025 trial was paused after the AI (ChatGPT within Copilot) missed a client's reported breathing difficulty. The manual review running alongside it caught the miss. The restart came only after Microsoft 365 was configured and monitored, permissions were locked down and users were trained. Governance and user education are prerequisites, not follow-up tasks.

“Every AI use case in your service needs a human on the hook. That is a named person who is accountable if something goes wrong. Not the vendor, not the software. If you cannot name that person, the use case is not ready to go live.”



— Marisa Galiazzo, LPA

100%

care notes still reviewed and signed off by a person.

[Read more from LPA →](#)





Zama McLoughlin

General Manager – Transformation, Digital and Technology, Kinyara Health

Contributor · views are their own



Human-led, technology-enabled: how Kinyara Health decided where to start with AI.

KEY TAKEAWAYS

- Test every use case against three questions: does it solve a real problem for our clients and our business, what's the likely return, and can we realistically implement it?
- AI takes away the work that gets in the way of care. People bring the judgement, empathy and human connection.
- Skip the big three-year roadmap. Prove what works, learn from it, then decide what comes next.

1. How did you decide where to implement AI?

We're a care business, so our starting point is simple: human-led, technology-enabled. AI is there to support our people, not replace them.

We worked with an industry expert who brought us around 20 healthcare use cases, each with evidence of ROI. We tested each one against three questions. That narrowed it down to our top three to five use cases.

We deliberately haven't built a big three-year AI roadmap. The technology is moving too fast for that. Instead, we're starting with practical use cases, proving the value and learning as we go.

2. What are you doing to improve quality of care?

We're using AI to take away the work that gets in the way of care, so our people have more time for the care itself. AI is good at capturing information, searching,

summarising and drafting. Our people bring the judgement, empathy and human connection. The two are complementary.

Heidi and Lookout Assist are good examples of how that works in practice. Heidi is an AI medical scribe: it listens to the assessment conversation and drafts the notes for us. Lookout Assist is AI that helps draft the care plan. The Care Partner then reviews, edits and applies their judgement, and remains accountable for the final plan.

KINYARA'S THREE TESTS FOR ANY AI USE CASE

- ☐ Does it solve a real problem for our clients and our business?
- ☐ What's the likely return?
- ☐ Can we realistically implement it?

GOVERNANCE

Both tools operate within Kinyara's approved governance and privacy controls. Heidi is only ever used with client consent, and the Care Partner reviews and remains accountable for the final output.

3. How do you see yourselves using AI in three to five years?

Honestly, we're not thinking in three-to-five-year increments. Too much is changing in this space, and a detailed long-range plan could end up paralysing us. Our approach is stepping stones and a next best

action mindset: prove what works, learn from it, then decide what comes next.

That said, there are two use cases I'm particularly excited about, because they can help us act faster and move from reactive to proactive care.

01 • CHURN PREVENTION

AI can bring together existing service signals, such as cancellations, changes in service patterns and complaints, to help Care Partners identify clients who may need attention earlier.

Too often, by the time we know a client is unhappy, they've already decided to leave. The opportunity is to spot those signals earlier and prompt the Care Partner to act while there's still time for a meaningful conversation.

02 • ASK KINYARA

We're exploring how AI can help leaders get answers and query data within a controlled and secure technology environment.

The aim is to get to the underlying issue much faster, without trawling through multiple dashboards or waiting on a report.

2,000+

hours of work completed by Heidi across Kinyara since February

"The ROI on this is evident. That's a significant amount of admin lifted off our teams — and we put that capacity back into clients, care and higher value work."

"Too often, by the time we know a client is unhappy, they've already decided to leave."



— Zama McLoughlin, Kinyara Health

Both come back to the same idea: getting the right information to the right person at the right time, so we can intervene earlier and get better care to our clients sooner.

TRY THIS

Take your shortlist of AI ideas and put each one through Kinyara's three tests: does it solve a real problem for our clients and our business, what's the likely return, and can we realistically implement it? Keep the three to five that pass.

[Read more from Kinyara Health →](#)



**Daniel Cameron**

Managing Partner, Alyve

Contributor · views are their own



Don't just deploy AI. Build an organisation that gets better because of it.

KEY TAKEAWAYS

- > AI capability is becoming increasingly available to everyone. The bigger opportunity is building the organisational capability around it.
- > Start with what matters. Be clear about the outcomes you want to improve, then use AI to help your organisation make better decisions and learn from what happens.
- > Protect the intelligence you create. Be deliberate about where organisational knowledge and learning accumulate, who can access them and how they can be reused.

AI is becoming increasingly powerful, accessible and available to everyone. That creates immediate opportunities in home care, from reducing administrative work and supporting frontline staff to identifying risks earlier and making better use of information.

But deploying more AI is not the destination

The bigger question is what AI allows your organisation to become. As intelligence becomes easier to access, organisations need to be deliberate about the outcomes that matter, how they learn from what happens and what knowledge and intelligence they retain.

Home care organisations already generate enormous amounts of potentially valuable information through care interactions, incidents, workforce activity, rostering, client history, decisions and outcomes. Historically, much of that information has been fragmented or simply too difficult to connect and interpret at scale.

AI changes what is possible

Done well, individual AI use cases don't just make tasks more efficient. They contribute to an organisation that can see more, support better decisions, learn from outcomes and continuously improve how care is delivered.

“The goal isn't an AI that learns autonomously. It's an organisation that learns continuously.”



— Daniel Cameron, Alyve

Three questions to ask as you scale AI.

1 What matters?

Start with the outcomes your organisation exists to deliver.

Where could better intelligence materially improve care, safety, workforce effectiveness, client experience or organisational sustainability?

Let those outcomes determine where AI matters, rather than allowing the available technology or latest use case to define the agenda.

2 How will you learn?

Don't allow each AI use case to become another isolated tool.

Think about how the information generated through care, operations and interactions can provide better context for decisions, and how the outcomes of those decisions can improve what happens next.

The goal isn't an AI that learns autonomously. It's an organisation that learns continuously.

3 What intelligence will you protect?

As AI becomes embedded in more work, your organisation will create increasingly valuable intelligence from its clients, workforce, operations, decisions and outcomes.

Think beyond conventional data security. Be deliberate about where that intelligence accumulates, what external AI providers can access or learn from, and whether your organisation can retain and reuse what it learns.

You don't necessarily need to own the underlying AI. But you should understand who owns and benefits from the intelligence created through its use.

The opportunity isn't simply to use AI to do today's work better. It's to build an organisation that knows what matters, learns from what happens and retains that learning so it gets better over time.

[Read more from Alyve →](#)

Alyve.

AI is only as useful as the record underneath it.

KEY TAKEAWAYS

- > Most AI disappointment in home care traces back to data, not to the AI.
- > Four things matter before anything else: one record per client, data entered once, the right people seeing the right things, and a history you can trust.
- > Fixing them pays off whether or not you ever switch AI on.

When an AI tool gives a strange answer, the first question is usually about the tool. More often the answer is in the data it was given: two versions of the same client, a care plan that lives in a shared drive, a service that was delivered but never recorded.

Before any AI idea goes on your shortlist, it’s worth checking the record it will depend on. These are the four checks we’d start with.

IS YOUR DATA READY?

Check	What good looks like	Yes/Partly/No
One record per client	Every client has one record that all teams work from	
Entered once	Information is captured once and flows to where it’s needed, not re-keyed	
Right access	People see what their role needs, and access is reviewed	
A history you can trust	Services, changes and decisions are recorded when they happen, by who	

IN PLAIN ENGLISH

If your team doesn’t trust the report, they won’t trust the AI built on the same data.

Before you pick a tool, find out where your team's week actually goes.

KEY TAKEAWAYS

- > Look for work that is time-intensive, repetitive and high-volume — and where teams aren't keeping up with demand.
- > Mark whether each task sits close to client care. Your first candidates are high-hours tasks that don't.
- > This list becomes your base case, and the questions you take to vendors.

Task	Who	Times/ week	Mins each	Hrs/ week	Close to client care?	Candidate?
Reconciling budget spend in spreadsheets	Finance				No	
Re-keying data from the My Aged Care portal	Intake / admin				No	
Pulling a client's clinical history out of emails and shared drives	Care managers				Yes	
Cross-checking care plans for consistency and compliance	Quality / care				Yes	
Chasing supplier proof of delivery before claiming	Finance / ops				No	
Reworking the roster after cancellations	Rostering				No	
[Your task]						

HOW TO RUN IT

Ask each team lead to fill in five rows. Thirty minutes, no more.

Multiply it out. A 15-minute task done 40 times a week is 10 hours — a quarter of someone's week.

Pick the top three back-office tasks by hours. Take them to the scorecard on p27.

AI meets a kind of resistance most technology doesn't. Plan for it.

KEY TAKEAWAYS

- > AI raises questions most software doesn't: will it replace my judgement, is it right, who's accountable if it isn't?
- > Those are good questions, and they often come from your most experienced people. Treat them as design input, not pushback.
- > Train people on judgement — when to trust, check and override — not just on which button to press.

Most systems change how a job gets done. AI can feel like it changes who's doing it. That's why the questions come early, and why they're worth taking seriously.

The providers making progress treat adoption as part of the design, not a launch email. They bring frontline staff in early, show where a person stays in control, and make it easy to flag when the AI gets it wrong.

- **Start with willing teams.** Let their results do the persuading.
- **Make the human checkpoint visible.** Staff should always know what was AI-generated and how to correct it.
- **Train for judgement.** When to trust, when to check, when to override.
- **Close the loop.** Show staff what changed because of their feedback.

“AI is good at capturing information, searching, summarising and drafting. Our people bring the judgement, empathy and human connection. The two are complementary.”



— Zama McLoughlin, Kinyara Health

HOW LOOKOUT HELPS

Lookout Academy gives teams role-based training on new features, including how and when to rely on AI-assisted work. See p28.

**Kate Parkin**

Chief Customer Officer, Lookout



Your first three months with AI, using the tools in this playbook.

KEY TAKEAWAYS

- > You don't need an AI strategy to start. You need one well-chosen problem, one owner and one measure.
- > Month one is about finding the work. Month two is a small, measured trial. Month three is a decision.
- > Tell your board and your clients what you're doing as you go, not at the end.

Most providers we work with don't stall because they lack ideas. They stall because nobody has turned the ideas into a sequence. This is the sequence we'd suggest, using the tools elsewhere in this guide.

MONTH 1 — FIND THE WORK

Run the time audit with two team leads (p19)

Pick three back-office candidates

Score each one (p27) and name an owner

MONTH 2 — TRY ONE THING

1. Write down the measure and today's number (p07)
2. Run a small trial with a willing team (p20)
3. Tell clients and families what's changing (p25)

MONTH 3 — DECIDE

1. Check the measure against where it started
2. Scale it, change it or stop it — and record why
3. Report to the board (p22) and pick what's next

IN PLAIN ENGLISH

Three months is long enough to learn something real, and short enough that a wrong call doesn't cost you much.

AI governance isn't an IT policy. Under the new rules, it's part of how the organisation is run.

KEY TAKEAWAYS

- The Aged Care Act 2024 and the strengthened Quality Standards put accountability for quality, risk and information on the organisation and its governing body.
- From 10 December 2026, privacy policies must explain where computer programs make, or substantially help make, decisions that significantly affect people.
- Support at Home makes you accountable for services your suppliers deliver too. AI that touches that data is inside the same accountability.

What changed	What it means for AI	Where to start
Aged Care Act 2024 (in effect since 1 November 2025) – a rights-based Act with stronger provider and governing-body responsibilities	AI used in care and operations sits inside your duty to deliver safe, quality care and respect clients' rights	Put AI on the board's risk register and agenda, with a named owner.
Strengthened Aged Care Quality Standards – Standard 2 (The Organisation) covers governance, risk and information management; Standard 5 covers clinical care	You need to show how AI-assisted work is governed, monitored and corrected, especially close to the client	Map each AI use case to the standard it touches. Uses close to client care need a clinical owner (p23)
Support at Home – single-provider accountability, transparent pricing and proof of service, including for associated providers	AI that drafts, matches or claims services must leave an auditable trail back to what was delivered	Ask vendors to show the audit trail behind every AI output (p26)
Privacy Act – automated decision-making transparency (from 10 December 2026)	If a computer program makes, or substantially helps make, decisions that significantly affect a client or staff member using their personal information, your privacy policy has to say so	List where AI touches decisions about people. Update your privacy policy before 10 December (p25)
Guidance for AI Adoption (National AI Centre, October 2025) – six essential practices	A plain national baseline: decide who's accountable, understand impacts, measure and manage risk, share information, test and monitor, keep human control	Use it as the backbone of your AI policy. Our scorecard (p27) maps to it

IN PLAIN ENGLISH

None of this says “don't use AI”. It says: know where you're using it, know who's accountable, keep a person in control of decisions about care, and be able to show your working.

This page is general information, not legal advice. Talk to your own advisers about your obligations, and check current guidance from the Aged Care Quality and Safety Commission and the Office of the Australian Information Commissioner.



Shey Schillaci

General Manager Home Care, Benetas

Contributor · views are their own



Our staff were already using AI. So we started with guardrails.

KEY TAKEAWAYS

- > Assume your people already use free AI tools. Find out how, then put guardrails around it.
- > Don't write AI guidelines from scratch. Adapt good ones and make them your own.
- > Whatever AI helps produce, the person who puts it forward is accountable for it.

1. Where did your AI journey start?

We knew people were already using AI — mostly free tools, for emails and for ideas. We didn't want our staff left behind, and we didn't want them using it without guardrails. Our executive approved \$50,000 to pilot a program that put governance around it.

We started with an anonymous survey: what are you using, and what are you using it for? That showed us which platform people preferred. We moved to business licences and helped staff switch their own accounts across, including turning off the setting that lets their data train the model.

2. How did you set the rules?

At every conference we'd ask the room whether they had an AI policy. Usually the answer was no. We didn't want to start from a blank page either, so we adapted the guidelines for responsible use written by **George Gouzounis — Lead, Ageing Reframed**. He encourages providers to change them and make them their own. They're easy to read, and cover the dos and don'ts for generative AI: drafting, summarising, analysing and working more efficiently.

Then we took our leaders through them in their own meetings, rather than sending a document. People scan policies; walking through the rules together is what makes them stick.

THE GROUND RULES WE TAKE LEADERS THROUGH

- ☐ Removing a name isn't the same as de-identifying someone
- ☐ Don't copy and paste
- ☐ Don't use AI to get around existing governance
- ☐ Whatever you put forward as your work, you're accountable for

TRY THIS

Before you write your own AI policy, start from one that's already free to adapt. The guidelines Benetas used are open to any provider: aiadoption.au/genai-guidelines

3. How are you using AI to protect the quality of care?

Support at Home is hugely admin-heavy and margins are thin. We've had to increase caseloads without cutting the time care partners spend with clients. AI is another tool in our staff's toolkit for that admin load.

Deterioration rarely announces itself. A missed visit, then a fall, then a hospital admission, then a UTI. Each piece on its own looks insignificant. Together they tell a story. Now that face-to-face visits aren't

funded, our staff have to pick that story up earlier, and often over the phone.

Watching how veterans' assessments are done virtually was a light-bulb moment: much of this can be done by phone if you ask the right questions. So we wrote those questions and built the escalations into Lookout for our monthly calls. AI builds the training; a person spots the risk. I dictate a client's journey from my notes, then use AI to turn it into a one-page flow staff can follow.

Client journey
dictated from
case notes

AI drafts
a one-page
training flow

Monthly call
staff follow the
questions in Lookout

Concern?
yes: clinical team lead
review · no: keep going

4. How has AI changed the way you use data?

Support at Home made us look hard at the skills in operations. Monitoring margins, utilisation and cost to serve needs different skills from clinical work, so we've built that capability into operations roles. Our operations and insights analyst built a de-identified reporting database from our Lookout data and uses AI to pull the reports I need daily. I can't wait six weeks after month end to find out how we went.

their critical thinking skills. Tightening the training for that next layer is our next challenge. It's changed how we recruit, too: we ask questions that show whether someone knows when not to use AI.

5. What hasn't worked yet?

We've rolled AI out to support office and senior leaders, but not yet to all office staff. I don't want to be restrictive, but I'm mindful of people keeping

"Knowing when not to use AI is just as important."



— Shey Schillaci, Benetas

01 · AVAILABILITY BY AREA

We moved from regions to local government areas. At intake we can tell a new client whether we have Benetas carers nearby, or will use associated providers while we recruit there.

02 · CARE PARTNER MIX

How many clients each care partner has, and the mix of classification levels, so allocation is based on data rather than gut feel. The next step is automating it.

03 · BUDGET UTILISATION

Which budgets are overspent, underspent or projected to overspend, and which purchase orders are still waiting on an invoice, so we can chase them.

[Read more from Benetas →](#)



If AI touches someone's care, they should hear it from you first.

KEY TAKEAWAYS

- > Clients and families are already asking whether a computer is making decisions about their care. A clear, calm answer builds trust; silence erodes it.
- > From 10 December 2026, your privacy policy must say where computer programs make, or substantially help make, decisions that significantly affect people.
- > Explain it in plain language, say who checks it, and make it easy to talk to a person.

Under a rights-based Aged Care Act, the people receiving care are meant to understand what's happening and why. That includes the tools behind the scenes.

Most of the AI providers use today never makes a decision about care. It drafts, flags and sorts, and a person decides. That's worth saying out loud,

because people tend to imagine the opposite.

Where AI does help shape a decision that affects someone, tell them before they ask. Say what it does, say who checks it, and tell them who to speak to if they have a question.

WHAT YOU MIGHT SAY

"We use software that helps our team [spot clients who may need a review sooner]. A member of our team always looks at what it suggests and makes the decision. If you'd like to know more, talk to [your care manager]."

General information, not legal advice. Check your obligations under the Privacy Act with your own advisers.

**Tate Johnson**

Chief Technology Officer, Lookout



Your suppliers' data is now your accountability — including when AI uses it.

KEY TAKEAWAYS

- > Under Support at Home, one provider is accountable for every service, including those delivered by associated providers.
- > When an AI output relies on supplier data — a matched service, a drafted claim — that accountability comes with it.
- > Ask the same questions of supplier data that you ask of your own: where did it come from, who checked it, and can you trace it?

Single-provider accountability changed the relationship between providers and the physios, nurses and care workers who deliver services on their behalf. The provider is answerable for what was delivered, what was claimed and what it cost, whoever did the work.

AI doesn't change that. But it can hide it. When a tool matches a supplier's record to a service, or drafts a claim from it, the result can look finished even when the underlying record isn't.

The answer isn't to keep supplier data away from AI. It's to make sure it arrives in a form you can trace and check.

QUESTIONS TO ASK ABOUT SUPPLIER DATA IN ANY AI WORKFLOW

- ☐ Where does the supplier's record come from, and when?
- ☐ Who checks it before it's used in a claim?
- ☐ Can you trace any AI output back to the supplier record it used?
- ☐ What happens when the supplier's record and your own disagree?

Twelve questions to ask before any AI goes live. Score it, don't just tick it.

KEY TAKEAWAYS

- > Score each question 0 (no), 1 (partly) or 2 (yes). Maximum 24.
- > 20+ is a go. 14-19 is a go with conditions — fix the gaps before you scale. Under 14 is not yet.
- > Three questions are hard stops for anything close to client care: a 0 on any of them is a no, whatever the total.

#	Question	AI6 Practice	Score 0-2
STAGE 1 — BEFORE YOU CHOOSE: VALUE AND FIT			
1	Can you name the measure this improves, and where it sits today (p07)?	Measure	
2	Do you know how long the task takes today and how often it happens (p19)?	Impacts	
3	Do you know how close it sits to client care decisions, and have you sized governance to match?	Risk	
STAGE 2 — BEFORE YOU SIGN: DATA AND SECURITY			
4 ★	Do you know where your data is processed and stored — and is it in Australia?	Risk	
5 ★	Is it ruled out, in the contract, that your data trains the vendor's or anyone else's models?	Risk	
6	Can the vendor show what the AI did and why, for every output — an audit trail you can access?	Share info	
STAGE 3 — BEFORE GO-LIVE: PEOPLE AND PROCESS			
7 ★	Is there a named person accountable for this use case — and a clinical owner if it's close to client care (p23)?	Accountable	
8	Can staff see what's AI-generated, and correct or reverse it?	Human control	
9	Have staff been trained on judgement — when to trust, check and override — not just the buttons?	Human control	
STAGE 4 — AFTER GO-LIVE: MONITOR AND PROVE			
10	Is there a review date, and will you check the measure against where it started?	Test & monitor	
11	Can you switch it off or roll it back without breaking the workflow?	Human control	
12	Is AI on the board's agenda, and are clients told where it's used, including in your privacy policy (p25)?	Share info	

TOTAL / 24
20-24
Go

14-19
Go with conditions

0-13
Not yet

★ Hard stop for any AI close to client care.

We built AI into the work, not on top of it.

KEY TAKEAWAYS

- > AI in Lookout is aimed at problems operators already measure, not at features for their own sake.
- > Most of it sits in the back office — where the risk is lowest and the time back is biggest.
- > Where it gets close to care, a person approves, and every action is traceable.

Where	What the AI does	What it helps with
Budget utilisation agent (Lookout Assist)	Flags clients who aren't using approved services or are heading for budget exhaustion, with a recommended next step	Seeing budget use early
Lookout Assist for care partners	Takes repetitive admin off care partners and helps build and validate care plans faster	Less admin per care partner
Connected Care	Brings associated providers and proof of delivery into one record, so services are claim-ready	Proof of service and claiming
Vision Rostering	Intelligent workforce scheduling that protects continuity of care	Rosters that hold
Governance by design (incl. Standards Optimizer)	Traceability on AI outputs and a person in the loop for decisions about care	Clinical and quality oversight
Lookout Academy	Role-based training so teams know how and when to rely on AI-assisted work	Adoption (p20)

We hold ourselves to the scorecard on page 27. Here are our answers.

KEY TAKEAWAYS

- > Your data is processed in Australia — Sydney and Melbourne — and never used to train models.
- > Every AI output is labelled, correctable and reversible, with a full audit trail.
- > You can switch AI features on or off, and we review every model on a set cycle with the ability to roll back.

Scorecard question	How Lookout answers it
4. Where is data processed?	Through AWS Bedrock’s Australian cross-region inference profile — processing stays in Sydney and Melbourne, and traffic runs on the AWS global network, not the public internet.
5. Is our data used for training?	No. Contractual terms rule out training on, or persistently storing, customer data — across every model we use.
6. Can we see what the AI did?	Yes. Every AI action is logged in a full audit trail.
8. Can staff see and correct it?	Yes. AI outputs are labelled, and can be corrected or reversed.
10. Is it monitored?	Ongoing evaluation, a quarterly review cycle, and thumbs up/down feedback from users feeding back into improvement.
11. Can we switch it off?	Yes. AI features can be enabled or disabled, and models can be rolled back.

The full technical detail, including every model we use and what it touches, is in our “AI at Lookout” information pack — available on request, and to every customer.

The questions providers ask us about AI, answered straight.

These are the questions that come up in almost every conversation we have with providers about AI. Here are our answers.

“Will AI replace my care coordinators?”

No. In Lookout, AI takes on repetitive work — drafting, flagging, sorting — so coordinators spend more of their time on clients. Decisions about care stay with people.

“Where does our data go?”

It’s processed in Australia, in Sydney and Melbourne, and it’s never used to train models. The detail is on p29.

“Do we have to use the AI features?”

No. They can be switched on or off, and we’d suggest starting with one area rather than all of them.

“What’s live today, and what’s coming?”

p28 shows the status of each area. If something’s on the roadmap, we’ll say so, with a date when we have one.

“How will our staff learn to use it?”

Through Lookout Academy, with role-based training on how and when to rely on AI-assisted work.

Got a question that isn’t here? [Talk to our team](#)

AI in plain English: the terms you’ll hear, and what they actually mean.

Term	What it means
AI (artificial intelligence)	Software that does tasks we’d usually think need human judgement, like reading a document or spotting a pattern.
Generative AI	AI that produces new content — text, summaries, drafts — rather than only sorting or scoring what’s there.
Large language model (LLM)	The kind of generative AI that works with written language. It predicts likely words, which is why its output always needs checking.
AI agent	AI set up to carry out a sequence of steps towards a goal, such as checking budgets and flagging clients, rather than answering one question.
Human in the loop	A person reviews, approves or can override what the AI produces before it affects anyone.
Audit trail	A record of what the AI did, when, with which information, and who approved it.
Model training	Using data to build or improve an AI model. A key contract question is whether your data is used for it.
Data sovereignty	Where your data is stored and processed, and which country’s laws apply to it.
Automated decision-making	When a computer program makes, or substantially helps make, a decision about a person. From 10 December 2026, privacy policies must say where this happens.
Hallucination	When generative AI produces something that sounds right but isn’t. The main reason a person checks the output.

Contributors and notes

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ABOUT THE FIGURES

Figures marked Pulse 2026 come from Lookout's Home Care Provider Pulse 2026, which closed on 3 September 2026 with 140 people from 77 home care provider organisations. The full findings and method are on the [playbook page](#).

NOTES

Contributor views are their own and don't necessarily reflect Lookout's. This playbook is general information, not legal, financial or clinical advice.

Three things you can do this week.

01 Run the time audit (p19) with two of your team leads.

02 Score your next AI idea (p27) — or your current vendor.

03 See AI in Lookout for yourself. Take a self-guided demo, or talk to our team.

[Talk to our team →](#)

[Get the full Pulse 2026 findings →](#)

