OPAN | Older Persons Advocacy Network



The National Aged Care Advocacy Program Presenting Issues – Report 6

July 2025 – June 2026

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Acknowledgement of Country

OPAN acknowledges the Aboriginal and Torres Strait Islander peoples who are the traditional custodians of the lands and waterways on which we work. We pay our respects to Elders past and present. We acknowledge that sovereignty has never been ceded, that it was and always will be Aboriginal and Torres Strait Islander land.

Content warning

This report explores the negative experiences and abuse of older people who sought NACAP services during the 2025-26 financial year.

If you are impacted by the content and need some support, you can contact:

- 1300 22 4636 **beyondblue** - support for anxiety, depression and suicide prevention
- 13 11 14 **Lifeline** - crisis support and suicide prevention
- **headtohealth.gov.au** - information, resources and online mental health services
- 1800 700 600 **Older Persons Advocacy Network** - connects you with the advocacy organisation in your state and territory for advocacy and information services
- 1800 100 500 **The National Dementia Helpline** - for emotional support and guidance, support to navigate services and programs, and information and advice
- 1800 737 732 **1800 RESPECT** - national sexual assault and domestic violence counselling service
- 1800 184 527 **Q Life** - LGBTI peer support and referral
- **Link-Up services on AIATSIS website** - the '*Where to get help*' page on the AIATSIS website provides a list of contact details for state and territory Link-Up services that support people of the Stolen Generations
- 1800 779 379 **Open Place** - support service for Forgotten Australians
- 1300 656 419 or 02 9284 9888 **The Australian Human Rights Commission (AHRC)** - the AHRC National Information Service provides information and referrals about a range of human rights and discrimination issues

About OPAN

The Older Persons Advocacy Network (OPAN) is the national peak body for individual aged care advocacy and a network of nine independent, not-for-profit organisations that support older people to uphold their rights and access quality aged care.

OPAN members provide free, confidential and independent information and advocacy support to older people who are seeking or receiving government-funded aged care, as well as their families and support networks.

The members are:

ACT	ACT Disability, Aged and Carer Advocacy Services (ADACAS)	**SA**	Aged Rights Advocacy Service (ARAS)
NSW	Seniors Rights Service	**TAS**	Advocacy Tasmania
NT Top End	Darwin Community Legal Service (DCLS)	**VIC**	Elder Rights Australia (ERA)
NT Central	CatholicCare NT (CCNT)	**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 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 report.

ADACAS Advocacy

Seniors Rights Service

Darwin Community Legal Service

CatholicCare NT

ADA Australia
Your Aged and Disability Advocates

aras
Aged Rights Advocacy Service

Advocacy Tasmania
in your corner

ERA Elder Rights Australia
Promoting the human rights of all older people

Advocare
Empowering older people in WA

A message from the CEO



Craig Gear OAM

The past year has marked one of the most significant periods of aged care reform in a generation. After years of planning, consultation and anticipation, Australia now has the legislative basis for a rights-based aged care system under the *Aged Care Act 2024*.

The introduction of the Statement of Rights and Support at Home represent reforms that have been years in the making and have the potential to fundamentally improve the way older people access, navigate and experience aged care.

These reforms are important and welcome – but this report serves as a reminder that legislative change alone does not improve the lives of older people. Rights written into law must ultimately be reflected in everyday experiences of care for meaningful change to happen.

OPAN's sixth *National Aged Care Advocacy Program (NACAP) Presenting Issues Report* examines 64,787 instances of information and advocacy support delivered by our nine-member national network during 2025-26. This is a 23.4% increase on the previous year, and we had already seen a 17.6% increase the year prior. Behind every one of these interactions is an older person, family member or support person seeking to navigate a system that remains highly complex and, too often, difficult to access. This increase in demand for support reflects both the scale of change underway and the difficulties many older people face navigating that change.

I acknowledge that the findings in this report may be uncomfortable for parts of the sector, the Department of Health, Disability and Ageing and government. However, they provide important insight into older people's experiences during a period of change. I also acknowledge that these presenting issues reflect a particular point in time as reforms were being implemented, adjusted and tested in practice. They show us what is working, where challenges remain, and what must improve if the intent of reform is to be realised.

Last year, I wrote that OPAN hoped the new rights-based Act would begin to be reflected in this report through improved experiences and stronger recognition of older people's rights. While there are encouraging signs of progress, it is fair to say that this has not yet occurred to the extent many had hoped.

The evidence in this report suggests that implementation challenges associated with Support at Home, its pricing structure, the Single Assessment System and the Integrated Assessment Tool and its automated decision algorithm have, in many cases, limited the intended benefits of reform. For many older people, barriers to accessing services, navigating the system and getting the care they need continue to undermine their ability to exercise the rights now enshrined in the Act.

Two themes stand out to me in this report. First, older people increasingly reported feeling lost within the aged care system. Many struggled to navigate multiple services, agencies and processes, often without clarity on who was responsible for supporting them from one stage of their aged care journey to the next. Concerns regarding the Integrated Assessment Tool and the removal of human assessor override functions to its algorithm-based automated decision-making from 1 November 2025 featured prominently in advocacy cases. Advocates reported numerous examples where assessment outcomes did not appear to accurately reflect an older person's needs, circumstances or urgency.

Second, older people receiving Support at Home commonly raised concerns about rising costs, reduced services and inadequate care management. Many people who transitioned from Home Care Packages told advocates they felt worse off despite assurances that they would be financially protected under grandfathering arrangements. Increased service costs, additional charges and poor communication about care management and service delivery left many older people feeling confused, unsupported and unable to access the services they needed.

Meaningful reform takes time. But it is important to remember who experiences the consequences of those delays. Behind administrative backlogs are older people waiting for an assessment, waiting for services to commence, or going without essential supports. Life is short and this is time they do not get back.

Throughout the year, OPAN continued to work constructively with government and sector stakeholders to raise systemic concerns identified through independent advocacy, and to attempt to find workable solutions. We are encouraged that government is listening to older people, independent aged care advocates and other sector peak bodies, including through the introduction of an escalation pathway for assessment concerns and the commitment to an independent review of the Integrated Assessment Tool. These are important steps.

We also welcome the government's commitment to ongoing refinement of aged care reforms. The adjustments to prioritisation timeframes and the inclusion of personal care within clinical care were two examples of these refinements throughout the first year of the Support at Home program. The establishment of the *Consumer Protections under Support at Home Working Group* for consideration of pricing reasonableness is another welcome initiative.

Implementation of change on this scale was always going to require adjustment. What matters now is that emerging issues are identified early and addressed quickly.

Looking ahead, the findings of the independent review of the Integrated Assessment Tool will be particularly important. OPAN will continue advocating for assessment processes that have human override functions, accurately capture older people's needs, and ensure timely access to appropriate levels of care and support. We will also continue to advocate for stronger navigation support, transparent fees and charges, and a system that genuinely delivers on the rights outlined in the new Act.

Despite the challenges documented throughout this report, I remain optimistic about the future of aged care in Australia. The reforms underway provide a foundation for meaningful change. The Statement of Rights establishes clear expectations about how older people should be treated and supported. The task before all of us now is to ensure these rights move beyond legislation and become the lived reality of every older person's experience of aged care.

This report reminds us that we are not there yet. But it also provides a roadmap for what must happen next. By continuing to listen to older people, responding to their experiences, and refining reforms where necessary, we can create an aged care system where every person is heard, informed, respected and able to exercise their rights.



Executive summary of top issues 2025-26

The *National Aged Care Advocacy Program (NACAP) Presenting Issues - Report 6* identifies the top issues arising from the 64,787 cases of information provision and advocacy support delivered by OPAN members.

The issues explored in the report are based on the analysis of the:

- quantitative data on the top issues from the 16,472 advocacy cases and 48,315 information provisions
- qualitative data from reflections on top and emerging issues throughout 2025-26 submitted by OPAN members
- qualitative data from the documented discussions at regular national meetings of advocates across all OPAN members
- qualitative data from the 590 advocacy case examples provided by OPAN members.

The majority of this report focusses on the issues arising after 1 November 2025, the date of commencement of the *Aged Care Act 2024* (the 'new Act'). A brief overview of the quantitative data in the months prior to the new Act (between 1 July 2025 and 31 October 2025) is provided in an appendix.

One of the 2 top issue themes across all NACAP services was the systemic lack of responsibility for supporting older people to navigate the system and access aged care. Older people reported feeling lost in the face of increasing complexity of the aged care and associated systems. Concerns about the Single Assessment System further increased in 2025-26, in particular in relation to the Integrated Assessment Tool (IAT) assessor override of the automated algorithm, which ceased on 31 October 2025. Numerous examples were reported of the IAT results and outputs not adequately capturing older people's aged care needs and their urgency.

Increased costs, decreased services and a lack of care management under Support at Home were the other top issue themes across all NACAP services, with Support at Home the most common aged care program that older people sought NACAP services for. There were 2.3 times as many NACAP services provided for Support at Home issues as would be expected based on the size of the aged care population.

For older people who had transitioned from a Home Care Package to Support at Home, most issues related to service delivery and cost. Network members reflected that NACAP service provision under 2025-26 had shown that the 'no worse off principle' for clients 'grandfathered' from a Home Care Package to Support at Home was a misnomer. While the older person's financial contribution to their care may not have increased due to grandfathering provisions, older people were indeed much 'worse off' as they were no longer able to afford essential services due to:

- increased service costs across the program
- extra fees for tasks that should have been included under the care management fee
- surcharges for associated providers.

Repeatedly, older people who transitioned from Home Care Packages raised issues with care management by Support at Home providers, including:

- erroneous fees and overcharges for care management
- high turnover, or complete lack of, care management staff despite older people being charged for these services
- a lack of communication by care managers with their clients, including in response to older people's questions and concerns about service changes, financial agreements and other issues with service delivery
- a lack of responsibility by care managers for ensuring the older person received the services they needed in line with their budget and care plan.

For older people who were new to the Support at Home program access was the main issue as they were:

- unable to navigate the system after assessment
- unable to find a provider to deliver approved services
- seeking more services as approved services did not meet their needs.

NACAP services related to residential aged care were 1.6 times higher than what would be expected. Issues related to residential aged care were most commonly related to a lack of transparent communication about fees and charges. Poor communication in response to older people's concerns about inferior or inconsistent quality of service and a lack of choice and flexibility was the second most common service delivery and cost issue theme for residential aged care.

While residential aged care access issues were not commonly reported to OPAN members, there were multiple concerning case examples which suggest an increasing gap in the ability to secure a residential aged care place by those who were socio-economically disadvantaged compared to those who have significant income and assets. It is noted that the low proportion of residential aged care issues related to access may be due to a lack of awareness of and/or support to access NACAP services by those seeking to access residential aged care. In particular, this related to gaps between those who could pay and those who could not due to:

- a preference for people able to pay the Refundable Accommodation Deposit (RAD) and those requiring a supported accommodation place
- an apparent preference for older people who can afford to pay Higher Everyday Living Fees (HELF).

NACAP services relating to Commonwealth Home Support Program (CHSP) were 3.9 times lower than would be expected by the number of people receiving CHSP. The majority of CHSP issues were a consequence of the acute shortage of CHSP providers and/or available CHSP services, an issue which only increased in 2025-26 as more providers in some areas reportedly exited the program. This was an issue for older people seeking CHSP for the first time, many of whom could not find a provider to deliver services in their area as there were no providers in their area, or those that were in their area were at capacity and not accepting new clients. It was also an issue for those who were long-term CHSP service recipients due to the lack of capacity for CHSP providers to deliver the services needed to their clients and poor communication by CHSP providers about the resulting impacts.

In the *2024-25 Presenting Issues Report*, OPAN predicted that *"the initial stages of some key investments in aged care reform, including the Single Assessment System services and Support at Home, are unlikely to address the systemic issues in aged care which lead to persistent human rights breaches".* OPAN made the commitment for the *2025-26 Presenting Issues Report* to test the extent to which the new rights-based Act impacted aged care for older people.

Implementation of Support at Home and the Single Assessment System were two of the biggest reforms in aged care in a generation and implementation challenges were to be predicted. Unfortunately, the *2025-26 Presenting Issues Report* shows that issues with the Single Assessment System and Support at Home have driven increased demand for NACAP services. As a result, any nation-wide increases in the recognition of older people's human rights under the new Act have not yet been achieved.

For older people who identify with one or more diverse and marginalised groups, these systemic aged care issues further increase the risk of poorer health and wellbeing, as well as financial hardship.

Structure of this report

This report begins by providing an overview of key aged care reforms and related OPAN systemic advocacy actions since 1 July 2024. This provides important context for the issues experienced by older people who sought NACAP services from OPAN members in 2025-26. It also provides context for the policy recommendations.

The reporting on the top issues arising from the 64,787 cases of information provision and advocacy support delivered by OPAN members in 2025-26 is in the following 8 sections.

Section 1 provides an overview of NACAP information provisions and advocacy cases provided in 2025-26. It provides a comparison across previous years' NACAP service provisions. An exploration of who contacts OPAN members and how they find out about the services is also provided.

An exploration of NACAP demand across aged care programs since the implementation of the *Aged Care Act 2024* on 1 November 2025 up until 30 June 2026 is provided in section 2. For an overview of NACAP services and top issues for the period between 1 July 2025 and 31 October 2025, see Appendix B.

Presenting and emerging issues arising from the in-depth qualitative and quantitative analysis of information provided by network members is then provided.

Section 3 explores issues relating to accessing aged care, including an exploration of the issues in accessing the CHSP, Support at Home, and residential aged care programs. An exploration of the issues which result in the delayed discharge of older people from hospital due to unmet need is also explored in this section.

Issues related to service delivery and cost are then presented for Support at Home (section 4), residential aged care (section 5), and CHSP (section 6). Service delivery and cost issues are presented together as they are the responsibility of aged care providers. However, where relevant, the role of other entities, such as Services Australia, in compounding issues resulting from poor provider financial management is also explored.

Flexible care[1] issues, including those related to access, service delivery and cost are explored in section 7.

An exploration of access, service delivery and cost issues faced by older people who identify with diverse and marginalised groups follows in section 8.

Section 9 explores trends in NACAP services related to abuse of older people.

Section 10 provides a brief concluding statement on the top presenting issues in 2025-26.

[1] Flexible care service programs include: Disability Support for Older Australians (DSOA), Innovative Care Program (ICP), Multi-Purpose Services (MPS), National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC), and Transition Care Programme (TCP).

Aged care reform and OPAN advocacy

This section provides an overview of key aged care reforms and related OPAN systemic advocacy actions since 1 July 2024. This provides important context for the issues experienced by older people who sought NACAP services from OPAN members in 2025-26. It also provides context for the policy recommendations.

Date	Government reform and effect	OPAN response
1 July 2024	**Integrated Assessment Tool begins** The IAT replaced the National Screening and Assessment Form and became the tool used to assess eligibility for Australian Government-funded aged care. It was the first part of the Single Assessment System. IAT overview	OPAN called for clear and accessible assessment information, reliable phone and digital pathways, culturally responsive assessment and clearer referrals. OPAN submission on My Aged Care
9 December 2024	**Single Assessment System workforce begins** Regional Assessment Service, Aged Care Assessment Teams and independent AN-ACC assessment workforces came together. The system is intended to provide a single assessment pathway as needs change; hospital-based assessments remain with states and territories. Single Assessment System workforce	OPAN has called for timely, consistent and accessible assessments that reflect the older person's circumstances and support culturally safe access. OPAN submission on My Aged Care
1 November 2025	**Aged Care Act, Statement of Rights and strengthened Quality Standards** The new Act began. It included a Statement of Rights, seven strengthened Quality Standards and supported decision-making provisions. The framework sets expectations for rights-based care and for older people to participate in decisions about their care. Aged Care Act and Statement of Rights | Strengthened Quality Standards	OPAN supported a rights-based Act and advocated for enforceable rights, supported decision-making and practical safeguards that make rights meaningful in everyday care. OPAN submission on the Aged Care Bill

Date	Government reform and effect	OPAN response
1 November 2025	**Support at Home begins** Support at Home replaced the Home Care Packages Program and Short-Term Restorative Care. It introduced eight ongoing classifications, participant contributions by service type and financial circumstances. CHSP remains but is separate. Support at Home program	OPAN highlighted affordability, waiting times and the gap between approval and receiving services, and called for transparent prices and adequate support. OPAN Senate submission on Support at Home
1 November 2025; updates in 2026 *Priority system in force; further review measures announced*	**Support at Home priority and assessment changes** The Support at Home priority system determines when approved ongoing funding is allocated. From June 2026, people with motor neurone disease recorded in their assessment received urgent priority and full ongoing funding within one month of approval. On 15 October 2026, the government announced an independent review of classification and prioritisation and an exceptional circumstances review option from January 2027. Priority categories | MND priority | Independent assessment review	OPAN called for accurate assessments, human and clinical oversight, transparent priority decisions and a practical review pathway. OPAN welcomed the announced review and case review option while continuing to press for system-wide assessment reform. OPAN response to assessment reforms
Announced October 2026; starts early 2027	**Automatic continuation of End-of-Life Pathway** The End-of-Life Pathway will automatically continue for a further 12 weeks for participants who live beyond the initial 12-week funding period, without reassessment, with approximately $25,000 in additional funding.	OPAN welcomed the announced extension and continues to monitor its implementation and impact on continuity of care.
12 May 2026 *Announced; revised claim process not yet implemented*	**Simpler hardship application announced** The 2026–27 Budget committed to digitising and simplifying aged care hardship applications. Currently, Services Australia still directs claimants to the current SA462 claim form, which can be returned online through Centrelink or by post. No start date for the redesigned claim has been published. Budget announcement | Current hardship claim process	OPAN advocated for accessible and timely hardship support so financial barriers do not prevent older people from obtaining the care they need. This was a key protection committed to by government as part of the co-contribution system. OPAN Senate submission on Support at Home

Date	Government reform and effect	OPAN response
23 April 2026; in force 1 October 2026	**Personal care moves to the Clinical Supports contribution category** From 1 October, personal care moved from the Independence category to the Clinical Supports category for contribution purposes. The government now fully funds approved personal care delivered from that date, subject to the person's support plan and available Support at Home funding. Personal care contribution change	OPAN welcomed the removal of personal care contributions, while continuing to emphasise timely access to approved services and funding that meets older people's needs. OPAN response to Support at Home changes
HELF introduced 1 November 2025; protection announced 10 September 2026 *Protection starts 1 November 2026*	**Higher Everyday Living Fees (HELF) and protection for existing residents** HELF began under the new Act. The government announced that, from 1 November 2026, providers must not charge residents who entered care before 1 November 2025 for services they received at no extra cost before that date. HELF protection announcement	OPAN welcomed the announced protection and sought clarity about the service baseline, fair treatment for newer residents and safeguards against charges for basic everyday services. OPAN response on HELF protections

Policy recommendations

The *National Aged Care Advocacy Program (NACAP) Presenting Issues - Report 6* identifies the top issues arising from the 64,787 cases of information provision and advocacy support delivered by OPAN members in 2025-26. Since the end of 2025-26 and the time of this report's publication, the Australian Government has taken several steps in response to issues identified during the early implementation of the *Aged Care Act 2024* (the new Act) and Support at Home.

OPAN welcomes these steps. However, many are recent, transitional or not yet fully implemented. The experiences documented in this report show that more work is needed to ensure policy changes lead to timely, affordable, safe and appropriate services for older people.

Make responsibility for access and navigation clear

Changes to the Single Assessment System, were intended to improve access and navigation of the aged care system. The Australian Government also provided further guidance on Support at Home End-Of-Life and Restorative Care pathways and provider responsibilities in delivering care and services.

However, as shown in section 3 of this report, older people continue to experience difficulties accessing and navigating aged care.

Recommendation 1:

The Australian Government should establish a clearly accountable pathway to support and guide an older person from their first contact with My Aged Care through to assessment, funding allocation, provider selection and commencement of services. Responsibility for supporting the older person at each stage should be clearly identified.

This should include:

- processes to identify and follow up older people who have been waiting for an assessment or service for more than one month
- timely access to interim services where an older person is waiting for assessment, reassessment, funding allocation or a provider
- follow-up where referral codes have been issued but services have not commenced
- accurate and regularly updated information about provider availability and service areas.

Recommendation 2:

The Australian Government should publish consolidated data on whole-of-pathway waiting-time and unmet-needs. This should cover the time from application to assessment, assessment to funding allocation (split by interim/minimum service offering, funding and full funding), allocation to provider selection, and provider selection to commencement of services.

The data should be reported by program, service type, location and relevant population groups. It should also include the number of older people who are unable to secure a provider, are waiting for reassessment and/or who are receiving interim services while waiting for the support they need.

Recommendation 3:

The Australian Government should continue to invest in face-to-face supports for older people accessing aged care services with Aged Care Specialist Officers at every Services Australia location across Australia.

Recommendation 4:

The Australian Government should create simpler pathways for older people, their providers and their advocates to request corrections of errors in Services Australia assessments and outcome letters and simplify the internal review pathway for more complex requests.

Ensure assessment and prioritisation reflect actual need

The government has acknowledged concerns about the Integrated Assessment Tool and its algorithm that allocates classification levels. It has refined assessment processes, recognised motor neurone disease as a condition requiring urgent priority and established in legislation an additional escalation pathway for exceptional circumstances. It has also announced an independent, clinically informed review of classification and prioritisation mechanisms, expected to report in the first half of 2027.

OPAN welcomes these measures and makes the following recommendations.

Recommendation 5:

The Australian Government should ensure that the independent review of aged care classification and prioritisation examines the operation of the Integrated Assessment Tool and algorithm, the assessment process, the role of human oversight and the allocation of priority, including how priority is determined, and funding levels for classification levels.

Recommendation 6:

The Australian Government should ensure that the new escalation pathway is accessible, timely and capable of correcting assessment outcomes that do not reflect an older person's needs. It should complement, rather than replace, existing review rights and should be available where an older person's circumstances do not fit appropriately within the assessment tool outcomes. The operation and outcomes of the pathway should be publicly reported.



Make Support at Home affordable, transparent and responsive

The government has taken several steps in response to concerns about Support at Home affordability and consumer protections. From 1 October 2026, personal care services are fully funded for eligible older people. The government has also introduced protections relating to reasonable and transparent prices, refunds for overcharging and monthly statements. Payment assurance and pricing reviews are underway, while formal price caps have been deferred.

These measures address some of the issues identified in section 4 of this report. However, older people continue to face difficulties despite these changes. These reforms, while welcome, will also not address the fundamental recurring issues identified in sections 4.1.1.3 and 4.2.1 of this report that stem from poor provider communication and care management.

Recommendation 7:

The Australian Government should strengthen the 'no worse off' protections under Support at Home. Whether an older person is worse off should be assessed by considering whether they can continue to access the essential services they need, rather than only whether their financial contribution has increased.

Recommendation 8:

The Australian Government should ensure financial contribution arrangements are based on capacity to pay and should include stronger protections for people on low and fixed incomes, including full-rate pensioners and older renters receiving Commonwealth Rent Assistance. Older people should not be required to rely on financial hardship provisions to address inadequate funding, poor care management or an assessment outcome that does not reflect their needs.

Recommendation 9:

The Australian Government should implement enforceable safeguards for Support at Home fees and charges. This should include appropriate limits on all fees and surcharges, including, but not limited to self-management, associated provider service surcharges, travel, and minimum service times. The Aged Care Quality and Safety Commissioner (ACQSC) should have the power to monitor and enforce these obligations.

The deferral of formal price caps should be accompanied by a clear timetable for their reconsideration. In the interim, the government should ensure that existing requirements for reasonable and transparent prices are actively monitored and enforced.

Recommendation 10:

The Department of Health, Disability and Ageing should require Support at Home providers to issue accurate, timely and accessible monthly statements that allow older people to understand how their funding is being used and promptly notify older people when their budget is at risk of overspending. Regulatory action must occur if providers continue to breach this obligation. Essential services should not reduce or cease without clear communication, appropriate review of the care plan and consideration of the older person's safety and wellbeing.

Recommendation 11:

The Australian Government should establish care management as a properly funded and accountable service under Support at Home. Care managers should be responsible for ensuring that services are delivered in accordance with the older person's care plan, budget, preferences and assessed needs. This reform should be implemented ahead of, and inform, future work on a broader multi-provider model for Support at Home.

Guarantee service availability and equitable access

The government has provided substantial additional funding for thin markets and extended CHSP grant funding to 30 June 2029. It has also started consulting on the future design of entry-level in-home support, with the Albanese Government expressing support for the continuation of CHSP as a standalone program rather than rolling it into Support at Home.

The government has also responded to the Residential Aged Care Accommodation Pricing Review with measures intended to increase the supply of residential aged care places, provide additional support for supported residents and improve the financial sustainability of residential aged care homes.

These investments are important. However, provider viability does not necessarily mean older people can access care due to the barriers outlined in sections 3.2, 3.4.1, 3.5, and 8 of this report.

Recommendation 12:

The Australian Government should ensure that CHSP funding is equitable and reflects population growth and geographical coverage, service demand, workforce availability and the actual cost of delivering services. It should have the flexibility to meet the needs of different population groups e.g. those living in remote and rural communities.

Recommendation 13:

The department should link the Support at Home Thin Markets grants for rural and remote services, specialised services and Aboriginal and Torres Strait Islander services to measurable improvements for older people. These improvements include increased provider availability, reduced waiting times, affordability of services, cultural safety of service, and improved access for people with complex needs. The Australian Government, through the Australian Institute of Health and Welfare (AIHW), should publish data showing whether Thin Markets grants are reducing unmet need.

Recommendation 14:

The Australian Government, through the ACQSC, should enforce the requirement that all residential aged care providers must provide appropriate support to people with complex needs including dementia, thereby promoting equitable access to residential aged care in the older person's chosen community and security of tenure as their needs change.

Recommendation 15:

The Australian Government should monitor and review refusals of admission, service termination and transfers of older people without acute needs to hospitals. The Australian Government must continue to explore whether payments to providers to support people with complex needs and low means and assets are sufficient.

Recommendation 16:

State and territory and Australian governments should work through the Secretary-led Hospital Discharge Joint Taskforce to fast-track practical, funded transition and growth programs for older people experiencing delayed discharge. The Australian Government should increase funding and expedite access to Support at Home and CHSP for older people waiting in hospital, fund additional residential aged care places, and support providers with available beds to admit and care for people with complex needs. State and territory governments should improve access to the Transition Care Program and strengthen hospital discharge pathways.

Recommendation 17:

The Australian Government should ensure that Higher Everyday Living Fees (HELF) are limited to genuine additional services, priced at no more than the reasonable cost of provision and never used to charge for services required to meet the strengthened Aged Care Quality Standards. Providers should not use HELF arrangements to disadvantage older people who cannot afford additional fees or to charge for services that were previously provided as part of standard care.

Make rights, choice and remedy real

The new Act established a Statement of Rights, an independent Complaints Commissioner and stronger obligations relating to how complaints are handled, as well as legislatively enshrined obligations on providers to allow access to independent advocates. Recent amendments to the Aged Care Rules also include clearer service agreement requirements, stronger obligations to refund overcharged fees and an additional assessment review pathway.

The government has responded to the Interim First Nations Aged Care Commissioner's report, established an Aboriginal and Torres Strait Islander Aged Care Framework, continued the work of an Interim Commissioner and passed legislation to establish a permanent Aboriginal and Torres Strait Islander Aged Care Commissioner from 1 July 2027. This important and overdue reform should provide older Aboriginal and Torres Strait Islander people with an enduring, independent voice and the authority and resources to drive culturally safe, trauma-aware, healing-informed and community-led aged care.

These reforms provide an important foundation. However, the experiences of older people who sought NACAP services in 2025-26 shows that providers, assessment organisations, Services Australia and older people do not yet consistently understand or know how services can uphold the rights of all older people. This includes a lack of knowledge of how to support older people from diverse and marginalised groups including those living with a disability, people from culturally, ethnically and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, veterans and war widows, and people experiencing or at risk of homelessness.

Recommendation 18:

The Australian Government should formally recognise Independent Aged Care Advocates as authorised to act on behalf of individuals for matters relating to reconsideration requests where the individual has provided verbal affirmation or otherwise recorded consent. Consent arrangements should be aligned with the existing processes within the My Aged Care Service and Support Portal.

Recommendation 19:

The Australian Government should implement any recommendations of the Aboriginal and Torres Strait Islander Aged Care Commissioner to ensure that aged care access, assessment, funding and complaints processes are culturally safe, trauma-aware and accessible to older Aboriginal and Torres Strait Islander people.



1. Demand for NACAP services in 2025-26



Figure 1. Total number of NACAP services vs total aged care client population.

OPAN members provided 64,787 NACAP advocacy and information support services in 2025-26, an increase of 23.4% since 2024-25. This increase in OPAN services far exceeds the 1.8% increase in the aged care population in the same period (from 1,309,203 in 2024-25 to 1,333,163 in 2025-26). (Figure 1)



Figure 2. Potential reach of aged care client population by NACAP services.

The OPAN member services provided equate to a potential reach of 4.9% of people who were receiving aged care services as of 30 June 2025[2] (Figure 2).

[2] Source for new Support at Home clients, excluding those transitioned from Home Care Packages: Support at Home program data report 1 November – 31 December 2025, released May 2026. https://www.gen-agedcaredata.gov.au/getmedia/2ffb3611-c350-4e54-9362-888e7d4f6d35/Support-at-Home-Program-Data-Report-November-December-2025-corrected. Source for all other aged care clients: AIHW Aged care data snapshot 2025 – fourth release, October 2025. https://www.gen-agedcaredata.gov.au/resources/access-data/2025/october/aged-care-data-snapshot-2025

Advocacy accounted for 25.4% of services provided by network members (16,472 cases), with information provisions accounting for the remaining 74.6% (48,315 instances).

It is important to understand the role and scope of the information and advocacy case support provided by OPAN members' independent aged care advocates.

Information is never just something that could be accessed through a website or brochure. NACAP services reported as 'information provisions' are an in-depth process of understanding the older person's concerns and then empowering them with the skills, knowledge and confidence to resolve their own concerns. This can involve anything from a single phone call of an hour or more, to multiple phone calls or even a conversation where they are living or in their community.

An advocacy case is where the older person engages an OPAN member to advocate on their behalf at their direction. This advocacy may be towards a government service or aged care provider. Advocacy casework is an extensive process where an advocacy plan is developed, goals are set and agreed, and outcomes and impact are documented. Outcome measures are collected along this journey to demonstrate the benefits of the advocate support for the older person.

An independent review[3] found that 90% of older people who received NACAP services were satisfied, with that proportion even higher when the older person's issue was able to be resolved to their satisfaction. NACAP services increased older people's confidence in discussing their aged care needs with providers and in advocating for themselves in 75% of cases. These positive effects were seen even when the older person was unable to have their issue resolved in the manner they had hoped. Survey results for the 2025-26 financial year confirm continued positive experiences and effects of NACAP services[4].



[3] Australian Healthcare Associates, 2024. National Aged Care Advocacy Program Evaluation, Final report. Available online at: **https://www.health.gov.au/resources/publications/national-aged-care-advocacy-program-evaluation-final-report?language=en, last accessed 23/10/2026**.

[4] Survey results of 5,064 NACAP service recipients in 2025-26 showed an average score of 4.3 out of 5 for being empowered to make choice and decisions and 4.2 for knowing about aged care rights. Furthermore, for the same period, a score of 4.7 out of 5 for satisfaction with the services received was found in a survey of 5,781 NACAP service recipients.

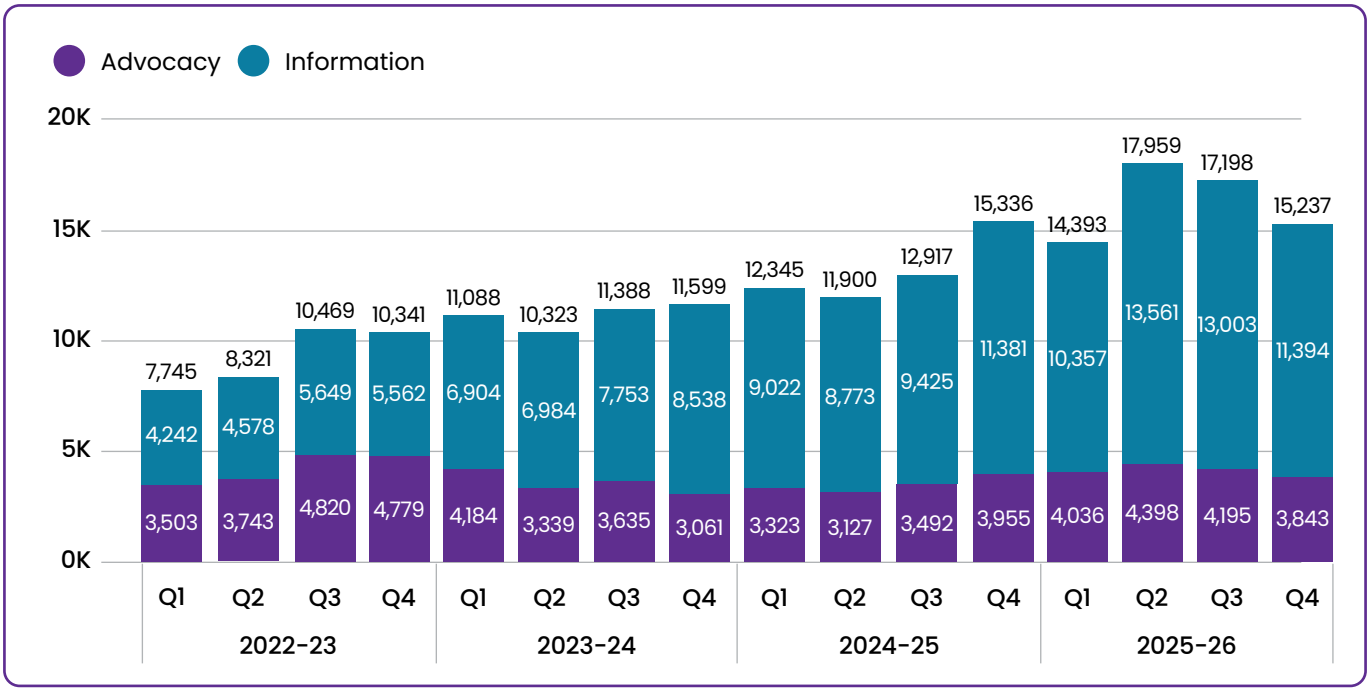


Figure 3. Number of services by type since July 2022.

There has been a steady increase in the NACAP services provided since 2022 (Figure 3). However, the relative proportions of advocacy cases and information provisions have remained largely stable. This high proportion of information provisions compared to advocacy services shows that many people who contact OPAN can successfully self-advocate to resolve their issues. In cases where the reason an older person may be calling is out of scope for NACAP advocacy, the person who sought NACAP services is referred to an appropriate pathway. Figure 3 shows an increase in information provisions in the lead up to and following the commencement of the new Act. However, OPAN members report that the need for independent advocacy-connected information still had not dropped at the time of writing this report in November 2026. This reflects what older people tell OPAN: that the system is under strain and there is lack of clear, independent information.

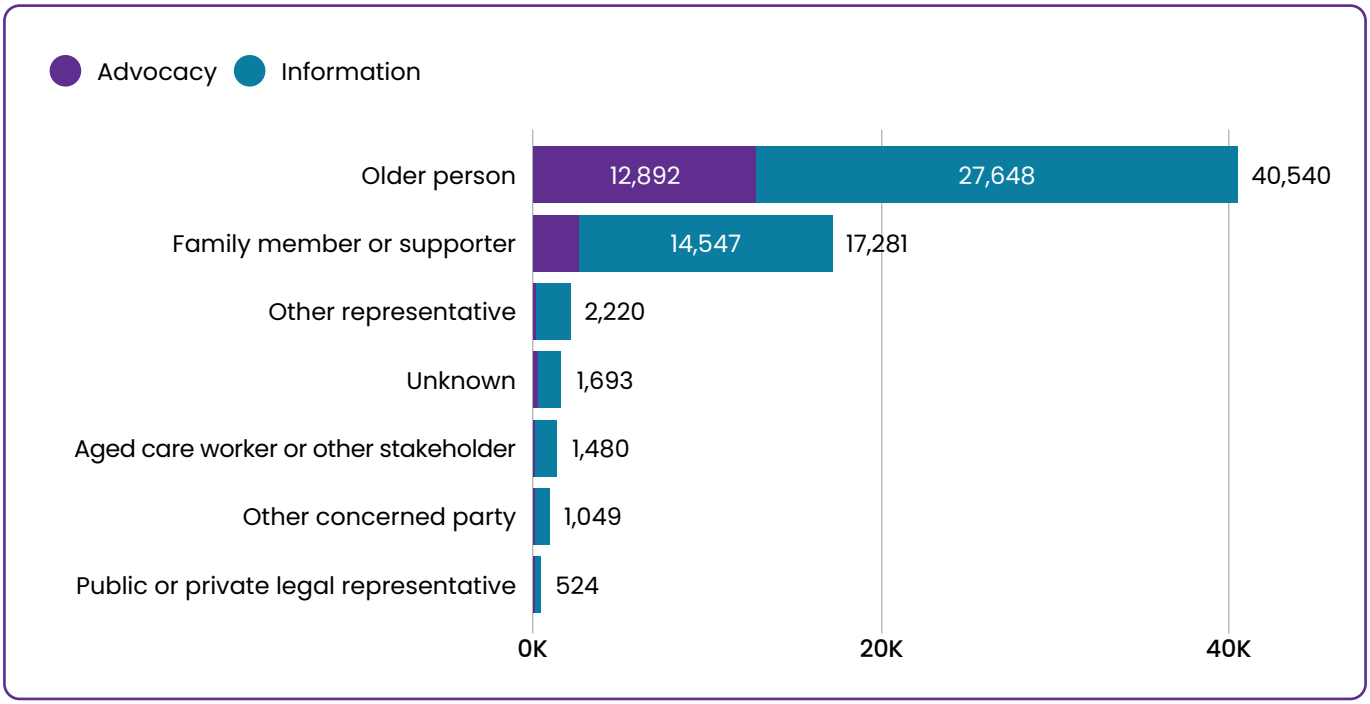


Figure 4. Number of services by primary contact and service type.

The primary contact with OPAN was most commonly the older person themselves, comprising 62.6% of NACAP advocacy and information provision services. The older person's family member or supporter was the primary contact in 26.7% of NACAP services. (Figure 4)

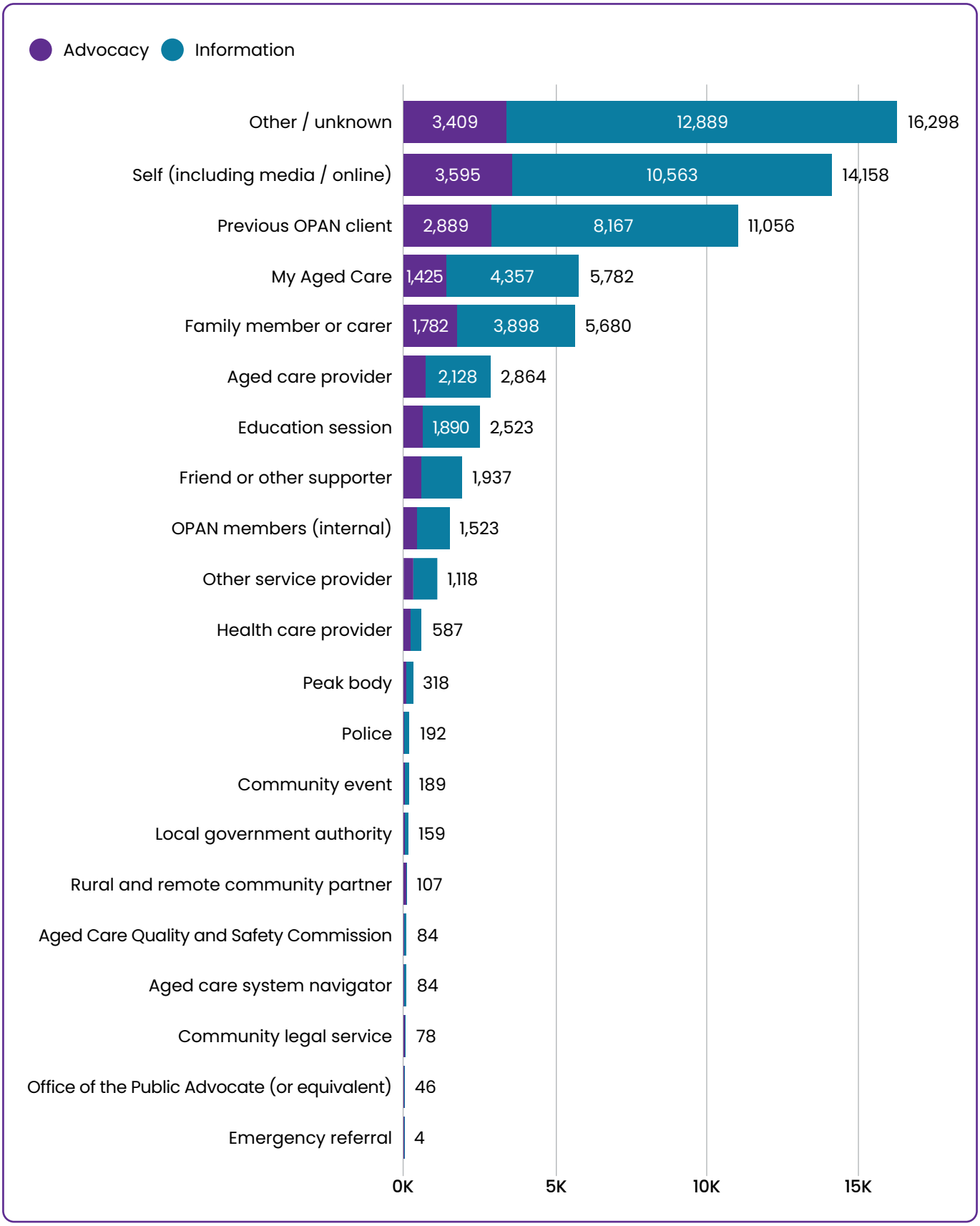


Figure 5. Number of services by referral source and service type.

Most older people discovered NACAP services themselves, where the older person disclosed this information, including through the media or by searching online (21.9% of services).

Other common pathways to finding NACAP services were clients who were referred to OPAN by someone who had used OPAN services or, less commonly, returning OPAN clients (referred to collectively as 'previous OPAN client', 17.1%), referral by My Aged Care staff (8.9%) and referral by a family member or carer (8.8%). (Figure 5)

2. NACAP demand across aged care programs since new Act

This section explores demand for NACAP services across aged care programs since the implementation of the *Aged Care Act 2024* on 1 November 2025 up until 30 June 2026.

Of the 64,787 NACAP services provided in the 2025-26 financial year, a total of 43,673 NACAP services were provided between November 2025 and June 2026. In this period, 32,933 (75.4%) of NACAP services were information provisions and 10,740 (24.6%) were advocacy cases. The complexity of the information support and scope of advocacy case practice is noted in the previous section.

In total, 47,682 issues were raised across these services, with 33,620 issues raised in information provisions and 14,062 issues raised in advocacy cases. More than one issue was recorded in 1.6% of information provisions and 19.1% of advocacy cases.

Table 1. Number of issues by aged care program, 1 November 2025 to 30 June 2026.

Aged care program	Advocacy	Information	Total issues
Support at Home (transitioned clients)	3,332	4,643	**10,975**
Support at Home (new clients)	1,568	1,648	**3,216**
Residential aged care	2,157	3,103	**5,260**
CHSP	2,603	2,218	**4,821**
Pre-access to care	600	1,092	**1,692**
Flexible care	89	136	**225**
Unknown / other / none	713	20,780	**21,493**
Total issues raised	**14,062**	**33,620**	**47,682**

Issues raised in NACAP services mostly related to older people approved for or already receiving Support at Home services (29.8% of all issues), especially those who had transitioned from a Home Care Package (23.0% of all issues). This was followed by people approved for or already living in residential aged care (11.0%) and approved for or already receiving CHSP (10.1%). Issues related to older people who were yet to access aged care comprised 3.5% of all issues. Flexible care[5] issues were raised in 0.5% of cases. The aged care type was recorded as 'other/unknown/none' in 45.1% of NACAP services, with almost all of these being information provisions (97%, 20,780 of the 21,492 issues recorded as 'other/unknown/none'). In 17.9% of the 'other/unknown/none' information provisions, the issue was out of scope for NACAP advocacy services or related to the abuse of the older person which is only in scope for NACAP information provision (see section 9). Other information provisions might have been classified as 'other/unknown/none' as the person who contacted the OPAN member may not have divulged enough information during a brief information provision on a specific issue to allow the aged care program related to their issue to be identified. Qualitative analysis showed that the 'other/unknown/none' aged care program type also related to issues with My Aged Care, Services Australia including Aged Care Specialist Officers, and Single Assessment System services[6].

[5] Flexible care service programs include: Disability Support for Older Australians (DSOA), Innovative Care Program (ICP), Multi-Purpose Services (MPS), National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC), and Transition Care Programme (TCP).
[6] From 1 July 2026 OPAN has implemented a new Minimum Dataset (version 2.0) that will capture comprehensive data on the older person's aged care type relating to NACAP services, including aged care programs, classifications/pathways and underlying aged care services received and/or sought. This data will be captured for both advocacy cases and information provisions.

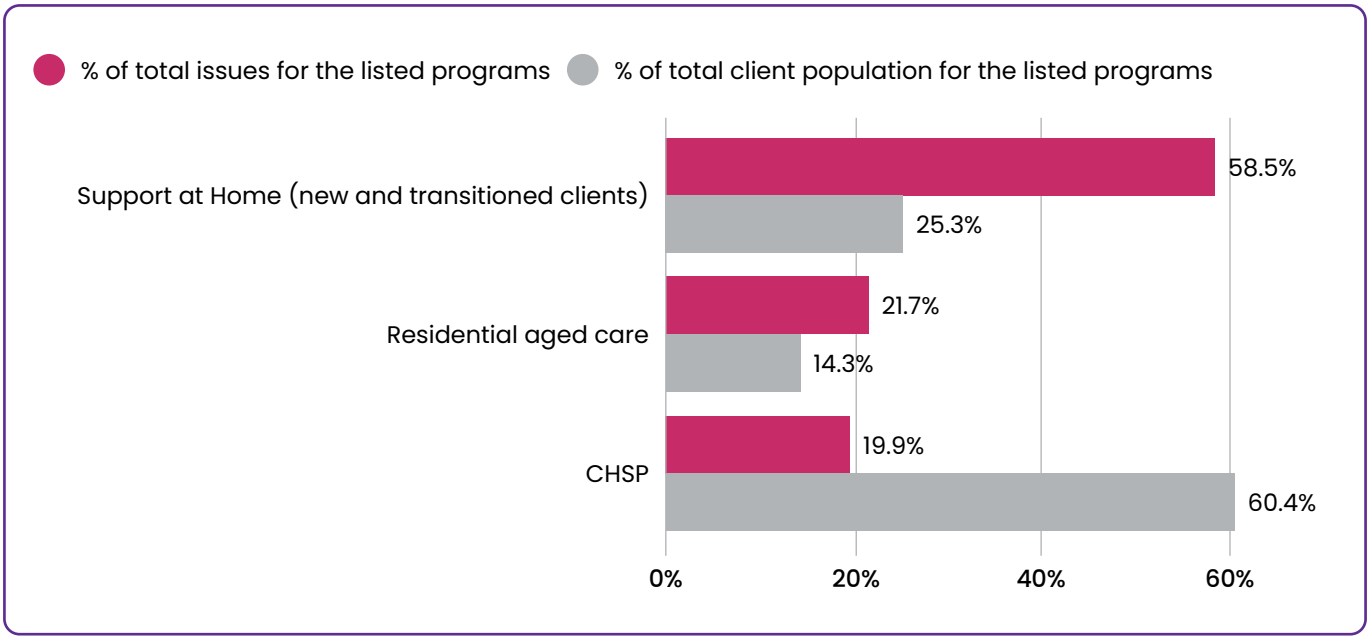


Figure 6. Comparison of aged care programs by proportion related to issues in NACAP services and proportion of client population, 1 November 2025 to 30 June 2026.

The proportion of NACAP services relating to Support at Home and residential aged care is disproportionately high when compared to the aged care population receiving these services. For Support at Home, there were 2.3 times as many NACAP services as would be expected based on the size of the aged care population[7]. NACAP services related to residential aged care were 1.6 times what would be expected. In contrast, NACAP services related to the Commonwealth Home Support Program (CHSP) were 3.9 times lower than would be expected. (Figure 6)

[7] Source for number of new Support at Home clients: Support at Home program data report 1 November – 31 December 2025, released May 2026. **https://www.gen-agedcaredata.gov.au/getmedia/2ffb3611-c350-4e54-9362-888e7d4f6d35/Support-at-Home-Program-Data-Report-November-December-2025-corrected**. Source for number of clients transitioned from Home Care Packages to Support at Home, residential care and CHSP: AIHW Aged care data snapshot 2025 – fourth release, October 2025. **https://www.gen-agedcaredata.gov.au/resources/access-data/2025/october/aged-care-data-snapshot-2025** .

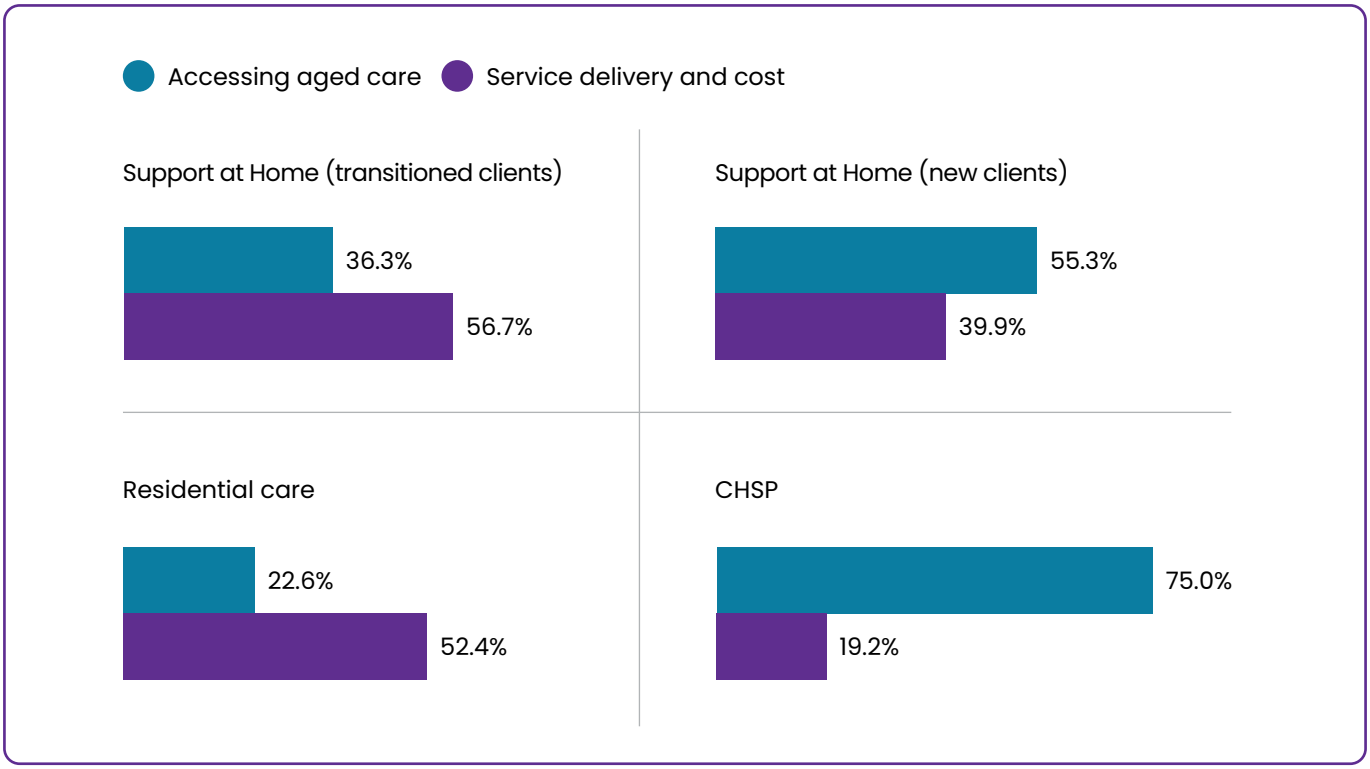


Figure 7. Comparison of aged care programs by proportion of issues related to accessing aged care and proportion of issues related to service delivery and cost, 1 November 2025 to 30 June 2026.

For older people who were receiving Support at Home services who had transitioned from a Home Care Package, most issues related to service delivery and cost, while for those who were new to the Support at Home program, access was the main issue. Issues related to residential aged care were mostly regarding service delivery and cost. The majority of CHSP issues related to accessing the program. (Figure 7[8])

[8] The percentages in Figure 7 are a percentage of all issues raised in relation to that aged care program. They do not add to 100% as there were other issue categories that did not fall under accessing aged care or service delivery and cost. Other issues comprised 7.0% of issues for transitioned Support at Home clients; 4.8% for new Support at Home clients; 25.0% for residential aged care; and 5.8% for Commonwealth Home Support Program. These other issues included where they were not entered by the NACAP service, where they fell outside the scope of NACAP, and where they related to abuse (see section 9 for more information on issues relating to the abuse of older people).

3. Issues accessing aged care

This section explores issues with accessing aged care for older people, pre-access to aged care and for those already approved for an aged care program. The top access issues for each program type are explored separately, except for aged care access issues which resulted in the delayed discharge of older people from hospital due to unmet need, which are explored at the end of this section.

As shown in Figure 7 in section 2, the proportion of program issues relating to access between November 2025 and June 2026 were highest for older people approved for CHSP, followed by Support at Home and residential aged care.

3.1 Access issues pre-access to aged care

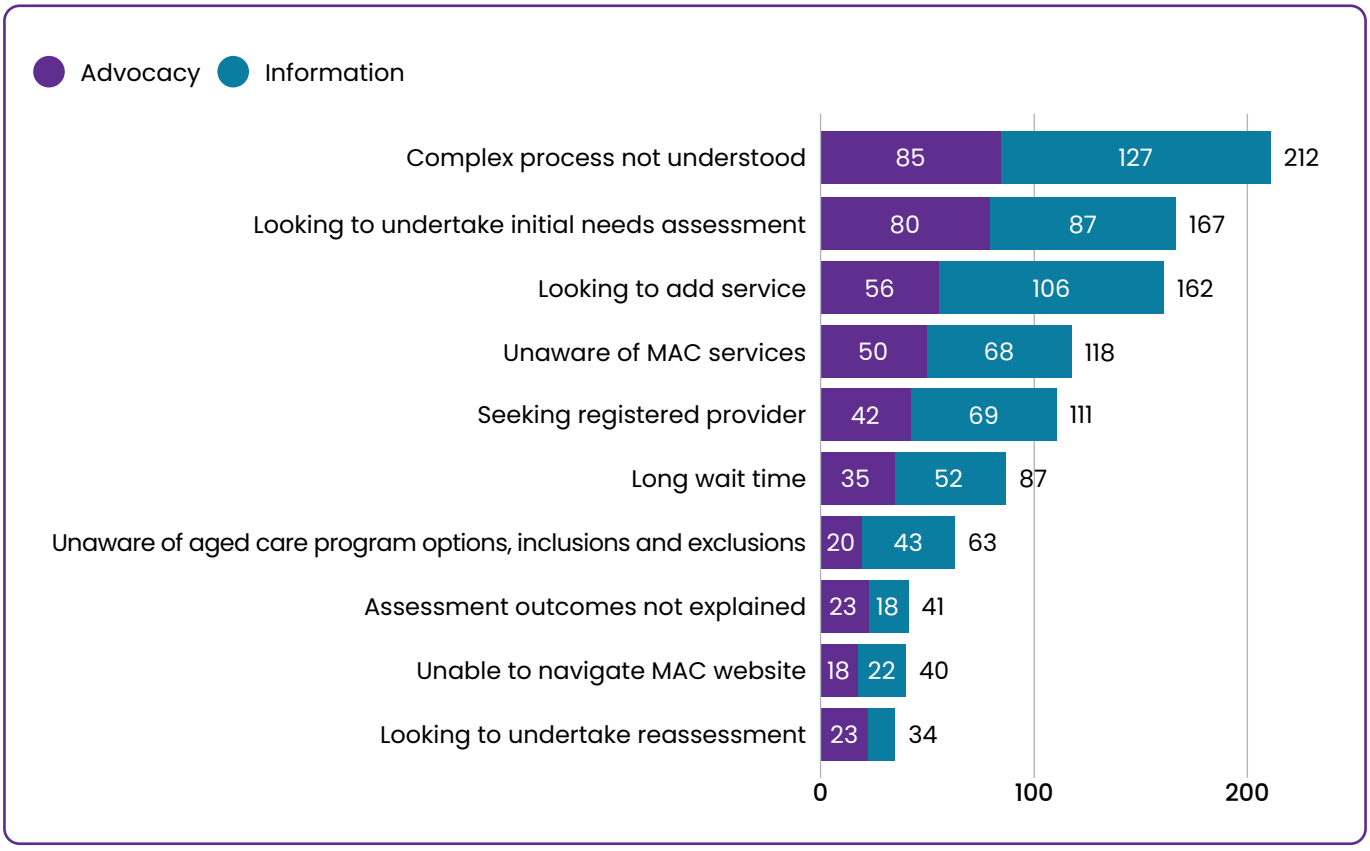


Figure 8. Top 10 access issues for older people prior to assessment for aged care (count of issues), 1 November 2025 to 30 June 2026 (MAC refers to My Aged Care).

In total, 1,334 issues were raised by older people pre-access to aged care in NACAP services between November 2025 and June 2026. The top 10 access issues for older people pre-access to aged care are presented in Figure 8. When trying to access aged care for the first time, older people faced issues across all areas of the aged care system from initial contact through to assessment, completing financial assessments, and finding a registered provider.

The complexity of aged care processes was raised as an issue in 20.1% of the top 10 access issues for older people pre-access to aged care. Older people being unaware of My Aged Care or unable to navigate the My Aged Care website comprised 15.0% of the top 10 access issues for older people pre-access to aged care.

Older people who sought NACAP services pre-access to aged care for support to access their initial needs assessment comprised 15.8% of the top 10 access issues.

After assessment, older people did not understand assessment outcomes, were unaware of aged care program options, including inclusions and exclusions, and raised issues with understanding aged care costs in 15.1% of the top 10 access issues for older people pre-access to aged care. Issues related to adding a service and seeking a registered provider were raised in 25.9% of the top 10 access issues. (Figure 8)

Long wait times for assessment or to be approved for aged care services comprised 8.2% of the top 10 access issues for older people pre-access to aged care (Figure 8).

Qualitative analysis of the case studies provided by OPAN members revealed that these top issues in the quantitative analysis of the NACAP service data were often interrelated and fell under three main themes:

- the aged care system is complex and difficult to navigate
- there are long wait times for assessment
- after being assessed, older people are unsure on the next steps towards receiving aged care services.

These main access issue themes for older people pre-access to aged care are explored further in the remainder of this section.



3.1.1 Multiple complex systems that are difficult to navigate

The most common reason that older people contacted OPAN members when trying to enter the aged care system for the first time was because they had difficulty navigating the complex system.

The first step that older people who had difficulty navigating the aged care system sought NACAP services for was making initial contact with My Aged Care and ensuring they received the appropriate type of assessment. Older people who could not access the My Aged Care website for any reason had difficulty obtaining information about aged care and how to access it. Those who were able to call My Aged Care faced further barriers, including being given incorrect information or being referred to websites or services that they did not know how to access. However, case examples showed that the complexity of the aged care system and the difficulties older people had in navigating it cannot be reduced to solely being an issue for those without access to technology or low digital literacy.

As explored in the next section, this first step towards securing an assessment often involved long wait times with little to no communication from My Aged Care or assessment teams while waiting.

Once an assessment had occurred, 2025-26 saw an increase in NACAP services where assessors had provided older people with incorrect information about the aged care programs and the older person's options, most commonly regarding the new short-term pathways for end-of-life care and restorative care under Support at Home. Older people also frequently contacted network members after receiving contradictory advice from different professionals in the health and aged care systems about what their financial responsibilities were and who to contact to progress their aged care income and assets assessment and financial hardship paperwork. Network members provided numerous examples of older people receiving incorrect advice about co-contributions they would be expected to pay due to an apparent lack of knowledge among both assessment and provider staff. For example, one older person who contacted a network member was told by one Support at Home provider that their co-contributions were added to their quarterly budget, while another told them the co-contributions were counted in their quarterly budget. The older person called My Aged Care twice, after each conversation with a provider, and were incorrectly told that their co-contributions were added to their quarterly budget.



As in previous years, the Services Australia processes for income and assets assessment and financial hardship applications were difficult for many older people to complete without the support of an advocate. Network members reflected that Services Australia provided inconsistent information to older people about whether Services Australia Aged Care Specialist Officers could assist with this paperwork, with some supporting older people and others referring to an OPAN member.

Older people who were confident using online services, completing complex financial disclosure forms, and capable of complex financial decisions and processes had difficulties navigating the system when things went wrong. Many times, older people were sent back and forth between Services Australia and their Support at Home or residential aged care provider to try to correct apparent errors or outdated information in their income and assets assessments and financial hardship applications.

Older people frequently contacted network members for support resolving administrative errors by My Aged Care and Services Australia. For example, assets being double counted in means assessments leading to higher Support at Home co-contributions or residential aged care fees, or when older people had other input errors in their My Aged Care client file. These routine errors, combined with the complexity of the aged care system, left older people completely at a loss as to how to navigate the system and ensure they received the appropriate services with the correct contribution rate.

Difficulties resolving concerns with Services Australia processes or errors was a recurrent issue in advocacy case examples throughout 2025-26, with older people or their bereaved families not getting a resolution of their concerns until they received advocacy support to lodge a formal complaint. When asked to support older people to seek corrections of apparent errors, advocates also had difficulties getting clear advice on how to progress this from Services Australia. Often, the only option left was to lodge a formal complaint and wait for that lengthy process to be completed as there was no way to contact the relevant Services Australia teams for direct resolution of relatively minor errors and omissions.

Case Example 1

An older person contacted an OPAN member for support as they had been trying to clarify their accommodation arrangement to ensure that their residential aged care payments were correct. The older person lived in residential aged care in a shared room with their partner. However, the older person had concerns that Services Australia had them listed as living in a single room.

The older person explained that they had been updating their income and assets regularly and had advised Services Australia that their accommodation status needed to be changed. However, the older person said that when they updated their income and assets test, the updates were not reflected in the next fortnight's statement.

The older person had an excellent understanding of aged care fees and the implications of an incorrect income and assets assessment. The older person was skilled and confident in using myGov and other online services.

The advocate provided information on Services Australia and Aged Care Specialist Officers and how to request a video or in-person appointment.

After the older person had read and discussed the information provided by the advocate, they said they were confident in contacting Services Australia and requesting an appointment with an Aged Care Specialist Officer to resolve their concerns.

3.1.2 Long wait times for assessment

OPAN members reported long wait times for older people seeking an initial assessment for aged care throughout 2025-26. Examples were provided of older people waiting up to 12 months for their initial aged care assessment. Advocates reflected that the Single Assessment System was not unified, with older people receiving non-clinical assessments and then having to wait for extended periods for their clinical assessment that had been requested from the outset. When advocates supported older people to contact assessment organisations for an update on when a comprehensive assessment could be undertaken, they were commonly told that wait times were between 9 and 12 months.

In some cases, wait times for initial assessments were due to technical issues with My Aged Care and the assessors not being able to view the assessment request or access the necessary files. Despite older people's repeated calls to My Aged Care for updates, it was only when advocates became involved that they received a response from the assessment organisation and My Aged Care and were able to resolve the technical issue.

OPAN members provided examples of poor communication about wait times by assessment organisations. If assessment organisations accepted a referral, at times they did not communicate with older people about having done so or the expected wait times. There was no communication with older people by My Aged Care or assessment organisations about the option to explore if other assessment organisations had capacity to undertake assessments sooner. Advocates reported that some assessment organisations discouraged or even refused to release referrals to another organisation with capacity to undertake comprehensive assessment earlier when the request was made by the older person.

Case Example 2

An older person with rapidly increasing needs due to a degenerative condition was seeking assessment. They had a family member who was providing full-time care and was facing significant stress and burnout.

The older person contacted an OPAN member with the support of their carer as they had been waiting 8 months for an assessment.

The advocate worked with the older person to access the My Aged Care portal. The older person's record showed that they had been assigned to an organisation for assessment. However, there was no record of communication with the older person to explain the process or to schedule an assessment.

The older person requested support from the advocate to check the capacity of other organisations. After identifying a local assessment organisation with capacity to undertake an assessment sooner, the advocate supported the older person to request a transfer of the referral to the new organisation.



In some cases, where older people missed two or three phone calls from an assessment organisation, their assessment requests were cancelled. This was particularly frustrating for older people who had attempted to return the missed calls, only to be directed to leave a voicemail and then never receiving a call back. A reliance on phone communication by assessment agencies and online communication by My Aged Care meant that older people missed key correspondence and the opportunity to engage with the system.

In other cases, assessment times were booked in by assessment organisations but then the assessor did not attend at the scheduled time. Older people tried calling My Aged Care and were told to contact the assessment organisation, which proved difficult as the assessment organisation did not answer calls or had long phone wait times.



Case Example 3

An assessor failed to attend a scheduled assessment with an older person, despite it being confirmed the day before. After waiting all day for the assessor to arrive, the older person lodged a complaint with the assessment organisation.

The older person then contacted My Aged Care to have the assessment reassigned to another assessment organisation but were told they would have to contact the current assessment organisation to request they release the referral.

The older person called the assessment organisation and spent 50 minutes waiting on the phone, followed by numerous emails where they attempted to communicate with the assessment service. At this stage, the older person contacted an OPAN member and described they were feeling very frustrated by the lack of response from the assessment organisation.

An advocate supported the older person to successfully contact the assessment organisation, who in turn escalated the matter with their triage team and allocated an assessor to contact the older person as a priority. The older person then took over communication with the assessment organisation and scheduled a new appointment.

In some cases, advocates supported older people with urgent needs to secure interim CHSP service referral codes to access some services while waiting for Support at Home services. That they had not been assigned referral codes by My Aged Care staff suggests inconsistencies in how decisions about interim supports are made during the initial triaging process. However, as discussed in the next section on CHSP access issues, even with the appropriate CHSP codes older people had difficulties finding a CHSP provider able to deliver the services.

3.1.3 Lack of guidance on next steps after assessment

A common theme in NACAP services in 2025-26 was that older people were not provided with information on what to do next after an assessment. Often assessment organisations did not communicate the outcome of an assessment to older people, nor the CHSP referral codes and/or Support at Home or residential aged care approvals that older people needed to access services. Older people reached out to advocates because they were unsure of why nothing had progressed since assessment. Advocates then needed to step them through the entire process of understanding the outcome of their assessment and the referral codes/approvals they had, through to how to search for and connect with potential providers. This pointed to a gap in the system where no one takes responsibility for ensuring that people are guided through the next steps to securing services after assessment. There was an apparent assumption, in many cases, that older people were aware of My Aged Care and able to access the online portal, navigate it to understand their assessment outcome and approvals, and then navigate it to secure services. Older people expressed many times to advocates that they had tried to call My Aged Care many times and did not receive any clarification on the next steps, expressing that they must now know 'the right questions to ask' or 'know the right words' like advocates do.



Case Example 4

An older person sought advocacy support from an OPAN member to understand how to secure aged care services. The older person had limited knowledge of My Aged Care and the associated processes to access aged care. The older person said they were unable to use a computer and did not know how to find the information online.

The older person was unsure if they had had an assessment before.

The advocate met with the older person and they accessed the My Aged Care portal together. The advocate saw that the older person had had an assessment and had been provided with referral codes for CHSP services. However, the assessment was some time ago and no longer met the older person's needs.

The advocate supported the older person to contact My Aged Care and request a reassessment.

The advocate then supported the older person through the reassessment process. Once that was complete and they had further CHSP referral codes, the advocate supported the older person with contacting a number of local providers to arrange services.

NACAP services showed that the lack of up-to-date availability and service area information about aged care providers in the find a provider tool led to hours of fruitless and frustrating work for many older people and their supporters, advocates and care finders. Advocates reflected that the recent changes to the find a provider tool had made it even harder to navigate and find a provider who could offer the appropriate services, with some providers being listed against services that they had not provided for years. In other cases, interstate providers were incorrectly listed as providing services in the older person's state. These issues with inaccurate find a provider information persisted throughout 2025-26.

Network members noted that older people who contacted My Aged Care did not receive consistent information on how to find a provider in their area and who to contact for assistance if they were unable to find a provider. In some cases, older people were referred to OPAN members by My Aged Care staff for support in finding a provider, including accessing and navigating the My Aged Care website. OPAN members reflected that supporting older people to understand their approvals and use the My Aged Care portal was the role of My Aged Care staff themselves. In cases where the older person required extra support, a referral to a care finder service rather than NACAP services would have been more appropriate.

Other older people reached out to OPAN members for support after they had called My Aged Care to find a provider and being told by My Aged Care staff that there were plenty of providers in their area. When the older person explained that they had called the providers in the list and they did not service their area, the My Aged Care staff appeared to not understand or responded inappropriately by just repeating to the older person that they could see lots of providers listed in their area. While this issue may stem predominantly from providers not entering up to date information about their service areas in My Aged Care, the fact that there may be errors in the find a provider tool appeared to be a gap in some My Aged Care staff's knowledge. This led to older people feeling dismay that the online find a provider tool was inaccurate and them contacting network members for support.



3.2 CHSP access issues continue to increase as providers exit program

Of all the program types, older people approved for the CHSP had the highest proportion of program issues related to accessing aged care between November 2025 and June 2026, with access issues comprising 75.0% of all CHSP issues (Figure 7, section 2). In total, 3,615 issues relating to accessing aged care were raised between November 2025 and June 2026 by older people who were approved for, or receiving, CHSP services.

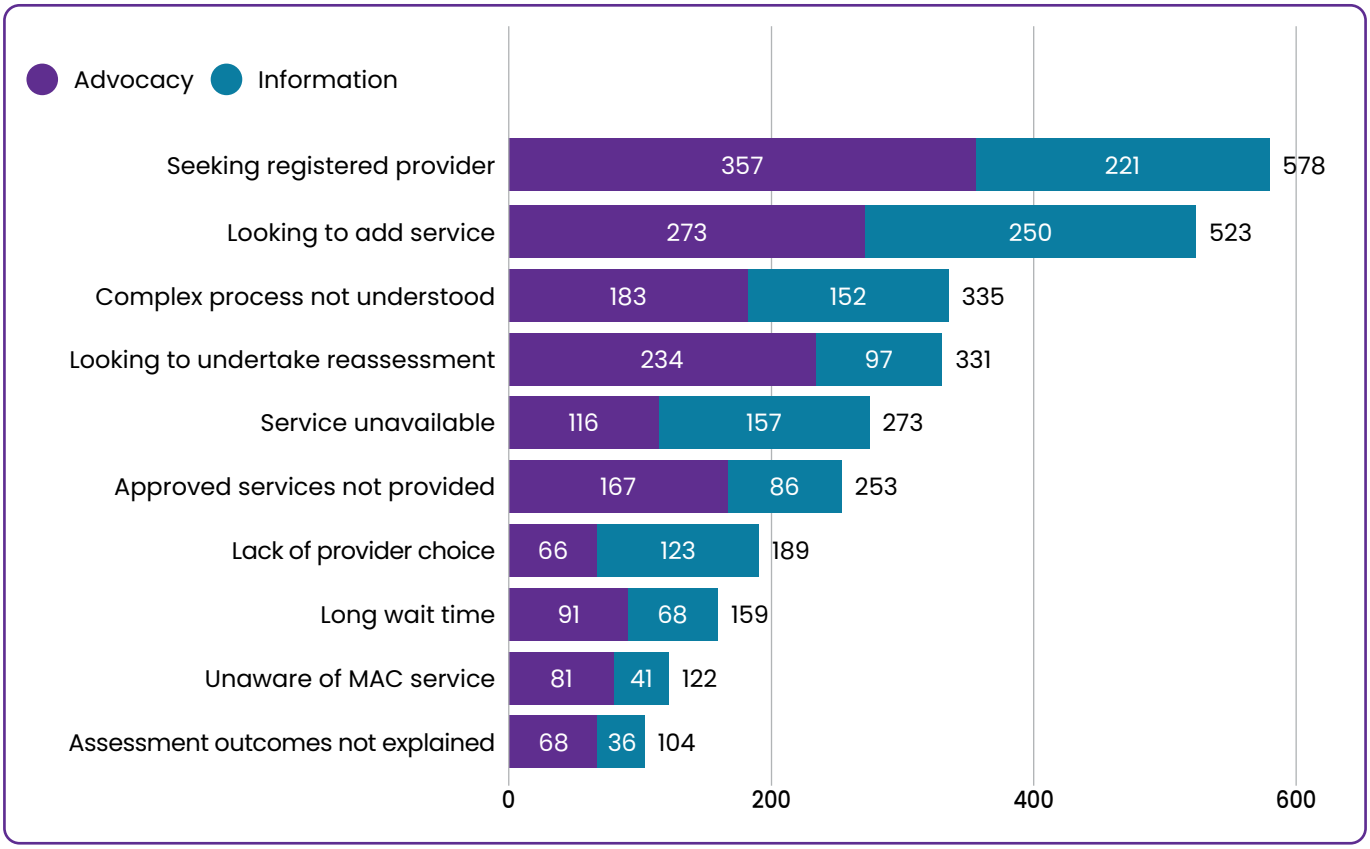


Figure 9. Top 10 access issues for older people approved for CHSP services (count of issues), 1 November 2025 to 30 June 2026.

The critical shortage of CHSP services noted in the previous financial years' Presenting Issues reports continued to increase. Network members reflected that this appeared to be due to more providers exiting the CHSP program in some areas throughout 2025-26. Of the top 10 access issues for older people approved for CHSP, qualitative analysis of the case study data showed that 68.9% of these issues stemmed from difficulties finding a provider to deliver the approved services they needed[9].

Network members reported that advocates were unable to support older people to find a CHSP provider who could deliver their approved services, despite extensive efforts by the older person and advocate. Many case examples were provided where advocates and the older person they were supporting called dozens of listed CHSP providers who either had no capacity to take on new clients, or who had waitlists of 18 months or more.

[9] This percentage was calculated as the sum of the following 6 access issue categories over the sum of the top 10 CHSP access issues (see Figure 9 for data): 1. seeking a registered provider, 2. looking to add service, 3. service unavailable, 4. approved services not provided, 5. lack of provider choice, 6. long wait time.

Case Example 5

An older person contacted an OPAN member for support with finding a CHSP provider. The older person had been approved for CHSP services and given 8 weeks to find a provider. The older person was stressed because they were worried they would not find a provider within 8 weeks as they had contacted 13 providers who were listed in My Aged Care as servicing their area and none had capacity to accept their referral codes.

The advocate met with the older person and reviewed their My Aged Care portal. It showed that the older person had a number of CHSP referral codes and was also on the waitlist for Support at Home Level 2 services, with an expected wait time of 6-9 months.

The older person did not understand the difference between Support at Home and CHSP, so the advocate provided further information on these programs.

The advocate then supported the older person to find a provider who could deliver some of their approved services while they awaited their Support at Home funding.



There were many examples of older people being refused CHSP services by a provider if the person had existing Support at Home services being delivered by another provider. This was a particular issue where older people had difficulty finding a provider who could deliver CHSP services for urgent needs while awaiting a reassessment if their Support at Home provider was not also a CHSP provider.

Some providers accepted referrals from older people but then did not deliver services, leading to the older person seeking NACAP services. After the advocate contacted the provider, it became apparent that they were currently unable to provide the service due to no appropriately qualified and skilled staff or being at capacity with long wait lists. This had not been communicated to the older person, leaving them to have to request the release of the referral codes so they could continue their search for a provider. Advocates also provided examples where referral codes that were released were then lost in the My Aged Care system due to technical issues, resulting in significant delays while the older person and their advocate tried to get the issue resolved.

Case Example 6

An older person contacted an OPAN member and requested urgent support in finding a CHSP provider who could deliver services as they had been trying to get services in place for over 12 months and had contacted 7 different providers.

The older person said that they just required domestic assistance and they had once entered into an agreement with a CHSP provider, but the worker had never shown up. When the older person followed up with the provider, they were told that they had reassessed their request and decided not to attend. There was no further communication with the older person about this decision.

In early 2025, after half a year of trying to secure CHSP services and deteriorating health, the older person requested a comprehensive assessment. They had spoken to the assessment organisation who told them they were low priority on the waitlist and would just have to wait, likely 12 months or more.

The advocate was also not able to find any available CHSP services in the older person's area, so the older person just had to wait for their reassessment.

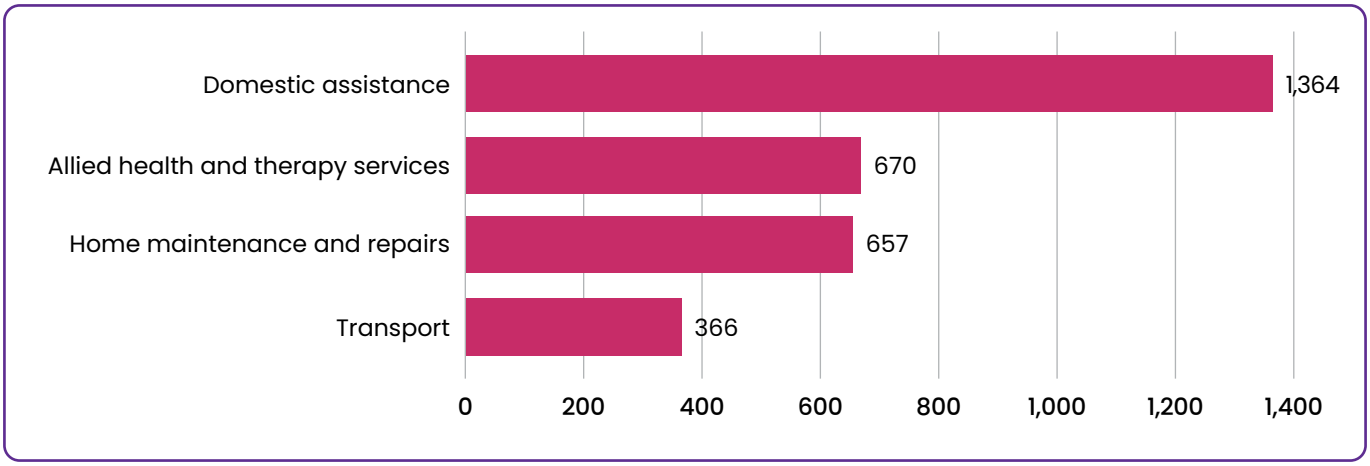


Figure 10. Top 4 aged care services, where provided, related to access issues for older people approved for CHSP services (count of issues), 1 November 2025 to 30 June 2026.

The top CHSP service types that older people had issues with accessing are presented in Figure 10. Domestic assistance was the top service type that older people had issues accessing, comprising 37.7% of all CHSP access issues (Figure 10). The next most common CHSP service type older people experienced issues accessing were allied health and therapy services, home maintenance and repairs, and transport (Figure 10).

Of the top 10 CHSP access issues, 11.5% related to older people looking to undertake a reassessment (Figure 9). Qualitative analysis of the advocacy case examples showed that NACAP services related to CHSP clients looking to undertake reassessments was most often due to a lack of available CHSP services. That is, if older people had been able to locate a provider able to deliver the CHSP services they were approved for, they would have remained in the CHSP program and not sought a reassessment for Support at Home.

The third top access issue for older people approved for CHSP was that older people did not understand the complex process (11.7% of the top 10 CHSP access issues, Figure 9). Qualitative analysis of the advocacy case examples showed that this was largely related to the access issues explored above in navigating the system after assessment.

3.3 Support at Home access issues

Access issues for older people approved for Support at Home after 1 November 2025 (referred to in the remainder of this section as 'new clients') comprised 55.3% of all Support at Home issues for new clients between November 2025 and June 2026. Access issues comprised 36.3% of all issues between November 2025 and June 2026 for Support at Home clients who transitioned from a Home Care Package (referred to in the remainder of this section as 'transitioned clients'). (Figure 7, section 2)

It could be expected that there would be more people new to the program who sought advocacy on how to access the system as they were early in their aged care journey. However, it is concerning that people who were transitioned aged care clients from Home Care Packages also raised many issues around accessing the services they needed.

In total, 3,985 access issues were raised by transitioned Support at Home clients in NACAP services between November 2025 and June 2026. For new Support at Home clients, 1,777 access issues were raised in NACAP services between November 2025 and June 2026.

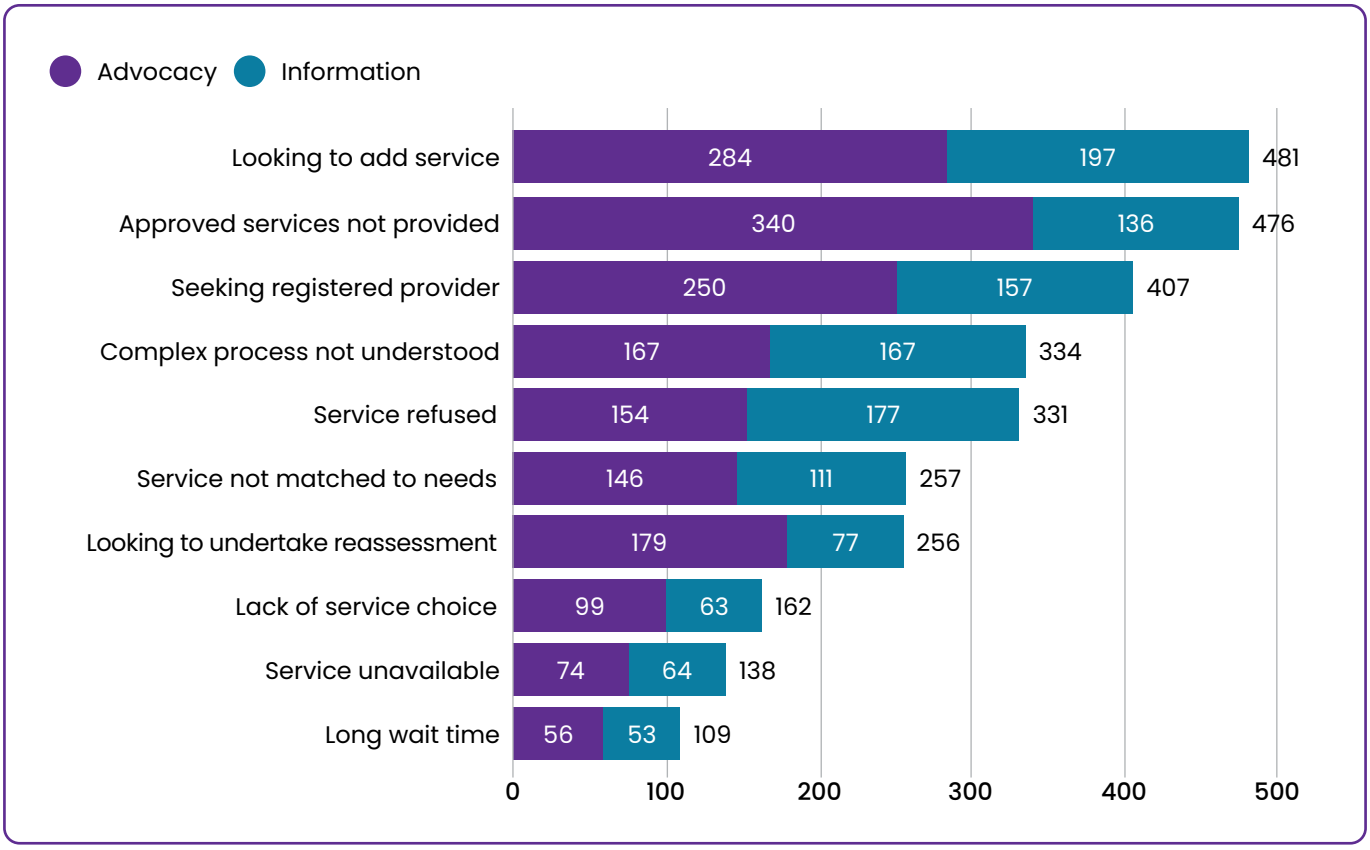


Figure 11. Top 10 access issues for older people who transitioned from Home Care Packages to Support at Home (count of issues), 1 November 2025 to 30 June 2026.

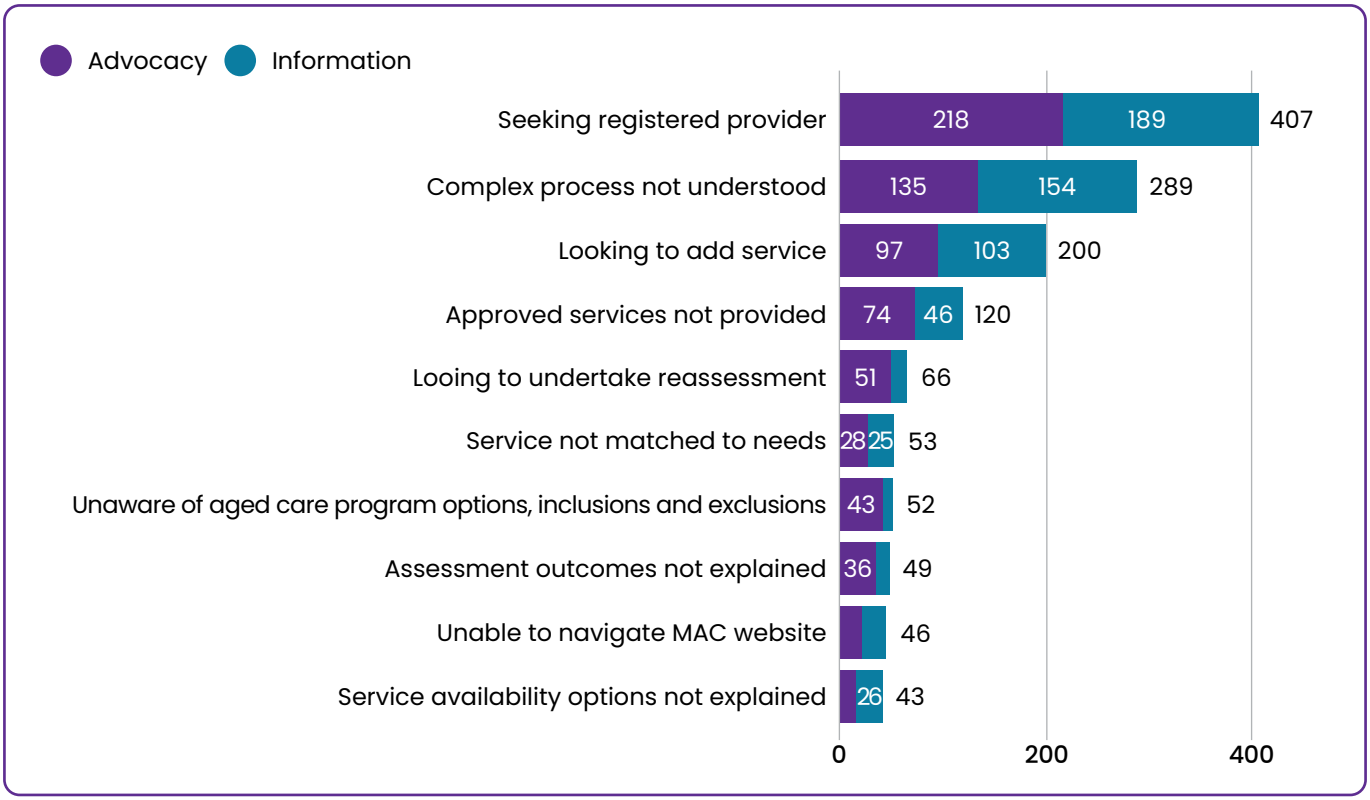


Figure 12. Top 10 access issues for older people new to the Support at Home program (count of issues), 1 November 2025 to 30 June 2026.

The top 10 access issues are shown in Figure 11 for transitioned clients and in Figure 12 for new clients.

Qualitative analysis of the case examples provided by members showed that the top 10 access issues for new and transitioned Support at Home clients fell into 3 main themes:

- **New Support at Home clients could not navigate the system after assessment**, comprising 36.2% of the top 10 issues for new clients[10].
- **Unable to find a provider to deliver approved services**, comprising 40.1% of the top 10 access issues for transitioned clients[11] and 54.9% of the top 10 access issues for new clients[12].
- **Seeking more services as approved services did not meet needs**, comprising 33.7% of the top 10 access issues for transitioned clients[13] and 24.1% of the top 10 access issues for new clients[14].

An underlying issue that spread across themes 2 and 3 above was that the Support at Home system and associated funding and reassessment processes were complex and not understood by transitioned clients (11.3% of the top 10 access issues, Figure 11).

Long wait times in the Support at Home system and assessment system accounted for 3.7% of the top 10 access issues for transitioned clients (Figure 11).

Issues around Support at Home services being refused comprised 11.2% of the top 10 access issues for transitioned clients (Figure 11). Further analysis of this data showed that this most often related to refusal of service for assistive technology and home modifications (42.3% of service refusal issues for transitioned clients).

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[10] This percentage was calculated as the sum of the following 5 new client access issue categories over the sum of the top 10 access issues for new clients (see Figure 12 for data): 1. complex process not understood, 2. unaware of aged care program options, including inclusions and exclusions, 3. assessment outcomes not explained, 4. unable to navigate My Aged Care website, and 5. service availability options not explained.
[11] This percentage was calculated as the sum of the following 4 access issue categories over the sum of the top 10 access issues for transitioned clients (see Figure 11 for data): 1. approved services not provided, 2. seeking registered provider, 3. lack of service choice, and 4. service unavailable.
[12] This percentage was calculated as the sum of the following 2 access issue categories over the sum of the top 10 access issues for new clients (see Figure 12 for data): 1. seeking registered provider, and 2. approved services not provided.
[13] This percentage was calculated as the sum of the following 3 access issue categories over the sum of the top 10 access issues for transitioned clients (see Figure 11 for data): 1. looking to add a service, 2. service not matched to needs, 3. looking to undertake reassessment.
[14] This percentage was calculated as the sum of the following 3 access issue categories over the sum of the top 10 access issues for new clients (see Figure 12 for data): 1. looking to add a service, 2. looking to undertake reassessment, and 3. service not matched to needs.

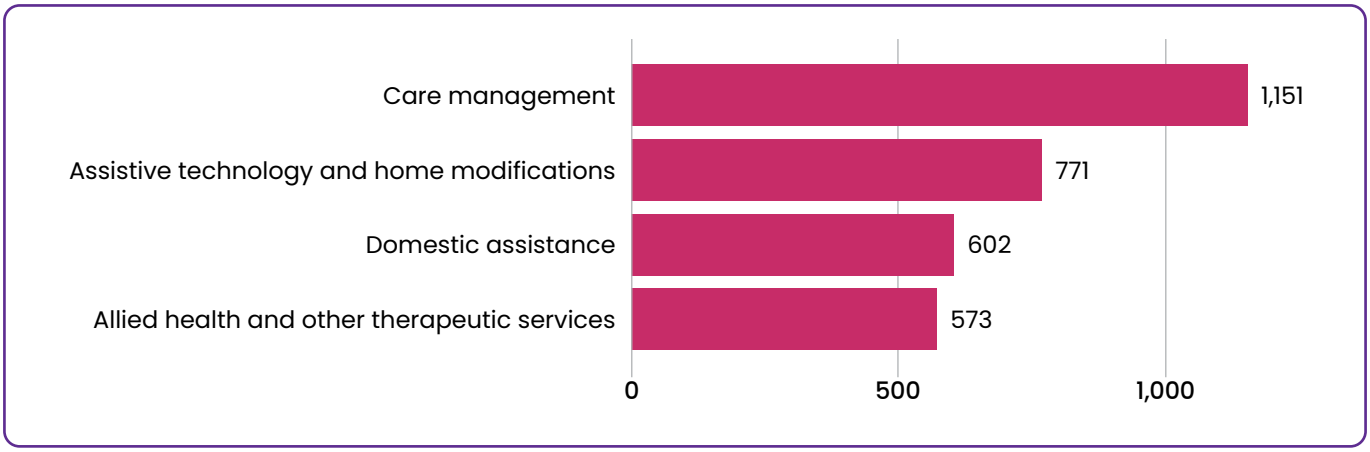


Figure 13. Top 4 aged care services, where provided, related to access issues for older people who transitioned from Home Care Packages to Support at Home (count of issues), 1 November 2025 to 30 June 2026.

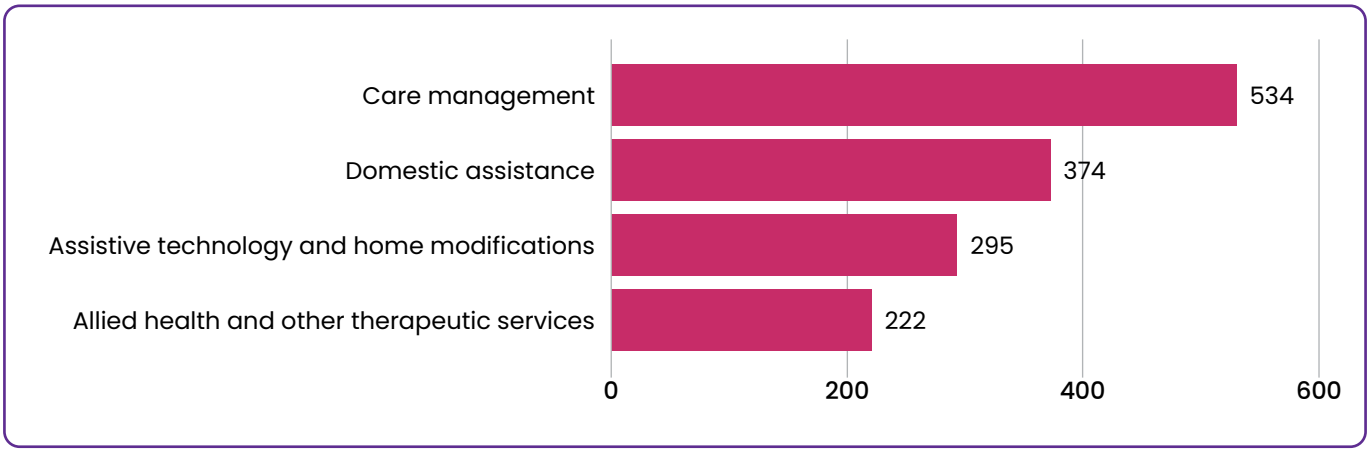


Figure 14. Top 4 aged care services, where provided, related to access issues for older people new to the Support at Home program (count of issues), 1 November 2025 to 30 June 2026.

The top service type that access issues related to was care management for both transitioned clients (28.9% of the 3,985 transitioned client access issues, Figure 13) and new clients (30.1% of the 1,777 new client access issues, Figure 14). This was followed by assistive technology and home modifications, domestic assistance and allied health and other therapeutic services for both new and transitioned clients (Figures 13 and 14).

Difficulties accessing appropriate care management was an issue underpinning many NACAP services related to Support at Home service delivery and cost issues during 2025-26. This is explored in more detail in section 4 which demonstrates a lack of appropriate care management resulting in older people not receiving the aged care services they were approved for, or timely identification and referral for reassessment when needed.

Access issues relating to assistive technology and home modifications related in part to these services being refused by providers. The 56-day deadline for finding an occupational therapist for assistive technology and home modifications pre-approvals led to older people seeking NACAP services as they found it difficult to secure an occupational therapy appointment in that time. There were also additional barriers to accessing assistive technology, which are explored in detail in section 4 on Support at Home service delivery and cost issues. These, once again, stemmed in part from inadequate care management by registered providers and a lack of understanding of inclusion and exclusion criteria.

The following sections will build on two access issue themes identified for new and transitioned Support at Home clients:

1. unable to find a provider to deliver approved services
2. seeking more services as approved services did not meet needs.

The theme of new Support at Home clients not being able to navigate the system after assessment is not addressed in this section as the issues were the same as those explored above in the pre-access to care section.

3.3.1 Unable to find a Support at Home provider to deliver approved services

Difficulties in finding a provider to deliver services to meet their needs was the most common reason to seek NACAP services for both older people who transitioned from a Home Care Package (Figure 11) and older people new to Support at Home (Figure 12). Analysis of the case studies provided by network members showed that this stemmed largely from a lack of suitable providers in the older person's area who were able to deliver the service. This was a separate, although at times additional issue, to the theme of older people being unable to navigate the complex system after assessment explored earlier in this section under 3.1.3.

At times, the lack of providers available was for certain service types only, for example due to a shortage or absence of staff with that skillset. This left older people with the difficult decision of whether to stay with a provider who could deliver some of their services, or to try to find another provider. In many cases, other providers in the area also could not deliver all the services, leaving older people having to choose between two providers, both of which were unable to meet all their needs.

When providers had accepted an older person as a client, staffing shortages often led to delays or service gaps that were not communicated to the older person. This poor communication led to the high proportion of new and transitioned Support at Home NACAP issues relating to care management (Figures 13 and 14). Older people often sought NACAP services after a lack of response to repeated attempts to contact their provider to find out when their services would start.

In some cases, Support at Home providers refused to accept an older person as a client as the provider felt the older person's needs exceeded the funding they had been allocated. Providers knew they would not be able to meet the older person's needs within the budget allocated.

Issues related to providers restricting or charging high fees for engaging associated providers, even when coordinated by the older person, led to further difficulties in older people being able to secure the Support at Home services they were approved for. These associated provider fees and barriers are explored further in section 4 on Support at Home service delivery and cost issues.



3.3.2 Seeking more services as approved services did not meet needs

The second most common theme for new and transitioned Support at Home clients seeking NACAP services was that they were seeking more services, as their approved services did not meet their needs (Figures 11 and 12).

In many of these services, older people were seeking a reassessment to a higher-level of Support of Home funding to better meet their needs. In some cases, they were seeking support as their needs had changed since their last assessment. However, analysis of the case examples provided by network members showed that in many cases transitioned clients and new Support at Home clients were seeking a reassessment even though their needs had not changed since their last assessment. Two main reasons for Support at Home clients seeking more services emerged:

- For both new and transitioned clients, the level of Support at Home funding they were allocated after assessment or reassessment under the Single Assessment System did not meet their needs.
- For transitioned clients, their prior Home Care Package level of funding no longer met their needs due to increased service costs after transition to Support at Home.

The issue of increased service costs by providers after transition from Home Care Packages to Support at Home is explored in under section 4.1.1.2 'Transitioned clients felt misled that they would not be worse off'.

Case examples and feedback from network members showed that the misclassifications of funding levels were often due to systemic issues with the Integrated Assessment Tool (IAT) and its classification algorithm, rather than issues with the assessment workforce or process.

There were also numerous advocacy examples provided by network members where the priority rating for allocation of Support at Home services was not aligned with the urgency of the older person's needs. These showed that the older person's assessed priority rating for funding did not appear to adequately consider a range of needs and vulnerabilities, including, but not limited to:

- rapidly increasing or fluctuating needs
- other adults in the household not being able to provide the required care for the older person due to their own support needs, carer burnout, or other commitments
- dependency of other people on the older person for care and support
- vulnerability due to abuse by household members or others in their network.

Network members provided numerous examples of assessors explaining to older people and their advocates that they would have considered the older person eligible for a higher level of funding or priority rating than the IAT determined, but they were unable to override or influence the algorithm-based decision.

When older people's assessed level of funding did not align with their needs, they were left with two options: 1. seek a reassessment, or 2. seek an internal reconsideration review (usually taking 90 days) by the System Governor. Both these pathways provided further barriers to older people in having timely access to care.

As explored in the section on long wait times for initial assessments, long wait times for reassessments were a recurring issue and reason for contact with network members due to the high demand on assessment services. This was compounded in some cases by administrative and technical errors with the My Aged Care portal which meant that older people's reassessments could not be undertaken.

Wait times of up to 6 months were experienced by older people who sought a review with the support of an advocate. Network members provided examples of the review request being refused because it was submitted by an older person's advocate on their behalf, rather than having the physical signature of an older person, their registered supporter, or substitute decision-maker. In some cases, this meant that the older person was unable to submit their request within the required timeframe. Advocates noted that there are many reasons why older people who seek NACAP services are unable to provide a physical signature, and this led to a significant barrier to accessing this pathway.

Case Example 7

An older person had increased need due to several age-related health issues, including a degenerative condition. They had transitioned to Support at Home from a Home Care Package and their level of funding was no longer meeting their needs.

The older person sought support from the OPAN member after multiple reassessments, but the assessment outcome never resulted in a higher level of funding. At the time, they were transitioning home from hospital after surgery and were receiving Support at Home transitional care services, however their long-term needs were not addressed.

The older person said that they would be able to live independently at home if they had some more frequent personal care services, some assistive technology, some social supports, and some home modifications.

The older person was also confused about the lack of clarity from their care coordinator about whether they were able to transition home, or if they were transitioning to permanent residential aged care. The older person felt pressured to enter permanent residential care which was distressing them.

The advocate supported the older person to request a formal review of their assessment outcome and maintained regular communication with the older person throughout the process.

While the review process was underway, the advocate supported the older person to explore interim CHSP services to meet their needs while awaiting their Support at Home funding allocation.

Following the review process, the older person was approved for a higher-level Support at Home package (classification level 7), with medium priority for assistive technology and home modifications.

The older person remained in transitional care while the required home modifications for their safe return home were undertaken. The older person described that communication with the care coordinator had improved and they now felt confident to navigate a safe return home with appropriate services in place.

In addition to the systemic issues with the classification levels assigned by the IAT and its algorithm, older people continued to face issues with their needs not being captured during phone assessments by single assessment services. Issues relating to phone assessments have been explored in the past years' Presenting Issues reports, with phone assessments appearing to be increasing in frequency at some assessment organisations to address the long wait lists for assessments. This increase in phone assessments is concerning as the assessor cannot assess the older person's functional ability and other needs and risks, such as the risk of abuse and neglect in their home environment.

OPAN members provided numerous examples where older people who had sought NACAP advocacy support died before receiving the reassessment or review decision they needed. Others were unable to remain living at home and entered residential aged care unnecessarily. They would have been able to continue living at home with the appropriate level of Support at Home funding.

Case Example 8

An older person lived alone and was living with dementia, lung cancer and significant vision impairment. A reassessment was requested in March 2025 and advocacy support was sought due to their rapidly increasing needs.

There was no response from an assessment organisation until November 2025, 8 months after the initial request. The family explained that the older person no longer required an assessment as they were dying.

At the end of the 2025-26 financial year, the Federal Government announced a priority assessment pathway for people with rapidly declining needs due to motor neurone disease. While this was welcomed by network members who had been trying to support older people with motor neurone disease through the reassessment and review pathways, it did not address concerns for others with rapidly declining needs or vulnerabilities not captured by the IAT.

Case Example 9

An older person sought support from an OPAN member to navigate and access Support at Home services.

Aged care assessments were requested in November 2025 and again in December 2025. During this period, the older person was initially classified as Support at Home Category 4, but within a week was reclassified to Category 7 following two phone-based assessments and rapidly declining health.

Despite having a terminal illness and multiple life-limiting conditions, the older person was assigned a medium priority rating, with an estimated wait time of 9 to 18 months before services could commence.

The advocate supported the older person to understand the assessment outcomes and explore available options while awaiting funding allocation and access to services.

Despite the reassessment and advocacy support, the older person's condition continued to deteriorate. The older person died before any aged care services were provided.



3.4 Residential aged care access issues

NACAP services where issues related to accessing aged care comprised 22.6% of all residential aged care issues between November 2025 and June 2026 (Figure 7, section 2). It is noted that the low proportion of residential aged care issues related to access may be due to a lack of awareness of and/or support to access NACAP services by those seeking to access residential aged care.

In total, 1,190 access issues were raised between November 2025 and June 2026 by older people approved for residential aged care.

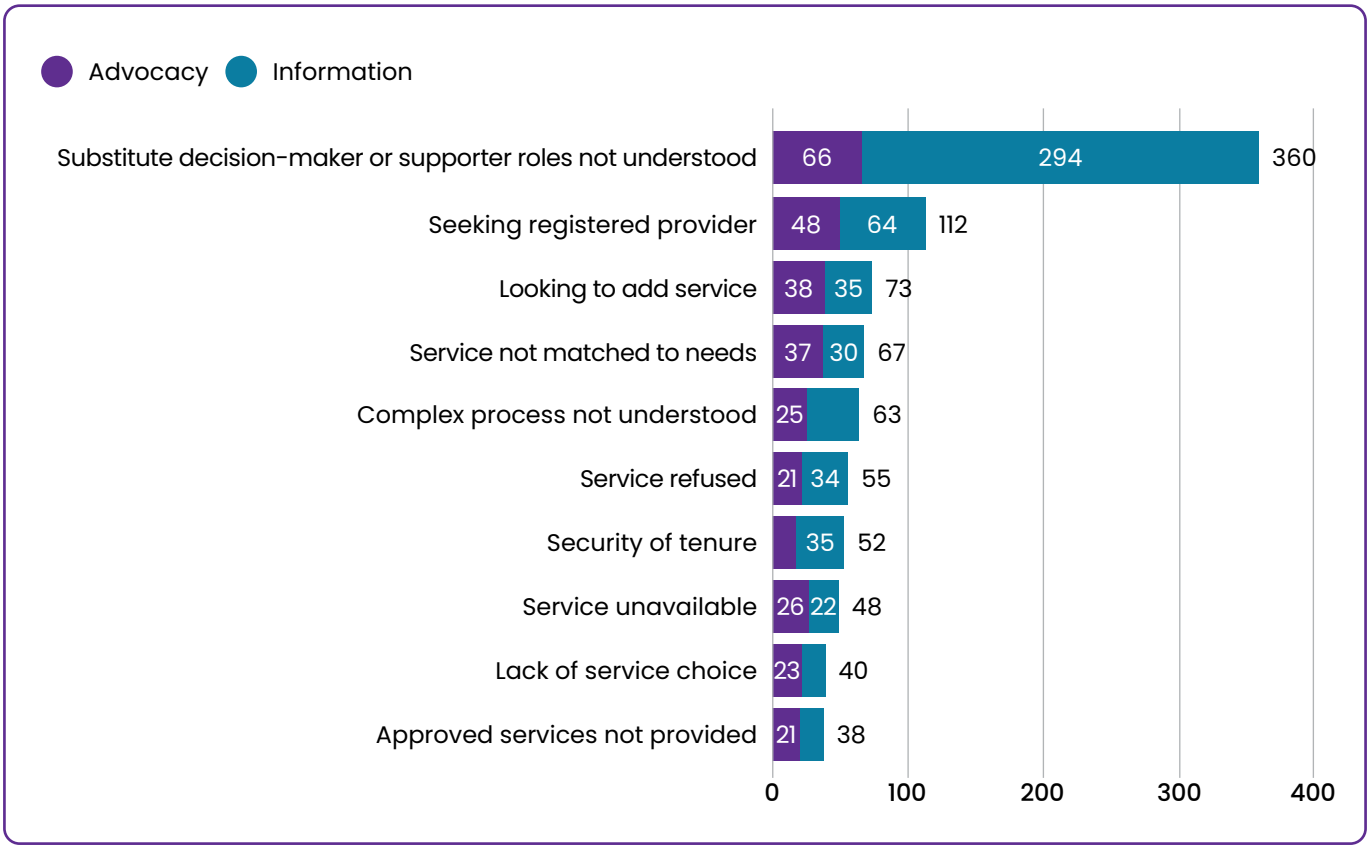


Figure 15. Top 10 access issues for older people approved for residential aged care (count of issues), 1 November 2025 to 30 June 2026.

The top 10 access issues for older people approved for residential aged care are presented in Figure 15.

The most common theme was being unable to find a residential aged care provider able to match the needs of the older person, comprising 53.4% of the top 10 issues[15] (Figure 15).

Similar to CHSP and Support at Home top access issues, an underlying issue in some cases, was that the processes around accessing residential aged care were complex and not understood (6.9% of the residential aged care access issues, Figure 15). These residential aged care access complexity issues are separate, and often in addition to, the significant additional complex financial issues older people face when signing residential aged care agreements, understanding subsidies and entitlements, and understanding fee statements as explored in section 5 on residential aged care service delivery and cost issues.

[15] This percentage was calculated as the sum of the following 6 access issue categories over the sum of the top 10 residential aged care access issues (see Figure 15 for data): 1. seeking a registered provider, 2. looking to add service, 3. service not matched to needs, 4. service refused, 5. security of tenure, 6. service unavailable, and 7. lack of service choice.

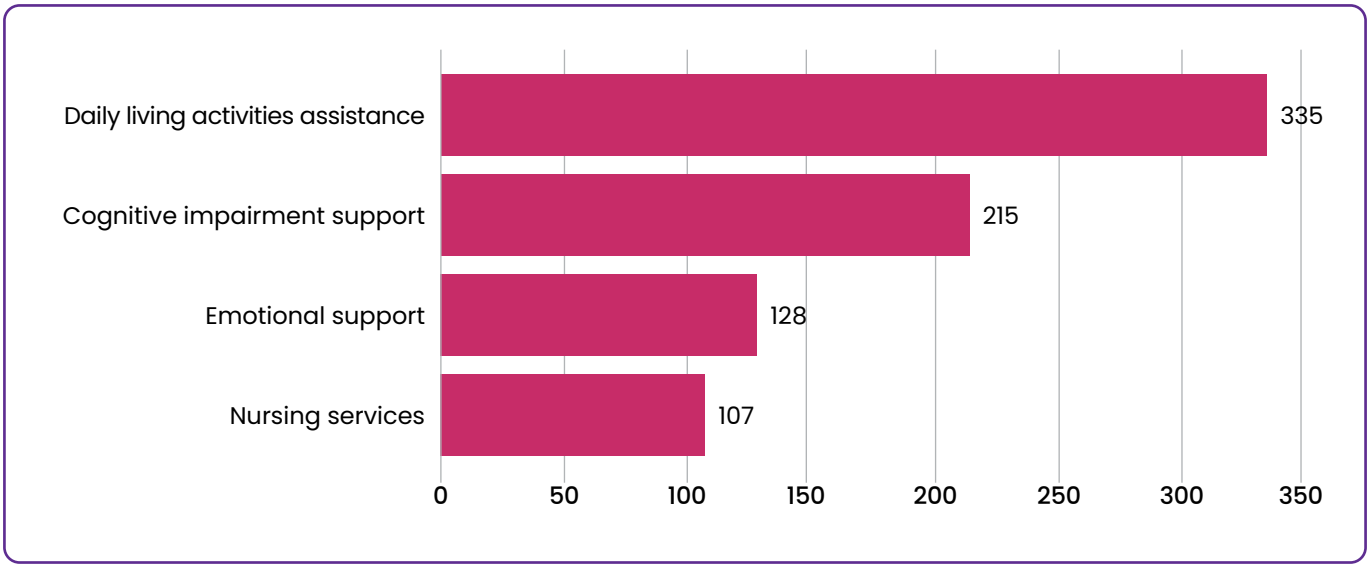


Figure 16. Top 4 aged care services, where provided, related to access issues for older people approved for residential aged care (count of issues), 1 November 2025 to 30 June 2026.

The top service types that were associated with access issues for residential aged care are presented in Figure 16.

However, the most common issue overall for residential aged care was a lack of understanding of substitute decision-maker and supporter roles (39.6% of all residential aged care access issues, Figure 15).

The remainder of this section explores the top two themes that emerged from the residential aged care NACAP service data and case examples:

- difficulties finding a residential aged care service matched to needs
- seeking information about substitute decision-maker and supporter roles.



3.4.1 Difficulties finding a residential aged care service matched to needs

As documented in previous years' Presenting Issues reports, network members continue to report numerous case examples where older people are unable to find a residential aged care provider willing to accept their referral due to their high or complex needs. This was particularly an issue for older people living with dementia or other disabilities as explored in section 8.2.1.

Case Example 10

An older person sought support from an OPAN member after being unable to secure a residential aged care place due to their complex needs, including multiple chronic health conditions and past trauma due to abuse.

The older person had recently been admitted to hospital by the residential respite care provider, where they had been awaiting a permanent place. The residential care provider had explained to hospital staff that they were no longer going to accept them as a permanent resident due to their high needs.

The hospital's social worker had submitted applications to approximately 50 residential aged care providers, all of which had refused the placement with the majority citing the older person's complex and high care needs.

The advocate worked with the hospital social worker to identify a list of possible residential aged care providers who could meet the older person's needs. They succeeded in securing a respite placement which would transition to a permanent place.

The advocate continued to support the older person throughout the process and move to residential aged care, aware that the older person's trust in providers had been damaged by their previous experience.

On follow up, the older person said they were settling in well to the new residential aged care home.

Network members shared examples of residential aged care providers ending residential agreements with older people with no or very short notice. In one example, a provider transferred several residents to a local hospital over the holiday period, citing 'challenging behaviours' and an inability to meet their needs due to staffing shortages during the holiday period. This resulted in older people having to pay significant daily fees to remain in hospital in addition to their residential aged care fees, as they did not have tertiary care needs. Network members noted that when older people had been admitted to hospital with no tertiary care needs by a residential aged care provider their success in supporting the older person to return to the residential provider depended on whether they were a permanent resident or respite resident. For older people with a respite place only, the older person had no security of tenure rights that they could invoke resulting in advocacy most often being unsuccessful in supporting them to return to residential aged care.

There were also reports that older people were being moved out of residential aged care or were refused a place due to financial hardship. This appeared in part to be due to residential aged care providers misunderstanding of the financial hardship provisions for older people, in particular, the financial hardship pre-approval processes. In some cases, people were also refused residential aged care due to an apparent preference by providers for older people who were able to pay Higher Everyday Living Fees (HELF).

Network members reflected that there is a trend for older people being refused a residential aged care place as they are low means and not able to pay the Refundable Accommodation Deposit (RAD). Case examples were provided where families were selling their homes to pay a RAD so that they could secure a place in residential aged care for their family member, as there were no supported accommodation places available. In other cases, older people had to move to another part of Australia to be able to secure a supported place in residential aged care. Network members reflected that the government's accommodation supplement for low-means residents (ranging from $28.67 - $69.79) is significantly lower than the daily equivalent of the RAD paid by wealthier residents (which can be over $160 a day for a $750,000 room). This financial gap makes it difficult for providers to cover their costs for supported residents. Network members reflected that while the market price cap for accommodation has been increased (from $550,000 to over $750,000), the government's accommodation supplement has not risen proportionally, widening the gap between what the government pays and what providers need to cover costs or what residents with financial means pay.

3.4.2 Seeking information about substitute decision-maker and supporter roles

There was a peak in NACAP services relating to substitute decision-maker and supporter roles for older people approved for residential aged care after the introduction of the new Act, with the increased number of services relating to these roles continuing throughout 2025-26. (Figure 17)

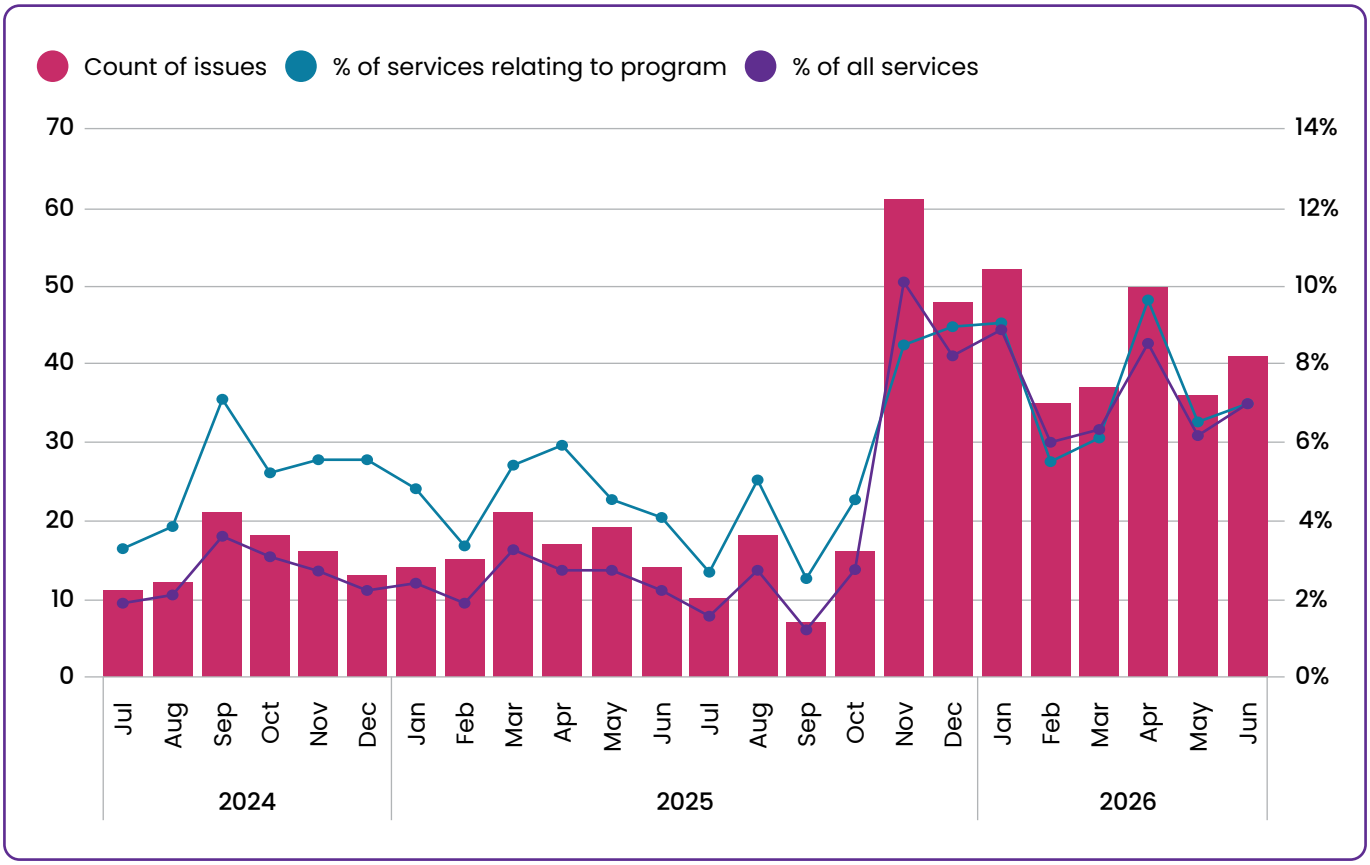


Figure 17. Proportion of issues raised relating to substitute decision-maker or supporter roles not understood for older people approved for residential aged care (count of issues), 1 July 2024 to 30 June 2026.

Breaches of decision-making rights of older people was the second most common issue for residential aged care service delivery in the 2023-24 and 2024-25 Presenting Issues reports. This included decision-making rights being breached by residential aged care providers:

- setting inappropriate requirements for substitute decision-makers to be active before admission even when the older person had decision-making capacity
- assuming future substitute decision-maker arrangements were active even when they were contingent upon the older person losing their decision-making capacity
- ignoring older people's decisions and requests and only acting at the direction of family members, even when older people did not have an active substitute decision-maker
- seeking substitute decision-makers' approval for decisions even when it fell outside the scope of their appointment, including through disregarding older people's opinions and decisions even for minor day-to-day decisions.

In stark contrast to previous years, issues related to decision-making rights did not fall in the top 10 service delivery and cost issues for 2025-26 (see section 5 on residential aged care service delivery and cost issues). Furthermore, of the 360 NACAP services relating to substitute decision-maker and supporter roles, 81.7% were information provisions (Figure 15). Combined, this appears to be a positive sign that most contacts about substitute decision-maker and supporter roles were resolved through information provision rather than requiring advocacy support to resolve breaches of decision-making rights.

3.5 Delayed discharge from hospital due to unmet needs

In total, 119 NACAP services related to the delayed discharge of older people from hospital due to unmet needs. This comprised 83 information provisions and 36 advocacy services.

Qualitative analysis of the case examples provided by OPAN members showed that delayed discharge of older people from hospital stemmed from three main areas:

- delayed assessments, reassessments and funding approvals for Support at Home, assistive technology and home modifications
- the older person wanting to return home with appropriate supports, but the hospital staff stating that they would only permit a discharge to residential aged care or not having significant knowledge of transition and ongoing home support options
- difficulties finding a Support at Home or residential aged care provider able to meet their needs once funding is approved and allocated.

As explored above in the section on residential aged care, it can be particularly difficult for older people with complex needs to secure a residential aged care placement. In addition, as explored above, advocacy case examples were provided by network members where residential aged care providers had admitted residents with complex needs to hospital for care, despite the older person not having tertiary care needs.

Case Example 11

An older person was referred to an OPAN member by their carer who also held their substitute decision-maker.

The older person and their carer explained they were waiting for approval for Support at Home funding for a bed and other assistive technology so that they could return home with family support.

However, the hospital staff had been seeking to progress a residential aged care placement, despite the older person's wishes and family support.

The carer explained they were able to provide full-time care and were aware of the respite options available to them.

With advocacy support, the older person returned home.

The carer let the advocate know after a couple of months that they were still awaiting all the assistive technology they needed, but that the Support at Home provider was assisting them with the process and they and the older person were doing well.



4. Support at Home service delivery and cost issues

NACAP services where issues related to service delivery and cost comprised 39.9% of all issues for new Support at Home clients, and 56.7% of all issues for Support at Home clients who transitioned from a Home Care Package (Figure 7, section 2).

This section explores the top service delivery and cost issues separately for Support at Home clients who transitioned from a Home Care Package on 1 November 2025 and new Support at Home clients who entered the program after 1 November 2025.

4.1 Older people who transitioned from a Home Care Package

In total, 6,220 service delivery and cost issues were raised by older people receiving Support at Home services who transitioned from a Home Care Package (referred to in the remainder of this section as 'transitioned clients') in NACAP services between November 2025 and June 2026.

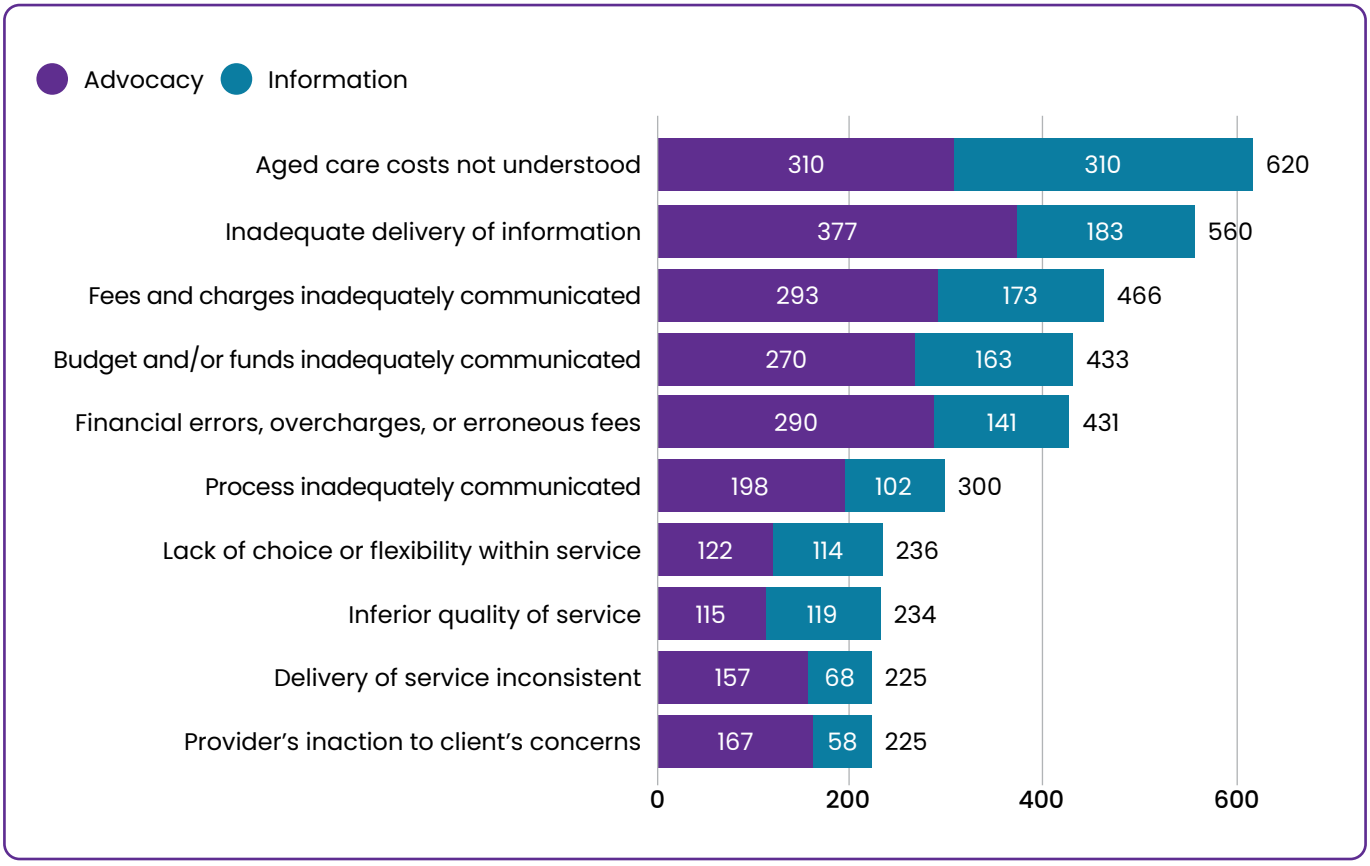


Figure 18. Top 10 service delivery and cost issues for older people receiving Support at Home who transitioned from Home Care Packages (count of issues), 1 November 2025 to 30 June 2026.

The top 10 issues raised in NACAP services for transitioned Support at Home clients, broken down by advocacy cases and information provisions, is presented in Figure 18. Of these top 10 issues, 69.8% related to poor communication by providers about service options, costs and responses to client concern[16]. Financial errors, overcharges and erroneous fees by Support at Home providers were the fifth most common issue raised for transitioned clients. Lack of choice or flexibility in Support at Home services was the seventh most common issue, followed by inferior and inconsistent quality of Support at Home services.

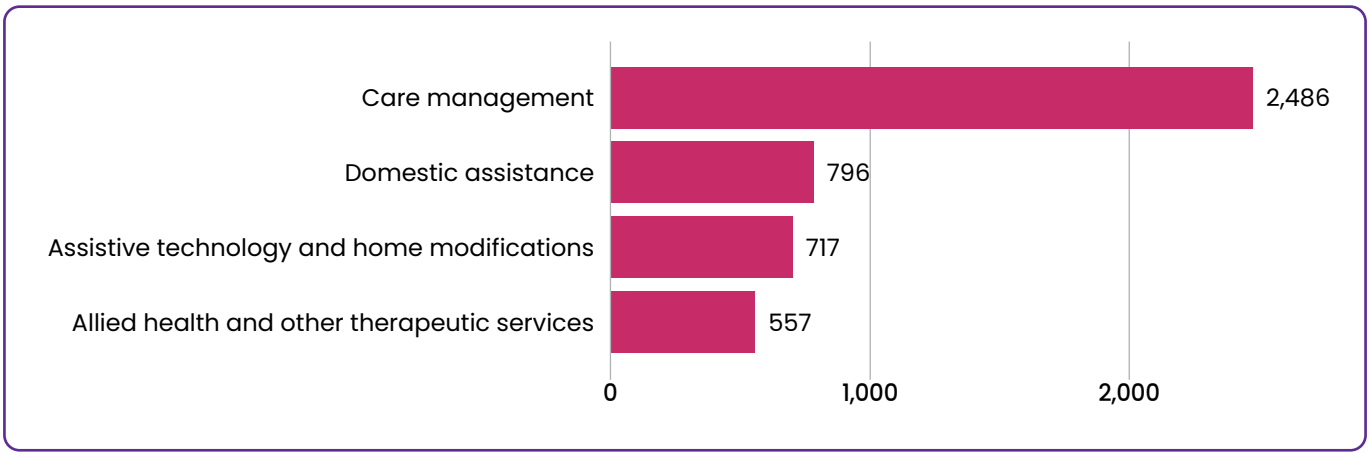


Figure 19. Top 4 aged care services, where provided, related to service delivery and cost issues for older people receiving Support at Home who transitioned from Home Care Packages (count of issues), 1 November 2025 to 30 June 2026.

When considering the types of Support at Home services that service delivery concerns related to, the most common was care management services which comprised 40.0% of all service delivery and cost issues for transitioned Support at Home clients (2,486 of the 6,220 issues). This was followed by the service types: domestic assistance (12.8%, 796 of the 6,220 issues), assistive technology and home modifications (11.5%, 717 of the 6,220 issues), and allied health and other therapeutic services (9.0%, 557 of the 6,220 issues). (Figure 19)

These top service types that service delivery and cost concerns related to were consistent across the top issues presented in Figure 18. Repeatedly, older people who transitioned from Home Care Packages raised issues with care management by Support at Home providers. As we will explore in more detail in the following sections, care management issues included:

- erroneous fees and overcharges for care management
- high turnover, or complete lack of, care management staff despite older people being charged for these services
- a lack of communication by care managers with their clients, including in response to older people's questions and concerns about service changes, financial agreements and other issues with service delivery
- a lack of responsibility by care managers for ensuring the older person received the services they needed in line with their budget and care plan.

Poor care management led, in turn, to a high number of issues relating to inferior or inconsistent quality of services for both transitioned and new Support at Home clients. Inferior service quality and inconsistency concerns are therefore not addressed separately in this section, or the section on new clients, but instead are embedded within discussions of the top issues and care management concerns.

Issues related to access to assistive technology and home modifications under Support at Home are explored under section 4.3 as they were common for both new and transitioned clients.

[16] This percentage was calculated as the sum of the following 6 communication-related issue categories over the sum of the top 10 service delivery and cost issues for transitioned clients (see Figure 18 for data): 1. aged care costs not understood; 2. inadequate delivery of information; 3. fees and charges inadequately communicated; 4. budget and/or funds inadequately communicated; 5. process inadequately communicated; 6. provider's inactions to client's concerns.

4.1.1 Poor communication by providers about service options and costs

4.1.1.1 Pressure to sign financial agreements when the older person had concerns

A top issue in the period immediately following the 1 November 2025 transition from Home Care Packages to Support at Home was the lack of communication by providers about what the transition would mean for older people's budget and services.

Due to the poor communication by providers in the lead up to 1 November 2025, many older people who sought NACAP services still hadn't signed new financial agreements with the provider with the new Support at Home costings by the end of the second quarter of 2025-26.

When older people did receive their new financial agreement, it was often not transparent and older people could not understand:

- if they would be receiving the same level of services under Support at Home
- the cost breakdowns for these services
- if their services would be within their allocated budget or result in an overspend.

Some older people explained to their provider that they needed a hard copy of the financial agreement as they did not have access to technology, were unable to read the text, and/or wanted to be able to look through it and mark it up with a supporter or legal advisor. In some advocacy cases, providers did not respond to the repeated requests by older people for hard copies, while in other cases providers said a large fee would need to be paid by the older person to obtain a hard copy.

Older people described to network members that they felt pressured by providers to sign agreements even when they had not received it in an accessible format, had concerns about transparency or overspend, or did not agree to other terms. In some cases, even when older people had expressed their desire to meet regarding a financial agreement or receive it in another format, providers:

- did not respond to the older person's requests to meet and discuss the agreement
- sent frequent text messages and emails with a link to 'sign here'
- threatened to cease, or ceased, services altogether unless agreements were signed.

There were also examples of providers sending their clients letters saying that if they had not signed by the required date, they would automatically be considered to have agreed to the financial agreement and would need to contact the provider if they wished to cease the agreement. One agreement included the statement "if you do not sign the agreement, you agree to continue to receive services".



Case Example 12

An older person who had transitioned to Support at Home approached an OPAN member and requested support to communicate with their provider. The older person explained they had been asked to sign the new service agreement, but they had not been able to review and get legal advice on it. The provider had not responded to the older person's repeated requests for a hard copy of the agreement.

The older person explained they felt pressured by the provider to sign due to the frequent automated emails directing them to sign.

The older person asked the advocate to organise a meeting with their provider to discuss the agreement after the advocate explained their rights and the provider's obligations to consult and discuss the new agreement with the older person.

The advocate made repeated attempts to contact the provider via phone and email but received no response.

The older person then asked the advocate to support them in lodging a complaint with the Aged Care Quality and Safety Commission (ACQSC) as the provider was not responding to either the advocate or the older person, and the issue was not progressing. The older person expressed concern that services would be ceased as the deadline to sign the agreement was approaching.

After the complaint had been lodged, the older person received notice from the provider that they would receive a 14-day notice that services would cease if they did not sign the new service agreement by 1 March 2026.

The older person described feeling they had been 'backed into a corner' and that the provider had essentially 'waited them out' by delaying responding to their questions until it was too late and the agreement had to be signed.

The older person considered that the significant delays in the ACQSC complaint process meant the matter was not going to resolve before the 1 March. The older person was supported by the advocate to meet with the provider and request an extension on the 1 March deadline. The provider declined this request.

The older person signed the agreement without ever understanding it as they did not want to risk having their services ceased saying they had 'no real choice'.

The older person expressed that pursuing the issue had taken a considerable toll on their mental health and wellbeing, and directed the ACQSC to close the complaint even though the issue was not resolved.

When a new financial agreement was received in an accessible format, some older people identified that the new pricing structure would result in an overspend and they would accrue debt with their provider. When they sought a budget review and care planning appointment to address the predicted overspend, they were unable to secure a meeting with their provider. The older people then reached out to OPAN members for support and advice.

Network members reported that they received many requests for information provisions and advocacy support as many of the new Support at Home agreements for transitioned clients included the requirement for a direct debit authorisation. There were examples where this was required by the provider even when grandfathered clients were not required to pay any co-contributions.

When reviewing agreements at the request of older people, advocates also noted an increase in mandatory 'guarantor' clauses, with threats that services will cease unless a guarantor is provided. Families often sign under pressure. In one example, a service agreement included a caveat would be placed on the guarantor's home as assurance, but the care recipients name was listed against the guarantor's home address creating legal ambiguity.

Network members reflected that providers appeared to be increasingly relying on clauses such as direct debit authorisations and guarantor clauses instead of supporting older people to seek financial hardship support when needed. The issues older people faced when applying for financial hardship relief are explored more under the section for new Support at Home clients.

Many older people who approached network members explained that they had signed a new Support at Home financial agreement 'under pressure' by their provider which they had significant concerns about. Advocates noted that the reassurance to older people from Services Australia and the Department of Health, Disability and Ageing that transitioned clients had 90 days to sign the service agreement after receiving their confirmed contribution rate letter from Services Australia relieved some of the pressure to sign. However, it did not resolve the issues of providers not responding to older people's questions and concerns about their financial agreements and requests to review their care plans to ensure they could be delivered within budget before signing.



4.1.1.2 Transitioned clients felt misled that they would not be worse off

Network members reflected that NACAP service provision under 2025-26 had shown that the 'no worse off principle' for clients 'grandfathered' from a Home Care Package to Support at Home was a misnomer from a service level perspective. While the older person's financial contribution to their care may not have increased due to grandfathering provisions, older people were indeed much 'worse off' as they were no longer able to afford essential services due to:

- increased service costs across the program
- extra fees for tasks that should have been included under the care management fee
- surcharges for associated providers.

Older people described feeling misled by the government and their provider that they would not be worse off after transitioning to Support at Home, being forced to cut back or go without essential services. Many older people described that they had lost trust in the aged care system and their provider.

The NACAP service data and case studies showed that while service costs across the Support at Home program were higher than under Home Care Packages, there were striking increases in fees for these services in particular:

- care management
- meals
- allied health services
- transport
- travel costs to provide services.

Network member service cost increase examples across Australia a month after the transition to Support at Home showed an increase across common Support at Home service types. The services prices provided by network members were sourced from publicly available pricing information as well as individual client statements. Increases of between 32% and 92% were observed for: domestic assistance, meal preparation, meal delivery services, personal care, nursing care, individual social support and allied health services. For allied health services, network members provided examples of fees increasing over 140%. In some cases where older people and their advocates queried these allied health costs with the allied health provider, they were told the allied health provider was not being paid more but this was a surcharge by the provider for the associated provider service.

Case Example 13

An older person was receiving domestic assistance from a third-party provider for $65 per hour under their Home Care Package. After transitioning to Support at Home, the registered provider started charging $125 per hour for the same service from the third-party provider who became an associated provider. The older person self-manages their funds and coordinates all service bookings directly with the associated provider.

When the older person queried the significant price increase, the provider said it was justified as an associated provider management fee as the provider was the one who had originally given the older person the contact details for the associated provider some years ago.

These prices continued to rise throughout 2025-26. Issues relating to increased charges by providers, which meant that older people could not afford the services they needed under Support at Home, are explored in more detail in section 4.2 on service delivery and cost issues for new Support at Home clients.

[17] The 'no worse off' principle under Support at Home applies to fee arrangements for older people who:
- were receiving a Home Care Package as of 12 September 2024
- were approved for a Home Care Package as of 12 September 2024 and were waiting for a package to be allocated (on the National Priority System).

Source: https://www.myagedcare.gov.au/aged-care-costs-if-you-entered-care-between-2014-and-2025

4.1.1.3 Lack of provider responsibility for care management

NACAP services for Support at Home clients showed a lack of provider responsibility for care management as older people transitioned from Home Care Packages.

Many advocacy cases arose because providers had not taken responsibility for ensuring that services were managed in a way that ensured they fell within the older person's Support at Home budget and did not result in overspend. In some cases, older people were unaware that overspending was occurring until significant debt had accrued that they were unable to pay. Providers then responded by ceasing or significantly reducing all services in an attempt to reduce the debt, at times without even explaining this decision to the older person. This included reducing or ceasing services essential to the older person's wellbeing and safety. In one example, an older person's provider had reduced their personal care services to a once per week shower to address an earlier overspend.

Older people described never being able to connect with their care manager despite multiple attempts to reach them. Advocates described facing the same difficulties connecting with care managers after being asked to by the older person. Many providers faced a high turnover of care management staff. Advocacy cases provided examples where new care management staff made changes to care plans and budgets without ever having met the older person, with significant errors being made as a result.

When care management services were provided by an associated provider that was separate to the registered provider, there was often a lack of communication between the different organisations. This meant that the older person did not know who to contact with questions, concerns and requests to change their care plan or, if they did contact someone, the request was never communicated or actioned by the right person.



Case Example 14

An older person was referred to an OPAN member by their registered provider after an associated provider raised concerns that the older person's needs were not being met and their safety was therefore at risk.

Advocacy casework revealed that the older person had been allocated a succession of 'care partners' by their registered provider, with very little communication or consistency.

The associated provider had raised concerns about the older person's safety over several months, but the registered provider had responded that it was not their place to take any action or make reports, as the older person was self-managed.

The registered provider then implemented a third-party care coordinator, but this had not been communicated to the older person or their associated provider. When the newly appointed care coordinator met with the older person, there was confusion amongst the older person, their family and the associated provider that this person was from a rival service provider. As a result of the confusion, the care coordinator was asked not to contact the older person again.

The older person and their adult child did not understand the roles of the registered provider, third-party care coordinator and the associated provider. The older person continued to request that the associated provider they had the most frequent contact with assist them with care management tasks.

The advocate met with the older person, their adult child, the associated provider, and the third-party care coordinator in person. A temporary 'care partner' from the registered provider joined remotely. There was significant confusion and misunderstandings amongst everyone present about roles. After roles were clarified, there was a discussion which resolved questions and concerns about fees and charges, including 20% of the budget going towards care coordination fees. It was noted that direct service charges were within budget, but the registered provider care management and third-party care coordination fees had resulted in an overspend in recent months. It was agreed that unspent funds could be used to cover the recent overspend.

Everyone agreed on some further changes to the care plan to better meet the older person's needs, noting that an earlier temporary 'care partner' had made changes to the care plan without the older person or associated provider's knowledge resulting in it going over budget and no longer meeting their needs.

The older person and their adult child expressed frustration about how complicated it all was and the lack of communication from the registered provider. The temporary 'care partner' from the registered provider acknowledged their frustration and the poor communication and inconsistent support they had received.

The advocate remained involved, supporting the older person to communicate appropriately with the registered provider, third-party care coordinator and associated provider organisations. Among other things, this resulted in the registered provider understanding the older person's increased needs and seeking a reassessment.

Some time later, the associated provider completed the required training and onboarding and began care coordination for the older person and the advocacy case was closed.

4.1.1.4 Support at Home statements not issued or not transparent

Contacts with OPAN members showed that many older people had still not received their first Support at Home statement from their provider at the end of the third quarter of 2025-26 – 5 months after their transition to the Support at Home program. This issue continued for some providers into the fourth quarter of 2025-26. Advocacy casework suggested that the issue stemmed largely from ongoing software vendor problems affecting several providers. However, it was exacerbated by a lack of communication by registered providers about the reason for statements not being issued and in response to older people's concerns. A small number of providers waived co-contributions for older people during this period, but this was not a decision made by all providers.

For transitioned clients who did receive Support at Home statements from their providers, they were often not transparent or had errors and overcharges as explored below. The restructuring of Support at Home charges into all-inclusive unit pricing has not improved the situation, and in fact seems to have decreased pricing transparency.

Once again, providers were not responsive when older people raised concerns. It often took extensive advocacy efforts and sometimes also escalation to the Aged Care Quality and Safety Commission to resolve the statement transparency and error issues.

As was the case for hard copies of financial agreements, some older people who requested to have hard copies of their statements were charged large fees. In one example, the provider said that if the older person wanted a hard copy of their monthly statement, it would cost plus $150 per month with a care worker delivering the statement under 'assistance to maintain personal affairs'.



4.1.2 Overcharges and erroneous fees

Transitioned clients who received their Support at Home monthly statements contacted network members with concerns about additional charges and mark ups applied without clear disclosure of exactly what this related to. This combined with a lack of support to understand their financial agreements left older people unable to understand and query how their budget was being spent and any fees and charges they had concerns about.

Network members described that clients in financial hardship were wrongly charged during the transition to Support at Home due to providers being unaware of the Fee Reduction Supplement. Many examples were provided where older people contacted network members in distress over having been told that they would need to start paying significant co-contributions for their care by the provider, when they had previously not had to pay any income-tested care fee under their Home Care Package. This led to advocates having to become involved throughout the process, from supporting the older person and their provider to understand the Fee Reduction Supplement and financial hardship application process, to supporting the older person to complete the financial hardship application, and then ensuring the provider applied it correctly. In one example, an advocate had to intervene directly with coordinators and managers to stop inappropriate billing. This highlighted a gap in provider knowledge about financial hardship during the transition period which has continued throughout 2025-26, as explored in the section for new Support at Home clients.

Some transitioned clients were incorrectly charged income-tested care fees based on the former Home Care Packages approach. This error was compounded by the older person's fee contribution being based on the much higher service cost charged by the provider under Support at Home. This meant that the older person ended up having to pay significantly more than they should have under the new Support at Home co-contribution framework.

As the financial year progressed, network members reported overcharges and erroneous fees across a range of services for both transitioned and new clients. These overcharges and erroneous fees are explored under the section on new clients, and included concerns around:

- care management and related fees
- meal costs
- transport costs and charges
- travel costs to provide services
- minimum service time charges, regardless of the length of service provided.



4.1.3 Lack of choice or flexibility

Advocates noted that many providers introduced policies after the transition to Support at Home that restricted the use of third-party services, restricting choices to the registered provider's preferred 'associated providers' only, rather than the older person's preferred provider who could have become an associated provider. This meant that older people were restricted in their ability to secure services if they had previously relied on local third-party providers.

OPAN members provided a few examples of providers introducing policies that required all older people receiving services from associated providers to self-manage their funding or transfer entirely to in-house services. This was justified by stating that the limit on 10% for care management meant that it was no longer financially viable for the provider to assist with invoicing and coordinating associated providers.

Case Example 15

An older person sought advocacy support as their registered provider had told them that they would no longer be able to receive meals from their preferred third-party meal provider after transitioning from a Home Care Package to Support at Home. Their preferred provider was able to provide culturally appropriate meals that met their specific nutritional needs.

After switching to the new third-party meals provider under Support at Home, the older person noted that their quality of life had decreased and their health was also impacted.

The advocate supported the older person by contacting the registered provider and requesting that the preferred third-party meal provider be reinstated. The registered provider responded that their decision was final and that their new policy required all meals to be sourced from the one associated provider only.

The older person and advocate tried several more times to reiterate this request to the provider but were not successful.

The older person considered making a complaint to the Aged Care Quality and Safety Commission (ACQSC) or changing providers. The older person decided not to continue with attempts to resolve their concerns as they were happy with the other services provided by their provider and did not want to damage those relationships in any way.



4.2 Older people new to the program

In total, 1,284 service delivery and cost issues were raised by older people who were approved for Support at Home services after 1 November 2025 (referred to in the remainder of this section as 'new clients') in NACAP services between November 2025 and June 2026.

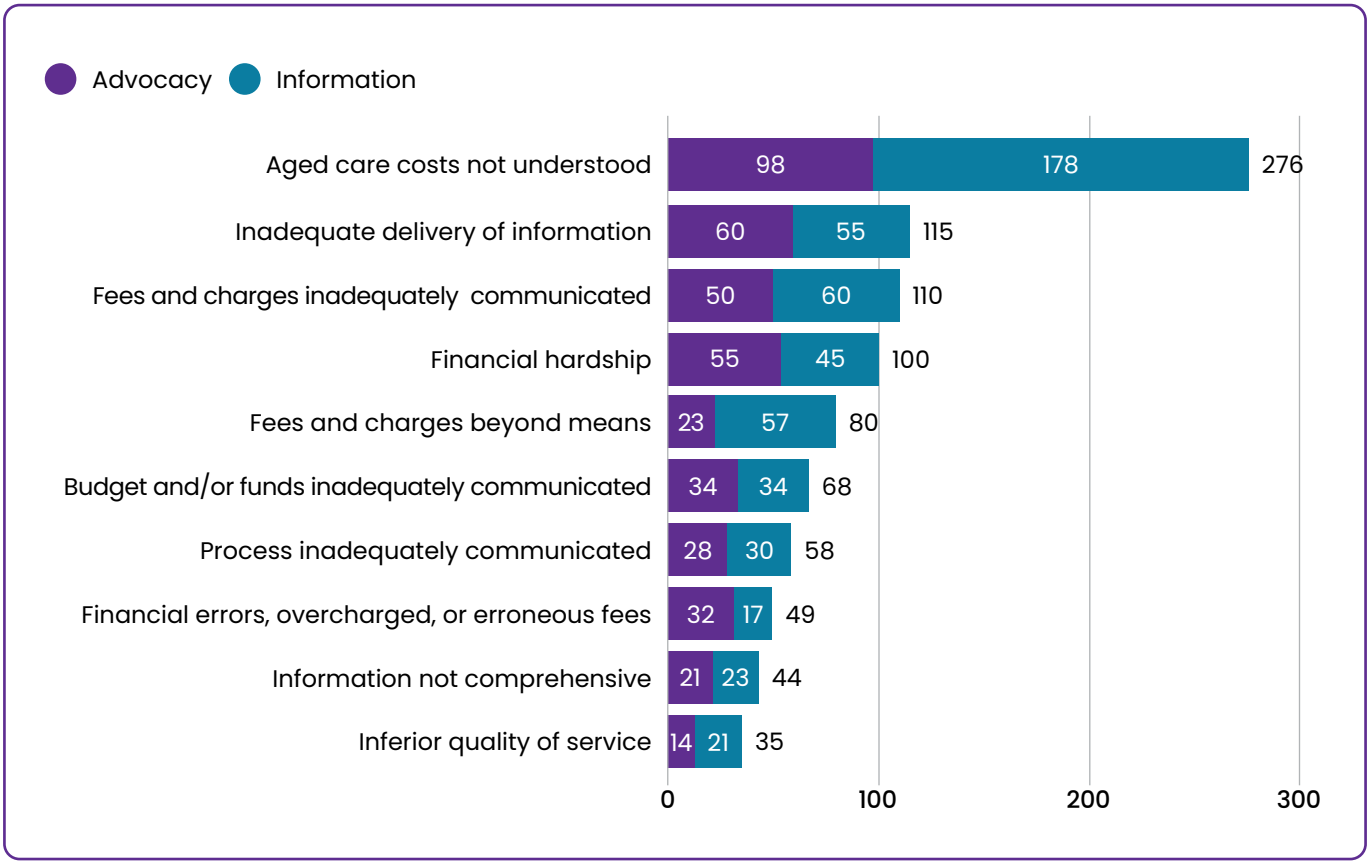


Figure 20. Top 10 service delivery and cost issues for older people new to the Support at Home program (count of issues), 1 November 2025 to 30 June 2026.

The top 10 issues raised in NACAP services for new Support at Home clients, broken down by advocacy cases and information provisions, is presented in Figure 20. Similar to the pattern seen for transitioned clients, of the top 10 issues, 71.8% related to poor communication by providers about service options and costs[18] (Figure 20).

Financial hardship, fees being beyond the client's means, overcharges and erroneous fees comprised 24.5% of the top 10 service delivery and cost issues for new Support at Home clients (Figure 20). Financial hardship and fees beyond the client's means did not fall within the top 10 service delivery and cost issues for transitioned Support at Home clients. However, as we saw in the previous section this is not because transitioned clients did not experience financial hardship and concerns about the affordability of the Support at Home service costs. Instead, it was because a high proportion of NACAP services related to addressing the lack of communication and transparency relating to increased service costs for transitioned clients, even those that were 'grandfathered'.

Inferior and inconsistent quality of Support at Home services was the 10th most common service delivery and cost issue raised by new clients (3.7%. of top 10 issues, Figure 20).

[18] This percentage was calculated as the sum of the following 6 communication-related issue categories over the sum of the top 10 service delivery and cost issues for new clients (see Figure 20 for data): 1. aged care costs not understood; 2. inadequate delivery of information; 3. fees and charges inadequately communicated; 4. budget and/or funds inadequately communicated; 5. process inadequately communicated; 6. Information not comprehensive.

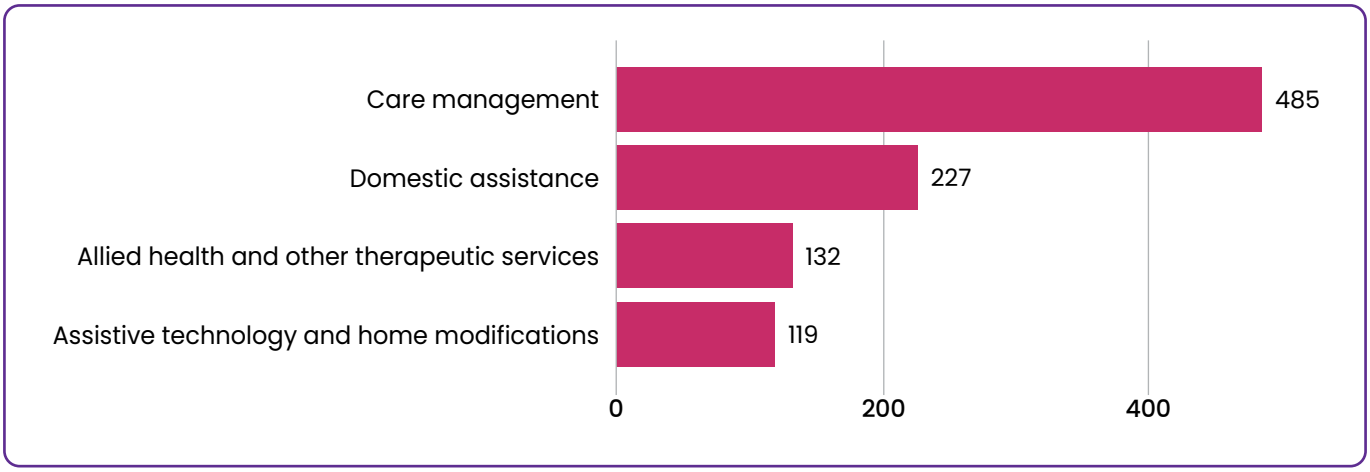


Figure 21. Top 4 aged care services, where provided, related to service delivery and cost issues for older people new to the Support at Home program (count of issues), 1 November 2025 to 30 June 2026.

Once again, service delivery and cost issues most often related to inadequate care management, accounting for 37.8% of service delivery and cost issues for new Support at Home clients (485 of the 1,284 issues). After care management, the top service types new clients raised related to service delivery concerns were domestic assistance (17.7%, 227 of the 1,284 issues), allied health and other therapeutic services (10.3%, 132 of the 1,284 issues) and assistive technology and home modifications (9.3%, 119 of the 1,284 issues). (Figure 21)

The top service types that service delivery and cost concerns related to were consistent across the issue categories. As stated in the previous section exploring issues experienced by older people who transitioned from Home Care Packages, a common trend across issues for new clients was the inadequate care management provided by Support at Home providers.

As with transitioned clients, concerns about service inconsistency and inferior quality are not addressed separately for new clients but instead embedded into the financial and care management concerns which they stemmed from. Issues related to assistive technology and home modifications are explored for both new and transitioned client in section 4.3.



4.2.1 Poor communication and care management by providers

Older people new to the Support at Home program experienced the same issue with poor communication and care management as transitioned clients, namely:

- high turnover, or complete lack of, care management staff despite older people being charged for these services
- a lack of communication by care managers with their clients, including in response to older people's questions and concerns about service changes, financial agreements and other issues with service delivery
- a lack of responsibility by care managers for ensuring the older person received the services they needed in line with their budget and care plan.

New clients also found service agreements to be long and complex, and as advocates are not legal advisors, they are limited in their ability to assist. Providers were not responsive to older people and advocates' requests to meet and discuss agreements or to receive plain-language summaries.

Network members reflected that the Support at Home system is more complex than the former Home Care Packages system and that they were now investing significantly more time with each older person who contacted them trying to explain the Support at Home budgets to new clients.

The issues with delayed or infrequent monthly statements explored under the section for transitioned clients also occurred for new clients. This limited the ability of older people to understand their services and to self-manage their budget to ensure it did not go into overspend, an issue compounded by the lack of adequate care management. Network members were still receiving contacts in the fourth quarter of 2025-26 from older people who had not received their first Support at Home statement despite being in the program for up to 7 months. Some were told by their providers that they would not receive statements for up to 18 months. In the absence of monthly statements, some providers were issuing 'activity statements' which they said was what they 'believed' the older person was receiving but associated providers reported that they had not been paid. These documents therefore did not allow older people to determine their available funds and if services were in line with their budget.

By the end of the fourth quarter, there was a trend of older people under Support at Home accruing significant debt from consistent budget overspends. Contact with providers by advocates and older people revealed that many registered providers did not consider it their responsibility to monitor spending and notify older people if they were overspending, especially if they were self-managed. However, older people were not being provided with sufficient information by the provider to be able to monitor spending and manage their own budget.

Case Example 16

An older person contacted an OPAN member as they had accumulated several thousand dollars in debt to their Support at Home provider following several months of overspending. The older person first became aware of this when the provider notified them that they would be suspending their services to 25% of what they had been receiving until the debt was resolved.

Through the advocate's involvement, it became apparent that the provider had developed the older person's care plan without considering if it would result in an overspend. The older person had also not been given sufficient information in the financial agreement or monthly statements to be able to identify the overspend.

In addition, the older person had requested and been waiting for over 4 months for a reassessment to address their increased care needs. The advocate contacted My Aged Care and the assessment service to understand the reason for delay in the assessment. It was explained the delay was due to a technical issue and an assessment was promptly scheduled. Following the assessment, the older person received CHSP services to provide interim support.

After review of the Support at Home statements, the advocate identified that some services were being billed above the rates outlined in the service agreement and contacted the provider, resulting in a prompt resolution.

Following these issues, the older person chose to switch to a different registered provider to better meet their ongoing care needs.

4.2.2 Fees beyond older people's means, overcharges, and erroneous fees

By December 2025, OPAN had identified that there was a systemic issue of affordability and transparency within the Support at Home program based on issues raised by older people seeking NACAP services. This trend continued until the end of the 2025-26 financial year, with many older people facing several price increases for their services within this period with little or no justification of the price increases by providers and unclear financial agreements.

These challenges led to funding shortfalls that left essential services unaffordable for older people. This, in turn, led to increased financial hardship for older people forcing them to face the risk of debt and a reduction in, or cessation of, essential services. These issues are not isolated to individual providers but reflect a sector-wide pattern.

As for clients who transitioned, NACAP services provided to new Support at Home clients revealed concerns about increases in prices for these services in particular:

- care management
- meals
- allied health services
- transport
- travel costs to provide services.

Network members gave multiple examples of older people declining to accept a Support at Home offer as they would not be able to afford the co-contributions on the age pension. The increase in contributions for those who were offered Support at Home funding, but were currently receiving CHSP services, led to the older person deciding to remain under the CHSP. This also led to significant anxiety about how they will manage in the future if CHSP ceases.

Older people consistently provided feedback to network members that there were often insufficient funds remaining in their package for direct care services after providers had deducted care management fees. Even after care management fees were capped at 10% under Support at Home, providers increased the hourly rate charged for direct care services, negating any increase in funds available.

Network members provided many examples where older people were charged for both 'care coordination' and 'package management' fees for the same service.

There was often no improvement in funds available for direct care services for those older people who were able to undertake complete or partial self-management of their funds. Self-managed Support at Home clients still faced 'self-management surcharges' of up to 10%.

Many advocacy cases showed significant additional fees being charged for services provided by associated providers, even when these were partially or entirely coordinated by the older person. These additional fees were referred to using different terms such as 'brokerage', 'invoicing processing', 'portal access', and 'provider loading' fees.

These additional fees for management of services resulted in self-managed, partially managed and provider-managed Support at Home clients paying up to 20-40% of their budget in registered provider surcharges, despite the attempts to reduce these costs through the 10% cap.

Case Example 17

An older person was self-managing their Support at Home funding. They contacted an OPAN member in the third quarter of 2025-26 for support in trying to understand their current funding situation. The older person had only received their November 2025 Support at Home statement in March 2026, and the December 2025 and January 2026 statements remained outstanding.

The advocate supported the older person to request and gain access to the provider's online portal. A review of the associated provider invoices and charges revealed concerns about a significant 'loading fee' that was being charged to each invoice, in addition to a 10% invoice processing fee.

The older person and advocate reviewed the older person's financial agreement and found no reference to a loading fee. With advocacy support, the older person sought clarification on the loading fee from their provider. The provider explained that the loading fee comprised a 10% care loading fee and a 25% coordination fee.

The older person requested advocacy support to lodge a complaint with the Aged Care Quality and Safety Commission regarding their concerns about the loading fee and the lack of transparency.

Concerns about meal costs predominantly related to meals delivered to the person's home. Network members explained that many providers were charging for the meal itself, as well as significantly higher meal delivery prices. Providers were then charging a 10% care management fee as well as an everyday living co-payment of up to 20%, resulting in older people having to make a co-payment of over 30% of a meal delivery service. In some cases, providers added on a delivery fee that was greater than the cost of the meal itself. There were also examples of providers charging a separate delivery for each course in a single meal delivery (i.e. delivery fee for entrée, main and dessert separately). Network members provided multiple examples of associated meal providers changing how they charged for multi-packs of food (for example yoghurts or smoothies) after the transition to Support at Home. In one example, an older person had been told that they would need to now pay $17 per smoothie sachet, whereas under their Home Care Package they could purchase a 7-pack for $17.

Concerns about meal prices were also raised by transitioned Support at Home clients attending day respite programs. Older people raised concerns with network members that while meals provided at day respite programs were previously included in the charge for the program under their Home Care Package, they were now being added as a separate charge to the day respite under Support at Home.

Network members reported that advocacy casework revealed inconsistent interpretation between providers of which transport charges were allowed under Support at Home and how these were to be billed. Transport services previously delivered under Home Care Packages were either refused or significantly more costly under Support at Home. In one provider example, when a support worker accompanied an older person to the shopping centre, the older person was charged both the social support rate and for transport.

There was also inconsistency in how costs associated with worker travel in the delivery of services was to be billed. Some providers charged for not only travel time but also included the time the worker spent travelling to the older person's home. All-in-one service costs appeared to increase the confusion around the true cost of the service and any associated travel, making it difficult for older people to understand how their funds were being utilised and if they should see if they could get more affordable services elsewhere. Inconsistency in how travel was included in invoices was also common for associated providers, leading to inconsistencies across services in how the older person was billed. This created uncertainty about who was responsible for ensuring associated provider invoices were compliant with Support at Home program requirements.

Case Example 18

An older person sought support from an OPAN member after noticing billing errors on their monthly statements.

The older person's respite services were being classified as domestic assistance, therefore incurring a 17.5% co-contribution instead of 5%. The provider was also billing for increased staff hours to cover their travel time, in addition to a separate travel fee to and from the client's home.

With advocacy support, the older person and provider discussed the concerns. The provider reissued the invoices with the services correctly billed as respite and the excess travel costs removed.

The provider explained they might need to revise service fees to account for travel costs, but if this happened it would occur with appropriate communication with the older person and a new financial agreement.

The experiences of advocates in delivering NACAP services showed that Support at Home providers are increasingly applying mandatory minimum service periods (commonly 2 hours), regardless of the actual time required, including where older people have requested shorter supports. As explored in the 2023-24 and 2024-25 OPAN Presenting Issues reports, this was a common issue under the Home Care Packages program which increased significantly in frequency following poor rostering practices in response to changes to the Social, Community, Home Care and Disability Services (SCHADS) Award. However, this practice had appeared to reduce in frequency following the Department of Health, Disability and Ageing previously issuing guidance confirming providers could not charge for more time than was delivered. After the transition to Support at Home, network members report that providers have reintroduced 2-hour minimum service charges through service agreements and fee schedules, often citing the SCHADS Award despite earlier guidance. Network members noted that previous guidance provided by the department was no longer accessible following the introduction of Support at Home.

Network members explained that while in theory older people should be able to be reassessed for a higher level of funding or choose another provider if a provider is unable to meet their needs within the allocated budget, this is not possible a lot of the time. There are significant delays for reassessments, and the outcomes are unpredictable due to the new assessment and funding level classification tool (see section 3.3.2). Many older people do not have a choice between multiple providers in their area as there is either only one local provider, or only one able to meet their care needs. While seeking third-party providers willing to become associate providers may be an option, the surcharges charged by the registered provider for this and the lack of transparency around fees charged for associated providers preclude this option.

Network members reported that they had been contacted by many older people who had signed Support at Home agreements with the Minimum Service Offering of 60% interim funding while awaiting full funding and found themselves with fewer essential services than under CHSP. This placed these clients at increased risk of going without essential services due to the increased fees and charges under Support at Home.

An emerging issue in the third quarter that continued to increase in frequency in the fourth quarter was providers refusing to include carried-over funds in quarterly budgets. Providers explained that this was because Services Australia would not release the funds for 61 days after the previous quarter ended. In practice, this meant that providers were creating 2 budgets and associated care plans for older people per quarter, one for before the funds were received and one for after. Not only was this an unnecessary additional administrative burden and cost passed on to older people, but it also meant that within a quarter older people were receiving inconsistent delivery of essential services. In practice, funds weren't released to the provider until 3 weeks before the end of the quarter, meaning that unspent funds were unusable by the older person.



4.2.3 Applying the agreed safety net for fee reduction or waiver

There were many instances in the second and third quarters where providers appeared to be unaware of the Fee Reduction Supplement and application process for financial hardship assistance for older people receiving Support at Home services.

Network members reflected that the application process and handling of financial hardship applications by Services Australia after the introduction of Support at Home was increasingly difficult and led to inconsistent outcomes. When older people sought advice from My Aged Care and Services Australia, they received conflicting information about the process and potential outcomes which led to some older people not applying. In other cases, older people received unexpected and significant financial relief after a successful financial hardship application.

Some older people were left without services after accepting Support at Home funding and signing an agreement with their registered provider because they had submitted a financial hardship application. Providers said they would not begin services until they had received a decision on the co-payment amount the older person was to pay, but the older person's CHSP services had ceased as they had joined a new provider.

In the fourth quarter, network members reflected on an emerging issue of providers encouraging older people to apply for financial hardship when their allocated funding is insufficient to cover the costs related to their care needs and the older person is going into overspend. Advocates reflected that while hardship provisions play an important role for those experiencing financial hardship, they should not be used to address care management shortfalls or the need for reassessment for a higher level of funding.

An issue observed by advocates that appeared to emerge first after the introduction of the new Act was that some financial hardship decisions reduced legacy Home Care Package fees that the provider was not actually charging, providing no financial relief to older people. Network members felt that the transition to Support at Home may be creating new and unexpected hardship issues, including fee hierarchies that do not reflect practical service delivery.

Case Example 19

An older person who had transitioned from a Home Care Package to Support at Home applied for financial hardship due to difficulty paying the Income Tested Care Fee (ITCF).

The financial hardship application was approved, but the outcome only reduced the Basic Daily Fee.

As the provider did not charge a Basic Daily Fee, the decision provided no practical financial relief because the older person remained liable for the full ITCF.

After an advocate supported the older person to ask for a clarification, Services Australia advised that the decision followed the required fee hierarchy. A request for review was then submitted.



4.3 Assistive technology and home modification service delivery and cost issues

Issues relating to assistive technology and home modification comprised about one in 10 of the service delivery and cost issues relating to Support at Home (11.5% of issues for transitioned clients (Figure 19) and 9.3% of issues for new clients (Figure 21)).

The poor quality, or non-existence, of care management services for Support at Home clients explored in sections 4.1.1.3 and 4.2.1 also led to delays and unnecessary extra charges for older people seeking assistive technology and home modifications. Some older people waited up to 6 months for their assistive technology to be provided after funds had been released to the provider, during which time they and their advocate made repeated attempts to contact their registered providers. Some providers explained that this delay was because of the high turnover of care management staff.

Older people welcomed the release of funds for assistive technology and home modifications ahead of being assigned their Support at Home funding. However, NACAP services showed that this unfortunately did not translate into older people being able to secure necessary assistive technology and home modifications in a timely manner.



Between November 2025 and June 2026, OPAN members reported increasing difficulties locating providers willing to accept older people as clients for assistive technology and home modifications if they had not yet been assigned their accompanying Support at Home funding. During advocacy casework relating to this issue, providers expressed to advocates that this was due to a reluctance to accept assistive technology and home modification clients without associated ongoing care management funding.

There was also confusion caused by the assistive technology and home modification allocation letters, with older people misunderstanding these letters as meaning that they had been assigned their Support at Home funding. This led to older people being unsure on the next steps and reaching out to network members for support.

Network members noted that there are ongoing concerns relating to when occupational therapy assessments are needed for assistive technology and home modifications and the costs associated with occupational therapy assessments. There were many examples where the fee for the occupational therapy assessment far exceeded the cost of the required low-risk assistive technology or minor home modification. These interactions with older people and their providers by network members revealed differences between providers in their interpretation of the assessment evidence requirements advice from the Department of Health, Disability and Ageing for different types of assistive technology and home modifications.

Interactions with older people who sought NACAP services also revealed differences between providers in whether older people were permitted to use their Support at Home funding for assistive technology and subscriptions (e.g. personal alarms). A lack of flexibility in how Support at Home funds could be used for ongoing or low-risk assistive technology needs left older people unable to choose to use their funding where it was most urgently needed. For those older people who had transitioned from Home Care Packages, this was a significant reduction in their ability to choose and control how their funds were used for assistive technology after transition to Support at Home.

NACAP services revealed that many older people were left at risk after being told that Continuous Positive Airway Pressure (CPAP) machines and Continuous Glucose Monitors (CGMs) previously funded under Home Care Packages could no longer be funded under Support at Home. The restriction on funding for Continuous Glucose Monitors placed older people with Type 2 diabetes at particular risk, as they are not eligible for the National Diabetes Services Scheme. In one example, the older person explained to the advocate that they needed to change their CGM every 14 days at a cost of $100 per CGM. Due to other comorbidities and needing to monitor their sugars while they are asleep, the older person is unable to utilise other methods (e.g. finger pricking).

After 1 November 2025, older people in the Support at Home Program could not receive payment under the Continence Aids Payment Scheme (CAPS) as they had done under their Home Care Package. This placed further pressure on older people's Support at Home budget. It also opened older people up to safety risks and going without appropriate continence support with Support at Home providers not knowing how to support older people to secure state-based funding or source appropriate continence aids if there was no state-based program available. In some cases, new continence assessments were required for products previously paid for under CAPS. Not only was this an unnecessary time and financial burden on older people, but providers were also unsure about who was qualified to undertake these assessments.

The exclusion of Webster Packs medication organisers under Support at Home was also raised as an issue by older people. While some pharmacies are registered under the Dose Administration Aid program and funded to provide this service, many are not.



5. Residential aged care service delivery and cost issues

NACAP services where issues related to service delivery and costs comprised 52.4% of all issues for residential aged care (Figure 7, section 2). In total, 2,755 NACAP services relating to residential aged care service delivery and cost issues were provided between November 2025 and June 2026.

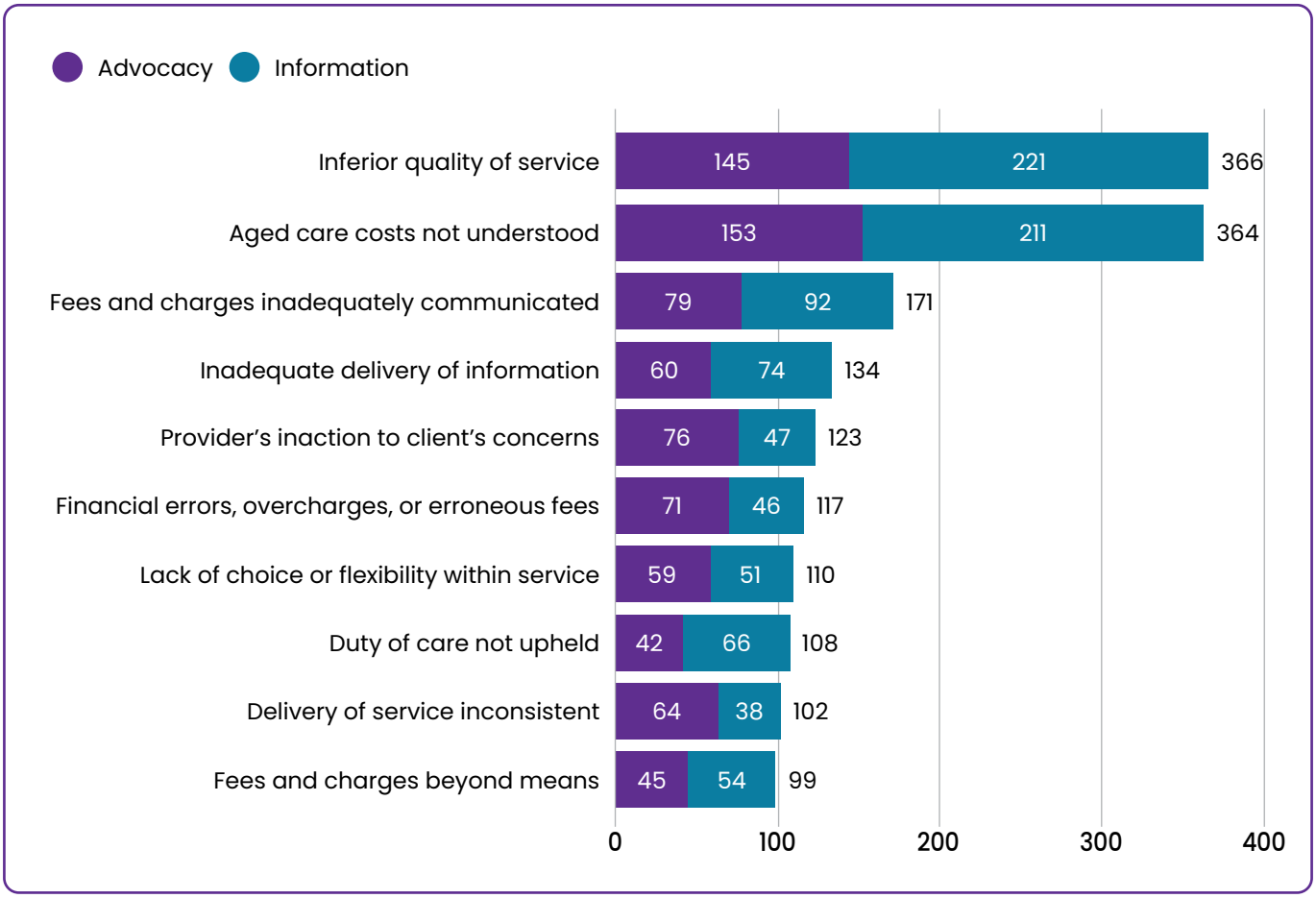


Figure 22. Top 10 service delivery and cost issues for older people living in residential aged care (count of issues), 1 November 2025 to 30 June 2026.

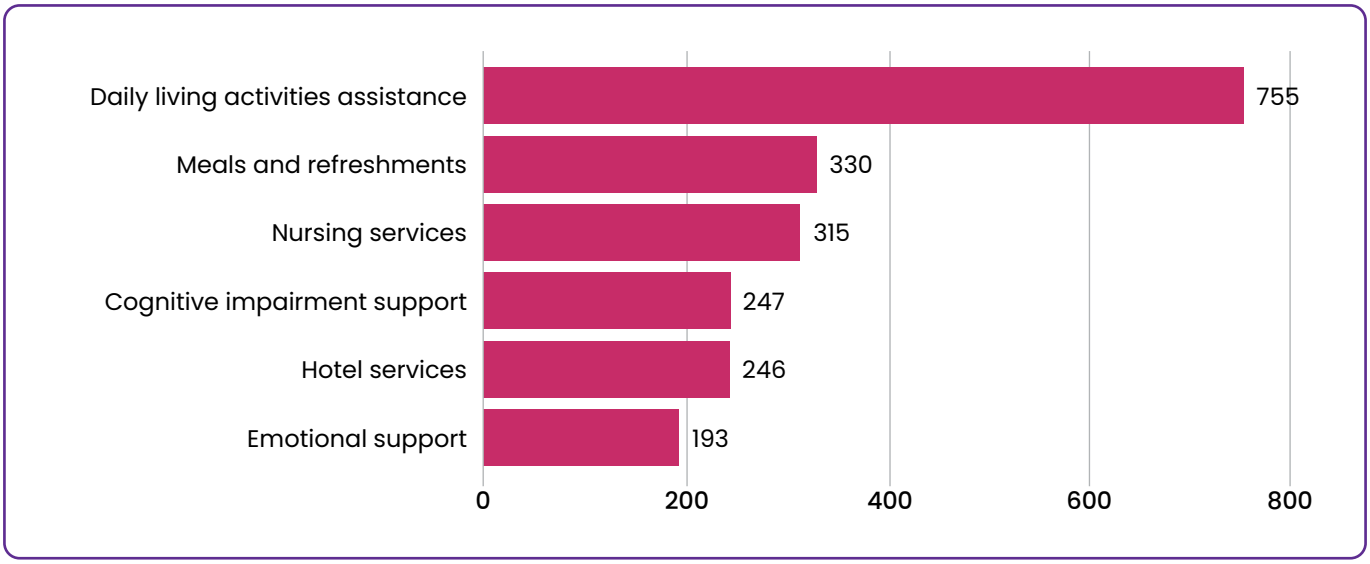


Figure 23. Top 6 aged care services, where provided, related to service delivery and cost issues for older people living in residential aged care (count of issues), 1 November 2025 to 30 June 2026.

The top 10 residential aged care service delivery and cost issues raised in NACAP services are presented in Figure 22. The top 6 service types these issues related to are presented in Figure 23.

The most common theme arising from NACAP services relating to residential aged care service delivery was a lack of transparent communication about fees and charges, comprising 52.2% of the top 10 service delivery and cost issues for residential aged care[19].

Qualitative analysis of the case examples showed that when residents and their supporters raised concerns about inferior or inconsistent quality of service and a lack of choice and flexibility, this often occurred alongside provider inaction in response to residents' concerns. Together, these issues accounted for 41.4% of the top 10 service delivery and cost issues for residential aged care[20]. The top 4 service types that these interrelated issues were most commonly associated with were the same as for the overall residential aged care service delivery and cost issues presented in Figure 23. Namely; 1. daily living activities assistance, 2. meals and refreshments, 3. nursing services, and 4. cognitive impairment support.

Concerns related to duty of care not being upheld by providers was the 8th most common service delivery and cost issue in residential aged care (108 duty of care issues were raised in NACAP services relating to residential aged care, see Figure 22). Most often, duty of care issues related to daily living activities assistance (40.7%, 44 of the 108 issues) and nursing services (21.3%, 23 of the 108 issues). Network members reflected on the emerging issues of families hiring paid companions to provide additional care and support in residential aged care to fill gaps in daily living assistance. These companions may assist with feeding, toileting, companionship and supervision. While this may provide additional support for the older person, it raises broader concerns about whether aged care homes are relying on privately paid supports to fill staffing or care gaps. It also creates questions about accountability, boundaries, insurance, duty of care and the responsibilities of the residential aged care provider.

[19] This percentage was calculated as the sum of the following 5 issue categories over the sum of the top 10 service delivery and cost issues for residential aged care (see Figure 22 for data): 1. aged care costs not understood, 2. fees and charges inadequately communicated, 3. inadequate delivery of information, and 4. financial errors, overcharges, or erroneous fees, 5. fees and charges beyond means.

[20] This percentage was calculated as the sum of the following 4 issue categories over the sum of the top 10 service delivery and cost issues for residential aged care (see Figure 22 for data): 1. inferior quality of service, 2. provider's inaction to client's concerns, 3. lack of choice or flexibility within service, and 4. delivery of service inconsistent.

5.1 Lack of transparent communication about fees and charges

The top residential aged care service delivery theme relating to lack of transparent communication about fees and charges by residential aged care providers has been a recurring top theme in past years' Presenting Issues reports. Qualitative analysis of the case examples provided by OPAN members in 2025-26 shows that these financial communication concerns were compounded by changes under the new Act.

One of the most common changes under the new Act that older people were seeking NACAP services to understand were Higher Everyday Living Fee (HELF), which replaced the former extra and additional service fees. Important consumer protections for HELF include:

- A HELF agreement can only be entered into after an older person enters into a residential aged care service agreement. This means that, unlike in some current cases, older people or their families cannot be forced to agree to extra services as a part of condition of entry to the home or to a particular room within the home.
- HELF services can still be provided as a bundle or package, but they must also be available separately, and the older person cannot be worse off than if they paid separately for the services they can use.
- A 28-day cooling-off period after entering residential aged care to cancel or vary their HELF agreement without incurring a cancellation fee.
- The provider is required to review the HELF agreement with the older person at least annually.

Advocates reflected that a having a HELF contract separate to the service agreement was useful in supporting older people's understanding of these charges and their option not to sign it. However, there were concerns that some providers showed an apparent preference for older people who could afford to pay a HELF (as noted in section 3.4.1), which created pressure on older people to sign these optional agreements. Furthermore, advocates reflected that, in practice, the HELF charges were harder for providers to administer and for older people to understand than the former extra and additional services system. In addition, NACAP services revealed increasing attempts by providers to include more services under HELF, with providers communicating that they had previously relied on income from additional services to cover basic care costs.

There were examples of providers simply using former 'extra services' fee agreements with bundled services and renaming these as HELF bundles. This removed older people's ability to choose and pay for only those additional services that they required.

Network members also provided case examples of HELF charges being required to be paid for items that were previously considered 'standard' before such as in-room televisions or aerial connections, warm meal options and participation in social and recreational activities.

Case Example 20

An OPAN member began supporting multiple older people at a residential aged care provider who sought support as their provider had introduced a Higher Everyday Living Fee (HELF) model that now requires residents to pay $5 a day for use of in-room televisions. Televisions were previously included at no extra cost. Televisions were previously included at no extra cost but access to the remote control is now included under HELF.

Older people had received conflicting information from the provider about whether the televisions could be removed or replaced so that they weren't charged the HELF. Some were told that removal of the televisions would incur significant extra fees.

One older person's son had removed the provider's television and installed a personally purchased TV after securing written confirmation from the provider that no additional charges would apply for its use.

Network members noted that an emerging issue is restrictions by substitute decision-makers on the rights of older people to be informed about and to choose to commence or cease HELF. These situations include public trustees:

- delaying signing resident agreements, resulting in older people not being able to access ad-hoc HELF services e.g. haircuts, escorted medical appointments
- declining to sign ongoing HELF agreements, only signing individual purchase forms
- advising the provider that they will not approve or pay for any HELF services that an older person requests or uses.

As with Support at Home providers, advocates noted an increase in mandatory 'guarantor' clauses in residential aged care agreements, with threats that services will cease unless a guarantor is provided. This included providers placing caveats on guarantors' properties rather than the older person's.

When older people raised concerns about overcharges and apparent errors in their financial statements, they had difficulty in resolving these concerns with their provider without the support of an advocate. At times, providers did not respond to the older person's concerns or requests to have fees and charges explained in a way that they could understand. In other cases, older people were sent back and forth between Services Australia and their residential aged care provider with confusion of who was responsible for correcting the error. Many case examples were provided by network members where advocates needed to support older people through navigating Services Australia processes, requesting backdated corrections, and clarifying provider invoices. For example, there was contradictory information provided about who was responsible for maintaining Centrepay arrangements, with providers stating it was the older person's responsibility and Services Australia stating that it is the provider responsibility. This resulted in older people accruing significant debt while Centrepay arrangements were updated.

Many advocacy cases arose after older people had accrued significant debt with their residential aged care provider. Most often, these older people were unaware that this debt was accruing until the provider notified them that it had reached a significant amount, often tens of thousands of dollars. However, in a concerning number of cases, older people had tried to raise concerns about errors and overcharges and had been ignored. This resulted in significant debt accruing before an advocate became involved and could support the older person to resolve the error or overcharge.

At times, the errors resulting in debt were due to Services Australia delays, errors, and/or contradictory or frequently changing decision letters to providers regarding an older person's fees, subsidies and entitlements.



Case Example 21

The spouse of an older person living in residential aged care sought support from an OPAN member regarding a debt of $20,000 that had accrued with the residential aged care provider. The spouse was also the older person's substitute decision-maker for financial matters.

The spouse had been going back and forth to Centrelink for several months to complete the older person's means assessment. They had received many Centrelink letters, each one advising different aged care fees. The spouse had started paying fees initially then stopped altogether due to confusion about what they were expected to pay.

The advocate assisted the older person and their spouse to finalise their means assessment through Centrelink. The advocate provided information on options for payment of Basic Daily Care Fees (BDCF) and Refundable Accommodation Contributions (RAC) and Daily Accommodation Contributions (DAC) for low means residents.

After speaking to the provider, the older person and their spouse, it became apparent that the provider was also very confused about the DAC charges for client, as the provider had recently received 40 adjustments from Centrelink back dated over the past 8 months.

The advocate worked with the provider to clarify the adjustments and calculate an accurate account of what was owing. This resulted in a reduction of the debt by approximately $1,000.

The older person and their spouse decide to pay the BDCF through Centrepay deduction from aged pension and paid a small RAC to draw down the DAC charges. As a result of the advocacy support, the different charges and their payment were clarified and simplified.

Advocates reflected that during times when the Maximum Permissible Interest Rate (MPIR) is high, older people face high Daily Accommodation Payments (DAP), leading to significant fees accruing during periods when older people are awaiting the sale of their home to pay a Refundable Accommodation Deposit (RAD). This creates significant financial disparities between residents based solely on interest rates when they enter the aged care system. In addition, advocates reported examples when residential aged care providers took months to provide RAD payment details, during which time the older person accrued significant DAP charges.

Network members provided many case examples where older people were experiencing financial hardship, but providers did not support them to understand their payment options on admission or after when personal funds were exhausted. As discussed in section 3.1.1, there is a lack of responsibility across the aged care and Services Australia system for ensuring that older people are supported through the complex financial processes associated with aged care, leading to significant demand on NACAP services.



5.2 Provider inaction in response to older people's requests and concerns

The top residential aged care service delivery theme of provider inaction in response to older people's requests and concerns has been a recurring one over past years' Presenting Issues reports. OPAN members reflected that while the new Act and strengthened Aged Care Quality Standards were intended to strengthen older people's right to accessible information, choice, control and decision-making rights, NACAP services showed this was yet to translate into practice changes for many providers.

Network members commented that there appeared to be an increasing demand for advocates to become involved in residential aged care service delivery requests and concerns that should have been able to be resolved directly between the provider and older person. In many cases, this was due to the older person being ignored when they tried to discuss the request or concern with the provider. In other cases, the older person did not want to raise the request or concern without advocacy support due to a lack of provider response to previous requests or concerns made by the older person.

Qualitative analysis of the case examples provided by network members showed that providers often did not respond at all or consider the older persons preferences when older people expressed concerns or requested changes to daily living activities assistance and nursing services. At times, this was associated with a perceived duty of care by the provider and the older person wanting to make another choice and accept any risks involved.

Case Example 22

An older person living in residential aged care contacted an OPAN member with concerns that the staff frequently walked into their bathroom when they were using the toilet.

The older person had told their provider that they wanted this to stop as they did not require assistance when using the bathroom. However, the provider had not actioned this request citing their perceived duty of care due to a potential falls risk.

An advocate supported the older person in their communication with the provider management. An in-person meeting was arranged where the older person voiced their understanding of their right to dignity, choice and control, including where the choices involve personal risk. The older person emphasised they did not require assistance to go to the bathroom and wanted to be left in peace.

The provider management maintained their position that they were a high falls risk. However, they agreed to turn bathroom sensors off at their request if a 'dignity of risk form' was signed which documented that the older person understood the risks.

The older person signed the form and was very relieved knowing their privacy would be respected.



Meals and refreshments were the second most common service type related to service delivery concerns raised in NACAP services relating to residential aged care between November 2025 and June 2026. Concerns raised regarding meals and refreshments in residential aged care included limited variety, poor presentation, meals being served cold, and insufficient consideration of dietary preferences and nutrition. Often, older people and their supporters had attempted to resolve the meal concerns with their provider but had not received a satisfactory response. Once advocates became involved, there was often a better resolution of the concerns. For example, in one advocacy case the provider reviewed the skills and training of the kitchen staff and decided that they needed to employ a trained and qualified chef to improve their menu options and the quality of the food.

Case Example 23

An older person contacted an OPAN member with concerns about the food at their residential aged care. The food was often bland, poorly presented, and frequently served cold. As a result, the older person did not find the meals palatable and was missing meals. The older person had expressed their concerns to the provider, but nothing had changed.

The advocate supported the older person by explaining their rights and the standards that they could expect.

The advocate supported the older person to raise their concerns with the provider again. A meeting was then held with the older person, the advocate, and the facility manager.

As a result of the meeting, the provider decided to undertake a nutritional review. After the nutritional review, the older person's meal preferences were updated, and the provider improved food temperature and meal options.

OPAN members provided multiple examples where older people living with dementia were not provided with appropriate cognitive impairment supports, the third most common service type associated with residential aged care service delivery and cost issues. The lack of appropriate cognitive impairment support, including inappropriate behaviour management, is explored in further detail in the section 8 exploring the experiences of older people who identify with diverse and marginalised groups.



6. CHSP service delivery and cost issues

In total, 926 NACAP services relating to CHSP service delivery and cost issues were provided between November 2025 and June 2026. NACAP services where issues related to service delivery and costs comprised only 19.2% of all issues for Commonwealth Home Support Program (CHSP) providers (Figure 7, section 2). Furthermore, the proportion of NACAP services related to all CHSP issues were one third of what would be expected given the CHSP population (Figure 6, section 2).

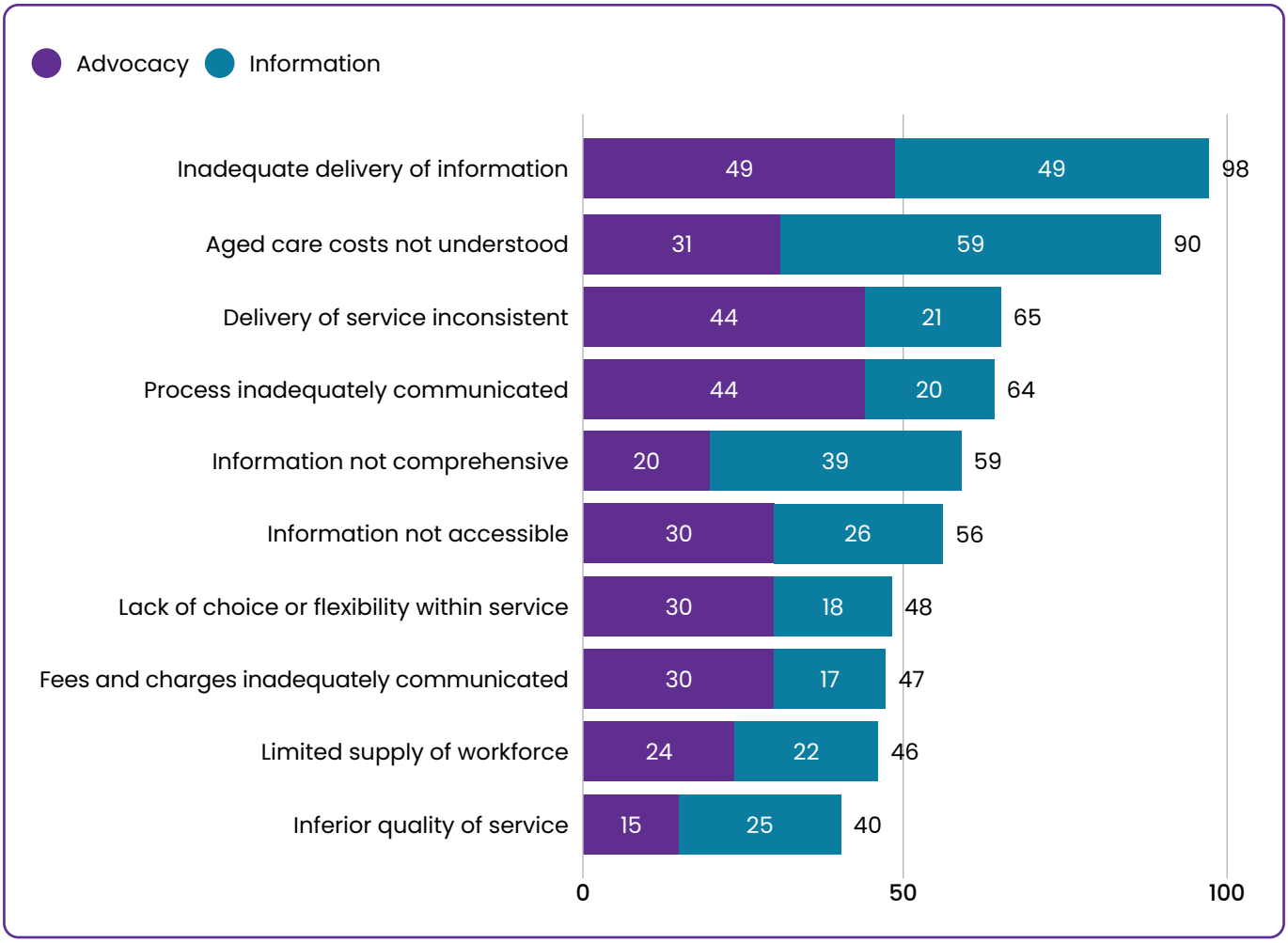


Figure 24. Top 10 service delivery and cost issues for older people receiving CHSP services (count of issues), 1 November 2025 to 30 June 2026.

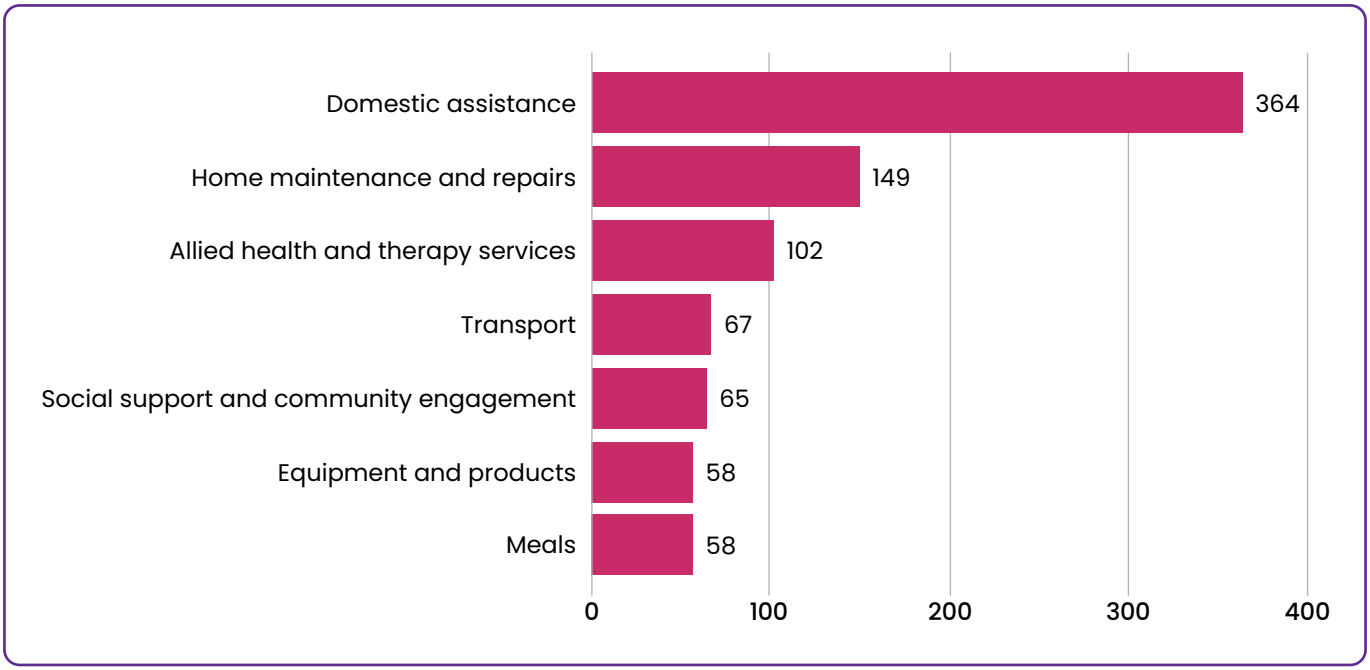


Figure 25. Top 7 aged care services, where provided, related to service delivery and cost issues for older people receiving CHSP services (count of issues), 1 November 2025 to 30 June 2026.

The top 10 CHSP service delivery and cost issues raised in NACAP services are presented in Figure 24. The 7 most common aged care service types that CHSP service delivery and cost issues related to are presented in Figure 25.

The effects of the lack of capacity for CHSP providers to deliver the services needed to their clients and poor communication by CHSP providers about the resulting impacts underpinned 58.0% of the top 10 service delivery and cost issues for CHS[21]. Qualitative analysis of the case examples showed that poor communication by CHSP providers was often related to staff and associated provider shortages. CHSP providers failed to communicate with older people about why their services were irregular, inconsistent in quality, provided by irregular staff, and/or cancelled with no or short notice. Pressures on the limited CHSP workforce and services also meant that there was a lack of choice and flexibility in when and how these services could be delivered. The top 2 service types that these CHSP capacity and communication concerns related to were domestic assistance in particular routine cleaning (44.3%, 186 of the 420 issues related to CHSP provider capacity and communication) and home maintenance and repairs in particular routine gardening (17.4%, 73 of the 420 issues).

The provider and CHSP workforce shortages that led to older people not being able to access CHSP services are explored in more detail in section 3.2.

NACAP services showed that even older people who secured a CHSP provider, or who had a longstanding service agreement with one, had difficulty securing reliable CHSP services. In some cases, CHSP workers simply ceased coming to scheduled appointments with no communication from the provider. In other cases, older people were told that there would be a reduction or cessation of services for an indefinite period while CHSP providers recruited more staff or looked for associated providers. Other times, providers would give unreasonably long windows during the day for when a service would be provided, resulting in older people having to wait at home for long periods for a short service to be provided. In some cases, providers cancelled with short or late notice. Case examples include where CHSP providers changed a service at the last minute and then charged a cancellation fee when the older person could not accommodate the provider's change.

[21] This percentage was calculated as the sum of the following 7 issue categories (420 issues in total) over the sum of the top 10 service delivery and cost issues for CHSP (see Figure 24 for data): 1. inadequate delivery of information, 2. delivery of service inconsistent, 3. process inadequately communicated, 4. information not comprehensive, 5. lack of choice and flexibility within service, 6. limited supply of workforce, and 7. inferior quality of service.

A lack of transparent information about CHSP fees and charges was the second most common reason for contact with OPAN members about CHSP service delivery and cost issues, comprising 31.0% of the top 10 service delivery and cost issues for CHSP[22]. Network members reported an increase in the number of CHSP NACAP services that related to financial issues, although still relatively small when compared to financial issues for Support at Home and residential aged care.

Some providers appeared unaware of the updated pricing structures and range of services available under the new Act. Others began charging significantly more for CHSP services, in particular meal delivery services, with no notice to older people.

Similar to the trend seen in Support at Home, some CHSP providers are only accepting older people as clients if they agree to sign a direct debit agreement. Older people explained to advocates that this led to them being unable to manage their finances, especially if they did not use online banking. This resulted in overdrawn accounts, fees, shame and significant distress for people who had been able to manage their finances their whole life.



[22] This percentage was calculated as the sum of the following 3 issue categories over the sum of the top 10 service delivery and cost issues for CHSP (see Figure 32 for data): 1. aged care costs not understood, 2. information not accessible, and 3. fees and charges inadequately communicated.

7. Flexible care issues

Flexible care service programs include:

- Disability Support for Older Australians (DSOA)
- Innovative Care Program (ICP)
- Multi-Purpose Services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC)
- Transition Care Programme (TCP).

Issues related to flexible aged care programs accounted for 0.5% of all issues raised across NACAP services between November 2025 and June 2026 (225 of 47,682 total issues raised across information provisions and advocacy cases, see Table 1 in section 2).

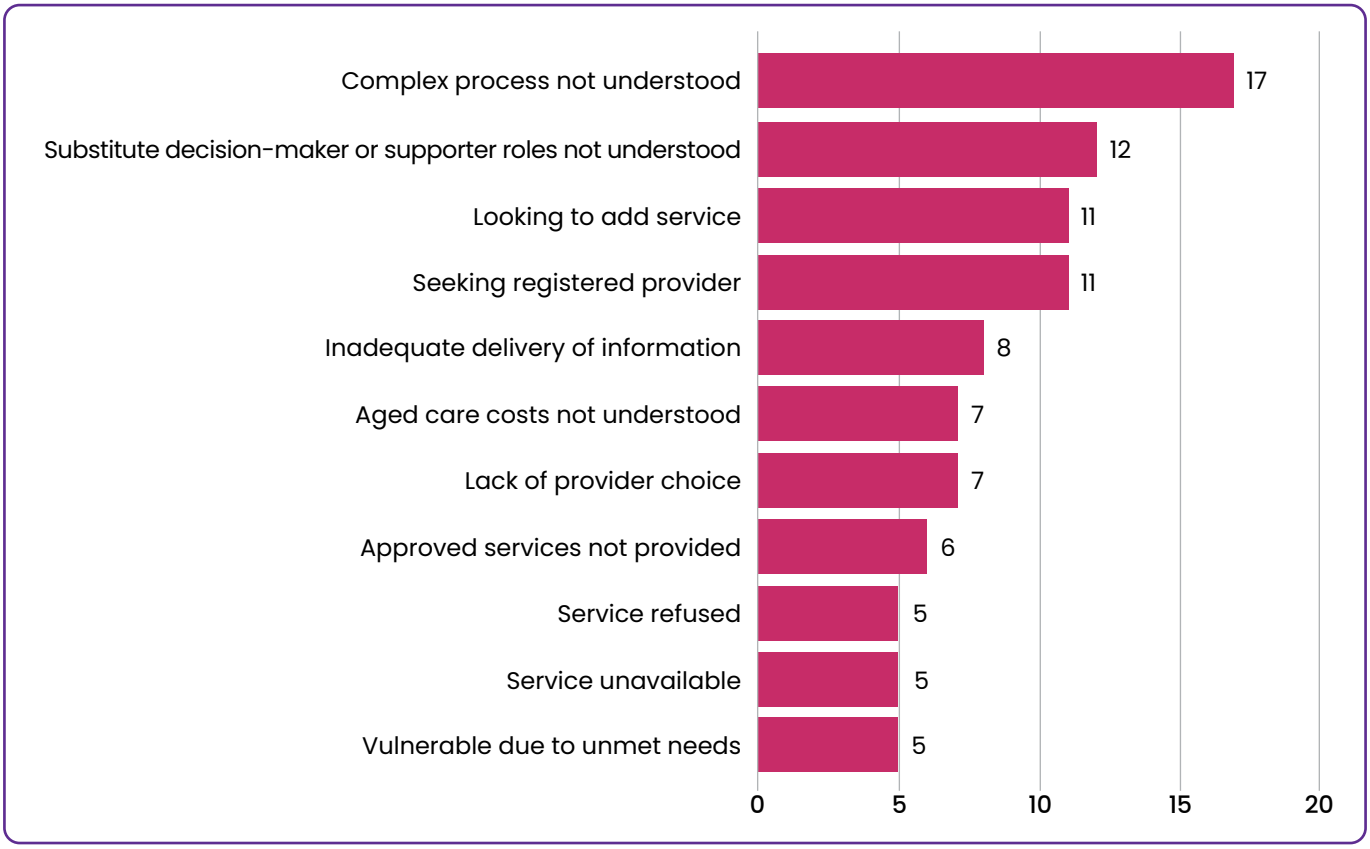


Figure 26. Top 11 access, navigation, service delivery and cost issues related to flexible care (count of issues), 1 November 2025 to 30 June 2026.

The top 11 issues relating to flexible care programs raised in NACAP services are presented in Figure 26. These top 11 issues were common across the different flexible care programs, although their order differed slightly. These top issues aligned with the findings of the qualitative analysis of case examples and feedback provided by OPAN members. Overall, the top issues relating to flexible care programs did not relate to their delivery by providers but instead related to issues accessing and navigating the programs including understanding associated costs.

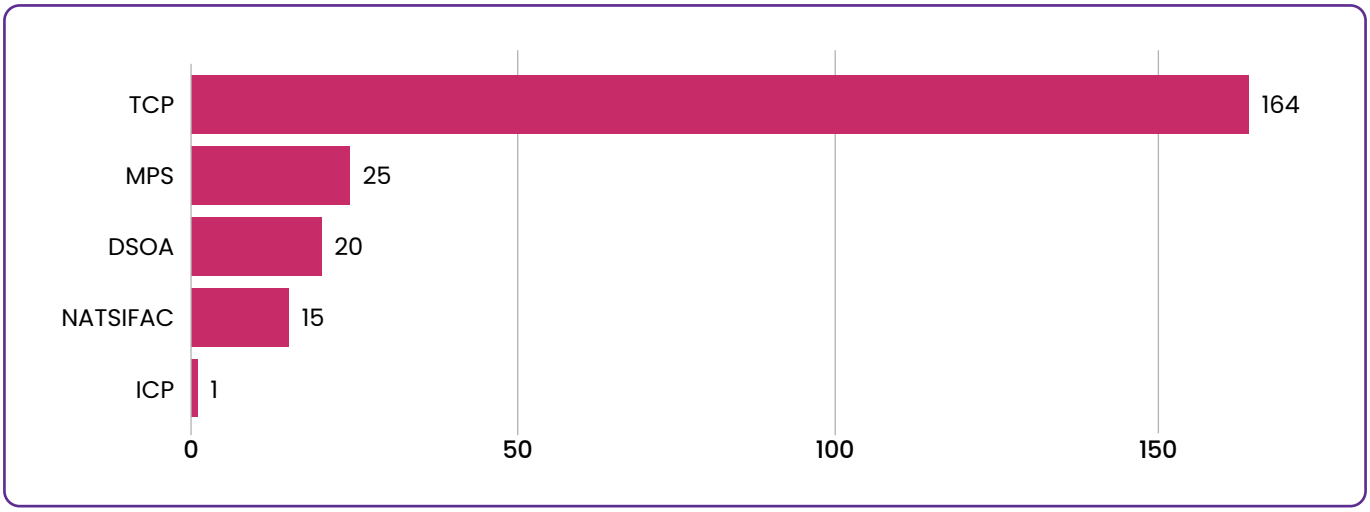


Figure 27. Issues related to flexible care raised in NACAP services by aged care program (count of issues), 1 November 2025 to 30 June 2026 (abbreviations in text at start of section 7).

Figure 27 shows the number of issues raised by the different flexible care programs across both information provision and advocacy case NACAP services. Of the 225 issues relating to flexible care programs, 72.9% were about the Transition Care Program.

The most common reason that older people sought NACAP services for flexible care programs were issues relating to accessing the Transition Care Program. Analysis of the case examples and feedback provided by network members showed that these Transition Care Program access issues were largely due to:

- the shortage of available Transition Care Program services
- aged care assessment staff shortages and waitlists for assessments in hospitals
- limited hospital, aged care provider care management, and My Aged Care staff's knowledge of the Transition Care Program and eligibility
- unclear roles and accountability across tertiary care and aged care providers for ensuring older people were supported to access a Transition Care Program.

Network members reflected that ultimately aged care providers are responsible for ensuring the transition of their clients between hospital and home, including supporting access to the care they need during transition, under the Strengthened Quality Standards outcome 7.2. However, this was not occurring with older people seeking support from network members to navigate these transitions and coordinate their own care. This raises concerns about whether older people who were unaware of NACAP services were falling through the gaps and returning to the community without adequate supports in place or facing delayed discharge from hospital.

It was also noted that some hospital and provider staff appear to have the misunderstanding that access to Transition Care Program will result in a fast-tracked and immediate transition to a Support at Home package, which is not the case. In reality, older people may reach the end of their Transition Care Program without the ongoing services they need in place to remain living at home.

8. Experiences of diverse and marginalised groups

For the cases where this was disclosed, network member case data shows that advocacy support and information was provided to people who identified with one or more of the following groups:

- People living in regional, rural and remote areas.
- People from culturally, ethnically and linguistically diverse (CALD) backgrounds.
- People with a disability, including people living with cognitive impairment.
- People who are financially or socially disadvantaged.
- Aboriginal and Torres Strait Islander persons including those from the Stolen Generations.
- People with mental health problems and mental illness.
- Veterans or war widows.
- People experiencing, or at risk of, homelessness.
- People who are lesbian, gay, bisexual, trans/transgender, intersex, or other sexual orientation or are gender diverse or bodily diverse.
- Care leavers, including Forgotten Australians and former child migrants placed in out of home care.
- People who are neurodivergent.
- Parents and children separated by forced adoption or removal.
- Adult survivors of institutional child sexual abuse.

However, in many cases, people may not have disclosed information to an OPAN member that identified them as belonging to one or more of these groups.



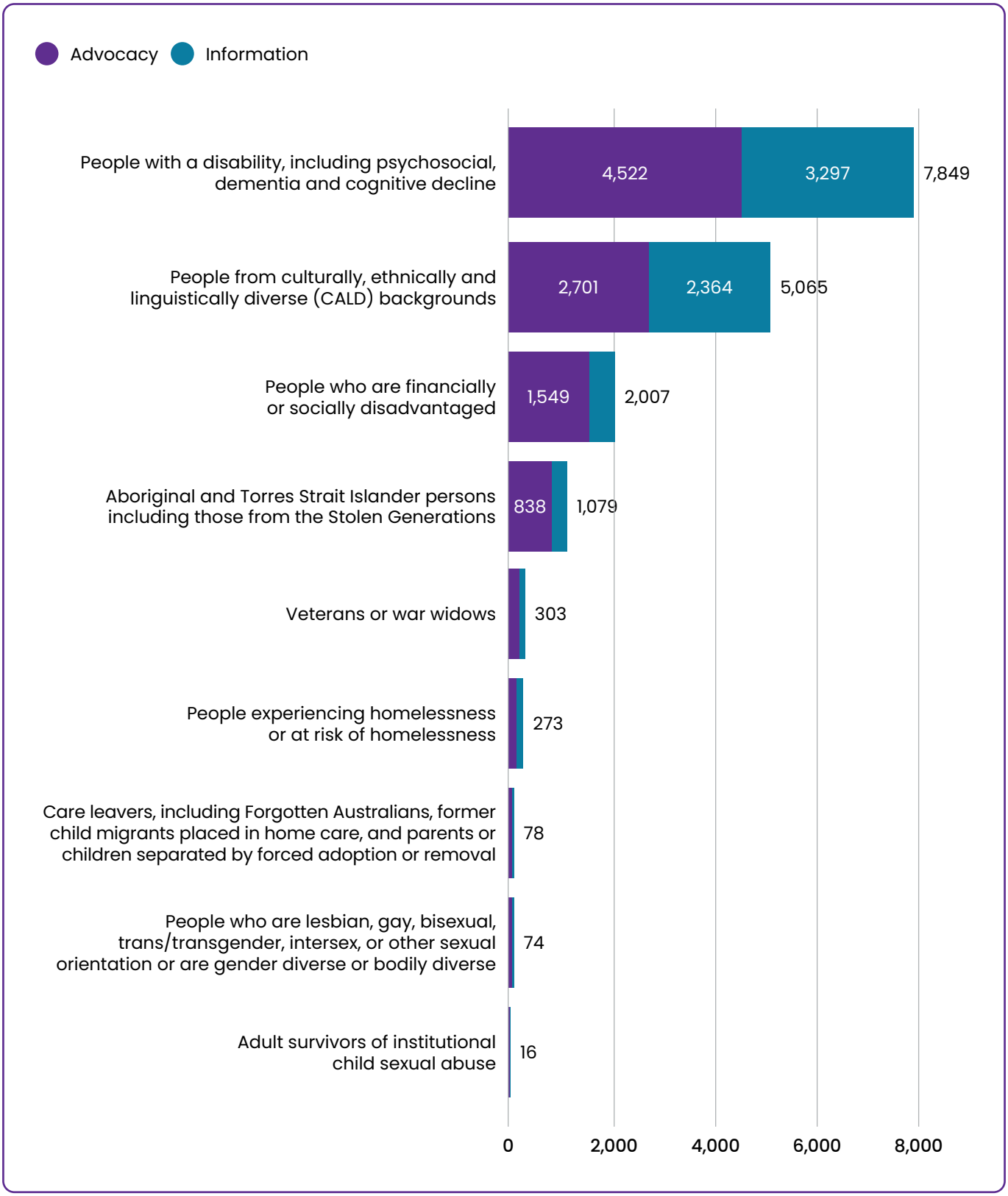


Figure 28. Older people who self-identified with one or more diverse and/or marginalised groups when seeking NACAP services (count of services), 1 July 2025 to 30 June 2026.

Figure 28 shows the number of NACAP services provided to people who identified with different diverse and marginalised groups. Although the number of NACAP information provisions comprised 74.6% of all NACAP services, the number of older people who identified with a diverse and marginalised group isn't as proportionately high for information provisions. An information provision does not involve as much interaction with the NACAP service as an advocacy case, so it is less likely that the older person would provide information about if they identity with one or more of the diverse and marginalised groups.

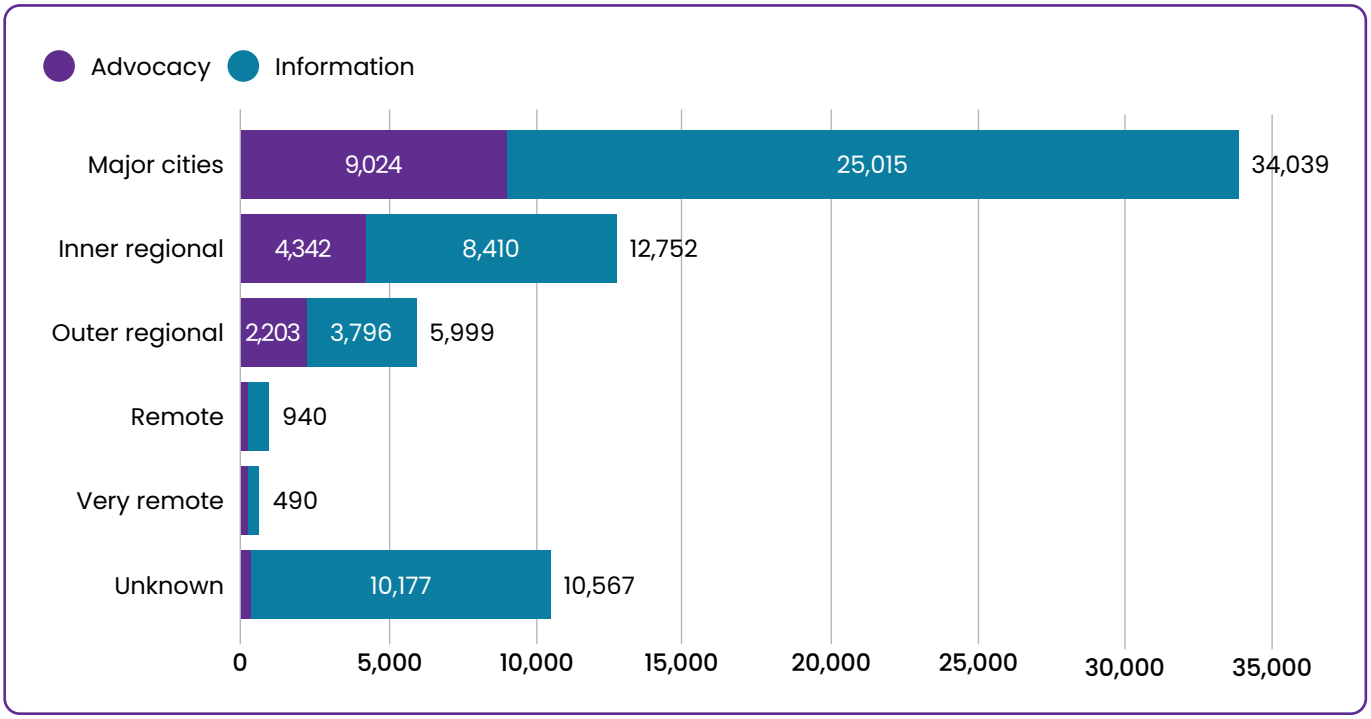


Figure 29. Number of services by remoteness of NACAP clients (count of services), 1 July 2025 to 30 June 2026.

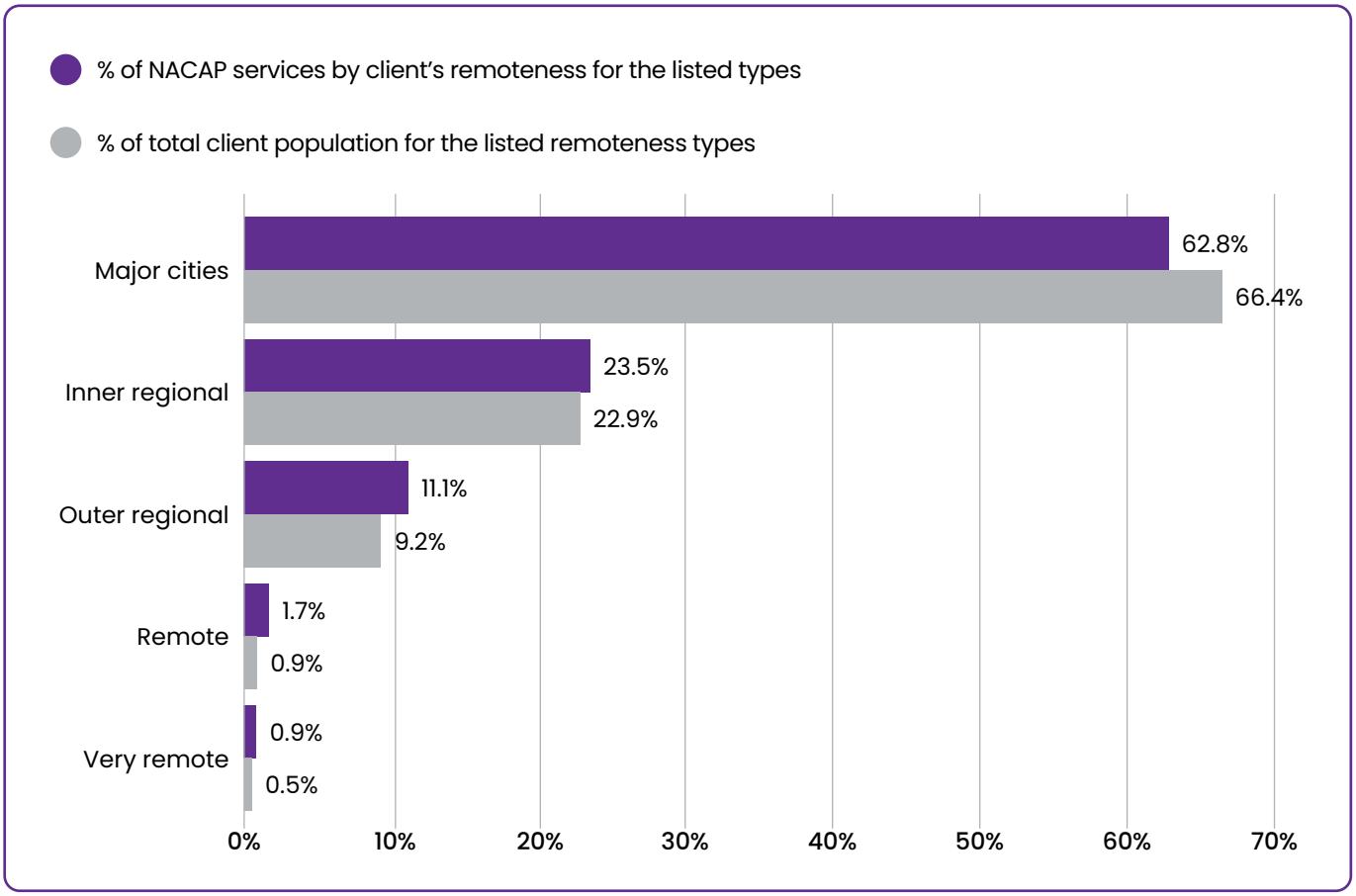


Figure 30. Comparison of remoteness by proportion of NACAP clients and proportion of aged care client population, 1 July 2025 to 30 June 2026.

A comparison of the remoteness of where people who sought NACAP services were living between July 2025 and June 2026, where relevant and disclosed, is presented in Figure 29. When compared to relative proportions for the entire Australian population for the listed remoteness types in Figure 30[23], it can be seen the OPAN member services align with these proportions and even slightly exceed them for people living in outer regional, remote and very remote areas. This indicates that NACAP services are reaching the most remote corners of Australia.

Older people who identify with one or more of the diverse and marginalised groups are more likely to experience all the issues related to access and service delivery outlined throughout this report. This is a result of the compounding effects of:

- a lack of equity and universal design principles in the aged care system resulting in discrimination
- individual aged care workers' and other aged care services staff biases and misperceptions resulting in discriminatory actions.

Section 8.1 explores the issues experienced by people seeking aged care services in regional, rural and remote areas. It is followed in sections 8.2-8.7 by an exploration of the barriers and discrimination faced by older people who identified with the 6 most common diverse and marginalised groups among older people seeking NACAP services shown in Figure 28.



[23] Source for number of aged care clients as at June 2025: AIHW Aged care data snapshot 2025 – fourth release, October 2025. https://www.gen-agedcaredata.gov.au/resources/access-data/2025/october/aged-care-data-snapshot-2025.

8.1 People seeking aged care services in regional, rural and remote areas

Lack of assessment service and aged care service availability in regional, rural and remote areas has been an ongoing issue for aged care in the past Presenting Issues reports. It appears to have become even more acute in the 2025-26 financial year as more providers exit the CHSP program.

Network members reflected that the Viability Supplement no longer being available under Support at Home appears to be negatively impacting the willingness of providers to service people living in rural and remote areas. While providers are now able to apply for a Thin Markets grant, the additional administrative burden, complexity and uncertainty appear to be disincentivising providers.

Where providers are willing to travel to an area to provide services, the travel costs that are passed on to older people are often prohibitive. These travel costs were particularly high for Support at Home, as explored in section 4 on Support at Home service delivery and cost issues.

There were many examples provided where My Aged Care staff, aged care providers and others in the aged care system appeared to not understand the distances and barriers faced by older people in regional, rural and remote areas. The provision of interstate remote care management and the sole use of associated providers by aged care providers only compounded the lack of understanding of the reality faced by their clients.



Case Example 24

An older person living in a remote area contacted a network member with a request for support in understanding the aged care they had been approved for and how to access services.

The older person and advocate accessed the My Aged Care portal and saw that the older person was approved for CHSP services. The older person and advocate looked on My Aged Care to find a provider and found one CHSP provider in their location.

The provider explained to the older person that they were unable to accept new clients as, while they had the staff in the area, they had exhausted their CHSP funding for the year.

The advocate attempted to find more providers who could service the area, but there weren't any available.

The older person and advocate requested a reassessment with the hope of being approved for Level 1 or 2 Support at Home funding, but this was declined with the reason that the older person did not meet the criteria.

The case was closed without a resolution.

Many examples were provided where older people were required to travel unreasonably long distances for services by their aged care provider. In one case, an older person made an 8-hour round trip for a 45-minute appointment with a physiotherapist. The use of telehealth, with appropriate local allied health assistants and support staff, was not considered as an option in this case.

People living in regional, rural and remote areas were also disproportionately affected by the increased fees and/or restrictions providers are placing on the use of associated providers (see section 4 on Support at Home service delivery and cost issues). Often, Support at Home providers rely on associated providers to deliver services in regional, rural and remote areas leaving older people with no option but to accept the higher fees and resulting reduction in services in order to stay within budget. Advocates noted that for people who relied on rainwater tanks for water, the exclusion of water tank cleaning was a significant risk to older people's health and their ability to remain at home. In some advocacy cases, CHSP and Support at Home providers extended this exclusion to include any drains or grates directly connected to the water tank.

Older people who had concerns with their providers were reluctant to raise them, even with advocacy support, due to a lack of or no alternative options should the relationship break down. In some cases, provider staff made statements that reflected that they were aware of the power they had over the situation, expressing that the older person had no other option than to accept what they could offer, no matter how poor the quality or infrequent the service.

Network members reflected that the multiple compounding barriers and inequities faced by older people in outer regional, rural and remote areas is leading to older people moving into residential aged care in regional centres, even when they would be able to live at home with CHSP or Support at Home services. This places further pressure on the already limited residential aged care services in regional Australia.



8.2 People living with a disability

If a person is eligible for aged care services, they are likely to be experiencing an interaction between their functional abilities and environmental and social barriers that affect their ability to participate in everyday activities and in society without appropriate supports. This is a common definition of disability. However, not all older people would identify with the term, especially if they first experienced disability in later life and instead considered this "just a normal part of getting older". This section focusses on the case examples and definitions of people who self-identified as having a specific form of disability.

Older people who had lived with a disability since earlier in life continued to face difficulties in accessing the supports they required after entering the aged care system. Older people receiving NDIS services expressed pressure to move to the aged care funding system, leading to significant distress as they knew this would result in a reduction in supports specific to their needs.

Advocates noted that the cessation of eligibility of older people receiving Support at Home for the Continence Aids Payment Scheme from February 2026 led to increased pressure on older people's already stretched budgets due to increased service costs.

8.2.1 People living with cognitive impairment including dementia

The most common disability that people who sought NACAP services identified with was cognitive impairment including dementia, with 4,233 services provided (2,163 information provisions and 2,070 advocacy cases).

The barriers caused by the lack of accountability for supporting older people to access and navigate the complex aged care and associated systems outlined in section 3.1 is only compounded for older people living with cognitive impairment.

As reported in the 2023-24 and 2024-25 Presenting Issues reports, there continued to be many examples where older people living with dementia were 'screened out' of residential aged care through respite placements or based solely on the disclosure of a dementia diagnosis and behavioural support needs on admission. The issues seem to be becoming even more pronounced as demand for residential aged care places increases, especially supported places for older people with low means. As reflected in the 2024-25 Presenting Issues report, this is a serious systemic issue and questions whether the intent of residential aged care has been lost. If residential aged care does not support older people with the highest support needs who do not need tertiary care, then which system does?

OPAN members provided multiple examples where older people living with dementia were not provided with appropriate cognitive impairment supports, the third most common service type associated with residential aged care service delivery and cost issues (see section 5 on residential aged care service delivery and cost issues). Multiple advocacy case examples were provided by network members where older people living in residential aged care called saying that a fellow resident living with dementia had physically or verbally abused them. Often, providers had expressed that there was nothing they could do as the person had dementia and that the older person experiencing abuse should 'just stay away from them'. Once advocates became involved it became apparent that the person living with dementia was not being adequately supported. In many cases, once the appropriate supports for the person living with dementia were in place, the older person who contacted the network member with concerns about abuse said that they no longer had concerns about their safety. These cases raise concerns about how safety issues involving older people living with dementia are identified and addressed, particularly where the person's support needs may not be recognised until they begin to impact the wellbeing and safety of other residents.

8.2.2 People who are deaf, deafblind, vision impaired and hard of hearing

Older people identified as deaf, deafblind, vision impaired and hard of hearing in 464 NACAP services in 2025-26 (111 information provisions and 353 advocacy cases). However, this is a very low number given the prevalence of sensory impairment in the population of people aged 65 and over. This is likely due to self-identification as having a sensory impairment likely only occurred when it was directly related to the reason for seeking NACAP services.

As in previous years, many case examples were provided where older people with sensory impairments did not receive the supports required to be able to communicate with their provider. This meant that they became socially isolated, whether living at home or in residential aged care. Often, older people's communication support requests were only actioned once an advocate became involved.



Case Example 25

An older person sought advocacy support from an OPAN member as they were not feeling supported by their provider with understanding their fees and charges. The older person had a vision impairment and had explained to their provider that they could not read small, printed text.

The older person did not understand what ongoing fees needed to be paid, as they could not read their statements and financial agreement. They were confused, as they had paid a significant Refundable Accommodation Deposit (RAD) and thought that should cover all costs. As a result, they had not been paying their invoices and had accumulated a large debt with the provider. The older person felt overwhelmed when the provider pursued the debt, as they still did not understand what it related to.

The advocate visited the older person on several occasions and verbally stepped through aged care costs. The older person, advocate and facility management had a meeting. The older person requested that statements and all written documentation be provided in an easy-to-read format (larger font). The provider agreed.

The older person and provider reached an agreement for payment of the debt and ongoing fees after the older person had a chance to read and understand the financial agreement and statements.

8.2.3 People with mental health problems and mental illness

Older people identified with living with mental health problems or mental illness in 912 NACAP services in 2025-26 (310 information provisions and 602 advocacy cases).

The My Aged Care registration and assessment process can be overwhelming for individuals with PTSD and mental health conditions. The process seems unnecessarily onerous and overwhelming for those who are solely seeking social supports (e.g. community outings) to improve their mental health and wellbeing, and thereby their ability to remain living independently.

Advocates reflected that any prior experience of depression or anxiety increased older people's distress in the face of the issues with service access and delivery explored throughout this report.

A common theme in reflections from network members and case examples was that older people were experiencing mental health problems for the first time in later life and they attributed this to being the direct result of the issues with accessing appropriate aged care services explored throughout this report. Advocates reported an increase in suicidal ideations from clients who felt that their care needs were not being met and that they were a burden to society and/or family and friends.

8.3 People from culturally, ethnically and linguistically diverse (CALD) backgrounds

Older people from culturally, ethnically and linguistically diverse (CALD) backgrounds face difficulties in accessing services that can meet their specific cultural and linguistic needs. While aged care providers should facilitate translation services where required, often this does not occur, and it is the 'luck of the draw' if an older person ends up in a facility with staff that speak their language. This means that if older people from CALD backgrounds do find a provider that can communicate with them in their preferred language or meet their cultural needs, they are reluctant to raise concerns due to fear of damaging the relationship.

In many advocacy cases involving older people who have a preferred language other than English, aged care providers do not facilitate access to interpreter services. This often contributed to the older person seeking advocacy support, leaving it to the advocate to organise access to interpretation services needed for discussions with provider staff. Advocates also reflected that conversations facilitated through an interpreter without specialist knowledge of the aged care system and associated terminology often led to key information not being communicated effectively. This highlighted the need to ensure that a range of plain-language translated resources are available, not only for older people but also for interpreters to quickly gain an overview of key aged care terms and concepts.

Network members reflected on cases where cultural differences and communication styles were not fully understood or appropriately considered by the provider. For example, some older people from CALD backgrounds told advocates they were perceived as aggressive or difficult due to differences in communication style such as speaking loudly or using expressive hand gestures. In some circumstances, these misunderstandings resulted in multiple care workers being assigned to a client, rather than establishing a consistent care relationship. In these cases, advocates worked with clients and their providers to emphasise cultural responsiveness, communication preferences and care planning.

Access to meals that aligned with the person's cultural and spiritual needs and diverse palates was an ongoing issue. Even when requesting simple adjustments that could be addressed through providing extra sides that could be given to only those individuals who requested it (e.g. sauces or spice additions), older people faced barriers. It was noted that for many older people, appetite decreases with age so the negative effects of a lack of palatable food can have significant impacts on their nutritional needs being met.

8.4 People who are financially or socially disadvantaged

As noted in section 3.3.2 on accessing Support at Home, the Integrated Assessment Tool did not appear to adequately capture that older people can be socially disadvantaged even when living with other adults. This resulted in priority levels for funding being inappropriate. Other adults in the household, in particular adult children, may be unable to provide the level of support the older person required for a range of reasons. As explored in section 9 on abuse of the older person, this placed increased pressure on informal carers, therefore increasing the risk of abuse.

Older people often seek support of adult children, friends and family in navigating the aged care system. This means that older people without social connections, or none with the required skillset to navigate the complex system, are disadvantaged.

There appears to be an increasing gap in the ability to secure a residential aged care place between older people that have significant income and assets and those that don't (see section 3.4.1 for detail). In particular, this related to gaps between the 'haves' and 'have nots' due to:

- a preference for people able to pay the Refundable Accommodation Deposit (RAD) and requiring a supported accommodation place
- an apparent preference for older people who can afford to pay Higher Everyday Living Fees (HELF).

The inequities between the 'haves' and 'have nots' in residential aged care continues once people have secured a residential aged care place due to only some people being able to afford to pay HELF fees. This was of particular concern as providers began to include services and items that were previously considered 'standard' under HELF charges, as explored in section 5.1 on residential aged care service delivery and cost issues.

Increasing disparity between older people with significant income and assets and those without was seen under the Support at Home program. As explored in section 4.1.1.2 'Transitioned clients felt misled that they would not be worse off', providers increased service prices and subsequently decreased services to fit within budgets. Older people who could afford to turned to privately funded services while older people with limited financial means went without essential services.



8.5 Aboriginal and Torres Strait Islander persons including those from Stolen Generations

Network members reflected that the lack of Aboriginal and Torres Strait Islander assessors and assessment pathways continued to be a significant barrier to older Aboriginal and Torres Strait Islander people accessing the services they needed, and contributed to significant inequities.

OPAN's National Aboriginal and Torres Strait Islander Network advocates reflected that the rising service costs under Support at Home and resulting reduction in services that older people are facing was particularly affecting Aboriginal and Torres Strait Islander people due to their past traumatic experiences of systemic, institutional and structural abuse by colonial governments. Advocates provided many examples of older Aboriginal and Torres Strait Islander people feeling targeted by these reforms that had impacted their quality of life, with numerous expressions of suicidal thoughts in the face of reduced services. One advocate shared that they are supporting an older person with Level 4 Support at Home funding whose provider can only manage two hours a week on their budget.

Due to these past traumatic experiences of systemic, institutional and structural abuse by colonial governments, older Aboriginal and Torres Strait Islander people are also less likely to proceed through the onerous and significant financial disclosure required to receive financial hardship assistance. Advocates provided examples where older Aboriginal and Torres Strait Islander people caring for their grandchildren were reluctant to provide the detail requested in the financial hardship application process, fearing that this could lead to having their grandchildren taken away from them.

Advocates reported that when supporting older Aboriginal and Torres Strait Islander people in their attempts to contact the Indigenous line at Services Australia, they often had long wait times as they were erroneously transferred back and forth between other areas (e.g. jobseeker and disability).

The increased fees and/or restrictions providers are placing on the use of associated providers explored in section 4 on Support at Home service delivery and cost issues was particularly negatively impacting older Aboriginal and Torres Strait Islander people who had to access services through a mainstream provider. For example, older Aboriginal and Torres Strait Islander people were no longer able to access culturally appropriate meals when providers implemented the restriction to a single meal provider. In another example, a provider was charging over $300 per hour (standard business hours) for associated Aboriginal and Torres Strait Islander health practitioner and health worker services. In comparison, the provider was charging $250 per hour for care by a registered nurse and $220 per hour for care by an enrolled nurse. Support to return to country and attend cultural events was increasingly having to be deprioritised by older people due to the increased costs of other services and the pressure on their budgets. This was leading to significant negative impacts on their health and wellbeing.

Case Example 26

An older Aboriginal person contacted an OPAN member for support with reassessment. The older person explained they had transitioned to Support at Home from a Level 4 Home Care Package.

The older person explained that the hours of support received under the new pricing schedules were insufficient to meet their needs. The older person explained that they have had to miss out on attending cultural events and accessing community and country due to the reduction in services under Support at Home.

The older person had already self-advocated, and the reassessment was scheduled. The advocate provided information on what to expect at the reassessment.

The advocate attended the reassessment with the older person who self-advocated for the difficulties they were facing with meeting their gardening, meals, social support, home modifications, shopping assistance and assistance with medication service needs. The older person highlighted the importance to them of attending cultural events and accessing community and country.

The assessor explained they will tick the 'urgent circumstances' box, as well as confirm the older person identifies as Aboriginal – both of which may reduce wait times for the older person.

Ultimately, the outcome of the assessment was the same level of funding the older person was currently receiving.

The older person requested support to seek a review of the outcome.

The entrance of more Aboriginal Controlled Health Services (ACCHOs) or expansion of scope and role in the aged care system was welcomed by network members. However, concerns were raised by OPAN's National Aboriginal and Torres Strait Islander Network that they were not sufficiently supported to understand the complex aged care system, including financial subsidies and associated processes. This was leading to staff at some ACCHOs providing outdated or incorrect information to their clients.

Advocates noted that while information is available in many languages on My Aged Care, there are no translations to Aboriginal and Torres Strait Islander languages.

Network members reflected that the review and complaints mechanisms available in the aged care system, including for review of assessment decisions and concerns about providers, do not feel safe for some Aboriginal and Torres Strait Islander people. This resulted in Aboriginal and Torres Strait Islander people avoiding these processes and not having their grievances addressed.

Most Aboriginal and Torres Strait Islander people live in major cities. However, Aboriginal and Torres Strait Islander people represent a higher proportion of the total population in inner regional (5.3%), outer regional (9.0%), remote (19.6%), and very remote (47.1%) areas than in major cities (2.2%)[24]. This leads to Aboriginal and Torres Strait Islander people being disproportionately affected by the barriers and issues explored above for people living in regional, rural and remote areas.

The issues with CHSP providers not accepting older people as clients if they received Support at Home services from another provider explored in section 3.2 was a particular issue observed for older Aboriginal and Torres Strait Islander people. Others refused older people approved for CHSP services who were not on the waiting list for Support at Home funding allocation.

The financial hardship application process was noted by advocates as being particularly onerous for older Aboriginal and Torres Strait Islander people living in remote areas. In one example, an Aboriginal couple aged in their 70s drove 8 hours to reach their 'local' Services Australia office in an attempt to receive support to complete their financial hardship application. However, their 'local' office does not have an Aged Care Specialist Officer (ACSO) onsite that they could meet with. They were told the closest office where they could receive support from an ACSO was a 15-hour drive from their hometown.

The exclusion of fuel costs or the ability to pay local members of the community to drive older Aboriginal and Torres Strait Islander people in rural and remote areas to appointments was noted as a recurring issue. There were often no aged care staff in these areas available to drive older people to appointments and this left them without access to essential health and aged care services.

8.6 Veterans or war widows

NACAP services continue to show that veterans and war widows with Department of Veterans' Affairs (DVA) entitlements often face confusion and duplication when accessing aged care services. Current systems lack integration between DVA and My Aged Care, forcing clients to navigate two separate bureaucracies.

Network members reported that veterans do not always receive the trauma-informed support they require through the navigation of the DVA and aged care system, and access of the aged care system. This leaves concerns for those who are unaware of NACAP services and how to seek support.

[24] Data source: Australian Institute of Health and Welfare 2025. Aboriginal and Torres Strait Islander Health Performance Framework: summary report June 2025. AIHW: Australian Government. Accessed 8 October 2026.

8.7 People experiencing, or at risk of, homelessness

Network members reflected that there continues to be a lack of integration of tertiary care, aged care and social services including housing support services. Multiple examples were provided of older people being discharged from hospital without the housing required for the older person, including in terms of the accessibility and safety of the accommodation and the ability for the aged care provider to deliver services including home modifications.

Case Example 27

An older person who was experiencing homelessness was discharged from hospital to a charity's accommodation.

The charity accommodation manager contacted the advocacy service with concerns that the accommodation was not suitable for the older person's needs. The charity had not been informed of the older person's high level support needs, or that they were a transitioned Level 4 Home Care Package recipient, and a new Support at Home provider was not secured before discharge. The accommodation also had accessibility issues, being designed for ambulant people who did not require assistance with activities of daily living.

The suggestion from the hospital was that the on-site charity staff could support the older person with transfers in and out of bed, personal care, meal preparation, and feeding. The accommodation staff were not trained to provide these services and did not have capacity to do so.

After raising these concerns with the hospital, the charity accommodation manager was told that the hospital had no available beds and that the older person was on a waiting list for a residential aged care facility. The expected wait time for the residential aged care facility was 12-18 months.

The advocate contacted the hospital social worker and raised concerns about the unsafe discharge. The hospital agreed to readmit the older person until appropriate accommodation could be found. The older person was then discharged to supported accommodation where their care needs could be safely met.

There were continued concerns that older people living in temporary or permanent non-house dwellings such as caravans, house boats or other temporary or moveable spaces were refused CHSP and Support at Home services. This appeared to stem largely from concerns by providers that the dwelling did not meet a perceived requirement for a 'home', or that their staff could not work safely in those dwellings.



9. Abuse of the older person

OPAN members provided 864 information provisions and 78 advocacy cases relating to abuse of older people.

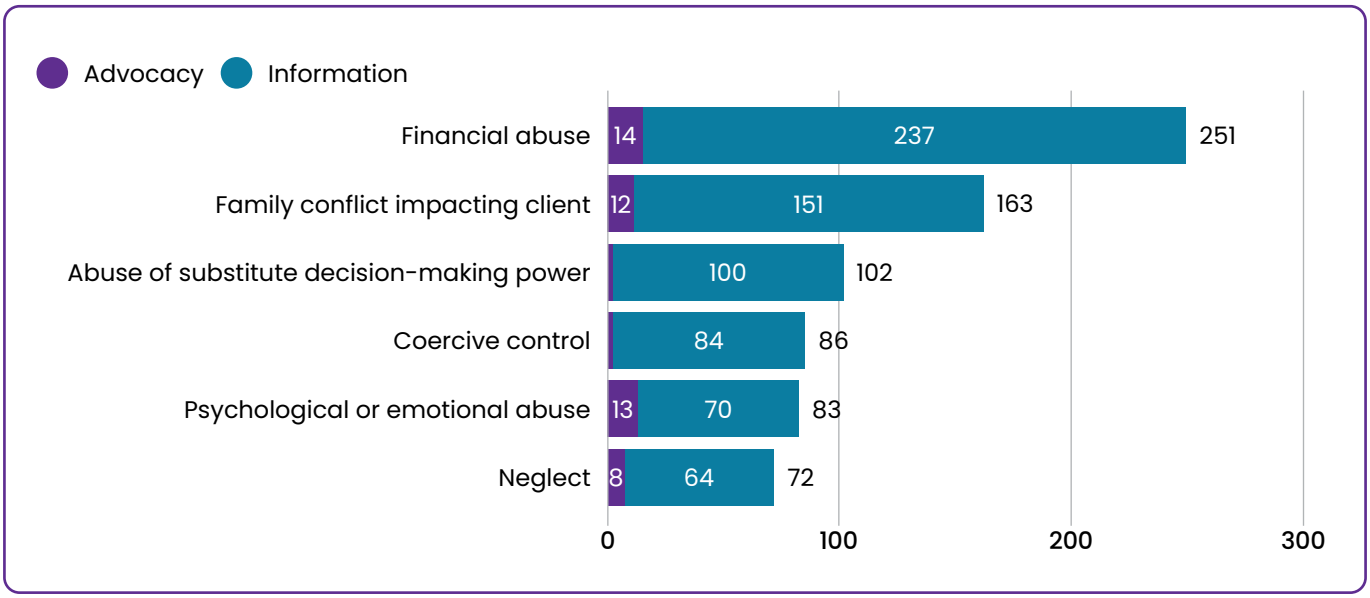


Figure 31. Top 6 abuse of older person issues raised in NACAP services (count of issues), 1 November 2025 to 30 June 2026.

In total, 961 issues were raised across NACAP services relating to abuse of the older person. The top 6 issues raised are presented in Figure 31. Analysis of the reflections and case examples provided by network members showed that in almost all cases these top 6 types of abuse were perpetrated by people other than aged care workers. The majority of these contacts were information provisions as the role of NACAP services is to provide information and referrals to other organisations that can support people experiencing abuse. In those cases that resulted in advocacy by the network member, it was often because the abuse also related to the provision of aged care as:

- the abuser was using the aged care system to abuse the older person for example by forcing someone to enter residential aged care or withholding approval of services as their substitute decision-maker
- advocacy support could contribute to ensuring that the appropriate aged care services were in place and thereby potentially reduce the risk of abuse or limit its harm.

The qualitative findings showed that financial abuse was most often perpetrated by people the older person felt a sense of responsibility towards, such as children and grandchildren, and by people who provided informal care for the older person. In some cases, the older person saw the financial abuser as their carer or intimate partner. Financial abuse included pressuring the older person to give the abuser money, to transfer assets into their name, to sell assets and give them the proceeds, and to give other items of value including food and vehicles. In other cases, adult children and spouses living with older people pressured and even threatened them into entering residential aged care so that they could have sole use of the 'family home'.

Abuse of substitute decision-making powers was often for the purpose of financial gain for the abuser. This included by pressuring older people not to enter residential aged care and sell the family home, which they saw as diminishing their potential future inheritance. This abuse due to perceived potential impacts on inheritance also included substitute decision-makers refusing to agree to aged care services which involved a financial contribution by the older person, such as some Support at Home services and residential care services which attracted a Higher Everyday Living Fee (HELF).

However, older people and their supporters also contacted network members for support with concerns that substitute decision-making powers were also abused for psychological or emotional abuse. Most commonly, this included substitute decision-makers attempting to control who the older person was able to visit or be visited by in residential aged care. A positive trend was that residential aged care providers appeared to be more alert to this form of abuse, connecting older people with a network member for information and support.

Case Example 28

An older person contacted a network member for support as the person who was their appointed substitute decision-maker was restricting the older person from leaving the residential aged care where they were living to visit their friend living independently nearby.

The advocate provided information on the older person's rights and sent them some information on substitute decision-makers and the Statement of Rights.

The older person said that after receiving that information, they felt confident to raise the issue with their substitute decision-maker.

The outcome of the discussion between the older person and their substitute decision-maker was that the older person was able to resume visits to their friend. The older person also said they felt more confident about asserting their rights in future discussions with their substitute decision-maker after receiving information from the advocate.

Coercive control is a pattern of psychological and/or physical abuses which over time degrade a person's sense of self-worth and creates a constant sense of fear, eventually leading to the abuser controlling many aspects of the person's life[25]. The case examples provided by OPAN members showed that coercive control was often related to financial, psychological and emotional abuse and neglect of the older person. In some cases, abusers also used their substitute decision-making powers and processes to coercively control older people.



[25] Attorney-General's Department. Understanding how coercive control can affect older people. Australian Government. https://www.ag.gov.au/families-and-marriage/publications/understanding-how-coercive-control-can-affect-older-people, cited 31 August 2025.

Case Example 29

An older person who was socially isolated in the community contacted a network member and described feeling afraid of their adult son. The older person lived alone and was socially isolated.

The son had initiated actions in attempt to get substitute decision-making power over the older person.

The older person explained they had significant care needs but did not know how to navigate the health and aged care systems. They explained they were born overseas and did not speak English as a first language.

The advocate connected the older person with a legal service to support them through the tribunal process. The outcome of the tribunal process was that no substitute decision-maker was appointed and the older person retained full decision-making capacity.

The advocate supported the older person to be assessed for and access Support at Home services through a local provider. The older person also reconnected with their GP and scheduled regular visits.

Examples were provided where adult children promised to care for the older person, at times moving in with them to 'pool resources' and/or better be able to care for the older person. In some cases, it was apparent that the adult children never intended to provide care or financial support to the older person, engaging in a pattern of coercive control through psychological, physical and financial abuse, often resulting in significant neglect of the older person.

At times adult children committed to providing all the care the older person needed with genuine intentions to do so. However, this placed the older person at risk of abuse when other adequate supports were not in place for the older person and their informal carers. The risk for abuse was particularly high if the adult child also had other commitments, were under financial pressure, had support needs of their own, or simply did not have the capacity, skills and training to appropriately care for the older person. As noted in section 3.3 on Support at Home access issues, the assessed priority rating for Support at Home funding allocation did not appear to adequately assess a carer's ability and capacity to provide support or the risk of abuse by household members. As a result, even when the provision of appropriate aged care services could have been a protective factor, the aged care system ended up being a contributor to the risk of abuse of the older person.

Case Example 30

Advocacy support was provided to an older person with significant support needs as a result of dementia and their partner, who was also their informal carer.

The carer contacted the advocacy organisation as they were under significant financial, physical and emotional strain. The aged care services their partner was approved for were no longer meeting their needs. They had sought a reassessment, but the reassessment resulted in an offer of Support at Home funding at a lower level than the CHSP services they were currently receiving and confusing contradictory information about their appeal rights.

An advocate connected with the older person and their carer to support them throughout the reassessment process.

Over the period of advocacy support for reassessment, the carer reported escalating stress and exhaustion, stating that they were concerned about their ability to continue caring for their partner safely without adequate supports. This was heightening the risk of unintentional neglect and harm.

The advocate supported the older person and their carer, who was also their substitute decision-maker, to submit a request for review of the assessment decision.

Family conflict negatively impacting the client appeared to be more likely when the older person was living with adult children, providing care for grandchildren, or had other inter-dependencies with their family. When adult children separated from their partners and there was conflict over living arrangements, finances, and/or access to children this created pressure on, and significant distress for, the older person. Conflict also arose when adult children disagreed with each other about the aged care decisions the older person was making, with the views of the older person often being overlooked by all engaged in the conflict.

10. Conclusion

Overall, the two top issue themes that arose from NACAP services between 1 November 2025 and 30 June 2026 were:

- systemic lack of responsibility for supporting older people to navigate the system and access aged care
- increased costs, decreased services and a lack of care management under Support at Home

10.1 Systemic lack of responsibility for supporting older people to navigate the system and access aged care

Older people faced issues across all areas of the aged care system from initial contact through to assessment, understanding assessment outcomes, completing financial assessments, to finding a provider. Three main themes emerged:

- the aged care system is complex and difficult to navigate
- there are long wait times for assessment and reassessment
- after being assessed, older people do not receive the information they need to navigate the next steps towards receiving aged care services.



A common trend in NACAP services was uncertainty amongst aged care services about who was responsible for supporting older people to navigate the system and secure aged care services. Older people had often been sent back and forth between assessment organisations, aged care providers, My Aged Care, care finders and Services Australia before seeking support under NACAP.

Barriers to access under the Single Assessment System, which was implemented in November 2024, were identified as an emerging issue in the 2024-25 Presenting Issues Report by OPAN. The concerns regarding older people not being able to have the supports they wanted and needed during the assessment process continued in 2025-26. For example, by only receiving a phone assessment, not having their requested supporters included, or not being connected with professional interpreter services. This meant older people could not appropriately articulate the full extent of their needs during an assessment and understand the next steps. In 2025-26, concerns about the assessment process further increased with numerous examples of the new Integrated Assessment Tool (IAT) not adequately capturing older people's aged care needs and their urgency.

Access issues were compounded by the acute shortage of CHSP services and the lack of residential aged care places, especially for older people with complex needs.

10.2 Increased costs, decreased services and a lack of care management under Support at Home

Support at Home was the most common program older people sought NACAP services for, comprising 58.47% of the November 2025 to July 2026 NACAP services delivered across Support at Home, CHSP and residential aged care (see Figure 6, section 2). This was disproportionately high given that only 25% of the aged care population across these programs received Support at Home services.

Poor communication by providers about service options, costs and in response to client concerns was the top Support at Home service delivery and cost issue theme. This stemmed largely from inadequate care management, including:

- high turnover, or complete lack of, care management staff
- a lack of communication by care managers
- a lack of responsibility by care managers for ensuring the older person received the services they needed in line with their budget and care plan.

Older people and network members reflected that the 'no worse off principle' for clients 'grandfathered' from a Home Care Package to Support at Home was, in reality, a misnomer. While the older person's financial contribution to their care may not have increased, many older people were indeed much 'worse off' as they were no longer able to afford essential services. While service costs across the Support at Home program were higher than under Home Care Packages, there were striking increases in fees for:

- care management
- meals
- allied health services
- transport
- travel costs to provide services
- extra fees for services that should fall under care management
- surcharges for associated providers.



Appendix A: Scope and methods

This report is based on a mixed methods approach which combines findings from qualitative data on presenting and emerging issues with quantitative data reported as part of the OPAN NACAP National Minimum Dataset. Through this iterative mixed-methods approach, a detailed thematic analysis of the top issues for each aged care stage/program emerged.

A1. Quantitative data

A1.1 Reporting period

Unless otherwise stated, quantitative (numeric) service data presented in this report relates to NACAP services that began in the period 1 July 2025 to 30 June 2026, noting that some services, particularly advocacy cases, can continue over several weeks. Where an alternative reporting period is noted, the dates relate to the when the services began.

A1.2 Geographic coverage

Descriptions and statistics in this report cover all network operations across Australia.



A1.3 Quantitative data sources

The quantitative data relating to services presented in this report is principally based on data submitted to OPAN from network members.

Aged care client data, excluding new Support at Home clients, is based on the Australian Institute of Health and Welfare (AIHW)'s Aged Care Data Snapshot (release 4), which was current on 30 June 2025, and has been applied for the period 1 July 2025 to 30 June 2026 to enable comparisons of NACAP services and aged care population by remoteness and aged care program type.

For the purposes of Support at Home client counts and comparisons in this report, clients transitioned from Home Care Packages to Support at Home since November 2025 have been treated as clients of Home Care Packages at 30 June 2025 from the AIHW Aged Care Data Snapshot (release 4). Aged care client data for new Support at Home clients is based on the Department of Health, Disability and Ageing's Support at Home program data report 1 November – 31 December 2025, which was current on 31 December 2025 and has been applied for the period 1 November 2025 to 30 June 2026 to enable comparisons of NACAP services and aged care population by aged care program type. Note that remoteness data for new Support at Home clients was not available at the time of reporting.

A1.4 Definitions

Statistics are predominantly based on the service definitions in the OPAN NACAP National Minimum Dataset Data Dictionary and Guidelines. Data is captured by network members based on the definitions in the version current at the time of their reporting to OPAN. Between 1 July 2025 and 31 October 2025, version 1.5.1 was current. Between 1 November 2025 (the date of the commencement of the Aged Care Act 2024) and 30 June 2026, version 1.6 was current.

A1.5 Methodology

This report refers to counts of services, cases and issues, which are derived from the quantitative data supplied by network members.

A ‘service’ can refer to advocacy casework or information provision. A ‘case’ refers to advocacy casework only.

Counts of issues are presented in addition to counts of cases, as one case can involve multiple issues raised by an older person.

A1.6 Disclaimer

The statistics in this report may differ to other sources that utilise the same data and coding specifications. This will be due in part to the data collection and preparation methods used to generate the tables and charts in this report which included identification and correction of errors in historical data. As some services are still open or ongoing at the time of reporting, data is subject to review and amendment as more information becomes available, and as OPAN refines its systems for data capture, validation and reporting. This may result in variation between historical and future reports. OPAN and OPAN’s 9 members accept no legal responsibilities for this publication’s contents. To the fullest extent allowed by law, OPAN, the 9 members and their representatives exclude all liability in respect of the information and opinions expressed in this publication.



A2. Qualitative data – Network members' emerging and top issues discussions and case examples

A2.1 Qualitative data sources

Throughout 2025-26, OPAN member advocates contributed to national meetings where top and emerging issues were discussed. These national meeting discussions were documented and considered as part of the analysis that informed this report. This included the documented discussions at the regular ongoing meetings of OPAN member advocates as part of the:

- National Aboriginal & Torres Strait Islander Advocates Network
- Financial Advocacy Officers' (FAO) Community of Practice
- Higher Everyday Living Consultative Group (a sub-group of the FAO Community of Practice)
- Rural and Remote Community of Practice
- Support at Home Community of Practice.

In addition to the above meetings, OPAN members submitted reflections on top and emerging issues throughout 2025-26, as well as case examples highlighting top and emerging issues. In total, 590 advocacy case examples were provided by network members in 2025-26.

A2.2 Qualitative analysis

The analysis of the qualitative data was undertaken through a multi-phased approach which involved:

Phase 1. Initial content analysis by coding each reflection or case study predominantly based on aged care journey stage/program and aged care service type (where relevant)[26].

Phase 2. A thematic analysis of top themes within each of the aged care journey stage/program and service types (where relevant) as coded in Phase 1. This began by reading all of qualitative data provided for each aged care journey stage/program and service types (where relevant) and identifying the top themes that emerged.

Phase 3. The top themes that emerged from the Phase 2 thematic analysis were then considered alongside the top issues identified through the quantitative data findings.



[26] To allow for easy identification of relevant case examples in the future, the case examples were also coded against the issue definitions in the OPAN NACAP National Minimum Dataset Data Dictionary and Guidelines (between 1 July 2025 and 31 October 2025: Version 1.5.1 September 2024, and between 1 November 2025 and 30 June 2026: Version 1.6, November 2025 after 1 November 2025). However, this coding of the case examples against issues did not form part of the qualitative analysis that informed this report, with this being based on a thematic analysis as outlined under Phase 2.

Appendix B: Presenting Issues July - October 2025

This appendix providers a brief overview in the form of figures and tables of the quantitative data for the 5,732 advocacy and 15,382 information provision services (total 21,114 services) provided by OPAN members between 1 July 2025 and 31 October 2025.

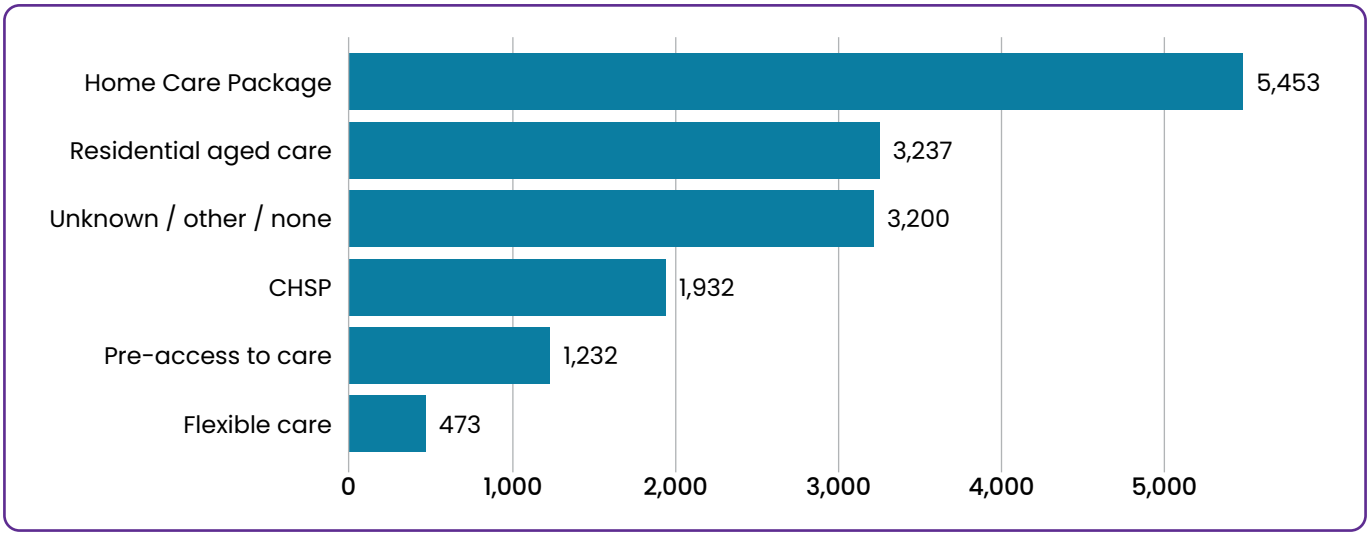


Figure B1. Number of information provisions by current aged care type(s) of client, 1 July 2025 to 31 October 2025.

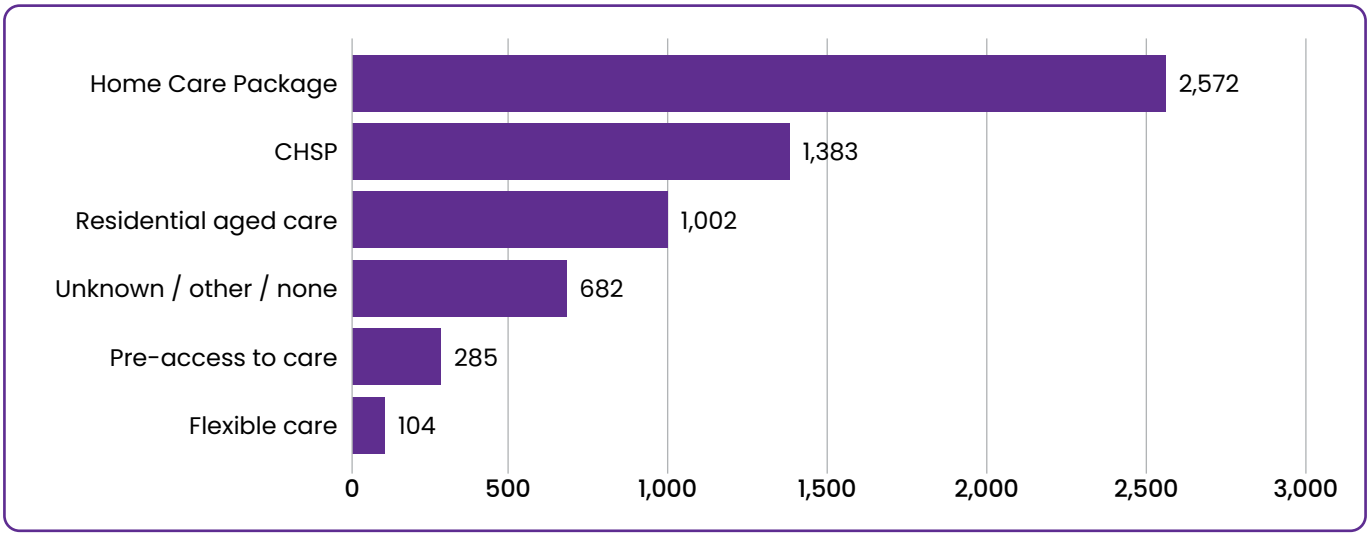


Figure B2. Number of advocacy cases by aged care type relating to client's issue, 1 July 2025 to 31 October 2025.

A total of 11,342 issues were raised in advocacy cases[27].

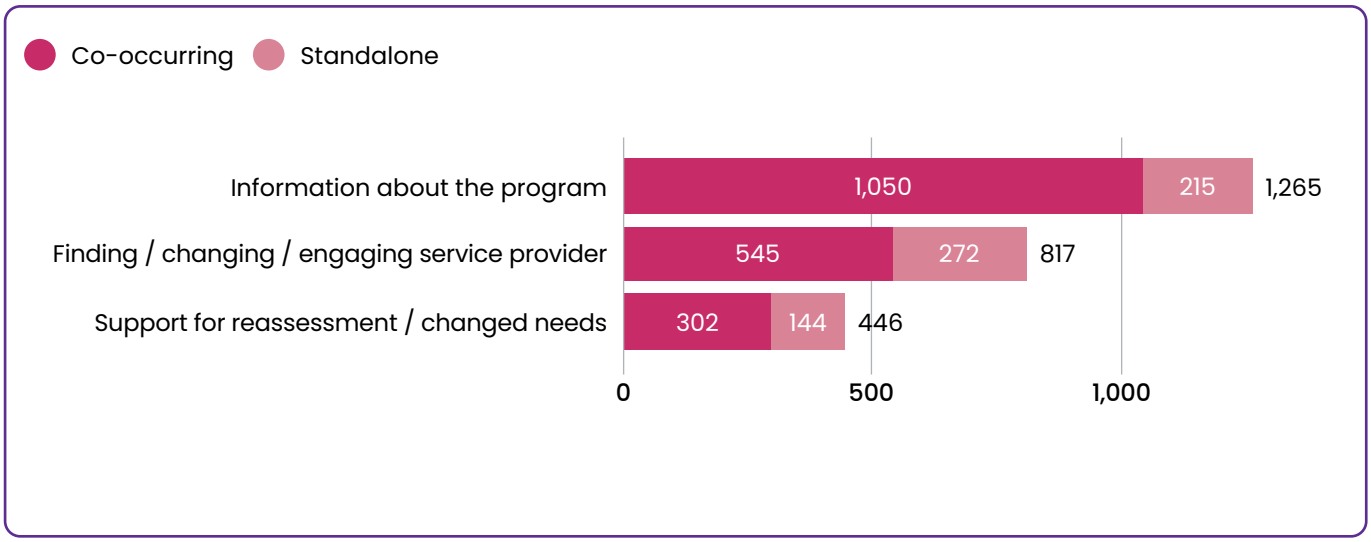


Figure B3. Top 3 accessing aged care issues by category (count of issues), 1 July 2025 to 31 October 2025.

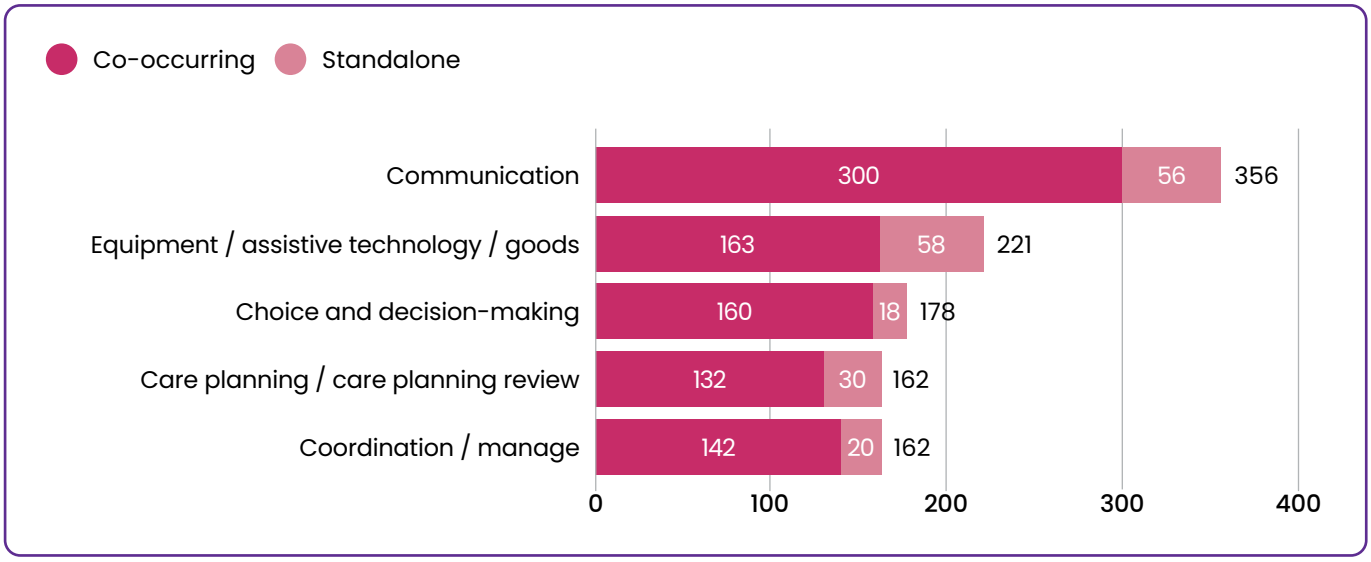


Figure B4. Top 5 service delivery issues in Home Care Packages Program by category (count of issues), 1 July 2025 to 31 October 2025.

[27] During the period between 1 July 2025 and 31 October 2025, NACAP service data was coded according to the National Minimum Dataset Data Dictionary and Guidelines Version 1.5.1, September 2024 (see section A1 in Appendix A) under which specific issue subcategories were not mandatory to be captured for information provisions. This appendix therefore only examines issues identified through advocacy cases only (i.e. not information provisions).

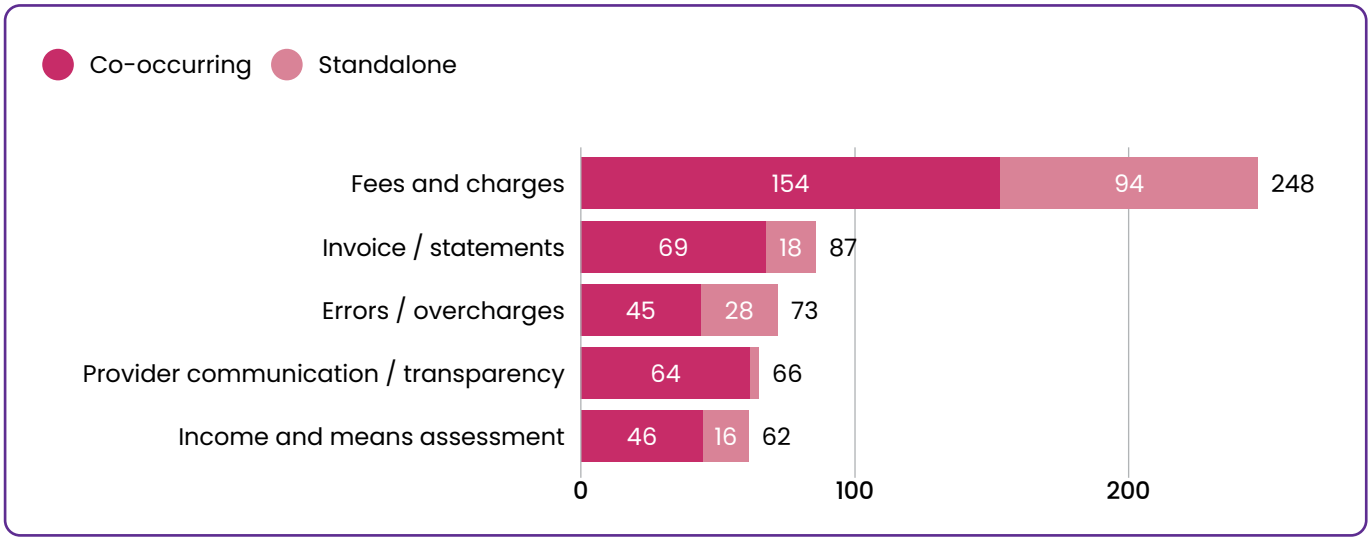


Figure B5. Top 5 financial issues in Home Care Packages program by category (count of issues), 1 July 2025 to 31 October 2025.

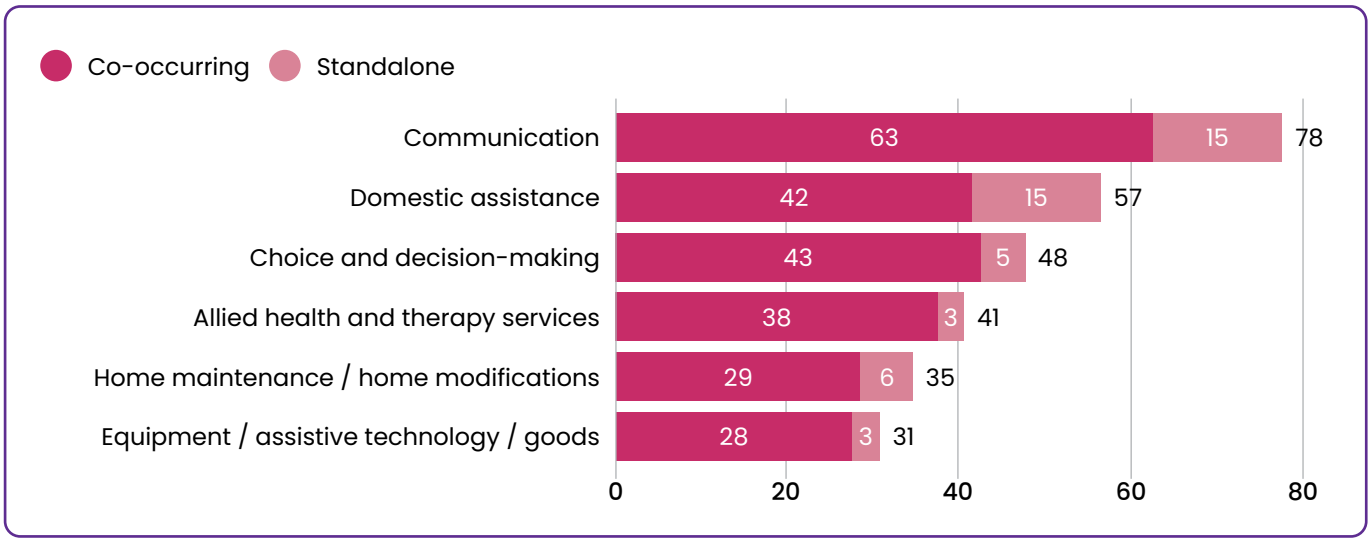


Figure B6. Top 6 service delivery issues in CHSP by category (count of issues), 1 July 2025 to 31 October 2025.

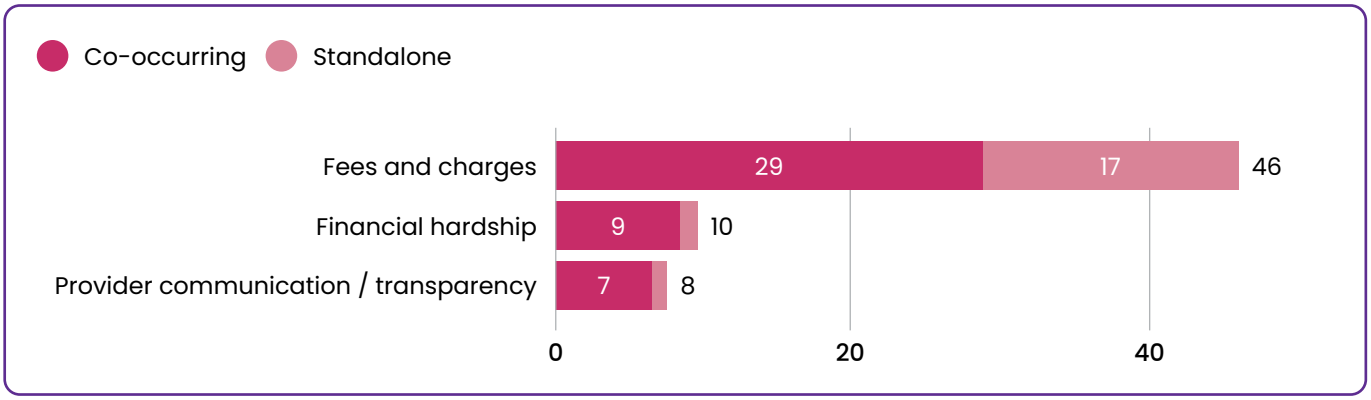


Figure B7. Top 3 financial issues in CHSP by category (count of issues), 1 July 2025 to 31 October 2025.

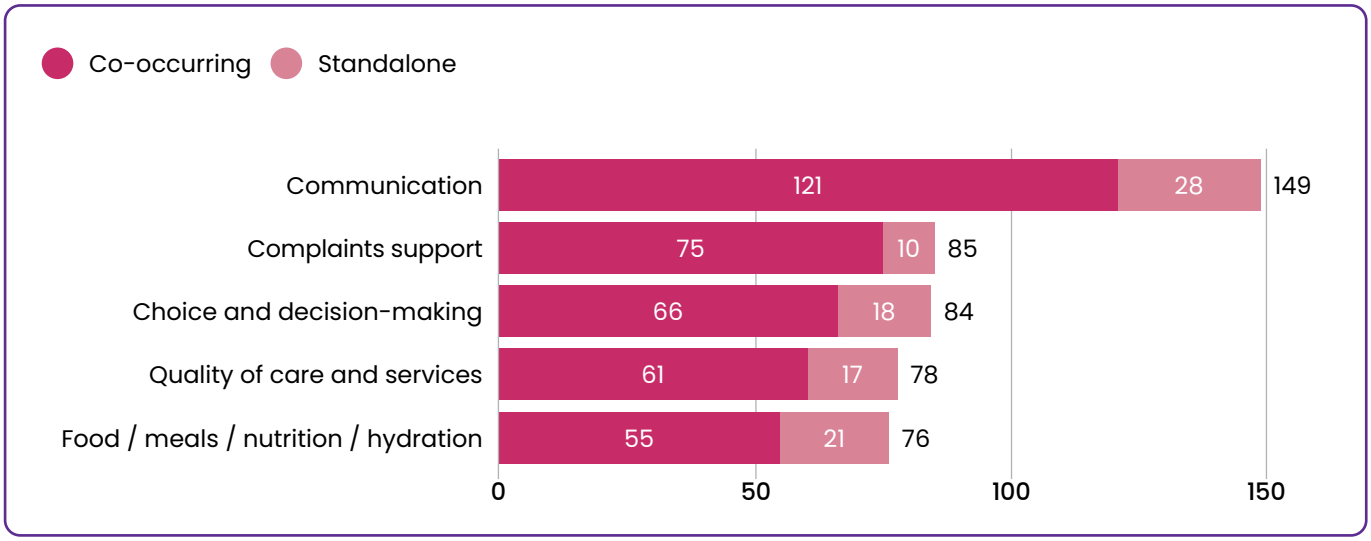


Figure B8. Top 5 service delivery issues in residential aged care by category (count of issues), 1 July 2025 to 31 October 2025.

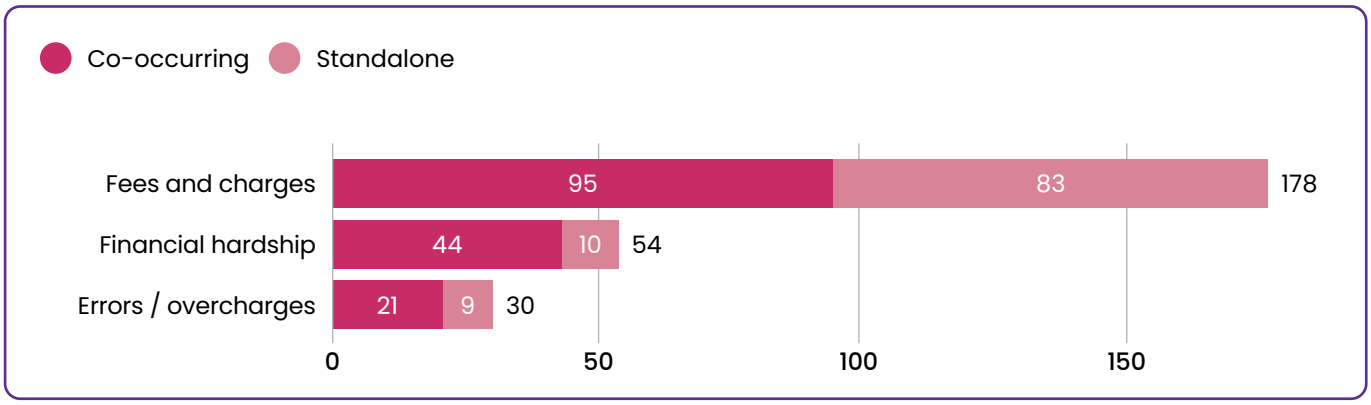


Figure B9. Top 3 financial issues in residential aged care by category (count of issues), 1 July 2025 to 31 October 2025.

OPAN | Older Persons Advocacy Network

OPAN member organisations by state or territory

ACT
ADACAS Advocacy

NSW
Seniors Rights Service

NT - Central
CatholicCare NT

NT - Top End
Darwin Community Legal Service

QLD
ADAAustralia
Your Aged and Disability Advocates

SA
aras
Aged Rights Advocacy Service

TAS
Advocacy Tasmania
in your corner

VIC
ERA Elder Rights Australia
Promoting the human rights of all older people

WA
Advocare
Empowering older people in WA

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