

Submission to the Australian Government Inquiry on the Transition from the Commonwealth Home Support Program to Support at Home Program

January 2026

Submitted by Wyndham City Council, in partnership with the Wyndham Aged Care Sector Network.

wyndhamcity
city. coast. country

1. Acknowledgement to 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.

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2. Executive Summary

This submission presents Wyndham City Council's perspective on the proposed transition from the Commonwealth Home Support Program (CHSP) to the Support at Home (SAH) program, informed by engagement with the Wyndham Aged Care Sector Network (Appendix 2).

Ageing Well in Wyndham Statement of Commitment sets out a vision for a community where older people are respected, can actively contribute and participate, and feel safe, supported by an integrated system of local services. Council emphasises equitable access, independence, wellbeing, and choice, ensuring older residents can remain at home and socially connected.

This submission draws on that commitment, as well as Council's strategic ageing well priorities under the 2025–2029 Council Plan, including the Municipal Public Health and Wellbeing Plan. This submission was developed in consultation with local aged care providers.

Key recommendations include:

- Implementing phased and clearly communicated timelines to minimise disruption.
- Additional resourcing to enable assessment and referral processes to increase cultural safety and accessibility for diverse and low-literacy populations.
- Strengthening access to non-clinical and preventative services such as social support and transport.
- Providing interim financial, workforce, and compliance support to sustain small, specialist, and community-based providers in growth and thin-market areas; and
- Improving data transparency and reporting to monitor service gaps, wait times, and equity outcomes.

These measures reflect Council's commitment to enabling older residents to access the services they need, remain socially connected, and maintain independence, while supporting a skilled, responsive, and locally grounded aged care sector. A place-based, system-focused approach will help ensure that the transition to SAH delivers equitable access, continuity of care, and strong outcomes for Wyndham's diverse and rapidly growing community.

3. Introduction and Context

In recent years, Wyndham City Council has shifted from directly delivering aged care services to a strategic stewardship role focused on advocacy, navigation support, sector engagement, and capacity building. This submission reflects that role and incorporates insights from local CHSP-funded providers gathered through targeted consultation.

Council acknowledges the intent of the Australian Government's aged care reforms, including the transition from CHSP to SAH, as part of broader efforts to create a more integrated, equitable, and sustainable aged care system.

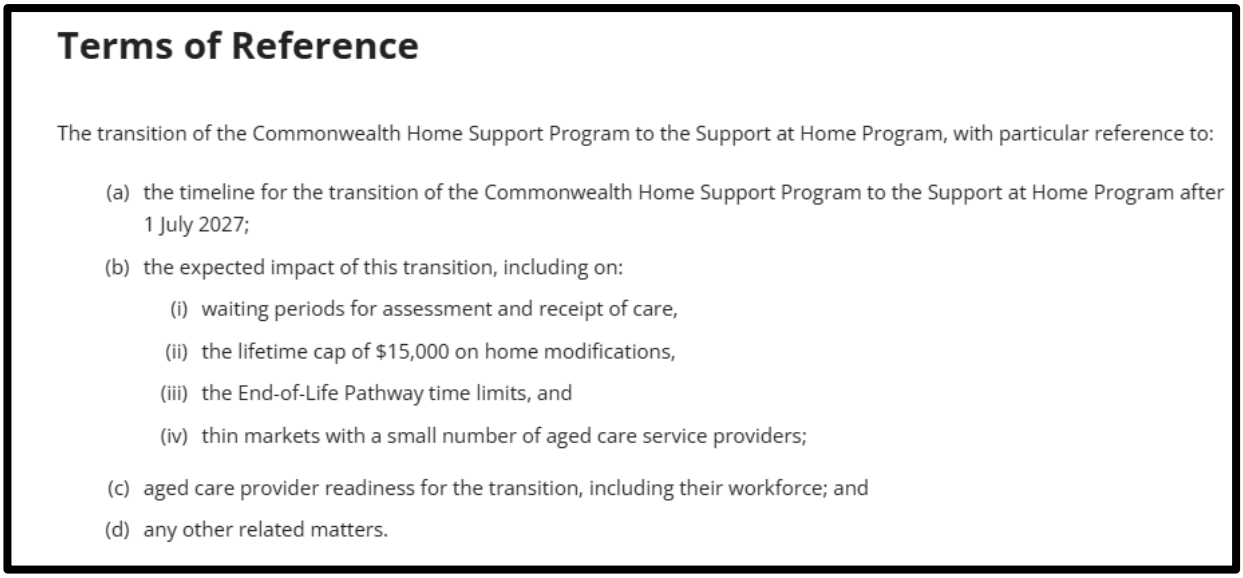
The submission is informed by, and aligned with, Wyndham City Council's 2025–2029 Council Plan (including the Municipal Public Health and Wellbeing Plan), which commits Council to supporting the health, wellbeing, independence, and social connection of older residents, with a strong focus on prevention, equity, and enabling people to age well in their communities. Council has further articulated this commitment through its Ageing Well in Wyndham Statement of Commitment, recognising ageing as a normal and valued part of life, and affirming Council's role in creating environments, services, and systems that promote dignity, inclusion, safety, and participation. This is operationalised through the Ageing Well Action Plan, which emphasises advocacy, sector stewardship, place-based responses, and partnerships to improve outcomes for older people, particularly those experiencing disadvantage or systemic barriers.

As a fast-growing and culturally diverse municipality in Melbourne's outer west, Wyndham is home to an increasing population of older people with varied needs, cultural backgrounds, and levels of vulnerability. Council's focus on the transition from CHSP to SAH is around ensuring reforms strengthen—rather than reduce—access for our older residents to timely, local, and culturally safe supports that enable residents to live well at home and remain connected to their community.

While Wyndham is not classified as a thin aged care market overall, thin market conditions can emerge within specific services, cohorts, or areas. Market depth is influenced not only by the number of registered providers but also by workforce availability, service viability, geographic spread, and the capacity to respond to complex needs – all issues affecting the municipality of Wyndham. Commonwealth funding for SAH must recognise these dynamics and support municipalities like Wyndham, which blend urban and more regional contexts and may experience localised thin market challenges.

4. Key Themes Emerging from Wyndham's Local Context

The sections that follow summarise key themes emerging from feedback provided by local aged care providers and aged care issues facing older residents in Wyndham on the Inquiry's Terms of Reference, offering on-the-ground perspectives to inform the Committee's consideration of the proposed transition.



Terms of Reference

The transition of the Commonwealth Home Support Program to the Support at Home Program, with particular reference to:

(a) the timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027;

(b) the expected impact of this transition, including on:

(i) waiting periods for assessment and receipt of care,

(ii) the lifetime cap of $15,000 on home modifications,

(iii) the End-of-Life Pathway time limits, and

(iv) thin markets with a small number of aged care service providers;

(c) aged care provider readiness for the transition, including their workforce; and

(d) any other related matters.

Figure 1 The Transition of the CHSP to the SAH Terms of Reference

I. Provider Readiness and Transition Challenges

From Council's perspective, consultation with the local aged care sector indicates cautious and varied levels of readiness for the transition to SAH. While providers consulted report being "as prepared as possible" or still actively progressing, readiness is constrained by ongoing uncertainty regarding implementation details, assessment timeframes, and client uptake of the new model. Operational, governance, and compliance pressures were consistently identified. Providers described challenges implementing updated service agreements, whistleblower/complaint policies, and referral requirements while continuing to support existing CHSP clients. Difficulties explaining new assessment and referral processes to older people, combined with long assessment wait times, were reported as creating service delivery bottlenecks.

Financial uncertainty remains a key concern, particularly for smaller, community-based providers operating with limited reserves. Transition costs were described as significant, with minimal margin for error. Council notes provider concerns that increased client fees under SAH may reduce service uptake, with some older people choosing to forgo services or delay transition where possible. In response, providers are seeking to strengthen viability through maintaining operating reserves, forming partnerships with registered providers, diversifying revenue streams, and preparing their workforce for new service models.

Overall, Council recognises that while providers are actively working towards readiness, transition risks remain pronounced—particularly for smaller providers—and are shaped by financial pressure, system complexity, and uncertainty around client behaviour and assessment timelines.

II. Achievability of the Proposed Timeline

Council notes strong concern from the local sector regarding the achievability of the proposed transition timeline, particularly approaching and beyond 1 July 2027. While some associate providers anticipate limited direct impact, most providers reported that current timeframes place significant pressure on organisational capacity, finances, and workforce stability.

Providers highlighted the cost of operating parallel systems and preparing for compliance during the transition, including upfront investment in new systems to support the shift from Home Care Packages to Support at Home. These costs were largely viewed as being borne by providers, increasing financial strain and raising the risk of market instability or service failure during the transition period.

Operational impacts were also identified, including the need to restructure roles, retrain staff, and recruit new workers while maintaining business-as-usual service delivery. Council notes provider feedback that this creates internal confusion and operational stress, with potential impacts on continuity of care. Even where some providers are not directly affected, Council recognises that disruptions experienced by registered providers are likely to flow through the service system and affect Wyndham residents.

Several providers indicated that the timeline would be more achievable with an extended and staged transition, suggesting an additional 12–24 months to support financial sustainability, workforce readiness, and system stability. Council considers that without a longer transition period or additional resources allocated; there is an increased risk of service disruption and reduced continuity of care for older people.

III. Demand Trends, Wait Times, and Unmet Need

Council understands from sector consultation that demand for CHSP services in Wyndham has remained consistently high over the past 12 months, with many providers operating at or near capacity. Demand pressures are being amplified by the upcoming SAH transition, with some older people choosing to remain on CHSP rather than move to SAH packages associated with higher client contributions.

Providers working with specific cohorts, including people from refugee backgrounds, reported that capacity constraints and long wait times for assessments and referral codes are creating barriers to timely access. In some cases, large numbers of clients to wanting to access services prior to November 2025 are still awaiting assessments, which providers anticipate will affect service availability as existing clients transition to SAH providers.

Council also notes provider concerns about additional administrative pressures, including time-sensitive federal audits, which reduce capacity to manage transition-related work effectively.

Service-specific trends were identified. Demand for Group Social Support, Domestic Assistance, and Home Maintenance remains high, while transport demand has shifted as some clients receive taxi vouchers under SAH or continue to drive independently. In response, providers are exploring alternative models, such as group transport initiatives, to respond to changing needs while supporting early intervention and preventative care.

Overall, Council recognises that sustained high demand, capped services, and assessment delays are contributing to unmet need and risk undermining continuity of care unless system capacity is expanded and referral processes streamlined.

IV. Risks and Opportunities for Older People

From a Wyndham perspective, Council recognises that risks identified by providers reflect broader system pressures already affecting older residents. Delays in assessment and service access were consistently reported and are contributing to disengagement, with some older people choosing to go without support.

Risks to non-clinical, preventative supports such as transport and group social activities were also highlighted. Where assessment prioritises clinical care, these non-clinical services may be deprioritised, reducing opportunities for early intervention and social connection. Council notes that this has implications for wellbeing and may increase demand on health and mental health services over time.

Providers identified that impacts are disproportionately experienced by vulnerable cohorts, including CALD older people, those with early-stage dementia, and people with reduced independence. Affordability was also identified as a significant risk, with mandatory client contributions creating barriers for low-income older people, even where services are available. These challenges are compounded by inconsistent communication and system failures, including conflicting government messaging and malfunctioning digital portals.

Key risks identified include:

- Delays in assessment and referral leading to disengagement.
- De-prioritisation of assessment for preventative and low-level supports.
- Disproportionate impacts on vulnerable cohorts.
- Affordability barriers linked to mandatory contributions.
- Reduced trust due to inconsistent communication and system reliability issues.

Council also recognises opportunities identified by providers to improve outcomes. Strengthened collaboration through partnerships or shared resources could support integration and sustainability. Clearer pathways could

improve timely access to preventative services. Well-resourced implementation is critical to enabling tailored responses and maintaining access to non-clinical supports.

Local provider perspectives:

- “Clients remain unclear despite communication from providers. Government systems and portals often don’t work, and assessments have blown out.”
- “The model is broken—cost-saving measures negatively affect both clients and organisations.”
- “Mandatory client contributions and co-payment requirements create affordability risks.”
- “Non-clinical services like transport and group social support are critical to wellbeing but may be deprioritised under current funding.”
- “CALD clients and those with dementia face significant barriers to understanding and accessing services.”

V. Priority Population Groups

Wyndham City Council recognises that the proposed SAH model may present increased equity and access risks for several priority population groups, particularly during the transition period. In a diverse and rapidly growing municipality, system complexity, affordability pressures, and inconsistent communication are likely to disproportionately affect older people who already face barriers to accessing services.

Council emphasises that care needs are individual, evolving, and shaped by both personal circumstances and local service capacity. A one-size-fits-all or checklist-based approach does not adequately reflect the lived experience of older residents.

CALD older people were consistently identified as being at increased risk. Council notes that residents whose first language is not English often experience difficulty navigating My Aged Care processes, assessment requirements, and referral pathways. Delays in accessing interpreters can exacerbate confusion and disengagement, while inconsistent messaging between government communications and service-level advice can undermine trust. Council also recognises intersecting identities, including older residents who are both CALD and First Nations, requiring culturally safe and tailored approaches.

Older people experiencing cognitive decline or reduced independence are also at increased risk without additional navigation and advocacy support. Affordability remains a significant equity concern, particularly for CALD communities, single older women, and low-income older people, with mandatory contributions increasing the likelihood that essential supports may be forgone.

Council recommends that the Department work in partnership with local government, sector peak bodies, and service users to co-design clear, accessible, and culturally appropriate communications and resources. This

includes plain language, non-digital options, adequate interpreter availability, and messaging that builds confidence and understanding throughout the transition.

VI. Thin Markets and Service Access in Wyndham

While Wyndham is not classified as a thin market overall, Council recognises emerging risks associated with gaps between the needs of older residents and the services available. These risks are driven by workforce shortages, funding constraints, and the complexity of transitioning from CHSP to SAH.

In Wyndham, thin markets are localised rather than systemic, affecting specific locations, service types, or population groups. These challenges are amplified by rapid population growth, geographic spread, car-dependent suburbs, and uneven transport access. Older people in growth areas, those with mobility limitations, or from CALD communities may experience reduced choice, longer wait times, and difficulty accessing services in a timely and culturally appropriate way.

Council notes that during the transition, some providers may limit CHSP intake to manage workload and compliance risk, potentially leaving older people without support. This reinforces the need for clear, positive, and transparent communication about the SAH model—emphasising choice, control, and how funding can be used to support independence and wellbeing.

Council's position is that Commonwealth support must extend beyond narrow definitions of thin markets to ensure that fast-growing, outer-metropolitan municipalities like Wyndham are adequately resourced. Targeted additional funding is needed to sustain service viability, protect equity of access, and build confidence in the new system for older residents and providers alike.

5. Recommendations

Wyndham City Council, supported by the Wyndham Aged Care Sector Network, recommends that the Commonwealth implement the transition from CHSP to Support at Home in a way that protects access, equity, and wellbeing for older residents, while sustaining a capable and locally grounded aged care sector. Key recommendations include:

- Phased and supported transition: Implement staged timelines and targeted support to ensure continuity of services, minimise operational and compliance pressures, and reduce risk to clients and providers.
- Equitable access for priority populations: Ensure culturally safe, accessible, and flexible assessment and referral processes for CALD, First Nations, early-stage dementia, mobility-limited, and low-income older residents.
- Protection of preventative and non-clinical services: Prioritise social support, community transport, and group programs to promote independence, social connection, and early intervention.
- Provider support and market stability: Provide financial assistance, workforce development, and compliance guidance to support small, specialist, and community-based providers, particularly in growth areas and locations with geographic or transport challenges.
- Further streamlined pathways and system navigation: Simplified assessments, and consistent, clear communication to reduce delays, support timely service access, and increase resident confidence and trust in the system.
- Data transparency and monitoring: Strengthen reporting on service availability, wait times, and equity outcomes to guide evidence-based planning, identify emerging gaps, and support localised system stewardship.
- Positive messaging and community engagement: Ensure communications clearly convey choice, control, and how funding can support independence, using accessible, culturally appropriate formats and language to build trust and understanding.

These recommendations reflect Wyndham City Council's commitment to enabling older people to remain at home, socially connected, and well, while ensuring a sustainable, responsive, and locally anchored aged care sector.

6. Appendix 1 – Consultation Questions

Wyndham City Council is preparing a submission to the Senate Community Affairs References Committee inquiry into the upcoming transition of the Commonwealth Home Support Programme (CHSP) to the Support at Home (SAH) Program. The Commonwealth inquiry is examining the timing, readiness, risks, and impacts of the transition, including implications for older people, service providers, the workforce, and access to care in diverse and growing communities like Wyndham.

Your input into this survey will help ensure the local experience of aged care services in Wyndham is reflected in our Council submission. Your responses will be summarised and de-identified in our submission.

Section 1: Respondent details

1. Name
2. Organisation name
3. Primary service location(s) (e.g. suburb(s) or catchment area)
4. What CHSP service types does your organisation currently deliver?

Section 2: Transition timeline, demand, and client impacts

5. How prepared does your organisation feel for the transition overall, and what are the main challenges you are facing?
6. How achievable is the proposed timeline for transitioning from CHSP to Support at Home, and what operational, financial, or service sustainability impacts is this creating for your organisation?
7. How has demand for your CHSP services changed over the past 12 months, and what impacts has this had on wait times, service caps, or unmet demand?
8. What are the key risks and opportunities for older people under the proposed Support at Home model, including any client groups you believe may be disproportionately impacted during the transition?
9. Please explain why and how these impacts may occur
10. What supports, guidance, or resources would most assist your organisation to be ready for the transition?

Section 3: Equity, access, and diversity

- How could the incoming Support at Home model better respond to the needs of the following priority groups? Please comment on any that are relevant to your organisation's work:
    - Culturally and Linguistically Diverse (CALD) older people
    - First Nations older people

- Veterans
- Single older women
- Refugees and people seeking asylum
- Other

11. While by definition Wyndham is not considered a thin market, what are your views on thin markets more broadly and their potential impacts on access, choice, and quality of care?
12. What specific changes of the transition would you recommend for improving outcomes for providers? (Please respond to any that are relevant.)

    - Transition timelines
    - Interim supports
    - Funding arrangements
    - Workforce planning
    - Data and reporting requirements
    - Other (please specify)

Section 4: Evidence and examples, final comments

13. If available, please share any brief examples, case studies, or data that support your responses **(e.g. client numbers, wait times, workforce impacts)**
14. Is there anything else you would like to comment on to inform this submission to the inquiry?

7. Appendix 2 Wyndham Aged Care Sector Network Partners

*current as of December 2025

ADEC (Action on Disability within Ethnic Communities Inc.)

Australian Unity Home Care Service - Western Metro

Australian Vietnamese Women's Association

Australian-Filipino Community Services (CPCA Victoria) Inc.

Benetas CHSP West Metro

Brotherhood of St Laurence

Comfort Care and Community Services

Dementia Australia VIC

Elder Rights Australia

genU Karingal St Laurence's DoCare program

Help at Hand

HenderCare Vic

Housing for the Aged Action Group (Haag)

IPC Health

Just Better Care

LINK Community & Transport - Western Suburbs

Mecwaware

MiCare - CHSP Western

Nurse Next Door Home Care Services (Werribee)

Palliative Care Aus

Prestige In Home Care

Services Australia

The Orange Door – Werribee

Uniting AgeWell Melbourne West Metro Home Care

Vision Australia Sunshine



Further Information

For further information please contact Wyndham City Council Community Connections and Care Services Unit.

Phone 1300 023 411

Email mail@wyndham.vic.gov.au