



LIFE ON THE WAIT LIST

Caring for older Australians at home



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Introduction

Australians want better for our older population – better services, better care, and better quality of life. This became clear when the Royal Commission into Aged Care Quality and Safety published its final report, revealing that in many ways the Australian aged care system was failing older people.

In response to the findings, Australians called on the Federal Government to support people to age with dignity and respect. They responded by delivering “once in a generation reforms,” ensuring that from 1 July 2025, older Australians will be better supported to remain independent and age in their own homes and communities. Until then, older Australians are being asked to wait.

The importance of the recently announced aged care reforms cannot be understated. A new rights-based Aged Care Act is the only way the necessary systemic change can occur. The value of the reform is in the improvements it will make to the lives and wellbeing of older people across the country.

While these reforms appear to be just around the corner, there are tens of thousands of older Australians whose aged care support needs are going unmet. As of May this year, 68,109 people had been approved for a Home Care Package but were waiting to access it. The majority, 36,524 people, were waiting for a level three package which is ideal for someone with intermediate care needs. This package has a national average wait time of nine to 12 months as of July 2024. This timeline doesn't even include the time associated with getting an assessment for aged care services.

Overall, older people are being made to wait up to 15 months from when they first register with My Aged Care, for services to be delivered in their home. This research seeks to better understand the impact that these home and community aged care wait times have on older people and the broader community. Anglicare Australia urges the Government to fund the release of the necessary amount of Home Care Packages, to ensure that the recently announced reforms are set up for success and not encumbered by a long waiting list.

Older Australians have been asked to wait for long enough and they do not have any time to spare. The current aged care system is failing to provide support and care to older people when they need it, and at such a crucial time, this has major consequences for their health and wellbeing.

Background and methodology

To better understand how older Australians, their families, supports and the broader community are impacted by home care wait lists Anglicare Australia asked members of its Aged and Community Care Network that provide home and community care to participate in a short survey about their present experiences of service delivery. We received responses from providers covering metropolitan and regional areas of the following jurisdictions:

- » New South Wales;
- » Victoria;
- » Western Australia;
- » Tasmania; and
- » Queensland.

Through these organisations' responses, the experiences of a substantial service footprint were unlocked, and their responses reveal the daily struggles that older Australians, aged care providers and the broader public are being forced to navigate. Together, the organisations participating in this research provide home support services to over 29,000 people through the Commonwealth Home Support Programme (CHSP) and over 4,700 people through Home Care Packages.

The survey responses identified several themes and trends across service utilisation, service demand, and operational viability. These themes were then subject to further exploratory research, analysing relationships between survey responses and available national information and data.

About the home care wait list

At present, Australia's aged care system is operating with a funding model that is restrictive and rationed. In the case of home care, funding is allocated to approved individuals based on their ranked priority. The National Prioritisation System (NPS) is the mechanism in which Home Care Packages are allocated to older Australians. The system consists of two key parts. The first is a home care package release process which determines the amount and type of packages that can be assigned to people at any given time. The second is the national prioritisation queue, otherwise known as the home care waitlist. The queue determines the order in which Home Care Packages are assigned.

The NPS was introduced to promote a fairer allocation of Home Care Packages across the country. By prioritising allocation based on individual needs and circumstances, it aims to address locational inequalities in allocation. Priority is determined based on a comprehensive home care assessment, as well as the date a person was approved for home care at a specific package level. While the

introduction of the NPS did improve access for many older Australians, it did not address the problems caused by funding inequities that are systemically embedded in the aged care funding model.

An ageing population and changing demographics has led to an increased demand for aged care across all service types, with home care being hit the hardest. At the same time, the aged care sector has dealt with decades of underfunding by government and is facing a large-scale workforce crisis. The circumstances have left the sector at a tipping point. Aged care providers are expected to drastically increase service provision with infrastructure that is old and out of date, navigate workforce shortages and provide quality care to older Australians.

In May 2024, there were over 68,000 older Australians who had been approved but were currently waiting to access a Home Care Package. This is more than double what it was at the same time in 2023. When questioned about the staggering number of older people on the waitlist, the Government has responded with reassurance that “of these people, 99 percent are in an interim level [Home Care Package] and/or approved for CHSP services.”¹

Upon further inspection, most older people on the wait list are dependent on CHSP funding. As of 31 March 2024, there were 14,497 people with an interim Home Care Package while they wait for a package at their approved level. 44,107 people have not been offered an interim Home Care Package but have CHSP approval. This includes nearly 25,000 people without an interim Home Care Package who are waiting for a level three package, which has a national average wait time of nine to 12 months. The published average wait times are not inclusive of the time it takes to get assessed. According to data provided by the Department of Health and Aged Care in June 2024 Senate Estimates, on average it took around 90 days for an individual living in the community and classified as low priority to get an aged care assessment.

As the first stage of aged care for many older Australians, it is important the CHSP is effective in providing some level of support. This need is even more critical as thousands more people become dependent on CHSP services whilst they wait for home care. Yet the Government cannot provide a reassurance that those waiting for home care, with approval for the CHSP, are actually receiving support.

Whilst the CHSP enables providers to deliver a range of services, the program is only designed to provide entry-level supports. Due to this, many older people currently receiving CHSP services are not able to meet their support needs through the program.

These issues have not gone unnoticed. The Aged Care Royal Commission paved the way for widescale sector reform and improvements in service quality are already evident. For home care, the sector is eagerly awaiting the introduction of a new home care program, Support at Home, which is due to commence from 1 July 2025. The new Support at Home program has been designed to be simpler and fairer in supporting older Australians to remain independent, in their homes and communities for longer. However, it is unreasonable to expect that from 1 July 2025 the issue plaguing home aged care will disappear.

While the new Support at Home program will replace the Home Care Package program and Short-Term Restorative Care Programme, the CHSP will transition to the new program no earlier than 1 July 2027. The staged approach is intended to support CHSP providers to transition business operations, but it provides no relief for the thousands of older Australians dependent on the CHSP who are unable to access services.

Aged care funding reforms will provide for essential changes to funding arrangements to improve the viability and quality of aged care across the country. However, the reforms do not require the Government to fund universal access to aged care services. Systems such as Medicare and the National Disability Insurance Scheme are funded to provide services that meet people's identified needs. Whereas aged care funding is only required to support the delivery of services to older people based on prioritisation.

Anglicare Australia has long advocated for older Australians to have the right to delivery of aged care services in an equitable and timely manner. Yet this is not expected to be a feature of the new Aged Care Act. The absence of universal needs-based funding means that the new Support at Home program will inherit the growing waitlist, placing the program under extreme pressure from the moment it comes into effect.

It has become increasingly clear that older Australians waiting for aged care are not just missing out on the additional supports accessible through a package. In reality, they are being left with no, or inadequate care and support for months on end and this is unlikely to change without immediate action.

Key trends and findings

To understand the impact of home care wait times, we first sought to understand Australia’s older population and what they are using aged care services for.

One of the fundamental eligibility criteria for Australia’s aged care system is that a person must be 65 years of age or older.² As of 2022, one in every six people in Australia fit this criterion.³ Nearly 40 percent of older Australians living independently need assistance with at least one activity each day, and this need for assistance increases with age.

Data from the Australian Bureau of Statistics shows that in 2022, more than 28 percent of those aged 65 to 74 years required assistance, compared to over 77 percent of those aged 85 years or older.⁴ This increased need for assistance with age can also be seen within the aged care system itself. The Department of Health and Aged Care has reported that in 2022-23 the median age for admission into home and transition care was 82. For permanent and residential respite median admission age was 86.⁵

Table 1. Profile of older people and care needs

Profile of older people and care needs	
Age	Those using home support in Australia are typically aged between 70 and 84 years old. Those using home care in Australia are typically aged between 80 and 89 years old.
Gender	Women account for around two in every three people (65 percent) of people using aged care services. Women account for a larger proportion of people using home care.
Housing	Older men are more likely to live in the community than women. However, women are almost twice as likely to live alone than older men. Whilst most older Australians living independently owned their own homes, the proportion who owned their home outright has dropped from 72 percent in 2018 to 68 percent in 2021. Over 23 percent of older Australians lived in an area of greater socio-economic disadvantage.
Income	Over half of older Australians living in the community have a government pension or allowance as their main source of income. In 2022, their median gross personal income was \$490 per week. Around two-thirds of older Australians lived in a household in the lowest two income quintiles. This highlights the importance of Government support in accessing care and help at home.
Health	On average, older people report having between three and four long-term health conditions at the same time. This average increases to five long-term health conditions for those aged 85 and over.

The type of assistance a person needs can vary greatly depending on health, wellbeing, household, location, and other similar factors. Activities including health care, household chores and property maintenance are amongst the most common services that older people receive formal assistance for.⁶ These are all services available and commonly used through home and community-based aged care in Australia.

According to the 2022-23 Report on the Operation of the Aged Care Act 1997 the five most commonly used CHSP services were domestic assistance, allied health and therapy services, transport, home maintenance, and social support individual. Analysis of Anglicare Australia member data from July 2024 shows that domestic assistance continues to be the most commonly used service, as well as being the highest service in demand. Other popular services included home maintenance and meals.

Little data is publicly available on the utilisation of home care. Analysis of Anglicare Australia Network data revealed that domestic assistance was the most popular service amongst home care clients. Other popular services included home maintenance, allied health, meals, and personal care.

For older people waiting to access a package, their unmet service needs may vary depending on the level of package they have been approved for and their identified support needs. The majority of older people currently receiving a Home Care Package are on a level two package, however demand for those approved but still awaiting access is highest for level three packages. Common characteristics of each package level can be seen at Table 1.

Table 1. Characteristics of Home Care Packages

Package level	Level one	Level two	Level three	Level four
Care needs	Basic	Low	Intermediate	High
Annual funding	Approx \$10,300	Approx \$18,100	Approx \$39,300	Approx \$59,600
Weekly support	Two hours	Three to four hours	Up to eight hours	12 to 13 hours
Nature of support	Basic assistance	Regular assistance	Daily support	Complex care

Increasing demand for home support

There are over 28,000 older people currently accessing home support services through one of the responding organisations. Yet, all respondents reported being unable to meet the demand for CHSP services within their community (Table 3).

Table 3. Increasing demand for home support

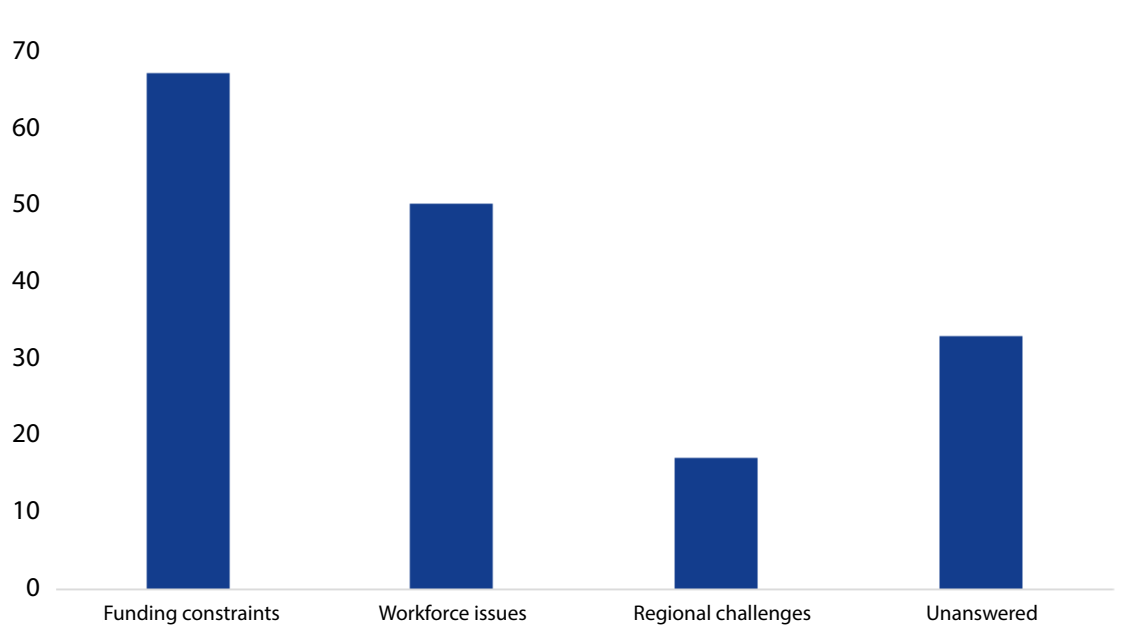
Ability to meet demand	Percentage of respondents
Able to meet demand	0%
Unable to meet demand	100%

In their qualitative answers, several respondents noted that they did not operate CHSP service waiting lists because availability to take on new clients was so low. Where one respondent did operate a waiting list, they reported having over 1,600 people currently waiting for home maintenance services.

Barriers to meeting demand

Two core barriers to meeting demand for CHSP service delivery in the community were identified by the Anglicare Australia Network organisations (Figure 1). These were funding restrictions and worker shortages, raised by 67 percent and 50 percent of respondents respectively.

Figure 1. Barriers to meeting demand



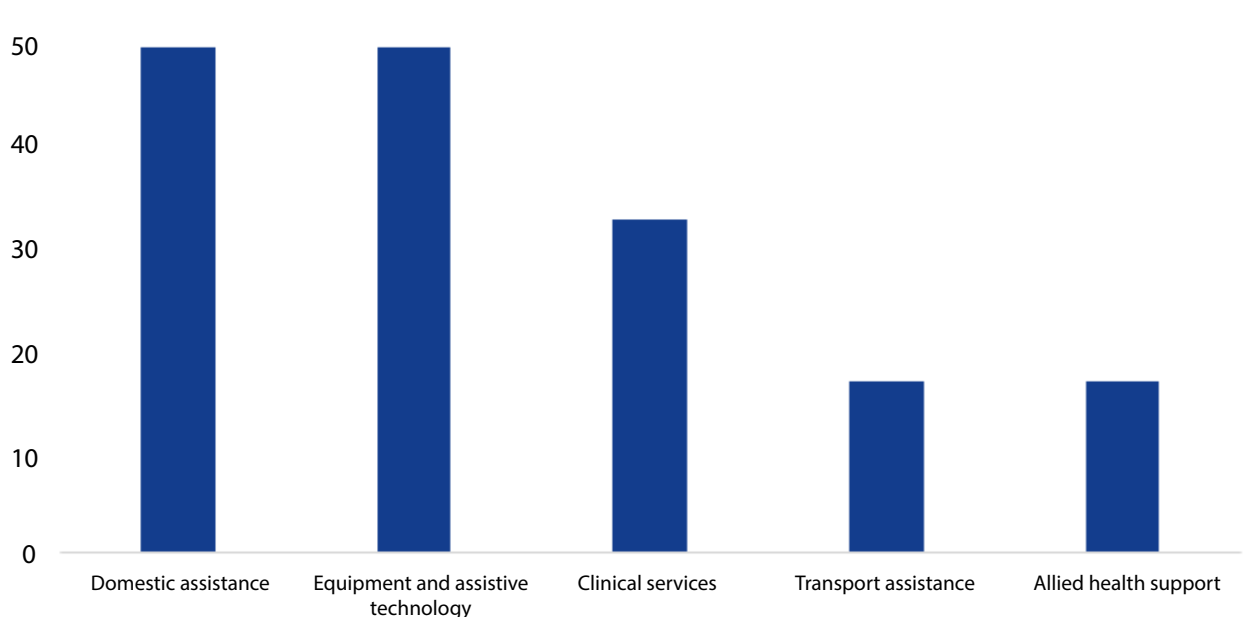
All respondents who answered this question stated that CHSP funding is a significant barrier to meeting demand. Noting that available funding does not sufficiently reflect the cost of providing services which forces providers to limit service delivery or increase client contributions at high rates.

Workforce challenges were also cited by respondents as a barrier to meeting demand for CHSP services. Specific workforce barriers included challenges recruiting staff for allied health services and a lack of qualified staff in regional areas.

Assistance needs

All respondents reported high demand for domestic assistance services and equipment across both home care and CHSP clients (Figure 2). Other popular services across home care and CHSP services included home maintenance, allied health, meals, respite, and personal care. One respondent reported a notable increase in the demand for CHSP nursing services within their local community.

Figure 2. Assistance needs



In their qualitative answers, several respondents reported an increase in the number of clients whose support needs exceeded the support capability of the CHSP. Although they can meet the needs of their current clients, many noted an increased impact of growing overhead costs as a result. All respondents indicated that they regularly experienced instances where clients required higher levels of care than what they were assessed for at the time of their assessment. Meaning the individuals approved level of funding was no longer suitable in meeting their needs.

Where older people were unable to meet their support needs through a CHSP service or their Home Care Package funding budget, they are turning elsewhere for support. Common alternatives noted by respondents included:

- » Accessing CHSP top ups to cover additional care;
- » Accessing supports through Carer Gateway;
- » Private contributions and fee-for-service supports;
- » Transitioning to permanent residential aged care.

One respondent noted that families and informal supports with the capacity to pay for private services for the older person usually will. However, the majority of their clients did not have the means to do so as they have family members whose main source of income was a government pension or allowance as their main role was to provide unpaid care.

Capacity to provide home care

Over 5,700 older people are currently accessing a Home Care Package from one of the responding organisations. All respondents indicate that they had the capacity to deliver more Home Care Packages if funded.

Policy implications

A person's care needs do not disappear until they can access support. In reality, older Australians waiting to access home care are being required to meet their care needs elsewhere and for many, their needs are only being partially met, or not met at all. When this happens, there are broad reaching impacts on older people, their families, and the wider community.

To understand how older people are meeting their support needs while waiting for package allocation, several providers of aged care services within the Anglicare Australia Network were surveyed.

Organisations were asked about service utilisation, market trends and organisational challenges related to providing community and home care services.

Several alternative options, or scenarios, were consistently identified across participating organisations. Further analysis reveals the extent to which home care wait times are impacting systems, services and communities across the country.

Increasing demand for the Commonwealth Home Support Programme

Our findings show that the CHSP is not effectively supporting older Australians whilst they wait for home care.

Whilst it is reported that over 800,000 people access the CHSP each year, the grant structure of the program is hugely restrictive. CHSP utilisation data cannot be linked at a client level, meaning Government cannot confirm whether those with a CHSP referral on the home care waitlist, are accessing the CHSP whilst waiting.

The CHSP enables providers to deliver a range of services, however, the program is only designed to provide entry-level supports. In theory, the amount of support should be less than the value of the lowest level home care package which is roughly \$10,000. This is nearly \$30,000 less than the value of a level three package which the majority of those on the waitlist have been approved for.

Many older people currently receiving CHSP services cannot meet their support needs through the program. All Anglicare Australia Network members surveyed for this project reported that they can't meet the current demand for CHSP services in their communities. Many stated they were unable to operate waiting lists for services due to high demand and limited ability to take on new clients. With one Anglicare Australia agency reporting having over 1,600 people on their waitlist for home maintenance services.

All organisations surveyed stated that CHSP funding is a significant barrier to meeting demand. Available funding does not sufficiently reflect the cost of providing services, which forces providers to limit service delivery or increase client contributions at high rates.

Anglicare Australia Network organisations reported an increase in the number of clients whose support needed exceeded the support capability of the CHSP. Although older people who do have access to CHSP services are having their care needs met, most organisations are being impacted by growing overhead costs.

From this, it is clear that the CHSP is not designed or capable of meeting the needs of older Australians whilst they wait for home care.

Premature entry into residential care

For some older Australians who have been approved for a higher-level package, the wait times for package allocation can ultimately lead to premature entry into residential aged care. Unlike the CHSP, which aims to provide entry-level supports to older people, the Home Care Package program is designed to allow for complex care to be provided in the home. In many instances, those approved for higher level packages are also eligible for residential aged care.

Several Anglicare Australia Network agencies which provide both home and residential aged care, noted instances where long wait times for assessment and allocation had influenced a resident's decision to enter residential care.

Prolonged wait times increase the likelihood that an older person will transition to permanent residential aged care services after receiving a Home Care Package. Research exploring the association between wait times and transition to permanent residential care found that people who waited for more than six months to access a Home Care Package had a 10 percent higher risk of transition to residential care after two years.⁷

Whilst residential care has a valuable and necessary role in the aged care system it is not equipped to meet the needs of all older Australians with intermediate or high care needs. The financial viability of the aged care sector has become an area of great concern over recent years, and it is clear that providers who operate residential care facilities are already under extreme pressure. With over 50 percent of residential aged care homes operating at a loss during the 2023-24 financial year,⁸ places in residential care are already limited.

Entering residential care is also not what older Australians want to do as they age. Several individuals interviewed for Anglicare Australia's 2022 report *Ageing in Place*, which explored housing affordability for older Australians, spoke of the importance of home care to allow them to age at home.⁹

Further pressure on the health system

There is a natural interface between Australia's public health system and the aged care system. Aside from people with disability, the majority of Australians utilise Medicare when accessing healthcare throughout their lives. This makes it unsurprising that the public health system is absorbing much of the demand for clinical care that is not accessible through aged care. However, the health care system is already struggling in many parts of the country, meaning not only is it not intended to absorb unmet demand in aged care, it is also not equipped to.

Hospitals are also being placed under pressure due to the limited availability of residential care beds across the country, with 'bed block' featuring regularly in media. This term refers to situations where hospitals reach capacity and struggle to find room for new patients. When older people transition into residential care because they have complex care needs that cannot be accommodated in their homes, they can be made to wait in hospital until a place is made available for them. This circumstance is not ideal as it greatly restricts hospital capacity, despite being avoidable.

The challenges of bed block can also extend to older people awaiting home care. People aged 65 years or older make up 16 percent of the population, yet they accounted for 43 percent of the 11.6 million hospitalisations and 21 percent of the 8.8 million emergency department presentations in 2021–2022.¹⁰ Additionally, rates of potentially preventable hospitalisations are amongst the highest for older people. Data shows that between 2017 and 2018, people aged 65 years and over made up 46 percent of all potentially preventable hospitalisations. Estimates for 2020–2021 indicate over 379,000 potentially preventable hospitalisations for older people living in the community.¹¹ The Australian Medical Association has equated these hospitalisations to cost \$3.7 billion.¹²

Concerningly, it is now being reported that some older people are turning to hospital admission in a bid to increase their priority status on the NPS. One Anglicare Australia Network provider observed a growing trend in those waiting for package allocation, noting that admission into hospital would shorten wait times for assessment and packages. This phenomenon is leaving others who decline hospital admission waiting longer despite having equal or higher needs but not wanting to be admitted to hospital.

This is a perverse incentive created in response to growing wait times for home care and it is placing excessive strain on a public health system already under pressure.

Covering the cost of private services

Many older Australians are turning to private services whilst waiting for package funding. Like Australia's other healthcare and social services systems, there are avenues for individuals to engage private services by paying the service cost out of pocket. Whilst this is an effective avenue for older people to access the supports and services they need, private services are often costly and increasing demand will further drive up prices.

Government pensions and allowances are the main sources of income for over 50 percent of people aged 65 years or older in Australia. With an increasing amount of people entering retirement with a mortgage or without their own home, concerns about pension poverty and economic security for older people are growing. Many older do not have the capacity to pay for private services and where they do, the additional out-of-pocket costs can place a substantial financial burden on themselves or their families.

Further, providers of private services have autonomy over price setting which can enable them to provide more competitive pay rates for workers. Whilst competition is traditionally an indicator of a healthy market, worker shortages and government funding constraints are leaving little to be desired for the aged care market.

Implications for informal care

Unpaid carers and informal supports play a valuable role in the lives of many older Australians. In 2022 there were an estimated three million unpaid carers in Australia with 1.2 million of them were considered primary carers. Over half (59.5 percent) of primary carers were assisting a family member or loved one who was aged 65 years or older. Whilst caring responsibilities vary from person to person, common activities that carers assist with include reading or writing, meal preparation, transportation, and mobility support.¹³

Informal care can have a monumental impact on helping older people remain in their homes for longer. However, despite being characterised as unpaid this care and support does come at a cost. In 2020, Deloitte Access Economics estimated the value of informal care in Australia for people requiring assistance due to age or disability. The replacement value was estimated to be around \$78 billion each year, highlighting the importance of unpaid carers to the sustainability of Australia's aged care system.¹⁴

Informal care also comes at a cost to the individual providing support. Unpaid carers are less likely to be in the labour force and their median gross personal income is, on average 10 percent less than non-carers. Caring responsibilities can also come at a substantial cost to carers' welfare. The 2023 Australian Government Inquiry into the Recognition of Unpaid Carers wrote in its final report:

Caring roles can be meaningful and rewarding, but also demanding, exhausting, frustrating, and isolating. While carers do not want the people they care for to think of themselves as burdens, caring comes at a cost to the carer and affects all aspects of their lives. This includes their employment, superannuation and overall financial position, their physical and emotional wellbeing, and their social relationships.¹⁵

While it is unlikely that formal care can replace the role of informal care in its entirety, unpaid carers should not be expected to sacrifice their own health, wellbeing, and economic security because the aged care system is failing to support older Australians.

Older people are going without

Not all older Australians can access private services, receive assistance from informal supports, or have care needs they consider acute enough to justify hospitalisation. Many are managing to get by with whatever services are readily accessible. While this may be unproblematic for some, timely access to support and care is vital to a person's long-term health outcomes. The value of rehabilitation, reablement and restorative care is well recognised, and will be a key area of focus within the new Support at Home program. However, the continuation of extensive wait times for assessment and allocation is denying older Australians the chance to make meaningful impact on quality of life as they age.

All Anglicare Australia Network agencies surveyed reported that by the time older people are allocated funding, their support needs exceed what was identified in their original assessment. Whilst many older people may manage their daily living, their overall health and wellbeing is deteriorating.

The same research which found that prolonged wait times are associated with a higher risk of transition to permanent residential care, also found that the wait times are associated with a higher risk of long-term mortality.¹⁶

The Aged Care Royal Commission made headlines when it called on Government to address home care wait times after data from the Department of Health and Aged Care showed that 28,000 people died whilst being on the waitlist in 2018 and 2019. Whilst Government funding in response to the Aged Care

Recommendation: Immediate support for home care

Royal Commission did work to address the staggering 102,081 older Australians on the wait list as of June 2020, funding for Home Care Packages has once again fallen, reigniting the issue. This has been made even clearer with recent announcements regarding aged care reforms which are not expected to ease wait times before 1 July 2025 at the earliest. This paper shows how these prolonged wait times for home care have an extensive impact on all areas of the community.

The 2024-25 Federal Budget committed additional funding for 24,100 Home Care Packages with the intention of bringing average wait times down to six months across all package levels. The Government has also recently committed to investing \$4.3 billion into the new Support at Home program, which is due to commence from 1 July 2025. With this funding, they aim to have average home care wait times down to three months by 2027.

Anglicare Australia has remained supportive of aged care reform since the Aged Care Royal Commission and welcomed the recent announcement from Government. However, the 68,000 older Australians who are currently waiting for services and likely have been for some time, are expected to wait until these reforms roll out before they experience any relief.

No Australian should be forced to wait up to 15 months to access the care they need. Let alone older Australians who do not have time to spare. Every day that someone is forced to deal with prolonged wait times, someone is forced to pay the price. Whether it be declining function, deteriorating health, financial stress from private service costs, further stress on public health systems, or a family member sacrificing their health and wellbeing to provide care. Further, the Support at Home program should also not be forced to inherit what the current system has been unable to provide.

Whilst aged care funding reforms will better support the long-term viability of the aged care sector, the Government has not committed to funding universal access to aged care. Some level of prioritisation, and a wait list, will remain in the new system.

The expected changes to co-contributions and system funding structures will provide some much-needed relief for the aged care sector, however it will not fix what years of underfunding and the absence of capital investment has done. More so, it does not mean that anyone waiting for home care on 1 July 2025 will immediately receive access to services. Instead, they will be moved to the new system where they will continue to wait.

Conclusion

This paper shows how prolonged wait times for home care have an extensive impact on all areas of the community. In surveying aged care providers across the country, we have found that none are able to meet demand within their own communities. Funding constraints are the key cause of this shortfall.

Our results show the importance of the Government's recently announced investment in the Support at Home program, which alongside other reforms, will greatly improve Australians' access to the care they need. Anglicare Australia applauds this investment and continues to support the suite of aged care reforms currently underway.

However, our results also show that the Support at Home program should not be forced to inherit what the current system has been unable to provide. Anglicare Australia calls on the Government to fund the release of the necessary amount of Home Care Packages to remove the wait list prior to the commencement of Support at Home. This will stop the new system from being set up for failure by inheriting a waiting list that the new injection of funds will not be able to clear.

Older people who need care today should not be forced to continue waiting when Government has made it clear that they deserve better. Our hope is that releasing new Home Care Packages, coupled with the reforms underway to the aged care system, can provide older people with the support and care that they need. This will stop the new system from being set up for failure by inheriting a waiting list that the new injection of funds will not be able to clear.

The upcoming Mid-Year Economic and Financial Outlook (MYEFO) provides opportunity to address the impact of home care wait times for older people today. Older people who need care today should not be forced to continue waiting when Government has already acknowledged that they deserve better.

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- 4 Ibid.
- 5 Australian Institute of Health and Welfare (2024) [People using aged care](#).
- 6 Op cit: Australian Bureau of Statistics.
- 7 Visvanathan, R. et al (2019) [Prolonged Wait Time Prior to Entry to Home Care Packages Increases the Risk of Mortality and Transition to Permanent Residential Aged Care Services](#).
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