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Australian National Audit Office (ANAO) Audit on the Effectiveness of the Commonwealth Home Support Programme (CHSP)

Wyndham City Council transitioned out of direct CHSP service delivery in December 2024 and now operates in a sector stewardship role, supporting local collaboration and advocacy through the Wyndham Aged Care Sector Network, which brings together providers, community organisations, and Council to share insights, identify gaps, and strengthen coordinated approaches to ageing well.

Feedback for this submission draws on insights from six local organisations within the Network, as well as Wyndham's former experience as a direct provider. Together, these perspectives provide a balanced and locally informed view of CHSP's effectiveness in the outer-western metropolitan area of Wyndham, where cultural diversity, rapid population growth, and workforce constraints create both opportunities and challenges for aged care service delivery.

As reported in the Australian Bureau of Statistics 2021 Census and presented in *Wyndham City's Community Profile (profile.id.com.au)*, Wyndham's population was 292,011, with 22,779 residents aged 65 and over. Almost half of residents used a language other than English at home, underscoring the importance of culturally responsive, multilingual, and locally accessible aged care supports.

1. Does the Commonwealth Home Support Programme meet community need?

Wyndham City Council agrees that CHSP remains highly valued by those who receive services. Clients consistently report that supports such as domestic assistance, personal care, and social support make a meaningful difference to their independence, wellbeing, and ability to stay connected to their community. Many older people have developed long-term friendships and addressed loneliness through social support groups, and feedback from client surveys and audits has indicated consistently high levels of satisfaction.

For clients accessing services, CHSP often makes a significant difference to quality of life. Supports such as help with bathing, shopping, or household tasks contribute to safety, confidence, and social participation. Many have expressed that without CHSP, their quality of life would be much reduced, and they would be less connected and less able to participate in other aspects of their lives.

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While CHSP generally meets basic needs that support independence at home, service delivery can feel rigid and inflexible. Clients value choice and control but often have limited flexibility in how support is provided. For example, an older person feeling well on a given day may prefer social interaction rather than domestic assistance, yet the program's structure and funding categories rarely allow this adjustment.

Access and equity challenges also persist. Organisations across Wyndham identified significant waiting times, particularly for domestic assistance, gardening, and occupational therapy (OT). For those awaiting Home Care Packages, CHSP provides critical interim support, yet limited provider capacity often leads to service gaps that reduce quality of life and increase social isolation.

Wyndham notes that the loss of local assessment functions following the transition of Regional Assessment Services (RAS) has diminished visibility of individual circumstances and reduced the ability to identify early intervention needs. Phone-based assessments are often less effective at recognising vulnerability, particularly for people from CALD or refugee backgrounds, or those with limited English and digital literacy.

For many residents, navigating the My Aged Care system remains complex and intimidating. Providers frequently assist clients to make referrals, demonstrating that entry pathways are not user-friendly for older people. There is also a clear need for culturally responsive services that recognise language, cultural food preferences, faith, and community connections. Some clients have declined or withdrawn from services due to a lack of cultural alignment between provider and participant.

Wyndham's former CHSP service experience — supported by feedback from local aged care providers— reinforces that small, early interventions such as shopping assistance, grab-rail installation, home maintenance, or meal delivery have a strong preventative impact, helping older people remain independent and reducing premature entry into residential care.

However, limited growth funding, rising operational costs, and increasing demand across outer-metropolitan areas mean that CHSP cannot fully meet the level of community need. This is particularly evident in high-growth suburbs of Wyndham such as Tarneit, Truganina, and Point Cook, where the older population is increasing but service availability has not kept pace with demand. Feedback from local organisations highlights that these pressures are not unique to Wyndham but reflect broader systemic challenges facing growth-area councils across Victoria.

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2. **Are Commonwealth Home Support Programme services delivered effectively?**
   Wyndham notes that service delivery effectiveness varies significantly across providers. While many deliver high-quality supports aligned with the Aged Care Quality Standards and wellness and reablement principles, administrative and communication processes often limit efficiency and responsiveness.

   Network feedback indicated breakdowns in referral processes through My Aged Care, where clients are referred to providers appearing to have capacity but are later waitlisted indefinitely or never contacted. Limited follow-up means clients and assessors are often unaware when referrals are not actioned. This issue is particularly complex for clients with cognitive or mental health conditions and/or those with limited English proficiency, who are less able to self-advocate or navigate the system independently.

   When clients remain on a waitlist without clear communication or timeframes, other providers are unable to step in, as referrals remain "active" within the system. This can result in long delays where no services are delivered, even when alternative providers might have capacity to help. For the individual, this creates uncertainty, frustration, and declining wellbeing as unmet needs escalate — particularly for those with limited informal support. For providers, it creates ethical and operational strain: staff are aware of residents waiting without care but are unable to intervene, and local organisations spend considerable time following up inactive or misdirected referrals. These systemic barriers reduce overall efficiency and compromise trust in the aged care system, particularly among residents already facing disadvantage or language barriers.

   Wyndham's former CHSP delivery experience reflected similar challenges, where the lack of visibility over referral status made it difficult to coordinate timely responses for residents in need. In some cases, older people reappeared months later with deteriorated health or increased care needs, demonstrating how referral delays can transform short-term support requirements into more complex interventions.

   According to the Australian Bureau of Statistics 2021 Census, almost half of Wyndham residents use a language other than English at home, highlighting strong demand for interpreter services and culturally responsive practice in aged care and community support. This linguistic diversity may compound access barriers where system communication is limited to English, and where phone or digital-only pathways prevent older people or their carers from engaging effectively with services.

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Local providers reported that workforce composition often does not reflect Wyndham's cultural diversity, making it difficult to engage meaningfully with residents who have limited English proficiency. Recruiting bilingual or bicultural staff has proven challenging, with competition from other sectors such as NDIS and health services offering higher wages. As a result, services frequently rely on interpreter phone lines or assisted translation tools to communicate, which extends service times and increases delivery costs not fully recognised in current funding models.

Providers also described that additional time is often required to explain processes, assist with forms, or ensure informed consent for clients with low English proficiency. These tasks are essential for safe and equitable service delivery but are not reimbursed under existing CHSP reporting categories. The cumulative effect is both operational and relational — slowing throughput, increasing administrative effort, and at times eroding trust where clients feel misunderstood or excluded. Local network feedback reinforced that without investment in culturally responsive models and interpreter support, service equity and quality are difficult to achieve in highly diverse municipalities like Wyndham.

Several providers identified funding and acquittal challenges that also impact delivery. Differences in user contribution practices and capped regional allocations create inconsistencies in sustainability and service reach. Providers are often expected to meet a minimum acquittal rate despite allocations not reflecting actual demand — particularly in growth suburbs such as Tarneit, Truganina, and Wyndham Vale, where need continues to increase alongside rapid population growth.

Providers also reported that when a person's needs exceed CHSP parameters, escalation processes are slow and inconsistent. Reassessments by the Aged Care Assessment Service (ACAS) can take extended periods, and there are perceived inequities in assessment outcomes. This creates a burden on CHSP providers, whose workforce often absorbs higher-needs clients to avoid gaps in care. Some participants receive support beyond the program's intended scope, as staff exercise duty of care to safeguard health and wellbeing where other supports are unavailable. These cases frequently require longer visit durations or multiple staff for safety, which in turn affects rostering flexibility and reduces availability for others awaiting services.

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Home modifications were also described as fragmented and inefficient, with coordination and funding processes spread across multiple organisations. Stakeholders suggested that efficiency and client outcomes would improve if the end-to-end process — including assessment and supply — were managed by the funded provider, supported by dedicated and local occupational therapy capability to streamline assessments and delivery. Having a phone assessment does not necessarily pick up the physical requirements of the person, which may lead to mis-assessment.

Wyndham insights further noted that timing of Commonwealth communications and contract renewals has, at times, placed providers at risk. Late notifications regarding agreements or activity workplans have created uncertainty and disrupted planning. In some cases, changes to reporting or scope were received after their effective date, creating operational pressure for providers.

Despite these challenges, providers value the flexibility of block funding, which enables rapid response to urgent community needs — particularly following hospital discharge. Locally trusted organisations continue to play an important role as providers of last resort, ensuring older residents are not left unsupported where private providers have limited reach or workforce capacity.

These locally trusted organisations differ from private providers in that they are embedded within the community, maintain long-standing relationships with residents, and are often approached directly by people seeking help. Their local knowledge, community connections, and ability to coordinate across multiple programs (such as social support, transport, and home maintenance) enable more holistic and responsive service delivery. This trust is particularly important for residents from culturally and linguistically diverse backgrounds, who may prefer to access support from familiar, community-based organisations.

While this role strengthens continuity of care and ensures vulnerable residents are not left unsupported, it can also stretch local resources, especially when block funding levels do not align with the scale of demand. Nevertheless, the presence of locally trusted, responsive organisations remains central to the CHSP's effectiveness in growth-area communities like Wyndham, where workforce shortages and thin markets limit private sector reach.

While CHSP delivery is generally effective where services are available, gaps in coordination, communication, and cultural responsiveness continue to limit equitable outcomes, particularly

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for CALD residents and those living alone without advocacy support. Feedback also identified rising costs of delivered meals, increasing wait times, and ongoing workforce shortages that constrain service continuity and reach. These factors highlight the need for a sustainable funding model and targeted workforce strategy to ensure CHSP remains effective and equitable in meeting local needs.

3. Is the Commonwealth Home Support Programme meeting its objectives?
The CHSP's objectives — to help older people live independently, provide small amounts of help to many people, and work with clients rather than doing things for them — remain sound and relevant. Wyndham notes that these aims are largely achieved where services are accessible, stable, and culturally safe. Many clients report improved confidence, social connection, and safety at home whilst accessing their CHSP services, contributing to reduced hospital admissions and delayed entry into residential care.

However, several factors limit the program's ability to fully achieve these goals. The current service classification model restricts flexibility; for instance, if a client is approved for showering and domestic assistance, support workers have limited discretion to assist with related but unclassified needs, even when this would better support wellbeing. This rigidity can reduce responsiveness to changing circumstances and client preferences.

The principle of "doing with" rather than "doing for" is well-intentioned but can be impractical in practice, as tasks such as shared domestic activities may fatigue older residents, reducing their capacity to participate socially or engage in other health-promoting activities. A person-centred approach that allows flexibility according to individual energy, goals, and capacity would enhance outcomes.

The introduction of new standards has also made achieving CHSP's objectives more challenging. Providers found it difficult to offer greater choice, control, and flexibility while systems and workforce capacity were still adapting. The funding model did not adequately account for the additional costs of delivering more individualised, flexible care, resulting in operational strain and inconsistent implementation. Across the sector, there is consensus that outcome measurement remains weak. While activity volumes and hours delivered are recorded, there is

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no consistent mechanism to assess whether CHSP participation has improved independence, reduced hospitalisation, or enhanced wellbeing. Local providers expressed support for stronger, proportionate performance indicators that balance accountability with administrative practicality.

The CHSP continues to provide an essential entry point to aged care and delivers strong preventative outcomes where services are accessible. However, increasing demand, workforce shortages, and limited flexibility risk undermining its long-term objectives. Ensuring sustainable funding, culturally responsive service models, and improved data collection will strengthen the program's ability to deliver on its aims.

Wyndham recommends consideration of reforms that maintain CHSP's preventative focus while improving flexibility, cultural responsiveness, and integration across the aged care continuum. Continued investment in locally coordinated, trusted, and well-resourced community-based providers and sustainable funding arrangements models will ensure the CHSP can continue to meet its objectives and serve communities equitably — particularly in outer-metropolitan regions experiencing rapid growth and high cultural diversity.

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