

COMMONWEALTH HOME SUPPORT PROGRAM

Analysis and Future Direction Discussion Paper

January 2025

ACKNOWLEDGEMENT OF COUNTRY

The City of Adelaide acknowledges that we are located on the traditional Country of the Kaurna people of the Adelaide Plains and pays respect to Elders past, present and emerging.

We recognise and respect their cultural heritage, beliefs and relationship with the land. We also extend that respect to visitors of other Aboriginal Language Groups and other First Nations.

DOCUMENT PROPERTIES

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1. EXECUTIVE SUMMARY

The purpose of this report is to summarise the current changes occurring across the national Aged Care sector, the anticipated impact on the existing City of Adelaide Commonwealth Home Support Programme (CHSP) and to consider future opportunities for the Healthy Ageing program at the City of Adelaide from 2025/26 financial year and beyond.

Following the delivery of the Royal Commission into Aged Care Quality and Safety final report, the Federal Government announced a reform of the Aged Care sector in 2021, to commence in July 2025, which incorporates replacing the current CHSP and Home Care Package services with a new Support at Home program. In December 2023, the Federal Government announced that although Support at Home will launch in July 2025, CHSP will not transition into Support at Home until 2027.

The City of Adelaide has lower (29 percent) than metropolitan Adelaide average (37 percent) numbers of residents in the 50–85 age bracket. Council's population target of 50,000 residents by 2036 (from 26,120 in 2023), combined with a rapidly ageing population, and a new generation of older people with diverse interests, present substantial opportunities for residential growth in the city among this age group.

Providing in-home support services for older city residents through the CHSP, is just one way that Council can support residents to age well. Many other providers offer these same services to residents in the city, however. As local government, City of Adelaide is best placed to focus on social and wellbeing programs for older residents.

The Community Wellbeing team currently includes one Healthy Ageing Coordinator (0.8 FTE). This resource is tasked with fulfilling the administrative requirements of the CHSP, leaving little to no capability for developing innovative social and wellbeing programs for older people. The CHSP Program is further supported by the Wellbeing Support officer role (0.8 FTE); up to 90 per cent of both roles, is consumed by administering the CHSP.

This paper presents a recommended pathway for City of Adelaide to transition away from delivery of the CHSP, and towards a new Positive Ageing program, with social wellbeing as a primary focus. To inform the design of a Positive Ageing program, Council engaged Council of the Ageing SA's (COTA SA) "The Plug-In" to undertake a co-design process, identifying what older city residents are looking for in a dynamic social program.

The proposed new program will better engage city residents who are 50 years of age and older, through enriching activities aimed at fostering social connection and meaning and purpose in their lives.

2. BACKGROUND

For more than 35 years, councils and many other non-profit organisations have received Commonwealth and State Government funding to support the frail aged, younger disabled, and carers in the community. The main objective of this funding has been to support residents to remain independent and live in their own homes for as long as possible, and, in turn, avoid premature admission into a residential aged care facility.

Since the inception of My Aged Care in 2015, councils and other service providers, have navigated a new service delivery environment. Throughout this time the funding arrangements have changed from three-year recurrent funding to annual funding. Current funding arrangements are annual agreements paid in arrears for service units delivered.

The City of Adelaide's Healthy Ageing team receives funding from the Federal Government to provide the CHSP. A funding agreement, with agreed service outputs by service type, is signed at the beginning of each financial year. This funding provides support services for

residents over 65 (or over 50 years for Aboriginal and Torres Strait Islanders) who need some short-term assistance to remain living independently in their homes.

Services delivered to eligible consumers include domestic assistance, home maintenance, home modifications, gardening, transport and some social programs and support.

As of January 2025, the CoA CHSP program supports 132 (0.5% of total CoA population) residents of the older population in Adelaide/North Adelaide. For comparison, there are 3808 residents in CoA who are 65 years or older, representing 15% of the population. Of those in the age cohort that qualify for CHSP services, under 4% are accessing the CHSP through the City of Adelaide as a provider. Additionally, approximately 72 (just over 50%) of those receive regular recurring services (generally fortnightly).

Table 1: Proportion of residents accessing CoA CHSP

	#	% of CoA population
CoA Residents 65+ (eligible for CHSP support)	3808	15%
CoA residents accessing CoA CHSP	132	0.5%

All City of Adelaide services are delivered by contractors. City of Adelaide staff play the role of client broker to process the administrative requirements of the CHSP manual and the Aged Care Quality Standards. There are eight Aged Care Quality Standards that Council must comply with when delivering CHSP services. A compliance audit is carried out every three years to determine how providers are meeting these standards.

Following the Aged Care Quality and Safety Royal Commission, the sector is undergoing extensive reform, which is due for completion by 2027. This includes:

- A new Aged Care Act to replace the Aged Care Act 1997, and the Aged Care Quality and Safety Commission Act 2018, to be in effect from 1 July 2025.
- Changes to the Aged Care Quality Standards from 1 July 2025.
- Changes to the Aged Care Quality Commission's role, regulatory powers and responsibilities from 1 July 2025.
- Commencement of the new Support at Home Program from 1 July 2025, with CHSP anticipated to transition to Support at Home from 1 July 2027.

2.1 City Demographics and Future Population Trends

People aged over 65 make up 15% (over 50's are 28.1%) of our city's population, and with this number growing Council has a responsibility to support and connect the over 65 cohort, not just those that qualify for CHSP services (noting that even then, not all CoA resident who are accessing CHSP do so through Council). It is considered, if the Commonwealth Grant was released from CoA business, that time, energy, innovation, and connection with older residents would increase significantly through commitment to a better flow of information on existing activities and the creation of new social and wellbeing activities available to older city residents.

It is anticipated that 2075 (predicted to be 16.2%) over 65's will be living in the city by 2046, if you count over 50's that rises to 3675 (30% additional people aged 50-85 and over by 2046), which would comprise about 27% of the total city population. Further, City Plan has the aspirational target of achieving a resident population of 50,000 by 2036. In that scenario, approximately 15,000 City residents would be over 50 years of age. It should be noted that

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older people are more likely to want to grow older in place, and are more likely than younger people, to be homeowners and long-term residents¹.

The City of Adelaide Strategic Plan 2024-2028 does not directly indicate support for delivery of an Ageing Well or Commonwealth Home Support Program, however the Our Community Pillar clearly identifies several actions that would support the delivery of a wider social program for older city residents:

- Enable Community Led Services which increase wellbeing social connections and participation in active lifestyles, leisure, recreation and sport.
- Lead and create opportunities for people to expand knowledge and master new skills.
- Support belonging through an inclusive and welcoming community that recognises diversity and enables people of all abilities living, working and visiting the city.
- Create sustained, respectful and inclusive opportunities that encourage full participation of people from diverse backgrounds in the cultural and social life of the city by ensuring our services and projects are accessible and inclusive for all.

According to the World Health Organization², social isolation and loneliness are widespread, with some countries reporting that up to one in three older people feel lonely.

Social isolation and loneliness are important, but often neglected, social determinants of health and wellbeing across all ages, including for older people. High-quality social connections are essential aspects of good mental and physical health and wellbeing.

A large body of research shows that social isolation and loneliness have a serious impact on older people's longevity, physical and mental health, and quality of life. The effect of social isolation and loneliness on mortality has been compared to that of other well-established risk factors for mortality such as smoking, obesity, and physical inactivity.

In 2021 the United Nations announced the Decade of Healthy Ageing (2021–2030) - a global collaboration, aligned with the last ten years of the Sustainable Development Goals, to improve the lives of older people, their families, and the communities in which they live. As our population continues to grow older, local government has an important role in ensuring that older are supported to age well and, to foster community connections to mitigate the risk of loneliness and isolation.

The City of Adelaide Strategic Plan has a specific target to increase residents' wellbeing from 70% to 75% life satisfaction. A broader community program, with stronger investment in social connection and wellbeing, is considered an impactful way to deliver positive wellbeing outcomes for older city community members.

2.2 Support at Home and CHSP 2025-2027

The new [Support at Home Program](#) will reform all aspects of the delivery of in-home aged care including client assessment, changes to the funding model for service providers, and regulation of the market with the revised Quality Standards. The details for how CHSP will be incorporated into Support at Home are still being refined and a new Aged Care Taskforce established to lead this process, however emerging details on this suggest that:

- Serviced prices and classifications will be reviewed.
- Consultation on the proposed new program will continue, and further updates will be provided as we approach the end of the existing program in 2027.

¹ [Older Australians, Housing and living arrangements - Australian Institute of Health and Welfare](#)

² [Social isolation and loneliness among older people are harmful](#)

- Providers will be paid for services after they have been delivered. Providers will invoice Services Australia.

The purpose of Support at Home remains the same: to assist people over the age of 65, (or 50 years old if Aboriginal or Torres Strait Islander peoples) to live as independently as possible in their own home for as long as they choose to do so.

Four regulatory safeguards are being introduced to help deliver the model:

- Supporting quality care – focuses on working with providers and helping the sector to lift the quality and safety of aged care service delivery.
- Becoming a provider – shaping the way entities will become an aged care provider and remain suitable to continue delivering services to older people.
- Responsibilities of a provider – the obligations providers must meet to deliver quality care and protect the rights of older people.
- Holding providers accountable – facilitating quality care and deterring poor performance through monitoring, compliance, and enforcement activities.

The reporting mechanism or audit requirements for the new standards are yet to be confirmed.

Support at Home will not be delivered in the current 'grant program' format, instead operating more like the National Disability Insurance Scheme (NDIS) open marketplace and for the most part funded by fee for services delivered in arrears. The key features of the model include:

- Universal provider registration and renewal of registration across six registration categories.
- Clear, targeted and streamlined provider obligations.
- A system that is easier for older people and providers to access and navigate, including a new Single Assessment System, to assist in easier access and ability to adapt services as needed.
- Support to providers to build their capability.
- A consistent way to provide feedback and promptly address complaints and concerns, with a focus on resolving issues respectfully and adequately.
- Stronger regulatory powers for the Aged Care Quality and Safety Commission.

CHSP providers will be covered by the new Aged Care Act from 1 July 2025. Providers will need to adhere to the new regulatory framework (registration model) from this date. Further information about new registration categories for CHSP providers is still being finalised. A revised/interim [CHSP Program Manual 2024-2025](#) was released in December 2024. This supports greater alignment with the Aged Care Act 2025, and all of the same CHSP services types that CoA received funding for remain. More detail about any impacts of the interim service delivery model will become clearer as we receive our offer to apply for the CHSP grant for 2025/26.

All existing CHSP contract providers will be eligible to receive a new CHSP grant agreement with an activity work plan and standard and supplementary terms and conditions outlining the services they are contracted to deliver from 1 July 2025. The following timeline is published on the Department of Health and Aged Care Website ([Commonwealth Home Support Programme \(CHSP\) reforms | Australian Government Department of Health and Aged Care](#)):

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In the new regulatory model, from 1 July 2025, universal provider registration will be introduced – a single registration of each provider across all aged care programs. There will be 6 registration categories, which group service types based on similar care complexity and risk. This means registration requirements, the related provider obligations, and regulatory oversight will be proportionate to the registration categories. Providers can register into one or more of the 6 categories relevant to the type of services they provide. The Aged Care Quality and Safety Commission (the Commission) will oversee provider registration and renewal.

A process – called [deeming](#) – will apply for current providers when the new Aged Care Act starts and will transition the provider based on current service types as a registered provider under the relevant new categories.

There are some significant changes to some of the key services that City of Adelaide currently provide, including annual caps on cleaning and gardening. Under Support at Home, participants will be capped at 52 hours of cleaning and 18 hours of gardening per year.

Unlike most other aged care service providers, aged care support is not the core business of Local Government. The aged care reforms and changing funding model creates an opportunity to review the viability and appropriateness of Local Government continuing to remain in the aged care sector, particularly where the service is small in scale, and where the market includes many other service providers able to support those same clients.

City of Adelaide has an opportunity to cease CHSP service provision from 1 July 2025. Importantly any residents still registered for the service could be transitioned to new arrangements, with a city-based provider. This process would be carried out through a Transition Plan in partnership with the Department for Health and Aged Care. The following section explores the City of Adelaide's CHSP service in greater detail.

2.3 City of Adelaide CHSP service and costs

City of Adelaide receives an annual grant from the Federal Department of Health and Aged Care to deliver CHSP services. The grant amount in 2024/25 is **\$300,054.03**. The grant agreement details agreed unit costs and outputs for each service Council provides. Council is required to submit a monthly report to the Federal Government tracking expenditure and outputs.

The services provided are split into two streams including in Home Support and Social Support, and include:

- Domestic Assistance - Supports the care recipient with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment.
- Home Maintenance - Assists care recipients to maintain their home in a safe and habitable condition. Includes services such as repair of flooring, yard maintenance such as pruning and clearance, gutter cleaning.
- Home Modifications - Where clinically justified or required for safety, alterations to the home to improve safety and accessibility and maintain independence for the care recipient.
- Social Support Group - Accompanied shopping & accompanied attendance at appointments & social engagements. Group social activities such as Exercise classes.
- Social Support Individual - Accompanied shopping & accompanied attendance at appointments.
- CHSP Transport - Indirect transport (supported through supply of taxi vouchers) and market bus.

The City of Adelaide’s indicative CHSP funding across the six CHSP service areas, is outlined in Table 1. The Federal Government sets the unit price for each service type by assessing the average service cost per hour (except in the case of home modifications) across a range of service providers, in the relevant region of the CHSP provider.

Table 2: 2024-2025 Funding and Outputs

Activity Name	Funding 2024-25 (ex GST.)	Outputs 2024-25	Unit Price \$ 2024-25
CHSP Transport	\$33,318.54	1210	\$27.54
Domestic Assistance	\$159,951.83	2434	\$65.72
Home Maintenance	\$45,539.46	548	\$83.10
Home Modifications	\$4,404.57	4404.57	\$1.00
Social Support - Group	\$22,622.96	772	\$29.30
Social Support - Individual	\$34,216.67	473	\$72.34
Total Funding	\$300,054.03		

All services are delivered by contractors on behalf of Council. Table 2 details the organisations contracted to deliver services on behalf of Council.

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Table 3: CHSP contracted organisations and services delivered

Brokered Organisation	Services delivered to City of Adelaide CHSP clients
HenderCare	Domestic assistance (cleaning) Minor Home Maintenance (including window cleaning) Gardening Social Support Individual (support for an individual to go shopping or to a medical appointment)
Support Worker Co	Domestic assistance Social Support Individual
Hall & Baum Plumbing	Gutter cleaning
Hi-Line Hardware	Minor Home modifications (grab rails)
Suburban Taxis	Transport for medical appointments
Adelaide Coachlines	Transport/bus provision only for social support group (Adelaide Central Market)

The CHSP grant does not cover the full-service delivery costs for the program. Client contributions of approximately \$36,000 are collected. Council has also historically allocated \$18,000-\$20,000 annually to meet the costs to deliver this service.

The grant agreement also does not account for the additional costs associated with Council's administration of CHSP i.e. labour costs, or the ongoing costs of client information management systems specific to CHSP client files.

The costs associated with administering CHSP substantially increased in 2023/24 due to changes in the Social, Community Home Care and Disability Services Industry Award, or SCHADS, (led by the Fair Work Commission as part of the Aged Care Work Value Case). As the City of Adelaide administers the grant and outsources the contracts for the service delivery (we act as a service broker), the costs of applying the SCHADS Award means that the costs of contracted services have increased. Council successfully secured a one-off grant to compensate for a portion of this cost increase in 2023/24. As of the 2024/25 Financial year, this grant amount was incorporated into the annual grant funding, increasing it (in addition of annual indexation) by \$24,023.

The changes to the SCHADS has ensured that workers are paid more, however brokered contractors have passed that cost onto Council. The annual grant from the Department of Health and Aged Care has not increased sufficiently to cover this increase cost in service delivery. Since this new SCHADS award was implemented, Unit Price charges for services increased dramatically, some, such as domestic assistance, by 45%.

As a result, the City of Adelaide has had minimal opportunity to accept new referrals from My Aged Care for the past 18 months, as Federal grant funds are already committed to service existing clients. Whilst the grant has increased slightly, the service outputs have reduced.

CoA has had very little capacity to take on any new clients, and the number of active clients being serviced has continued to shrink. It is not possible to meet the Grant Agreement outputs without provision of additional funding to top up the Federal Grant.

Over the past few years, Councils delivering CHSP services across the state have undertaken substantial collective advocacy regarding the need for more funding, to no avail. Further advocacy is an option but with no guaranteed outcome. The team liaise with the Funding Arrangement Manager from the Community Grants Hub to seek advice about the grant administration as needed.

Table 4 shows that for the first 3 months of this Financial Year, on all service types except domestic assistance, we are tracking substantially under the expected outputs/expenditure.

Table 4: September 2024 - Quarterly Program Outputs and Expenditure

	Home Maintenance	Transport	Social Support Individual	Social Support Group	Domestic Assistance	Home Modification
Units	42	96	82	47	614	-
Funding	\$3,449	\$2,643	\$5,932	\$1,377	\$40,349	0
% of annual budget	8%	8%	17%	6%	25%	0

To meet both community need, and the agreed output requirements of our grant agreement, the team opened services for three weeks in November 2024 and onboarded eleven new clients. Our focus was on delivering services where there was highest demand; domestic assistance, social support group and transport. The service will be opened again for a short period in January.

The CHSP manual currently allows for flexibility e.g. where a CHSP provider receives a large volume of referrals from My Aged Care for clients requiring Domestic Assistance, but less than the level of referrals expected for Social Support, the provider may use the flexibility provision (providing it is funded to deliver both activities under its CHSP Grant Agreement). The provider can use funding it receives for social support to deliver domestic assistance to meet the demand. However, the provider must retain 50% of service delivery against their outputs as outlined in the Activity Work Plan.

City of Adelaide staff managing CHSP administer all program elements. This includes reporting to the Federal Government monthly along with an annual acquittal process, client onboarding, service changes, satisfaction surveys, annual reviews, development of the Grapevine newsletter and managing the volunteers and passengers for the Community Market Bus. As well as contract management with service providers, Staff receive phone calls and emails daily from older residents not registered with the City of Adelaide who often need advocacy and support.

Council also allocates a separate annual budget of \$14,325 (2024/25) for Healthy Ageing projects. This budget is intended for social and wellbeing programs, however, due to CHSP administration absorbing most of the Healthy Ageing Coordinator's time, this has been challenging to expend. In 2024/25, this entire budget was allocated to the COTA Plug-in research (discussed later in the report).

2.4 Standards and Auditing

Councils and other funded agencies are required to provide CHSP services in line with the Aged Care Quality Standards (of which there are eight standards). The Aged and Quality and Safety Commission assess and monitor agencies against the Quality Standards, and regardless of the dollar value of the funding all funded agencies are expected to meet the

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requirements standards showcasing quality and continuous improvement. There are eight Standards including:

- Standard 1 - Consumer dignity and choice
- Standard 2 - Ongoing assessment and planning with consumers
- Standard 3 - Personal care and clinical care (we don't provide these services, so this is N/A for CoA)
- Standard 4 - Services and supports for daily living
- Standard 5 - Organisation's service environment
- Standard 6 - Feedback and complaints
- Standard 7 - Human resources
- Standard 8 - Organisational governance.

The standards are complex and require extensive governance and reporting requirements. CoA successfully navigated an audit through the Aged Care Quality and Safety Commission in 2023. Six weeks' notice is given for an audit, with a significant staff commitment required not just from the team delivering the program but also finance and Executive. Audits usually take place over two and a half full days. Failure to meet standards can have major implications for the delivery of the program with a limited timeframe provided to ensure changes are made to meet standards.

The Aged Care Quality Standards will be updated to align with the new Aged Care Act that comes into effect from 1 July 2025.

Managing and monitoring third-party providers' fulfilment of Aged Care Quality Standards (ACQS) is more complex than services completed in-house and a reliance upon third party service providers has more reputational risk than services completed in-house. The Disability Royal Commission and the Aged Care Royal Commission have both highlighted that the outsourcing of services does not outsource liability.

Staff are responsible for developing, reviewing, and adhering to 16 internal staff guidelines and one work instruction to comply with the Aged Care Quality Standards.

2.5 Clients Journey

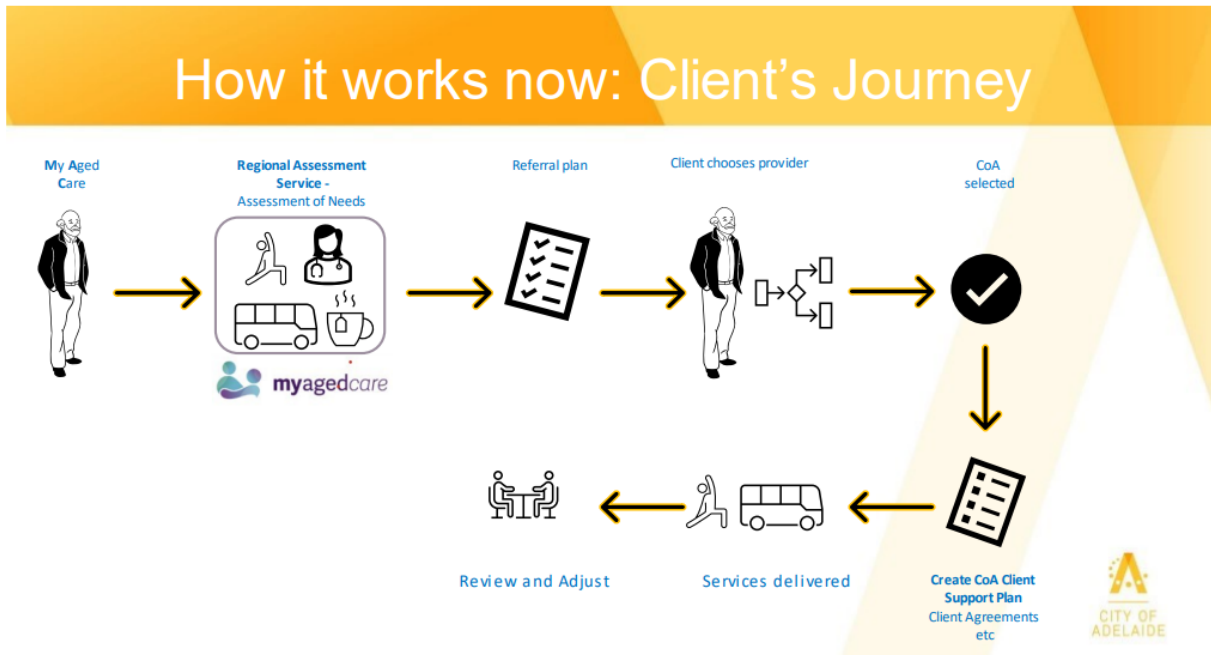
Residents who need in-home support initially request assistance through My Aged Care. Their needs are then assessed by a Regional Assessment Team or Aged Care Assessment Team (for high level needs, i.e. homecare packages for high levels of frailty and cognitive issues), which will transition into the Single Assessment System from 1 July 2025. Residents then receive a referral plan and can choose from a list of providers in their local area.

If residents choose Council as their service provider, they contact City of Adelaide with their referral code from My Aged Care. The resident then becomes a City of Adelaide CHSP client and liaises with our Healthy Ageing Coordinator to create a client support plan and connect to the relevant brokered contractor to commence their respective services.

For ongoing services, the Healthy Ageing Coordinator carries out annual reviews with the clients to determine if the services are meeting the required needs.







Figure 1 outlines the detailed referral and client journey process.

Figure 1: Client Journey



The average percentage of clients and services in CoA over the last three years is shown in Table 5. Council does not directly deliver In-Home Support services or Social Support Individual; these are provided by a care worker from HenderCare or Support Worker Co. CHSP transport is predominantly taxi vouchers administered through an online booking process for medical or specialist appointments.

Table 5: Average Client and Services over the last 3 years

Service	Council Run	Average # CHSP Clients (last 3 years)	Average # Services (last 3 years)
 Domestic Assistance	<input checked="" type="checkbox"/>	52%	62%
 Home Maintenance	<input checked="" type="checkbox"/>	58%	10%
 CHSP Transport	<input checked="" type="checkbox"/>	16%	18%
 Social Support Group	<input checked="" type="checkbox"/>	10%	10%
 Social Support Individual	<input checked="" type="checkbox"/>	8%	9%
 Home Modifications	<input checked="" type="checkbox"/>	6%	0.3%

Our main services delivered remain domestic assistance, home maintenance and support with transport. Social supports are particularly low. Council staff are primarily involved in In-Home Support in the 'middle' of the process. In simple terms, CoA staff liaise with clients and contractors to deliver required services, administer invoices for payment, and then update

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the My Aged Care portal to monitor the delivery of a client's referral plan. Our primary role in direct delivery of services is through the market bus (50 weeks per annum, on a Thursday morning). We organise the bus, pick up routes for clients, courtesy reminder calls to clients, volunteers to attend with clients and record all details in system as required, including WHS care responses in the MAC portal.

As part of the recent annual review process, 100% of CHSP clients strongly agree that CoA Healthy Ageing staff treat them with dignity and respect. Given our role is primarily customer service and service brokering, this is important, however whether we are adding significant value to the process is worth exploring, especially when providing this customer service and service brokering role is detracting from our ability to offer other community connection opportunities.

A recent Time in Motion study of the 1.8 FTE dedicated to the CHSP delivery showed that CoA staff managing the CHSP program spend approximately 80% of their time servicing the complex Commonwealth Grant requirements and CHSP service, leaving only a small portion of time for innovation and creation of meaningful engagement and opportunities for all older residents in the City of Adelaide.

2.6 Community Market Bus

Council's Community Market Bus provides a weekly trip to the Adelaide Central Market for up to 20 clients. It is a kerb-to-kerb service where clients are collected from outside their home and dropped off at the Adelaide Central Market. They then have time to shop and sometimes have a cup of coffee or lunch before being collected and dropped back to their home. Clients make a \$4.00 weekly contribution to this service, which is collected by a volunteer and banked by staff.

Over the past few years, the cost of this service has been approximately \$13,500 per annum in bus hire. However, a tender process for service renewal was required in the lead up to 2024/25 Financial Year, and this resulted in a substantial increase in the cost of the service to \$26,000. This has resulted in a slightly larger bus (from 14 person to 20 person).

A volunteer accompanies passengers throughout the journey on the weekly bus. A new pool of volunteers has been recruited and as of November 2024, volunteers will travel in pairs to support the weekly service.

Five of the existing regular passengers of the bus are CHSP clients, the remaining are city residents but not CHSP clients. On average, there are nine passengers per week using this service, with 12 residents on the registration list. Recent strategies have been implemented to increase registration including renewing the flyer and distributing to contacts and city-based retirement housing complexes, displayed at community centre and promoted at several community events and in conversation.

The Healthy Ageing Coordinator is responsible for administrative tasks in relation to the Community Market Bus. These tasks include:

- Coordinating, managing, and supporting volunteers.
- Organising and paying for bus (brokered to Adelaide Coachlines with same driver weekly).
- Promotion of the service.
- Contacting clients on a weekly basis to confirm attendance.
- Recording attendance for the Federal Grant.
- Banking co-contributions.

There is no capacity to increase the number of people accessing this bus service beyond the maximum of 20 people that the bus can accommodate.

The Community Market Bus is classified as a transport service under the CHSP agreement, each passenger (that is registered with CHSP) can be counted as two weekly trips, including travel to and from the Central Market.

The service remains the same weekly, year on year with no alternative routes on offer. Should this service continue outside of the CHSP program, there may be opportunity to develop a new program and expand activities and attendance, in consultation with the community, however it should be noted that use of a bus more than one day a week for various activities will attract a substantially higher cost. Many other South Australian Councils have a Council owned bus that is used for transport for health ageing and social programs and activities for older people.

Without the Federal grant, Council would have to allocate budget for this service (\$26,000 annually to continue in its current format). This is a substantial financial commitment for a small group of residents; however, the Central Market bus is a long-standing community service of Council that is highly regarded and provides a positive experience for our residents.

2.4 Role of Local Government in the Aged Care Sector?

There are almost 1,500 CHSP providers across Australia, 68% of these are not for profit organisations. When searching based on the city postcode (5000), there are 64 organisations that appear as a My Aged Care provider offering the CHSP services that CoA currently provide. The major players in Aged Care in this space include Resthaven, HenderCare, Anglicare, Helping Hand, ACH, ECH and Southern Cross Care.

CoA services are not as efficient as other councils selected for benchmarking. CoA is a small CHSP provider by comparison to many council areas and the scale of the program effects our ability to be efficient.

As My Aged Care support services are part of a national platform, the model of delivery is the same regardless of location. LGA's across the country, particularly in Victoria are transitioning out of providing CHSP, one stating:

“The Support at Home program intends to open the market for aged care providers, making it more competitive and giving clients greater choice about who they access care from. This will effectively split our client base. There will also be changes to the payment structure from federal government to local government, making it difficult to budget to deliver the service.”

As further information about the sector reforms is released, Local Government Authorities (LGAs) nationwide are transitioning out of providing CHSP. Locally, some LGA's have already transitioned out and some have ceased the delivery of certain services that are no

Alexandrina Council exited over three years ago, and City of Prospect exited all services, apart from Social Support, in January 2023. Most local LGA's have been CHSP providers for many years but in the last 12-24 months, many LGA's have been in the process of discussing transition plans with their Councils. Many of these neighbouring councils do operate with a larger delivery team than CoA and therefore have had a much more diverse social program offering to their CHSP clients and the wider community. The fact that our team resources really doesn't allow for both a social programs and in home CHSP services, provides even greater impetus for CoA to consider exiting CHSP.

In June 2023 City of Mitcham Council resolved to adopt a more inclusive sustainable model of service provision for older residents and other vulnerable community member with a view to complement the range of CHSP services offered by alternative CHSP providers in Mitcham. Mitcham have now exited as a CHSP service provider but retained:

- Community shopping bus
- Accessible social and active ageing opportunities for older and vulnerable residents

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- Independent community information and referral service, providing advice to all vulnerable residents regarding access to aged care, disability, health, local service providers, activities and programs or relevant social service.

This provides increased eligibility for many residents (don't need a referral to qualify), and Mitcham Council staff now see their role as adding value, rather than competing with and replicating other service providers.

3. TRANSITIONING AWAY FROM CHSP – RISKS AND OPPORTUNITIES

CHSP service providers must notify their Funding Arrangement Manager and the Department of Health and Aged Care (the Department) in writing of their intention to transfer all or part of their services and provide a 'draft' transition out plan, five months before the proposed transition date. The service provider must negotiate a suitable transition date with the replacement organisation and the Department. The service provider must assist the Department and new service provider/s in transitioning goods and/or services to achieve an effective transition. This includes a client care continuum for the transferral of the provision of goods and/or services from City of Adelaide to the new provider.

Table 5 below highlights risks associated with ceasing delivery of CHSP or continuing to deliver into the new Support at Home Program.

Tables 6 – CHSP Program Risk Analysis

#	Risk	Analysis
1	Client anxiety about changing service provider.	HenderCare, our main brokered agency, provide services to approximately 70% of our clients. They have indicated that they are willing and able to take on management of all CoA clients if required.
2	Reputational Risk Council seen as not providing services for older residents.	Clear campaign promoting the Federal Government changes and shift in delivery and benefits to wider community of a new Positive Ageing social program.
3	Remaining as a provider without resources to compete with other services and meet standard requirements.	Existing resource allows only to maintain status quo for CHSP delivery and therefore as time goes on we are servicing a smaller proportion of our older community.

The current CHSP clients supported by CoA, would not be disadvantaged in the long term by transition to another aged care provider. However, the change-over period may cause concern and incur the typical problems associated with change. A proposed benefit of the change to the Federal model is that residents would have a more direct and seamless service support by liaising with the aged care service provider directly. Presently, the three-way relationship in place between CoA, the client, and the brokered agencies results in inconsistencies in shared information between the three parties as highlighted in Audit outcomes.

HenderCare is the primary aged care brokered agency used by CoA. HenderCare management confirm they are willing and able to manage all the CoA clients directly should this be required. Approximately 70% of CoA clients are currently supported by HenderCare, so clients would remain with a familiar organisation and potentially, a known support worker.

Should clients opt not to transfer to HenderCare, there are numerous other providers of CHSP services. All the major providers in the aged care sector offer services within the city. The My Aged Care website lists 29 organisations offering domestic assistance in the city and 18 offering home maintenance services, which are the two main services provided by CoA.

4. COTA SA CONSUMER INSIGHTS REPORT AND POSITIVE AGEING PROGRAM

In 2023, Council partnered with the Council for the Ageing SA's social enterprise 'The Plug-in' to research to assist our understanding of the experience of ageing well for city residents aged over 50, and to learn how to maximise the value of existing Council programs. Council's 'Healthy Ageing' Budget was used to cover the cost of this research piece in the 2023/24 budget.

The research was undertaken in two parts; phase one was a survey of 100 respondents and the second phase was a series of workshops held in early August 2023. The Plug-in team explored key themes from the survey results through the workshops. From these engagements, we learnt:

- Residents are seeking ways to participate in organised activities that are 'new' or 'out there', which they may have had limited access to in the past or may be difficult to find and join.
- Some residents want better access to affordable exercise programs and group activities.
- For those who do not like gym environments, exploring the city and Park Lands on foot or by cycling was important for keeping active.
- Footpath maintenance and pedestrian crossings and signals are critical for supporting residents to age well by keeping people safe, mobile, and active.
- Age-related language for advertising events and activities is not always the answer. Focusing advertising on programs, activities, and events on ability instead of age is a more positive way of engaging with community.
- City residents seek consolidated communication to learn about events and activities. Many residents rely on word of mouth to find out what is on in their city, and it can be difficult to get this information promptly.

The Plug-in compiled a full summary of both phases of the research³.

In 2024, COTA SA's 'The Plug In' were engaged for a second time, to undertake a co-design process that would detail what a new, dynamic social program for older city residents could look like. The results are presented in a consumer insights report⁴.

The co-design process highlighted social connection as an overarching theme of the activities and programs older people are seeking to support them to age well. Under the banner of social connection, the following four themes were identified for the proposed program:

- **Special Interests:** participation in activities that are of personal interest or facilitating ways of trying out new activities.
- **Lifelong learning:** keep the mind active and challenge thinking.
- **Emotional Wellbeing:** activities that bring focus to mindset.
- **Physical Activities:** both structure and unstructured classes.

³ [ACC2023-138389-The-Plug-in-CoA-Qualitative-workshop-report-Positive-ageing-in-the-city.PDF](#)
[ACC2023-138386-The-Plug-in-CoA-Full-Interim-Quant-Report-Positive-ageing-in-the-city.PDF](#)

⁴ [report-social-program-co-design-consumer-insights.pdf](#)

Commonwealth home support program

Other important recommendations are that activities should be low-cost, offered on various days, at a variety of times, and that transport options should be explored for those with mobility issues.

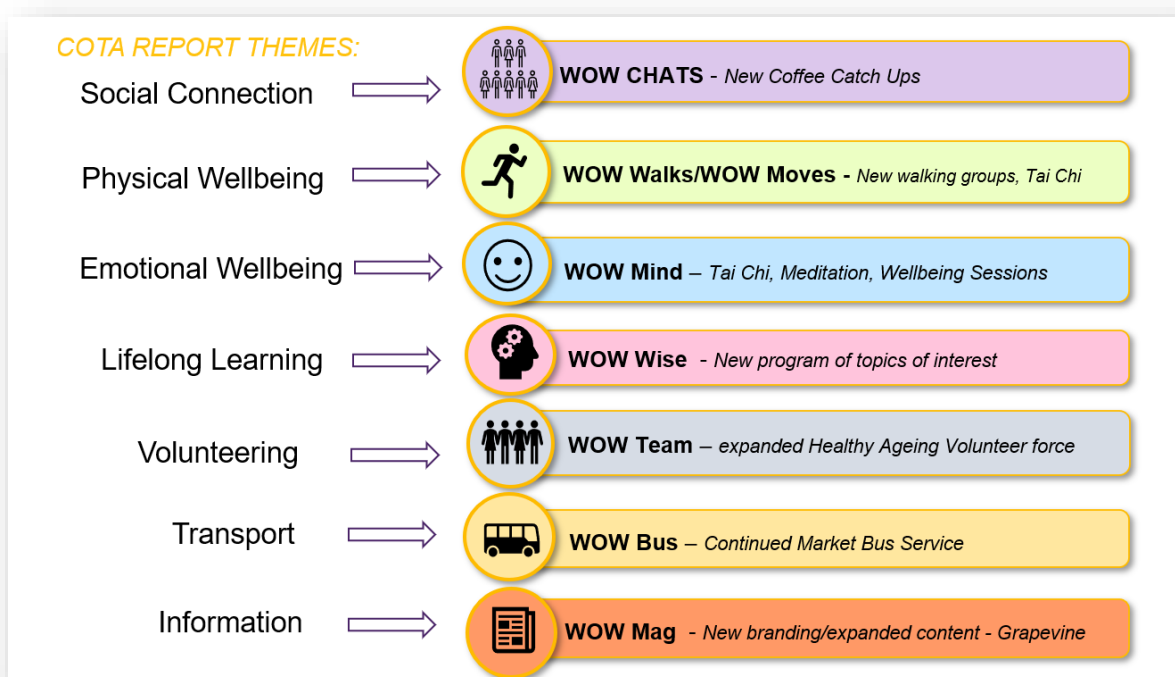
Dedicating council resources to improving the 'flow of information' about council run activities is another key theme and recommendation of this research.

A process has been undertaken to map existing activities of Council and across the City that align with the themes of the recommendations of the COTA SA Report, and identify gaps where new programming could be trialled.

In considering the feedback from COTA SA's market research that 'ageing' language is not always necessary or desired, the team are proposing a new name for the Positive Ageing Program - WOW Adelaide (Wellbeing. Opportunities. Wisdom) - intended to be inclusive and exciting. Development of a new program provides a significant opportunity to build a new brand which could be highly valued by CoA residents.

Currently, CoA produces and distributes a healthy ageing newsletter (The Grapevine) however the distribution list predominantly comprises CHSP clients and reaches just 4% of our residents aged 65 and over. Re-positioning of CoA's services for 65+ will allow this publication to expand and become a valuable communication and connection resource for the older city community.

Figure 2 – WOW Program Stream informed by COTA SA research



5. CLIENT JOURNEY CASE STUDIES

Overview

CSHP services are designed as entry level care and is of a short-term nature only, Every CHSP client has an individualised Care Plan that is created and co-designed during their initial phone assessment (that takes place prior to the service provider accepting the My Aged Care referral).

During this initial discussion, The Healthy Ageing Coordinator will discuss the client's:

- demographic information
- goals for the service; and
- preferences for duration and frequency (weekly, fortnightly or monthly).

Each client then has an annual review of their Care Plan. This is a chance for the Healthy Ageing Coordinator to discuss any changes to clients' needs and goals. At any stage, if needs become more complex, the client is referred to My Aged Care to be reassessed for more appropriate Home Care Supports.

All active clients have been advised via their 2024 Care Plan letters that their CHSP funding for services through the City of Adelaide is up until June 2025.

If Council authorises the City of Adelaide to commence the transition out of delivery of CHSP services, the aim is to achieve a smooth transition for the current 132 CHSP clients. The Healthy Ageing Coordinator (and additional staff) will be available throughout this transition period to work with all clients on their transition plan, and ensure they are supported throughout.

The Health Ageing team will continue to offer referral information and advice so that clients can discuss their transition plan and service needs, both during the transition phase and beyond. This will be particularly concentrated during the transition phase, where an initial discussion to inform clients of the changes would take place, along with a follow up detailed discussion about their service needs.

Based on their existing Care Plan and our knowledge of their interests we would invite them to connect with the new Positive Ageing program, so we can continue to connect them with programs of interest.

Throughout the process, care and respect for all clients will remain a priority. The Healthy Ageing Coordinator will remain available as a community information and referral service to help support previous CHSP clients, indeed all community members aged 50+ to seek out the right services.

The following client journey examples are scenarios based on common stories of how clients interact with the City of Adelaide's CHSP Program. For confidentiality reasons, and to ensure City of Adelaide CHSP clients are not identifiable - real names and personal details have not been used.

Example 1

Jack, 83, has been on City of Adelaide's CHSP books for three years, since he moved into U City Retirement Residences, and to be located closer to his daughter, who lives just on Morphett Street. Jack's goal is to ensure he can properly maintain hygiene of his apartment as his knees restrict his movement at times. His Care Plan provides him with domestic assistance through Support Work Co, who vacuum and mop the living areas, and clean the kitchen, bathroom and toilet weekly. He is also a keen fortnightly attendee of the Community Market Bus.

The Healthy Ageing Coordinator would stay connected with Jack through the transition to ensure his domestic services continue uninterrupted, and also checked in with Jack on his interests and hobbies. For Jack, regular interaction with CoA post- the CHSP transition is regarding his Market Bus attendance. He also expressed an interest in joining regular coffee catch up sessions (WOW Chats) as he enjoys meeting new people. Jack knows if he has any questions on CHSP, he can still contact Council for advice.

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Example 2

Bernie, 80, is a huge Port Power fan and has an active social life that includes the Maltese Social Club. For decades, he worked in menswear retail, including at John Martins. Bernie recently surrendered his driver's licence, as his eyes are no longer what they used to be. This has made it difficult to stay active in his beloved Maltese community.

Bernie started receiving CHSP services through the City of Adelaide two years ago. His current Care Plan provides return transport from his home just off Hutt Street to medical appointments and to activities to maintain social connectedness to his beloved Maltese Club. This support's Bernie's goal to stay independent.

Bernie had a recent stay in hospital following a fall at home. Given the fall, he is ready for a reassessment conversation as he is no longer able to trim the bushes covering his veranda. A new referral can be made by the Healthy Ageing Coordinator, direct to My Aged Care via a Support Plan review online form, or his wife Jean can make a direct call to My Aged Care and they will take them through a step-by-step process of navigating a reassessment (usually face-to-face determined by the last assessment date on file). This process will enable Bernie to be considered for regular Domestic Assistance and Home Maintenance and Gardening services which are typically scheduled every month, or quarterly.

Despite his recent health challenges, Bernie loves to stay physically fit and is excited for the new walking groups (WOW Walks) and Tai Chi sessions (WOW Moves) the new Positive Ageing Program is planning.

Example 3

Simone, 70, is a very new CHSP client with the City of Adelaide. Simone has a love of learning, however at 14, her father made her leave school. Her love of learning persisted though, and Simone earned a university degree in Criminology when her three sons were grown.

Recent health problems threatened Simone's independence and led to a hospital admission. Fortunately, Simone's treatment was successful but has led to reduced mobility, though she is still able to clean inside just fine.

In December 2024, Simone was referred from My Aged Care to the City of Adelaide. The Home Maintenance program was open to new referrals and Simone accessed gardening and window cleaning through HenderCare after a phone assessment with the Healthy Ageing Coordinator. Her Care Plan reflected the June 2025 end date.

Given Simone's love of learning, the Healthy Ageing Coordinator shared the lifelong learning theme of the new Positive Ageing Program. Simone has asked to be put on the mailing list for WOW Wise, especially for the writing sessions as she has always wanted to write her memoir.

6. FREQUENTLY ASKED QUESTIONS

This section outlines some FAQ's about the CoA CHSP service, current client base, and the potential process for transitioning out of delivering the CHSP.

Q. Who accesses CHSP via the City of Adelaide, and what for?

As at 19 December 2024, the City of Adelaide CHSP Program has:

- 132 active clients in total. Of these:
 - 76 clients are receiving recurring services
 - 56 clients are receiving services as required
 - 9 clients are receiving two recurring services (for example, both Domestic Assistance and Home Maintenance)
 - 71 clients are receiving Domestic Assistance
 - 7 clients are receiving Home Maintenance
 - 10 clients are receiving Social Support
 - 13 clients are receiving Transport (Taxis or Market Bus)
 - 4 clients are suspended (they are on holiday or in hospital)

Q. What happens if the client isn't easily engaged during the transition process? He might have trouble reading/hearing on the phone

The suggested process would be to:

- identify residents on SMS database who require a home visit i.e. residents who have a hearing impairment, live alone, limited family/advocate support
- offer a home visit to discuss the transition process
 - if resident agrees/wants a home visit – Coordinator Healthy Ageing will visit the resident at home with the Wellbeing Support Officer to take notes
 - if the resident does not require a home visit – provide a letter of the next steps and ask if there is a representative who they would like to be informed

Q. How would we deal with someone who gets angry/frustrated on hearing the news?

- Offer a home visit to discuss the transition process
 - if resident agrees/wants a home visit – the Healthy Ageing Coordinator will visit the resident at home with the Wellbeing Support Officer to take notes
- Encourage the resident to have an advocate or representative of their choice as a support person/witness to the information (this may be Aged Rights Advocacy Service (ARAS) or another service provider who is also providing a service to the resident (i.e. allied health – OT, physio)
- Provide a fact sheet of the transition process (Healthy Ageing Coordinator to then go through dot points)

Q. Do clients already know about CHSP funding potentially ending?

- All residents who were accepted prior to the 'red light' (for over a year) going on (program at capacity) were informed funding is only secured until June 2025, and this was also detailed within their Care Plan.
- All current clients have a Care Plan and have been sent a letter that stated that the care plan was being 'rolled-over' and funding only secured until June 2025.
- The covering letter stated that services will continue until this time. No resident queried this and no complaints thus far.

Q. What happens when a client's needs change/become more complex?

- Prior to 9 December 2024, there were different assessment pathways for different aged care packages. As a result, assessments (and reassessments) were not consistent and older people often moved between organisations as their needs changed.

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- As of 9 December 2024, a single assessment team is now responsible for assessing all applications for:
 - CHSP;
 - Home Care Package (HCP); and
 - Residential Aged Care
- The Single Assessment System aims to make the aged care needs assessment process smoother. The client, or a representative on their behalf needs to:
 - Visit the My Aged Care website to 'Apply for an Assessment Online'
 - Call My Aged Care on 1800 200 422 (free call)
 - Book a face-to-face appointment with an Aged Care Specialist officer at select Services Australia services centres by calling 1800277 475.
- For further information, the Department of Health and Aged Care factsheet on this reform is available [here](#).

Q. Where can I get more information about CHSP and my rights?

- The City of Adelaide's Healthy Ageing Coordinator (via phone and email)
- [Charter of Aged Care Rights](#)
- My Aged Care – via phone and [website](#)
- Aged Rights Advocacy - [Aged Rights Advocacy Service](#)
- Adult Safeguarding Unit – [Adult Safeguarding Unit | SA Health](#)
- Council of the Ageing SA – [COTA SA • Standing with older South Australians](#)
- Older Persons Advocacy Network (OPAN) – [Home - OPAN](#)
- Aged Care Quality and Safety Commission – [Homepage | Aged Care Quality and Safety Commission](#)
- Catalyst Foundation - [HOME - Catalyst Foundation](#)
- Multicultural Aged Care - [Multicultural Aged Care - Home](#)

7. CITY OF ADELAIDE – COMMUNITY DEVELOPMENT APPROACH

The [Community Development Discussion paper](#) outlined opportunities for Council to strengthen its community development approach to deliver the community outcomes outlined in the Strategic Plan 2024-2028. The paper made a recommendation, endorsed by Council, to develop a Community Development Strategy and Implementation Plan, which is due to be delivered in this term of Council.

The paper explored the challenges and opportunities presented as we look towards becoming city of 50,000 residents who are well and living connected lives as members of a diverse community, with a strong focus on local neighbourhoods. It considered both the profile of this growing population, and priority groups who continue to require support and form a central focus of city community planning. It also considered the opportunities and challenges across the current structure of council's community services, programs, and facilities across the city.

A Community Development Strategy would help to clarify and inform actions to be delivered under the Council's Strategic Plan 2024-2028, in relation to community groups.

In 2020, due to Council reduction in budget expenditure and staff FTE, two community centre coordinator roles were made redundant which has implicated Council's ability to respond to community needs and operate the centres to their full capacity. Appropriate resourcing of centres was highlighted as a key component of their effectiveness in enabling a stronger community development approach.

As part of a renewed approach to Community Development, the Healthy Ageing program, could be better integrated with the community centres and library programming in the city, to explore these spaces as a primary point of connection for older people. Throughout Spring in 2024, the Healthy Ageing Coordinator spent some time working from the Minor Works Community Centre and coordinated some one-off Tai Chi events to test interest. Regular presence on the ground enables an organic approach to respond to community needs and facilitate community led programming and action. By removing CHSP administration from the duties of the Healthy Ageing Coordinator role, and organically building the new WOW program in collaboration with older community members, this role will be better placed to contribute to a stronger community development model moving forward, and not only support older people in the community to lead and co-design community programming but support broader intergenerational community connections and programs as well.

8. CONCLUSION

The new Support at Home model of care will significantly impact how the City of Adelaide Commonwealth Home Support Program (CHSP) operates. Over the past few years, Council's ability to service a considerable proportion of older city residents through the CHSP has been decreasing, and almost all program resources are dedicated to replicating in home services already offered by other providers.

Council has an important role to play in supporting older people to age well in the city, beyond in home services. A move away from these services will enable greater value-add to a broader group of older city residents.

This paper presents a proposal to exit from CHSP, a plan which would be executed with great care through personalised conversations with each current CoA CHSP client, so their ongoing needs and interests are well understood and catered to. Residents will be invited to remain connected to Council's proposed new Healthy Ageing (WOW Adelaide) program; a program designed in collaboration with older community members, through the COTA SA co-design research project.

With an aspiration of 50,000 residents by 2036, and a rapidly ageing population, the City of Adelaide is compelled to explore new ways to support older people to thrive in the city. As loneliness becomes a growing issue for our society, research with our residents tells us that social connection and opportunities for improved wellbeing are the heart of what older people are seeking in their local community. Strong impetus is there for City of Adelaide, as a local government organisation, to step back into the healthy ageing social programming space, and foster quality connection and exciting and bold programming for older residents, underpinned by a community development approach.