



January 2026

Submission to the Senate Inquiry into the transition of CHSP to the Support at Home Program

About UnitingCare Australia

UnitingCare Australia is the national body for the Uniting Church's community services network and an agency of the Assembly of the Uniting Church in Australia.

We give voice to the Uniting Church's commitment to social justice through advocacy and by strengthening community service provision.

We are the largest network of social service providers in Australia, with over 55,000 staff and 17,000 volunteers, delivering 5.8 million interactions annually across 1,600 service locations in urban, rural and remote communities.

We focus on articulating and meeting the needs of people at all stages of life, and particularly those most vulnerable.

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Introduction

UnitingCare Australia welcomes the opportunity to contribute to the Community Affairs Senate Committee's Inquiry into the transition of the Commonwealth Home Support Program (CHSP) to the Support at Home Program. Noting that Support at Home commenced on 1 November 2025, this inquiry provides a much-needed opportunity for the sector to examine the CHSP and consider the best approach for its pending transition.

Across the UnitingCare Network, our providers deliver aged care services to approximately 53,800 CHSP clients, meaning we are well placed to comment on the current operation of the CHSP, as well as the risks to be considered when absorbing this program into Support at Home. We note this submission has been prepared in consultation with the UnitingCare Network, including our Home Care Community of Practice, the insights of which have been invaluable for understanding the realities of delivering home care services.

As a network, we advocate that this transition be delayed until at least mid-2028; and then staged out over two to three years, so that the final rollout concludes no earlier than mid-2030. This is to ensure continuity of service for all home care clients and reduce the administrative risk for providers. In the interim, we also recommend the CHSP be strengthened through reform to program rules, guidelines and increased funding, otherwise it will continue to be a stopgap for those waiting for a Support at Home package.

↘ Benefits of the CHSP

The CHSP was established to provide entry level support for older Australians who need basic assistance to continue living at home. It's a program which was designed to support a large volume of people who need a small number of basic services. According to the Australian Institute of Health and Welfare, in 2023-24 around 835,000 people used the CHSP, and the top five CHSP services used were domestic assistance, allied health, transport, home maintenance, and social support. Historically speaking, most CHSP clients have accessed just one or two of these services, with a small proportion accessing more if required.

A core tenet of the CHSP is that it is block-funded, as opposed to Support at Home which is based on individualised funding. There are many benefits to block-funding in government programs, including financial security for providers, improved planning and coordination, administrative efficiencies, and ensuring access to services that might not be viable under a fee-for service model. Block-funding also means services can be delivered in a cost-effective way, and is critical to avoiding market failure, especially in thin markets.

However, it's worth noting that approximately 30 per cent of CHSP clients receive services from more than one provider, yet the CHSP is not fully integrated with Services Australia systems, making it difficult to track total service volumes or coordinate care effectively. As a result, providers in our network report they frequently open and close CHSP services while awaiting flexibility provisions, creating inefficiency and instability.

Overall, access to a small number of basic services has helped thousands of older Australians maintain their independence, social and emotional wellbeing, and stay connected with their communities. In turn, the CHSP has helped to delay and prevent accessing an individualised package, entry to Residential Aged Care, and hospitalisation.

↘ Conflation between CHSP and Support at Home

There is currently an unclear delineation between the CHSP and Support at Home, which has created unnecessary complexity for consumers and providers. Conflation between the two programs is prevalent with clients who receive higher levels of CHSP support while waiting for a Support at Home package, as well as clients who are receiving a Support at Home package that was either not assigned at the appropriate level or is only half a package, and therefore they need to draw on CHSP services. In short, many CHSP clients should be on a Support at Home package, and many Support at Home clients can only access certain services through the CHSP.

Having two parallel programs delivering similar supports is confusing, administratively burdensome, and increasingly unsustainable. Our providers consistently hear from clients that they want fewer systems to navigate, clearer pathways, and more timely access to care. With this in mind, UnitingCare Australia acknowledges that a single program for aged care in the home will offer a more streamlined approach to service delivery.

However, in order to achieve a single program that can meet the needs of our ageing population, it's important to understand how the CHSP and Support at Home Program are currently operating and being utilised. These circumstances should be factored into the Government's immediate decision-making, as the two programs are set to continue separately for at least another 18 months, as well as into their longer-term transition plan.

↘ The CHSP as a safety net for Support at Home

Despite the original intent and purpose of the CHSP, it is now oversubscribed, stretched beyond its intended purpose and is significantly underfunded relative to demand. This is due to a lack of funding from Government and long waitlists for Support at Home, which are presenting operational, financial, and equity challenges for providers and clients.

Delays in Support at Home assessments and package allocation continue to impact client access to services, and concerns around co-contribution payments remain unresolved. This means that some older Australians are staying on the CHSP, either so they don't lose access to services or so they can avoid making higher payments, or a combination of both. These reasons demonstrate how the CHSP is absorbing the system's pressure points and is functioning as a critical safeguard for clients while they wait to access Support at Home.

Across the UnitingCare Network, there are several CHSP clients on a waitlist for Support at Home and despite needing intensive, clinical care, their only option is to remain on the CHSP, a program which may not fully meet their needs. For example, a provider in our network has

approximately 1,865 CHSP clients and of those, around 200 (11%) are waiting to be assigned their Support at Home package. Another provider has approximately 3,000 CHSP clients, with 120 (4%) of those waiting for a package. Taking these examples, and assuming that 5% of CHSP clients are waiting for a Support at Home package, that means there are at least 40,000 older people across the country waiting to access more intense services while remaining on a program which doesn't meet all of their needs.

In addition, some clients who decline a Support at Home package will often continue accessing the CHSP while expecting an equivalent level of care. CHSP effectively delivers care management and coordination, yet this is not explicitly funded and providers in our network continue to bridge this gap at their own cost.

↘ Support at Home clients accessing CHSP services

Even once an older person is assigned a Support at Home package, providers in our network report that it may not be a full package, or it may be at a level which is too low and does not reflect the client's needs. This has resulted in providers needing to draw on CHSP services intended for short-term, entry-level support, to make up for the fact they cannot facilitate access to a full suite of services through Support at Home.

For example, cottage respite is no longer available through Support at Home, despite previously being available under a Home Care Package, and can only be accessed through the CHSP. This is having an adverse impact on clients and providers alike, particularly in thin markets and for clients that have long relied on cottage respite. In addition, clients who receive partial Support at Home package funding often wait 12–17 weeks for full package release, forcing increased reliance on the CHSP during the gap period.

Within the UnitingCare Network one organisation reported that 4% of their Support at Home clients are accessing services through the CHSP, with another provider reporting 8%. It's understood that a large proportion of these clients are often waiting for a higher level package assignment, leaving the CHSP to fill the gaps. The system should not operate like this, though providers are left with little choice when full packages are not funded or made available.

If Support at Home is intended to become the only program for aged care in the home, it needs to be funded and operated in a way that ensures clients and providers are not forced to rely on services through another program, as eventually, no alternative will exist.

↘ Transition to Support at Home

We acknowledge that moving clients onto Support at Home remains the only viable mechanism to enable effective coordination, and oversight across services. However, this transition warrants a cautious, phased approach and must be underpinned by clear guidelines, system readiness, and consumer centred safeguards before further movement away from the CHSP occurs.

Considering the current state of the CHSP and Support at Home, UnitingCare Australia recommends the transition be delayed and staged in a way that ensures continuity of service for clients and minimises administrative risk and burden for providers. We recommend the start of the transition be delayed until mid-2028; and the transition be staged out over two to three years. This would mean the CHSP fully ceases no earlier than mid-2030.

Before the transition occurs, the Government needs to release a comprehensive roadmap with clear operational milestones, so that clients, providers and aged care workers know what to expect and can make the appropriate arrangements. We stress that this is not a matter of provider readiness, rather systems readiness. In a time when providers are less than 3 months into a new Aged Care Act, and older people are still waiting several months to access services under Support at Home, it is essential that there is time for the system to stabilise.

Previous large-scale reforms, such as the National Disability Insurance Scheme (NDIS), included a multi-year trial period to allow systems, providers, and consumers to adjust. By contrast, Support at Home is being implemented at significant scale while critical design elements remain unresolved, increasing the risk of confusion, service disruption, and inequitable outcomes.

To put it into perspective, and not taking into account the initial trial phase, the full rollout of the NDIS took four years. By the time the rollout was complete in July 2020, approximately 364,000 people were NDIS participants. Compare this to Support at Home which is set to absorb around 835,000 CHSP clients and still has more than 200,000 people waiting for an assessment or package. We acknowledge that these figures may change slightly in the next 18 months, however based on the current cadence of the Government distributing the necessary funding and packages, it's unlikely it will shift to a point that a transition commencing or being completed in 2027 feels achievable.

This transition needs to be delayed and staged out, otherwise the aged care system will be set up to fail, and older Australians will simply not receive the care and services that they need. Even if Support at Home waitlists are significantly reduced, absorbing all CHSP clients into Support at Home at once is going to prove incredibly disruptive, and would be an almost impossible task for aged care providers and workers. This is particularly the case for those responsible for care management and coordination.

↘ Retaining block-funding

UnitingCare Australia also advocates that notwithstanding the absorption of the CHSP, certain services should continue to be block-funded under Support at Home. This is so that entry-level services remain viable and clients can continue to be supported with essential services.

Much like how the Assistive Technology and Home Modifications Scheme sits separately to regular services under Support at Home, we recommend that meals, transport, social support and cottage respite be block-funded and sit as a separate scheme. These services are the

cornerstone of the CHSP, and having them evaporate simply because they aren't suited to a fee-for-service model would result in poorer outcomes for older Australians.

Particularly in thin markets, block-funding is often the only way a provider or a service can remain viable. In smaller populations that may be spread out geographically, a fee-for-service model simply doesn't work, and block-funding gives the provider the flexibility they need to deliver services to a whole community.

↘ CHSP Reform

During the current and future rollout of Support at Home, strengthening the rules of the CHSP will be critical to stabilising the aged-care system. Noting the above mentioned issues with conflation of the two programs, this reform needs to begin as soon as possible.

UnitingCare Australia recommends clear, enforceable thresholds so that when a client reaches a defined level of CHSP service intensity, they are required to transition to Support at Home, though we acknowledge the difficulty in achieving this when the current combined waitlists for Support at Home are over 200,000 people. We also recommend that if a client chooses not to take up a Support at Home package, a reality at the moment, there must be clear policy consequences, including forgoing access to the CHSP, accompanied by transparent communication so expectations align with funding realities.

To avoid the CHSP becoming a permanent "dumping ground" for unresolved Support at Home issues, it must be recognised as a vital foundational program, and providers must be enabled to deliver the CHSP in line with its intended purpose. Importantly, it must be noted that the CHSP is underfunded relative to demand and without co-contribution reform, updated pricing structures, and stronger safeguarding mechanisms, the program in and of itself, risks becoming unsustainable.

Despite the pending transition to Support at Home, it is critical to recognise the continuing value of CHSP and the importance of continued investment in the program. It remains an essential support mechanism that almost a million Australians rely upon to maintain their independence and continue living in their homes. With the current lack of residential beds, it's a matter of imperative that the Government strengthen the CHSP and deliver the necessary funding to make it viable.

Conclusion

UnitingCare Australia thanks the Committee for considering our submission, and we look forward to the recommendations and outcomes of this Inquiry. Please do not hesitate to contact us should you require further information.