



15 August 2025

The Secretary
Community Affairs References Committee
The Senate
Parliament House
Canberra ACT 2600

Dear Committee Secretary

Please find attached Flexi Care Inc.'s submission to the Community Affairs References Committee's Inquiry into the impact of the delay to the commencement of Support at Home until 1 November this year.

Flexi Care is a community-owned not-for-profit provider of aged care services based in Brisbane's southern suburbs. The organisation was established in 1992. We support approximately 2,500 older people to live independently in their own homes and communities through the Home Care Packages Program, Commonwealth Home Support Program and the Veterans' Home Support Program.

Our submission is based on our organisation's experiences and understanding, and we acknowledge the situation in other areas of the country may differ.

We encourage the Committee to consider including witnesses from smaller and medium-sized providers as well as peak bodies and larger organisations so that there can be an appreciation of the impact of the delay on the whole sector. We also suggest that the Committee considers speaking with individual older people who have personal lived experience of the issues being investigated but are *not* representatives of Government-funded advocacy organisations and constrained in what they can say.

We have significant concerns about the design of Support at Home and its likely negative impact on many older people. We have not included detailed commentary on issues relating to these troubling design features because they are not expressly included in the Terms of Reference. We encourage the Committee to hold a separate inquiry addressing Support at Home's design at some point in the future.

If you wish to discuss any matters raised in the submission, please feel free to contact me

Yours sincerely

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FLEXI CARE SUBMISSION: THE IMPACT OF THE DELAY TO SUPPORT AT HOME

The impact of the delay on older Australians waiting for support at home, including unmet care needs and the wellbeing of seniors and their carers

Support at Home brought the promise of a release of a substantial number of additional funded places. We understand that 83,000 had been scheduled to be added during the 2025/2026 financial year.

The decision to withhold this extra funding until 1 November is exacerbating an already difficult situation. The waiting list to be allocated a Home Care Package following independent assessment had already been growing significantly over recent years. The Department of Health, Disability and Ageing ("Department") has not released current waiting list figures but presumably around 80,000 people will now be waiting nationally. Our CHSP clients who have been assessed as requiring a Home Care Package have typically been waiting up to a year to receive their Package following assessment; some have waited longer.

There are many consequences of having needs that cannot be met through funded services. These can include:

- People can be forced into hospital or unnecessary residential care if they cannot be safely supported at home within current levels of assistance
- The people waiting can be fearful and stressed about the lack of support; this impact can be particularly significant among people who already have psychological symptoms
- Family members or other informal carers may face additional stress when they seek to make up for the missing services
- There is pressure on CHSP to satisfy the needs for extra help (CHSP is intended to be for low key assistance), which means the individuals who ought to be assisted through CHSP cannot receive the services they need.

Having said that, we do *not* consider Support at Home will itself provide net benefits to older people in comparison to the Home Care Package Program. This is despite the fact that it includes some positive features such as the earlier availability of aids and equipment, and segregated funding for end-of-life assistance. Conversely, Support at Home is overall more rigid, inflexible, bureaucratic, expensive and unresponsive to the changing needs of older people. We consider the main benefit was to come from the additional places, not the Program per se.

The capacity of the Commonwealth Home Support Program (CHSP) to meet increased demand for support at home prior to 1 November 2025

If we draw on our organisation's experience, there is no capacity for CHSP to meet the increased demand. Our understanding is that many of the CHSP providers in our area are also closed to new clients in most service categories.

Approximately 30% of the people we currently support regularly through CHSP have already been independently assessed as needing a Home Care Package and are on the waiting list for one to be allocated to them. These people tend to have very high needs, and we are doing our best to support them through CHSP.

Last financial year we delivered \$138,000 worth of services for which we were not paid by the Department. This was because our CHSP output allocation had been exhausted but we had existing clients who were at risk of admission to hospital or premature transfer to residential care if we did not provide this assistance. A large percentage of these unfunded services were personal

care. We paid for these services from our own financial reserves, but would not be able to do this again in the current financial year. (We had tried several times to obtain additional funding but were advised that this was not possible.)

The impacts on aged care service providers, including on their workforce

The fact of a delay was largely beneficial. This is because the Department had not finalised its preparations in time for a 1 July commencement. In particular, the Rules under the Act were not proclaimed, the guidelines for Support at Home remained incomplete and the government's essential IT systems had not been built and tested.

Because the Department was not ready, providers could not be ready. If the changes had proceeded on the original date, there would have been widespread disruption. As a result, we welcomed the postponement.

As long as the Department now completes the finalisation of all outstanding matters quickly, there will be an opportunity for providers to be better prepared than would have been the case without the changed date.

As noted above, the delay to the release of additional Home Care Packages is problematic. Older people have already had to wait up to a year for the allocation of their Home Care funding and this additional delay means providers are struggling to meet their needs with limited CHSP funding or with the organisation's own resources (discussed above).

The impacts on hospitals and state and territory health systems

We understand there are hundreds of older people who are medically ready for discharge from hospital but cannot leave because the required supports in the home are not available or they cannot secure a residential aged care bed.

This situation is detrimental to those individuals' health and well-being, particularly given the prolonged immobility and exposure to hospital-related risks. It is also detrimental to the people who are requiring admission to hospital but who cannot be allocated a bed because it is occupied by an older person who is medically ready for discharge.

This was a problem before the postponement of extra funded places in home care but has presumably become worse.

The feasibility of achieving the Government's target to reduce waiting times for Home Care Packages to 3 months by 1 July 2027, in light of the delay

As an initial comment, we consider that three months is still too long for many older people to wait for essential assistance. We recommend one month as a preferable target.

If the release of Support at Home places is done quickly after 1 November, and the originally planned 83,000 for 2025/2026 is achieved, the 1 July 2027 deadline is still potentially achievable.

In our organisation's case, we have employees who are looking for additional hours of work and would be able to satisfy considerably increased demand.

The adequacy of the governance, assurance and accountability frameworks supporting the digital transformation projects required to deliver the aged care reforms on time

It is very hard for us to comment on this issue because little information is shared publicly by the Department or Services Australia about IT and digital preparedness.

We read that the Department's brief to the incoming Minister (Hon. Sam Rae) assessed IT preparedness as having a medium to low level of confidence. This is concerning in itself, especially given that the change had been intended to be introduced on 1 July.

Previous much smaller IT transitions, such as the implementation of the so-called Improved Payment Arrangements for Home Care Packages a few years ago, have been disruptive and took months to resolve the issues created. The current change is on a massively larger scale, and it is therefore very difficult to have confidence that it will proceed smoothly.

The vendor providing our client management software has advised as recently as last week that they still do not have full details from Services Australia of the technical specifications required for the final system changes. This is too late.

The risk of a poorly managed IT roll-out is that there could be widespread disruption to services and payments.

The implementation of the Single Assessment System and its readiness to support people to access a timely assessment now and beyond 1 November 2025

The launch of the Single Assessment System, which we believe was scheduled for 1 January this year, has not gone well.

The finalisation of the tender took longer than had been promised. This meant the successful organisations were very late in being able to recruit and train the required workforce and to establish the necessary systems and work processes. Our understanding is that some of these organisations are still not fully staffed or that their recruitment has only recently been completed. During this period of delay, assessment waiting lists grew.

The impact of these delays is illustrated by a recent example of one of our clients, "Pauline".

Pauline is 99 years of age, lives on her own and has had a strong preference to remain at home. Her daughters have limited capacity to assist her because of their personal commitments so she relies heavily on our capacity to provide support.

At the beginning of the year, Pauline was being assisted through a level 2 Home Care Package. Some of her needs increased as a result of deteriorating health and we referred her for a reassessment for a higher level Package in January. While Pauline was waiting to be assessed, we provided her with some additional support through CHSP, but this was not sufficient to meet her true needs. During this time, she became increasingly stressed about her situation. Her Home Care Partner advocated several times for Pauline's reassessment to be given priority due to her advanced age and the urgency of her situation, but this was rebuffed by the assessment organisation. In a response to a further recent attempt to have her matter moved up in priority, we were told, "She'll just have to wait her turn". Her General Practitioner also wrote three separate letters to support her need for an assessment but to no avail.

Unfortunately, Pauline had to be hospitalised in the middle of July, before she had been assessed. During her hospitalisation she was assessed by the hospital-based team. They found she needed an urgent level 3 Package.

For a person like Pauline, it should not take six months and a hospital admission to be reassessed for urgent assistance.

We have heard that some assessment organisations have been contacting people by phone instead of doing in-person assessments to enable the assessments to be completed more quickly. This practice is no substitute for a properly conducted assessment. It will lead to inaccurate or incomplete assessments meaning the older person will not be authorised for services they need. It will also prompt requests for further assessments so the needs can be properly determined, which will exacerbate an already overburdened system.

Once Support at Home and the new Aged Care Act commence operation, the situation with assessments delays is almost certainly going to become **worse**. This is because Support at Home will require a higher volume of independent assessments than the Home Care Packages program did. As just one small example, at present a client who previously did not need a nursing service but has developed a skin tear and now requires nursing can agree with their provider to deliver this support by redirecting funds in their Package without a requirement for independent reassessment; these types of adjustment happen constantly. In the same circumstances, Support at Home will require a reassessment or review by a Single Assessment Service, before the nursing can be delivered. Not only will this delay the service being received, but it will also create unnecessary administrative work for the provider as well as further choke the already overburdened assessment system. There are numerous other examples of how the design of Support at Home will add to the assessment problem.

Given that the Act requires each service type to be specifically approved before it can be delivered, one solution for this problem would be for approvals to be routinely provided for all standard services. This would not add to the cost of the program but would return flexibility that is currently being lost.

Any other related matters

We believe that it is important that any communication from the Department with older people and the public about Support at Home and the changes is honest and complete.

We are therefore concerned about the content and style of an informational video that has been prepared by the Department which purports to explain how Support at Home is intended to work. The video has been published on YouTube and possibly other locations:
<https://www.youtube.com/watch?v=JlCJxvrQ8bM> .

The video makes the claim that "... the support you need to stay at home is there **when you need it**" (approximately 30 seconds into the video). This statement is demonstrably false given the months of waiting for assessments and further months to have funding allocated. Our experience is that it is not atypical to have to wait in excess of a year from the time an older person realises they need assistance to the time the assistance can be delivered.

The video also makes no mention of participant contributions, so we believe it is misleading by omission.

A further issue is that the video is filmed in an inexplicable, condescending slow-motion style which communicates a negative image of older people and ageing. The Department should not be reinforcing harmful stereotypes in its communications.

Having false and misleading information about Support at Home distributed by the Department adds to the already difficult communication environment. It raises the question of how the text for the video was approved, given its inaccuracy.

We consider the video should be withdrawn as soon as possible.