

# Submission

<b>To</b>	Community Affairs References Committee
<b>Topic</b>	<b>The Transition of the Commonwealth Home Support Program to the Support at Home Program</b>
<b>Date</b>	27 January 2026

## Contact

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# About

We are an inclusive not-for-profit organisation working alongside more than 80,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We advocate for systems change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities.

As both an aged care service provider and an aged care assessment provider, we see firsthand how timely access to high quality support can improve an older person's quality of life and reduce the risk of prematurely entering residential care or an acute health setting.

Uniting Communities supports older South Australians to live independently and safely whilst remaining in their home by offering a wide range of practical and social supports that help people stay connected to their families and communities. Through the Commonwealth Home Support and the Support at Home Programs, we provide flexible, person-centred assistance that reflects each individual's needs, preferences and goals. Our work is guided by dignity, choice and partnership, supporting people to remain in control of their daily lives while receiving the support they need.

In 2025 Uniting Communities supported 2900 older people across metropolitan and regional South Australia in the Commonwealth Home Support Program, to manage everyday tasks and stay socially connected. This included support with cleaning, shopping, home maintenance, respite, transport as well as individual and group social activities that reduced isolation and actively supported community participation. Uniting Communities also provided a range of Allied Health and Nursing services to support people's health and wellbeing objectives to live independently in their home. These early supports play an important role in supporting older people to maintain their independence and continue living well at home.

In 2025 Uniting Communities supported 850 older people across metropolitan and regional South Australia under the Home Care Packages/Support at Home Program, offering coordinated, ongoing support for people with more complex or changing needs. We worked alongside clients and their families to develop care plans, recognising that people's needs and circumstances can shift at any time. Our care partners provide consistent support and guidance, helping ensure services remain responsive and aligned with each person's goals for independence and wellbeing.

## Submission on the Transition of the Commonwealth Home Support Program to Support at Home Program

Uniting Communities thanks the Community Affairs References Committee for its inquiry into the transition from the Commonwealth Home Support Program to the Support at Home Program and welcomes the opportunity to provide feedback into such an important change for older Australians.

The Commonwealth Home Support Program is a large program that supports over 800,000 older Australians and has nearly three times more recipients accessing it than the current Support at Home Program. Having experienced the transition from Home Care Packages to the Support at Home Program, we are concerned that the current implementation date of 1 July 2027 will not be achievable to ensure an outcome where older Australians are able to access necessary supports in a timely manner that enable them to remain safely in their homes for as long as possible. The timeframe is likely to cause significant issues for clients and the broader health system if maintained. We echo the sector's concerns that the current trajectory presents a substantial risk of market failure due to insufficient information about the proposed transition and, consequently, increases the risk of harm to clients. In addition, based on the information and plans released to date, we are not confident that the Support at Home Program will deliver improved outcomes for clients with lower care needs.

### Our key recommendations:

- **The commencement date should be deferred until the current Support at Home Program wait times are significantly reduced and sufficient packages are released to meet current demand to ensure older people can receive support in a safe and timely manner.**
- **The commencement date should be deferred until detailed information, clarity and guidelines have been provided about the transition arrangements to reduce the risk of market failure.**
- **The transition to Support at Home should not proceed until the government has provided sufficient information about transitional arrangements to CHSP providers, particularly in regional and rural thin markets, to prevent market failure and ensure continuity of care so older Australians can remain safely in their homes for longer without increased risk of harm or premature entry into residential aged care.**
- **Make the \$15,000 home modification cap portable, resetting when someone relocates, so they can use up to \$15,000 for modifications in any primary residence to help prevent premature entry into residential aged care.**

### Consultation responses

#### ***(a) The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027***

Wait times for accessing in-home aged care supports are already extremely high, and until these delays are addressed, a commencement date for the transition to the Support at Home Program should be deferred until wait times for packages are significantly reduced.

People must be able to access existing support, in a timely manner, before additional pressure is placed on an already overstretched system. The federal government's commitment to reduce the average wait

time for Support at Home packages to three months by July 2027 is not realistic. Current wait times for low-level Support at Home Package supports is 10–11 months, with a further two months wait for the initial assessment. CHSP is a service that offers low-level supports and has nearly three times the number of participants currently accessing it, compared with the Support at Home Program. An additional estimated 830,000+ people coming into the system and on to the national priority waiting list will create significant bottlenecks for people seeking access to necessary aged care supports.

Furthermore, existing Support at Home Packages are being released at inadequate levels, with demand far exceeding supply. There is an urgent need to release more packages, on a regular basis to ensure older Australia's receive the support they need when they need it. Approximately 88,000 older Australians have been approved for care but are still waiting on a package allocation, and a further 120,000 are waiting to be assessed. With an ever-increasing ageing population, the July 2027 transition date will only exacerbate this issue and extend the times older Australian have to wait to receive the support they need.

***(b) the expected impact of this transition, including on:***

***I - waiting periods for assessment and receipt of care***

In addition to the wait times for support (as covered above), assessment wait times are contributing to delays, with an average wait of up to two months due to demand. Streamlining this process should be a priority to prevent further pressure on an already strained system.

If CHSP becomes as difficult to access as Support at Home, many people will simply disengage and go without support. With significant wait times, the pressure on the health system will only increase. We are already seeing this impact: delays in accessing CHSP or Support at Home Packages are increasing the risk of clinical deterioration and falls which is often a leading factor when presenting for an acute episode at the emergency department. Without the appropriate level of support in the home they may not be able to return safely back into the community setting. Subsequently, placing additional pressure on an already strained health system and pushing people early into residential aged care.

***II - the lifetime cap of \$15,000 on home modifications***

The \$15,000 cap per household is often sufficient; however, it does not account for situations where people move homes. For clients who are renting, a number of home modifications that are unable to be satisfied with portable equipment cannot be transferred, meaning the investment is effectively lost. Additionally, many modifications, such as bathroom renovations, ramps, rails, or other complex works, can quickly exhaust the \$15,000 limit. Once this funding is spent, and a client subsequently moves, they will be left with little to no option for further support.

The system should be designed to maximise the time people can remain safely at home and avoid unnecessary admissions into an already overburdened residential care sector. Restrictive caps of this kind can lead to premature entry into residential care as soon as a person changes household. It is recommended that where a person has changed their primary place of residence and is in legitimate need of equipment that would support them to remain in their home that funding should be assessed on their personal circumstances.

This issue is particularly acute for older people who need to relocate due to safety concerns or financial vulnerability, and who cannot afford to repeat essential modifications in a new home. Further financial analysis and cost benefits should be undertaken to highlight the effectiveness of supporting this recommendation versus the cost of someone prematurely entering residential aged care.

### ***III - the End-of-Life Pathway time limits***

We have not yet had direct experience with the End-of-Life Pathway and are therefore unable to comment on its practical implementation. However, we consider it essential that any time limits within this pathway are designed to ensure timely access to support.

### ***IIII - thin markets with a small number of aged care service providers***

In thin markets, especially regional areas, CHSP is often the only viable service option. If reforms push providers out before alternatives are ready, we risk repeating the NDIS experience, where market failure occurred and people were left without appropriate support. Continuing CHSP in its current form, with regional allocation, is essential to provide continuity of support for older Australians.

### ***(c) Aged care provider readiness for the transition, including their workforce***

Provider readiness is being shaped largely by the state of the system itself. At present, there are two broad groups of providers: those delivering only CHSP services, whose systems and processes have not yet been configured to transition to the new Support at Home requirements; and those already operating within the Support at Home Program requirements and who are better positioned to adapt once the system settings are finalised.

However, readiness is significantly reliant on having a clear understanding of transitional requirements including defined service, operational and financial models. This also includes system interfaces with Services Australia, and the Government Provider Manager System which some smaller CHSP service providers may not have access to and may not even be able to do under the one provider model of the Support at Home Program.

In addition, providers are generally the ones who will be working with older people to communicate these changes and need to understand what the changes will mean for existing CHSP recipients. To communicate effectively, providers need more information to answer fundamental questions such as, whether existing CHSP recipients will be expected to undergo another assessment to determine SAHP level prior to July 2027. If so, this will not only place extreme pressure on the Aged Care Assessment Service who are already struggling to meet demand but will leave older people without supports whilst they are waiting for an assessment. Additionally, will existing CHSP recipients be automatically allocated a level 1 or 2 SAHP package to ensure continuity of care? How will this be managed and what notice will providers have about this?

Providers are yet to even see the future pricing model that is supposed to come into effect for Support at Home on July 1 2026. The Independent Health and Aged Care Pricing Authority (IHACPA) have been developing this for the past few years and the implementation and impact of this is yet to be seen. This will have a significant impact on the way providers structure their business including their workforce. As seen with the introduction of the National Disability Insurance Scheme Pricing Arrangements, this can have a fundamental change to service delivery, quality of care and market stability particularly in Thin Markets.

## **Conclusion**

We appreciate the opportunity to contribute to this inquiry into the transition from the Commonwealth Home Support Program to the Support at Home Program. We strongly urge the committee to recommend removing the current commencement date and prioritising the release of additional Support at Home Packages and the reduction of wait times. Only once these pressures are addressed should a carefully planned implementation period be introduced that includes a well-defined and detailed transition plan to ensure continuity of support and timely access to aged care services for older Australians.