

Our reference: DOC/25/38557

15 August 2025

To whom it may concern,

Response to the Senate Inquiry into Aged Care Service Delivery.

Thank you for the opportunity to respond to the Terms of Reference in regard to improving services for older adults. Please find my response to your questions below.

The implications for older Australians, their families, carers, service providers and state and territory health systems of the Government's decision to delay the commencement of the new Support at Home program until 1 November 2025 while also withholding the release of any additional Home Care Packages, with particular reference to:

Terms of Reference

- ***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.***

The Aged Care Sector across Australia has approximately 85,000 plus people assessed on a waiting list to access a homecare package. It is my understanding that there is an additional like number of packages put on hold whilst the Commonwealth is working through the overwhelmingly bureaucratic Aged Care System. This is compounded by the fact that multiple agencies have shut their doors due to lack of funds and inability to secure staff.

Recently an allied health professional from a regional city rang to ascertain if Mount Alexander Shire Council books were open. She stated she only found four services including Mount Alexander Shire Council open in the region. Services are either at capacity or cannot get staff. this is only going to get worse unless funding is increased and increase apprenticeship/trainee ship funding is made available to services.

In addition to the Home Care Packages, no one in government can advise as to how many people on the My Aged Care wait list for entry level of the current Commonwealth Home Support Program. Currently Mount Alexander Shire Council (whose books remain open) have about 650 and growing on the My Aged Care portal. As we have not been invited to tender for additional funds, we can only put people on the services when someone dies, goes into residential care, or no longer needs the services. If a small geographical location in Central Victoria has this many local clients languishing on the My Aged Care portal, this will be replicated Australia wide. I suspect the number across

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Australia is comparable or greater than the wait list for Aged Care Packages as entry level is the early intervention of all of the services.

The implementation of the Single Assessment Services has exacerbated the time frames with many people waiting a long time for the assessment. Many people are waiting months for an assessment. Once they have finally had the assessment the older adult then continues to languish in a My Aged Care Service provision portal in desperation to access services. We are noticing that people who do not reside in our geographical location are appearing on MAC portal for our area, presumably because we are open and the next geographical site.

The Tender for the Single Assessment Service indicated that the majority of assessments must be done face to face. My staff advise that the majority of assessment are done by phone which does not give a true indication of the client needs. When we as a service provider accepts the client, we undertake an intake and assessment (yes, a second assessment to develop a care plan to meet ACQS requirements). The staff in service provision find the Single Assessment is not providing the information they need, so they are having to do a lot of that work at a cost to our organisation. The feedback is that the Single Assessment Agencies are just handing out referral codes to meet KPIs and the sheer volume of people wanting to access the services. The baby boomers have well and truly arrived, and the impact is huge. It must be noted that this can be dependant upon the Single Assessment Services Provider. Some are much more experienced than others.

The system created has made all service providers competitors where in the past they worked collaboratively. Has no one learnt from the Compulsory Competitive Tendering Eara in Victoria in the 90s? That did not result in savings and created competition when once all services worked collaboratively. That is the system we have now in place again.

All of the above is having a significant impact on service provision. Insufficient funds, a mind numbing bureaucratic process which is not conducive for older adults is impacting on easy and quick access to services and is having a devastating impact on people trying to access basic and or complex care.

Prior to the implementation of the Single Assessment Service under the Regional Assessment Service, the time frame from registering for services, to an assessment and then implementation of the service was 6 weeks. The Manager of Community Wellbeing had expressed concerns for the time this was taking. Now the waiting list can be up to 12 months for an assessment and a comparable amount of time for accessing the service provision. Care finders in Mount Alexander Shire are able to respond very quickly to the needs of these marginalised people as many do not come via My Aged Care. Mount Alexander Shire can put people on for Delivered Meals quickly to respond to need, and Personal care is a high priority, however the early entry level of services like Domestic Assistance and Home Maintenance may take a lot longer due to limited funding.

Not being able to respond to requests for services as quickly as we would like due to insufficient funding, or sometimes staff shortages is cause for concern. Not only is the client impacted but the added burden for the carer is compounding.

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- ***the capacity of the Commonwealth Home Support Programme to meet increased demand for support at home prior to 1 November 2025.***

In addition to the Home Care Packages, no one in government can advise as to how many people on the My Aged Care wait list for entry level of the current Commonwealth Home Support Program. Currently Mount Alexander Shire Council (whose books remain open) have about 650 people and growing on the My Aged Care wait list portal. As we have not been invited to tender for additional funds, we can only put people on the services when someone dies, goes into residential care, or no longer needs the services. If a small geographical location in central Victoria has this many local clients languishing on the My Aged Care portal, this will be replicated Australia wide. I suspect the number across Australia is comparable or greater than the wait list of Aged Care Packages as entry level is the early intervention of all of the services. When services are provided in a small community, the gaps are more evident. When we are triaging to bring people on to the service, many staff in our services have frail elderly family members requiring the services and it is heart breaking that we are not able to provide the services to these clients.

We do not have statistics but are aware of older adults dying prior to accessing any type of service or funding stream. This is not unique to this geographical area. Please continue to allow all agencies to have the capacity to make application for additional funds prior to November 25 for Commonwealth Home Support Clients on the My Aged Care Waiting List. The current system requires the Commonwealth to select the entity to apply with no guarantee of being successful. This is discriminatory against service providers and clients miss out.

If the Commonwealth provide Mount Alexander Shire Council with appropriate additional revenue and increase the targets, before and after 1 November 2025, the Manager of Community Wellbeing is optimistic we can reduce the My Aged Care wait list.

The Manger of Community Wellbeing was concerned to hear at the last Federal Budget that they there was a saving of approximately \$11 Billion dollars when we have the largest cohort of older people coming through requiring entry level and or complex care now and for the next two plus decades.

It would be best to not transfer CHSP into the Support at Home Program, but to tweak the model with a combination of block funding to ensure the doors stay open for all of these services plus a fee for service per each unit of service would be a much better model.

A challenge which has not been embraced or acknowledged is the lack of harmonisation within the funding streams and between the MMMs within Commonwealth Home Support Program. The other issue is that the funds received from other like services e.g. Veterans Home Care and Commonwealth Home Support Program are mixed and varied. For example, Mount Alexander Shire Receives \$93.70 ex client contribution per hour for Domestic Assistance, but CHSP for the same service we are paid \$57.69 per hour. The sector responded to a government survey to which the Commonwealth provided the sector with a summary of indicative

prices for Support at Home Program with the National Medium of \$95 for domestic assistance. This median price is close to reflecting the true cost of the service. So regardless of the funding stream, it costs the same amount to deliver the service, so harmonisation needs to be factored into Commonwealth Home Support Program to ensure financial viability.

In addition to many Victorian Local Government Authorities leaving the sector, incrementally we hear of other providers, large and small, leaving the sector due to financial viability exacerbated due to the additional administrative burden of all of the reforms and some of the requirements for the strengthened standards. This is concerning when the sector needs many providers to meet the needs of older adults.

- ***the impacts on aged care service providers, including on their workforce.***

The State of Victoria has 79 municipalities of which all were in service provision for Aged Care services. It is my understanding that we are now down to approximately 26 municipalities remaining in the industry. As each municipality withdrew, the majority of their respective staff left the sector with 9% transitioning to new providers, 6% retiring and 85 % exiting the sector. Most of the people who have left have not re-entered the sector. With an ageing population (the tsunami of Baby Boomers has arrived and will continue for a couple of decades), we will need even more staff to managing the growing needs subject to funding.

Mount Alexander Shire Council is in a continuous state of recruitment to ensure sufficient staff. In 2020 we implemented an award winning Earn and Learn model to bring in unskilled people. We engage an RTO and Apprenticeship provider to oversee the funding and the training for the staff. We pay the staff to attend the training, and a buddy system is in place at the various stages of their course out in the field. Regular supervision is provided to the trainees. In 2020 during the COVID pandemic, Mount Alexander Shire council had 13 Personal Care Attendants. We now have approximately 33. In the first year of doing this training program, funding through the apprenticeship scheme was helpful. This funding was halved and now it is very much an administrative burden. Improving the financial incentives for the employer would assist this model to survive. The ASU thought this model introduced at Mount Alexander Shire Council was innovative. It was in fact, what is old is new again. Many nurses did their training this way until the mid-80's.

A challenge that still has not been addressed is the qualifications required at all levels of working in these services. The Manager of Community Wellbeing with Mount Alexander Shire has routinely requested information from the Commonwealth on this topic, with answers not provided. Whilst this organisation has employed many staff with clinical and allied health backgrounds to oversee the services, advice has not been forthcoming on if they must be registered with APHRA. Working towards registration for all PCAs is I think a good way to go, however, this will be cost prohibitive for many of these people and could see more withdraw from the sector. If the Commonwealth provide advice confirming clinical staff to be registered with APHRA this will impact on services as many of the senior team do not wish to re-

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register with APHRA unless that is automatic as which occurred during COVID in an attempt to get more clinical staff back into the sector to assist.

Recently the organisation experienced a number of long term experienced administrative staff, including clinicians leave due to ill health, retirement, and significant burn out after years of trying to prepare for the reforms. etc. The changes in Aged Care have been ongoing since 2016 and staff are exhausted. It has been incredibly time consuming to find the right people to replace the former staff. The skill set required is not readily accessible in the employment pool.

Since 1984 Local Government in Victoria have subsidised Aged Care Services to the tune of billions of dollars over the last 40 years. Many municipalities left the sector due to the lack of recognition of the Commonwealth of the contribution by their respective Council, and it was a significant financial impost for Councils to find. Clients receiving the services pay the fees and charges for the Aged Care Services, but if they are a rate payer they are essentially paying twice via the percentage of rates allocated to Aged Care.

Mount Alexander Shire Council currently subsidises these services at approximately \$900,000 per annum. This is not sustainable. The recent Fair Work Australia decision to improve terms and conditions for people on the SCHADs, Nurses and Aged Care Wards has made a significant improvement for the sector in an attempt to ensure the staff were remunerated appropriately and well supported by all. However, this had a negative ripple on effect on Local Government in Victoria. The Commonwealth provided additional funds and presumably increased the unit price for those entities on those awards in order to cover the significant costs of wage increases. The Fair Work Australia ruling was implemented over a number of timeframes with additional resources continuing to be provided to those entities. If you were a Home Care package provider and in Local Government, you may have received some of that top up funding which came as an afterthought because the Local Government Sector at the time were advised that we were not eligible. Councils who continue to subsidise Aged Care Services via the rate dollar creates another issue.

Mount Alexander Shire Council did not receive any top up funding to off-set our staffing costs and continues to subsidise the Commonwealth Aged Care. It would have been beneficial if all providers were compensated. The organisations who did not receive the additional funds would have benefited as they were doing the right thing by their staff and remunerating them accordingly via an EBA. A letter from the previous Minister for Aged Care (albeit drafted by staff) stated that we had received that funding in line with Fair Work ruling. That statement in the letter was inaccurate.

This has created a two tier funding stream within the CHSP/HCP funding. Some entities now receive a higher amount of funds for the exact same service, in the same area provided by Local Government. This is anticompetitive and added fuel to the fire of sustainability for many providers. We should all be paid the same rate, with the exception of remote Australia.

Discussions with the Department of Immigration highlighted that immigrants to come to Australia, must have secured full time employment as part of their relevant visa. It

was highlighted to the Department that in this sector the staff only work part time which mean that new immigrants unless granted permanent status are not able to work in the Community Services. This is a problem and would be great if this were addressed to assist with recruitment of staff.

- ***the impacts on hospitals and state and territory health systems.***

Mount Alexander Shire Council Community Wellbeing Aged Care services sees a lot of movement with hospital admissions, block respite services in a residential setting as well as transitioning to permanent care. the numbers over a twelve-month period are:

In a twelve-month period, Mount Alexander Shire Council has estimated

- 214 admissions to Hospital
- 42 accessing Residential Respite
- 45 moved into Permanent Care/Residential settings.

It is anticipated these figures may be higher because clients do not always disclose the reasons for their absences, as is their right.

These numbers will continue to grow with the aging population and the increasing number of clients needing support.

- ***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.***

1. Releasing the packages now instead of after November will be the best first step in reducing waiting times.
2. Acknowledging the shortage of staff and implementing improved funding opportunities for entities to be able to put staff through a recognised course via an RTO or a tertiary institution will be of great importance.
3. Ensuring people undertaking Case Management/Care Planning have appropriate clinical and or allied health credentials to ensure best outcomes for clients and or the opportunity for people to undertake these studies. Promoting these types of courses with identified careers would be advantageous.
4. Mount Alexander Shire Council received advice that we are now officially a registered Home Care Package Provider. Over the months, since the registration was approved, we have been setting up systems ready to take on clients. Many Mount Alexander Shire clients have advised us that they are wanting to use Community Wellbeing Unit within Mount Alexander Shire Council as their preferred HCP/SAHP provider. With the recent deeming process we were not allowed to put in Category 5 for Clinical even though we are registered. We were advised that this has to wait until after 1 November. This is yet again impacting clients and their need for services, and this decision is beyond comprehension.

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

An enormous energy has been put into the technology by the Commonwealth. However, the time frames for the sector have been unrealistic. In particular, the software vendors only got the specifications at the start of the year to start making the changes to the software for 1 July 27. The Sector was publicly shamed for not being ready to roll out the reforms when in actual fact the Commonwealth Digital transformation unit continued to provide the software vendors with different versions leading up to the 1 July and continue to do so to this day. Software vendors have all stated it would take about 12 months to be ready and that would be without ongoing modifications at the Commonwealth end. As late as a week ago a message came to the Software vendors on DEX reporting that they are trying to still work out a few issues and not to worry about meals and transport.

The sector was offered the opportunity to tender for \$10,000 to assist in readiness for the digital transformation. At a significant cost to Mount Alexander Shire Council as their commitment to Aged Care, allocated up to \$200,000 for new software which is still in the process of being implemented. This does not count the cost of internal staff time in procurement, project management and implementation. In addition to this, despite being advised that CHSP would not transition to Support at Home until 2027 we were advised a couple of months ago that we had to realign our software to cater for the new terminology. It then became evident that our existing software could no longer talk to DEX and we now have to upgrade to the newer version of our current software to ensure our data is reflected in DEX at the same time as implementing new software which takes about 6 to 8 months. The \$10K offered was unrealistic and one had to tender for this. The cost of application and acquittal would consume most of that amount. It must also be noted that the Software Vendor is struggling to understand some of the specifications to assist us in transforming to meet the Commonwealth requirements.

The Manager of Community Wellbeing with Mount Alexander Shire was recently provided with a power point view of the digital transformation system. It was most impressive and something staff should be proud of, but it also looked as though the technology was driving the reform rather than the needs of older adults. It must also be noted that for the majority of older adults, IT literacy is low or non-existent. If a person has a reasonable degree of literacy, if in the event cognitive decline occurs, the IT literacy which is like a second language will most likely be the first skill to decline or the ability to keep up with the evolution of the technological world will be compromised.

- ***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 implementation of the Single Assessment Services has exacerbated the time frames with many people waiting a long time for the assessment. Many people are waiting months for an assessment. Once they have finally had the assessment, the older adult then continues to languish in a My Aged Care Service provision portal in desperation to access services. We are noticing that people who do not reside in our geographical location are appearing on MAC portal for our area, presumably because we are open and the next geographical site.

The Tender for the Single Assessment Service indicated that the majority of assessments must be done face to face. My staff advise that to date, the majority of assessment are done by phone which does not give a true indication of the client needs. When we as a service provider accepts the client, we undertake an intake and assessment (yes, a second assessment to develop a care plan to meet ACQS requirements). The staff find because the original Single Assessment is not providing the information they need, they are having to do a lot of that work as well at a cost to our organisation. The feedback is that the Single Assessment Agencies are just handing out referral codes to meet KPIs and the sheer volume of people wanting to access the services. The Baby boomers have well and truly arrived, and the impact is huge.

The Commonwealth underestimated the time frame it would take to implement the Single Assessment. They were advised by the sector, that this could not be implemented within a fortnight once the tenders were awarded and the Regional Assessment Services were disbanded. They implemented temporary contracts for 6 months whilst they were sorting out the long-term arrangements. The selected entities recruited and employed staff which took months and added to the lengthy wait lists. Then 6 months later in December they awarded the long-term contracts and often the initial entity which was engaged and went through the recruitment process were not successful in the original areas but might have been successful in another geographical area. This resulted in yet again the recruitment and employment process further adding to the wait list for frail older adults for assessment then waiting for service provision.

Some Assessment Agencies do not meet requirements where others are starting to improve. Staff have advised that some Single Assessment Agencies are better than others. Some are clearly struggling.

- ***any other related matters.***

As a Senior Executive Officer in Local Government having worked across a number of municipalities for the best part of 40 years. I have experienced significant changes around services from both Commonwealth and State Governments. Change is good, but in order for it to be effective, it would be wise to ensure that all the logistics are tried and tested, feedback taken on board, communities of practice provided and prior to implementation. This is the only time in my 40-year amazing career this is being done on the run albeit over many years.

Incrementally implement after communities of practice on assorted topics would be advantageous. The sector is exhausted with the bombardment of information from the Commonwealth Department of Health, Disability and Aged Care as well as the Aged Care Quality and Safety Commission. It is almost impossible to absorb this information there is so much. Often, we receive a version of a document then 3 weeks later there is a revised addition, but it is not a control document, so it is not apparent as to what the changes are. Is it a formatting issue on page 39 or a complete revision of a chapter?

Implementing the reforms as well as the changes to the quality assurance has created an environment of overwhelming stress and burnout amongst staff. All staff want to do the right thing by their clients, but this workload is cruel to say the least. There is a failing on the Commonwealth to understand that services do not have additional resources to implement this change, they are in the business of providing the services and implementing unprecedent change to the detriment of staff and ultimately the clients at the same time. My extensive Australian networks advise me that they and their staff in the same boat.

I have attended multiple consultations with unknown counterparts across the nation representing rural and remote communities. It has been frustrating to say the least that you walk away knowing full well that you have not been heard. The Consultants had to be reminded that the other counterparts in attendance were all saying the same thing and we had never met prior to the stakeholder engagement. Much of the feedback at many of the stakeholder engagement sessions of which I have attended many are not reflected in the outcomes which is disappointing.

Implementing one thing at a time will work. SIRS was implemented well. Whilst the information on SIRS was scant, three weeks prior to going live we were finally given some salient points which then enabled us to quickly pull together guidelines/ procedures forms together, undertake communities of practice and implement on the prescribed day successfully. I will point out the night before we were given a revised edition and to this day, I am still none the wiser as to

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what the changes were. It was an unnecessary distraction adding significant pressure to staff. Multiple this over the enormous number of documents and systems. Processes to be put in place is overwhelming at times. I have brought staff along for the journey on many changes over the years, but this is incredibly challenging to sell to staff and clients.

We have provided information to clients on various aspects of Aged Care. It is so complex that they do not understand it. One needs to be a Kings Counsel to understand the New Aged Care Act. It is not accessible to the older adults with whom it is intended to be client first.

Recently in a meeting regarding supported decision makers and the legal responsibilities, I requested feedback on the mechanism the Commonwealth had in place to inform the clients. Their response was it was our role to do that. We are not compensated to do this and the legal ramification for client's decision maker is significant this is a shifting responsibility from the Commonwealth on to the provider. This is fraught given the legal implications of this change.

The struggles felt within the sector is not isolated. As mentioned, previously my extensive networks are feeling overwhelmed, frustrated, exhausted and struggling to cope with the voluminous amount of change and documentation.

My Aged Care are providing clients with misinformation advising the client that they are on our wait list. No Service Provider has a wait list. The Wait list is the Commonwealth's My Aged Care wait list. Another concern is often staff at My Aged care are not familiar with the information and or geographical locations of services. often clients are advised that Mount Alexander Shire Council are not a service provider. The Client rings us desperate to access Services. Staff advise the information is in accurate and that the Council is a provider then the staff support the person to accessing and managing My Aged Care.

Clients often cannot get through to My Aged Care and often give up trying. My Aged Care knew nothing about specialisation verification despite that fact that was where we were to lodge an application.

If we wish to lodge a complaint to My Aged Care about their processes or time frame, they do not wish to take complaints and suggest we are giving feedback when staff state it is a complaint. This is double standards when the Sector as part of quality assurance has to have systems, guidelines, processes, and forms in place to manage complaints and shortly align to the Whistle Blowers requirements.

The client contribution as determined by the task force has caused concern for the sector. The clients are oblivious of the impacts. Many organisations have

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undertaken scenarios based on client circumstances and most will be disadvantaged. This will result in clients declining the services and trying to manage on their own, which usually end up with a fall, resulting in hospitalisation with a fractured neck of femur and often not coming home. The alternate scenario which we see is the client declines the service and is befriended by someone who offers to do the work for a slightly less fee. The risk of exploitation is high. The fees paid to the person who has offered to help will be under the counter and no taxes collected. And the best plan of implementing the Aged Care Act will be moot as there will be no oversight of the client.

There have been substantial number of senate inquiries, a royal commission, and multiple reviews with two more senate inquiries added to the list. If the actual sector is heard, not just the peak bodies then maybe this could be rectified. But I hold grave concerns for older adults as this in its current state is not financially viable for service providers, it is onerous and often encroaching on the clients' rights. The system has shifted from a psychosocial model of care to a clinical model. The Clients in the community are living in their own homes have the right to access services without the bureaucracy.

It is acknowledged that the changes being implemented is to protect the older adult and this is fully supported. However, it must be recognised that there must be mutually respectful relationships with the providers. The vast majority are trying to the right thing with limited funding and staff. If current approach continues and funding not addressed to ensure viability and sustainability, the sector will continue to erode. Without the Service providers there is no service for clients. It is a partnership between all parties. This is not evident at this point in time.

Yours sincerely

Rosalie Rogers
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Mount Alexander Shire Council

