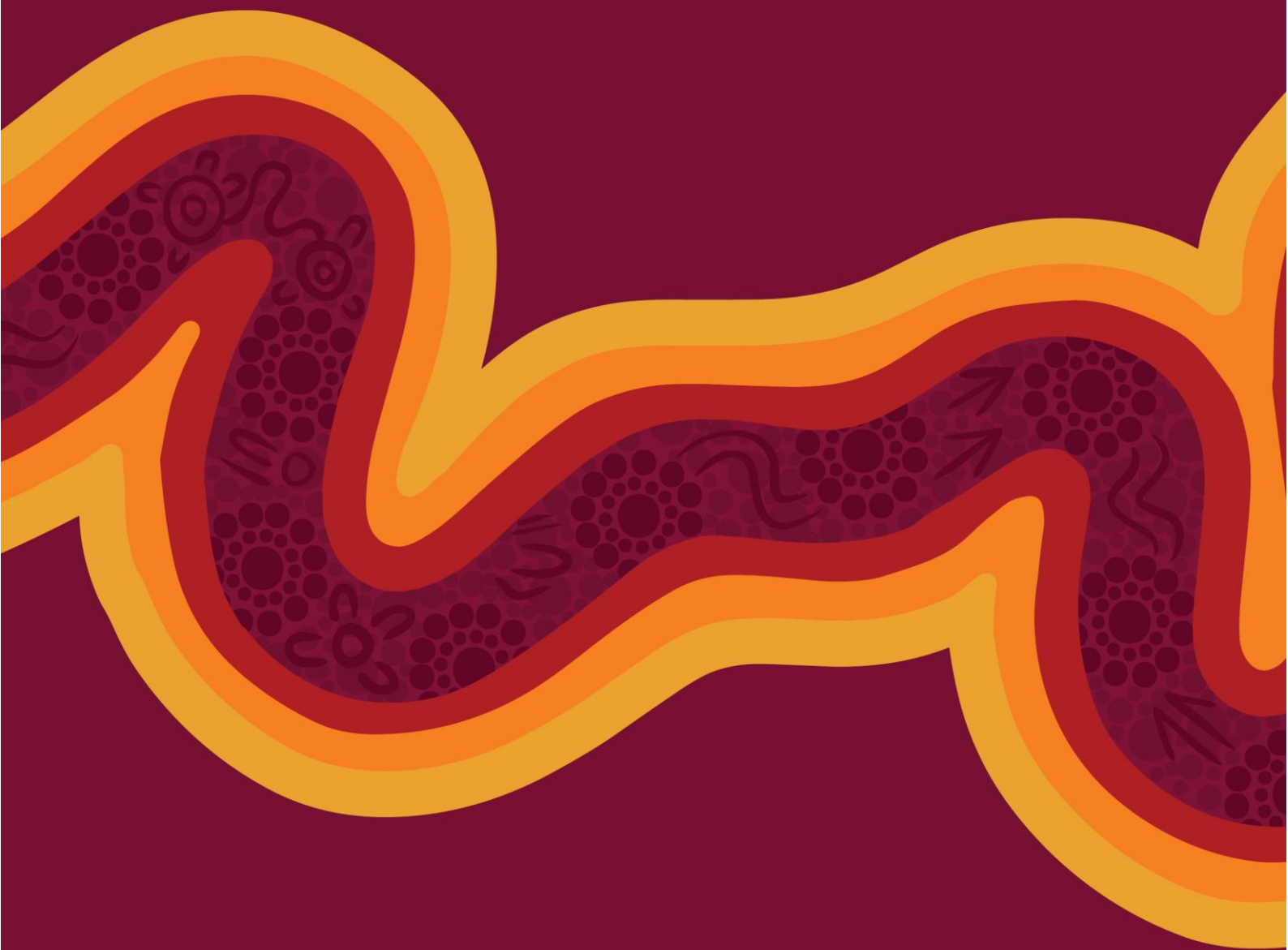




Support at Home Inquiry

Aboriginal Health Council of South Australia



Support at Home Inquiry Submission

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 guides and strengthens 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 - Support at Home (SAH) Program.

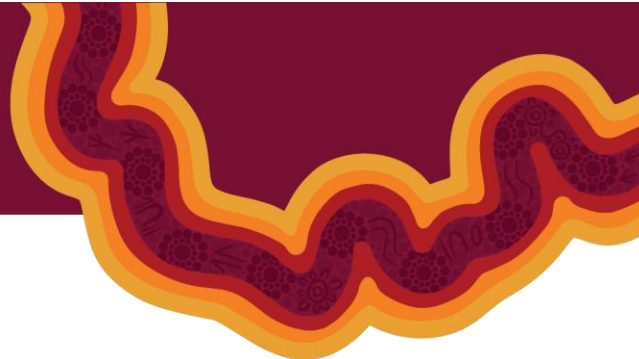
AHCSA is the peak body representing Aboriginal Community-Controlled Health Organisations (ACCHOs) in South Australia. Our members deliver culturally safe, holistic health and aged care services to Aboriginal people across metropolitan, regional, and remote areas of the state. Several AHCSA Members deliver aged care services through the Commonwealth Home Support Program (CHSP), the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and low-need 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 builds on AHCSA's previous work for the 'Inquiry into the Transition of the Commonwealth Home Support Program to the Support at Home Program', and reiterates several significant risks associated with the SAH Program. Without targeted, Aboriginal-specific supports, the SAH Program reinforces existing inequities in access to aged care for Aboriginal and Torres Strait Islander Elders. Key concerns include mandatory co-payments that may exclude Elders experiencing economic disadvantage, persistent thin markets in rural and remote communities, culturally unsafe hardship assistance processes, an increase in avoidable hospitalisations and residential care admissions, and a complicated transition process from the Home Care Packages Program for both Elders and ACCHOs.

The SAH 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 to ensure shared decision-making and Aboriginal-led solutions are incorporated within the aged care system. AHCSA also highlights the critical importance of permanent funding for the Elder Care Support Program, which plays a central role in supporting Elders to navigate complex processes and access timely, culturally safe services. Without sustained investment and Aboriginal governance, the SAH Program – and broader reforms to aged care – risks undermining Elders' ability to remain safely at home, connected to family, community and Country.



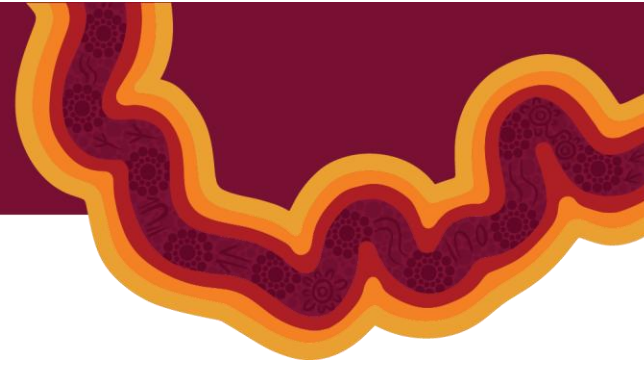
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Recommendations

AHCSA recommends that the Australian Government:

1. **Remove or significantly modify mandatory co-payments** to ensure Aboriginal and Torres Strait Islander Elders are not excluded from aged care services due to financial disadvantage.
2. **Exempt Stolen Generation redress payments and related assets from means testing processes** within the Support at Home scheme, particularly any assessments related to co-payments.
3. **Commit to ongoing block funding for Aboriginal Community-Controlled Health Organisations** to support the delivery of flexible, culturally safe aged care, and recognising the critical importance of the community-controlled sector in supporting Elders.
4. **Establish a permanent, independent Aboriginal and Torres Strait Islander Aged Care Commissioner** as a matter of urgency, and implement all recommendations within the Interim Commissioners Transforming Aged Care for Aboriginal and Torres Strait Islander People report.
5. **Establish an Aboriginal and Torres Strait Islander specific pathway for the Support at Home Program** that includes recognition of - and specific funding for - cultural practices, traditions and requirements.

Response to the Terms of Reference

a) The ability for older Australians to access services to live safely and with dignity at home;

The Royal Commission into Aged Care Quality and Safety recognised that Aboriginal Elders face a number of unique barriers to accessing aged care commensurate to their level of need. These barriers are linked to the historical and ongoing impacts of colonisation, violence and discrimination, and are exacerbated by higher rates of chronic and complex healthcare conditions. As such, it is critical that the SAH Program delivers care that is equitable, culturally safe and accessible, allowing Elders to age with dignity at home, in the community and on Country.

Unfortunately, the decision to introduce co-payments will significantly impact many Elders and their ability to access the care they need. Furthermore, a lack of culturally safe providers means that Elders will be forced to rely on care that is not appropriate, and does not consider the unique cultural needs that contribute to Aboriginal health and wellbeing. These combined factors will limit the ability of Elders to age safely, with dignity and remain at home for as long as possible.

b) The impact of the co-payment contributions for independent services and everyday living services on the financial security and wellbeing of older Australians;

The introduction of co-payments is a critical concern for ACCHOs, and has been consistently highlighted by the community-controlled sector as a major risk. Whilst the decision to exempt some personal care from co-payments is a welcome change, fees for basic aged care services remain a significant barrier to accessing the support needed to live safely and independently. AHCSA is concerned the introduction of co-payments will see Elders forgo the services they need; many older Aboriginal people will prioritise their kinship obligations over spending money on personal care. Furthermore, many Elders experience economic disadvantage due to historical practices of colonisation, dispossession and discrimination that have denied Aboriginal people the opportunity to earn money and build wealth for retirement; as such, Elders will be disproportionately impacted by co-payments and fees.

AHCSA acknowledges that redress scheme payments are now exempt from residential care means testing for Stolen Generation survivors. However, it is critical that this decision is extended to *all* means testing related to the SAH Program. Stolen Generation survivors represent the 'gap within the gap', and are more likely to experience higher levels of financial disadvantage when compared to the general Aboriginal population. Enforcing co-payments on this cohort is not only unfair, but cruel, further reinforcing a distrust of government institutions and exacerbating disadvantages that are a direct result of trauma and suffering.

c) Trends and impact of pricing mechanisms on consumers;

The shift towards individualised, activity-based pricing will likely incentivise shorter episodes of care that do not reflect the holistic view of health many Aboriginal people have, which includes social, spiritual, emotional and cultural wellbeing. Pricing mechanisms will also have a significant impact on ACCHOs. The individualised fee-for-service model operates in direct contrast with community-controlled care, which emphasises providing flexible and affordable healthcare that centres connection to culture and self-determination.

d) The adequacy of the financial hardship assistance for older Australians facing financial difficulty;

AHSCA supports the inclusion of financial hardship mechanisms for the SAH Program. However, hardship mechanisms are only effective if they are accessible and equitable across a broad spectrum of populations. At present, the financial hardship assistance available is underutilised by Elders due to complex processes that involve lengthy, invasive and culturally unsafe forms.

The evidence required to support financial hardship applications is highly personal, including details related to finances, living arrangements and family relationships. Many Elders do not feel comfortable providing this information to government agencies, deterring them from applying for assistance. This reluctance is often grounded in a deep mistrust of government institutions due to experiences of racism, discrimination, stigma

and historical injustices. This is not a culturally safe process and does not recognise the trauma many Aboriginal people associate with providing personal information to government.

Furthermore, not all older people will have the financial literacy to understand, apply for and use financial assistance schemes. This creates a significant administrative burden for aged care staff, including Elder Care Support Workers, who must support their clients with navigating this complicated system.

e) The impact on the residential aged care system, and hospitals;

If a person is unable to remain at home due to insufficient funding for support services, many are often forced into residential care earlier than necessary. This is a devastating and avoidable outcome for many Elders who would prefer to remain on Country, closely connected to their family and community. Furthermore, there are a limited number of community-controlled residential care facilities available for Aboriginal people, meaning many Elders rely on mainstream services that lack cultural safety and competency. For those who have experienced trauma within government institutions, this is a particularly distressing outcome that will have a significantly negative impact on their health and wellbeing.

Elders that cannot afford or access support services will likely re-enter the aged care system via hospitalisation, sicker and frailer than before. The flow on effect for hospitals, particularly in rural and remote areas, cannot be underestimated; increased emergency department admissions and extended hospital stays for older Australians contribute to 'bed blockages' and ambulance ramping, as healthcare facilities struggle to keep up with demand.

At a recent National Press Club address, the Inspector-General of Aged Care asserted that Australia should not allow hospitals and residential aged care to become the default solution. Instead, evidence has consistently recognised lower level supports, social connection and continuity of care as being the most effective ways for reducing the frailty and decline of older Australians. At present, the SAH Program does not support this solution, and is instead creating further financial barriers to accessing early support within the home.

f) The impact on older Australians transitioning from the Home Care Packages Program;

As outlined in our previous submission, there are a number of concerns related to the transition from the Home Care Packages Program, particularly for the community-controlled sector. Additional support and flexibility throughout the transition process needs to be given to Aboriginal providers, staff and clients; a 'one-size-fits-all' approach is not appropriate or culturally safe, and risks poor outcomes and experiences for Elders across the country.

From the perspective of care recipients, many clients will not be able to access the support they need if co-payments are required. This concern has been echoed by both community-controlled and mainstream aged care providers, who have very few clients that would be able to comfortably make co-payments.

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. 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.

g) Thin markets including those affected by geographic remoteness and population size;

A significant number of ACCHOs operate in geographically isolated areas with severe thin markets. These thin markets exacerbate existing inequities for Aboriginal people, who often have complex healthcare needs but very limited access to the necessary services. The majority of mainstream providers operating within these communities are not culturally safe or appropriate. This creates challenges for both ACCHOs and Elders; ACCHOs operating in thin markets struggle to meet the demand of the local community, and Elders unable to access ACCHOs are forced to rely on culturally unsafe care, or receive no care at all.

Block funding for ACCHOs is one mechanism to address the impact of thin markets, providing community-controlled organisations with consistent funding to support flexible, culturally safe and accessible care. Demand for aged care in remote and very remote areas can be seasonal; many Aboriginal people move in and out of communities as needed. The transition to individualised plans and a market-based approach risks disadvantage for community-controlled organisations, whose clientele can be inconsistent.

h) The impact on First Nations communities and culturally and linguistically diverse communities;

As outlined throughout this submission, the impact of the SAH Program on Aboriginal communities and Elders cannot be overlooked. The community-controlled sector has serious concerns related to:

- The introduction of co-payments for basic support services that facilitate independence and socialisation
- The inclusion of Stolen Generation redress payments within SAH means testing processes
- The shift towards an individualised, fee-for-service model that disincentivizes the provision of holistic care
- The complexity of hardship application processes, with no consideration of cultural safety



- The increased demand placed on residential care and hospitals, due to inaccessible early support services
- The confusing, inflexible transition process from Home Care Packages
- The ongoing complexities of community-controlled aged care provision in thin markets

Additionally, the \$15,00 cap on home modifications is not sufficient or realistic, particularly for people requiring significant structural changes to their homes. 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. This cap will disproportionately impact Aboriginal people, who make up a significant proportion of residents in remote and very remote areas living with housing insecurity.

Closing Statement

This inquiry presents an important opportunity to ensure that the Support at Home Programs delivers equitable, culturally safe care 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 Program can meaningfully improve access, choice and wellbeing for Elders.