



**Aboriginal Health Council**  
of South Australia Ltd.

# **The Transition of the Commonwealth Home Support Program to the Support at Home Program**

Submission to Senate Committee Affairs References Committee

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## **Aboriginal Health Council of South Australia (AHCSA)**

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Submission to Senate Committee Affairs References Committee, 30 January 2026

### **Acknowledgement of Country**

*AHCSA acknowledges the Traditional Custodians of the lands and waters across Australia and pays respect to Elders past and present. AHCSA also extends this respect to all Aboriginal and Torres Strait Islander Elders whose knowledge, culture and leadership continue to guide and strengthen Aboriginal Community-Controlled Health and aged care services.*

### **Executive Summary**

The Aboriginal Health Council of South Australia (AHCSA) welcomes the opportunity to present this submission to the Senate Community Affairs References Committee inquiry - *Transition of the Commonwealth Home Support Program (CHSP) to the Support at Home (SAH) Program*.

AHCSA is the peak body representing Aboriginal Community Controlled Health Organisations (ACCHOs) in South Australia. Our members deliver culturally safe, holistic health and aged care services to Aboriginal people and Elders across metropolitan, regional, and remote areas of the state. Several AHCSA Members deliver aged care services through CHSP, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and low-needs residential care. Many members also facilitate Elders groups and deliver the Elder Care Support Program. The full list of our Member Services is available [on our website](#).

This submission draws on engagement with our sector and highlights significant risks associated with the transition to the SAH Program. Without targeted, Aboriginal-specific supports, the reform risks reinforcing existing inequities in access to aged care for Aboriginal and Torres Strait Islander Elders and older people.

Key concerns include a one-size-fits all transition approach, mandatory co-contributions that may exclude Elders experiencing systemic economic disadvantage, and persistent thin markets and workforce shortages, particularly in rural and remote communities. Further issues include the inadequacy of the proposed \$15,000 lifetime cap on home modifications, limited cultural safety and flexibility within the End-of-Life Pathway, and insufficient accessible information and training to support Aboriginal providers and their workforce.

A successful transition to the Support at Home Program must meaningfully incorporate the lived experiences of Aboriginal and Torres Strait Islander older people. AHCSA strongly urges government to work alongside the ACCHO sector through the design, implementation and evaluation of the SAH Program, to ensure shared decision-making and Aboriginal-led solutions. AHCSA also highlights the critical importance of permanent ongoing funding for the Elder Care Support Program, which plays a central role in supporting Elders to navigate a complex aged care system and access timely, culturally safe services. Without sustained investment and Aboriginal governance, this reform risks undermining Elders' ability to remain safely at home, connected to family, community and Country.



## Recommendations

AHCSA recommends that the Australian Government:

1. Implement a phased and culturally safe transition to the Support at Home Program, with tailored supports for Aboriginal providers, staff and Elders rather than a one-size-fits-all approach.
2. Work alongside the ACCHO sector through formal Aboriginal governance and co-design, including Aboriginal representation in oversight, implementation and evaluation of the SAH Program.
3. Establish an Aboriginal-specific aged care pathway within the Support at Home Program that recognises cultural, social, emotional and spiritual wellbeing.
4. Remove or significantly modify mandatory co-contributions to ensure Aboriginal and Torres Strait Islander Elders are not excluded from aged care services due to financial disadvantage.
5. Review and increase the lifetime cap on home modifications, with adjustments for inflation and the higher costs of service delivery in rural, remote and very remote communities.
6. Increase cultural safety and flexibility within the End-of-Life Pathway, including funded cultural practices and flexible timeframes that support Elders to pass away with dignity, including on Country where desired.
7. Address thin markets and workforce shortages, particularly in rural and remote areas, through workforce incentives, competitive wages and access to suitable accommodation.
8. Provide accessible, culturally appropriate information and training to support Aboriginal aged care providers and their workforce to prepare for the SAH transition.
9. Commit to permanent, ongoing funding for the Elder Care Support Program, recognising its critical role in supporting Elders to navigate the aged care system and access timely, culturally safe care.

## The Elder Care Support Program

The Elder Care Support Program plays a vital role in supporting Aboriginal older people and Elders to access aged care services, remain safe, well and supported within their communities. The program provides culturally appropriate assistance to help elders navigate the aged care system, access services early, and coordinate support that respond to cultural, social, emotional and practical needs.

AHCSA plays a key role in supporting the delivery of the ECS Program in South Australia through workforce training and coordination. The program is delivered locally by 10 Aboriginal organisations in South Australia and, as a national initiative, by over 100 Aboriginal and Torres Strait Islander organisations across the country, demonstrating its scale and importance in supporting culturally safe access to aged care.



The ECS Program is funded by the Commonwealth Government, through the National Aboriginal Community Controlled Health Organisation (NACCHO).

## Aged Care Reform Overview

In November 2025, AHCSA published our [Position Statement](#) in response to the commencement of the new Aged Care Act 2024. Significant changes were highlighted that will impact Elders, Aboriginal communities, and the community-controlled sector.

Several issues were identified as posing a risk to Aboriginal and Torres Strait Islander Elders, including:

- **No independent First Nations Aged Care Commissioner:** Without statutory independence, advocacy for our Elders lacks authority and support.
- **Slow response to Royal Commission recommendations:** Four years on, key Aboriginal-specific reforms have not yet been implemented.
- **Financial burden:** Mandatory co-contributions under the new Support at Home risk excluding Elders living with systemic economic disadvantage from receiving the aged care services they are entitled to.
- **Cultural safety:** Many mainstream aged care services remain unsafe for Aboriginal people.
- **Lack of engagement and co-design with the Aboriginal Community Controlled sector:** Our sector has the expertise but limited resources and formal authority in reform design and decision-making.
- **Fee pressures on Aboriginal services:** Forcing ACCHOs to charge Elders undermines community-controlled principles and reduces accessibility of culturally safe, holistic healthcare.
- **Complex navigation system:** Elders continue to face barriers in accessing aged care services.

These issues align with AHCSA's concerns related to this senate inquiry.

## Response to the Terms of Reference

To support this submission, AHCSA has engaged with a number of Aboriginal community-controlled organisations, including those who provide aged care services and deliver the ECS Program.

### 1. The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027

The transition of CHSP to the SAH Program is a major reform for aged care providers, staff and their clients. A phased approach to implementation, with clear timelines and milestones, is required to ensure transition is smooth and does not impact service delivery. Stakeholder consultation as part of implementation is critical and should prioritise and amplify voices from vulnerable populations, such as Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities.

Additional support and flexibility throughout the transition process need to be given to Aboriginal providers, staff and clients; a 'one-size-fits-all' approach to implementation is not appropriate or culturally safe and risks poor outcomes and experiences for Elders across the country.



It is recommended that the government works closely with the ACCHO sector throughout the *entire* transition process, from commencement through to evaluation, to determine the unique needs and requirements of these organisations and their communities. Consultation with Aboriginal and Torres Strait Islander providers, staff and clients should be prioritised where possible, as well as the formation of an Aboriginal Advisory Committee to provide oversee decision-making and provide feedback.

AHCSA continues to advocate for a specific Aboriginal and Torres Strait Islander aged care pathway.

## **2. The expected impact of this transition, including on:**

- **Waiting periods for assessment and receipt of care**

The anticipated issues with waiting periods for assessment and receipt of care are directly linked to thin markets and workforce shortages in the ACCHO sector, particularly for organisations operating in rural and remote communities.

Ongoing, clear communication to aged care providers is required regarding whether current CHSP clients will need reassessing as part of the transition to the SAH Program, as this remains a topic of confusion and anxiety for both providers and clients.

From the perspective of care recipients, some ECS workers indicated that despite being approved for the SAH Program, many clients will not be able to access the support they need if co-contributions are required. This concern was echoed by ACCHO aged care providers, who have very few clients that would be able to comfortably co-contribute. It also needs to be acknowledged that not all older people, both Aboriginal and non-Aboriginal, will have the ability or financial literacy to collect, use and make payments.

The financial hardship forms that can be completed to apply for co-contribution exemptions are lengthy, invasive and an administrative burden for aged care providers. Many Elders do not feel comfortable providing the level of detail required by the current form due to a mistrust in government agencies and concerns with privacy. This is *not* a culturally safe process and does not consider the long and ongoing trauma many Aboriginal and Torres Strait Islander people have in relation to providing personal information to government.

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

A \$15,000 cap on home modifications is not sufficient or realistic, particularly for people requiring significant structural changes to their homes. Any cap on home modifications should be adjusted for inflation and anticipated growth in construction and material costs.

Whilst AHCSA acknowledges that supplements will be provided to older people living in remote and very remote areas, the costs of delivering and providing modification services in these geographically isolated communities is likely to exceed any funding provided as part of the SAH Program. This cap will disproportionately impact older Aboriginal and Torres Strait Islander people, who make up a significant proportion of residents in remote and very remote areas living with housing insecurity.



One ECS worker noted that in remote and very remote areas, due to the thin markets for trades, government funded projects are often charged at much higher rates than normal work. Furthermore, the wait times to access these services often mean that people pass away by the time home modification projects have been approved; these wait times will be exacerbated by the additional administrative work required to secure supplementary funding.

The proposed cap on home modifications does not consider, or address:

- Rising building costs for all home modifications, particularly those in remote and very remote areas where contractors and supplies are limited;
- Increasing life expectancies of older Australians, resulting in more complex needs to remain living at home independently, and;
- The impact of climate change on remote and very remote areas further increasing the modification needs of houses to address extreme weather conditions.

It was noted by the ECS workers that if a person is unable to remain at home due to insufficient funding for home modifications, many are often forced into assisted living / residential care homes that are not culturally safe for Aboriginal and Torres Strait Islander people. This is a devastating and avoidable outcome for many Elders who would prefer to remain on Country, closely connected to their family and community.

- **The End-of-Life Pathway time limits**

The End-of-Life Pathway supports older people who have been diagnosed with 3 months or less to live and wish to remain at home. The \$25,000 of funding available per client can be used for clinical care, independent living, and home support.

Whilst the additional funding is much needed, cultural support for Aboriginal and Torres Strait Islander people has not been included or specified within this pathway. This is particularly concerning when considering the holistic understanding of healthcare – as well as death and dying – Aboriginal people have, with strong links to land, community, kinship and spirituality.

Some Aboriginal and Torres Strait Islander people may prefer to pass away on Country. For people living in rural and remote communities, additional consideration is needed for providing supports within these geographically isolated areas, including the cost and logistics of services on Country. Specific preferences for cultural practices may also be expressed, such as traditional medicine, music and food; the End-of-Life Pathway should ensure individual support plans and budgets can support culturally appropriate, person-centered care for Elders.

The 12-week period in which people can use their End-of-Life Pathway supports (with an additional 4 weeks to access remaining funds if required) does not consider the unpredictable nature of palliative care and illness progression. Putting time limits on the End-of-Life Pathway is not a culturally safe practice that considers the emotional and spiritual impact on Aboriginal and Torres Strait Islander patients, families and the broader community. Further flexibility for timelines within this initiative would ensure the dignity and comfort of all older people is kept at the forefront of service delivery, adapting to the evolving care needs of people nearing the end of life.



- **Thin markets with a small number of aged care service providers**

Many ACCHOs operate in rural and remote communities that experience significant thin markets for aged care services. These thin markets exacerbate existing health inequalities for Aboriginal and Torres Strait Islander people, who often have chronic and complex healthcare needs however lack access to appropriate healthcare services.

Under the SAH Program, people who are assigned a package have 56 days to sign a service agreement with a provider. If a suitable provider is not secured within this timeframe, the package can be withdrawn, and the client will be placed back in the national queue. Although an extension can be requested for an additional 28 days, this does not always occur and is an additional administrative burden. However, some Elders who are approved for aged care packages cannot find a provider with the capacity to take on new clients, particularly in areas with thin markets.

One example of thin markets in remote and very remote areas of SA is patient transport. An Elder in remote SA was unable to attend their dialysis appointments due to very limited community transport services, leaving them unable to proceed with their clinical care for an extended period.

For ACCHOs operating in remote and very remote areas, challenges with recruitment and workforce retention intensify thin markets. One aged care provider in remote SA cannot meet the demand of the local community due to small numbers of staff; not only does this impact Elders struggling to find an aged care provider but also damages the reputations of ACCHOs. Lower rates of pay when compared to metropolitan areas, combined with limited housing options, mean that many skilled, local workers are leaving rural and remote communities for opportunities with better financial compensation. Migration schemes and higher award rates in rural and remote areas would support ACCHOs by providing sufficient aged care services for their communities.

### **3. Aged care provider readiness for the transition, including their workforce**

Generally, ACCHO aged care providers and staff feel unready for the SAH transition, citing a lack of 'easy read' information explaining the transition, as well as general issues with workforce capacity. One provider reported fears amongst staff that funding will move to a 'performance-based' model, resulting in reduced funding for ACCHOs due to their struggle to meet demand. Another provider has received minimal information regarding the transition and has undertaken their own research to provide staff. This places a significant burden on organisations with a smaller workforce.

Several training modules on 'Alis' were announced, however have not been accessible as of January 2026 causing confusion and anxiety for providers and staff. Additionally, specific training should be developed for Aboriginal providers to support the transition, with resources that outline any cultural supports available for Elders as part of the SAH Program, as well as further information regarding changes to funding and how this may impact service delivery.



#### **4. Any other related matters**

The importance of the ECS Program, particularly the local workforce's ability to support Elders to navigate a complex aged care system and connect with support services should be acknowledged and recognised. Ongoing, permanent funding should be committed to the ECS workforce, who provide a vital, culturally safe service for older Aboriginal and Torres Strait Islander people. Many Elders would experience significant waiting times for their assessments and receipt of care without the ongoing advocacy and support of the ECS workforce.

A desire to maintain block funding for ACCHOs was also expressed. The move towards individualised packages and plans based on means-testing will negatively impact Elders who are unable to afford co-contributions, as well as Elders who are transient or experience homelessness and are unable to qualify for aged care packages without a fixed address. One Aboriginal provider in SA has indicated that even when clients do not qualify for CHSP they continue to provide services for *all* Elders who are interested. Aboriginal providers will often cover the costs of services out-of-pocket as opposed to turning people away, as maintaining close relationships with communities is considered more important than avoiding financial loss. This is a unique perspective held by Aboriginal providers and should be taken into account when developing funding models for aged care.

It is strongly recommended that the government works with the ACCHO sector to develop funding models that align with the specific needs and experiences of Aboriginal and Torres Strait Islander populations.

### **Closing Statement**

This inquiry presents a critical important opportunity to ensure that the transition to the Support at Home Programs delivers equitable, culturally safe outcomes for Aboriginal and Torres Strait Islander Elders. AHCSA calls for government to embed Aboriginal leadership, shared decision-making, and commit to permanent funding for the Elder Care Support Program. With targeted investment and strong Aboriginal governance, this reform can meaningfully improve access, choice and wellbeing for Elders.

AHCSA would like to thank and acknowledge the organisations who contributed to this submission.