

Silverchain submission

Senate Community Affairs References Committee Aged Care Service Delivery Inquiry

13 August 2025

Acknowledgement of Country

Silverchain respectfully acknowledges the Traditional Custodians of the lands on which we work and live. We acknowledge Elders both past and present, whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future leaders and reconciliation within Australia. Our Innovate Reconciliation Action Plan artwork was created by artist, Charmaine Mumbulla from Mumbulla Creative. The artwork is crafted from many individual pieces and is layered to tell the Silverchain story, including our increased commitment and efforts towards healing, reconciliation, and social justice.



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Introduction

As the third largest Home Care Package (HCP) provider in Australia, Silverchain welcomed the Federal Government's decision to delay the implementation of the new Aged Care Act and the Support at Home program until 1 November 2025.

There have been mixed implications as a result of this delay for older Australians, their families, carers, service providers and state and territory health systems. Additional Home Care Packages or Support at Home packages must be urgently released, and we welcome the Government's commitment to releasing 80,000 packages in the first year of Support at Home.

Reforms of this magnitude should not be rushed at the expense of those most impacted.

The most important element of these reforms is the impact on older Australians. The aged care sector must have all the information before implementation in order to be able to reassure older people about these changes. The decision to delay the new Aged Care Act and the Support at Home program allows more time for the Department of Health, Disability & Ageing and Services Australia to finalise the detail the sector is waiting on.

Silverchain strongly supports these reforms, but the postponement was urgently needed to avoid chaos and confusion for older people, their carers and families, and the dedicated aged care workers who deliver high quality care.

Some of the key detail on how providers must orient their systems and processes has still not been released, and we recognise the additional restrictions on the Department as a result of the caretaker period during the recent federal election campaign. The Government and the Department have listened to and engaged with the sector, and many improvements have been made to the draft Rules as a result of this sector-wide collaboration.

Silverchain's focus has been on preparing our clients and our workforce for these changes, but without the key subordinate legislation and grandfathering detail available, we cannot reassure clients on how the change affects them personally.

This is an incredibly ambitious program of reform, and courageous leadership is needed to deliver care differently. Aged care reform cannot be 'set and forget'; the new Support at Home program must make home care more accessible to more people. If the funding and wait times do not keep pace with demand, the scheme will be restrictive, and tens of thousands of people with genuine need for support will not be able to access it. There are longer than usual wait times for assessments, and also for package release.

The new home aged care system must be structured, funded and delivered on the evidence of people's ever-increasing needs, including the higher demand for care given the ageing demographic of our communities. There must be bipartisan commitment to creating reasonable waiting times for Support at Home assessments and funded packages. People must have equitable access and timely care to effectively manage the real risk of health deterioration while they wait for care in the home. This submission details the impact we have seen on older people, their carers and families, and our dedicated aged care workers.

About Silverchain

For 130 years Silverchain has provided high-quality, in-home health and aged care services to multiple generations of Australians. A not-for-profit organisation, we employ more than 5,900 people, including nurses, doctors, allied health, care experts, and a dedicated research and innovation division.

Our ambition is to create a better home-care system for all Australians.

Our team provides a range of health and aged care and services to more than 140,000 people each year. We specialise in home and community-based care because we believe that people should have, and prefer to have, their care in or close to their homes. Our services comprise personal care, domestic support, complex and acute nursing, hospital in the home, community palliative care, independence services, Home Care Packages, Commonwealth Home Support Program, Short Term Restorative Care and Transition Care Program, the provision of equipment and home modifications, digital enabled care and remote monitoring, and chronic and complex disease management. We provide services in metropolitan, regional and remote locations and across all aspects of aged care, including the range of services to be funded under Support at Home.

We are accredited against both the national health care and aged care standards. We are recognised as a rural and remote aged care provider through the Department of Health and Aged Care specialist verification for aged care framework.



(a) 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

There are benefits to older Australians to the delay of the introduction of Support at Home:

- Increased time to learn about the changes and how these will impact them. The messaging from the Government about co-contributions, the new program and what grandfathering means for individuals has led to significant confusion in older people about how it will impact their individual situations and personal budgets. Detailed information on the individual impact is not yet available.
- Continuity and stability of current care planning. This has delayed any 'disruption' that may be experienced with the move to Support at Home for older people currently receiving services. This is particularly important for older people during the time-limited care offered through Short Term Restorative Care program and Transition Care Programs whereby a disruption mid-way through the schedule of intervention may have undermined health and wellbeing outcomes. This is still possible for older people who will be midway through these programs when the transition occurs – but the delay in release of further HCPs reduces the likelihood that this will be a large number of people.
- Increase in socialisation of the Support at Home changes with adjacent sectors who play critical roles in supporting positive health and wellbeing outcomes for older people – namely the general practice and hospital systems. The time has allowed for education and professional development to be delivered to these sectors so they can better prepare for their patients to move to this new program.

However, these benefits have been diminished by:

- Delayed communication from Services Australia regarding the co-contribution amounts older people are expected to pay. While an online estimator is available to help individuals approximate their contributions, formal assessments of assets and means - and the resulting precise contribution rates - have not yet been completed or shared. As a result, we are unable to accurately negotiate new service agreements and care plans without knowing each person's confirmed contribution rate.
- The delay in Support at Home has meant that some older people have missed out on the opportunity to be supported through the short-term pathways offered in Support at Home (including support to

die at home if that is their preference). We estimate that this alone represents around 45,000 people over 65 who did not have the choice to be supported to die at home during the four-month delayⁱ.

- The lack of additional HCPs being released during the four-month deferral to the introduction of the Act and Support at Home has meant that older people with significant needs for support have missed their window of opportunity to be supported to maintain or regain their independence. The new Support at Home program can make home care more accessible to more people. If the funding and wait times do not keep pace with demand, the scheme will be restrictive, and tens of thousands of people with genuine need for support will not be able to access it. The deferral of the start date will lead to:
 - Greater demand on primary care and hospital services
 - Increased hospital and emergency department visits for preventable conditions
 - More complex clinical needs upon entry to Support at Home, often underestimated by My Aged Care assessments completed many months previously
 - Elevated stress and burnout among families and carers awaiting HCP allocation
 - Early admission to residential aged care
- The Department has not begun training and education to the health sector as of the time of writing. Training and professional development for general practice has been led by the sector ensuring their referral networks are prepared to share care for older people transitioning to Support at Home. Silverchain hosted two well-attended webinars in May 2025 for general practitioners. Evaluation of these webinars showed that 85% of attendees would recommend the sessions to others. Recordings of these events can be viewed by Senators at <https://silverchain.org.au/about-us/work-with-us/training-education-resources/silver-learning>

Client story: Claire is waiting for a Home Care Package upgrade

Our client Claire is a spirited woman in her 80s, and has been waiting for a Level 3 Home Care Package for almost a year. Her days are filled with challenges, as she could not be left alone. Moving around her home without support is now impossible, and she needs assistance with every aspect of daily life, including showering and dressing and even using the toilet.

Claire's health is a complex puzzle. She has heart disease, managed with a pacemaker, and suffers from recurring migraines, breathing difficulties, hypertension, and Type 2 Diabetes. Cooking or shopping for herself is not possible now. Adding to her struggles, Claire has begun to show signs of confusion and memory loss. She knew she had medications to take but couldn't remember which ones were due when and has been relying on her daughter to assist her.

The prolonged wait for the HCP package has taken a toll on Claire and her family, both physically and mentally. Despite receiving some support from Silverchain under a lower-level HCP in the form of personal care and flexible respite, as well as domestic assistance and social support from the local Community Care group, the level of funding for care still fell short of Claire's needs.

To ensure Claire did not suffer physically and to preserve her dignity, she moved in with her daughter, who became her primary carer. This added significant stress to her daughter's life, as she tried to provide care in her mother's home. The situation was a testament to the resilience of their family, as they navigated the challenges together, hoping for the day when Claire would receive the comprehensive care she needs and has been promised by the Government. In this situation, Claire has family that was able to provide more support however, if she did not, the only option would have been moving to a residential aged care facility, further eroding her independence.

Claire is still waiting for her higher level package to be released.

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

The Commonwealth Home Support Programme (CHSP) provides entry level support to older people only. People who have been assessed and are awaiting an HCP have already been determined to require more or different types of support than that offered under CHSP.

CHSP cannot meet the complete needs of those awaiting HCPs. Services such as gardening or cleaning may be able to be offered, but the health and wellbeing services such as nursing or personal care which are often needed by people on HCPs cannot be provided under CHSP.

The frequency and intensity of services needed to prevent deterioration and ensure that the older person benefits from the funded aged care services have been identified through the My Aged Care assessment and determined to be at HCP level. CHSP is not a substitute or solution for delayed release of HCPs. In addition, many providers with CHSP grants in major markets are at capacity.



Client story: Linda is waiting for a Home Care Package

Linda, our CHSP client in her 70s, lives alone and faces significant daily challenges due to lymphoedema, Type 2 Diabetes, bowel incontinence, and numbness in her limbs, which severely limit her mobility and safety at home. She has been approved for a Level 3 Home Care Package but is still waiting for it. In the meantime, she receives domestic assistance and personal care from Silverchain under CHSP, though social support - also approved - is unavailable due to the limits of what can be offered under the program.

Linda uses farrow wraps for her legs and initially claimed she could manage them on non-care days. However, she now leaves them on, saying she cannot remove or reapply them herself, which risks her health. Linda struggles with personal hygiene, cleaning, and cooking, often injuring herself due to numbness in her hands. Unable to get out of bed, she now sleeps in a recliner.

Recent bowel incontinence episodes have made Linda anxious about leaving home, further isolating her. Her family, unable to provide regular support, has encouraged residential care, but Linda wants to stay in her home. Assessed as needing HCP Level 3, she is currently making do with CHSP services that fall short of her actual needs.

Linda is still waiting for her Home Care Package.

(c) The impacts on aged care service providers including on their workforce

We welcomed the deferral of Support at Home, as neither the Department nor Services Australia had been able to finalise the detail of these essential reforms. There have been a number of benefits from the delay:

- We have had time to optimise our proposed service delivery model/processes for Support at Home, and consult with our care teams who will be delivering this model of care.
- The additional time has allowed the development of appropriate digital systems to meet the new payment, billing and invoicing requirements being introduced under Support at Home.
- We have been able to distribute the load of training thousands of home care workers over more months and socialise the reforms with our workforce.
- We have provided frequent and clearer communication to our existing HCP clients regarding the reforms and upcoming changes to Support at Home.

- We have been able to communicate about the reforms to our referrer network including general practice.

However, these benefits have been diminished by:

- The continued delay in release of the subordinate legislation and finalisation of the legislative amendments. We are not able to finalise service agreements until we have certainty on the final requirements.
- The need for additional resources to respond to the increase in queries from existing clients concerned about how the move to Support at Home will impact them personally. Every time there is media reporting regarding the reforms, we see an uptick in client requests for further information. The key questions older people ask is “will my services change?” and “how much more will I have to pay” – neither of which we have been able to answer with any accuracy given the delay in information release.
- The lack of release by Services Australia of a platform by which providers can test the accuracy of the exact billing process. We need to do extensive testing ahead of 1 November so that we have time to put in place changes to ensure that the payment system does not fall over and threaten financial viability of providers. The sector is concerned about the potential for a repeat of the NDIS payment portal failure in 2016.
- The ongoing need to carry the risk associated with continuing to deliver services and preparing for new obligations without full policy clarity, funding certainty, or system readiness. This includes:
 - Operational risks: we are expected to maintain service continuity and prepare for transition (e.g. updating care plans, training staff, configuring digital systems) even though the program’s rules and systems are still evolving. This risk continues whilst we await key operational guidance about aspects of the program from the Department and Services Australia (such as the guidance on the ATHM scheme or testing of financial reconciliation processes for billing).
 - Financial risks: we are incurring costs for system upgrades, workforce training, and policy alignment before funding mechanisms are finalised. The \$10,000 grants for system upgrades were absurdly insufficient to transform digital systems.
 - Financial risks: we continue to face uncertainty around invoice evidence requirements and inclusions in unit pricing for clinical services especially in the first year when providers set their own prices.
 - Compliance risks: We must begin to comply with the Aged Care Act 2024 and related rules including the Strengthened Standards and registration scheme, even as they evolve.

(d) The impacts on hospitals and state and territory health systems

Silverchain has long championed in-home care as a way to ease pressure on the health systems, yet the lack of appropriate care options for older Australians is often overlooked. True hospital-substitute home care can play a vital role in meeting current and future health and aged care demands.

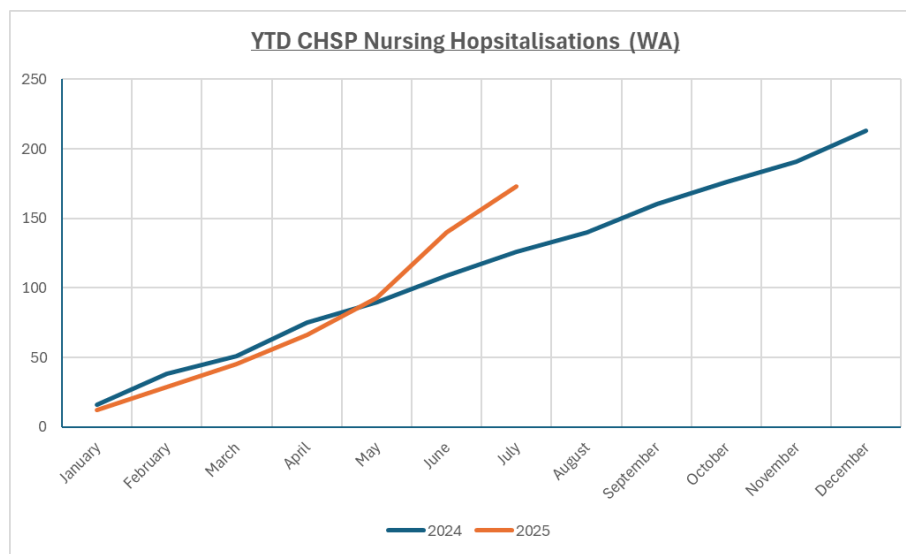
We are concerned that the system is still not designed to incentivise care to be provided in a person’s home. The funding for residential care will be \$76,825 (including hotelling contributions) for very base level care in a residential facility for older people with the simplest care needs and the highest classification of funding for Support at Home post July 2025 is \$78,000 (including means tested contributions) for the most complex of clients. As a provider of hospital in the home services across several states, Silverchain understands what is required to support people with complex clinical needs at home, in partnership with their families and support networks. There should be funding incentives and pilot programs for people with more complex needs to be supported to live at home rather than having the choice of either a long stay in hospital or a move to residential aged care.

Support at Home could be strengthened by equalising funding classifications, giving older people a genuine choice to remain at home, even with high care and clinical needs. While not all individuals can be supported safely at home within the same budget as residential care, they should have the option, rather than being forced into residential care due to funding limitations in the home care system. We would welcome the opportunity to work with the Department to trial an additional offering like this for Support at Home.

The Transition Care Programme should be focused on transitioning people back home after a hospital stay. The approach should be that the program supports people to return home, and only if this is not possible, support them to transition to a residential care facility.

Our Western Australian data shows that we have seen a steep increase in hospitalisations for our CHSP clients over the past few months compared to a similar period in 2024 (figure 1). While many of these hospitalisations may have been warranted or planned, we know that there are many that are potentially avoidable if the right amount or type of care is provided in the home. The recent hospitalisation of a CHSP client adds considerable clinical complexity and care management needs to their ongoing care, which CHSP is not designed to deliver. Anecdotally, we are aware that many of our CHSP clients are awaiting re-assessment from My Aged Care, or the release of an approved Home Care Package, which would likely support their higher needs and potentially prevent unnecessary hospitalisations.

Figure 1. YTD CHSP Client hospitalisations 2025 compared with 2024



Client story: Leo has avoidable hospitalisations because he's awaiting a higher package

Our client Leo, a resilient man in his 80s, is on a Level 2 Home Care Package and awaiting a Level 4 package. His complex health conditions - unmanaged pain, heart disease, dyslipidaemia, hypothyroidism, and insomnia - have led to significantly increased care needs. Additional support would help him remain at home with his wife, Maria.

Leo's comorbidities, including chronic pain, fatigue, dizziness, and worsening mobility from hip and back issues, make daily tasks difficult. His function has declined since a hip replacement five years ago, and multiple back surgeries have left him with persistent pain in his back and legs. In the past year, Leo has had 10 falls due to left foot drop, resulting in hospital visits that might have been avoided with more intensive HCP support.

He now struggles with everyday activities, which exhaust him, and has shown mild cognitive decline - confusion, hallucinations, and speech issues - though he hasn't been assessed for dementia. Leo and Maria are socially isolated, with no family nearby. Maria, who handles all care tasks, is herself eligible for aged care and at high risk of carer burnout due to her own health concerns.

Leo is still waiting for his Level 4 package.



(e) The feasibility of achieving the Government’s target to reduce waiting times for Home Care Packages to three months by 1 July 2027, in light of the delay

The HCP waiting list grows daily, reflecting unmet demand. This will intensify as the youngest baby boomers turn 65 in 2026. System readiness and proactive planning are essential. Delays in package release mean people aren’t receiving the supports they need.

We support the aspirational target to reduce waiting times for Support at Home access to three months. However to achieve this and keep pace with demand, there will need to be a substantial investment from successive Governments.

An additional enhancement to the aged care system would be the establishment of target timeframes for assessments conducted through My Aged Care (MAC). According to the most recent publicly available data¹, the mean waiting time for HCP is eight to nine months. There is currently no publicly reported data on Plan Review wait times.

Our understanding is that once a person is assessed as eligible for Support at Home, that there will be options within the program to facilitate access to relatively immediate supports and care including:

- Restorative care pathway
- End of life pathway
- Interim budgets

We welcome these improvements on the current system, and continue to await further detail about how these will be operationalised. These short term and relatively immediate options for people while they await allocation of their ongoing Support at Home package is a significant improvement on the current system and will support early intervention to prevent deterioration and maintain independence of people living at home.

1. ¹ AIHW (2024) Timeliness of access to aged care services in Australia. December 2024.

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

The readiness of Services Australia has appeared to improve over past few months however there are still issues that need to be resolved. Providers are still awaiting the release of a platform from Services Australia so they can test the accuracy of and compliance to the new billing process. Extensive finance and reconciliation testing is required; a simple desktop review will not suffice in ensuring providers are ready and able to bill under the new system and framework. Providers need to do extensive testing well before 1 November 2025 so that we have time to put in place changes to ensure that the payment system does not fall over and threaten financial viability of providers. There is the potential for a repeat of the NDIS payment portal failure of 2016.

Conclusion

Silverchain has long advocated for the ability of in-home care to alleviate the pressure on the health system, however the link between the lack of appropriate care options for older Australians is often ill considered. Home care that is truly hospital substitution can be a significant part of the response to the demands on the health and aged care systems.

The new Aged Care Act goes some way towards recognising 'home' as many people's preferred place to age, and that the future of care is in the home.

To relieve pressure on both the primary and tertiary health care systems, aged care must be adequately funded and appropriately designed to ensure ageing at home is supported including providing health care at home for older Australians. A robust community care system can reduce admissions to hospitals; the evidence is clear. Long standing structures biased towards supporting acute care as a political priority has left design, delivery and funding for innovative home care solutions on the back burner. With the silver tsunami upon us, the Australian Government must reprioritise healthy ageing and chronic care management in the home and require the States to do so as well.

The new Support at Home program must make home care more accessible to more people. If the funding and wait times do not keep pace with demand, the scheme will be restrictive, and tens of thousands of people with genuine need for support will not be able to access it. Anecdotally, we are already aware of longer than usual wait times for assessments, and also for package release.

The new home aged care system must be structured, funded and delivered on the evidence of people's ever-increasing needs, including the higher demand for care given the ageing demographic of our communities. There must be bipartisan commitment to creating reasonable waiting times for Support at Home assessments and funded packages. People must have equitable access and timely care to effectively manage the real risk of health deterioration while they wait for care in the home.

We welcome any further questions the Senate Committee may have, and the opportunity to appear at any hearing the Committee.

¹ Calculated based on AIHW National Mortality Data

Health. Human. Home.

