



Senate Community Affairs References Committee

Inquiry into Aged Care Service Delivery

Meals on Wheels Australia Submission

22 August 2025

Who Are We?

Meals on WheelsTM Australia Ltd (MoWA) is the national peak body representing over 590 individual Meals on Wheels (MoW) outlets that provide meals to around 200,000 older Australians. MoW services represent one of Australia's largest users of voluntary labour, with over 35,000 active volunteers involved in meal delivery and social engagement with older people. The core funding for MoW services comes from the Commonwealth Home Support Program (CHSP) with some services receiving up to one third of their revenue from Home Care Packages (HCP) – see for example MoW SA submission.

Some of our State Association members such as NSW, SA and Victoria have made separate submissions, which we endorse.

1 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

There are nearly 90,000 people on the waiting list for any HCP (70,223) or for their correct level of HCP (16,784) as at the end of March 2025. The number will only have gone up since then. 99% of those waiting for a package to be allocated have been approved for a CHSP service while waiting.

Delays in receiving necessary care and support at home have adverse consequences both for the older person and for their family carers. We agree with Prof Kathy Eagar's submission that these adverse consequences include:

- A decline in functional capacity and independence, ultimately accelerating severe frailty and cognitive decline and hastening death.
- An increased risk of adverse events such as falls, medication errors and malnutrition.
- Increased carer stress and burnout.
- An increased risk of hospital presentations and admissions.
- An increased risk of admission to residential care.

2. The capacity of the Commonwealth Home Support Programme to meet increased demand for support at home prior to 1 November 2025

CHSP provides an important backstop to the operations of HCP, as up to 70,000 existing CHSP recipients out of a total of 835,000 are those waiting to be allocated an HCP.

The CHSP budget has not grown commensurate either with the ageing of the population or by comparison with HCP and residential care budgets in the last decade. For example, there has only been one CHSP growth round in the past five years and that targeted only four service types (and meals was not one of them). A consequence is that there are extensive waiting lists for CHSP services and it is common for providers to close their books on My Aged Care for extended periods of time.

A recent survey of MoW services nationally found that 6% of services currently have a waiting list in place and 12% have closed their books to new clients at some time over the past 2 years. The capacity of many other services to expand is constrained by CHSP funding limitations and workforce shortages (especially of volunteers in our case).

CHSP faces an uncertain future as it is to be maintained as a separate program only “until 2027 at the earliest”, after which point it is due to be rolled into the Support at Home (S@H) Program. It is MoWA’s position that our services do not fit S@H’s individual budget holder funding model. We are supportive of maintaining grant funding or adopting an activity-based funding alternative, similar to that in place for residential care. MoWA has convened a CHSP Alliance of national peak bodies interested in the future of CHSP services and we hope to have a consensus position from the sector on the preferred funding model for CHSP going forward before the end of 2025.

3. The impacts on aged care service providers, including on their workforce

As MoW NSW and Victoria say in their submission, the CHSP workforce - including Meals on Wheels paid and volunteer staff - is increasingly stretched beyond capacity. Staff and volunteers are:

- Managing high-risk clients without adequate clinical support;
- Dealing with complex psychosocial issues, elder abuse and neglect;
- Navigating waitlists, hospital discharge coordination, and care escalations;
- Providing emotional and practical support to clients who have fallen through the cracks.

Without action, we risk widespread burnout, workforce attrition, and the erosion of a program that remains one of the most cost-effective and socially valuable elements of the aged care system.

4. The impacts on hospitals and state and territory health systems

State and territory public hospital emergency departments (ED) and hospital wards are effectively a safety net under all Commonwealth funded health, aged care and disability services that fail to adequately meet community need. There is compelling evidence that occurrences of hospital bed blockages are becoming more common across the country, see for example the Community Industry Group project in the Illawarra Shoalhaven region.¹

¹ See Community Industry Group Health & Aged Care Taskforce Draft Year 1 Report at <https://www.communityindustrygroup.org.au/taskforce>

5. 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

MoWA doubts the Government can achieve its target in the light of the delay to commencement of release of new packages until 1 November 2025. This was always a stretch target due to workforce shortages across the sector.

6. The adequacy of the governance, assurance and accountability frameworks supporting the digital transformation projects required to deliver the aged care reforms on time

MoWA understands that critical digital transformation projects will not be fully tested by the time the new Act and the S@H Program commence on 1 November 2025. This is particularly so for the payment system run by Services Australia. This poses substantial risk to the financial stability of the sector.

As the Australian National Audit Office found in its inquiry in the Future Fit Program, release of a critical digital system for MoW services is tied up in legal disputes following a mismanaged reform program by the Department of Health, Disability & Ageing. Improved governance, assurance and accountability frameworks are essential.

7. The implementation of the single assessment system and its readiness to support people to access a timely assessment now and beyond 1 November 2025

The Single Assessment System changes were introduced in December 2024. In our experience, they are yet to stabilise with extensive assessment delays in some regions across Australia. MoWA is concerned that the design of S@H will compound the problem due to mandatory reassessment whenever someone needs more or different services. The assessment agencies can approve a minor variation (known as a Support Plan Review) without a full reassessment, but they are only paid if they elect to do a reassessment. They are thus financially incentivised to trigger everyone for reassessment.

For this and other reasons (including the growth in the ageing population), we expect the assessment system bottlenecks to get worse between now and 2027.

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