National Seniors AUSTRALIA

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Senate Standing Committees on Community Affairs
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Support at Home Program (SaH)

National Seniors Australia (NSA) is the peak consumer body representing the interests of all older Australians, comprising a community of more than 300,000 individuals. NSA advocates for a system that prioritises fairness, transparency, affordability, and accessibility for older Australians.

NSA welcomes the opportunity to provide feedback on the Support at Home Program (SaH). This submission draws on feedback received from older people, including members of NSA Aged Care Consumer Reference Group (ACCRG), NSA research and consultations.

According to the Aged Care Quality and Safety Commission (ACQSC)[1], the SAH program is intended to help older people remain independent, active and connected in their own homes[2]. NSA supports that objective. However, the program will not achieve this unless older people can obtain timely assessments, receive funding at the level they have been approved for, understand and afford their contributions, and find providers who can deliver the required services.

The SaH system was introduced to transform aged care; however, its assessment and funding model has resulted in older Australians experiencing high costs, and services that are influenced more by budget constraints than by genuine needs.

NSA remains concerned regarding the affordability of services, transparency of pricing, fairness of participant contributions, effectiveness and visibility of hardship assistance, lack of access in rural, remote and regional areas and the burden placed on older people and their carers to compare prices and contest charges under the SaH program.

Regarding pricing, the decision to pause price caps should come with strong interim protections, clear definitions of reasonable pricing, and active regulatory oversight.[3]

[1] https://www.agedcarequality.gov.au/providers/aged-care-service-requirements/support-home
[2] Australian Government, Aged Care Quality and Safety Commission, Support at Home
[3] Australian Government Department of Health, Disability and Ageing, New Consumer Protection for Support at Home Services Australian

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While the SaH program aims to enable older people to live independently, recent findings indicate the long wait to receive a package may sometimes lead to faster physical decline and increased hospital visits and long-term stays.[4]

Summary of recommendations from recent analyses

For the purpose of this inquiry, NSA would like to reiterate a number of key recommendations made previously which we believe will improve the SaH program:

- **Reduce the waitlist for Support at Home (SAH) to three (3) months by 1 January 2027** by promptly releasing new packages and increasing the aged care assessment workforce.
- **Set and publicly report service-access targets** covering assessment, funding allocation and service commencement, disaggregated by priority, classification, location and relevant population group.
- **Introduce an urgent interim-support delivery service** for people whose needs or risks increase while they are waiting, including timely reassessment and short-term supports where required.
- **Require assessment decisions to be transparent and reviewable**, clearly explain how the classification tool and professional input operate, and provide adequate information to older people to explain assessment decisions.
- **Monitor whether participant contributions** cause people to reduce, delay or decline necessary services, and publish the findings.
- **Simplify hardship assistance, improve proactive communication about eligibility, and report application volumes, processing times, outcomes and reasons for refusal**.
- **Maintain strong interim pricing protections while price caps are paused**, including clearer reasonable-pricing guidance, comparable price information, enforcement reporting and accessible advocacy.
- **Provide targeted market stewardship and funding arrangements** that recognise the additional costs and limited workforce capacity of rural, remote and other thin markets.
- **Publish transition and outcomes data sufficient to assess whether the program is improving** independence, safety and continuity of care and reducing avoidable escalation to hospitals or residential care.
- **Increase transparency by creating a simple aged care provider comparative performance scorecard to assist consumers** to quickly and easily understand if a provider meets acceptable “service quality” and is “financially sustainable.

Should you require further information or input, please get in touch with the NSA Policy Team via policy@nationalseniors.com.au.

Yours sincerely,

Chris Grice
Chief Executive Officer

[4] An exploration of healthcare use in older people waiting for and receiving Australian community based aged care services.

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a) Access to services to live safely and with dignity at home

The Support at Home program was legislated as one key mechanism to deliver the Aged Care Royal Commission's mandate, which is a rights-based, compassionate framework designed to replace a broken, fragmented system. However, as the program moves beyond its first 100 days under the new Aged Care Act, the transition from policy design to real-world delivery has resulted in significant failures. While the strategic intent is to foster independence and dignity, current administrative data exposes a systemic failure of the Support at Home architecture.

Older people are grappling with a policing burden, and providers are facing a shift toward service-based funding that threatens financial viability[5]. At the same time, older people are trapped in year-long wait times and rising prices. This transition represents more than a "teething issue". It is a critical juncture where emerging administrative realities are strangling the foundational promises of the Royal Commission.

Comparative Analysis: Royal Commission intent vs Administrative Reality

Strategic Intent	Current Administrative Reality	Impact of current situation
Need-Based Framework	Median wait times of 294 to 347 days for service commencement[6].	Betrays human rights by forcing frail seniors to wait for care and support.
Support at Home and Commonwealth Home Support Program - Single consolidated program	CHSP consolidation is delayed until not earlier than 1 July 2027.The system remains a confusing and divided "minefield."	Stifles economic efficiency through administrative duplication and consumer paralysis.
Ageing in place	Design flaws and assessment delays drive "premature entry" into residential care.	Erodes the noble ambition of the Act by defaulting to institutionalisation rather than prevention.
Preventative Infrastructure	A "last resort" model activated only at the point of acute crisis.	Triggers avoidable hospitalisations and increases long-term taxpayer liabilities through reactive spending.

A rights-based aged care system must make access meaningful in practice. An approval that is not followed by funding and available services does not enable an older person to live safely at home.

[5] Financial viability top concern of providers 2025
[6] Aged Care Act 2024 Wait Times Report: Residential Care and Support at Home First Report

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The March 2026 Support at Home data report recorded 100,191 people waiting for ongoing funding at their approved classification or transitioned Home Care Package level.[7] It estimated waits for funding allocation of within one month for urgent priority, one to two months for high priority, six to seven months for medium priority and seven to eight months for standard priority. Separately, the statutory wait-times report recorded a median elapsed time of 347 days from application to service commencement for ongoing Support at Home services.[8]

The wait-times report appropriately notes that elapsed time can be influenced by allocation, participant choice, provider availability and system-level factors. This makes stage-by-stage reporting essential. Lengthy and uncertain waits can leave older people and families relying on informal care or privately purchased services to fill the gaps[9]. This concern is consistent with NSA's earlier consumer research, which documented frustration with waiting too long for an assessment and having to accept a lower-level package while awaiting a higher one.[10]

As wait times for government-subsidised aged care continue to rise, some families are seeking private care options to supplement their choices. This approach allows older people the flexibility to adjust their care plans as necessary, whether they later choose to access government assistance or combine both private and public support. Ultimately, the goal is to ensure optimal care and independence for older Australians.

NSA's 2026 Regional, Rural and Remote consultations also recorded reports of long waiting lists for in-home care, a lengthy and cumbersome application process, assumed access to technology and a heavy administrative burden.[11] Private care may provide flexibility for those who can afford it, but it is not an equitable substitute for timely access to publicly subsidised care.[12]

NSA continues to urge the government to release sufficient packages to begin reducing waitlists and wait times[13]. While wait times will be affected by workforce shortages, it is important to release additional packages as a first step, as this will signal to providers to increase workforce capacity and improve service delivery.

Recommendation 1: Reduce the waitlist for Support at Home (SAH) to three (3) months by 1 January 2027 by promptly releasing new packages and increasing the aged care assessment workforce.

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[7] Australian Institute of Health and Welfare / Gen Aged Care Data
[8] Australian Government Department of Health, Disability and Ageing Aged Care Act Wait Times Report
[9] NSA, Submission Aged Care Service Delivery, 2025
[10] Accentuating the positive: Consumer experiences of aged care at home
[11] National Seniors Australia, Ageing in our communities: The views of older Australians living in regional, rural and remote locations, 2026
[12] Australian Government Department of Health, Disability and Ageing, New Consumer Protection for Support at Home Services Australian
[13] NSA, Policy Recommendation Home Care

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Recommendation 2: Establish transparent access standards for each stage of the urgent interim support delivery service and publish performance against them. Reporting should distinguish assessment, approval, funding allocation, provider engagement and service commencement.

Recommendation 3: Create a clear escalation process for people whose health, function, safety or caring arrangements deteriorate while they are waiting. The process should include rapid reassessment and access to appropriate interim supports.

b) Assessment quality and review

Consistency is important, but the limits of standardisation must be transparent. At the committee's 1 April 2026 hearing, the department explained that free-text information provides the person's story and informs the support plan, but does not feed into the classification algorithm. The department also stated that an assessment delegate is not permitted to override the classification generated by the algorithm[14].

This makes accurate data entry, quality assurance, clear reasons and accessible review rights especially important. Assessment outcomes should be explained in plain language, including the classification, priority category, approved services and review rights.[15] These early figures require careful interpretation, but they support transparent reporting of review volumes, timeliness, outcomes and recurring reasons for changes to decisions. No older person should be denied care they need because an algorithm has got it wrong.

Recommendation 4: Reintroduce the assessor override function where the algorithm-driven assessments produce funding outcomes that did not reflect older people's actual care needs.

Recommendation 5: Reporting system to assessors clearly explains what information did and did not influence classification and priority, and provides accessible reasons and review information.

Recommendation 6: Regularly audit whether the tool and its application produce equitable outcomes.

c) Participant contributions and financial wellbeing

SaH applies different contribution arrangements across clinical supports, independence services and everyday living services. Clinical supports do not attract participant contributions, while contributions for other categories depend on a person's circumstances and transitional protections.[16]

NSA's concern is not limited to the nominal contribution rate. The practical test is whether the combined effect of contributions, provider prices and available budgets causes older people to reduce or decline

[14] Senate Community Affairs References Committee, Official Committee Hansard, Support at Home inquiry, evidence from the Department of Health, Disability and Ageing, 1 April 2026, pp. 6–12.
[15] Senate Community Affairs References Committee, Official Committee Hansard, Support at Home inquiry, evidence from the Department of Health, Disability and Ageing, 1 April 2026, pp. 6–12.
[16] Australian Government Department of Health, Disability and Ageing, Support at Home program participation contributions

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services that are necessary to remain safe and independent. NSA's 2026 research asked 5,419 older people whether cost had stopped them accessing ten types of healthcare they needed, demonstrating the importance of examining affordability by pension status, savings, gender and regional location.[17] Although healthcare and aged care charges are not interchangeable, the research reinforces the need to test Support at Home affordability across different groups rather than relying on average contribution rates alone.

Recommendation 6: Monitor and publicly report the effect of contributions on service use, unmet need and decisions to reduce or decline care, with particular attention to low-income participants and people with high or ongoing needs.

Recommendation 7: Provide participants with a simple, personalised explanation of their expected contributions before services commence and whenever prices or circumstances change.

d) Pricing mechanisms and consumer impact

Providers must set prices that are reasonable, transparent and based on the cost of delivering services. They must publish their most frequently charged prices on My Aged Care and their own websites. In May 2026, the government paused the introduction of price caps. It announced additional consumer protections, including quarterly national price summaries, expanded regulatory action and work to strengthen the definition of reasonable pricing.[18]

NSA recognises the need for prices to reflect legitimate costs, including workforce, travel, administration and service delivery in thin markets. At the 1 April 2026 hearing, the department said it held comprehensive billing data and described two pricing-assurance processes: scrutiny of prices at the upper end of the range and rolling reviews of whether a service was delivered, what was charged and whether the charge aligned with the participant's agreement. NSA supports this oversight and considers that aggregate findings, enforcement activity and outcomes should be published.[19] Older people should not be expected to carry the primary burden of policing the market.

The National Summary of Support at Home Prices is a useful transparency measure, but the department expressly states that its ranges are not price caps or recommended prices, and that a price within the range is not automatically reasonable. Older people therefore need clear guidance and accessible assistance, not data alone.

Recommendation 8: While price caps are paused, publish clearer reasonable-pricing guidance, standardise price presentation, report regulatory activity and outcomes, and ensure older people can access independent advocacy to question or challenge charges.

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[17] NSA, Healthcare Affordability and Accessibility by Demographic

[18] Australian Government Department of Health, Disability and Ageing, New Consumer Protection for Support at Home Services Australian

[19] Australian Government Department of Health, Disability and Ageing, National Summary of Support at Home Prices

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Recommendation 9: Evaluate whether quarterly price summaries are understandable and useful to participants, including people with limited digital access or cognitive impairment.

e) Financial hardship assistance

Financial hardship assistance is an essential safeguard, but it is effective only if older people know it exists, can understand the eligibility rules and can complete the application process. Feedback received by NSA Aged Care Consumer Reference Group indicates that awareness is uneven and that paperwork can be a barrier.

Information about hardship should be provided proactively and repeatedly: during financial assessment, in service agreements and statements, when unpaid contributions arise, and when a person indicates that cost is affecting service use. Older people should also have access to assistance to apply.

Recommendation 10: Simplify the hardship process and publish regular data on applications, processing times, approvals, refusals and review outcomes. Services Australia and providers should proactively identify and support people who may be eligible.

f) Effects on residential aged care and hospitals

The policy rationale for home support includes helping older people remain at home for longer. NSA's 2026 regional consultations recorded participants' concerns that delayed discharge to aged care could contribute to deterioration in hospital, particularly for a person with dementia, and that regional patients may have to move long distances when only a distant residential place is available.[20]

These are important lived-experience accounts, but the available national program data cited in this submission does not by itself establish the extent or causes of these outcomes. It is therefore reasonable to examine whether delayed or insufficient support contributes to avoidable deterioration, hospital use, delayed discharge or earlier entry to residential care.

Government should link and analyse aged care and health data to assess outcomes over time. Measures should include functional status, falls, emergency presentations, hospital admissions, delayed discharge, carer strain and entry to residential care, while accounting for differences in health and care needs.

Recommendation 11: Develop and publish an outcomes framework capable of testing whether timely Support at Home services reduce avoidable escalation to hospitals and residential care. Findings should be reported transparently and used to improve program design.

[20] National Seniors Australia, Ageing in our communities: The views of older Australians living in regional, rural and remote locations, 2026

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g) Transition from the Home Care Packages Program

Transition arrangements must protect continuity of care and ensure that participants understand how their budget, services, contributions and provider arrangements have changed. The department told the committee that the no-worse-off principle concerns a participant's out-of-pocket contribution; it does not prevent a change in service price or the possibility that a participant receives a different quantity of services for the same dollar outlay.[21] This distinction must be communicated clearly and monitored in practice. Older people should not have to reconstruct complex program rules or discover changes only when they receive a statement or a service is altered.

NSA supports clear, individualised communication and accessible review mechanisms where a transition affects the services a person receives. Transition monitoring should distinguish people who entered Support at Home under new arrangements from those who transitioned from Home Care Packages, as their contribution settings and experiences may differ.

Recommendation 12: Publish transition-specific data on service continuity, changes in service mix, budget utilisation, participant contributions, complaints and reviews, and address recurring problems through direct communication and program guidance.

h) Thin Markets

In rural, remote regional and other thin markets, formal choice between providers may not exist. NSA's 2026 consultations found that older people reported long waits for in-home care, workforce shortages across personal care, cleaning and gardening, and centralised scheduling that did not always account for regional geography or fuel costs. Online participants also raised the time taken for assessments and service delivery.

The report concluded that metropolitan assumptions should not be imposed without being stress-tested in rural environments. It recommended guaranteed assessment timeframes, face-to-face pathways and a regional aged care workforce strategy.[22] A pricing and allocation model designed around metropolitan conditions risks entrenching unequal access.

Market stewardship should focus on whether approved services are actually available within a reasonable time, not merely whether a provider is registered for an area. Public reporting should show service gaps by region and service type and identify where participants cannot use their approved funding.

[21] Senate Community Affairs References Committee, Official Committee Hansard, Support at Home inquiry, evidence from the Department of Health, Disability and Ageing, 1 April 2026, pp. 6–12.
[22] National Seniors Australia, Ageing in our communities: The views of older Australians living in regional, rural and remote locations, 2026, pp. 11–12, 24, 29, 31–34.

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Recommendation 13: Implement targeted thin-market arrangements, including appropriate recognition of travel and service-delivery costs, workforce initiatives and regional reporting of unmet demand and service availability.

i) Related matters: Navigation, Transparency and Accountability

Navigation

Navigating the aged care system remains a central issue with older people. NSA's 2018 service-literacy research examined older people's knowledge, skills and motivation to use My Aged Care, assessment services, contribution arrangements, complaints processes, regulation and consumer rights.[23] The issue remains evident in NSA's 2026 regional consultations:

"participants described My Aged Care as confusing, lengthy and cumbersome, with online processes that could be difficult or off-putting; one participant warned that people deterred by complex information may miss services to which they are entitled".[24]

Support at Home participants must understand assessment outcomes, priority categories, funding, contributions, service agreements, prices, statements, provider options, complaints and reviews. Their combined complexity can itself become a barrier to access.

Information should be available in plain language, in accessible formats, and through non-digital channels. Participants should have a single clear pathway to obtain help and should not be required to identify which agency is responsible before receiving assistance.

Recommendation 14: Co-design and test all key participant communications with older people before publication.

Recommendation 15: Publish a consolidated Support at Home performance dashboard covering access, reviews, pricing, hardship, complaints, thin markets, service continuity and outcomes.

Transparency

Quality of care and financial transparency, as highlighted during the Royal Commission into Aged Care Quality and Safety, are paramount to consumers. Since the Royal Commission, numerous innovations have emerged to enhance the transparency of aged care providers' performance, regarding quality and financial management. These include star ratings. As in the superannuation sector, older people need a simple "performance" test showing a provider's quality rating and financial sustainability as key metrics.

[23] National Seniors Australia, You don't know what you don't know: The current state of Australian aged care service literacy

[24] National Seniors Australia, Ageing in our communities: The views of older Australians living in regional, rural and remote locations, 2026, pp. 11–12, 24, 29, 31–34.

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Recommendation 16: A streamlined one-page consumer-facing "performance" scorecard that allows consumers to quickly and easily understand if a provider meets acceptable "service quality" and is "financially sustainable". The tool should enable consumers to easily understand a provider's performance relative to other providers and acceptable norms.

Conclusion

The Support at Home Program has the right objective, enabling older people to live safely, independently and with dignity in their own homes. Achieving that objective requires more than a new program structure. It requires timely access, human-centred assessment, affordable and understandable contributions, fair pricing, effective hardship protections, viable services in thin markets and transparent measurement of outcomes.

NSA urges the Australian Government to treat the evidence on waiting times and the concerns raised by older people as a prompt for early corrective action. Program success should be judged by whether people receive the right support at the right time and whether that support improves their ability to remain at home, not simply by the number of assessments, approvals or funding allocations processed.

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