Community Affairs References Committee Aged Care Service Delivery Inquiry

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community options

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Acknowledgement of Country

Community Options respectfully acknowledges the Ngunnawal and Ngambri peoples as the Traditional Custodians of the land on which the Australian Parliament stands. We pay our respects to their Elders past, present and emerging, and recognise their continuing connection to land, waters, and community. We also acknowledge and honour the contributions of all Aboriginal and Torres Strait Islander peoples to the life and culture of this nation.

Executive Summary

Community Options welcomes the opportunity to contribute to the Aged Care Services Inquiry. For more than three decades we have partnered with older Canberrans, people with disability, carers, and health services to deliver relationship-based, community-led support that promotes safety, wellbeing, and social inclusion for individuals residing at home. As the aged care system evolves, we have proactively reshaped our service mix to protect quality and dignity for the people who rely on us.

In early 2025, we made a strategic decision to withdraw from delivering services under Commonwealth-funded aged care and the National Disability Insurance Scheme (NDIS) where funding and regulatory settings no longer supported our tailored, engagement-driven, and client-centred service delivery model. We executed a thorough, dignified transition supporting the move of over 400 older Canberrans to new providers (including >250 Commonwealth Home Support Program (CHSP) clients by June 2025) and retaining critical programs that demonstrably prevent avoidable hospital use and improve outcomes:

- Awaiting implementation - **Care Finder** (intensive navigation for older people facing barriers)
- **Palliative Care Program** (continuity and quality of life at home)
- **Women & Newborn Community Support Program** (family-centred pre/post-natal support)
- **Care Partnering under Support at Home** (in collaboration with Trilogy Care)

Our submission offers constructive, practical recommendations to ensure reforms lift quality, reduce waiting times, and sustain the diverse provider ecosystem Australians value. In each term-of-reference we pair observed challenges with workable solutions drawn from frontline experience, co-design with partners, and a tested record of delivering outcomes for people with complex needs.

About Community Options

Founded in 1989, Community Options is a Canberra-based not-for-profit known for relationship-based case management, brokerage expertise, and collaborative problem solving. Community Options was originally funded by the Commonwealth Government to diversify the care sector and to support a shift toward personalised care by enabling smaller, community-based organisations to participate in service delivery. Through a brokerage approach, our foundational service model supported personalised care by allowing clients to choose which service providers performed tasks in their home.

Over the years, as the aged care sector has evolved, we have collaborated with ACT Health to co-design and implement a range of innovative programs that respond to emerging needs and priorities including Transitional Support, Flexible Family Support, Community Assistance Support Program, the Women &

Newborn Community Support Program, and Palliative Care while also contributing to disability support schemes over many years. Due to shifts within the industry, several programs—while essential in addressing the needs of specific complex demographics—were gradually phased out by ACT Health.

Today, we are focused on high-impact programs where our approach adds the most value, and we are active partners in sector reform, working with government, providers, and community to co-design sustainable models that deliver dignity, continuity, and real-world outcomes.

Terms of reference and evidence

(a) <u>The impact of the delay on older Australians waiting for support at home, including unmet care needs and the wellbeing of seniors and their carers;</u>

What we see: Delays have real human consequences such as declining health, carer burnout, and preventable hospital presentations particularly for people who are isolated, live alone, or have multiple conditions.

What works & our recommendations:

- Bridge-support navigation: Provide Care Finder services with funding to provide initial supports while meeting goals to access aged care services like Commonwealth Home Support Program and Home Care Packages and filling the gaps while awaiting supports.
- Rapid-response micro-packages: Funds would be time-limited, flexible support bundles (e.g. 6–12 weeks) to prevent deterioration or hospitalisation while longer-term packages are allocated.
- Hospital-to-home triggers: Create fast-track pathways from Emergency Department/Hospital Wards to short-term community supports to avoid extended lengths of hospital stays.

(b) <u>The capacity of the Commonwealth Home Support Programme (CHSP) to meet increased demand for support at home prior to 1 November 2025;</u>

What we see: CHSP providers work hard but face workforce constraints and limited flexibility for complex presentations (e.g., hoarding/squalor, cognitive impairment, language barriers, behavioural challenges). Some clients are approved for suitable care but cannot find a provider with the right capability/capacity to meet client needs.

What works & our recommendations:

- Increase funding within the CHSP to reduce waitlists and enable faster acceptance of clients with approved codes.
- Introduce additional funding mechanisms such as targeted supplements or a capped flexible pool to support providers in safely accepting clients with complex or non-standard needs.
- Brokerage-enabled responses: Allow brokerage with clear quality assurance so providers can source the right worker (e.g. Specialised Workforces, such as forensic cleaners) quickly while retaining accountability, as well as being able to provide further scope for clients in need of extra assistance.

Case Study: De-identified

Maria, an 80-year-old woman from a Culturally and Linguistically Diverse (CALD) background, was a long-standing client of Community Options. Over the years, Maria developed a strong relationship with her case manager, who supported her through complex health, life, and social challenges. Maria has high expectations of the services she receives and can present with behaviours that require patience, consistency, and a trauma-informed approach.

As part of Community Options' withdrawal from the CHSP, Maria was transitioned to a new provider. Despite being assessed as eligible for continued support, she has since been left without services. Several providers have been unwilling to work with her due to the complexity of her needs and behaviours. This has left Maria isolated and unsupported, despite her vulnerability and the clear need for ongoing assistance.

Community Options has continued to provide informal support to Maria where possible, despite no longer being funded to do so. Her case highlights the limitations of the current CHSP system in responding to clients with complex needs, and the critical role that trusted, relationship-based providers play in ensuring no one is left behind. In Maria's community, the number of available providers has declined, and those remaining are often unable or unwilling to take on clients with higher support needs due to the additional time required for case management. In some instances, this has meant staff working beyond funded hours to ensure Maria's safety and wellbeing—underscoring the need for a more flexible and adequately resourced system that can respond to complexity without placing undue burden on frontline workers.

(c) <u>The impacts on aged care service providers, including on their workforce;</u>

What we see: The compliance burden and persistently thin margins under the Support at Home model have driven provider exits and workforce reductions. For Community Options, the financial realities of delivering services for Support at Home, particularly under a brokerage model, proved unsustainable. Despite our commitment to flexible, person-centred care, we could not make the model work financially. This led to the regrettable redundancy of 17 positions, risking the loss of deep expertise and trusted relationships built over years.

What works & our recommendations:

- Transitional funding for retention: Short-term financial support is essential to retain experienced case managers and brokers during reform phases especially in regional areas and among populations with complex needs.
- Right-sized compliance: Reporting and oversight requirements must be scaled to provider size and service risk. Streamlined compliance for small and medium providers would reduce administrative burden and allow more focus on client outcomes.
- Brokerage re-framed as quality-assured partnering: Enable small providers to operate as "associated providers" under proportionate contracts and oversight. This would preserve flexible, person-centred models while mitigating legal and administrative risks that currently make brokerage financially unviable under Support at Home.

(d) <u>The impacts on hospitals and State and Territory health systems;</u>

What we see: Gaps in timely access to home support services contribute to avoidable Emergency Department presentations and delayed hospital discharges. This occurs even when clients have approved care packages, as the time required to accrue sufficient funds often results in significant service delays.

What works & our recommendations:

- Discharge-ready bundles: Fund one-off rapid interventions (minor home modifications, deep cleans and equipment) to make discharge from hospital possible within days, not weeks or months.
- Shared metrics: Adopt a small set of joint health–aged care KPIs (e.g. days from discharge to first service; re-presentation to hospital within 30 days) to align incentives.

(e) <u>The feasibility of achieving the Government's target to reduce waiting times for Home Care Packages to 3 months by 1 July 2027, in light of the delay;</u>

What we see: This is achievable with focused and coordinated execution. The primary constraint is not solely allocation of packages, but rather the speed and fit of service commencement, especially for complex clients.

What works & our recommendations:

- Smooth the pipeline: Maintain predictable, sustained package releases paired with assessment timeliness targets.
- Readiness funding: Provide on-boarding grants to providers to scale workforce, induction, and rostering so services can start within 14 days of assignment.
- Complexity fast-lane: Use short-term flexible funding to cover the initial intensity of complex cases (then taper to package level).

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

What we see: Digital tools have the potential to improve care, but challenges such as market concentration, poor interoperability, and inconsistent usability increase costs and administrative burden—especially for smaller providers. Client Record Management Systems and data platforms are often expensive needing significant upfront investment.

What works & our recommendations:

- Co-design & usability standards: Mandate user-tested design with providers/consumers; publish usability & interoperability benchmarks alongside compliance standards.
- Vendor accountability: Minimum service reliability Service Level Agreements, transparent pricing, and data portability; staged certification focused on interoperability (not single-vendor dependence).
- Scaled support: Offer shared digital back-office supports (templates, data pipelines, training) to reduce duplication and costs for small/medium providers.

(g) <u>The implementation of the single assessment system and its readiness to support people to access a timely assessment now and beyond 1 November 2025;</u>

What we see: A single workforce is sensible, but phone-first assessments, inherited backlogs, workforce shortages, and limited escalation visibility risk missing nuance and delaying care.

What works & our recommendations:

- Hybrid assessment model: Default to blended phone + in-home for at-risk cohorts (cognitive impairment, Culturally and Linguistically Diverse (CALD), low literacy/hearing loss, Care Finder clients or clients that request in-person).
- Escalation & transparency: Clear public escalation pathways with indicative wait-time dashboards so families/clinicians can plan.
- Assessment-to-service handoff: Simple warm-handover protocols to Care Finder or local providers for clients in the "grey zone" (eligible but not yet receiving services).

(h) <u>Other related matters;</u>

What we see: Australia's aged care strength lies in a diverse ecosystem—including smaller, community-embedded providers who bring local knowledge, continuity, and safety. Reforms should enable, not inadvertently displace, this diversity.

What works & our recommendations:

- Commission for diversity: Targeted commissioning to retain local/community-led providers, especially for CALD, LGBTQIA+, rural/regional communities, and complex needs.
- Measure what matters: Include relationship-based metrics (continuity, trust, cultural safety) alongside clinical and financial metrics.
- Co-design in practice: Fund practical co-design with consumers and frontline workers to test reforms in real settings before national scale.

Looking Ahead

Community Options is future-focused and committed to partnership. We are:

- Co-designing sustainable models that retain flexibility and dignity.
- Investing in programs that reduce hospital use and keep people well and at home.
- Collaborating with government and providers to ensure reforms translate to timely, high-quality care for those who need it most.

With the right policy settings and practical supports, Australia can achieve shorter waiting times, stronger continuity, and enduring trust in Aged Care.

Key Proposals

- Bridge Support Now: Fund rapid, flexible micro-packages and expand Care Finder services funding to include services funding for initial services for high-risk clients awaiting services. The traditional Community Options model.
- Complexity Counts: Introduce complexity loadings and enable quality-assured brokerage so providers can confidently accept non-standard cases.
- Hospital/Home Fast Lane: One-off discharge bundles to reduce avoidable hospital days.
- 3-Month Target, Delivered: Pair predictable package releases with provider readiness funding and a 14-day service start goal.
- Digital that Delivers: Co-designed usability & interoperability standards, vendor accountability, and shared back-office supports for smaller providers.
- Single Assessment System with Nuance: Hybrid assessments, transparent escalation pathways, and warm handovers to community supports.
- Sustain Diversity: Commissioning that retains community-led providers and measures relationship-based outcomes.