Meals on Wheels Australia Submission to the Senate Community Affairs References Committee

Inquiry into the transition of the Commonwealth Home Support Program (CHSP) to the Support at Home Program (SAH)

Submitted by: Meals on Wheels Australia (MoWA)

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Executive summary

Meals on Wheels Australia (MoWA) is the national peak body representing community-based, not-for-profit Meals on Wheels organisations across Australia. Our services provide nutritious meals, regular social contact and a basic welfare check, often to older people who are frail, socially isolated, at risk of malnutrition, or living in communities with limited alternatives.

MoWA supports reform that strengthens rights, transparency and quality in aged care. However, MoWA's view is that abolishing CHSP and rolling it into Support at Home (SAH) after 1 July 2027 risks foreseeable and avoidable harm, including:

- longer waiting times for low-risk, high-value supports (such as meals) if entry becomes dependent on the Single Assessment Service using the Integrated Assessment Tool (IAT), and associated Support at Home onboarding and provider obligations (care planning and related administrative requirements);
- reduced access in "thin markets", where small community providers are often the only viable local option. In practice, the term "thin market" is a euphemism to describe the needs of some of our most disadvantaged Australians including First Nations communities, people living in rural and remote areas and people of culturally diverse backgrounds who have culturally-specific meal requirements;
- destabilisation of proven not-for-profit providers if predictable funding and proportionate requirements are replaced with higher administrative burden, payment delays, and volatile individualised funding flows.

CHSP is not a "legacy program to be closed"; it is the primary entry and early-intervention layer of the aged care system. It provides rapid access to low-risk supports that prevent deterioration, reduce hospital presentations, support safe discharge, and delay escalation to higher-cost care. This role will become more, not less, critical as the ageing population grows and the baby boomer cohort increases demand for at-home supports.

Providers report that CHSP is already absorbing consumers with higher complexity than in the past and that services are responding to crisis demand without additional funding or policy

support. This cannot continue. It is contributing to workforce burnout and impacting on current and future service capacity due to increased demand on production kitchens and other infrastructure.

Ongoing uncertainty about CHSP beyond 2027 is already destabilising providers' workforce and investment decisions, reducing capacity to plan for demand and innovation.

MoWA's recent member survey* indicates low readiness and high concern about the proposed transfer of MOW core funding from CHSP to SAH. These concerns are so significant that many services are predicting that they will not survive if the proposed transition proceeds. . The most frequently identified concerns are:

- funding (due to uncertainty and lack of capacity to cover fixed costs) 86.67%,
- burdensome and disproportionate reporting/compliance requirements 75.56%,
- client assessment changes 73.33%,
- workforce capacity/retention 57.78%, and
- IT/data reporting changes 55.56%.

MoWA's core recommendation is that Government should commit now to retain and expand CHSP beyond 2027 as a program separate to, and complementing, SAH. This commitment must be backed by growth funding, a funding model review, and thin-market protections to ensure CHSP can meet demand and remain viable nationally.

CHSP should be regarded and governed as a modern, actively managed program requiring urgent investment now, not a "set and forget" arrangement. With Budget decisions imminent, Government has an opportunity in 2026 - 27 to provide certainty to older people and providers by committing to CHSP's future and strengthening it as the essential front door of aged care.

If Government continues to contemplate any transition of meals into SAH, it must not proceed by default or for the administrative convenience of the Commonwealth. Any changes to CHSP going forward must preserve CHSP-style access and funding settings for meals and other essential, low-risk supports, with guaranteed reviews, growth funding, thin-market protections, and enforceable payment timeframes.

Key recommendations

1. Commit in the 2026 - 27 Budget to retain and significantly expand CHSP as a program separate to, and complementing, SAH, recognising CHSP as the aged care system's early-intervention and entry layer, and publish CHSP policy settings beyond 2027 to provide certainty to providers and older people.

2. Commence in 2026 - 27 a national CHSP funding model review (including meals) and implement a demographic-based growth approach that reflects population ageing, growth corridors, and thin-market realities, as well as true costs of volunteer utilisation.
3. Adopt an explicit CHSP policy that recognises CHSP's roles as:
    i. Entry/low level supports (eg. Up to around six hours per week);
    ii. Bridging supports while people wait for SAH; and
    iii. An ongoing option for people whose needs increase but who wish to remain on CHSP where appropriate, including access to additional service hours and case coordination as required.
4. Reduce assessment bottlenecks by enabling direct referral and service-specific assessment for low-risk supports (including meals), with simple registration in My Aged Care rather than the Single Assessment Service using the Integrated Assessment Tool (IAT), and associated Support at Home onboarding, as the default entry point.
5. For meals and other essential supports, retain a nationally consistent funding stream with:
    i. a block/base component that reflects fixed costs and ensures readiness-to-deliver;
    ii. proportionate reporting requirements; and
    iii. enforceable payment timeframes that do not shift financial risk to community not-for-profit providers.
6. Implement thin-market protections (base payments, rural/remote loadings, and commissioning options where markets are not functioning) to prevent provider withdrawal and loss of service access in local communities.
7. Provide funded readiness support for community providers (IT integration, billing capability, training, change management) and ensure reform reduces, rather than increases, administrative burden.
8. Ensure the $15,000 lifetime cap on home modifications and End-of-Life Pathway time limits do not create barriers to timely, safety-critical supports; apply flexibility and extensions where clinically necessary.
9. Require that compliance and contracting settings are proportionate to risk and scale, and ensure consistent accountability expectations across provider types, including for-profit entrants.

About Meals on Wheels and CHSP

Meals on Wheels services operate in thousands of communities and deliver millions of meals each year. The model is community embedded: local governance, deep local knowledge, and a mixed workforce of staff and volunteers. Meals are not only nutrition; they provide routine welfare contact, early identification of deterioration, and connection for people at risk of isolation.

CHSP has historically enabled fast access to practical supports that prevent deterioration and avoid more costly care. For Meals on Wheels, operational viability depends on predictable volumes to run production kitchens and delivery routes, coordinate volunteers, and manage fixed costs. Funding and administrative settings that undermine readiness-to-deliver place essential services at risk, particularly in thin markets. Reform design has repeatedly signalled that the new Single Assessment Service would produce a personalised list of recommended services for each client, ideally with indicative quantities, supporting clearer planning, funding alignment and service continuity. This has not been delivered consistently in practice, and the absence of reliable service-level detail contributes to ongoing concern about inadequate funding and mismatches between assessed need, funded volumes and real-world delivery costs.

MoWA's state networks have previously noted that CHSP services, including Meals on Wheels, have had no major funding model review in over a decade despite rising complexity, costs and demand. MoWA is concerned that current funded service targets under the Commonwealth Home Support Program are not adequate to meet existing demand and are not transparently based on contemporary demographic data, population ageing, or demonstrated service need.

Many Meals on Wheels services nationally are already delivering services in excess of their approved funded targets and/or maintaining formal waiting lists. This reflects significant unmet demand for essential nutrition and wellbeing supports among older people living at home, particularly those who are frail, socially isolated, or at risk of malnutrition.

Despite this evidence, Meals on Wheels providers report that the Department has continued to refuse to adjust or increase funded targets. This position is increasingly untenable given that the transition from CHSP to Support at Home will not occur until 1 July 2027 at the earliest. The adequacy of funded targets therefore requires immediate attention and cannot be deferred to future program design.

The failure to align funded targets with demographic growth and demonstrated need raises serious questions about whether current administrative practice is consistent with the objects, principles, and statutory intent of the Aged Care Act 2024 (Cth).

Response to the Terms of Reference

1. Timeline for transition after 1 July 2027

MoWA submits that decisions about the future of CHSP cannot be deferred until 2027. Uncertainty is already affecting provider planning, workforce stability, volunteer retention and capital investment. A rights-based aged care system requires certainty and continuity for older people and providers.

The lack of clear policy direction regarding CHSP beyond 2027 is creating significant instability across the sector. Providers are hesitant to invest in systems, infrastructure, or workforce development without clarity about:

- whether CHSP will remain a standalone program;
- what funding or service model will replace it (if any); and
- how workforce roles and training will transition across programs.

This uncertainty is contributing to staff attrition and recruitment difficulties, demoralisation among volunteers, and an inability to plan for future demand or innovate, particularly for small, community-based providers operating on tight margins.

MoWA recommends that Government abandon the plan to close CHSP and instead commit in 2026 - 27 to maintaining and expanding CHSP as a separate program that complements SAH.

If Government policy contemplates changes to CHSP services after 1 July 2027, any change for meals must be conditional on published readiness milestones, including: finalised pricing and payment settings; fit-for-purpose data/reporting arrangements; a tested approach for consumer contributions; thin-market protections; and clear continuity arrangements for existing clients.

2. Expected impact of the transition

2.1 Waiting periods for assessment and receipt of care

Meals are time-critical. Delays in commencing meals increase malnutrition risk, carer strain and avoidable hospital use. Meals on Wheels services report that older people increasingly rely on CHSP supports while waiting for more intensive supports, creating pressure on capped CHSP allocations and pushing some services to introduce waiting lists.

On the ground, Meals on Wheels services report CHSP is increasingly being used as a substitute for higher-level at-home care when people cannot access SAH supports in time. This is pushing CHSP providers to support clients beyond the program's intended scope and design.

For many older people, CHSP is the stabilising 'front door' that prevents deterioration while the rest of the system catches up. These risks are compounded by limited real-time visibility for CHSP providers of assessment outcomes and waiting list status, increasing administrative burden and making safe service planning and timely escalation more difficult.

Clients are now routinely presenting with:

- higher levels of frailty and dependency on daily support;

- nutritional and welfare needs more consistent with higher SAH recipients; and
- mental health risks and heightened social isolation associated with prolonged delays in care access.

This drift of higher needs into CHSP is why CHSP must remain a rapid-access, low-barrier program and why additional administrative steps or delays (including defaulting people into the Single Assessment Service using the Integrated Assessment Tool (IAT), and then Support at Home onboarding obligations, for low-risk supports) will increase risk and system cost.

Meals on Wheels services indicate that delayed access to appropriate care via SAH and CHSP is contributing to:

- worsening nutritional outcomes, including signs of malnourishment;
- increased risk of falls, loneliness and crisis episodes;
- higher rates of emergency department presentations and hospital admissions; and
- longer hospital stays and “bed block”, where people cannot be safely discharged home due to the unavailability of foundational CHSP supports (including meals).

This is not theoretical. It has been reported as particularly evident in the Illawarra region and other parts of NSW and Victoria, where some Meals on Wheels services are frequently at or beyond capacity.

Requiring the Single Assessment Service using the Integrated Assessment Tool (IAT), and then Support at Home onboarding, for short-term or low-risk supports is disproportionate and will increase waiting times. MoWA supports a streamlined pathway: direct referral to local providers for low-risk supports (including meals) with service-specific assessment and simple registration, rather than IAT single assessment and SAH onboarding as the default entry point.

2.2 Lifetime cap of $15,000 on home modifications

While Meals on Wheels is not primarily a home modifications provider, meal services see downstream impacts when safety-critical modifications are delayed or unaffordable, leading to falls risk, reduced mobility, carer burden and premature escalation to higher-cost care. The Committee should scrutinise how the cap will operate in practice for safety-critical modifications and for people in thin markets where costs may be structurally higher.

MoWA submits that low-cost, safety-critical modifications should be fast and simple to access. Settings that slow or cap essential modifications will increase pressure on hospitals and on services like Meals on Wheels that support people while they recover or wait for supports.

2.3 End-of-Life Pathway time limits

End-of-life trajectories are often unpredictable. Strict time limits risk excluding people whose needs are real but do not fit narrow administrative timeframes. Nutrition support and regular welfare contact can be crucial for carers and families, and should be simple to maintain. MoWA recommends clinically flexible limits, extension mechanisms, and streamlined approvals for low-risk supports such as meals.

2.4 Thin markets with a small number of service providers

Meals on Wheels is often the provider of last resort in thin markets. Increased administrative complexity, delayed payment flows, or removal of block/base funding can push small community providers out, reducing consumer choice and leaving communities with no alternatives. Survey feedback also highlights concerns that reforms may make small providers non-viable, particularly where transport costs are high and local workforce supply is limited.

The challenges outlined above are particularly acute in regional, rural and remote (RRR) communities, where Meals on Wheels is often the only point of consistent contact older people have with the aged care system, and sometimes the only formal support they receive. Key issues in RRR areas include thin markets and limited service choice, workforce scarcity and transport constraints, difficulty recruiting and retaining staff, an ageing volunteer base, and increased vulnerability among clients.

Providers in these communities report they are doing more with less, increasingly stepping in to respond to urgent welfare concerns, undertake additional welfare checks, arrange emergency meal support, and escalate serious health risks when identified (including medication-related concerns raised by clients or carers), activities that are not reflected in current funding settings and that become more frequent as delays in higher-level supports persist.

MoWA recommends thin-market protections, including: base payments for readiness to deliver; rural/remote loadings that reflect true costs; and commissioning mechanisms where markets are not functioning. These safeguards should apply to essential supports including meals, transport and other foundational services, to prevent provider withdrawal and loss of access in local communities.

3. Provider readiness for the transition, including workforce

MoWA is concerned that provider readiness is being overestimated, particularly for small, volunteer-supported, community providers. In the member survey, only 11.11% felt fully prepared for a CHSP to SAH transition. Providers identified readiness gaps in finance/billing

capability, compliance reporting, IT/data reporting, and contract management—specialist back-office functions that are difficult to absorb without funded support.

3.1 Workforce strain and risk escalation

Providers report the CHSP workforce, including paid staff and volunteers, is increasingly stretched beyond capacity as CHSP fills gaps created by delays and system bottlenecks. Frontline teams report supporting higher-risk clients without access to case management, allied health, or clinical supports; responding to complex psychosocial needs and safeguarding concerns (including potential elder abuse and neglect); and providing additional emotional and practical support to clients who have effectively fallen through gaps in the system.

Workforce issues are amplified by uncertainty. Providers report growing client complexity (as CHSP fills gaps while people wait for SAH), contributing to fatigue, burnout and attrition among staff and volunteers. In thin markets, the loss of even one provider can remove the only viable local option.

The Committee should examine the cumulative impact of reform changes on small providers: increased reporting and contracting requirements, IT integration costs, and workforce pressures. MoWA recommends funded readiness uplift (training, IT integration, change management) and requirements that are proportionate to risk and scale. MoWA also recommends the Committee examine the compliance requirements of community not-for-profit organisations (such as meals) compared to for-profit providers who have entered the space, to ensure accountability expectations are consistently applied.

Without action, there is a material risk of 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. Other related matters

4.1 Meals funding design, co-payments, contracting and payment terms

Meals provision has fixed costs (rent, kitchens, vehicles and fuel, routes, technology, workforce and volunteer coordination, training and expenses). A purely individualised budget model can create volatility that small providers cannot absorb. Providers warned that increased co-payments and complexity may push consumers to cheaper, nutritionally inferior alternatives and reduce participation in Meals on Wheels, undermining both nutrition and social connection within a relational model that has served Australia for over 70 years.

MoWA recommends a nationally consistent meals funding stream (retained within CHSP or carved-out within SAH only if necessary) that includes a block/base component, rapid commencement, enforceable payment timeframes, and consumer-choice protections. Where

meals are delivered under SAH arrangements, payment delays, shifting of financial risk to community not-for-profits, and “steering” to preferred suppliers due to administrative convenience should be addressed through clear rules, transparency, and monitoring.

4.2 Data visibility, reporting and reform enablers

Lack of real-time visibility of client status

Providers report there is currently no integrated or real-time system for CHSP providers to understand where a person is in their aged care journey. Providers are often unaware whether a client has been assessed, approved, or placed on a SAH waitlist, and for how long. This lack of visibility:

- hinders service planning and appropriate risk responses;
- increases administrative and workforce burden; and
- prevents early intervention and effective coordination with other providers.

MoWA recommends urgent investment in technology and data sharing infrastructure that supports real time waitlist visibility, integrated assessment status updates, and practical digital dashboards accessible to providers, so reforms reduce duplication and enable timely care. Without these enablers, any shift of additional service demand into SAH risks increasing administrative friction, delaying access to low risk supports such as meals, and worsening system inefficiency.

System fragmentation and discharge impacts

Meals on Wheels services consistently report challenges navigating and collaborating with the broader health and aged care systems, including limited or no visibility of assessment outcomes and inadequate integration between CHSP, SAH and acute care pathways. Services report clients being bounced between My Aged Care, assessment teams and service providers without clear coordination or ownership of outcomes. This fragmentation increases administrative burden and risk, and can contribute to situations where hospitals are unable to discharge patients safely due to the unavailability of foundational supports (including meals and other basic CHSP services).

MoWA has previously raised that meals delivered to people under HCP/SAH arrangements are often not captured in reporting systems, meaning government does not see the full picture of meals delivered nationally.

MoWA also notes the importance of fit-for-purpose digital enablers. A previous Senate submission by Meals on Wheels state networks drew on the Australian National Audit Office’s report on the Future Fit Program and highlighted a missed opportunity to deliver tangible frontline benefits. That submission estimated that the expenditure could have funded

approximately 987,571 meals (at a midpoint price of $8.85), each accompanied by welfare checks and social connection.

The same submission highlighted a custom-built CRM/ERP platform developed for Meals on Wheels operations that has not been released sector-wide as originally intended. Without accessible, fit-for-purpose tools, small providers are forced into costly bespoke solutions and duplicate effort, at the same time reforms are increasing reporting expectations.

MoWA recommends investment in integrated data and reporting infrastructure, including real time waitlist visibility, streamlined provider reporting, and practical interoperability support for small providers. Digital reform should reduce duplication and cost for small providers, not add to it.

MoWA also recommends continuation and extension of Sector Support and Development (SSD) funding, to support Meals on Wheels services through reforms via the existing model of SSD delivery, as at this time and during any change, there is a requirement and additional need for support for Meals on Wheels services nationally.

Conclusion

Meals on Wheels is a proven, community-embedded model that combines nutrition, social connection and routine welfare contact. MoWA supports reform that improves equity and quality, but emphasises that folding CHSP into SAH after 1 July 2027, without preserving the core features that make CHSP effective, risks longer waits, reduced access in thin markets, and destabilisation of proven community providers.

The Committee should recommend that Government commit now, in 2026 - 27, to retain and expand CHSP as a separate program that complements SAH, and ensure that essential supports such as meals remain simple to access, affordable, and funded in a way that maintains readiness-to-deliver and national coverage, particularly as demand increases with the ageing of the baby boomer cohort. This requires growth funding, a contemporary funding model review, and thin-market protections, so essential supports like meals remain accessible, affordable and deliverable in every community.

* *The Meals on Wheels Australia member survey was conducted in January 2026 and received 66 responses nationally (around 11% of services). Respondents were disproportionately larger providers. As a result, the findings may understate the concerns and readiness challenges of smaller services, which often have less administrative capacity and may be more vulnerable to changes under Support at Home.*