



The Transition of the Commonwealth Home Support Program to the Support at Home Program

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February 2026



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, 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 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 safe, decent and affordable housing.

HAAG welcomes the opportunity to provide input into the Inquiry into the Transition of the Commonwealth Home Support Program to the Support at Home Program. This submission is based on our experience delivering housing and aged care related support services to older people, research, and lived experiences of older people experiencing housing stress or homelessness in Australia. We especially acknowledge the contributions to this submission made by members of HAAG's lived experience advisory groups including National Alliance of Seniors for Housing, Retirement Accommodation Action Group (RAAG), LGBTQIA+ reference group, Multicultural and Multifaith reference group and NSW Lived Experience Advocacy Group (LEAG).



Context

Having safe, affordable, accessible and long-term housing is fundamental to healthy ageing and the wellbeing of older people. However, decades of inadequate action and under-investment by all levels of government and private sector have resulted in housing being treated as an investment vehicle rather than a home. This in turn has distorted the housing market pushing many people, especially people on low to moderate incomes into housing precarity. An increasing number of older people are experiencing homelessness, at risk of homelessness, or in housing stress. They are retiring into insecure and unstable housing, and the number of people experiencing this is only continuing to grow.

The new Support at Home program, implemented in response to the Royal Commission into Aged Care Quality and Safety, aims to ensure 'a simpler and more equitable system for older people that helps them to stay at home for longer'. While HAAG supports this vision, we hold grave concerns about whether the implementation of the program's ability to meet the needs of older people in precarious housing.

Many older people are unable to access aged care services or not receiving care that they need as a direct result of their housing situation. This includes older people experiencing homelessness, living in rental properties that are inaccessible, people in boarding or rooming houses and caravan parks. Changes to Aged Care, particularly around support at home changes must implement measures to address these challenges to ensure equitable access to services and supports.

Older people who rent privately are increasingly unable to afford the home care supports they need to age in place with dignity and security. Without these supports they risk deteriorating health and wellbeing, premature admission to residential aged care, and premature death.



Recommendations

Implement protections for vulnerable older renters

1. Establish an interim package program for older people experiencing or at risk of homelessness while waiting for Aged Care assessments and services.
2. Ensure the \$15,000 lifetime cap on home modifications does not apply to older people who live in private rentals and ensure modifications can be transferred or compensated when tenancies end.
3. Restore hoarding and squalor support services that were previously available under the Assistance with Care and Housing (ACH) program, ensuring older people with these challenges can access and utilise their packages.
4. Calculations for client contributions under the Support at Home Program explicitly account for expenses, including housing costs, to ensure services remain affordable for older renters.
5. Hardship provisions should be automatically applied for older private renters receiving the full Age Pension or other relevant income support payments, without requiring a separate application. Hardship status should be ongoing, with reviews only triggered by changes in income, assets or housing circumstances. Hardship provisions should include co-designed incentive mechanisms to ensure providers maintain equitable service delivery.
6. Care finder service guidelines updated to explicitly permit addressing housing instability as a key barrier to accessing aged care supports, and education of Care finder and Primary Health Networks on how to recognise and respond to older people at risk of homelessness. This should include clear training and protocols for providing aged care services to older people in caravan parks, rooming houses, and other forms of unconventional housing.

Improve the assessment process

7. Improve monitoring and enforcement mechanisms to ensure compliance with funding agreements with regards to face-to-face assessments.
8. Ensure couples can be assessed together by the same organisation on the same date to avoid duplication and distress.



9. Require assessment services to proactively arrange professional interpreters for people who speak languages other than English or are Deaf clients rather than expecting clients to organise this themselves.
10. Establish formal processes for urgent assessments outside the hospital system, including clear escalation pathways and response timeframes.

Improved transparency and service delivery

11. Set maximum wait time standards for both initial assessments (e.g., 4 weeks) and post-assessment service commencement, with penalties for regions exceeding these timeframes, with quarterly reporting mandates on wait times pre and post assessment.
 - 11.1 Require the My Aged Care provider directory to accurately reflect information about which providers are accepting new clients, which services they actually deliver in specific areas, and current wait times.
12. Ensure all clients receive 100% of their assessed funding allocation immediately upon package assignment, eliminating the current practice of providing interim packages at 60% of assessed need.
13. Provide incentives for providers to service thin markets, particularly in regional and rural areas where limited provider availability creates extended wait times.
 - 13.1. These incentives should specifically target community-based and not-for-profit providers who deliver specialised services to specific cohorts, such as culturally and linguistically diverse communities.



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 service could be expanded to include an 'interim' package program.

A new interim package program would support older people experiencing or at risk of homelessness while they are waiting for assessment and services. This program would enable selected providers 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. Older people experiencing or at risk of homelessness are by definition in financial crisis - requiring them to pay client contributions for basic hygiene and nutrition defeats the purpose of the support.

Interim packages should remain in place until the person receives an appropriate Support at Home 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 could be consistent with the Short-Term Restorative Care (STRC) Program. However, unlike STRC, it should not be time limited, given the variable wait times for services depending on individual circumstances and locations.

We used to pay \$30 cash-in-hand for someone to mow the lawn. After being approved for an aged care package, we are now paying \$80 upfront or \$150 invoiced for the exact same service by the same person – HAAG Reference Group Member

The copayment frightens me. I live alone and I rely fully on the pension – how will I be able to afford co-payment? – HAAG Reference Group Member



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



Remove the \$15,000 lifetime cap on 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. 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.¹ For homeowners, modifications like grab rails, ramps, and accessible bathrooms are a one-time investment that benefits them throughout their remaining years.

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.

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. With limited housing options that are accessible and affordable across the country for people with disability and older people, there is stiff competition for the small number of houses that are accessible, close to amenities and are affordable. 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.

¹ https://www.olderrenters.org.au/sites/default/files/priced_out_run_down_haag.pdf



Recommendation 2: Remove the \$15,000 lifetime cap on home modifications for older people who live in private rentals and ensure modifications can be transferred or compensated when tenancies end.

“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

CASE STUDY 1

Arnold* is a 69 year old male with physical and mental health issues including dementia, chronic pain and uses a walking stick. Arnold’s wife is his full-time carer. She manages her own health issues as she is not eligible for My Aged Care services because of her age. After the Arnold was assessed, he was approved for a Level 4 Home Care Package, but they reported difficulty navigating and selecting a suitable provider due to experiencing housing stress and now homelessness. The couple had been privately renting for several years before receiving a Notice to Vacate. They spent months searching for another suitable rental but were not approved for any. The majority of rentals had a shower over the bath which is unsuitable for Arnold's mobility needs.

By the time they were expected vacate the property, the couple had no place to call home and stayed with a friend for a week before moving to a motel. They have exhausted all their savings and now face living on the street. Arnold's Home Care Package Level 4 approval expires in 30 days, and the couple do not know what to do next. They have since been referred to a community service for ongoing support.

*Names changed for de-identification



Ensure older people can receive support for hoarding and squalor issues

When the Assistance with Care and Housing (ACH) program transitioned to Care finder in January 2023, hoarding and squalor services were explicitly excluded. Hoarding and squalor services through the ACH program delivered tailored assistance to older people, and they were equipped to do so. This has created a significant gap for vulnerable older people who cannot access Support at Home packages without this intervention. We have seen the consequence of this through HAAG's service delivery, where older people have been assessed as eligible for services, yet providers refuse to deliver services when they assess a home as an unacceptable OH&S risk.

These challenges are even more complex for older people in other precarious or marginal housing settings such as rooming houses, share houses, registered and unregistered boarding houses, caravan parks and some retirement housing settings.

This creates a catch-22: older people are assessed as eligible for support, providers are funded to deliver it, but the support cannot be delivered because providers are not funded to deliver hoarding and squalor services. Without specialised intervention, older people are left in potentially dangerous conditions with no pathway to access care they have been assessed as requiring. HAAG's own search of the My Aged Care (MAC) website for 'hoarding and squalor' services provided no results within 250km of Melbourne.

"It's like the providers blacklist older people in rooming houses or any shared accommodation not because the older client has violent or abusive tendencies, but the other residents do. The other challenge is that not all rooming houses are managed by community housing providers and there's little regulation around staffing and support, especially if they are private rooming houses." HAAG's Care finder

Safety and wellbeing of aged care workforce is important. However, extremely vulnerable older people should not be precluded from receiving the supports they need.

Recommendation 3: Restore hoarding and squalor support services that were previously available under the Assistance with Care and Housing (ACH) program, ensuring older people with these challenges can access and utilise their packages.



CASE STUDY 2

Dennis, a man in his 70's and a wheel chair 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



Ensure Support at Home contributions are affordable for older renters

HAAG is concerned about the impact of the Support at Home pricing structure, and that it may increase costs for older people. In the new structure 'Clinical Supports' will be funded in full by the government, and this is welcome. 'Independence' and 'Everyday Living Services' will attract means tested contributions, which will be based on an assessment of income and assets. However, if these are not considered in conjunction with fundamental expenses, such as rent payments, these costs are likely to be out of reach for many older people renting privately or in other forms of marginal housing.

Escalating rents means older people are paying a significant proportion of their income on rent, leaving little available for other essential costs like food, medications, utility bills, and aged care contributions. For older people in Australia on the Age Pension or Jobseeker payment, Commonwealth Rent Assistance provides only minimal support that has not kept pace with rental costs. Many older renters are already in rental stress (defined as paying more than 30% of income on housing) before any aged care contributions are calculated. HAAG's Care finders regularly see older renters paying 80-90% of their age pension on rent who cannot afford the services they have been assessed as needing.

This failure to account for rental costs creates an inequitable two-tier system where homeowners with potentially higher overall wealth can afford their contributions, while asset-poor renters with higher weekly housing costs cannot access the services that they desperately need.

HAAG recommends that client contribution arrangements under Support at Home explicitly account for housing costs, including private rent, to ensure services remain affordable for older renters.

Recommendation 4: Calculations for client contributions under the Support at Home Program explicitly account for expenses, including housing costs, to ensure services remain affordable for older renters.



CASE STUDY 3

Fred, a 69 year old man, was referred to HAAG from a homeless service as he had fallen into serious rent arrears and was at risk of becoming homeless. Fred had spent all his superannuation on palliative care and other medical expenses for his wife, and when she passed away, he could no longer afford the rent.

HAAG referred Fred to a financial counselling service and assisted him to reconnect his phone, which had been disconnected due to an unpaid bill. His supported included helping advocate for Fred to navigate his late wife's super fund to get the benefit he was entitled to, and HAAG's tenancy team used this information in VCAT to prevent a possession order from being granted. Although the service halted the eviction, the property was unaffordable. The team worked with the real estate agent, the council and the Private Rental Assistance Program to find a cheaper rental. Although HAAG helped him with a VHR application, he could not wait any longer for a public or community home.

Fred was registered with My Aged Care and was getting some meals from the council but he cancelled these as he could not afford the Client Contribution Fee. He also had an approval for Gardening but there are no providers for gardening in his area. Fred would have benefited from a Home Care Package, which is heavily subsidised, but because he was otherwise independent, HAAG could not get him reassessed. Care finder team advocated for hardship provisions to be applied, so that fees could be waived for Fred, due to the high cost of his housing. However, these were only short-term.

*Name changed for de-identification



Make hardship provisions automatic for older renters on low incomes

Current hardship provisions for Home Care Packages are complicated and onerous for older people. Current hardship provisions for Home Care Packages are onerous – a 17-page form, with many evidence requirements, and the need to have income and assets reassessed – and may only result in very short-term fee relief (1-2 weeks).

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.

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.

HAAG recommends that hardship provisions be automatically applied for all older private renters receiving the full Age Pension or other relevant income support payments, without requiring a separate application. This approach recognises the objective financial reality that people paying private market rent on pension income 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.

Recommendation 5: Hardship provisions should be automatically applied for older private renters receiving the full Age Pension or other relevant income support payments, without requiring a separate application. Hardship status should be ongoing, with reviews only triggered by changes in income, assets or housing



circumstances. Hardship provisions should include co-designed incentive mechanisms to ensure providers maintain equitable service delivery.



Recognise housing stress as a barrier to accessing aged care supports

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.’² 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.

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 6: Care finder service guidelines updated to explicitly permit addressing housing instability as a key barrier to accessing aged care supports, and education of Care finder and Primary Health Network’s on how to recognise and respond to older people at risk of homelessness.

² Department of Health and Aged Care, *Care Finder Policy Guidance for PHNs*, April 2022, p. 30.



Clarity and transparency around face-to-face assessments

HAAG's Care finders have identified that many provider funding agreements require assessments to be completed face-to-face 90% of the time, but compliance with this requirement is unclear and appears to be low. There is no transparency about the actual rate of face-to-face assessments being conducted.

Face-to-face assessments are crucial for accurately identifying older people's needs, as they allow assessors to observe an older person's living environment, mobility, and safety risks that cannot adequately be assessed via a phone assessment. This is particularly important for older people experiencing housing precarity, where housing conditions directly impact care needs.

Recommendation 7: Improve monitoring and enforcement mechanisms to ensure compliance with funding agreements with regards to face-to-face assessments.



Improve assessment processes for older couples

Currently, couples often face separate assessments by different organisations on different dates, creating unnecessary duplication, confusion and distress. Each partner must repeat their information, and assessors may not fully understand the interdependence of the couple's care needs.

HAAG recommends ensuring that couples can be assessed together by the same organisation on the same date. This reduces burden on older people, ensures assessors understand the full picture of household care needs, and improves assessment quality.

Recommendation 8: Ensure couples can be assessed together by the same organisation on the same date to avoid duplication and distress.



CASE STUDY 4

Jose* was informed about the My Aged Care (MAC) process and registered online. However, the online registration was unsuccessful and he asked our Care finder service to contact MAC to confirm his details. The HAAG Care finder needed to visit Jose again, so that together they could make the phone call to MAC. The registration and screening were completed over the phone, and Jose was placed on the waiting list for an assessment. Weeks of waiting for the assessment call turned into three months. There was no phone call, no letter, and no update, despite the Care finder calling to follow up. During one follow up call, the staff member was informed that someone had reportedly tried to contact Jose twice, and when he didn't answer, his referral was withdrawn from the waiting list. Neither Jose nor the Care finder were informed of this. This meant that three months of waiting, follow-up and preparing were erased and Jose had to restart the entire process. Care finder completed a second phone screening and were told to expect an assessment call within two to six weeks. But again, weeks passed with no contact. This time, aware of what had happened before, Care finder was more proactive. After two weeks, Care finder called MAC again. They referred us directly to the assessment organisation.

When we spoke to the organisation, they explained that the timeframes provided by MAC do not reflect their current capacity and are not accurate. They confirmed that Jose was still on the waiting list, waiting for a worker to be assigned, and that assessment wait times were unpredictable. They also advised that he must be very careful to answer the phone, as they only attempt contact twice in a row from a private number

Through all of this, Jose has remained patient, however it is clear to see the growing frustration and confusion the couple have experienced in their different interactions with the MAC system. Jose is still waiting for support and continues to rely heavily on his partner

*Names changed for de-identification



Ensure equitable access to support services to CALD clients

Assessment services should be required to proactively arrange professional interpreters for people who speak languages other than English or are Deaf, rather than expecting clients to organise this themselves.

Currently, the burden of arranging interpreters often falls on the client or their family, creating barriers to assessment. People may proceed without adequate interpretation, leading to incomplete or inaccurate assessments.

HAAG recommends that assessment services proactively arrange professional interpreters as standard practice, ensuring language is not a barrier to accurate assessment.

A My Aged Care customer service liaison within the MAC assessment team had written in the client file of a non-English speaking client that they had declined an interpreter, noting that the “care finder will assist with language”. Although the Care finder is bilingual and speaks the same language as this client, they are not a professional interpreter, Using professional interpreters is standard practice across services, including My Aged Care and Services Australia, and the Care finder does not feel comfortable being used as an interpreter - HAAG Care finder case study

Recommendation 9: Require assessment services to proactively arrange professional interpreters for people who speak languages other than English or are Deaf clients rather than expecting clients to organise this themselves.



Establish urgent assessment pathways outside hospital settings

There is currently no formal process for urgent assessments outside the hospital system. People experiencing rapid health decline, housing crisis, or other emergencies face the same wait times as routine assessments, despite their urgent need for support.

HAAG's Care finders are resorting to using their informal networks to access service provider for their clients, otherwise they face significant wait times, during which the client's health and wellbeing can quickly deteriorate.

I have a client who is receiving CHSP, last assessment was done in January 2025, and I requested a review on the 5th of November last year. The client has now been diagnosed with stage 4 cancer, and I have been trying to get him urgently reassessed. Unfortunately, when I called the assessment team, no one answered, so I left messages and when they called me back, I could not take the call. They called the client, but he could not answer either, so it has been already a week between my urgent request and these back-and-forth calls, and I wonder how long it will take before we can schedule a date for the reassessment. -HAAG Care finder.

Recommendation 10: Establish formal processes for urgent assessments outside the hospital system, including clear escalation pathways and response timeframes



CASE STUDY 5

Angela* is a 68-year-old woman who lives by herself. She was recently discharged from hospital with no services provided at that time. Her health condition is complex.

Care finder completed the first assessment on 4 October 2025, and together they contacted My Aged Care (MAC). The MAC call took 100 minutes. During the MAC assessment, Angela broke down in tears when she realised the extent of the support she currently needs. The MAC assessor was very understanding and gave her time to recover. A review was submitted, and another assessment was conducted. Angela was approved on for SaH Classification 2 – Home Support (Ongoing).

HAAG's Care finder received the outcome notification, and a second visit was arranged to assist Angela with finding a local provider. On 12 December 2025, another home visit was conducted to support Angela in contacting aged care providers and organising a visit to sign up for the SaH AT-HM (Assistive Technology and Home Maintenance) program.

Before the visit, Care finder contacted 8 major providers in the area, and none of them were able to provide the required service. The Care finder reached out to their informal networks through a previous employer, and a provider finally indicated they could assist. Many clients like Angela may not have a Care finder with these connections, and need to be able to utilise MAC as intended.

*Name changed for de-identification



Reduce wait times for assessment and services and improve transparency of MAC website

The Commonwealth Home Support Programme (CHSP) is already experiencing significant delays and lack of service provision, and will not meet increased demand when CHSP transitions to Support at Home.

Our Care finder service has experienced considerable issues with the single assessment system. Wait times for assessments are unpredictable, communication between My Aged Care, assessors and Care finders is inconsistent, and clients are being withdrawn from waiting lists without notification.

During these wait periods, people's circumstances deteriorate - health declines, housing becomes more precarious, and assessed needs become inadequate by the time services finally start.

HAAG recommends setting maximum wait time standards for both initial assessments (for example, 4 weeks) and post-assessment service commencement. There should be penalties for regions exceeding these timeframes, and quarterly reporting on wait times by region and assessment organisation.

Further, the My Aged Care provider directory currently does not provide accurate, real-time information about which providers are actually accepting new clients, which services they deliver in specific areas, and current wait times. This creates enormous frustration for older people and their families trying to navigate the system.

HAAG recommends requiring the provider directory to accurately reflect which providers are accepting new clients, which services they actually deliver in specific areas, and current wait times. This information should be updated regularly and monitored for accuracy.

Recommendation 11: Set maximum wait time standards for both initial assessments (e.g., 4 weeks) and post-assessment service commencement, with penalties for regions exceeding these timeframes, with quarterly reporting mandates on wait times pre and post assessment.

Recommendation 11.1: Require the My Aged Care provider directory to accurately reflect information about which providers are accepting new clients, which services they actually deliver in specific areas, and current wait times.



CASE STUDY 6

May* is a woman in her late 80's who is wheelchair bound and has not left the home in 10 months. Her husband (91 years-old) is her main carer who is experiencing carer stress. The client was assessed in early November 2025 with Support at Home (SaH) Level 7, standard priority, funding to be released within 10 – 11 months. Since being a care finder client with HAAG, the team managed to use her Commonwealth Home Support Programme (CHSP) funding for nursing support. They found two wounds on right leg, one on her foot and two on her left leg. They attend to her twice a week, but have advised that May urgently needs a Podiatrist.

On the My Aged Care website, providers are listed as having a service available. The Care finder has contacted all service providers via the Find a Provider search function. However, the Care finder has been unable to source any service providers with capacity, and all their waitlists are closed.

A select few are only taking Support at Home clients and the one service provider that had capacity does not go to clients' homes. Client is needing personal care and other support that she does not have via CHSP. Client cannot afford to access a private service, at this stage Care finder will recommend contacting her GP to get her medical needs escalated.

**Name changed for de-identification*



Ensure older people can access the funding they have been approved for

The Department of Health and Aged Care has acknowledged that the vast majority (93%) of Support at Home packages released since November 2025 have been interim packages, providing only 60 per cent of the funding older people have been approved for.³

This ‘rationing’ approach causes significant harm, particularly for older people experiencing housing precarity, many of whom have already endured lengthy waits for assessment and package allocation, only to receive piecemeal funding.

Providing only 60 per cent of assessed funding during this window means older people cannot access the interventions needed to protect their health and wellbeing by ageing in place. For older renters who contributed to their previous packages, the reduction to 60 per cent funding may mean they may no longer be able to afford essential services while also paying rent.

Recommendation 12: Ensure all clients receive 100% of their assessed funding allocation immediately upon package assignment, eliminating the current practice of providing interim packages at 60% of assessed need.

³ Department of Health, Disability and Ageing officials, evidence to Community Affairs Legislation Committee, Supplementary Budget Estimates 2025-26, 3-4 December 2025.



Address service gaps in regional and thin markets

In regional and rural areas, and in some metropolitan areas with limited provider availability (such as Mornington Peninsula), older people face extended wait times for services even after assessment and package assignment. The market failure in these ‘thin markets’ means people cannot access the support they need.

HAAG recommends providing incentives for providers to service thin markets, particularly in regional and rural areas where limited provider availability creates extended wait times. This should include quarterly reporting mandates on wait times pre and post assessment, to ensure incentives are actually improving access.

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

Recommendation 13: Provide incentives for providers to service thin markets, particularly in regional and rural areas where limited provider availability creates extended wait times, with quarterly reporting mandates on wait times pre and post assessment.

Recommendation 13.1: These incentives should specifically target community-based and not-for-profit providers who deliver specialised services to specific cohorts, such as Culturally and Linguistically Diverse communities.



CASE STUDY 7

HAAG received a referral for an elderly Vietnamese gentleman in his 70's, Tran*, who was at risk of being prematurely admitted to residential care involuntarily due to his complex care needs, inappropriate and unsuitable housing and lack of formal supports.

Tran was getting extensive daily support from his only child for all his needs but his son was experiencing severe carer stress due to also working full time and raising a young family and the relationship was in danger of breaking down. Due to language barriers and lack of knowledge about the aged care and housing system his son was unable to navigate the process of setting up formal aged care supports or applying for public housing. Tran thus needed assistance with setting up aged care supports and housing to ensure that he could remain living independently.

The Care finder from HAAG assisted Tran by searching for and finding a culturally appropriate provider for his Home Care Package who had availability to take up Tran's Level 4 Home Care Package and provide him with culturally appropriate care as they have workers and care managers who speak Vietnamese.

*Name changed for de-identification.