Ageing Australia

# Submission to the Australian National Audit Office on effectiveness of the Commonwealth Home Support Program

October 2025

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Ageing Australia

## Contents



# About Ageing Australia

Ageing Australia is the national peak body representing providers across the aged care sector, including retirement living, seniors housing, residential care, home care, community care and related services.

We represent the majority of service providers, working together to create a sector that empowers older Australians to age with dignity, care and respect.

We advocate for a sector that champions excellence, sustainability and innovation, ensuring our members have the tools, resources and guidance they need to deliver exceptional services.

We use our united voice to amplify our members' contributions and concerns to government, media and the wider community.

We are committed to reshaping the future of ageing in Australia by fostering collaboration and driving meaningful change, making it a fulfilling journey.

## Background

Ageing Australia welcomes the opportunity to contribute to the Australian National Audit Office's (ANAO's) performance audit of the Commonwealth Home Support Program (CHSP).

As the national peak body for aged care, Ageing Australia represents 1,036 members, 616 of whom deliver CHSP services across all service types. The CHSP remains the cornerstone of entry-level aged care, delivering timely and low intensity supports that help older Australians remain safe, well, and connected within their homes and communities. While the program broadly aligns with its objectives, performance varies significantly across regions and service types, primarily due to thin markets, workforce shortages, assessment delays, and increasing participant complexity.

This submission responds to the ANAO's three key lines of inquiry:

1. Does the CHSP meet community need?
2. Are CHSP services delivered effectively?
3. Is the CHSP achieving its stated objectives?

Our submission is informed by intelligence gathered through consultations with CHSP providers across Australia, including a CHSP Summit held on 23 September 2025. The CHSP Summit was organised by Ageing Australia and attended by representatives from CHSP member organisations, consumer representatives, and sector experts. This critical gathering provided a collaborative forum to reflect on the current CHSP model and help shape the future of entry-level aged care. During the Summit, attendees:

- examined the strengths and weaknesses of the existing program
- explored features to retain, enhance, remove, or introduce
- identified strategies to ensure long-term financial sustainability
- identified 10 draft design principles to guide the development of a future entry-level aged care program, which are presented in this submission.

Ageing Australia's submission also reflects insights from a recent CHSP national survey (CHSP Survey). This online survey sought feedback on the effectiveness of the current program and provided a platform for providers to share their experiences, challenges, and recommendations for improvement.

## Recommendations

**R1** Retain entry-level aged care services in the community.

**R2** Enhance public education efforts about CHSP and aged care services to improve general understanding of the program and eligibility.

**R3** Improve scope for culturally responsive CHSP service delivery, especially for personal care, nursing, and allied health.

**R4** Incorporate and fund satisfaction-based metrics formally into CHSP performance reporting and quality improvement.

**R5** Preserve provider-set co-contribution arrangements in the CHSP, with safeguards to ensure affordability and equity across participant income levels.

**R6** Undertake regional mapping and a gap analysis to identify underserved communities and allocate funding, such as location-specific loadings and startup grants, to attract and retain CHSP service providers.

**R7** Create temporary surge funding pools that CHSP providers can access during periods of high demand to reduce waitlists and backlogs.

**R8** Fund workforce development initiatives, including subsidies for training, scholarships, and incentives to work in aged care, especially in regional, rural and remote areas.

**R9** Introduce care management funding for CHSP participants with complex needs who require service coordination across multiple providers.

**R10** Undertake a review of CHSP funding and actual unit cost of service delivery.

**R11** Align CHSP indexation rates with real cost growth and regional cost-of-living variations to ensure sustainability.

**R12** Increase CHSP's flexible funding and service delivery models, to enable providers to quickly respond to community and participant needs across geographic regions.

**R13** Simplify My Aged Care interface for both CHSP participants and providers, with clearer navigation, faster referrals, and real-time tracking.

**R14** Reduce administrative load of the CHSP by streamlining Data Exchange reporting and claim processes, and introducing batch claims or automated systems.

**R15** Introduce measurable objectives to increase transparency on CHSP impacts and outcomes – demonstrating value to older people and society.

**R16** Using the insights and learnings of the ANAO review, the government should engage closely with the sector and older people to re-design entry-level aged care services as part of the new Support at Home Program.

**R17** Utilise Ageing Australia's draft design principles to guide the development of a future entry-level aged care program.

## Does the Commonwealth Home Support Program (CHSP) meet community need?

The CHSP operates at a national scale, supporting 838,694 older Australians. While the majority of participants reside in major cities (62%), a significant proportion (37%) live in regional and remote areas, where access to alternative services is often limited.

Despite the broad reach, provider opinions are divided on whether CHSP meets community needs - 50% agree or strongly agree, while 31% disagree or strongly disagree. Further analysis revealed that providers believe the program delivers clear benefits to those who access it, but gaps in access remain, particularly outside major cities.

### How the CHSP meets community need

Respondents to our CHSP Survey identified several strengths of the CHSP which enable the program to meet community needs. These strengths are covered below.

#### Flexibility and preventative support

The CHSP offers entry-level, flexible, and preventative services that empower older Australians to remain safe, independent, and connected in their own homes. Its ability to respond rapidly to episodic or short-term changes, such as recovery from illness or temporary shifts in carer availability, reflects a person-centred approach that supports autonomy and respects the dignity of risk. This flexibility and emphasis on early intervention help alleviate pressure on more intensive services, including Home Care Packages (HCPs), residential aged care, and hospitals.

#### CHSP service offerings

The CHSP offers a broad range of essential supports that promote wellbeing, independence, and connection to community. Service use is highest for domestic assistance (838,694), followed by allied health (255,582), transport (158,398), home maintenance (156,594), social support (128,648), meals (109,716), and nursing (102,123).

Some specialised services, such as day and overnight respite, not only give participants a meaningful break, but also provide vital support to carers, helping individuals remain living at home for longer.

Delivered primarily by local not-for-profit providers, CHSP services reflect a responsive, community-focused approach that is well integrated with local health and support networks.

**R1** Retain entry-level aged care services in the community.

## Limitations of the CHSP

Respondents to our CHSP Survey identified limitations which prevent it from fully meeting the needs of the community. These limitations are covered below.

### Service access

To fully achieve the program objective of maintaining and/or improving the psychological, emotional, and physical wellbeing of older people, access to services must be streamlined, user-friendly, and responsive.

However, many providers report significant barriers to service access. These include:

- Older individuals contacting their organisation directly for help navigating the aged care system and its bureaucratic complexities.
- Uncertainty regarding which program they are accessing, or about the scope and offerings of the program.
- Misunderstandings around eligibility and financial contributions, particularly for those with income or assets.
- Service referrals being cancelled when older people do not answer phone calls.
- Older people not providing accurate or complete information to phone assessors due to a lack of understanding about the purpose of the call.
- A lack of clarity about the actions required following assessment.
- Limited flexibility in service delivery when the older person is unable or unwilling to engage with multiple providers.

Organising multiple in-home services can be complex and time consuming. It's no surprise, then, that many older adults prefer to avoid navigating a complicated web of providers, service types, and schedules.

It is critical that these barriers to service access are addressed because, as the Royal Commission into Aged Care Quality and Safety stated, 'Older people needing care do not have the luxury of time to wait for care to be delivered.'[1]

**R2** Enhance public education efforts about CHSP and aged care services to improve general understanding of the program and eligibility.

### The needs of diverse populations

CHSP providers bring extensive experience in supporting diverse communities. However, further effort is needed to ensure services are culturally appropriate and accessible

[1] Royal Commission into Aged Care Quality and Safety (2021), *Final Report: Care Dignity and Respect*, Canberra: Commonwealth of Australia. p.101

across the nation, with over 20% of older participants identifying as Aboriginal and/or Torres Strait Islander, or as having culturally and linguistically diverse backgrounds.[2]

Providers have highlighted the limited availability of tailored services in some regions. For instance, a CHSP Survey respondent noted that in some regions, the only funded culturally specific provider may be limited to meals and social support, with no capacity to deliver personal care or clinical services. This gap underscores the need to expand culturally responsive service delivery to ensure the full spectrum of care needs can be met – irrespective of where an older person lives.

**R3** Improve scope for culturally responsive CHSP service delivery, especially for personal care, nursing, and allied health.

## Are Commonwealth Home Support Program services delivered effectively?

Overall, the CHSP is widely recognised as a valuable entry-level aged care support service, particularly when it is accessible and used appropriately. However, access to CHSP services varies significantly across regions - excellent in some areas and problematic in others.

CHSP providers expressed mixed views on accessibility. In the CHSP Survey, only 33.6% of respondents agreed that services are accessible, while a substantial proportion disagreed or strongly disagreed, highlighting ongoing concerns about equitable access.

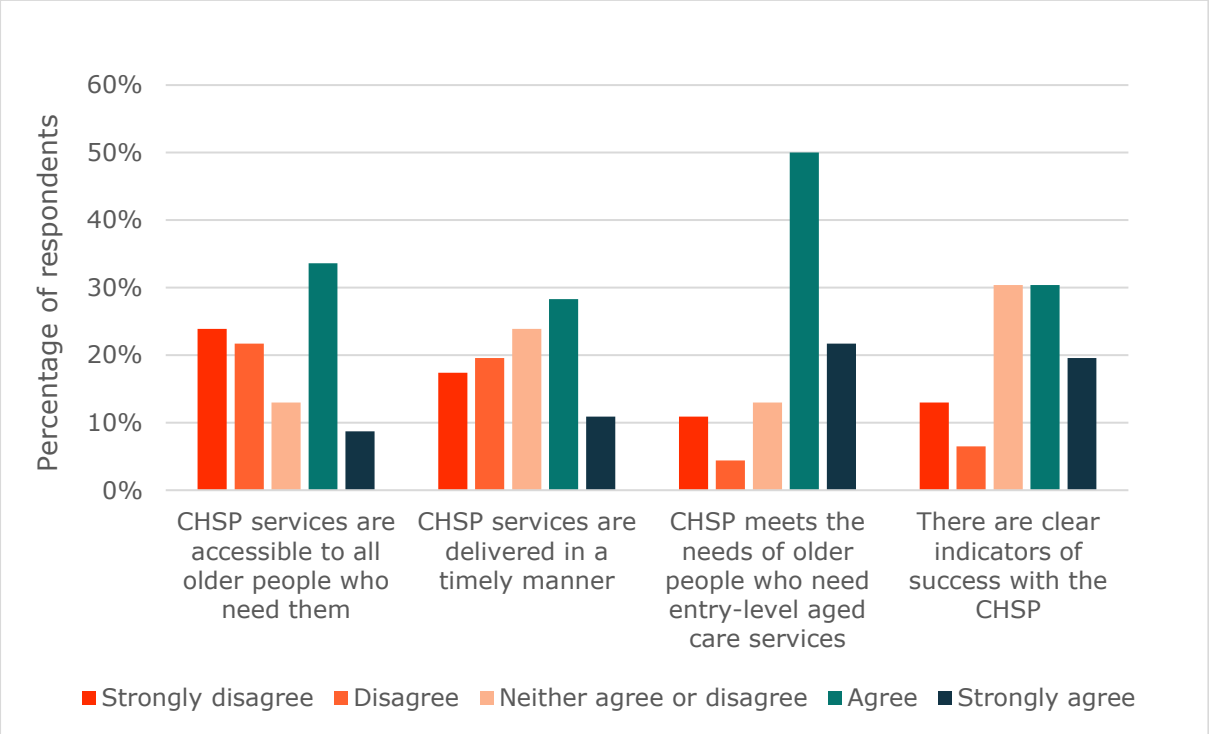
Opinions on the timeliness of service delivery were similarly divided. While 39.2% of respondents agreed or strongly agreed that services are delivered promptly, 37% disagreed or strongly disagreed. These challenges are often linked to capped service outputs set by the Department of Health, Disability and Ageing, which limit availability when providers reach capacity, ultimately affecting both accessibility and timeliness.

Despite these constraints, there is strong support for the program's core purpose. A significant majority (71.7%) agreed or strongly agreed that CHSP meets the needs of older people requiring entry-level care. As one provider noted, *"CHSP services remain a great option for people who need entry-level aged care assistance."*

Regarding program performance, 50% of respondents agreed or strongly agreed that there are clear success indicators for CHSP. However, 30% neither agreed nor disagreed, suggesting only moderate confidence in the program's accountability and performance measurement frameworks.

[2] Department of Health, Disability and Ageing, (2025) *Aged Care Data Snapshot – 2025*, Australian Institute of Health and Welfare, Australian Government

**Figure 1. CHSP Survey results showing providers' views on effectiveness of the CHSP**




Overall, the CHSP is recognised as cost-effective, supporting many people at a low cost per person. Providers see the program's intent being met, particularly in enabling older people to maintain independence, safety and wellbeing at home. However, there are mixed views on the metrics for success, which indicate a need to strengthen outcome measures. For example, some organisations already include CHSP participants in broader surveys (e.g. Net Promoter Score, Quality of Life) to capture participant satisfaction, which is seen as a more holistic indicator than clinical metrics.

**R4** Incorporate and fund satisfaction-based metrics formally into CHSP performance reporting and quality improvement.

## Co-contributions and funding flexibility

Service providers consistently report that the current co-contribution model under CHSP is working well. A key strength is its flexibility: providers can adjust fees based on an individual's financial situation at the point of service. This adaptability serves as an important safeguard, ensuring that no one is excluded from essential, regulated support due to financial hardship.

**R5** Preserve provider-set co-contribution arrangements in the CHSP, with safeguards to ensure affordability and equity across participant income levels.

## Factors limiting the effectiveness of CHSP service delivery

### Accessibility

CHSP providers report that CHSP is generally accessible and affordable for older people over 65 years, particularly those with low-level needs. Providers report that CHSP participants appear to appreciate the simple entry process, no means testing and minimal assessments. However, significant geographic disparities persist in service accessibility, particularly in regional, rural and remote areas where access is often limited or entirely unavailable, especially for services beyond basic transport.

While older people in these locations may be assessed and allocated service referral codes, providers often have no availability to deliver the approved services.[3] A participant reported *"We waited 18 months for our HCP, and in that time, were supposed to be able to access CHSP services, but there are none available in our district, except for transport."* Situations such as this leave a large portion of older people in regional, rural and remote areas without assistance.

**R6** Undertake regional mapping and a gap analysis to identify underserved communities and allocate funding, such as location-specific loadings and startup grants, to attract and retain CHSP service providers.

### Timeliness of service provision

Timeliness in assessment and service delivery remains inconsistent. While some services and assessments are provided promptly, others face significant delays, ranging from several months to over a year. These delays are largely driven by providers operating at or beyond capacity, often with closed books or long waiting lists due to high demand and limited funding or resources. This undermines the effectiveness of the program.

As one CHSP provider noted *"A lot of CHSP services, for example in Sydney, have reached capacity. It is very difficult to access required services, such as domestic assistance, in a timely manner. My mother had to wait two months, and many providers don't even have waiting lists."*

**R7** Create temporary surge funding pools that CHSP providers can access during periods of high demand to reduce waitlists and backlogs.

[3] Thomas, K., Gonzalez-Chica, D., (2023) *Who cares about Aboriginal Aged Care? Evidence of home care support needs and use in rural South Australia*, Australian Journal of Rural Health published by John Wiley & Sons Australia, Ltd on behalf of National Rural Health Alliance Ltd

## Capacity and workforce constraints

A well trained and agile workforce is essential for service delivery. Workforce shortages and recruitment lags, particularly in regional, rural and remote areas, limit the ability to deliver timely and consistent services. As one provider noted *"Once again not enough workers to meet demands. If we had enough workers, CHSP would be perfect."* Outsourcing services to meet demand isn't always a solution, as it can erode provider viability, making it financially challenging to maintain service levels for older people.

**R8** Fund workforce development initiatives, including subsidies for training, scholarships, and incentives to work in aged care, especially in regional, rural and remote areas.

## Scope stretch and lack of flexibility

While the CHSP was not designed to deliver complex care, it now functions as a safety net for those waiting for a HCP.[4] Notably, 99% of people on the National Priority System without access to a lower-level HCP have CHSP service approval, and fewer than 10% of CHSP participants (69,000 individuals) have never been offered a HCP.[5] In effect the CHSP is the 'glue', stabilising the aged care system.

CHSP providers frequently receive referrals for older people with high and complex needs. This often results in over-servicing driven by risk management concerns, while essential care management support remains underfunded. Additionally, the absence of effective care coordination and clinical oversight - particularly for participants supported by multiple providers - increases the risk of adverse outcomes such as falls or health deterioration.

CHSP's growing role in supporting older people with high and complex needs places financial and operational pressures on providers. To maintain safety and quality for these more vulnerable participants, providers must deliver additional care coordination, increase clinical oversight, governance, and risk controls – which go beyond the activities the program is designed to deliver.

Moreover, the involvement of multiple providers with no clearly defined lead for risk or service coordination can lead to critical gaps in care. This has been illustrated by cases where vulnerable individuals have passed away while receiving only basic domestic services like gardening.

While CHSP providers are increasingly stretching their service scope to meet these needs, the current policy settings restrict their ability to do so. The misalignment

[4] 'The CHSP is not designed for people with intensive or complex care needs', Department of Health Disability and Ageing, (2025) *Commonwealth Home Support Program (CHSP) 2025-27 Manual*, pg. 9

[5] Department of Health, Disability and Ageing, 2025, *Home Care Package Program Data Report 3rd Qtr*, Australian Government

between program guidelines and actual participant needs creates a growing disconnect—leaving vulnerable older people underserved and providers constrained.

**R9** Introduce care management funding for CHSP participants with complex needs who require service coordination across multiple providers.

## Funding model and indexation

Lack of funding for additional outputs or growth over many years has exacerbated delays and unmet need. Some regions have experienced many years of funding stagnation, while demand has grown significantly. As one CHSP provider reported *"CHSP services are not accessible as there have been no increases in funding for additional outputs in this region for over ten years. The average waiting time for our services (and other services in the region) is over a year. Some services have stopped keeping waiting lists as it is pointless. This is a significant missed opportunity and leading to earlier decreases in function, deterioration and nursing home admission."*

Another issue relates to CHSP indexation. Over the past decade, provider obligations under program contracts have increased significantly, leading to a rise in the cost of delivering a unit of service - well above standard indexation rates. Feedback from CHSP providers is that current funding levels do not reflect the actual cost of service delivery. Providers, particularly in regional, rural and remote areas, report that this funding gap is a major constraint on effective service delivery.

Ageing Australia has received numerous reports from providers highlighting concerns about operating under deficit budgets. In some cases, the Department of Health, Disability and Ageing has responded by agreeing to reduce output targets to support financial sustainability. While this may provide short-term relief, a sustainable, long-term funding solution is needed to ensure the core objective of providing 'entry-level aged care support to as many people as possible' can be met.

**R10** Undertake a review of CHSP funding and actual unit cost of service delivery.

**R11** Align CHSP indexation rates with real cost growth (including wages) and regional cost-of-living variations to ensure sustainability.

## Flexibility provisions

Restriction on flexibility provisions prevents service providers from supporting increased demands in particular regions and service types. Limited flexibility to reallocate funds across geographic regions reduces the ability to respond to shifting demand, particularly when a provider is not approved to deliver CHSP services in the area experiencing increased need.

Many providers are at, or over, capacity, leading to delays in service delivery and an inability to take on new participants. For some older people, this may lead to an earlier decline in function, deterioration and/or residential aged care admission.

**R12** Increase CHSP's flexible funding and service delivery models, to enable providers to quickly respond to community and participant needs across geographic regions.

### System and administrative burdens

Older people often find My Aged Care (MAC) confusing and struggle to navigate the system. Feedback we have received is that MAC operators and assessors do not clearly explain the process or next steps to participants, resulting in unnecessary support plan reviews.

Providers likewise describe My Aged Care as confusing and inefficient, with delayed or inaccurate referrals and poor communication. Heavy administrative loads, such as Data Exchange reporting and complex claims, create inefficiencies and delay payments. Frequent departmental staff changes also disrupt relationship-based coordination.

Furthermore, funding caps and outdated targets result in long waitlists or closed referrals, limiting participant choice and access.

**R13** Simplify My Aged Care interface for both CHSP participants and providers, with clearer navigation, faster referrals, and real-time tracking.

**R14** Reduce administrative load of the CHSP by streamlining Data Exchange reporting and claim processes, and introducing batch claims or automated systems.

## Is the Commonwealth Home Support Program meeting its objectives?

The objectives of the CHSP are to support older people who are having difficulty with daily living to:

(i) have a better quality of life;
(ii) continue living in their own homes and/or delay entry to residential care;
(iii) participate more in their community with stronger face-to-face and online social connections;
(iv) maintain and/or improve psychological, emotional and physical wellbeing; and
(v) be more independent at home and in the community.

Service providers report that where services are accessible, participant feedback indicates the CHSP contributes meaningfully to the above objectives. Practical supports such as domestic assistance, home modifications, transport, social groups, and exercise deliver a range of positive impacts. These include improving daily life, enabling people to stay in their homes longer, and supporting social participation, confidence, and wellbeing – foundations for greater independence.[6] As one CHSP participant noted, *"My apartment is cleaned and I have social interaction and light exercise, which I didn't have prior."*

### Barriers to meeting objectives

While some providers report strong alignment with CHSP objectives based on observable improvements in participants who receive timely, appropriate support, others highlight significant barriers. These include:

- Limited access in thin markets
- Workforce shortages
- Waitlists and closed referral portals
- Delays via the My Aged Care (MAC) system
- Fragmentation between services.

### The need for measurable objectives

Assessing the effectiveness of CHSP at a system level presents significant challenges, largely due to the broad non-measurable nature of its current objectives. The absence of clearly defined, outcome-focused goals makes it difficult to evaluate performance in a consistent and meaningful way. This vagueness contributes to mixed feedback from service providers, who may interpret the objectives differently or struggle to align their service delivery with the overarching aims of the program.

Moreover, the general and aspirational wording of the CHSP objectives creates barriers to fostering a culture of continuous improvement across the sector. In the absence of measurable targets, there is limited scope for structured performance monitoring or benchmarking. Routine reporting becomes less effective because as it lacks the data-driven insights required to pinpoint areas of underperformance or success. Consequently, many providers are left without timely, actionable performance data - a critical tool for identifying service delivery variances, implementing targeted improvements, and tracking progress over time.

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[6] Several references such as: Department of Health, Disability and Ageing, (2023) *CHSP Wellness and Reablement Report Outcomes*, Australian Government; Bernadette Wright, Victoria Owens, Sanjaya Wilson, (2024), *Health and well-being outcomes of meals on wheels: a systematic review for a complex intervention*, Innovation in Aging, Volume 8, Issue Supplement_1, December 2024, Page 1202, https://doi.org/10.1093/geroni/igae098.3847; Evans, Kaitlyn; Manning, Fiona; Walton, Karen; Traynor, Victoria; McMahon, Anne-Therese; Charlton, Karen (2014). "*More than just a meal": a qualitative study of the views and experiences of older people using a Meals on Wheels (MOW) service*. University of Wollongong. Journal contribution. https://hdl.handle.net/10779/uow.27713727.v1

To support system-wide accountability and drive quality improvement, the CHSP objectives must be reframed as specific, measurable outcomes that clearly articulate the intended impact of the program. Doing so will enhance transparency, support better decision-making, and promote a more consistent and evidence-informed approach to aged care delivery.

**R15** Introduce measurable objectives to increase transparency on CHSP impacts and outcomes – demonstrating value to older people and society.

## Future directions for entry-level support

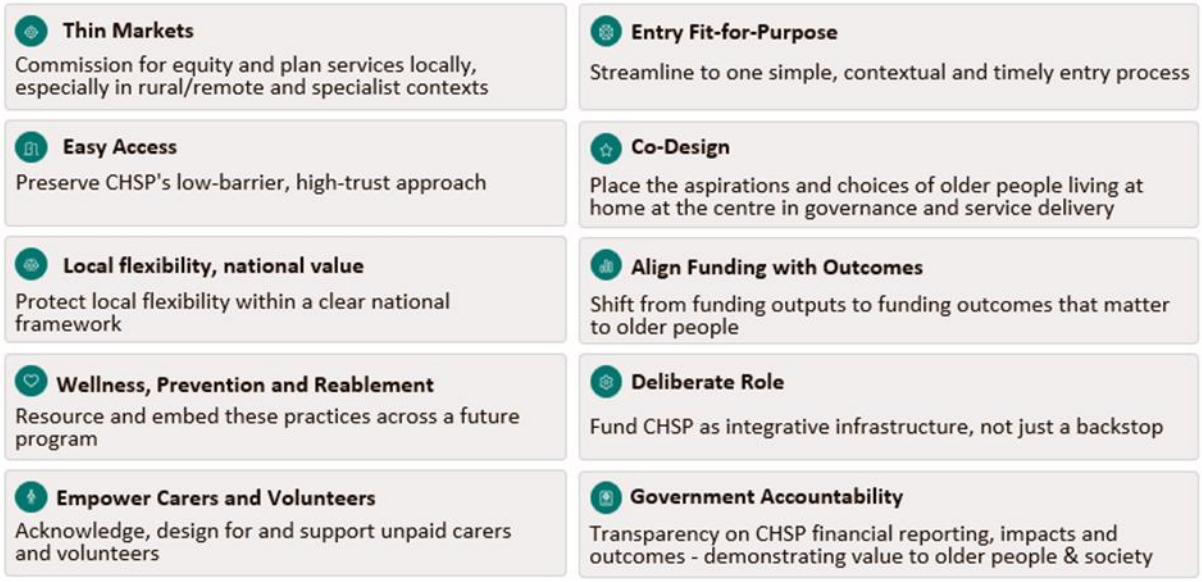
As Australia prepares to transition CHSP to the new Support at Home program (no earlier than 1 July 2027), there is a clear opportunity for further policy development to build on what works well, address existing gaps, and ensure the system is more responsive to the evolving needs of older people. A well-integrated, adequately funded, and flexible entry-level aged care program not only improves individual outcomes but also has broader system-wide benefits, helping to optimise health funding by reducing pressure on hospitals and delaying entry into more complex and costly forms of aged care.

To achieve these goals, future policy must maintain the core strengths of CHSP - its focus on wellness and reablement, localised delivery, and early intervention - while enhancing integration, consistency, and equity of access. This will ensure that older Australians can age well for longer, with the right support at the right time, in the right place.

### Design principles for a re-designed entry-level aged care program

At Ageing Australia's CHSP Summit held in September 2025, participants contributed to the development of design principles for a redesigned entry-level support program. Subsequent testing by Ageing Australia found strong to very strong support from CHSP providers for all ten draft design principles - summarised in Figure 2.

**Figure 2. Draft principles for a re-designed entry-level program**




These principles are a starting point to guide the re-design of an entry-level aged care system.

**R16** Using the insights and learnings of the ANAO review, the government should engage closely with the sector and older people to re-design entry-level aged care services as part of the new Support at Home Program.

**R17** Utilise Ageing Australia's draft design principles to guide the development of a future entry-level aged care program.

## Conclusion

The CHSP remains a critical pillar of aged care, particularly in preventing social isolation and supporting safe, independent living at home. The continued success of the CHSP will depend on maintaining low-barrier access, ensuring proportionate regulation, applying outcome-appropriate performance measures, and sustaining a workforce that can deliver services reliably and on time. If implemented, our recommendations will enhance implementation fidelity and program effectiveness.

It is critical that any changes the ANAO proposes to the CHSP are considered within the context of:

- continued CHSP service delivery from 1 November 2026 through to at least 30 June 2027; and

- the broader transition toward a redesigned entry-level aged care model, including integration with the Support at Home program, which the Department of Health, Disability and Ageing has indicated will not occur before 1 July 2027.

This approach is essential to ensure that any investments in CHSP revisions are a prudent and efficient use of resources and are strategically aligned with the future direction of aged care under the Support at Home program.