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Submission to the Community Affairs References Committee Inquiry into the Support at Home Program

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Acknowledgement of Country

Wyndham City acknowledges the Traditional Owners of the land, the Bunurong and Wadawurrung Peoples of the Kulin Nation, and pays respect to their Elders past and present. Wyndham especially honours older First Nations residents, who are custodians of ancient knowledge and leaders in community life. Their contributions through storytelling, creativity, and advocacy guide future generations and remind us that reconciliation requires both recognition of the past and celebration of enduring culture.

Version Control

Version	Date	Staff member
1	2026-06-24	Service Lead Positive Ageing & Reablement - Elly Gardner
2	2026-07-20	Coordinator Community Connections & Care – Anne-Maree Amies
3	2026-07-21	Manager Community Support – Melinda Chapman
4	2026-07-29	Service Lead Positive Ageing & Reablement - Elly Gardner
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Executive Summary

Summary of Key Findings

Wyndham City Council welcomes the opportunity to contribute to the Senate Community Affairs References Committee's Inquiry into the *Support at Home* program. This submission draws on consultation with Wyndham community and local providers, and reflects Council's role as a system advocate for one of Melbourne's fastest growing and most culturally diverse municipalities.

While Council supports the intent of the aged care reforms, our consultation has found that in Wyndham - and consistent with national experience - the Support at Home (SAH) program requires improvement to meet its core promise of helping older people live safely and with dignity at home.

Our consultation found:

- **System complexity and low awareness** are preventing eligible people from accessing services. Many residents are unaware of the basic facts. Low digital literacy and a heavily online system compound this barrier, and providers are absorbing the significant demand for support to access the system.
- **Wait times** are unacceptably long. Wyndham residents face an average wait of 331 days from first contact to services commencement. Delays at every stage of the journey are resulting in preventable falls, hospital readmissions, and client and carer stress.
- **Interim CHSP services** are not functioning as a safety net. Multiple CHSP services in Wyndham are closed to new clients, and the MAC portal information is frequently inaccurate, leaving clients to navigate a complex referral process on their own.
- **The Integrated Assessment Tool (IAT)** is producing inappropriate outcomes in an observable number of cases, and phone-based assessments compound this problem.
- **Co-contributions** are unaffordable for many. People on full pensions are faced with paying co-contributions toward Everyday Living Services on top of existing expenses. Some are forgoing services, reducing food, or relying on food banks. Allied health referrals have dropped measurably, with providers reporting a shift to reactive, essential-only care at the expense of the reablement approach the program should be supporting.
- **Financial hardship** and financial assessment processes are poorly understood and cumbersome, with some clients abandoning applications before completion.
- **Hospitals** are feeling the pressure of delayed and inadequate in-home services, with increased readmissions identified as a result of delayed discharges and package mismatches.
- **Service gaps and thin local markets** exist across gardening, hoarding and environmental neglect support, post-discharge complex care, and assistive technology. AT-HM funding is reported as frequently insufficient to cover equipment and associated allied health costs.
- **CALD residents** face compounding barriers - low English proficiency, inadequate interpreter support through MAC, and a lack of translated documentation - that may be limiting access for the nearly one in five of Wyndham's older residents who speak low or no English.

- **Provider sustainability** is at risk. Compliance burden, pricing uncertainty, and the disruption of the reform period are affecting workforce retention and business planning, with flow-on effects for service availability.

Recommendations

R#	Recommendation
The ability for older Australians to access services to live safely and with dignity at home	
1	Fund more local educators - through MAC staff, providers, and/or community navigation services - to help people understand the system and build digital skills
2	Set up an additional MAC phone support line to give people one-on-one help with the program and paperwork from the start, as an alternative to online resources
3	Reduce the number of steps in the MAC journey and automate processes wherever possible
4	Make financial assessment an automatic part of the initial assessment stage
5	Release funding immediately once a package is approved
6	Prioritise immediate OT and home modification assessments to prevent falls and decline
7	Introduce a mandatory MAC response timeframe - for example, a maximum of 10 business days - so that enquiries and requests are not left unanswered for months
8	Provide greater clarity on timelines and process, including reviewing the term "approved" funding, which creates an expectation that funding is imminent
9	Improve the MAC portal to show clear, easy-to-assess, real-time provider availability and capacity, so clients and care finders aren't relying on outdated or inaccurate listings
10	Increase the release of SAH packages and CHSP service funding to close the gap between approved need and available capacity
11	Review the Integrated Assessment Tool algorithm and allow clinicians to override automated outcomes where clinical judgement indicates a different level of need
12	Require assessments to be conducted in person, not by phone, for more accurate assessment
The impact of the co-payment contributions for independent services and everyday living services on the financial security and wellbeing of older Australians **Trends and impact of pricing mechanisms on consumers** **The adequacy of the financial hardship assistance for older Australians facing financial difficulty**	
13	Refocus SAH towards reablement, not reactive, essential-only care
14	Provide clients with clear, upfront estimates of co-contribution costs as part of the initial assessment, so they can make informed decisions about take-up
15	Review service pricing to ensure affordability and comparable to the commercial market rate
16	Lower the co-contribution rates for people on low and fixed incomes

17	Make financial assessment an automatic part of the initial MAC assessment, removing the need for a separate process, and introduce automatic hardship assessment for clients on lower and fixed incomes, such as full pensioners
18	Simplify and streamline both the financial assessment and hardship assessment processes to reduce delays and prevent eligible clients from abandoning their applications
The impact on the residential aged care system, and hospitals	
19	Establish a dedicated MAC liaison line for hospitals, providing faster response times and a single point of contact to support discharge planning
20	Increase investment in immediate post-acute, in-home care to support safer discharge and ease the transition home, particularly for patients without existing informal supports
The impact on older Australians transitioning from the Home Care Packages Program	
21	Reconsider the plan to fold CHSP into SAH, or at minimum adopt a phased, well-tested transition timeline that ensures a smooth process that can be managed by providers (particularly small providers)
Thin markets including those affected by geographic remoteness and population size	
22	Expand the range and flexibility of approved services that funding can be used for, to include practical household tasks such as window cleaning and carpet cleaning to further support ageing in the home
23	Review the AT-HM scheme to ensure funding tiers adequately cover equipment, assessments and associated costs, and introduce faster, more predictable approval timeframes
24	Fund specialist hoarding and environmental neglect support services, and support provider advocacy and training in this area
25	Invest in workforce strategies that account for travel time and distance in outer-growth areas, and grow a multicultural, multilingual aged care workforce reflecting the communities it serves
The impact on First Nations communities, and culturally and linguistically diverse communities	
26	Increase the availability of bilingual MAC staff to reduce reliance on third-party interpreters, and where an interpreter is still required, streamline the process
27	Support the provision of translated service agreements and other key client documents in the community languages most commonly spoken in Wyndham
Any other related matters	
28	Reduce unnecessary administrative and compliance burden on providers, so staff time and resources can be redirected toward direct client care
29	Provide greater certainty and longer lead times on changes to funding, pricing and program, to support provider business planning and workforce retention

1. About Wyndham Council

1.1. Community Profile

Located in the western suburbs of Melbourne, Wyndham is a large growth-corridor municipality, with one of Australia's fastest-growing populations. Nearly half of the residents were born overseas and the population has varied needs, cultural backgrounds, and levels of vulnerability.

Newer growth suburbs such as Wyndham Vale North, Laverton and Werribee East face overlapping pressures from rapid population growth, higher health needs, and limited service infrastructure, while more established areas such as Werribee and Hoppers Crossing benefit from stronger community networks, stable housing, and long-term community ties[1]. This mix of fast-growing and established communities reflects the wide range of aged care needs across the municipality, with some areas facing greater barriers to access than others.

1.2. Our Older Population

As of the 2021 Census, 13% of Wyndham residents were aged 60, with a forecast increase of 107% by 2045[2].

Wyndham's older population is highly diverse. In 2021, 35% of older residents spoke a language other than English at home – higher than across Greater Melbourne (31%), and more than double the national average (17%). Around 1 in 5 (19.7%) reported low English proficiency, which can affect confidence, access to services, and the ability to navigate complex systems[3]. This reflects the need for culturally and linguistically appropriate aged care, health, and community services across Wyndham's ageing population.

In 2021, 7,166 people aged 60+ in Wyndham required assistance with core activities - a 30% increase since 2016 (up from 5,540)[4].

Around 2 in 5 older people (41.4%) belonged to households in the lowest income quartile, earning under $881 per week[5]. Home ownership among older people is comparatively low: just 56.9% owned their home outright, well below both the Greater Melbourne average (68.9%) and the national average (67.0%). Over one-fifth of Wyndham's seniors live alone - 1 in 5 people aged 65 or older - and this group grew 38.7% between 2016 and 2021, from 2,977 to 4,130[6].

Together, these trends point to a growing number of older residents in Wyndham - many living alone, on lower incomes, and without the equity of outright home ownership - who are likely to depend on accessible, affordable aged care home services now, and in the years ahead.

[1] Wyndham City Council (2025). Ageing in Wyndham Today - Research Report.
[2] IBID
[3] Wyndham City Council (2026). Priority Populations in Wyndham Report.
[4] Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions).
[5] Footnote 3, See above
[8] Footnote 3, See above

1.3. Council's Role in Aged Care

In line with national aged care reforms, Wyndham City Council ended direct aged care service delivery in 2024 and transitioned to a system stewardship role, focused on advocacy, navigation support, and sector engagement. Key initiatives such as the Community Connector service have been established to help older residents navigate and access the services they need.

Council's approach is guided by the *Ageing Well in Wyndham: Statement of Commitment 2024–2029*, which recognises ageing as a normal and valued part of life, and affirms Council's role in supporting a municipality that promotes dignity, inclusion, safety, and participation. Council expects that older people in Wyndham will have equitable access to a variety of aged care services when they need them, enabling people to remain living well at home for as long as possible, with genuine choice and control over their service experience.

Council acknowledges the intent of the Australian Government's aged care reforms to create a more integrated, equitable, and sustainable aged care system. Council's own service principles - that aged care should provide "*the right service, at the right levels, at the right time*" and that *"affordability will not be a barrier to receiving quality service"* - reflect the standard Council believes the national system should be held to. As this submission sets out, the experience of Wyndham residents under Support at Home is, at this stage, falling short of these principles, particularly regarding wait times, service availability, and the affordability of co-contributions.

2. Submission approach and limitations

The findings in this submission are drawn from targeted consultation with Wyndham residents, carers, local aged care providers, and hospital staff, conducted in April and May 2026. Council hosted feedback sessions with 28 providers and Council staff, and held 7 in-depth interviews with older community members and carers. The feedback was anonymised and analysed to identify significant and common themes.

The consultation was qualitative in nature and is not intended as a representative sample of all Wyndham residents' experiences. Rather, it provides direct evidence of local impacts that Council believes are consistent with - and illustrative of - broader national trends identified in sector research and data.

Note that local Residential Aged Care (RAC) providers and First Nation providers did not participate in consultation due to capacity and time constraints.

3. Responses to the Terms of Reference

3.1. Older Australians' ability to access services to live safely and with dignity at home

Increased community awareness and education would improve system efficiency and outcomes

Council has found that many people don't yet understand how the Support at Home (SAH) system works, including basic information such as eligibility, *'I get push back from self-funded retirees, who say they're not eligible for MAC. People don't even know the basics of eligibility criteria'.* As a result, people may be missing out on services they need.

Low digital literacy and limited computer access add a further barrier. Many older people continue to be unconfident using a computer or lack easy access to one, *'for people like me who are not tech-savvy it would be good to have help. At least show me once, so I know what to do. Otherwise, you struggle, and by the time you work it out, it takes the whole day'.*

Providers have some education and advocacy duties under the Act, but more support is needed - particularly in-person sessions and one-on-one navigation help, *'there needs to be more support staff. Care Finders and community connector teams in councils play a vital role in supporting navigation and relieving local provider burden'.* Better awareness would lift service take-up, improve outcomes, and ease pressure on providers and MAC. This is consistent with Council's principle that for older people in Wyndham '*aged care services will be accessible to any older person requiring support'.*

Recommendations

R1	Fund more local educators - through MAC staff, providers, and/or community navigation services - to help people understand the system and build digital skills
R2	Set up an additional MAC phone support line to give people one-on-one help with the program and paperwork from the start, as an alternative to online resources

Designing a simpler, more streamlined MAC journey

Clients and families say the MAC journey could be simpler, with fewer steps and less paperwork, *'why are there so many steps? You ring up, then you get assessed, then you get referral codes, then you get information posted, then you get approved, then you get funded',* and '*you end up with pages and pages. As you can see, I have a whole book, and I haven't even got the services yet'.* This adds to the load on older people, carers, and providers, who spend significant time explaining the process. Key areas to be considered for improvement include:

Clearer, concise information: *'I didn't know we could get a taxi voucher or apply for a companion carers card. It's a shame there isn't a simple tick sheet. Have you joined X? Have you done X? But don't make it 36 pages. Just 1 page'*

More up-front tailored support: *'the whole problem is where it starts. That first point of call needs to be simplified. If I need services, I call MAC, who assist me with the next steps and help me find a provider'*

Provider comparison: An easy way on the MAC portal to compare provider availability and value for money (e.g. availability traffic light system)

Automatic financial assessments: to minimise delays, *'we couldn't sign off the provider agreement for my dad because we had to find out what the contributions would be. I called Services Australia and they wouldn't talk to me. Then we had to make an appointment to show them ID. THEN I had to call back and ask them to work out the contribution percentage. They initially wouldn't tell me over the phone and said they would send a letter, but I said 'can you just give it to me so I can get the services to start''*

Shorter assessment processes: '*The assessor was there for 3 hours. I could see Dad vagueing off. He said "I'm 92 years old. All of this, just to get my lawns cut!"'*

Recommendations

R3	Reduce the number of steps in the MAC journey and automate processes wherever possible
R4	Make financial assessment an automatic part of the initial assessment stage

Long wait times from first enquiry through to services in the home

Wyndham faces the same long service wait times experienced across Australia, with the most recent figures putting the average wait time at 331 days[7]. The delays are occurring at every step of the journey, even for people who are assessed as a priority, *'I rang MAC to apply for an assessment on 31 March. The staff said I've applied for an urgent, priority assessment to be done. She said 3-4 weeks someone will definitely call you. It's now 7 weeks later and I've heard nothing'.* This contrasts with Council standards that services should be *'the right service, at the right levels, at the right time'.*

A key risk of delayed services is increased falls and health decline. Falls are the biggest safety risk for older people in the home. In 2024/25, 41,622 older Victorians were hospitalised for falls in the home[8]. Throughout the consultation, community consistently told us that an OT assessment and home modifications should be prioritised and actioned immediately. One person told us, *'My uncle has severe physical mobility issues with an ABI. He was assessed as a high-level AT-HM with high priority. He still had to wait 6 weeks and had 12 falls in that period'.* Research has found that home modifications can offer a 40 per cent reduction in injuries caused by falls and reduce weekly care hours by 42 per cent[9].

The impact of delayed services is also rippling out to families and carers, who report increased stress and physical strain, *'if I get some funding I can get some relief in domestic life. My knees and ankles have started hurting a lot. It's not easy lifting a big man'.*

[7] Australian Government Department of Health, Disability and Ageing (2026). Aged Care Act 2024 wait times report: Residential care and Support at Home. First report, 1 November 2025 – 31 March 2026, Table 7.
[8] Victorian Injury Surveillance Unit (VISU), Monash University Accident Research Centre (MUARC) Injury Atlas of Victoria: Falls, accessed May 2026, https://vicinjuryatlas.org.au/falls/.
[9] Step safely: strategies for preventing and managing falls across the life-course. Geneva: World Health Organization; 2021.

Recommendations

R5	Release funding immediately once a package is approved
R6	Prioritise immediate OT and home modification assessments to prevent falls and decline
R7	Introduce a mandatory MAC response timeframe - for example, a maximum of 10 business days - so that enquiries and requests are not left unanswered for months
R8	Provide greater clarity on timelines and process, including reviewing the term "approved" funding, which creates an expectation that funding is imminent

Availability and accuracy of interim CHSP services while waiting for Support at Home package

While waiting for SAH funding, clients are supplied with CHSP referral codes as an interim measure - but many CHSP services in Wyndham are closed to new clients (particularly domestic assistance, gardening and OT/home modification services), leaving people ringing around only to be told 'nothing available' or to 'call back next month.' One community member told us that they phoned 16 providers without success.

Provider information from MAC staff and the MAC portal seems frequently inaccurate or inconsistent, forcing clients to do the legwork themselves, *'The first number MAC gave me turned out to be in Adelaide. The second number was a fruit shop. The third phone call was closed to new clients. The fourth call was not in our area. The fifth call won't do CHSP, only SAH. On my eighth call, I got onto a provider. They took my code. But I have to wait 20 days. And there is no guarantee that I will get the OT service to visit my house. That was my whole day wasted.'* MAC staff also give conflicting answers to basic question, adding confusion on top of an already stressful process, *'The first MAC staff member said I couldn't use CHSP codes while I was waiting for SAH. The 2nd person said yes, I could. The first person said we might get our funding in May in the next round of funding. The 2nd person said no, it could be 12 months before any funding is given to you'.*

Recommendations

R9	Improve the MAC portal to show clear, easy-to-assess, real-time provider availability and capacity, so clients and care finders aren't relying on outdated or inaccurate listings
R10	Increase the release of SAH packages and CHSP service funding to close the gap between approved need and available capacity

Assessment process and outcomes

Providers in the Wyndham area confirmed that the Integrated Assessment Tool sometimes produces inappropriate funding packages, *'a client put in for reassessment to get more showering services, and was denied on the grounds she was already receiving this service 3 times a week. The algorithm determined that this was suitable, however it does not meet her hygiene needs.'* One hospital staff member estimated that as many as 50% of the SAH clients they see do not have appropriate packages to meet their needs. There was also widespread agreement that assessments must be conducted in person, not over the phone.

Recommendations

R11	Review the Integrated Assessment Tool algorithm and allow clinicians to override automated outcomes where clinical judgement indicates a different level of need
R12	Require assessments to be conducted in person, not by phone, for more accurate assessment

3.2. Impact of Co-Payments and Pricing Mechanisms, and Financial Hardship

The changes are pushing some aged care clients toward reactive, limited services rather than holistic, reablement support to live well at home

With the increased hourly rate of services, packages may not stretch far enough to cover assessed needs, *'my husband has a package, but the funding is not enough. He is supposed to have physio 2-3 times a week, but we can only afford once.'* Co-contribution costs are also limiting take-up, with clients choosing to forgo services they feel they can't afford, and some hesitate to commit without clear, regular estimates and invoices from providers.

Allied health and community connection services appear particularly affected, with clients sticking to 'essential services only' and missing out on preventative and social support. One provider described two close friends in their 80s who used to go on weekly outings together, *'one of them has transitioned into SAH and she now can only afford 1 outing a month. She is 81, and she lives alone without any family.'* Another reported a measurable drop in service use, *'our allied health service has had a 21% drop in referrals compared with the same time last year'.*

Some providers are reporting a decline in client health as a result, *'we're seeing increased frailty of recipients due to waiting until they simply couldn't wait any longer.'* For SAH to achieve its aim of helping older people stay home longer, funding and assessment processes will need to refocus on reablement rather than reactive, minimal care.

Recommendations

R13	Refocus SAH towards reablement, not reactive, essential-only care
R14	Provide clients with clear, upfront estimates of co-contribution costs as part of the initial assessment, so they can make informed decisions about take-up
R15	Review service pricing to ensure affordability and comparable to the commercial market rate

The co-contributions are unaffordable for people on low and fixed income

We heard widely across Wyndham that the current cost of co-contributions is not affordable for people on low and fixed income. With over 40% of older people in Wyndham in the lowest income quartile, they are already struggling to make end meet. The addition of co-contribution payment are impacting their ability to

pay for their basic needs, *'finances were always tight. Now we are really tight. I've started growing my own vegetables, just so we know there is always food on the table',* and increasing the demand on other community services, *'we now go to the food bank on Sundays. I try to make it to line up by 10am, for the food bank to start at 1pm'.* Other people are simply declining services *'I am a pensioner living alone and I need to get services. When an assessor visited me, I declined the services because of the cost, but it doesn't mean I don't need help'.* Council's principles state that *'affordability will not be a barrier to receiving quality services'* - a standard that the current settings are not meeting for Wyndham's low income residents.

Recommendations

R16	Lower the co-contribution rates for people on low and fixed incomes

Automatic financial and hardship assessments as part of the initial assessment

Council recognises that *'greater effort may be required for some members of the community to achieve equality of opportunity'*. We have found that there is limited awareness of the financial assessment and hardship processes among both clients and providers, which causes unnecessary delays. One client told us, *'when I first started with MAC, they never told us that they have to do a financial assessment. Our provider just presumed that it had been done. We then had to go through the whole financial assessment process. It took so long.'* For those who apply for hardship support, the process itself can become a barrier, with one provider describing a recent experience with *'a client who decided to no longer pursue hardship because of the process.'*

Recommendations

R17	Make financial assessment an automatic part of the initial MAC assessment, removing the need for a separate process, and introduce automatic hardship assessment for clients on lower and fixed incomes, such as full pensioners
R18	Simplify and streamline both the financial assessment and hardship assessment processes to reduce delays and prevent eligible clients from abandoning their applications

3.3. Impact on the hospital network

Local hospitals report a noticeable increase in readmissions, citing delayed and inadequate in-home services as the key cause, *'older people are being discharged and needing services for the first time. We put in a referral for an initial assessment. The client is then readmitted 4-6 months later for a fall, and they haven't yet received the initial assessment'.*

The lack of home services delays discharge and shifts the burden onto families, *'it's falling back onto families to pick up the slack, which increases carer stress.'* Repeated hospital presentations also take a cumulative toll, *'each time people present to hospital it has a flow-on effect on their health and mental health'.*

There appears to be a disconnect between hospital discharge requirements and the level of in-home services, with post-acute support sometimes insufficient and too slow to activate. One family described the impact, *'My husband had a very bad break, and he was in hospital far too long. He has a Level 2 package, but the funding is not enough. The doctor wants him to do physio 2-3 times a week, but we can only afford once a week. He needs a lot more physio, strength, exercise, and he cannot recover properly. I am now his carer 24/7'.* Delays can also affect access to other medical care. One provider reported, *'a client is waiting for treatment for cancer; however she is unable to be treated until her husband's Level 8 package funding comes through to ensure he has at-home support. This funding may take 12 months'.*

Increased readmissions and delayed discharges are adding further strain to an already stretched hospital system, reducing bed availability and increasing pressure on emergency departments, surgical waiting lists, and staff.

Hospitals also report inappropriate package outcomes from the Integrated Assessment Tool, with one hospital staff member estimating that approximately 50% of admitted patients have a misalignment between their package and their actual needs.

Recommendations

R19	Establish a dedicated MAC liaison line for hospitals, providing faster response times and a single point of contact to support discharge planning
R20	Increase investment in immediate post-acute, in-home care to support safer discharge and ease the transition home

3.4. The impact on older Australians transitioning from the Home Care Packages Program

A logical, thoroughly tested roll out is required

Providers reported that the transition from Home Care Packages to SAH created significant complexity and administrative burden, with systems not fully ready for the scale of the rollout, *'when we first started trying to get the referral codes, MAC was not well equipped. We had to sit through hours-long phone calls with clients to get the codes. It has slowly gotten better, and it's now at a stage that it should have been at the start'.*

Providers consistently view CHSP as a valuable program for clients with lower-level needs, and many support it to remain separate from SAH, *'CHSP should stay for low needs clients. It's a good model and people are really benefiting from it. Removing this program will have a big negative impact on clients. The independence will be taken away.'*

Recommendations

R21	Reconsider the plan to fold CHSP into SAH, or at minimum adopt a phased, well-tested transition timeline that ensures a smooth process that can be managed by providers (particularly small providers)

3.5. Thin Markets and Service Gaps

While Wyndham is not classified as a thin aged care market overall, market depth is shaped not only by the number of registered providers, but by workforce availability, service viability, geographic spread, and the capacity to respond to complex needs. Wyndham is experiencing significant gaps where current funding rules or thin local markets prevent people from getting the support they need. Greater flexibility is needed in how funding can be used to meet individual circumstances, with one provider noting that, currently, *'a client cannot use their fund to pay for carpet cleaning, even if she has incontinence issues'.*

Specific service gaps identified in Wyndham include hoarding and environmental neglect support, *'there is no hoarding & squalor funded services in Wyndham,'* gardening services, *'I need my lawn mowed, but MAC told me flat out there is no one in my area',* and affordable food options for low-income households*, 'we tried Lite n Easy, but it was too light and doesn't fill my husband and also not cheap. I called other providers, but it was too expensive. We're now relying on food bank'.* Older people also routinely report a gap in services for larger household jobs, such as window cleaning and substantial garden maintenance.

Wyndham providers are also currently struggling to meet interim CHSP service demand, particularly domestic assistance, gardening, OT and home modification services.

The Assistive Technology–Home Modification (AT-HM) scheme requires review, with funding packages often insufficient to cover equipment, allied health assessments, and associated costs. People are also reporting lengthy delays in receiving equipment, with significant impact on health and wellbeing, *'we have applied for the wheelchair so my husband can have some independence. I don't know how long it's going to take. It's been nearly 6 months now. It's taking far too long'.*

Workforce capacity is a further constraint on service delivery in Wyndham. As an outer-growth corridor, Wyndham covers large geographic distances between clients, meaning care workers spend a disproportionate share of time travelling rather than delivering care - a structural barrier that thins

workforce capacity relative to more compact inner-metropolitan areas. Given the diversity of Wyndham's older population, there is also a clear need for a larger multicultural, multilingual workforce able to deliver care in clients' first language, reducing reliance on interpreters and improving comfort and trust in service delivery.

Recommendations

R22	Expand the range and flexibility of approved services that funding can be used for, to include practical household tasks such as window cleaning and carpet cleaning to further support ageing in the home
R23	Review the AT-HM scheme to ensure funding tiers adequately cover equipment, assessments and associated costs, and introduce faster, more predictable approval timeframes
R24	Fund specialist hoarding and environmental neglect support services, and support provider advocacy and training in this area
R25	Invest in workforce strategies that account for travel time and distance in outer-growth areas, and grow a multicultural, multilingual aged care workforce reflecting the communities it serves

3.6. The impact on culturally and linguistically diverse communities

Council's service principles outline that "*the diversity of our communities is a source of pride, not an access barrier"* and that aged care services should be accessible to any older person requiring support. The experience of CALD residents in Wyndham shows where the national system is not yet meeting that standard.

Clients with low English proficiency face significant barriers to understanding and accessing SAH, from initial enquiry through to ongoing service delivery. Around 20% of Wyndham residents aged 60+ report low English proficiency, reflecting the scale of need for accessible, multilingual service delivery in the area.

Service agreements and other key documents are not consistently provided in translated form, leaving clients reliant on family members or providers to interpret complex paperwork. Contacting MAC with an interpreter is also reported as difficult and time-consuming, *'ringing the MAC and needing a translator, it can be confusing and time consuming. It's a 4-way call.'*

Recommendations

R26	Increase the availability of bilingual MAC staff to reduce reliance on third-party interpreters, and where an interpreter is still required, streamline the process
R27	Support the provision of translated service agreements and other key client documents in the community languages most commonly spoken in Wyndham

3.7. Other Matters

Sector uncertainty and burden of provider compliance impacts client services

Providers report that the administrative burden of compliance under the new Aged Care Act is significant, diverting staff time and resources away from direct client care and toward reporting, documentation and system administration.

Ongoing sector uncertainty - around pricing, funding release schedules, and the future of CHSP - is also making business planning difficult for local providers, affecting decisions on staffing levels, service expansion and investment. This uncertainty is also a contributing factor in workforce retention, with some providers reporting difficulty retaining experienced staff amid the disruption of the reform period.

Recommendations

R28	Reduce unnecessary administrative and compliance burden on providers, so staff time and resources can be redirected toward direct client care
R29	Provide greater certainty and longer lead times on change to funding, pricing and program, to support provider business planning and workforce retention

4. Conclusion

Wyndham City Council supports the goals of the SAH program and the broader aged care reforms it reflects. However, the evidence gathered through local consultation is clear: in its current form, the program is not yet delivering timely, affordable, or accessible services for many of Wyndham's older residents and carers. Council urges the Committee to consider the recommendations in this submission and calls on the Australian Government to act with urgency to ensure SAH delivers on its promise - that every older Australian can live safely, with dignity, and with genuine choice, in the place they call home