OPAN Older Persons Advocacy Network

OPAN Submission

Australian National Audit Office Review of the Commonwealth Home Support Program (CHSP)

Contents

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 (SRS)	TAS	Advocacy Tasmania
NT	Darwin Community Legal Service	VIC	Elder Rights Advocacy (ERA)
NT	CatholicCare NT (Central Australia)	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 52,206 instances of advocacy and information support, an increase of 18 percent since 2023-24.

OPAN is always on the side of the older person we are supporting. It is an independent body with no membership beyond the nine members. 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.

Introduction

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 are (currently) waiting for a home care package to be allocated to them.

CHSP is also a cost-effective way of delivering entry level supports. 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.[1] However, there is significant variation in funding across both programs between older people at the lowest and highest levels of funding.

CHSP has been effective in providing additional supports within the current Home Care Program. Older people on the Home Care Package (HCP) waitlist frequently access CHSP as an interim measure. There are currently 6 circumstances where older people receiving a home care package can get extra short-term help from the CHSP:

a. Level 1 or 2 HCP package:

- They need more allied health or nursing services after a setback, such as a fall.
- They are waiting for a Level 3 or 4 package and need home modifications.

b. Any level HCP package:

- Their carer needs short-term planned respite services.
- They need extra CHSP services in an emergency, where they have an urgent and immediate health or safety need.
- They can continue to access Social Support Group where they transitioned from the CHSP and attended a pre-existing CHSP Social Support Group service.
- Where there is an urgent need and they have insufficient funds in their package for Goods, Equipment and Assistive Technology (GEAT), they may access short term CHSP GEAT.

It remains unclear on whether Support at Home participants whose budget is fully expended will continue to be eligible for short-term CHSP services (excluding AT-HM) until July 2027. It is also uncertain if there are any plans for older people and their carers

[1] Productivity Commission, Report on Government Services 2025, 14 Aged care services

to access urgent short-term additional funding for services, through CHSP, other than the restorative care or end-of-life care pathways post July 2027.

CHSP is also a critical support for Aboriginal and Torres Strait Islander Elders and Older People. It supports their ability to remain on Country/Island Home and within their communities while receiving care that respects their culture, kinship and connection to land and family.

In 2023–24, approximately 834,981 people received home support through the CHSP. However, there are many challenges inherent in the current delivery of CHSP services. CHSP is under considerable strain with demand for services outstripping supply in most areas. This includes:

- Long waiting times to access CHSP services
- Lack of availability of CHSP services, with many providers having no availability and long wait lists
- Not all services available through the CHSP are funded in all areas

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. [2]

Decreasing numbers of providers, particularly in regional, rural and remote areas, exacerbate the trouble older people have accessing CHSP services after they have been approved for them. The Australian Institute of Health and Welfare reports a 1.97 per cent decrease in aged care service providers in 2024-25, in contrast to a 3.28 per cent increase in client population. OPAN's qualitative data suggests this is due, at least in part, to more service providers pulling out of the Commonwealth Home Support Programme (CHSP) in anticipation of upcoming changes under the new Support at Home program.

In addition, in 2024 - 2025 CHSP advocacy cases from OPAN members, the top issue related to accessing CHSP services. The advocacy cases show an alarming decrease in the availability of CHSP services in the past year, with many CHSP services closing, being short-staffed, or no longer accepting new clients.

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

Human Rights

The rights of older people are the same universal rights afforded to all adults. The new Aged Care Act 2024 includes a Statement of Rights and Aged Care Providers have a positive duty to uphold these rights in service delivery. With the CHSP coming under the Act it is important that any adjustments and changes to the program must be rights-based and embed the rights of older people in service design and delivery.

Recommendations

1. There must be increased funding for the CHSP between now and 2027, when the CHSP may be incorporated into the Support at Home program, to ensure that older people's lower-level service needs are met and they do not unnecessarily transition to a Home Care Package or Support at Home program prior to 2027. This must continue into the future.

2. Ensure older people can remain living at home and not unnecessarily enter residential aged care. The government must develop measures to support CHSP and Home Care Package and Support at Home providers to remain open and delivering services where there are no other providers available to fill the gap if they exit.

3. Ensure older people have equivalent access to Goods, Equipment and Assistive Technology (GEAT) and home modifications under the CHSP, to prevent unnecessary transition to Support at Home from July 2027 purely for this purpose. This should include providing CHSP clients with immediate access to the AT-HM loans scheme while waiting either for GEAT funding or a Support at Home place and expedited access to home modifications for older people unable to be discharged from hospital without them.

4. In line with the Interim First Nations Aged Care Commissioner's recommendations mainstream approaches to aged care information and service provision need to be transformed and co-designed in genuine partnership with Aboriginal and Torres Strait Islander older peoples.

5. Increase access to affordable transport and social support to attend activities and appointments where required for older people. This could be addressed by allowing people living in residential aged care and with a Support at Home place

access to Commonwealth Home Support Programme (CHSP) community transport and social support services.

6. Consumer co-payments should be linked to the person's capacity to pay and not the quantum of service they require to live safely in the community. This requires that a new consumer fees policy be introduced whereby maximum consumer co-payments are set as a percentage of their income per fortnight (say 10%) and not as a percentage of the cost of services they need.

7. CHSP provider's must develop care plans jointly with older people, uphold their right to choice and decision-making, and provide plans on request to older people or their registered supporters (if requested by the older person).

8. Strengthen CHSP provider obligations to ensure they communicate efficiently, transparently and professionally with older people about service changes and closures.

9. The future design of CHSP must explicitly recognise the unique needs and aspirations of Aboriginal and Torres Strait Islander Elders and Older People. Many Aboriginal and Torres Strait Islander communities operate in thin markets where individualised models like Support at Home are not viable. Block funding enables trusted, community-controlled organisations to deliver flexible and culturally safe services that respond to local priorities.

Does the Commonwealth Home Support Programme meet community need?

CHSP is an important entry-level aged care support service for communities across Australia. However, access to CHSP services varies greatly across regions.

Issues relating to the Commonwealth Home Support Programme (CHSP) were raised in 24% of the OPAN network member advocacy cases in the 2024-25 financial year (3,259 of the 13,486 advocacy cases). This is an increase in the proportion of advocacy cases relating to CHSP when compared to the 2023-24 financial year (16% of the 14,238 advocacy cases in 2023-24).

There was a 54% increase in information provisions relating to CHSP in the 2024-25 financial year when compared to 2023-24. An analysis of the case studies and reflections provided by OPAN network members showed that many of these contacts resulted from provider actions in anticipation of the upcoming Support at Home program.

In some regions there are no available CHSP services (this includes both closures and services at capacity) and older people are being forced to consider privately financing their required services despite being approved for CHSP. In many cases, older people could not self-finance required services, so went without the services they needed to stay at home and maintain their wellbeing.

Advocacy cases show an alarming decrease in the availability of CHSP services in the past year, with many CHSP services closing, being short-staffed, or no longer accepting new clients. Advocates reported that some CHSP providers indicated they were no longer taking on CHSP clients or reducing CHSP staffing and services in anticipation of the upcoming Support at Home program. CHSP services that were most often raised in advocacy cases as being unavailable in local areas were simple home maintenance (e.g. gardening and gutter cleaning), cleaning, transport and allied health services, in particular, access to occupational therapists, which was in turn affecting the person's ability to obtain assistive technology. This lack of CHSP services was then placing increasing demand on Single Assessment System services for clinical reassessments and the Home Care Packages program, further exacerbating the excessive wait times for these services.

The lack of CHSP providers in a local area was also an issue that resulted in people being unable to change providers if they were dissatisfied with the quality of their services. In some cases, older people were unable to find a new CHSP provider if they had a significant breakdown in communication with their current provider, and the

provider refused to provide services to them. In some cases, but not all, advocates were successful in re-opening lines of communication between the older person and their provider so that they could continue to receive services. In cases where the client was unable to have their service concerns addressed by the provider, they were forced to either consider moving, applying for a Home Care Package, or entering residential aged care

Additional pressures on the CHSP are being created by:

- High co-contribution costs for transport under HCP/Support at Home for people living in remote, rural and regional areas resulting in people seeking to move onto CHSP for affordability
- Lengthy wait times for HCP/Support at Home forcing people to seek supports through the CHSP (which is preferred to being forced into residential aged care).

The advocate and older person contacted My Aged Care and explained they had contacted all service providers to no avail. The My Aged Care representative attempted to send a referral to CHSP providers directly, however, was rejected due to no availability.

At the direction of the older person, the advocate spoke to the assessors about options and was advised that average wait times for an OT assessment under the CHSP in their state was at least 9 months. The assessor attempted to send referrals directly to CHSP service providers; however, these were also rejected due to unavailability

Are Commonwealth Home Support Programme services delivered effectively?

An analysis of the 2024-25 case examples provided by OPAN network members suggests that the increase in CHSP advocacy cases in 2024-25 related to issues largely resulting from the CHSP providers being at capacity, experiencing staffing shortages, and starting to limit services and/or exiting the CHSP market due to the new Support at Home program.

The staffing issues and capacity of providers also underpinned many advocacy cases relating to CHSP service delivery. While staffing shortages may be beyond providers' control, how they communicate and manage the impacts of these on older people is within their control.

An analysis of the reflections on advocacy case issues by OPAN network members suggests that the increasing lack of CHSP services was a main driver in the increase of

advocacy related to supporting people to be reassessed. The lack of CHSP services, shows that there were often no or very limited CHSP services in the older person's area and the only option to remain at home would be to secure a Home Care Package. This in turn limiting the options for older people to find a service provider who could meet their needs or change service providers if they had concerns about the quality of the services they were receiving.

In some cases, CHSP providers were not appropriately monitoring their clients and informing them of the need for, or how to seek, support plan reviews for new CHSP service codes or reassessments for a Home Care Package.

There were reports of older people who had been receiving CHSP services for over 5 years without a support plan review or reassessment despite significant increases in needs. Older people in several cases proactively contacted their CHSP service provider and asked how they could apply for more services to meet their increased needs. They were told to contact My Aged Care, who would in turn tell them to go back to their provider. Frustrated by the back and forth, older people sought advocacy support, and advocates ensured their provider initiated the support plan review and reassessment process.

CHSP financial issues were raised in only 5% of the CHSP advocacy cases. One in four (73%) of the CHSP financial issues related to fees and charges, followed by financial hardship (22%), debt (12%) and provider communication and transparency (11%).

Poor communication by providers regarding fees and charges underpinned many of the CHSP financial advocacy cases. In many cases, issues relating to fees and charges with CHSP providers were due to a lack of clear and transparent communication. Communication breakdowns and a lack of transparency often began with the agreement the older person was asked to sign and continued with unclear statements and invoices.

There were also examples of errors being made where older people were charged for services that had been cancelled or not provided by the provider due to staff shortages.

CHSP providers were frequently remiss in advising older people of the option to apply for financial hardship. In some cases, the financial hardship policies and processes for older people were not appropriate and led to older people going without services. For example, an advocate supported an older person to ask their CHSP provider for the financial hardship policy as they were unable to pay the co-contribution due to financial hardship. The provider declined providing the financial hardship policy, proposing instead that the older person agree to a payment plan for services.

Is the Commonwealth Home Support Programme meeting its objectives?

The CHSP supports older people who are having difficulties with daily living to:

• have a better quality of life

• continue living in their own homes, and/or delay entry to residential care

• be able to participate more in their community and have more face-to-face and online social connections

• maintain and/or improve their psychological, emotional and physical wellbeing

• be more independent at home and in the community

The Commonwealth Home Support Programme (CHSP) rose to being the top program of concern in 2024-25 OPAN member care access cases (2,429 (46%) of the 5,299 2024-25 care access cases) compared to 2023-24 (36% of the 4,611 2023-24 access cases

Communication

Communication was the top issue raised in CHSP service delivery. Communication issues commonly co-occurred with issues relating to choice and decision making, and advocacy support in raising complaints. Communication issues were closely followed by issues related to domestic assistance, and home maintenance or home modifications.

Of the CHSP communication advocacy cases 214 (25%) of the 847 CHSP service delivery issues were related to communication. The most commonly co-occurring issues with CHSP communication issues were choice and decision making (42 (20%) of CHSP communication cases) and complaints support (37 (17%) of CHSP communication cases).

Poor communication by CHSP providers about the services available to older people contributed to older people not being able to make informed decisions about their services. In addition, poor communication from providers about older people's options under CHSP and the associated financial implications was a common issue also raised in CHSP advocacy cases.

To be able to deliver on their objectives under the CHSP, providers must improve their communication with older people. In the new Aged Care Act 2024, that CHSP providers will now be covered by, the Statement of Rights specifies that providers must

communicate in a way that is accessible to older people, keep older people informed and listen to older people's choices and decisions.

Complaints Handling

Poor communication between providers and older people led to older people seeking advocacy support to raise their concerns with the CHSP provider. Most often, the older person had already made several attempts to raise their concerns with their CHSP provider but felt they had not been heard, and no improvements had been made. In some cases, the only way CHSP communicated with older people about important information was online or via email. This meant that those with limited internet access and limited access or ability to use computers older people could not receive important communications. In other cases, older people were not even provided with contact details to be able to request service changes, care plan reviews, or raise concerns with the CHSP provider.

The lack of available CHSP providers, led to older people feeling reluctant to raise concerns and complaints with their CHSP providers. It also contributed to older people being forced to accept low quality and highly irregular, and infrequent services by their CHSP provider.

CHSP providers must improve their complaints handling and communication processes as noted above. The Statement of Rights, that providers must proactively uphold, includes that older people must be able to make complaints freely and without fear of reprisal. Again, poor complaints processes means that CHSP providers are not meeting their objectives.

An older person contacted an aged care advocate because they were unsatisfied with their CHSP service provider. The client expressed they did not wish to try to resolve issues with their current service provider and would prefer to change providers.

The advocate supported the older person to understand, and navigate, the My Aged Care 'Find a provider' function and worked with the older person to identify service providers that were listed as having availability in their area.

The advocate supported the older person to contact the service providers listed to confirm availability. Seven service providers were contacted, all of which stated they did not have availability – despite being listed as having so on the My Aged Care website. Furthermore, the service providers were not running wait lists and were unable to advise when they would next have availability to join a wait list.

The advocate offered the older person the option of seeking a comprehensive reassessment for a Home Care Package. The advocate also discussed the option of communicating with their current provider to remedy the quality-of-service issues they were experiencing.

The older person chose to communicate with their current service provider and self-advocated to request an improvement in the quality of services received. The client explained they now understood their options – and would seek a comprehensive reassessment if the service quality did not improve.

Privacy

There were also multiple issues related to privacy and decision-making raised in case examples from OPAN member advocates where CHSP providers inappropriately discussed an older person's personal information with other people, without their consent. This included discussing health conditions, service plans, and the need for medical reviews with adult children and other relatives of the older person.

Staffing

Issues related to domestic assistance and home maintenance or home modifications were the second and third most common issues in CHSP advocacy cases (211 (25%) and 151 (18%) of the 847 CHSP service delivery cases, respectively). Home maintenance or home modifications advocacy cases predominantly related to gardening and yard maintenance services.

Issues with CHSP domestic assistance and home maintenance were also largely driven by a lack of service availability, high rates of staff turnover, and rostering issues. In some cases, providers had moved to automated rostering of staff, which meant that older people could not request a preferred worker or have consistent workers. This meant that they had to explain their service needs at each service instance. It also meant that older people had no ability to build rapport with care workers who may notice changes in their needs, including any signs of health concerns that may require urgent attention

Diversity

The program's success is particularly evident in Aboriginal and Torres Strait Islander contexts, where community-based, block-funded CHSP providers have demonstrated their ability to reach Elders and Older People who would otherwise fall through the gaps of the mainstream aged care system.

However, language barriers and lack of access to interpretation services continued to be an issue for people from linguistically diverse backgrounds. OPAN network members observed that older people were often encouraged by aged care service providers to use family and community contacts as interpreters. This presents a potential conflict of interest whereby the interpreter may not relay everything the older person says or means. It also may hinder the older person from speaking freely as they feel shame about what they are saying, fear judgement from others in their community, or do not want their interpreter to know some information for other personal reasons.

The Future of CHSP

Despite the issues raised in this submission, drawn from our advocacy work, the CHSP has an important role to play within aged care service delivery. As noted, it is an important entry level service that can provide the supports needed to enable older people to maintain their independence, stay connected and live well at home. It also helps reduce pressure on the HCP (soon to be Support at Home), as people receiving support quickly can help reduce or eliminate further decline and a need for higher level supports (recognising that there may come a time when this is necessary). However, there is a need for increased funding and resourcing, to maintain current providers, increase capacity and encourage additional providers to commence CHSP service delivery.

For Aboriginal and Torres Strait Islander communities, entry-level aged care is not simply a service — it is cultural infrastructure. Block funding under CHSP allows Aboriginal Community Controlled Organisations (ACCOs) to provide holistic care that sustains Elders' connection to Country, language, and community. This enables intergenerational learning and strengthens social cohesion. From a Closing the Gap perspective, there must be independent pricing and growth funding that reflect the real cost of delivering culturally safe services in regional, rural, remote, and very remote Aboriginal and Torres Strait Islander communities. Without this, the inequity in aged care access will continue to widen.

In September 2025 Ageing Australia held a CHSP Summit attended by members of the National CHSP Alliance, of which OPAN is a part, identified ten design principles for future entry-level aged care. These are broadly supported by OPAN, with further development on what these principles look like for rural, regional and remote communities, Aboriginal and/or Torres Strait Islander peoples and other diverse and marginalised groups needed. The ten principles are:

1. Cater for thin markets – commission for equity and plan services locally.	6. Make entry fit-for-purpose – one simple, contextual and timely process.
2. Low barrier to entry – preserve CHSP's low-barrier, high-trust approach.	7. Give entry-level aged care a deliberate role – fund CHSP as integrative infrastructure.
3. Local flexibility, national consistency – protect local flexibility within a clear national framework.	8. Co-design with participants – centre the aspirations of older people.
4. Embed wellness, prevention and reablement – resource it properly.	9. Align funding with meaningful measures – fund what matters to older people.
5. Recognise and support carers and volunteers – acknowledge and enable their role.	10. Introduce government accountability – transparent evaluation and reporting.

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OPAN Older Persons Advocacy Network

OPAN member organisations by state or territory:

ADACAS ADVOCACY

Advocacy Tasmania

ERA Elder Rights Advocacy
Supporting your right to quality care

Seniors Rights Service

Darwin Community LEGAL SERVICE

ADAAustralia
Your aged and disability advocates

aras
aged rights advocacy service inc.

Advocare
Empowering older people in WA

CatholicCare NT

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