



Inquiry into Aged Care Service Delivery

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About UnitingCare Australia

UnitingCare Australia is the national body for the Uniting Church's community services network and is an agency of the Assembly of the Uniting Church in Australia.

We give voice to the Uniting Church's commitment to social justice through advocacy and by strengthening community service provisions.

We are the largest network of social service providers in Australia, supporting 1.4 million people every year across urban, rural, and remote communities.

Our aged care network delivers services to approximately 95,000 older people and has more than 220 residential aged care homes across all states and territories, including in capital cities, regional towns, and very remote parts of Australia.

We focus on articulating and meeting the needs of people at all stages of life and those that are most vulnerable.

Introduction

UnitingCare Australia welcomes the opportunity to provide a submission to the Community Affairs References Committee Inquiry into Aged Care Service Delivery.

While we are supportive of the new Aged Care Act and Support at Home (SaH) Program being delayed until 1 November 2025, we share concerns around the withholding of additional packages under the current Home Care Packages program.

The waitlist for Home Care Packages does not sit within a vacuum; it has repercussions for individuals, families, communities, the aged care workforce, as well as the residential aged care system, and the health and hospital systems.

Assigning packages, funding packages, and getting the waitlist down needs to be addressed as a matter of urgency. The vision for the Support at Home Program is that more people can age in their own homes, however if thousands of individuals are left waiting months for a Home Care Package, then this vision won't be realised. Importantly, thousands of older Australians will be left stranded without access to the care they need.

Home Care Package waitlist

The delay to the Support at Home Program is a decision that needed to be made in the circumstances; however, it remains a fact that thousands of older Australians continue to sit on the Home Care Package waitlist or are waiting to be upgraded to the package level at which they were assessed.

Delaying the Support at Home Program should not be a barrier to releasing additional Home Care Packages, particularly when the current wait list is estimated to be around 90,000 people. While we welcome the Government's commitment to releasing packages once the Support at

Home Program begins, packages need to be urgently released now in order to reduce the waitlist and deliver care to those who need it.

We acknowledge that additional time was needed for Services Australia to communicate correct co-contributions amounts, ensure older people had the information they needed before commencing on the Program, and provide continuity of care planning, however this should not prevent the Department from releasing packages under the current Home Care Packages program. A four-month delay might seem like a short time in the world of policy reform; however, it could mean all the difference for an older person sitting at home waiting to receive the care they need.

Without enough Home Care Packages to go around, it's likely that providers will start completing risk assessments with potential clients to see if they will be able to provide adequate, safe and financially viable care that meets their needs.

While UnitingCare Network providers will always strive to deliver care where it is needed, there is a risk across the sector that, if potential clients are refused care, the demand on emergency service and the public health system will only increase.

In addition, we have anecdotally observed people with complex care needs who have been assessed for a Home Care Package, being triaged into the Commonwealth Home Support Program (CHSP). The response from providers varies, however, some providers have had to undertake care management functions including clinical reviews of clients with complex care needs to ensure people are safe at home. Much of this care management is undertaken without funding.

Throughout this submission, we have included case studies which illustrate the real impact on older Australians waiting for a Home Care Package – highlighting not only their struggle to live comfortably at home but also the real risk of premature admission to hospital or residential care.

Case Study # 1: “We Were at Breaking Point” – One Couple’s Wait

After years of caring for her husband alone, a woman was struggling to cope. Her husband had originally been assessed for entry-level aged care support under the CHSP, but as his care needs increased, the couple sought a HCP. They waited seven months for a reassessment – a delay that only ended after the wife called the Aged Care Assessment Team four times over two months, requesting action.

The reassessment was finally completed in June, with the husband approved for a Level 3 package on a medium priority. After four weeks with no communication, the wife called again – only to be told they were facing a further nine-month wait for the package to be assigned.

The wife, under significant strain, told ACAT she had developed a plan to end both her and her husband’s lives if help didn’t arrive immediately. Her husband, distressed by the impact his needs were having, was supportive of her plan. In response, ACAT escalated the husband’s priority level to “high,” and the couple’s HCP was allocated within the week.

With services now being put in place, the couple is feeling some relief – but their story illustrates the consequences of delays in Home Care Package allocation.

“It was deeply upsetting to witness their distress,” said the worker involved. “No one should have to reach this point to access the care they need.”

Utilisation of the Commonwealth Home Support Program

The Commonwealth Home Support Program (CHSP) can be a lifesaver for older people needing entry level assistance in their home and could be the intervention which prevents them from prematurely entering hospital or residential aged care. However, demand for the CHSP should not be conflated with demand for Home Care Packages, as the CHSP is not necessarily designed to meet the complete and complex needs of those assessed as needing a Home Care Package. Notwithstanding this, the way that CHSP funding is distributed and utilised may still offer solutions during this interim period, and beyond.

For example, the current flexibility provision in CHSP allows for up to 50% of activity to be reallocated across service types. Consideration should be given for increased flexibility (up to 100%), in circumstances where the organisation has available outputs in service types where demand is currently low; there is demonstrated unmet need in other service areas (e.g. personal care); and the flexibility would directly support clients awaiting package assignment, ensuring continuity of care and reducing risk.

Enabling this increased flexibility would also help to prevent avoidable hospital presentations or admissions resulting from unmet care needs; and delay or avoid premature entry into residential aged care.

Another option is to issue Short Term Restorative Care (STRC) or Transitional Care Program (TCP) packages for a period of 3 months and up to 6 months, so that older people can be set up with case management and restorative care features. Because these are time limited, people can then transition to the CHSP or a Home Care Package when it becomes available.

Further to this, the Department could consider a special ad hoc CHSP grant program to support care management in CHSP, noting the Royal Commission recommended care management for each older Australian. This will allow people with complex care needs to have their care arrangements coordinate and thereby receive the right care at the right time and place.

We acknowledge that in some areas of Australia, the CHSP is fully subscribed, and so there may not be a buffer of funding or workforce capacity to transfer across to those waiting for a Home Care Package. However, the above suggestions could still prove useful in certain areas, and for certain providers.

The care sector needs these adjustments to be considered, to ensure quality care is given to older Australians with the ease of providers offering viable services.

Case Study # 2: “We’re Doing Everything We Can – But It’s Not Enough” – A Family Trapped in the Gaps

James is a dedicated son. Over the past year, he and his daughter moved in with his ageing mother to help support her at home. His mother applied for a Home Care Package (HCP) in October 2024. While she waited for assessment, her health declined. She experienced multiple falls, leading to several hospital visits. Each time, she was discharged home – not meeting the threshold for residential care, but unable to remain safely at home.

Her condition worsened. She was again admitted to hospital, and staff applied for permanent residential aged care. However, her low AN-ACC classification made her ineligible for a place at her preferred facility. James, a single parent and business owner, is under growing pressure to manage his professional responsibilities, parenting duties, and his mother’s care.

“They’re trying to do everything right,” said a worker. “But delays in assessment and mismatched care levels are placing enormous strain on families.”

Impact on Providers and Workforce

While the delay of the Support at Home Program was welcomed by our network, an already exhausted workforce has been placed under extra strain to respond to growing demand and is dealing with growing uncertainty as to when new Home Care Packages will be released. Families are frustrated that their loved ones can’t receive the care they need, even though they have been sitting on the waitlist for several months, and the providers are often left to manage expectations.

UnitingCare Australia not only calls on the Government to urgently release more Home Care Packages; we need a plan detailing when, where, and how many packages will be released. The volume, timing and

geographical location of new packages needs to be made clear to the sector, so that providers can appropriately plan workforce deployments and future resourcing.

Culturally safe care for First Nations Elders

Across the UnitingCare Network, our providers deliver aged care services to First Nations Elders, including in remote locations such as in the Kimberley, Western Australia, areas surrounding Alice Springs in the Northern Territory, and remote parts of Queensland. As part of this inquiry, UnitingCare Australia calls for consideration to be given to the needs of our First Nations Elders, and we affirm our support for culturally safe practices being included in broader aged care policies.

While many First Nations clients are covered under the NATSIFAC program, we understand that many are not. Regardless of location or program, it's essential that all First Nations Elders receive culturally safe services.

The current waitlist for packages would be harshly felt by First Nations communities. This is because, due to poorer health outcomes and lower life expectancy, First Nations Elders are more vulnerable to the consequences of extended wait times, including increased carer burden, early entry into residential care, and preventable hospitalisations.

Case Study # 3: “The System Is Jammed at Every Level” – Frustration at the Hospital-Aged Care Interface

Home Placement and Residential Services teams regularly face complex referrals from Hospital and Health Services (HHS) – particularly of patients in sub-acute care.

When community-based support is unavailable, hospitals may seek to discharge patients needing support who do not meet the criteria for residential care. But with ongoing HCP delays and limited CHSP capacity, there are often no viable community options.

Residential homes are operating at near-full capacity. Many UnitingCare services are at 97-100% occupancy, with high-care clients on waiting lists. Admitting lower-care residents

from hospital can displace those with more complex needs and challenge existing care models.

“We’re being asked to fill a gap the system can’t accommodate,” said one Residential Services Manager. “We want to help, but we must ensure the sustainability of our services and prioritise those with higher needs.”

Conclusion

Unless urgent action is taken, the waiting times to be issued a Home Care Package at the person’s assessed level will continue to create further distress for participants, their families and workers on the ground.

UnitingCare Australia thanks the Senate Committee for undertaking this important inquiry, and we would welcome the opportunity to further discuss the issues raised in this submission.