HOUSING FOR THE AGED ACTION GROUP INC.

Inquiry into the Support at Home Program

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About HAAG

Housing for the Aged Action Group (HAAG) is a member-based, community organisation specialising in the housing needs of older people. HAAG has more than 1,000 members across Australia actively working towards achieving housing justice. Established over 40 years ago as a grassroots movement, HAAG has developed a robust service delivery arm in Victoria and has a strong presence in advocacy for older people experiencing housing and homelessness related issues across Australia. During the 2024-25 financial year, HAAG supported over 2,600 older Victorians.

Since 2016, HAAG has researched the depth of housing and homelessness issues for older people nationally, working with services, people with a lived experience, and research and advocacy bodies across Australia. This positions us uniquely as one of the few organisations who can provide detailed insight into the impact of increasing housing insecurity on ageing and aged care service provision.

As an organisation that delivers housing and related support services to older people experiencing homelessness and housing stress, we see first-hand how the unequal housing system impacts on the health and wellbeing of older people. We support policies that reduce inequality, strengthen economic security, and ensure all people have access to housing that is affordable, safe, and provides security of tenure.

HAAG welcomes the opportunity to provide input into the Inquiry into the Support at Home Program. This submission draws on HAAG's earlier submission to the related inquiry into the transition of the Commonwealth Home Support Programme (CHSP) to Support at Home (SaH)[1], and on consultation conducted with HAAG's Care finders since that submission. We especially acknowledge the contributions made by Age Matters, Illawarra, SydWest Multicultural Services in NSW, members of HAAG's lived experience advisory groups, including the National Alliance of Seniors for Housing, the Retirement Accommodation Action Group (RAAG), the LGBTIQA+ Reference Group, and HAAG's Multicultural and Multifaith reference group.

[1] https://www.oldertenants.org.au/publications/submission-on-the-transition-of-the-commonwealth-home-support-program-to-the-support-at

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Context

Having safe, affordable, accessible and long-term housing is fundamental to healthy ageing and the wellbeing of older people. Australia's aged care system, including supports provided in the home, is largely built on the assumption that people own their home outright by the time they retire. HAAG's research shows this is not the reality for 42 per cent or more of older people over 55 years[2], with increasing proportions of older people renting privately or retiring with a mortgage. With the current housing crisis, the number of older people renting privately into retirement will only continue to increase.

These challenges are particularly marked for older people experiencing deep and persistent disadvantage: the effects of poverty, trauma, social isolation or homelessness, and reduced capacity to live independently without informal support. HAAG estimates that more than 18,000 older people in Australia experience this type of disadvantage, and many cannot readily access aged care or are not welcome in many services[3]. Single older women are amongst the most marginalised groups in terms of access to safe, affordable housing, and often find informal housing arrangements that render them invisible to the homelessness system, and leaves them more vulnerable to homelessness and further harm.

Many older people are unable to access aged care services, or are not receiving the care they need, as a direct result of their housing situation. This includes older people experiencing homelessness, living in inaccessible rental properties, homes they own with a mortgage but can't afford to modify, or in rooming houses and caravan parks[4]. With limited accessible and affordable housing options nationally, there is stiff competition for the small number of homes that are accessible, close to amenities and affordable. For an older person on the Age Pension or Jobseeker payments, it is virtually impossible to find a private rental that is affordable. Additionally, those already in private rentals face significant barriers to making the modifications needed to remain safely at home. Ultimately, if older people are unable to receive the support they need to remain safely at home, they risk deteriorating health and wellbeing, premature admission to residential aged care, and premature death.

The Support at Home program aims to deliver a simpler and more equitable system that helps older people stay at home for longer. HAAG supports this aim. However, evidence from HAAG's casework and from consultation with our Care finders indicates that the design and implementation of SaH, and the unresolved transition from CHSP, are creating new barriers to access, new financial risks, and new forms of service failure, particularly for older renters, people

[2] https://www.oldertenants.org.au/publications/ageing-in-a-housing-crisis-older-peoples-housing-insecurity-homelessness-in-australia
[3] https://www.oldertenants.org.au/sites/default/files/joint_subm_royal_comm_aged_care_may2020.pdf
[4] https://www.oldertenants.org.au/sites/default/files/priced_out_run_down_haag.pdf

from culturally and linguistically diverse (CALD) backgrounds, and people without informal support networks.

List of Recommendations

1. Establish an interim package program for older people experiencing or at risk of homelessness while waiting for aged care assessments and services.
2. Apply financial hardship provisions automatically and on an ongoing basis for older private renters on income support payments.
3. Cap co-contribution for Independence and Everyday Living Services and extend the housing cost deduction to the standard contribution assessment (currently limited to hardship provisions).
4. Release 100% of assessed funding immediately, ending the practice of 60% interim funding.
5. Remove the $15,000 lifetime cap on home modifications for older people in private rental housing and allow modifications to be transferred or compensated when a tenancy ends.
6. Restore funded hoarding and squalor support services, previously available under the Assistance with Care and Housing program.
7. Update Care finder guidelines to explicitly address housing instability as a barrier to aged care access, and implement a clear pathway to support once a client has been identified as homeless or at risk of homelessness.
8. Mandate providers to continue servicing CHSP clients at parity with Support at Home clients for the duration of the extended transition to 2027, so CHSP clients are not left without a provider simply because providers are paid less to service them.
9. Fund incentives for providers to service thin markets, including outer-metropolitan areas, and require the My Aged Care directory to reflect real provider capacity.
10. Set maximum wait time standards for both initial assessments and post-assessment service commencement, with penalties on providers that exceed them and quarterly public reporting on wait times.
11. Increase equitable access to support services for diverse communities, including CALD and deaf clients, by requiring assessment services to proactively arrange professional interpreters with no fixed time limit that forces a client to restart the assessment process.
12. Mandate education for assessors on eligibility for people under 65 who are prematurely aged due to housing insecurity or homelessness, and review the assessment tools used to determine premature ageing, so that people who are prematurely aged due to housing insecurity or homelessness aren't denied services they need.

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An interim package for older people at risk of homelessness

There is a need for a specialist service that provides a greater level of support for older people who are experiencing or at risk of homelessness, beyond what is currently provided by Care finder service and Support at Home. HAAG's Home at Last service is one such model that has been proven to be effective in supporting this cohort. This model could be expanded to include an 'interim' package program.

An interim package program[5] could support older people experiencing or at risk of homelessness while they are waiting for assessment and services. This program would enable selected provider to support at-risk older people to access appropriate housing and wrap-around services and address their aged care needs. As with Home at Last, the importance of obtaining safe and secure housing in order to receive home care will be acknowledged and addressed.

Interim packages should remain in place until the person receives an appropriate Home Care Package, or other appropriate aged care supports. Providing assistance with housing and holistic supports would reduce the use of residential aged care until it is absolutely necessary.

Interim packages would provide specialist short-term case management support for older people with significant barriers, providing more comprehensive assistance than the 'linking' service of Care finder and filling the existing gap in service delivery.

Making interim packages available through a limited set of specialist providers (and for a defined cohort of consumers) would ensure that the program is appropriately targeted and limit its cost. The additional funding provided under any new program could be consistent with the Short-Term Restorative Care (STRC) Program. However, unlike this program, it should not be time limited, given the variable wait times for services depending on individual circumstances and locations. The interim package program could be a service type under Support at Home, and receive referrals from care finder, My Aged Care, aged care assessors or other community services.

[5] This was one of the recommendations for older people experiencing deep and persistent disadvantage, in the Joint Submission to the Royal Commission into Aged Care Quality and Safety co-authored by HAAG, Jesuit Social Services, Sacred Heart Mission, Catholic Social Services, Vincent Care, St Mary's House of Welcome, Brotherhood of St Laurence
https://www.oldertenants.org.au/sites/default/files/joint_subm_royal_comm_aged_care_may2020.pdf

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CASE STUDY

John* was living in a caravan in his friend's backyard when he was diagnosed with terminal cancer. His friend had received a notice to vacate, so John was unable to stay in the caravan. He was not yet at the stage where Support at Home end-of-life funding was available to him. HAAG's Care finder linked John in with My Aged Care, and he was assessed that week as a priority, and approved for high-priority Level 3 funding, which would be available to him within a fortnight. The Care finder signed John up with a service provider. However, the service provider told John they could not provide services to someone who didn't have an address. John was simply requesting transport as the initial service. John is now living in a rooming house with terminal cancer.

*Name has been changed for de-identification

Recommendation 1: Establish an interim package program for older people experiencing or at risk of homelessness while waiting for aged care assessments and services.

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Affordability - hardship, co-payments and funding delivery

Simplify and Streamline Financial Hardship Assistance

Hardship assessment questions are highly invasive and onerous, covering rent, bills, assets, and money given to family - which is not counted as an expense even where it reflects financial abuse by children or grandchildren. This form is 17 pages and exceedingly complex. After expenses, a client must have 15 per cent of income left over to qualify. The questions do not reflect the full picture a person's actual financial circumstance – for example, owning a car could count as an asset under the financial hardship assistance, potentially disqualifying an older person from receiving assistance, unless they were to sell their car. For older people experiencing housing stress, navigating this process is often impossible without substantial support. Many who would qualify never apply because they lack capacity to complete the application process, or are unaware that relief exists.

The result is that the vast majority of older people cannot access hardship assistance for any meaningful period, and are unable to afford the basic services they need, such as meals, domestic assistance, personal care (showering, dressing) and assistance with shopping.

The objective financial reality is that people paying private market rent on age pension or Job Seeker payments are by definition experiencing financial hardship that makes aged care contributions unaffordable. Furthermore, once granted, hardship status should continue on an ongoing basis, subject to review only if a person's income, assets, or housing circumstances materially change.

The current model of time-limited hardship approvals requiring repeated applications creates administrative burden for both clients and the system, while providing no meaningful safeguard given that hardship is assessed against objective financial criteria. To ensure that providers are not disincentivised from providing services to those experiencing hardship, the government should consider a supplementary payment for people at risk of homelessness. This would recognise the additional case management and support these clients require, while ensuring they receive the services they need.

CASE STUDY

Donna*, 71, had her funding released for Support at Home (SaH) in February 2026. With the assistance of a HAAG Care finder, Donna applied for Financial Hardship, which was sent to Services Australia less than a week after her funding release. In May, Donna signed up with a SaH provider and began to receive services.

Financial Hardship wasn't granted until the 29th July, almost 5 months after Donna had applied. HAAG's Care finder helped Donna apply for a refund to Donna's home care provider for the co-contributions she paid while waiting for her Financial Hardship assessment to be approved. This has not yet occurred. When Donna's Financial Hardship runs out, no reminder letter will be sent.

*Name has been changed for de-identification

CASE STUDY*

Mary** is an older woman living on the Age Pension who recently experienced housing insecurity and was couch surfing with her daughter while awaiting access to long-term housing. She had an active social housing application and required additional support to progress her housing priority status. Mary has since secured subsidised housing through a community housing provider and currently receives a Support at Home package (transitioned Home Care Package Level 2) through a service provider.

Although Mary has been assessed as requiring aged care services, she has not been able to fully utilise her approved supports because of concerns about client contributions and affordability. Mary submitted a financial hardship application to reduce her contributions but subsequently received two conflicting letters regarding the amount she was required to pay. One letter advised that her maximum contribution would be $38.70 per fortnight, while another advised that she was required to contribute $258.10 per fortnight.

The conflicting advice created significant confusion and uncertainty about her financial obligations. As a result of the anticipated contribution costs, Mary has deferred or declined several services that would support her health, independence and wellbeing. Mary was told by Services Australia that she needed to submit a second hardship application. At the time of reporting, Mary was still awaiting the outcome of her second hardship application.

The uncertainty surrounding client contributions has further contributed to financial stress and has directly influenced her decision not to access services that have already been assessed as necessary for her care and support needs.

*Case study provided by Age Matters

**Name changed for de-identification

Recommendation 2: Apply financial hardship provisions automatically and on an ongoing basis for older private renters on income support payments.

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Co-payments and the cost of everyday services

HAAG's Care finders report that the shift from CHSP to SaH pricing has, in practice, sharply increased the cost of everyday services for clients, even where the service delivered is unchanged. For example, domestic assistance that cost roughly $110–$140 under CHSP is costing clients roughly three times that under SaH; meals attract an approximate 30% co-payment without the effective subsidy CHSP provided, and package management fees run at a further 10–15 per cent of the package on top of the service cost itself.

This is compounded by contracts that are long and difficult to understand, with reports from HAAG's Care finders that some providers read through contract terms from a script rather than explaining them, leaving clients unclear about what they are actually agreeing to pay.

From 1 July 2026, most services on the SaH service list became subject to government price caps, and from 1 October 2026, personal care moves from the means-tested Independence category into fully government-funded Clinical Supports. Both are welcome developments, but neither touches the cost pressures of the means-tested Independence and Everyday Living categories which include domestic assistance, gardening, and meals, among other key services.

Additionally, the standard contribution assessment excludes the family home as an asset but does not deduct rent paid as an expense, and rent is only factored in through the hardship pathway outlined in Recommendation 2. This results in creating an inequitable system that benefits homeowners whilst placing additional financial pressure on older renters or older people not in stable forms of housing.

CASE STUDY

Hyun, 74* was approved for gardening services under his SaH package. However, to access gardening services, there was a three-hour minimum callout with two workers. This exceeded $300 for Hyun's co-contribution, which was around 80% of his income. Hyun declined the package, because paying privately turned out to be cheaper than the subsided service through SaH.

*Name has been changed for de-identification

Recommendation 3: Cap co-contribution for Independence and Everyday Living Services and extend the housing cost deduction to the standard contribution assessment (currently limited to hardship provisions).

Funding delays and the 60 per cent interim funding rule

HAAG's Care finders report cases where funding approved for a client's package is not released by the Department for up to two years. A client on 60 per cent interim funding still has to sign a service agreement and pay co-contributions on the reduced package, while they continue to pay the rent on top of co-contributions, depleting their savings.

Clients are increasingly questioning whether applying for a package is worth the cost and time involved, and some decline support they need because the co-contribution on a partial package is not affordable. For a client in a private rental, a rooming house or a caravan park, that often means going without the cleaning, personal care or home modifications that would let them to age in place.

Additionally, being approved for a Support at Home package does not mean receiving the funding it promises. The Department of Health and Aged Care has acknowledged that 93 per cent of Support at Home packages released since November 2025 have been interim packages, providing only 60 per cent of assessed funding. This remains current practice[6]. For clients already contributing to housing costs, this rationing approach can mean the difference between being able to afford essential services and going without and potentially resulting in deterioration of their health as a result.

Recommendation 4: Release 100% of assessed funding immediately, ending the practice of 60% interim funding.

[6] Community Affairs Legislation Committee Estimates ,Tuesday 2 June 2026, Canberra, p.55: https://parlinfo.aph.gov.au/parlInfo/download/committees/estimate/29626/toc_pdf/Community%20Affairs%20Legislation%20Committee_2026_06_02.pdf;fileType=application%2Fpdf#search=%22committees/estimate/29626/0000%22

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Home modifications for older renters

The $15,000 lifetime cap on home modifications is based on the false premise system that older people own their homes and age in place in the same dwelling. For homeowners who own their home outright, modifications like grab rails, ramps, and accessible bathrooms are a one-time investment that benefits them throughout their remaining years. For renters, the $15,000 cap is insufficient, and home modifications are lost each time they move.

For older private renters, when a tenancy ends, all home modifications stay with the property. An older person could spend their entire $15,000 modification budget on a rental property, only to be forced out when the landlord decides to sell, increases the rent, or terminates the lease. HAAG's research shows that 77.6% of people in mortgaged households have lived in their current homes for 5 or more years, while only 39.9% of participants in private renter households have stayed that long, with 60% having moved in within the last 5 years, reflecting greater residential mobility[7].

The older person will require the same modifications when they relocate, forcing them to either live in unsafe and unsuitable housing, or pay out of their own pocket for home modifications if they are able. Through our casework, HAAG encounters many older renters who are already reluctant to request modifications because they fear rent increases or eviction. Many older people are struggling to find housing that meets their growing accessibility needs in the private rental market. The $15,000 lifetime cap on home modifications would significantly compound this problem and result in older renters living in unsafe properties, having knock-on effects for their health and wellbeing and likely resulting in injury or premature admission to residential age care.

HAAG recommends removing the lifetime cap for people in rental accommodation, or establishing it as a per-dwelling cap that resets when a person moves. Additionally, there needs to be a mechanism to transfer modifications (such as portable ramps) or compensate older renters for modifications they funded out of pocket when tenancies end. This ensures older renters can safely age in place.

> *"Older people are worried about asking for simple modifications or renovations that would make their housing more liveable because they don't want to 'rock the boat'. They already know how tight the rental market is and how difficult it would be for them to re-enter and compete when there are hardly any rental properties that are truly affordable." - HAAG Reference Group member*

Recommendation 5: Remove the $15,000 lifetime cap on home modifications for older people in private rental housing and for older mortgagees living in unaffordable and poor condition housing. For private renters, allow modifications to be transferred or compensated when a tenancy ends.

[7] https://www.oldertenants.org.au/sites/default/files/priced_out_run_down_haag.pdf

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Housing as a barrier to ageing in place

Hoarding and squalor support

When the Assistance with Care and Housing (ACH) program transitioned to Care finder in January 2023, hoarding and squalor support services were explicitly excluded. This has created a catch-22, where older people are assessed as eligible for support and providers are funded to deliver it, but providers decline to enter a home they assess as an unacceptable OH&S risk, leaving the client without a pathway to the care they have been assessed as needing. HAAG's own search of the My Aged Care website for “hoarding and squalor” services returned no results within 250km of Melbourne. Safety and wellbeing of aged care workforce is important. However, extremely vulnerable older people should not be precluded from receiving the supports they need.

CASE STUDY

Dennis, a man in his 70’s and a wheelchair user, was referred to HAAG’s Care Finder Service. Dennis has lived in his rooming house for 13 years. At the time of referral, Dennis was smoking and drinking heavily as a result of stress and the unlivable condition of his unit. Dennis has complex needs that directly relate to his mobility. Although his building is technically wheelchair accessible, the heavy, non-automatic entrance door requires Dennis to either rely on others for help or dangerously attempt to open the door himself. This difficulty in accessing the building means Dennis sometimes smokes inside, posing a safety risk.

Additionally, his mobility limitations make it hard for him to complete basic tasks like taking out the rubbish or cleaning his unit. His unit has become increasingly unsanitary and he found it difficult to clean as it was too small for his wheelchair to properly manoeuvre. Despite being approved for a basic CHSP package, service providers have refused to offer assistance due to the poor condition of his unit. The HAAG Care finder team stepped in, working with the Community Housing Provider to get a new mattress, organise an industrial cleaning of his unit, and make the entry door automatic. Since his referral to HAAG’s Care Finder service, Dennis is optimistic about improving his living conditions, but more appropriate and ongoing home care is needed to ensure his long-term well-being.

*Name changed for de-identification

Recommendation 6: Restore funded hoarding and squalor support services, previously available under the Assistance with Care and Housing program.

Care finder guidelines and housing instability

Care finder policy guidance currently states that Care finders 'may provide specialist and intensive assistance to help people who are homeless or at risk of homelessness to connect with appropriate and sustainable housing.'[8] However, in practice, many Care finder providers focus primarily on linkages to aged care services, with housing support becoming secondary.

HAAG recommends that Care finder guidelines be updated to explicitly address housing instability as a key barrier to accessing aged care supports. This should include education for Care finder providers and Primary Health Networks on how to recognise and respond to older people at risk of homelessness. In addition, HAAG developed training materials on older people and housing for Department of Health and Ageing to be delivered to the workforce involved in delivery of My Aged Care including Assessors, contact services staff, Care finders and Elder Care Support. Anecdotally, we have heard that there is a high uptake of the training by assessors even though the training is not currently mandatory. It is important that this training is rolled out widely to ensure people who work or interact with older people in aged care services have access to the training and identify ways to increase the training uptake.

The previous Assistance with Care and Housing (ACH) program explicitly acknowledged the importance of the housing support nexus to enable older people to age well. This focus has been lost in the transition to Care finders, despite the importance of housing to ageing in place. Care finder guidance should restore this explicit recognition.

> *"The Care finder service is a welcome additional tool for older people trying to get supports to live independently but they can't do this if their housing is inadequate, inappropriate and unaffordable or owned by individuals or providers who refuse to approve and or install the modifications that they need … There needs to be a bigger and better focus on housing in the aged care system." HAAG's Care finder*

> *"For those who are experiencing homelessness or at risk of homelessness, having an aged care package or other CHSP services is of little use if there's no home for those services to be delivered in."* -HAAG Care finder

Recommendation 8: Update Care finder guidelines to explicitly address housing instability as a barrier to aged care access, and implement a clear pathway to support once a client has been identified as homeless or at risk of homelessness.

[8] Department of Health and Aged Care, Care Finder Policy Guidance for PHNs, April 2022, p. 30.

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CHSP clients left behind during the extended transition

The CHSP-to-SaH transition, originally expected sooner, has now been confirmed as occurring no earlier than 1 July 2027. This means CHSP and SaH will continue to operate in parallel for a further two years at minimum.

HAAG's Care finders report that, because providers are paid more to deliver the same service under SaH, clients approved for CHSP domestic assistance can in practice have no provider willing to take them on. This is a two-tier access problem that will now persist for years.

Additionally, where a client is being supported by an unpaid carer, or is admitted to hospital, cases can be closed by providers, raising the question of how many follow-up attempts a provider is expected to make before this occurs.

> *Most assessors are still approving clients for services but not telling them that it is very difficult if not impossible to get those services under CHSP – HAAG's Care finder*
>
> *Clients are being approved for Support At Home but waiting up to 12 months for the funding to be assigned and coupled with the lack of CHSP services this results in many people going without the services that they need to keep them living safe and independently in their own home. – HAAG's Care finder*

CASE STUDY

Kostas*, 67, has a number of health issues, including diabetes, chronic pain, and low mobility. He completed an assessment through MAC in April, and received CHSP services only. At the time of assessment, it was highlighted by the assessor that Kostas had a high need for suppression garments to manage his chronic pain, for which a referral code was provided. However, the garments must be accessed through an assessment with an Occupational Therapist (OT). There was no OT available for CHSP services in Kostas' area for four months, with all service providers at capacity no waitlist availability. HAAG's Care finder indicated that Kostas had been approved for SaH, he would likely have received an OT assessment earlier:

> *Most of the SaH service providers have their own OTs or can subcontract them pretty quickly*

HAAG's Care finders were able to pay for his compression garments through some extra brokerage funding. The Care finder told us:

> *When we finally get an OT attached to the client– to this date still trying to find an OT (August) we will be able to get some more compression garments for him. Its really hard to get an OT through CHSP*

*Name has been changed for de-identification

Recommendation 9: Require providers to continue servicing CHSP clients at parity with Support at Home clients for the duration of the extended transition to 2027, so CHSP clients are not left without a provider simply because providers are paid less to service them.

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Accessing services

Thin markets and regional access

Provider availability varies enormously by region and service type, with direct consequences for how long clients wait and whether an assessed need is ever actually met.

Where you live decides how long you wait for a provider to actually show up. In some areas, such as parts of the Mornington Peninsula, a client might have only two transport providers to choose from; in other areas there can be around 100. Whether an assessed need is ever actually met often comes down to postcode.

Some services are functionally non-existent under CHSP. Gutter cleaning is one example; one of HAAG's clients went four years without it after local councils stopped providing the service, and no CHSP-funded alternative was available. HAAG's Care finders report similar concerns for gardening: minimally supported under CHSP despite being a genuine safety issue, from trip hazards to overgrowth blocking access to a client's front door. Gardening is better supported under SaH, but only where a client can afford the co-contribution. That being said, even a successful assessment is no guarantee of a service showing up. Waiting times for SaH services can run past a year after a client has already been assessed and approved.

This funding should specifically target community-based and not-for-profit providers who deliver specialised services to specific cohorts, such as CALD communities. These providers often have the cultural competency and community connections to reach underserved populations, but lack the resources to expand into thin markets.

> *We live regionally and were looking for a provider for my father-in-law. I searched the My Aged Care website, and it suggested service providers in Sydney as the closest option – 6 hours away from where we live – HAAG Reference Group member*
>
> *Many of my clients are waiting for a DA (Domestic Assistance) cleaner and Home Maintenance but there is scarcely any availability for this service in the North West. Some providers open their portal temporarily and take on a few new clients but there is such a huge demand it is not long until they close their availability again. One of my clients had a fall resulting in a broken hip while waiting for this service. – HAAG's Care finder*

Recommendation 10: Fund incentives for providers to service thin markets, including outer-metropolitan areas, and require the My Aged Care directory to reflect real provider capacity.

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Timeframes for assessment and service commencement

There is currently no maximum timeframe for how long an older person waits to be assessed, or how long they then wait for an approved service to actually start. HAAG's Care finders report assessment waits stretching past six months in some cases, and clients withdrawn from the waiting list without notice after a single missed call, forced to restart the entire process from the beginning.

These wait periods do not happen in a vacuum. Health declines. Housing becomes more precarious. By the time a service finally starts, the need that was originally assessed can be badly out of date, or the person's situation can have tipped into crisis. This means that they'll have to get reassessed and wait for longer for the updated package to be delivered.

Recommendation 11: Set maximum wait time standards for both initial assessments and post-assessment service commencement, with penalties for providers that exceed them and quarterly public reporting on wait times.

Equitable access for diverse communities

Everyone assessed for aged care support deserves a fair and comprehensive process, regardless of cultural background or language. HAAG's Care finders have raised concerns that Culturally and Linguistically Diverse (CALD) clients can receive rushed, time-limited assessments. Interpreters are often booked for 45-minute slots and must end the call when that time expires, even though My Aged Care assessments require enough time to fully understand a person's needs.

My Aged Care assessments take time, particularly when interpreters are needed to communicate between clients and assessors. HAAG's Care finders have reported that when a 45-minute interpreter booking ends before an assessment is complete, the client may need to start again with a new assessment rather than continue later. In practice, this can lead assessors to rush the process, leaving clients with limited opportunity to explain their personal care needs and circumstances.

HAAG's Care finders are concerned that this approach does not give CALD clients enough time to provide complete answers or share relevant information. As a result, assessors may not gain a full understanding of the client's circumstances, needs and support requirements.

CASE STUDY

Anisa*, 65, had been waiting several weeks for a My Aged Care (MAC) assessment and had previously needed to postpone it due to housing instability. Once Anisa was ready to proceed, the MAC team arranged a phone assessment with the support of an interpreter.

During the assessment, the assessor asked several questions following the assessment script. On a couple of occasions, the assessor suggested that the interpreter give the client the option of answering only “yes” or “no”, rather than allowing the client to explain their answer further.

HAAG’s Care finder reminded the assessor that the client had already been waiting for some time to have the assessment completed. The Care finder also raised that completing the assessment over the phone, particularly with an interpreter involved, can make it more difficult to get a full understanding of the client’s circumstances.

Following this discussion, the assessor explained that they were trying to complete the assessment within the available timeframe because the interpreter had only been booked for 45 minutes. The assessor advised that, if the assessment could not be completed within that time, the session would need to end and be rescheduled, with the assessment having to start again from the beginning.

This raised concerns about the impact that the limited timeframe could have on the client’s ability to provide detailed information about their circumstances. This was particularly concerning given the client had already been waiting several weeks for the assessment and that an interpreter was required.

*Names changed for de-identification

Recommendation 11: Equitable access to support services for diverse communities, including CALD clients, by requiring assessment services to proactively arrange professional interpreters with no fixed time limit that forces a client to restart.

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Access for people under 65 with high care needs due to premature ageing

People under 65 are being refused an aged care assessment even where their need is high and they have nowhere else to go for support. My Aged Care has a premature ageing pathway for this group, but HAAG's Care finders report assessors applying a stricter test than the guidelines set out.

The Home and Community Care Program for Younger People is the usual fallback for this cohort. However, this program doesn't fund the level of support some clients require, leaving some vulnerable clients with no program that will actually cover their care.

HAAG's Care finders see this most often in clients whose premature ageing is caused by homelessness.

Recommendation 12: Mandate education for assessors on eligibility for people under 65 who are prematurely aged due to homelessness, and review the assessment tools used to determine premature ageing, so that people who are prematurely aged due to or homelessness aren't denied services they need.

CASE STUDY

Bev*, 63, has extremely poor mobility, and lives on the first floor of an apartment building with no lift access. She cannot manage the stairs unassisted and therefore cannot remain in her unit safely. However, Bev relies solely on the Age Pension and cannot afford another private rental if she leaves her current unit. Bev has been approved for some services under the Home and Community Care Program for Younger People, but her level of need is much higher than she receives. With the assistance of HAAG's Care finders, she was triaged by MAC and referred to an assessor. The assessors refused to assess Bev, and told her the following:

'Unfortunately, Bev does not meet the criteria for an assessment through My Aged Care.

The aged care guidelines have become much stricter regarding individuals under 65 accessing services via My Aged Care and also the definition of at risk of homelessness.

The information does not indicate that Bev has prematurely aged or requires aged care services specifically related to ageing. Bev's conditions appear to be medical rather than age-related.'

Bev has no option but to stay in her inaccessible unit, putting her at significant of a fall risk each time she uses the stairs to leave or enter her apartment.

*Name has been changed for de-identification