

OPAN submission on:

Senate inquiry into the implications of
the delay in the commencement of
the new Support at Home
program until 1 November 2025

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About OPAN

The Older Persons Advocacy Network (OPAN) is the national peak body for individual aged care advocacy support. OPAN contains a network comprised of nine state and territory organisations that have been successfully delivering advocacy, information and education services to older people across Australia for over 30 years. Our members are:

ACT	ACT Disability, Aged and Carer Advocacy Services	SA	Aged Rights Advocacy Service (ARAS)
NSW	Seniors Rights Service	TAS	Advocacy Tasmania
NT	Darwin Community Legal Service	VIC	Elder Rights Australia (ERA)
NT	CatholicCare NT	WA	Advocare
QLD	Aged and Disability Advocacy Australia (ADA Australia)		

OPAN receives funding from the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). OPAN aims to provide a national voice for aged care advocacy and promote excellence and national consistency in the delivery of advocacy services under the NACAP.

OPAN's free services support older people and their representatives to understand and address issues related to Commonwealth funded aged care services. We achieve this through the delivery of education, information and individual advocacy support.

In 2024–25 OPAN provided 52,039 instances of advocacy and information support, an increase of 17 percent since 2023–24, and reached 4 percent of the aged care population.¹

¹ Indicative data, subject to final validation

OPAN is always on the side of the older person we are supporting. It is an independent body with no membership beyond the nine SDOs. This independence is a key strength both for individual advocacy and for our systemic advocacy.

OPAN works to amplify the voices of older people seeking and using aged care services and to build human rights into all aspects of aged care service delivery. OPAN acknowledges the knowledge, lived experience, wisdom and guidance provided by older people and advocates in preparing this submission.

Older people should have the right to support at home

““We’re concerned about equity, accessibility and affordability under the new Support at Home program. And what about choice?”

Robin Vote ²

OPAN welcomes the opportunity to help inform the Senate Community Affairs References Committee inquiry into the implications for older Australians, their families, carers, service providers and state and territory health systems of the Government’s decision to delay the commencement of the new Support at Home program until 1 November 2025 while also withholding the release of any additional Home Care Packages.

We contend that the biggest gap in the new rights-based aged care Act is that older people only have the right to an assessment of their needs, not the right to receive the type and amount of aged care services relevant to those needs in a timely way following an assessment. OPAN continues to support Recommendation 25 of the Royal Commission into Aged Care Quality and Safety which recommended eligible older people should have *“an entitlement to all forms of support and care which the individual is assessed as needing”*.

Older people need more options

Older people need more options to be able to stay living at home with support. The delay to the new Support at Home program means that older people are not just missing out on a 1 July 2025 release of the promised new Support at Home places, they are missing out on access to 3 key features:

- the restorative care pathway
- the end-of-life pathway
- the assistive technology and home modifications (AT-HM) scheme

There has been no rationale provided for why the planned release of new Support at Home places has not been substituted with new Home Care Packages (HCPs) as an interim measure, given the level of preparation and planning undertaken to date to

² OPAN, August 6, 2025, [Older people raise their concerns with Minister](#)

ensure that all existing HCP recipients smoothly transition to Support at Home program on 1 November 2025.

OPAN recommends that a minimum of 20,000 home care packages are released immediately, to address the ever-growing waiting list and ensure that older people can commence services prior to Christmas/New Year and summer holidays. Should no new Support at Home places be released until 1 November 2025, a large proportion of these will not be fully operational until February 2026, due to additional delays for older people to find a suitable provider and compatible workers and commence regular service delivery due to the holiday season.

OPAN recommends that to help address the backlog of demand attributable to the delay, that all new Support at Home places from 1 November 2025 are:

- announced on a rolling basis each month in advance of their release
- transparently reported and updated monthly as operational until the number of people in the national priority system returns to a more manageable level, before returning to regular quarterly reporting.

This will provide better support for providers with workforce planning and enable older people to better anticipate and plan for provider selection and service commencement.

Rural disadvantage

Older people living in rural, regional and remote Australia are especially disadvantaged by poor access to aged care assessment services and home care services. When they need residential aged care, they are often forced to move far away from their communities.

We are especially concerned about the lack of timely, accessible and available aged care assessments and Support at Home services in rural, regional and remote Australia. While most people understand the challenges of equitable access to a range of services for people living in remote and very remote areas – Modified Monash Model (MMM) 6 and 7 – access to aged care services in MMM 3-5 areas also remains far more challenging than for metropolitan or large regional areas.

Older people in these areas are more likely to access basic aged care supports through the Commonwealth Home Support Program (CHSP) and rely more heavily on the support of family and friend carers. Older people living in rural Australia experience greater delays in accessing, or simply do not receive, the care they need, with increased risk of hospitalisation and premature entry into residential aged care.³

³ National Rural Health Alliance, Fact sheet, December 2022, [Aged care access in rural Australia](#)

There is a risk that providers with poor financial performance may lack the resources necessary to provide quality care to older people. Sustained financial pressure may also prompt providers to either exit the home care sector altogether or to concentrate operations in regions with stronger margins. In turn, this could undermine continuity of care for existing participants and reduce access to services, particularly in remote or rural areas where alternative services are limited.”⁴

Why are we waiting?

OPAN reluctantly supported a 4-month delay to the implementation of the new rights-based Aged Care Act because older people didn't have access to the level of detail they needed to make informed decisions about their aged care. Members of OPAN's own National Older Persons Reference Group publicly backed this position.

OPAN supports the roll out of the new legislation on 1 November 2025 without further delay. Older people have already waited far too long for their rights to be upheld. We continue to call for the release of a minimum 20,000 additional home care packages during this delay to reduce the 88,000 people waiting to receive the appropriate level of home care. Government, service providers, peak bodies, and older people with lived experience of aged care, must work together to ensure the smooth roll out of the Act on 1 November 2025 so older people get the rights-based aged care they deserve.

OPAN recommends regular, transparent government reporting of total wait times for older people, from first engagement and registration with My Aged Care, to triage contact, to needs assessment, to approval for Support at Home, to allocation of a Support at Home individual budget at the recommended classification level to commencement of services with their chosen provider.

Market stewardship and aged care regulation

One of the key risks the Department of Health, Disability and Ageing must manage under Support at Home is the development of a 'two tier system'. Contributing factors include:

- Older people of limited means self-selecting out of needed in-home aged care services due to having run down their personal financial resources contributing to services or through fear they cannot afford both aged care services and their other necessary expenses

⁴ Sutton, N., Ma, N., Yang, J.S., Malady, L., Woods, M., Carnemolla, P., Lin, J. (2025) [Australia's Aged Care Sector: Mid-Year Report \(2024–25\)](https://doi.org/10.71741/4pyxmbnjq.29253743). UTS Ageing Research Collaborative. <https://doi.org/10.71741/4pyxmbnjq.29253743>

- Older people with means purchasing private in-home services because their assessed co-contributions are too high or they have given up waiting for funded services

With providers increasing their HCP prices in anticipation of Support at Home program, the number of hours of support that can be purchased through a home care package is dwindling, reducing the match between assessed need and the level of funding allocated to meet those needs. Increasing numbers of older people and/or their families are turning to privately funded care service to supplement inadequate levels of care or while waiting for allocation of a package. Some have opted out of funded aged care services due to the level of means-tested care fees they are expected to pay and are contacting advocates when they have a problem with these private services. However, NACAP services are limited to people seeking or using Commonwealth funded aged care services.

OPAN advocated that the new Aged Care Act should also apply the Aged Care Quality and Safety Commission's regulatory framework and the Aged Care Quality Standards to privately funded in-home care services in the same way that the Australian Commission on Safety and Quality in Health Care (ACSQHC) has oversight over both public and private healthcare and that both public and private health care must comply with the National Safety and Quality Health Service (NSQHS) Standards.

OPAN recommends that:

- Older people who have transitioned with an HCP that no longer meets their needs are prioritised for re-assessment to a higher funding classification under the Support at Home program
- Privately funded aged care services are appropriately regulated to ensure all eligible older people are provided with safe, quality care.

Implications of the delay

OPAN has addressed the terms of reference of the inquiry as follows:

Unmet needs

(a) the impact of the delay on older Australians waiting for support at home, including unmet care needs and the wellbeing of seniors and their carers

OPAN has previously stated publicly that the delay to commencement of the new Support at Home program should not also result in a delay in the release of new Home Care Packages due to the high level of unmet need in the community. There are now more older people than ever waiting in the national priority system for allocation of a Home Care Package (HCP) at their approved level based on assessed need.

While it is true most people have also been provided with approval for Commonwealth Home Support Programme (CHSP) services or are receiving a lower-level package, this further highlights the extent of unmet need. CHSP service providers are unable to meet the demand for their services by people who need higher level and more complex care at home. HCP providers are concerned about the risks to older people with more complex needs receiving less than half of their approved home care budget. Older people are faced with increased reliance on carers, family, friends and neighbours for assistance, purchasing services privately or going without care.

OPAN continues to support the Royal Commission's recommendations to uncap the supply of home care to address this unmet need and ensure timely access to care and provide older people with a genuine alternative to entering residential care. The Legislated Review of Aged Care 2017 Report (Tune review) ⁵ noted there are four key conditions that must be met before creating a demand-driven aged care system can be realised. Those are:

- Government needs an accurate understanding of the underlying demand for aged care services
We consider that implementing a single pathway into the aged care system via My Aged Care and the Single Assessment System now has the capability to provides this demand measure.
- Consumers must make equitable and sufficient contributions to the costs of their care, without those contributions being so high that they create a barrier to accessing care.
We consider that the recommendations of the Aged Care Taskforce and the new contributions structure have made some progress in this area but remain highly concerned about the levels of contribution expected and the new barriers to care created.
- There must be a robust system for assessing eligibility for government-funded aged care services.
We consider that the Single Assessment System must be immediately reviewed, and improvements implemented before it can be considered 'robust'.
- Government policy needs to ensure equitable supply of services across different population groups, and in settings where there is limited choice or competition, such as remote locations.
We consider that additional action is necessary to prevent a situation of oversupply in metropolitan areas at the expense of regional, rural and remote locations

As above, supplying more home packages or Support at Home places is not the only solution to the problems older people experience in access to in-home support. OPAN

⁵ Department of Health, Disability and Ageing, [Legislated Review of Aged Care 2017 Report](#)

continues to receive significant negative feedback about the implementation and operation of the single assessment system for aged care, and we do not believe that all these system pressure points will be addressed and resolved before 1 November 2025.

While there is a stated goal to reduce the waiting time between assessment and commencement of services to less than 3 months, it is not uncommon for older people to wait between 3 to 6 months or even longer to be assessed in the first place. Many organisations that successfully tendered to be part of the single assessment system are still recruiting clinicians with appropriate qualifications and experience to conduct clinical assessments. New staff are not yet trained in use of the integrated assessment tool (IAT) to generate support plans and there are not enough intake and assessment staff to take on new referrals.

Older people are sitting on waiting lists or going back and forth between My Aged Care and the assessment service and still not getting an assessment. Assessment organisations are prioritising new referrals and new assessments, pushing some older people further down the waitlist and postponing needed support plan reviews. Assessment organisations are conducting phone-based assessments to try to manage demand, which often fails to comprehensively assess an older person's needs. This implementation of the single assessment system is currently placing older people at significant risk of adverse outcomes.

OPAN recommends an urgent review of the ability of the single assessment system to accurately prioritise and provide older people with access to the appropriate type and level of funded in-home care.

Impact on families and carers

OPAN recognises the devastating impact on families and carers of lengthy wait times for in-home care services, and the resultant demand for emergency respite care and increased risk of neglect and abuse for older people.

OPAN recommends now that the Department of Health, Disability and Ageing has responsibility for implementation of the National Carer Strategy and Carer Gateway service delivery, they conduct an urgent audit of the level of demand for carer support services attributable to carers' inability to secure timely or adequate in-home care services for the person they care for via the aged care system.

Entry level supports

(b) the capacity of the Commonwealth Home Support Programme (CHSP) to meet increased demand for support at home prior to 1 November 2025

OPAN strongly supports the role of the Commonwealth Home Support Programme (CHSP) in providing single service types and entry level supports for older people who do not need a more comprehensive care plan. CHSP also plays a vital role in supporting older people who are approved for comprehensive care but waiting for a package to be allocated to them.

Funding provided under CHSP includes services with a high fixed cost component, such as community transport and day respite services. Individualised funding programs such as the Home Care Packages program and the new Support at Home program are unable to pool participant budgets to buy a new bus or renovate a day respite centre. Should the CHSP become part of the Support at Home program from 1 July 2027, capital funding will need to be available to ensure these important physical and social infrastructure services can continue to operate. OPAN supports calls by the National Aged Care Alliance (NACA) to facilitate the development of a clear plan to guide CHSP transition no later than the 2026 Federal Budget.⁶

In 2023–24, approximately 834,981 people received home support through the CHSP.⁷ With the ‘pipeline’ of home care packages closed to a trickle, CHSP is under considerable strain with demand for services considerably outstripping supply in most areas. The impacts extend to OPAN advocacy services due to the volume of referrals from assessment organisations to OPAN members for support to access CHSP and other services that are just not available. Referrals to advocacy rather than services are leading to even greater frustration for older people as advocates are often not able to support desired outcomes for older people in the face of no service availability.

The average expenditure per person for the CHSP in 2023–24 was \$3,580, compared to the average cost for a home care package of \$22,585.⁸ However, there is significant variation in funding across both programs between older people at the lowest and highest levels of funding. The top three CHSP services by expenditure were: Domestic Assistance (20 percent of total home support funding; \$573 million), Social Support Group (11 percent; \$322 million), and Nursing (10 percent; \$302 million).⁹

⁶ National Aged Care Alliance, [NACA Election Position Statement 2025](#)

⁷ Department of Health and Aged Care, [2023–24 Report on the Operation of the Aged Care Act 1997](#)

⁸ Productivity Commission, Report on Government Services 2025, [14 Aged care services](#)

⁹ AIHW, Commonwealth Home Support Programme (CHSP)

Anglicare Australia Network organisations across metropolitan and rural areas of NSW, Queensland, Tasmania Victoria and WA reported 100 percent of providers responding to their survey reported being unable to meet the demand for CHSP services within their community with 67 percent reporting inadequate funding as the key barrier to their ability to meet demand.¹⁰

We note the Department of Health, Disability and Ageing has commenced consultation on the role of the Sector Support and Development (SSD) program from 2026 onwards. The new SSD Program is still subject to agreement by the Australian Government. Should the Australian Government agree, the new SSD Program will be available to eligible in-home aged care providers, including CHSP providers. Grant agreements are expected to commence from 1 July 2026.

Sector support and development activities are currently limited to Commonwealth Home Support Programme (CHSP) providers and provides capacity building, training to the sector. While we welcome the intended expansion of these capacity building activities to the Support at Home provider sector, we consider that given the history of CHSP funding allocations, there is a risk that these activities will similarly not be sufficiently well resourced or have sufficient reach to effectively lift the entire in-home support sector. Government needs to continue to fulfil their system governor role and provide effective market stewardship to ensure the capability of the Support at Home program, including the CHSP.

We note also that the Australian National Audit Office (ANAO) has commenced consultation on their upcoming performance audit of the Commonwealth Home Support Program (CHSP). The ANAO is currently inviting CHSP providers and peak bodies to provide feedback on the program.¹¹ They will invite CHSP participants to provide feedback later this year.

The audit is examining 3 key questions about the CHSP:

- Does it meet community need?
- Are services delivered effectively?
- Is it meeting its objectives?

Feedback will be used to inform the final report and recommendations, which is currently scheduled for tabling in Parliament in March 2026. OPAN will make a submission to the ANAO, informed by the voices of older people, about the important role of the CHSP in supporting older people to access entry level aged care supports where they are available, and helping to mitigate the need for more expensive care

¹⁰ Love, C. (2024) [Life on the wait list: Caring for older Australians at home](#). Anglicare Australia: Canberra.

¹¹ Australian National Audit Office, [Effectiveness of the Commonwealth Home Support Programme](#)

and services due to functional decline, increased hospitalisation and premature entry into residential aged care.

Please refer to section (g) on the single assessment for further feedback on the impacts of lack of availability of CSHP services on referrals to the National Aged Care Advocacy Program (NACAP), the Care Finder program and on older people seeking access to services.

In late 2024, an older person contacted an advocate and explained they were assessed in 2023 and was still awaiting allocation of a Home Care Package. The older person is a polio survivor and has leukaemia and urgently needed an adjustable bed, adjustable chair and light weight wheelchair. They had previously contacted My Aged Care to see if the package could be allocated urgently but was advised there was nothing that could be done.

The advocate accessed the older person's My Aged Care Portal and their priority for a Home Care Package was listed as 'medium' with notes stating they did not meet the criteria for 'high.' The advocate contacted My Aged Care to request interim support but was told interim support via a level 1 or 2 package was no longer an option.

The older person had a referral code for up to \$1000 of Goods, Equipment and Assistive Technology (GEAT), but required an occupational therapy (OT) assessment. The advocate and older person contacted all the service providers in their region to request support with OT assessment. No service providers were able to accept the referral.

The assessment organisation advised that average wait times for an OT assessment under the CHSP in their state was at least 9 months. Both My Aged Care and the assessor attempted to send referrals directly to CHSP service providers; however, these were rejected due to unavailability.

The assessor estimated the older person's Home Care Package would be allocated within 1-2 months, and package funds could then be used for an OT assessment. The advocate also provided the older person with the option of seeking a private OT and self-funding the assessment. The older person is exploring privately funded OT options.

Advocate

Getting boots on the ground

(c) the impacts on aged care service providers, including on their workforce

OPAN considers the delay is assisting providers to better prepare themselves, their workforce and their existing Home Care Package recipients for transition to Support at Home, particularly regarding service agreements, billing, claiming and participant

contributions. With the change to a care management pool made up of 10 percent of the budget of each participant they provide services to, providers have also had to alter job descriptions and reallocate tasks between care management roles such as reviewing care plans and administrative and accounts functions such as rostering and responding to monthly statement queries.

In relation to workforce, many providers reported that prior to the delay, they had been preparing for new packages to be released on 1 July 2025 with a range of workforce strategies to meet increased demand should an older person choose them as their provider. These include recruiting additional staff and offering existing staff more hours. The 2024 Aged Care Worker Survey found that respondents worked an average of 26.4 paid hours in the week before they took part in the survey, including 6.5 unpaid hours, because there was too much work to do. Over a quarter (27.5%) wanted to work more (paid) hours,¹² while the Committee for Economic Development of Australia (CEDA) places the figure of those who want to work more hours at 40 percent for home care workers.¹³

However, we note the ongoing impact of workforce shortages on rural, regional and remote areas, with difficulties in attracting and retaining an appropriately skilled and multidisciplinary aged care workforce. The majority of aged care providers in rural areas are not-for-profit and government agencies, with many for-profit providers exiting the market due to issues with sustainability. Higher operating costs, workforce shortages, travel distances and smaller population sizes limit economies of scale, creating unique challenges for older people seeking aged care in rural Australia.¹⁴

The department previously ran a Home Care Workforce Support Program to attract new workers into the home care sector. Evaluation of this program found that there was a need to enhance the skills and capacity of providers in relation to HR processes, and to adapt to labour market conditions, e.g. speed up time taken to finalise recruitment processes. They have now launched the new Regional, Rural and Remote Home Care Workforce Support Program to grow the home care workforce in specific regional locations. The program aims to attract, train and retain 4,000 additional home care workers in areas of critical workforce shortages. It will aim to increase provider capacity to build their local workforce.

We consider that more innovative and ongoing solutions with more ambitious targets are required to ensure that older people in rural areas have some choice of providers

¹² Department of Health, Disability and Ageing, [Aged Care Worker Survey 2024 report](#)

¹³ CEDA, 2021, [Duty of care: Meeting the aged care workforce challenge](#)

¹⁴ National Rural Health Alliance, Fact sheet – December 2022, [Aged Care Access in Rural Australia](#)

and workers and that providers do not prioritise metropolitan service delivery at the expense of 'thin' markets.

Finally, we remain concerned about reports from older people of misinformation from providers such as:

- You will lose all your HCP unspent funds on 1 November, so you should spend it all by 31 October 2025
- You can only use our preferred suppliers as third-party arrangements will no longer be possible under the new regulatory framework
- We will bill your budget in 15-minute increments for care management services provided in addition to the 10 percent already deducted.

OPAN recommends that with aged care providers being the primary conduit of information for existing home care package recipients, the Department of Health, Disability and Ageing should provide key information directly to transitioning Support at Home participants, to prevent older people being disadvantaged because of making decisions based on misinformation.

Delayed discharge of older patients

(d) the impacts on hospitals and state and territory health systems

"An older person has spent most of the last 12 months in hospital with only 15 days in total at home. They live with long term mental health issues, incontinence, and poor mobility. The older person had agreed to discharge to a residential aged care home (RACH) and contacted an advocate with the support of the hospital social worker. They agreed to advocacy to support them with decision-making and choice regarding a RACH. A team of hospital social workers contacted a total of 21 RACHs in the region and all 21 had declined the older person's application or enquiry. The reason given was no current vacancy and, it was implied that the older person's past suicidal ideation and complex care needs were deciding factors."

Advocate

Older people are not the problem at the interface between state and territory funded health services and Commonwealth funded aged care services.¹⁵ Older people shouldn't be forced to move prematurely to residential aged care or to remain in hospital due to lack of viable alternatives. The combination of lack of aged care supply, health system pressures and systemic ageism is driving them in a single direction. One

¹⁵ Australian Healthcare and Hospitals Association Limited (AHHA) August 2025, [The Health Advocate p.24](#)

in three older people enter aged care from hospital.¹⁶ The AIHW found the most significant predictors of admission into residential care were:

- longer length of stay
- having a diagnosis of dementia or stroke
- older age (85+)
- having an unplanned admission
- being in palliative care before discharge; and
- *the state or territory of the hospital.* [emphasis added]

The leading reason reported by state and territory governments for long stay older patients is they are awaiting residential aged care. This is a 'wicked' problem that requires both supply side and demand side solutions. Some state governments have implemented effective hospital diversion programs and hospital in the home programs, while other state governments have devised a variety of contentious solutions to attempt to shift the 'problem' of long stay older patients onto the Commonwealth government and to older people themselves.¹⁷

"I was in hospital in December last year and it was difficult for me to get a bed. When I did get a bed, I was in a locked geriatric ward with dementia patients who were either waiting to go home with high level care – which they couldn't get, because it doesn't exist in the home care field – or go into a nursing home. The next issue was then getting out of the bed due to lengthy wait times with the aged care assessment system, eventually transitioning out of hospital with six weeks of short-term care provided. I was finally allocated a Home Care Package just this August. So, we've got to make sure that demand no longer exceeds supply of beds or home care."

Val Fell, Aged Care Council of Elders member

Under the *Private Health Insurance Act 2007*, older people are classified as a Nursing Home Type Patient if they have been in hospital for more than 35 days and are not receiving acute treatment. If an older person has been assessed as eligible for residential aged care or are awaiting home modifications to be able to return home, they are required to pay a minimum patient contribution of \$78.65 per day in most states and territories.¹⁸

¹⁶ AIHW, 2013, [Movement between hospital and residential aged care 2008–09](#)

¹⁷ Proposal from the South Australian Government, 15 May 2025, [Plan to unblock aged care](#)

¹⁸ Department of Health, Disability and Ageing, [PHI 66/24 Private Health Insurance Legislation Amendment Rules \(No. 5\) 2024](#)

The Basic Daily Fee in residential aged care homes (RACH) is 85 percent of the basic rate of the single age pension, and the maximum hospital charge for long stay patients is 87.5 percent of pension per day. This rate appears to be set to provide a financial incentive for an older person to move from occupying a hospital bed to a RACH. Given the long wait time for home care and support services, especially if home modifications are required, it does not appear to offer the same financial incentive towards home care, further driving older people towards just one discharge option.

A large proportion of the older people in hospital awaiting a place in a RACH have a dementia diagnosis and the lack of access to in-home care and community-based support for people living with dementia and their carers is a key contributor. While early diagnosis is promoted, the lack of effective medical treatment options for dementia imparts an implicit message that post-diagnostic access to health and aged care services should be reserved for a later time when dementia symptoms are well advanced.

OPAN recommends that Cognitive Decline and Memory Service (CDAM) Clinics are nationally funded to provide increased post-diagnostic follow up to ensure that people living with dementia and their carers have access to guidance and support to navigate the health and aged care systems.

Some Commonwealth Government initiatives show promise, such as the Adelaide, Hobart and Illawarra Shoalhaven Acute to Residential Care Transition Service (ARCTS) trial that ran until the end of 2023. The trial aimed to work closely with people living with dementia, their families, and care teams across acute setting and residential aged care to make a successful transition from hospital into residential aged care.

Following the ARCTS trial, the Hospital to Aged Care Dementia Support Program has now been funded through the Strengthening Medicare package, allocating \$53.2 million over four years (2024–2028) to support older people living with dementia in transitioning from hospital to residential aged care. The program will operate across all Australian states and territories at 11 locations (Victoria 3, Tasmania 2, New South Wales, Western Australia, Northern Territory, South Australia, Queensland and Australian Capital Territory – 1 location each).

OPAN recommends that the Hospital to Aged Care Dementia Support Program is expanded across Australia on the condition that it also facilitates people living with dementia to be discharged from hospital to appropriate in-home aged care services that align with their, and their carer's needs for support.

An older person living with Lewy body dementia had been in hospital for almost 80 days with several aged care homes reluctant to admit them due to a previous history of vandalism and gender identity concerns. The older person identifies as female however alternates between presenting as male and preferring to be called a male name and presenting as female and preferring to be called a female name.

Dementia Support Australia worked closely with the older person and their partner to ensure their personal history, identity and wishes were correctly represented and supported. This included collaboration with the LGBTIQ Health Alliance to provide education and training for aged care staff. Staff adjusted and adapted quickly with openness to 'going with the flow' without judgment regarding the older person's preferred identity, regularly providing the older person with a range of clothing choices each day, ensuring the right name on the older person's bedroom door and moving to another room to enable a shared bathroom with a female resident.¹⁹

OPAN recommends additional supports for older people whose hospital discharge is delayed:

Aged care system

- Priority access to short term higher level in-home support for older people to transition back to living in their own home and community
- Priority access to assistive technology and home modification funding
- Additional care management support for a period while the older person transitions and stabilises in their home environment
- Increased access to the specialist dementia care program (SDCP) for older people whose behavioural and psychological symptoms of dementia mean they are refused admission to or evicted from mainstream residential aged care.²⁰

Health system

- Increased dialysis support in the community
- Education for key health personnel about Transition Care Program (TCP) and the Support at Home restorative care and end-of-life care pathways as alternatives to discharge to permanent residential aged care
- Increased availability of TCP – both community-based and bed-based
- Access to care management services while in hospital for effective discharge planning
- Additional mental health and dementia support in hospitals

¹⁹ Dementia Support Australia, [Around the grounds: ARTCS case study](#)

²⁰ Department of Health, Disability and Ageing, [Specialist Dementia Care Program \(SDCP\)](#)

- Additional palliative care places – community based, hospice and hospital based

Health-aged care Interface

- Facilitation of coordinated access to appropriate discharge pathways between Department of Health, Disability and Ageing regional stewards, State and Territory Departments of Health staff and hospital discharge planning staff
- Communication from the Department of Health, Disability and Ageing to hospitals on the role of NACAP and aged care advocates in supporting older patients to access aged care services
- Availability of advocacy support on admission to hospital with risk assessment completed to determine the potential for delayed discharge
- OPAN communication and marketing material featured in hospitals with posters and education material available
- Hospital discharge planning to include safety planning to reduce the risk of abuse of older people discharged to unsafe home environments and/or with inadequate access to formal care services

An older person requested advocacy support due to lack of home care service access to manage a large, infected wound. The older person lives alone in a rural location with limited services. The older person was discharged from hospital without ongoing nursing support despite needing daily wound dressing. The older person has CHSP approvals in place, but these are insufficient to ensure they can stay at home and live independently. The older person has had a reduction in social support as they are no longer able to get out into the community to participate in regular activities due to the wound and functional decline. They are mobilising around the house on an office chair.

The assessment organisation accepted the comprehensive assessment request on 4 March 2025 but had made no contact with the older person by the end of May. The advocate made multiple calls and was informed that the assessor would contact the older person. Even though the assessment was urgent, an appointment was scheduled for a month's time.

The older person was again admitted to hospital due to their need for ongoing wound care/nursing support and lack of services in community. After a 2-week hospital stay the older person was discharged home with nursing support.

Advocate

An older person was admitted to hospital with rapid onset, severe cognitive impairment. They were subsequently diagnosed with an inoperable brain tumour. As no medical treatment was planned, the hospital arranged an urgent aged care assessment and insisted they would need to be discharged to residential aged care. The older person's family disagreed and with the assistance of an advocate, requested a palliative care referral. The older person was discharged to palliative care and died 10 days later.

Reducing the wait

(e) the feasibility of achieving the Government's target to reduce waiting times for Home Care Packages to 3 months by 1 July 2027, in light of the delay

OPAN strongly recommends that the short delay to commencement of the new Act should not prevent government proceeding with their plan to release Support at Home places at 60 percent of full budget for older people having to wait more than three months from 1 July 2027. This is similar to the current situation where older people assessed as eligible for a higher-level home care package (e.g. Level 4) may be offered a lower-level package (e.g. level 2) or CHSP services while they wait. While it is far from ideal, and contributes to ongoing unmet needs, it does help prevent older people going without care at home all together and can therefore reduce the risk of premature entry to residential aged care. Waiting longer than six months for a home care package is a key outcome measure of quality and safety via the Registry of Senior Australians (ROSA).²¹

OPAN recommends full transparency with regular reporting on:

- The number of places allocated to each classification level 1-8 for Support at Home
- The number of 'legacy' HCPs that have been converted to Support at Home places
- The number of 'interim' (60 percent value) budgets allocated relative to the number of 'full' (100 percent value) budgets
- The length of time participants receive an 'interim' budget vs a 'full' budget.

²¹ Eshetie, T. C., Caughey, G. E., Lang, C., Ryan, O., Visvanathan, R., Whitehead, C., ... & Inacio, M. C. (2025). [The prevalence of and variation in indicators of the quality and safety of long term aged care in Australia, 2019](#): a cross-sectional population-based study. *Medical Journal of Australia*.

OPAN recommends

- That interim Support at Home budget allocation commences from 1 November 2025 to immediately reduce the number of older people waiting for care
- That interim budgets are allocated for a maximum of 6 months prior to the participant transitioning to their full Support at Home classification budget.

Services Australia capability uplift

(f) the adequacy of the governance, assurance and accountability frameworks supporting the digital transformation projects required to deliver the aged care reforms on time

OPAN considers others are better placed to comprehensively answer this question, however, we understand that the delay to the implementation of the new Act has enabled Services Australia to have systems in place to accurately inform older people and their providers of their assessed level of co-contribution required under Support at Home. Older people's wellbeing is considerably impacted by the financial decisions they must make when they do not have access to all the information they need.²²

However, we have been informed that providers will have access to this information online from 1 October 2025, and that older people will need to either ask their provider for this information or call Services Australia to find out. Older people will not be informed of their contributions in writing until after 1 November 2025. OPAN considers that any older person should not sign a new service agreement with their provider until such time as they have been informed by Services Australia in writing of their co-contributions towards Support at Home.²³

Financial hardship

OPAN welcomes the recent development and release by Services Australia of a new aged care claim for financial hardship assistance form.²⁴ We understand that Services Australia is currently preparing communications to key stakeholders advising them of the change to the form, particularly the reduced evidence of expenditure requirements. We are very pleased that Services Australia is prioritising review of applications already in progress but 'on hold' requiring further information. Reducing eighteen evidence

²² Lowies, B., Kutin, J., Russell, R., Cornell, V., Altieri, B., Andrew, J., Marriner, T. & Lushington, K. (2021). [The psychological wellbeing and financial decision-making of older Australians in times of uncertainty](#). Adelaide, Australia: University of South Australia.

²³ Department of Health Disability and Ageing, [Support at Home: Key messaging for older people on service agreements](#)

²⁴ Services Australia, [Aged care claim for financial hardship assistance form \(SA462\)](#)

items to four core requirements required for eligibility checking, should substantially decrease the processing time on claims.

OPAN will continue to work with Services Australia to progress development of a webform that can be auto populated by information already held by them about the older person. We will continue to advocate for automatic triggers to streamline access to the fee reduction supplement for older people already known to Services Australia who meet the eligibility criteria.

Falling at the first hurdle

(g) the implementation of the single assessment system and its readiness to support people to access a timely assessment now and beyond 1 November 2025

OPAN has received a myriad of feedback about implementation issues with the single assessment system and its impact on older people seeking aged care services. In summary these are:

- **Assessment process delays:** Older people experiencing long wait times for assessment due to administrative backlogs or inefficient processes e.g. older people still undergoing two different assessments as some organisations undertake clinical and others non-clinical assessments
- **Coordination issues:** Poor communication between assessment services, My Aged Care (MAC), and service providers leading to confusion and delays
- **Inconsistencies in assessment outcomes:** High variability in assessment decisions based on individual assessors rather than standardised criteria under the IAT
- **Lack of transparency:** Older people and advocates are finding it difficult to understand assessment criteria and eligibility decisions
- **Appeals and review process:** Lack of a clear or timely process for older people to challenge assessment outcomes other than raising a complaint directly with the assessment service
- **Cultural and linguistic barriers:** Culturally diverse older people not receiving culturally appropriate assessment or access to professional interpreters
- **Carer involvement:** Family members and carers not being present at the assessment or being adequately consulted or informed during the assessment process

In some areas, assessment organisations just don't answer the phone. Most recently advocates have reported multiple instances of aged care assessors acknowledging the absence of available (mostly CHSP) services but making referrals to Care Finders and OPAN members for advocacy support.

Advocates have reported:

- Referral codes are being issued without service availability, leaving older people in limbo and unable to navigate a system where assessment for eligibility is not linked to service provision.
- Assessors not initiating service broadcasts via My Aged Care, due to their knowledge of service unavailability
- Referrals leading older people to believe that advocates and care finders can create service availability where it does not exist, leaving them feeling angry and misled.

While referrals to advocacy are appropriate in some cases, they should not be used to inappropriately shift responsibility, or as a substitute for proper service linkage or to mask systemic gaps.

OPAN recommends that aged care assessment organisations be required to initiate broadcasts via My Aged Care and transparently document and report service limitations.

OPAN recommends expansion of the care finder program to provide short-term intensive care management for older people experiencing barriers to accessing aged care services. Care management can then connect older people to other community-based services and maintain that interim support until the older person had established connections with sustainable and ongoing supports.²⁵

²⁵ Brotherhood of St Laurence, 2025, [Critical Interim Support: innovative case management for older people experiencing barriers to accessing aged care services](#)

An older person living in an MMM 3 rated rural town first had a Regional Assessment Service (RAS) assessment in 2020 after their GP made a referral. They accessed domestic assistance, podiatry, occupational therapy and community nursing via the Commonwealth Home Support Program (CHSP). After a lengthy stay in hospital, they needed more help at home, and their representative requested a comprehensive assessment in September 2024. It was scheduled for 3 months' time, when the assessors were in the locality. Due to another hospital admission, the assessment visit was cancelled. After multiple phone calls to reschedule, they were offered a phone assessment, which was declined. With the assistance of an advocate, the older person's representative outlined the urgency of the need for re-assessment. 8 months after the initial request for an assessment, the older person was assessed in May 2025 and approved for a level 3 home care package, residential respite care and permanent care. They were informed it would be at least a 12 month wait before a level 3 home care package was available. After another hospitalisation, they were admitted to residential respite care and then to permanent care in July 2025.

(h) any other related matters.

Transport

OPAN recommends a cost collection study on transport costs in the Support at Home program with a view to ensuring equity between metropolitan and rural dwellers and ensuring that transport costs do not pose a barrier to older people's access to health care and social support.

OPAN recommends that in recognition of inequities caused by additional transport costs for both individuals and providers, the Independent Health and Aged Care Pricing Authority (IHACPA) review the amount of individual subsidy allocated under Support at Home to older people living in regional, rural and remote Australia and the amount of viability supplement paid to providers in those areas.

"Tamworth NSW 2340 is rated MMM 3. Nundle is in the Tamworth LGA but is 58km from Tamworth and takes 45 minutes travel time. Nundle has an MMM 5 rating. Providers receive an additional \$2.93 per day per HCP recipient. With staffing shortages everywhere, how will it be viable for any provider to take on clients in Nundle? In an ideal world they would employ someone who lives in Nundle, but this is not always attainable. Providers based in Tamworth or elsewhere may say it is not worth taking on Support at Home participants once the travel time must be incorporated in the service delivery cost. So, this leaves the older person having to move into Tamworth to receive services, with all the stress of moving, assuming they can afford to move."

Advocate

Are more home care packages the solution?

OPAN is pleased that through its terms of reference, the Committee is inquiring into other aspects of the aged care system, not just the impact of the delay in commencement of the new Support at Home program. A properly functioning Single Assessment System underpins the entire reform to the aged care system. What we have is clunky and patchy and not at all agile or responsive. Older people and their carers find it confusing, incredibly frustrating and undignified to be batted back and forth between My Aged Care and assessment organisations with no clear way forward. Lack of transparency and public reporting doesn't provide a true picture of the length of time older people are waiting and of those who just give up because it is too hard. We congratulate the Committee on conducting this inquiry and trust your recommendations will prompt action to support older people across Australia to access timely and accurate aged care assessments beyond 1 November 2025.

OPAN member organisations by state or territory:



OPAN is funded by the Department of Health, Disability and Ageing through the National Aged Care Advocacy Program (NACAP).