The Senate Inquiry into the Support at Home Program

Introduction

CASS Care Ltd is an entity of the group commonly known as "CASS" in the community. We have been serving multicultural communities, primarily of East Asian background, for over 45 years. We welcome the opportunity to lodge a submission to the Senate Standing Committees on Community Affairs in response to the assessment of the Support at Home (SAH) Program.

This submission reflects the views and concerns we have gathered since the program commenced, drawn from our SAH program consumers, our multicultural workers, including support workers, care planners, administrative support staff, care finder and management, as well as our Board and the broader community, through both direct observation and service delivery experience.

About Our Group

CASS is a leading community organisation dedicated to providing a comprehensive range of social and welfare services to multicultural communities across Australia. It comprises its parent entity, the Chinese Australian Services Society Ltd (founded in 1981), and its subsidiary, CASS Care Ltd (established in 2002), which is an endorsed Public Benevolent Institution (PBI) by the Australian Taxation Office.

CASS remains committed to supporting culturally and linguistically diverse (CALD) communities across Metropolitan Sydney, Wollongong, and Melbourne. With a particular focus on people of East Asian backgrounds, including Chinese, Korean, Indonesian, and Vietnamese communities, CASS provides a comprehensive range of services for all ages, including childcare and early education, aged care (home and residential), disability support, settlement and health services, employment and training, volunteering, mental health support, and cultural education programs.

Currently, CASS serves over 8,500 families each week through a team of more than 850 staff and 450 volunteers from multicultural backgrounds. At Home Ageing Services, CASS proudly serves over 2,400 clients from Chinese, Vietnamese, Korean, Indonesian, Filipino and broader communities (including approximately 1,600 clients from the SAH Program).

CASS also operates care finder service, funded by the Central and Eastern Sydney Primary Health Network (CESPHN), which provides specialist, intensive, face-to-face support to help people within the target regions understand and access aged care services, and connect them with other relevant supports in the community.

For seniors outside the care finder target regions, CASS Care also offers its self-funded CASS Aged Care Connect Assistance (CACCA) service, helping CALD seniors navigate My Aged Care system. The CACCA connectors provide free, personalised one-to-one support to help clients overcome language barriers and apply for government-funded aged care services in Mandarin, Cantonese, Korean, Vietnamese and Indonesian.

Our Response to The Senate Inquiry into the Support at Home Program

1. The Ability for Older Australians to Access Services to Live Safely and with Dignity At Home

While many older people have benefited from receiving support at home, significant barriers remain, particularly for older people from CALD communities. Key challenges are outlined below:

- The aged care system is highly complex, particularly following ongoing reforms such as Support at Home, and language barriers have made it difficult for many to understand the new program structure and navigate these reforms, resulting in misunderstandings between providers and consumers.

  - Many older people, especially those from CALD backgrounds, have difficulty understanding My Aged Care processes, assessment pathways, service types, and consumer contributions. Care Finders play a critical role in providing intensive, face-to-face support, advocacy, and system navigation for older people who would otherwise be unable to access services independently.

- Limited availability of translated information and culturally appropriate communication specifically for elderly of small community backgrounds (e.g. Indonesian, Filipino, Cambodian, etc.)

  - Interpreting services are often not well-trained and lack empathy. Care Finders come across unprofessional interpreters while contacting My Aged Care and requiring interpreting services. Interpreters have, at times, translated incorrect information, made mistranslations, or used disrespectful and insensitive language when communicating with older people from CALD backgrounds.

  - These experiences undermine trust, create confusion, and may discourage vulnerable seniors from engaging with aged care services. Improving interpreter training, quality assurance, and cultural competency is essential to ensure accurate communication and respectful, person-centred service delivery.

- Limited digital literacy, particularly where information and assessments rely on online systems.

  - Increasing reliance on online systems and digital communication creates barriers for older people who lack internet access, digital skills, or confidence using technology; many vulnerable seniors continue to require face-to-face support and advocacy.

- Workforce shortages affecting the availability of language-matched support workers and care partners.

- Care Finders frequently encounter older people from CALD backgrounds who are unable to access essential services due to a lack of language support. For example, some transport service providers do not utilise the Translating and Interpreting Services (TIS National) or employ bilingual staff. As a result, seniors with limited English proficiency are unable to book transport independently, communicate changes to appointments, or understand service instructions.

- In some cases, providers decline referrals because they are unable to communicate effectively with the clients. This creates significant barriers to accessing medical appointments, allied health services, and community activity, increasing the risk of social isolation, missed healthcare appointments and poorer health outcomes. Greater investment in bilingual workers and the routine use of professional interpreting services is essential to ensure equitable access for older Australians from CALD communities.

- Long waits for assessment under the Single Assessment System and for subsequent service implementation continue to significantly affect older people's ability to remain safely at home; some wait more than 12 months, and tragically, some have passed away before receiving the support they were approved for.

  - These delays often lead to deterioration in health, increased carer stress, avoidable hospital presentations, and premature entry into residential aged care. Interim support options are limited, leaving many seniors without adequate assistance while waiting, and essential services such as domestic assistance, personal care, transport, social support, and home maintenance often have extensive waitlists or no capacity. For many older people, this has led to disappointment, frustration, a loss of confidence in the aged care system, and in some cases, discouragement to the point of giving up pursuing the support they need.

- In some Integrated Assessment Tool (IAT) cases, assessment outcomes appear inconsistent with consumers' actual care needs. For example, individuals with significant cognitive decline, who live alone and have mobility limitations, have been assigned the lowest level of support and received no allocation for allied health services. These outcomes raise concerns about whether the assessment process is accurately identifying and responding to consumers' functional needs and clinical risks.

  - When older people and their families are often unclear about assessment timeframes, next steps, eligibility decisions, or expected waiting periods for services, Care Finders frequently spend considerable time following up with assessment organisations to obtain updates, clarify outcomes, and explain the process to clients.

- Many families delay seeking assistance until a crisis occurs due to language barriers, low health literacy, limited access to culturally appropriate information, and a lack of targeted community education, placing greater pressure on informal carers and increasing the risk of hospitalisation or premature admission to residential aged care.

    - Because of deeply held cultural values, some adult children should care for their elderly parents. This reluctance often results in carers taking on unsustainable responsibilities, leading to increased caregiver burden, stress, burnout, and intergenerational guilt.

- Consumers are no longer able to purchase certain health equipment under IAT funding guidelines and, in some cases, are also no longer eligible for support through Enable NSW. Compared with the previous Home Care Package (HCP) arrangements, these changes have created confusion, uncertainty, and often conflict for both consumers and care partners. The reduced funding flexibility has resulted in unmet equipment needs, frequent misunderstandings regarding funding eligibility, and increased frustration with the transition to the SAH program. Consequently, these changes have eroded consumers' trust in the system and placed additional emotional strain on both consumers and care partners.

<u>To better facilitate service access, suggestions are outlined below:</u>

- Increase funding for bilingual and bicultural workforce development to conduct the sessions in the community's preferred language and to address common misconceptions, such as the belief that accepting services means children have failed in their responsibilities.
- Increase funding for CALD-based organisations to provide hard copies of the translated documents.
- More translated resources are needed for smaller community backgrounds (e.g. Indonesian, Filipino, Cambodian).
- Provide clearer review and appeal pathways for consumers and providers when assessment outcomes do not reflect actual care needs
- Improve consistency and accuracy of the IAT by ensuring assessments consider functional needs, cognitive decline, mobility issues, living circumstances, social support, and safety risks.
- Review IAT funding guidelines and improve coordination between SAH program, Enable NSW, and other funding pathways to ensure consumers with genuine equipment needs are not disadvantaged, while providing clearer communication and flexible, person-centred solutions to maintain trust and support independence.

2. The Impact of the Co-Payment Contributions for Independent Services and Everyday Living Services on the Financial Security and Wellbeing of Older Australians

From our service experience, co-payments have created considerable anxiety for many older people and their families, for example:

- Many CALD older people are on fixed incomes and have limited financial capacity, specifically for elderly immigrants who do not have savings for their retirement.
- Some clients have reduced or withdrawn their package because of anticipated costs, although financial hardship measurement was informed.
- There is confusion regarding how co-payments are calculated and applied, which often leads to misunderstanding and/or conflicts between clients and care partners.
- Families are worried about future affordability and the potential impact on clients' health and wellbeing if services are reduced.
- Consumers receiving end-of-life care often access only limited services due to the out-of-pocket contributions required for essential supports such as personal care, remedial massage, transport, and meal delivery. These costs can place an additional financial burden on individuals and their families during an already challenging stage of life. Many consumers are also reluctant to engage in allied health services when the focus has shifted from maintaining function to comfort and quality of life, as these interventions may no longer align with their goals of care.
- Co-payments may unintentionally further discourage early intervention and preventative support.

To better mitigate the impact on co-payment contributions, suggestions are outlined below:

- Allow providers greater flexibility to continue essential services while financial hardship assessments are pending or when cost concerns may lead to service reduction, such as maintaining personal care, meal delivery, allied health, transport, or comfort-focused supports to prevent deterioration in health, safety, and wellbeing.
- The end-of-life pathway should prioritise comfort-focused supports over maintaining routine daily activities or mobility where these are no longer aligned with the participant's goals of care. Consider providing comfort and quality-of-life services at no cost to consumers, including remedial massage, transport, meal delivery, and accompanied social or community activities, to support comfort, dignity, and wellbeing during the end-of-life stage.
- Monitor the impact of cost-related service reductions on participant outcomes, including deterioration in health, increased carer burden, hospitalisation risks, and reduced quality of life.

3. The Adequacy of the Financial Hardship Assistance for Older Australians Facing Financial Difficulty

- To effectively introduce and explain financial hardship measures, care partners require adequate training on the application process and culturally sensitive communication approaches to ensure discussions about financial circumstances are delivered respectfully, particularly when addressing sensitive topics with CALD older people.
- Some consumers lack the cognitive capacity to understand the financial hardship assessment process and the uncertainty surrounding its outcome. As a result, they are concerned that they may be required to repay the cost of services accessed before a decision is made. This uncertainty can create significant anxiety and lead consumers to decline or delay essential services until the

financial hardship assessment outcome is confirmed, potentially compromising their health, wellbeing, and continuity of care.

- Potential barriers include complex application processes, limited understanding of eligibility, language and literacy challenges, and reluctance among older people to disclose financial hardship.

To better facilitate financial hardship assistance, suggestions are outlined below:

- Introduce temporary protection arrangements while financial hardship assessments are being processed, ensuring consumers can continue accessing essential services without fear of unexpected repayment obligations.
- Simplify the financial hardship assistance process and provide culturally appropriate support and clear information to help consumers understand their options, reduce concerns about costs, and continue accessing essential services.

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

- The transition has generated uncertainty for both clients and service providers.
- Consumers transitioning from the HCP to the SAH program have been allocated a higher funding classification but have lost access to previously approved allied health services. When these cases were raised with My Aged Care, providers were advised that consumers would need to undergo a new assessment to regain access to allied health supports, despite these services having been included in their previous support plans. This interruption in access may compromise consumers' ability to maintain their functional capacity, independence, and overall health, potentially leading to avoidable deterioration while awaiting reassessment.
- Some consumers transitioning from the Commonwealth Home Support Programme (CHSP) have been reluctant to accept the Support at Home funding package due to concerns that the required participant contributions are higher than their current CHSP service fees, creating affordability concerns and uncertainty about continuing their care services, specifically for self-retired consumers.
- The increase in service costs, despite the removal of package management fees, has contributed to participant dissatisfaction and concerns about the affordability and value of the new system.
- Ongoing concerns and anxiety regarding the upcoming financial assessment and its potential impact on future contribution fees, despite grandfathered arrangements, particularly in relation to Assistive Technology and Home Modifications (AT-HM) services.

To better facilitate the transition, suggestions are outlined below:

- Establish transition protections for HCP consumers moving to SAH program to prevent loss of previously approved and clinically beneficial services.

- Review contribution arrangements for CHSP consumers transitioning to SAH program, particularly self-funded retirees and those with limited financial capacity, to ensure cost increases do not discourage access to necessary services.
- Introduce a flexible review mechanism for Assistive Technology and Home Modifications (AT-HM) funding to ensure consumers can access essential equipment and home modifications where these are critical to safety, independence, and wellbeing.
- Monitor consumers' experiences during the SAH program transition, including service reductions, delayed access to supports, affordability concerns, and complaints, to identify areas requiring further improvement.

5. The impact on CALD communities

- The transition from HCP to SAH program has a disproportionate impact on CALD older people due to language barriers, digital exclusion, limited awareness of government programs, and reliance on family members to navigate complex systems.
- Elderly immigrants often have limited savings and strong cultural expectations around care and financial management, making the transition to SAH program challenging. Providers experience difficulties explaining changes, particularly regarding excluded items, longer approval and purchasing processes, and participant contribution fees, as some consumers may struggle to accept or understand the new arrangements.

To better meet the needs of the CALD community, suggestions are outlined below:

- Develop dedicated CALD engagement and communication strategies.
- Develop funding models that recognise the additional costs of culturally responsive care.
- Strengthen investment in bilingual and bicultural workforce development.
- Expand the use of translated materials and interpreter services.
- Maintain ongoing consultation with CALD providers and communities throughout implementation.

6. The Impact of Current Aged Care Reforms on Providing High-Quality and Safe Aged Care Services to Serve the CALD Community

We support the aims of the Aged Care Reforms to improve service quality and governance. However, implementation challenges include:

- Increased compliance and reporting requirements.
- Additional workforce training requirements, and difficulty balancing reform implementation with frontline service delivery, as staff require sufficient time and support to understand and adapt to the new SAH program while continuing to deliver frontline services.

- High staff turnover due to complex system changes has increased workload pressures, stress, and risk of burnout among care partners, impacting workforce stability, continuity of care, and the ability to effectively support consumers through the transition.
- Increased operational costs resulting from additional administrative requirements, including preparing and providing translated hard-copy documents for consumers, as well as exploring and implementing new software systems to support compliance and alignment with SAH program.
- Managing subcontractor documentation for self-managed consumers has become increasingly challenging, as consumers frequently change providers, requiring repeated updates and verification of documentation. This is further complicated within CALD communities, where information about available providers and service options is often shared through informal networks, leading to frequent provider changes and additional administrative workload for providers.
- Community-based providers serving CALD populations require additional transition support to ensure sustainability.

Overall Recommendation and Conclusion

As an approved aged care provider, CASS draws on its frontline experience to highlight the challenges encountered in the SAH program by older Australians, their families, and workers throughout the care journey. Key recommendations for continuous improvement are outlined below.

- Provide additional transition funding and implementation support for community-based providers, particularly those supporting CALD communities, to manage increased operational and administrative demands.
- Streamline compliance and reporting requirements to reduce unnecessary administrative burden and allow providers to focus more time on frontline service delivery and participant support.
- Support workforce retention through additional resources, wellbeing initiatives, and strategies to reduce stress and burnout among care partners during periods of significant system reform.
- Develop practical tools and translated resources, including for smaller community backgrounds, to assist providers in explaining SAH program to consumers and families, particularly those experiencing language, literacy, or digital barriers.
- Provide funding support for essential transition costs, including translation services, hard-copy communication materials, system upgrades, and staff training.
- Improve guidance and processes for managing subcontractor arrangements under self-management models to reduce administrative complexity and ensure compliance.
- Strengthen collaboration between government, providers, and CALD community organisations to ensure reforms are culturally responsive and consider the needs of diverse older people.
- Establish ongoing feedback mechanisms with frontline providers to identify implementation challenges early and improve the SAH program over time.

CASS is committed to continually delivering the SAH program in full compliance with the aged care reforms, while supporting older people to live safely, independently, and with dignity at home, with their rights respected and protected.